



1515 6<sup>th</sup> Avenue South  
Birmingham, Alabama 35233  
205-930-3200

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CORPORATE  
COMPLIANCE  
AND  
ENVIRONMENTAL  
SAFETY MANUAL



A Department of Jefferson  
County,  
Alabama Government



## Corporate Compliance and Safety Manual Updates

DATE OF UPDATE	PAGES AFFECTED	SCOPE/DESCRIPTION OF UPDATE
<b>December 27, 2016</b>	Pages 14 and 15	Photographing, Videotaping, and Recording within the Facility

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## Statement of Corporate Commitment

Cooper Green *Mercy* Health Services (CGMHS) is committed to providing healthcare in an environment that minimizes risk to patients, visitors, volunteers, and employees and that complies with all applicable regulatory and statutory requirements. This goal is supported through a formal, organization-wide Corporate Compliance and Environmental Safety Program.

Cooper Green *Mercy's* Corporate Compliance and Environmental Safety Program is designed to assure that employees and contract workers are knowledgeable of organizational policies and procedures, federal and state statutes, and standards set forth by applicable accrediting and regulatory bodies.

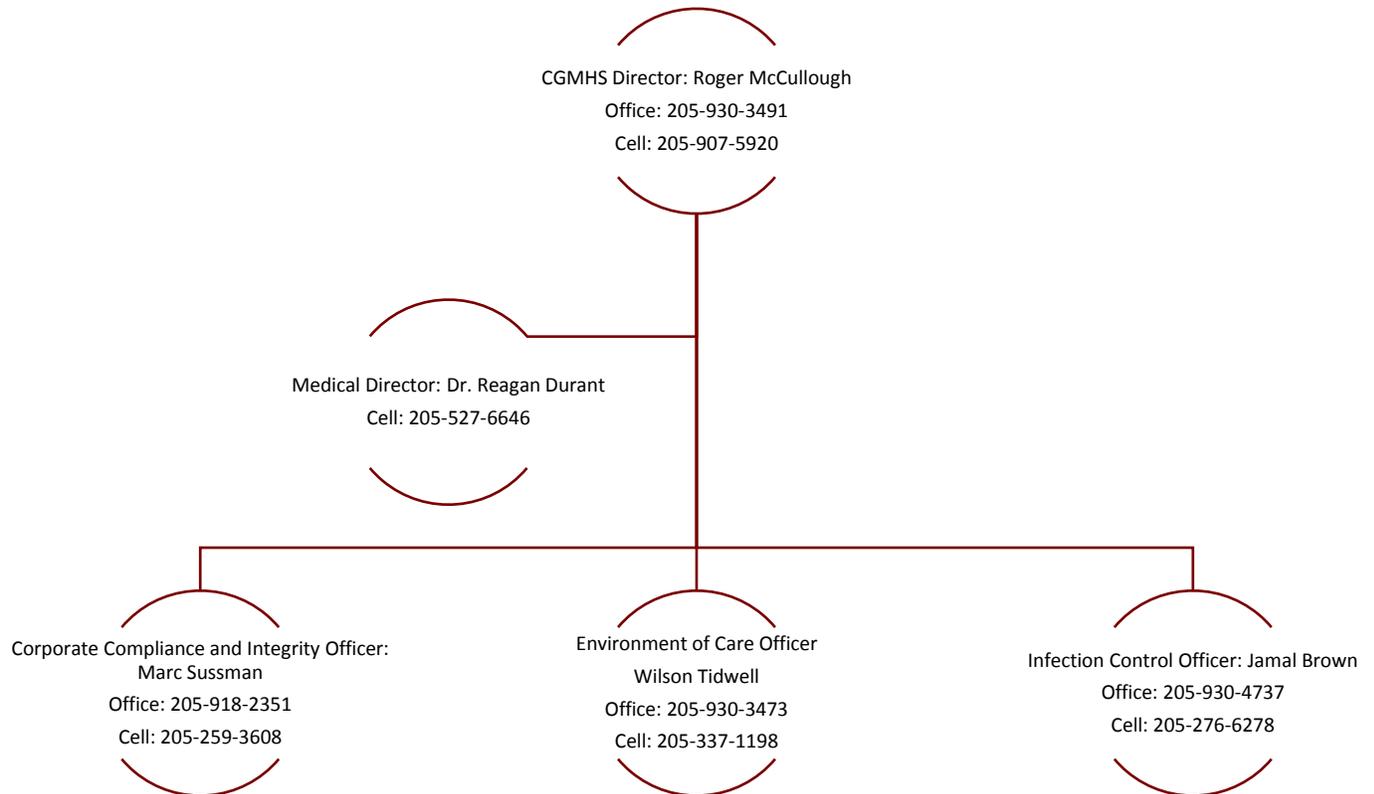
### Program Goals

- ✓ Encourage an organizational culture of legal compliance and ethical business practices
- ✓ Assure that staff at all levels in the organization are knowledgeable regarding ethical standards of conduct and current federal, state, and local regulations affecting healthcare facilities
- ✓ Reinforce our commitment to being a values-based organization
- ✓ Provide a safe environment for patients, visitors, and staff
- ✓ Assist in continually improving the timely, accurate, coordinated, and safe delivery of healthcare services to patients
- ✓ Promote an environment of continuous learning

To this end, a CGMHS Corporate Compliance and Environmental Safety Committee is responsible for the review of policies and protocols related to all facets of organizational compliance, including corporate integrity, environment of care, and infection control. The Committee meets on an "as needed" basis, but no less than quarterly. The committee is responsible for:

- Reviewing organizational policies and procedures related to the program
- Reviewing incident reports filed in the previous quarter, causation and resolution
- Assessing the adequacy of training and education initiatives
- Identifying inadequacies in organizational practices and protocols and recommending corrective action

## Corporate Compliance and Environmental Safety Committee



### Committee Member Job Descriptions

#### *Functions and Responsibilities of Corporate Compliance and Integrity Officer*

##### **GENERAL SUMMARY**

As part of the CGMHS' Corporate Compliance and Safety Committee, the Corporate Compliance Officer oversees the organization's regulatory compliance activities. The position ensures management and staff are knowledgeable of the rules and regulations of oversight agencies, that the organization's policies, procedures, and practices are adequate and are being followed, and that behavior in the organization meets the company's Standards of Conduct and Ethical Principles.

##### **GENERAL PURPOSE**

The Corporate Compliance Officer acts as staff to the CGMHS Director and as a member of the Corporate Compliance and Environmental Safety Committee. The position functions by monitoring and reporting

compliance/ethics efforts of the company and by providing guidance for the senior management team on matters relating to compliance. The Corporate Compliance Officer, together with the Corporate Compliance and Environmental Safety Committee recommends actions to the CGMHS Director to ensure achievement of the objectives of an effective compliance program.

#### **DUTIES AND RESPONSIBILITIES**

- Recommends new and revised policies, procedures and internal controls for the general operation of the organization to prevent illegal, unethical, or improper conduct.
- Collaborates with other departments to direct compliance issues to appropriate existing channels for investigation and resolution.
- Responds to alleged violations of rules, regulations, policies, procedures, and Standards of Conduct by evaluating or recommending the initiation of investigative procedures. Develops and oversees a system for uniform handling of such violations.
- Monitors the activities of Federal, State and Local grant partners to ensure that all regulations are followed (IRB and other) and directly related specific aims are implemented according to standards, including assessing the burden placed on study subjects as a whole.
- Monitors, and as necessary, coordinates compliance activities of other departments to remain abreast of the status of all compliance activities and to identify trends.
- Identifies potential areas of compliance vulnerability and risk; develops corrective action plans for resolution of problematic issues, and provides general guidance on how to avoid or deal with similar situations in the future.
- Provides reports on a regular basis, and as directed or requested, to keep the Corporate Compliance and Environmental Safety Committee and senior management informed of the operation and progress of compliance efforts.
- Ensures proper reporting of violations or potential violations to duly authorized enforcement agencies as appropriate and/or required.
- Establishes and provides direction and management of the Corporate Compliance Hotline.
- Institutes and maintains an effective compliance communication program for the organization, including promoting (a) use of the Compliance Hotline; (b) heightened awareness of Standards of Conduct, and (c) understanding of new and existing compliance issues and related policies and procedures.
- Works with the Human Resources Department and others as appropriate to develop an effective compliance training program, including appropriate introductory training for new employees as well as ongoing training for all employees and managers.
- Monitors the performance of the Compliance Program and relates activities on a continuing basis, taking appropriate steps to improve its effectiveness.

#### **SPECIFIC TASKS**

- Conducts periodic internal reviews of corporate policies, procedures, and protocols to ensure that they adequately address compliance requirements.
- Participates as part of the Education Committee to ensure adequate employee continuing training and education in the area of corporate compliance and integrity.

- Recommends revisions, updates, and additions to the Corporate Compliance section of the CGMHS Employee Handbook and the Corporate Compliance and Safety Program Manual.
- After consultation with the CGMHS Director, conducts or directs the internal investigation of compliance issues.
- Assesses product, compliance, or operational risks and develops risk management strategies.
- Interfaces with the EOC and Infection Control Officers, as appropriate, where questions as to adherence to environmental compliance standards arise in the workplace.
- Interfaces with the EOC and Infection Control Officers, as appropriate, where questions as to adherence to quality and safety policies and procedures arise in the workplace.
- Identifies compliance issues that require follow-up or investigation.
- Monitors the Corporate Compliance Hotline and facilitates the resolution of issues.
- Maintains documentation of all compliance issues, follows-up and outcomes.

### *Functions and Responsibilities of Environment of Care (EOC) Officer*

#### **GENERAL SUMMARY**

As part of the CGMHS' Corporate Compliance and Environmental Safety Committee, the Corporate EOC Officer oversees the organization's regulatory compliance activities with respect to the environmental safety and security of employees and patients. The position ensures that management and staff are knowledgeable of accrediting and regulatory requirements as they relate to the environment of care and that the organization's policies, procedures, and practices are adequate and are being followed.

#### **GENERAL PURPOSE**

The Environment of Care Officer acts as staff to the CGMHS Director and as a member of the Corporate Compliance and Environmental Safety Committee. The position functions by monitoring and reporting compliance efforts of the company and by providing guidance for the senior management team on matters relating to the EOC. The Environment of Care Officer, together with the Corporate Compliance and Environmental Safety Committee, recommends actions to the CGMHS Director to ensure achievement of the objectives of an effective environmental compliance program.

#### **DUTIES AND RESPONSIBILITIES**

- Areas of responsibility include Emergency Management, Medical Equipment Management, Fire Safety, Security, Hazardous Materials Management, and Utility Systems.
- Interfaces with the Security Department, Housekeeping, Laboratory, Radiology, Bioengineering, Human Resources, clinics, and General Maintenance to assure that each area is knowledgeable of and compliant with accrediting and regulatory requirements as they relate to the environment of care.
- Recommends new and revised policies, procedures and internal controls for the general operation of the organization to ensure, to the extent practicable, a safe and secure environment for employees and patients and to achieve compliance with accrediting and regulatory bodies.

- Identifies potential areas of environmental safety vulnerability and risk; develops corrective action plans for resolution of problematic issues, and provides general guidance on how to avoid or deal with similar situations in the future.
- Provides reports on a regular basis, and as directed or requested, to keep the Corporate Compliance and Environmental Safety Committee and senior management informed of the operation and progress of compliance efforts.
- Ensures proper reporting of violations or potential violations to duly authorized enforcement agencies as appropriate and/or required.
- Works with the Human Resources Department and others as appropriate to develop an effective environmental safety and security training program, including appropriate introductory training for new employees, as well as ongoing training for all employees and managers.
- Monitors the performance of the EOC Program and takes appropriate steps to improve its effectiveness.

### **Specific Tasks**

- Meets at least annually with the Security Department, Housekeeping, Laboratory, Radiology, Bioengineering, Human Resources, the Clinical Nursing Director, and General Maintenance to assess and document compliance with operating policies, procedures, and protocols related to the EOC.
- Conducts periodic internal reviews of corporate policies, procedures, and protocols to ensure that they adequately address environmental safety requirements and concerns.
- Participates as part of the Education Committee to ensure adequate employee continuing education in the area of environmental safety and security.
- Recommends revisions, updates, and additions to relevant sections of the CGMHS Employee Handbook and the Corporate Compliance and Environmental Safety Program Manual.
- After consultation with the CGMHS Director, conducts or directs the internal investigation of safety and security risk issues.
- Assesses product, compliance, or operational risks and develops risk management strategies.
- Identifies compliance issues that require follow-up or investigation.

### *Functions and Responsibilities of Infection Control Officer*

#### **GENERAL SUMMARY**

As part of the CGMHS' Corporate Compliance and Environmental Safety Committee, the Infection Control Officer is responsible for overseeing and evaluating infection prevention and control protocols within CGMHS clinics. The position ensures that management and staff are knowledgeable of accrediting and regulatory requirements as they relate to the control of infection and infectious agents in a healthcare facility and that the organization's policies, procedures, and practices are adequate and are being followed.

## **GENERAL PURPOSE**

The Infection Control Officer acts as staff to the CGMHS Director and as a member of the Corporate Compliance and Environmental Safety Committee. The position functions by monitoring and reporting compliance efforts of the company and by providing guidance for the senior management team on matters relating to infection control. The Infection Control Officer, together with the Corporate Compliance and Environmental Safety Committee, recommends actions to the CGMHS Director to ensure achievement of the objectives of an effective infection control program.

## **DUTIES AND RESPONSIBILITIES**

- Responsible for conducting/facilitating education and training to ensure consistent adherence to infection control practices.
- Investigates incidents of infection, informs management, and generates reports, as appropriate.
- Monitors CDC policies and procedures regarding infection control best practices.
- Ensures the availability of PPE and other infection control supplies, and stocks isolation rooms, as needed.
- Implements programs related to infection prevention and control to ensure a safe environment or surroundings for patients, visitors and staff.
- Monitors the execution of preventive measures and provides guidance to staff.
- Takes part in unit meetings, in-service education programs, and quality improvement initiatives.
- Monitors the performance of the Infection Control Program and takes appropriate steps to improve its effectiveness.
- Establishes new protocols as necessary in the event of an infectious outbreak.

## **SPECIFIC TASKS**

- Conducts periodic internal reviews of corporate policies, procedures, and protocols to ensure that they adequately address infection control requirements and concerns.
- Meets at least annually with Housekeeping, General Services, Human Resources, and Clinic Charge Nurses to ensure that infection control policies, procedures, and protocols are being complied with.
- Participates as part of the Education Committee to ensure adequate employee continuing education in the area of infection control.
- Recommends revisions, updates, and additions to relevant sections of the CGMHS Employee Handbook and the Corporate Compliance and Environmental Safety Program Manual.

## Corporate Values

Cooper Green *Mercy* Health Services is a values-driven, patient-centric organization. Our values reflect what we believe and inform our business decisions, interactions with our patients, with each other, and with our community.

### **Respect**

The cornerstone of our values is respect for the individual, regardless of personal, ethnic, religious, cultural, socioeconomic background, circumstances or differences.

### **Excellence in Patient Care**

We are committed to providing the highest quality healthcare to our patients, to adhering to the highest ethical standards in service delivery, and to promoting an environment of continuous learning.

### **Compassion**

We strive to be always mindful of the needs of our patients and of their families and friends and to respond to them in caring and understanding ways and in ways that convey our caring concern.

### **Teamwork**

We value the contributions, knowledge, and abilities of all our employees. We respect our employees' opinions and perspectives and we are committed to fostering a culture of employee participation, collaboration and cooperation.

### **Dedication and Commitment**

It is our employees' strong commitment and dedication to the County's most vulnerable citizens that sets us apart as a healthcare organization and serves as the foundation of our mission and vision.

### **Stewardship**

As providers of healthcare, we are committed to using our resources wisely and to parlaying them into a synergistic healthcare continuum that offers the most effective and efficient use of all of our resources as an institution, healthcare community, and population.

## Module One: Corporate Integrity

### Purpose

Cooper Green *Mercy* Health Services holds its employees to the highest ethical and quality standards. To achieve this goal, CGMHS has implemented a Corporate Compliance and Integrity Program with the purpose of ensuring that all employees understand and adhere to the Cooper Green *Mercy* Health Services' Code of Ethics. The information contained herein is not intended to be a sole source of information or fully describe all of the laws that apply to personnel or to detail all of CGMHS policies and procedures. Employees should read this manual in conjunction with other reference sources.

The CGMHS Corporate Compliance and Integrity Program is administered by a Corporate Compliance Officer, Marc Sussman. Contact Info: Office: 205-918-2352, Cell: 205-259-3608

### Section Learning Objectives

- ✓ To ensure that all CGMHS employees understand our commitment to ethical standards and legal compliance
- ✓ To ensure that all CGMHS employees are knowledgeable about the CGMHS Code of Ethics and applicable legal requirements governing healthcare facilities, with particular attention to the specified standards of their job functions
- ✓ To ensure that all employees understand how to advance compliance concerns through the organization
- ✓ To ensure that CGMHS employees are familiar with the CGMHS Code of Conduct, standards of behavior, and disciplinary processes

### The Corporate Compliance and Integrity Program

The required elements of a Corporate Compliance and Integrity Program have been issued by the healthcare branches of the federal government, the Office of Inspector General (OIG), and the Office of Medicaid Inspector General (OMIG), who are charged with detecting, monitoring, and preventing healthcare fraud and abuse.

The required elements of a Corporate Compliance and Integrity Program include the following:

- Implementing written standards, policies, and procedures
- Designating a Compliance Officer or contact
- Conducting appropriate training and education
- Developing open lines of communication
- Responding appropriately to detected offenses and developing corrective action
- Conducting internal monitoring and auditing
- Enforcing disciplinary standards through well publicized guidelines
- Creating and enforcing a policy of non-intimidation and non-retaliation for good faith participation in the compliance program

## Statement of Policy on Ethical Practices

Cooper Green *Mercy* Health Services places the highest importance on its reputation for honesty, integrity, and high ethical standards. These standards can be achieved and sustained only through the actions and conduct of our staff.

All employees are obligated to conduct themselves in a manner that ensures compliance with these standards. Such actions and conduct will be important factors in evaluating your judgment, competence, and performance. Employees who ignore or disregard the principles of this policy will be subject to appropriate disciplinary action pursuant to the Cooper Green *Mercy* Health Services' Code of Conduct.

As an employee of Cooper Green *Mercy* Health Services, you must be aware of all applicable federal and state laws and regulations that apply to and affect our organization's documentation, coding, and billing, as well as to the day-to-day activities of our employees, contractors, and business associates. Each employee who is materially involved in the creation or handling of organizational documentation, coding, or billing has an obligation to familiarize himself or herself with all applicable laws and regulations and to adhere at all times to their requirements.

Where any question or uncertainty regarding these requirements exists, it is incumbent on, and the obligation of, an employee to seek guidance from a knowledgeable source.

## Our Ethical Principles

- Fully comply with both the letter and spirit of laws and regulations governing CGMHS as a healthcare provider and as an employer
- Deliver high quality health care services regardless of ability to pay
- Conduct all of our relationships with integrity, being honest, truthful, trustworthy and responsible in our professional and personal dealings
- Pursue financial responsibility while adhering to the highest standards of legal and fiscal principles
- Develop mutually beneficial partnerships in the community with the goal of maximizing access to quality healthcare for low income citizens of Jefferson County
- Treat employees, patients, visitors, contractors, and business associates fairly and respectfully
- Report to CGMHS officials illegal or unethical practices by CGMHS employees, contractors or business associates.

If anyone, including any management employee at any level of the organization, asks that you act in a manner you feel violates an ethical practice or legal statute or regulation, you should report the incident to the Cooper Green *Mercy* Health Services' Compliance Officer immediately. There will be no retaliation taken against any employee who, in good faith, reports a suspected violation.

## Patient Rights

A patient has the right to be treated with respect while receiving high quality healthcare given by competent personnel.

A patient has the right, upon request, to be given the name of his or her attending practitioner, the names of all other practitioners directly participating in his or her care and the names and functions of other health care persons having direct contact with the patient.

A patient has the right to consideration of privacy concerning his or her own medical care program. Case discussion, consultation, examination and treatment are considered confidential and shall be conducted discreetly.

A patient has the right to have records pertaining to his or her medical care treated as confidential, except as otherwise provided by law or third party contractual arrangements.

A patient has the right to quality care through standards of professionalism that are continually maintained and reviewed.

A patient has the right to be given complete case information, in the correct form for the patient to completely comprehend, concerning diagnosis, treatment, prognosis, alternative treatments, and possible complications that could arise.

Patients have a right to informed consent prior to the start of a procedure, with the exception of emergent situations.

A patient has a right to share in his or her treatment plan.

A patient has the right to refuse drugs or procedures, to the extent permitted by statute. A practitioner has the duty to inform the patient of the medical consequences of the patient's refusal of drugs or procedures.

A patient has the right to impartial medical care without discrimination based upon age, race, color, religion, sex, national origin, disability, sexual orientation, gender identity or expression, and regardless of ability to pay or source of payment.

A patient who does not speak English or who is deaf shall have access, where possible, to a qualified interpreter, whether through direct services or through a language line, or through other assistive technology.

Patients are provided information concerning their rights during the enrollment process as part of Cooper Green *Mercy's* compliance with the Health Insurance Portability and Accountability Act (HIPAA). Review *Rights and Responsibilities of Patients* for more detailed information.

Individuals in need of more information concerning their rights as a patient may contact the Corporate Compliance and Integrity Officer.

## Privacy and Confidentiality

Protection of privacy and confidentiality are essential to building trusting relationships in the community. Breach of confidentiality not only undermines this trust relationship, it can also result in costly lawsuits for the organization. All information related to patients, whether gained verbally, visually, or through access to medical records, must be considered strictly confidential and for use only by authorized individuals. Employees are expected to comply with all laws, rules, regulations, and CGMHS policies and procedures related to the use and disclosure of health-related information.

- All employees are required to sign the CGMHS Confidentiality Statement.
- All employees must satisfactorily complete training on the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
- The unauthorized access to or disclosure of protected health information may result in disciplinary action up to and including termination of employment.



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### *Photographing, Videotaping, and Recording within the Facility*

*The use of recording devices, including Smartphones, the use of cameras, and/or video equipment on the premises runs the risk of violating the privacy rights of patients. Consequently, photographing, videotaping, and/or recording within the Cooper Green Mercy Health Services facility or on its property where patients are present or where patient information (PHI) might be viewed or discussed is strictly prohibited unless otherwise approved by CGMHS Administration or unless such photographing, recording, or videotaping is being used as part of patient care or treatment. This extends to all clinical and patient care areas of the facility and to non-clinical and non-patient care areas of the facility where PHI might be disclosed. Pursuant to the CGMHS' policy on the Authorization to Interview and/or Make Visual*

*Images or Likenesses of Patients, Visitors and Employees for Public Use, all subjects, including patients, patients' family members, visitors, providers and employees, must give their written consent prior to being recorded, photographed, or videotaped. Requests for permission by external entities, the media, or by employees of Jefferson County or employees of CGMHS to photograph, videotape, or record in or on CGMHS property should be made to the CGMHS Director or to the Corporate Compliance Officer.*

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## Health Insurance Portability and Accountability Act (HIPAA)



The *Standards for Privacy of Individually Identifiable Health Information* (“Privacy Rule”) establishes a set a national standards for the protection of certain health information. The U.S. Department of Health and Human Services (“HHS”) issued the Privacy Rule to implement the requirement of HIPAA.

The Privacy Rule standards:

- Address the use and disclosure of individuals’ health information—called “protected health information” by organizations subject to the Privacy Rule—called “covered entities.”
- Are designed to better allow patients to understand and control how their health information is used.

A major goal of the Privacy Rule is to assure that individuals’ health information is properly protected while allowing the flow of health information needed to provide and promote high quality health care and to protect the public’s health and well being.

### *Covered Entity Defined*

The Privacy Rule covers a health care provider whether the provider electronically transmits these transactions directly or uses a billing service or other third party to do so on its behalf. Health care providers include all “providers of services”, such as institutional providers (e.g. hospitals) and providers such as physicians, dentists and other practitioners as defined by Medicare, and any other person or organization that furnishes, bills, or is paid for health care.

Cooper Green Mercy Health Services is a “provider” as defined in the law and subject to the rules and regulations set forth therein.

### *Protected Health Information (PHI) Defined*

The Privacy Rule protects all “*individually identifiable health information*” held or transmitted by a covered entity or its business associate, in any form or media, whether electronic, paper, or oral. The Privacy Rule calls this information “protected health information (PHI).”

“Individually identifiable health information” is information, including demographic data, that relates to:

- The individual’s past, present or future physical or mental health or condition,
- The provision of health care to the individual, or
- The past, present, or future payment for the provision of health care to the individual, and that identifies the individual or for which there is a reasonable basis to believe it can be used to identify the individual.
- Individually identifiable health information includes many common identifiers (e.g., name, address, birth date, Social Security Number).

#### *Access and Uses of Data*

For internal uses, a covered entity must develop and implement policies and procedures that restrict access and uses of protected health information based on the specific roles of the members of their workforce. These policies and procedures must identify the persons, or classes of persons, in the workforce who need access to protected health information to carry out their duties, the categories of protected health information to which access is needed, and any conditions under which they need the information to do their jobs.

- Access to medical records and patient billing information, whether in paper form or electronic, is password and/or access restricted.
- Sharing passwords with or giving access to systems that house protected health information to someone not so authorized is prohibited and may result in disciplinary action up to and including termination of employment.
- Accessing protected health information for purposes not authorized is prohibited and may result in disciplinary action up to and including termination of employment.

#### *Disclosures and Requests for Disclosures*

Covered entities must establish and implement policies and procedures for routine, recurring disclosures, or requests for disclosures, that limits the protected health information disclosed to that which is the **minimum amount** reasonably necessary to achieve the purpose of the disclosure. For non-routine, non-recurring disclosures, or requests for disclosures that it makes, covered entities must develop criteria designed to limit disclosures to the information **reasonably necessary** to accomplish the purpose of the disclosure and review each of these requests individually in accordance with the established criteria.

Federal law grants patients other rights with respect to their PHI. Specifically, patients have the right to:

- Receive notice of the facility's policies and procedures used to protect their Protected Health Information
- Request that certain uses and disclosures of their Protected Health Information be restricted; however, the facility has the right to refuse the request
- Receive confidential communications of their Protected Health Information by reasonable alternative means or at alternative locations
- Request, orally or in writing, to inspect their Protected Health Information; however, the request may be denied in certain limited situations
- Request in writing that their Protected Health Information be amended if they believe that any health information in their record is incorrect or if they believe that important information is missing; however, the facility has the right to refuse to change the medical record if it deems the request to be unwarranted or unnecessary
- Obtain an accounting of certain disclosures by the facility of their Protected Health Information for the past six years
- Revoke, in writing, any prior authorizations for use or disclosure of Protected Health Information, except to the extent that the action has already been taken
- Patients are provided HIPAA disclosure documents, *Notice of Privacy Practices*, *Patient's Rights and Responsibilities*, and *Consent for Treatment, Payment, and Healthcare Operations* at the time of enrollment. These documents are available in both English and Spanish  
<http://www.hhs.gov/ocr/privacy/hipaa/understanding/index.html>

### Access to Medical Records

Under the HIPAA Privacy Rule, patients have the right to know how their medical records are used and providers are required to seek patient permission before releasing Protected Health Information (PHI) to third parties, except as otherwise required or permitted by law.

The Privacy Rule generally prohibits a covered entity from using or disclosing protected health information unless authorized by patients, except where this prohibition would result in unnecessary interference with access to quality health care or with certain other important public benefits or national priorities.

A covered entity may voluntarily choose, but is not required, to obtain an individual's authorization for it to use and/or disclose information about him or her for treatment, payment, and health care operations. However, any use or disclosure of protected health information for treatment, payment, or health care operations must be consistent with the covered entity's *Notice of Privacy Practices*. Patient authorization is required for the disclosure, release, and/or use of protected health information for purposes other than treatment, payment, or healthcare operations.

A patient's medical record, electronic or otherwise, contains protected health information and, consequently, the record and its contents are restricted and may be accessed only by parties having authorization or a legal right to do so.

There are two general types of medical records.

1. An *individually identifiable record* contains patients' personal attributes, including name, address, date of birth, physicians' names, insurers, diagnoses, treatments, discharge data, drug protocols, etc. Access to data in an individually identifiable record is subject to the HIPAA Privacy Rule.
2. An *aggregated medical record* is a database of attributes that does not align an individual with his or her specific data (de-identified); rather, hundreds or thousands of records are compiled into several lists to make up one aggregated list. Aggregated lists are typically used for "data mining" and research activities. Fully de-identified data is not subject to HIPAA privacy regulation.

### **Who Has Access to Medical Records**

- A patient has a legal right to copies of his or her own medical record. Healthcare institutions can charge a reasonable fee for such copies.
- A patient's family member(s) or caregiver (s) may have the right to copies of the patient's medical record or information contained therein, but the patient must provide his or her prior written authorization. Incapacity or death of the patient does not necessarily amend the requirement that the patient give his or her prior written permission. In either of these events, absent written prior permission or a showing of legal standing, the record may only be released pursuant to a court order. CGMHS patients are requested to sign a *HIPAA Authorization for Release of Information to Family Members* form during the enrollment process.
- A healthcare entity may grant access to a patient's medical record or the data contained therein to any third-party with written authorization from the patient.
- A healthcare provider has a right to share the medical record with other healthcare providers engaged in the care of a patient for the specific purpose of treatment, without first obtaining the patient's permission.
- Third-party payers have a right to obtain a patient's medical records for purposes of payment of claims, without first obtaining permission of the patient. Insurance companies, Medicare, Medicaid, Workers Compensation, Social Security Disability,
- Department of Veterans Affairs, essentially, any entity that pays for any portion of a patient's healthcare costs may access the patient's medical records.
- Others who may access a patient's medical records without prior authorization of the patient, based on particular need and circumstance include:
  - Business Associates
  - Organ Procurement Organizations
  - Coroners, Medical Examiners, and Funeral Directors

- Public Health Officials
- Correctional Institutions
- Law Enforcement
- Civil and Criminal Courts
- Individuals holding a healthcare power of attorney
- A personal representative who is legally authorized to act on behalf of the patient
- Medical Information Bureau

No third party, **including any CGMHS employee**, has access to a patient's medical record, or the PHI contained therein, absent a demonstrated "need and right to know" or the patient's written authorization, unless otherwise permitted by law.

### **Amendment of the Medical Record**

In compliance with HIPAA regulations, a patient who believes that the PHI contained in his or her medical record is incomplete or inaccurate has the right to request an amendment or correction of the information. All requests for amendment/correction must be submitted in writing with supporting information. The facility, however, has no obligation to change a medical record that it determines is neither inaccurate nor incomplete.

### **Informed Consent**

Physicians have a duty to disclose information to their patients so that their patients can make reasonable decisions regarding treatment and treatment alternatives. Informed consent is a principle derived from the fields of medical ethics and research ethics and is achieved when there is "a clear appreciation and understanding of the facts, implications, and consequences of an action"; consequently, informed consent cannot be given by someone who does not possess the mental faculties to understand the facts or comprehend the consequences of an action.

Informed consent is an educational process that requires a physician or other medical provider to disclose to a patient, in understandable language, all potential benefits, risks, and alternatives involved in any surgical procedure, medical procedure, or other course of treatment and to obtain the patient's written permission to proceed.

### **Elements of an Informed Consent**

The most important goal of informed consent is that the patient has an opportunity to be a knowledgeable participant in his or her own health care decisions. It is generally accepted that informed consent includes a discussion of the following elements:

- The nature of the decision/procedure
- Reasonable alternatives to the proposed intervention
- The relevant risks, benefits, and uncertainties related to each alternative assessment of patient understanding

- The acceptance of the intervention by the patient

### **When is Informed Consent Required?**

All health care procedures require some consent by the patient. CGMHS' patients sign a general *Consent for Treatment, Payment, and Healthcare Operations* form when they enroll as a patient. Among other attestations, the patient agrees to the following:

*"I voluntarily consent to the usual and customary examinations, tests, and procedures as ordered by my physician and the medical staff associates, medical students and students of other healthcare professionals involved in my treatment and care."*

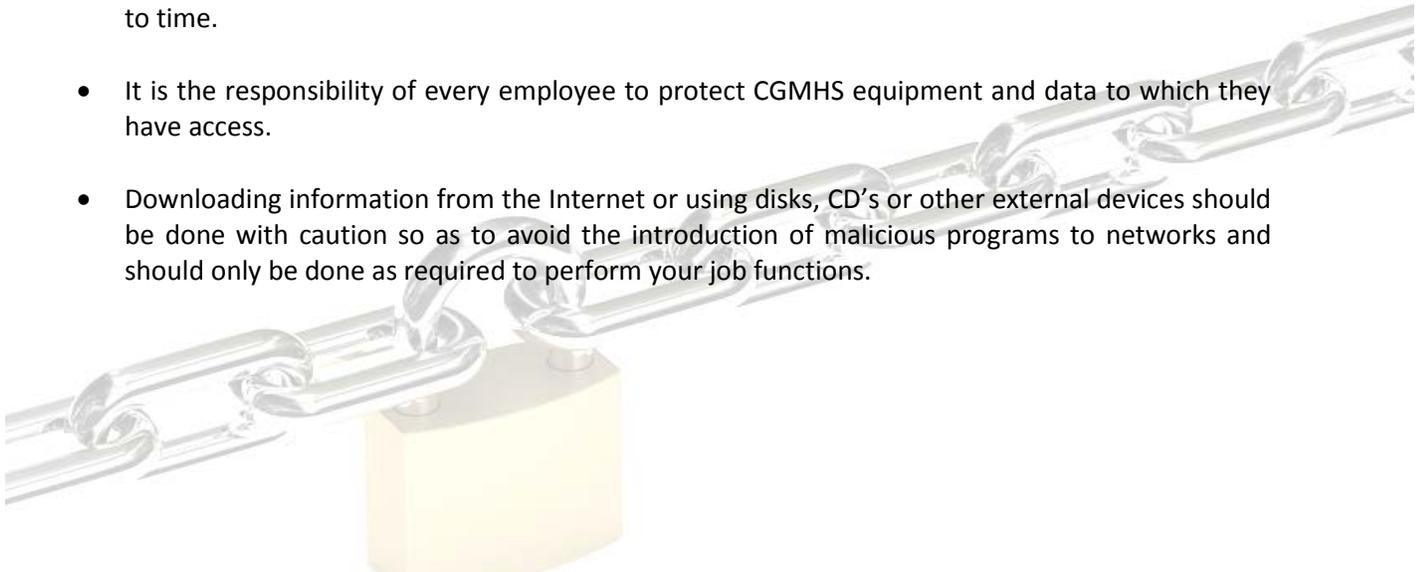
However, this does not substitute for a healthcare provider's obligation to ensure his or her patients' understanding of treatments and risks associated with their care; consequently, invasive procedures performed at CGMHS require additional consent. More information can be found in the CGMHS' *Patient Care Policy & Procedure Manual*.

In Alabama, if injury to the patient or research subject results from a procedure, particularly an invasive procedure, failing to get informed consent may be considered negligence and expose the healthcare provider to a medical malpractice claim. Even if such claim is unsuccessful, failure to obtain informed consent raises serious trust issues with patients and the community.

### **Computer Use**

Jefferson County and CGMHS provide technology, networks and Internet/Intranet access for the specific and limited purposes associated with its mission and business. The use of CGMHS electronic equipment for purposes not related to the mission and business of the CGMHS or the personal or unauthorized access, use, and /or disclosure of information, including but not limited to Protected Health Information (PHI), maintained in any CGMHS database is prohibited.

- Employees do not have a right of privacy with regard to any personal information stored on County or CGMHS equipment, including electronic communications sent from or to CGMHS.
- To ensure that the use of electronic and telephonic communications systems and business equipment is consistent with legitimate County interests, equipment may be monitored from time to time.
- It is the responsibility of every employee to protect CGMHS equipment and data to which they have access.
- Downloading information from the Internet or using disks, CD's or other external devices should be done with caution so as to avoid the introduction of malicious programs to networks and should only be done as required to perform your job functions.



- PHI may not be downloaded onto any external device, e.g. disks, CD's, flash drives, etc. and/or removed from the facility without the expressed approval of CGMHS administration.
- The use of illegal, bootlegged, or pirated software is prohibited. Introduction of software should be done only with the approval of Information Technology.

Information in CGMHS information systems is password protected. Your password provides access to information related to your specific job functions; consequently, you should never share your password with anyone else or allow anyone else to access CGMHS information systems using your password or other access authorization.

Additionally, you should protect data from being inadvertently viewed by others by turning your computer screen away from public view and by locking your computer and other media devices when you leave your work area.

## Illegal Activities in Healthcare

### *Anti-Kickback Regulations*

The Anti-Kickback statute and Stark law (Sections 1128(b) and 1877 of the Social Security Act), as well as certain state laws, prohibit the offer or payment of any compensation or other remuneration to any party for the referral of patients and/or federal healthcare business.



The Stark Law prohibits a healthcare facility from billing Medicare, Medicaid or other government payers for services rendered as a result of an improper financial arrangement with a referring physician or an Immediate Family Member of a referring physician.

“Immediate Family Member” is defined under federal law as spouse; natural or adoptive parent, child, or sibling; stepparent, stepchild, stepbrother or stepsister; father-in law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law; grandparent or grandchild; and the spouse of a grandparent or grandchild.

Financial arrangements with Referral Sources that are governed by the laws can include, but are not limited to: (1) leases, (2) medical directorships, (3) physician services agreements, (4) recruitment arrangements, (5) on-call agreements, and (6) other arrangements.

- When Cooper Green *Mercy* Health Services enters into financial arrangements for the purchase of goods and/or services with physicians (including Immediate Family Members), physician groups, any entity owned or operated by physicians, and/or any other existing or potential healthcare referral sources (“Referral Sources”), consideration will be given to the appropriate use of resources, and all agreements and contracts will be in accordance with legal statutory and regulatory requirements, as well as with policies and procedures of Cooper Green *Mercy* Health Services and the Jefferson County Commission, hereinafter referred to as “Jefferson County.”
- Cooper Green *Mercy* Health Services personnel will not solicit or receive from any person or entity, nor offer or give to any person or entity, anything of material value if that person or entity is in a position to refer business to Cooper Green *Mercy* Health Services or if Cooper Green *Mercy* Health Services is in a position to refer business to that person or entity, except as permitted by law.
- Cooper Green *Mercy* Health Services personnel will not submit or cause to be submitted a bill or claim for reimbursement for services provided pursuant to a prohibited referral.
- All agreements between Cooper Green *Mercy* Health Services and physicians (including immediate family members of physicians) or other Referral Sources must be submitted in accordance with Jefferson County contracting process and will be prepared, reviewed and approved by the Jefferson County Legal Department to assure their compliance with Anti-Kickback statute, Stark Law, and state law requirements.

<http://starklaw.org/>

### *Disbarment/Conviction*



The purpose of the Office of Inspector General for the U.S. Department of Health and Human Services, as mandated by Public Law 95-452 (as amended), is to protect the integrity of Department of Health and Human Services (HHS) programs, to include Medicare and Medicaid programs, as well as the health and welfare of the beneficiaries of those programs. The Office of Investigations for the HHS, OIG collaboratively works with the Federal Bureau of Investigation in order to combat Medicare Fraud.

Each year, CGMHS employees are required to certify that they have not been excluded, disbarred, suspended, sanctioned or otherwise have become ineligible to participate in any federal, state, local, or private healthcare program, including but not limited to, Medicare and Medicaid. Employees who have been disbarred are precluded from working in a healthcare facility by the Centers for Medicare and Medicaid payments.

Prior to employment, Cooper Green *Mercy* Health Services makes reasonable attempts to ensure that its employees and physicians meet the high standards that we, as a healthcare organization, expect.

### ***Background Investigation***

It is Jefferson County policy to conduct a background investigation as part of every new hire. If any individual has been convicted of a crime, a determination is made as to the relevancy of the conviction to the job class into which the individual is being hired.

### ***Data Banks***

Prior to employment of any medical provider, CGMHS Human Resources Department must check the following Data Banks and exclude from employment all such persons found with problems in such listings:

### ***OIG Cumulative Sanction Report***

A list maintained by the HHS Office of Inspector General showing persons excluded from participation in the Medicare and Medicaid programs. This list is available on the Internet at <http://exclusions.oig.hhs.gov> and at <http://oig.hhs.gov>.

### ***GSA List of Parties Excluded from Federal Procurement and No Procurement Programs***

A list maintained by the U.S. General Services Administration and available on the Internet at <http://epls.arnet.gov>.

### ***National Practitioners Data Bank***

A data bank to be used in the hiring of physicians, nurses, or other healthcare professionals.

### ***False Claims Laws and Whistleblower Protection***

It is the intent of Cooper Green *Mercy* Health Services to fully comply with the False Claims Act (FCA) (31 U.S.C. Sec. 3729-3722) and any similar state laws. These laws fight fraud and abuse in government healthcare programs.

Under the FCA, individuals can bring a lawsuit in the name of the United States by filing a complaint confidentially “under seal” in court if they discover that a fraudulent claim has been made for reimbursement by a government agency. The FCA applies to both organizations and individuals who engage in billing fraud. FCA lawsuits function to recover government funds paid as a result of false claims.

The federal FCA applies to claims for reimbursement for federally funded programs including, for example, claims submitted to Medicare or Medicaid. The federal FCA contains a “qui tam” provision, commonly called the “whistleblower” provision, which permits a private person with knowledge of a false claim to file a lawsuit on behalf of the United States Government. An individual who exposes wasteful, harmful, or illegal acts is often called a “whistleblower.” Such individual may be awarded a percentage of the funds recovered.

The FCA provides protection to whistleblowers from termination, demotion, suspension, or discrimination related to these claims. However, if an individual files such a lawsuit frivolously they may be subject to sanctions, including the responsibility for paying the other party’s attorney’s fees.

Employees are prohibited from directly or indirectly engaging or participating in any of the following:

- Presenting or causing to be presented to the U.S. government or any other healthcare payor a claim:
  - For an item or service that that was not provided as claimed
  - For an item or service that is false or fraudulent
  - For an item or service furnished during a period the claimant was known to be excluded from the program under which the claim was made
  - For items or services known not to be medically necessary
- Making, using, or causing to be made or used any false record, statement, or representation of a material fact for use in determining rights to any benefit or payment under any healthcare program
- Conspiring to defraud the U.S. government or any other healthcare payor by getting a false claim allowed or paid
- Knowingly failing to provide covered services or necessary care to members of a health maintenance organization with which Cooper Green *Mercy* Health Services has a contract
- Executing or attempting to execute a scheme to defraud any healthcare benefit program or to obtain, by means of false, fictitious, or fraudulent pretenses, representations or promises, any of the money or property owned by, or under the custody or control of, any healthcare benefit program;
- Failing to promptly report any instance of noncompliant conduct, including without limitation known violations of the standards described above, with respect to Cooper Green *Mercy* Health Services or any of its employees.

In summary, the False Claims Act imposes liability on any person who submits a claim to the federal government that he or she knows (or should know) is false. An example may be a physician who submits a bill to Medicare for medical services she knows she has not provided.

The False Claims Act also imposes liability on an individual who may knowingly submit a false record in order to obtain payment from the government. An example of this may include a government contractor who submits records that he or she knows (or should know) is false and that indicate compliance with certain contractual or regulatory requirements.

Another area of liability includes those instances in which someone may obtain money from the federal government to which he or she may not be entitled, and then uses false statements or records in order to retain the money. An example of this so-called “reverse false claim” may include a hospital that obtains interim payments from Medicare throughout the year, and then knowingly files a false cost report at the end of the year in order to avoid making a refund to the Medicare program.

<http://www.law.cornell.edu/uscode/text/31/3729>

#### Columbia/HCA fraud case

The Columbia/HCA fraud case is one of the largest examples of Medicare fraud in U.S. history. Numerous *New York Times* stories, beginning in 1996, began scrutinizing Columbia/HCA's business and Medicare

billing practices. These culminated in the company being raided by Federal agents searching for documents and eventually the ousting of the corporation's CEO, Rick Scott, by the board of directors. Among the crimes uncovered were doctors being offered financial incentives to bring in patients, falsifying diagnostic codes to increase reimbursements from Medicare and other government programs, and billing the government for unnecessary lab tests, though Scott personally was never charged with any wrongdoing. HCA wound up pleading guilty to more than a dozen criminal and civil charges and paying fines totaling \$1.7 billion. In 1999, Columbia/HCA changed its name back to HCA, Inc.

In 2001, HCA reached a plea agreement with the U.S. government that avoided criminal charges against the company and included \$95 million in fines. In late 2002, HCA agreed to pay the U.S. government \$631 million, plus interest, and pay \$17.5 million to state Medicaid agencies, in addition to \$250 million paid up to that point to resolve outstanding Medicare expense claims. In all, civil lawsuits cost HCA more than \$1.7 billion to settle, including more than \$500 million paid in 2003 to two whistleblowers.

### *Gifts and Gratuities*

The federal anti-kickback statute prohibits the acceptance of any item of value (remuneration) made directly or indirectly, in cash or in kind, that may induce or appear to induce the purchase or referral of any kind of health care goods, services, or items reimbursed by a federal or state health care program (Medicare and Medicaid). Consequently, the acceptance of any gifts or business courtesies from vendors or others with whom CGMHS presently or potentially may conduct business that would violate a federal law or state law is strictly prohibited.

Additionally, Jefferson County prohibits the acceptance of gifts and gratuities by all employees. Pursuant to Administrative Order 94-1, employees are prohibited from using their employment with the County for personal gain. Employees may not use any form of credit of the County or the name of the County to obtain any personal discount, entitlement, gratuity, gift, or any other thing of value (except authorized employee groups). Employees may not use County vehicles or equipment or telephones or any other County equipment for private purposes, unless expressly authorized by Administrative Order. Employees may not solicit in any manner whatsoever meals, food, drinks, gifts, money, or otherwise, using in any manner whatsoever their employment with the County as any form of inducement.

CGMHS' employees are prohibited from soliciting or accepting tips, personal gratuities, personal gifts, meals, entertainment, or other goods or services of more than nominal value from patients, patients' family members, contractors, suppliers, or vendors. If a patient or another individual wishes to present a monetary gift to the institution, he/she should be referred to the Human Resources Department. Items that are perishable, such as food or flowers, that may be presented by a patient or family should be displayed or shared in such a manner that all enjoy the generosity.

## Medical Identity Theft



The Federal Trade Commission (FTC) issues a set of regulations known as the "Red Flags Rule" requiring specified businesses and organizations to develop written identity theft prevention plans. These plans are designed to protect consumers by detecting warning signs, or red flags. The Red Flags Rule applies to financial institutions and "creditors." A physician or healthcare organization that accepts insurance or bills for services is considered a creditor for purposes of the medical identity theft statute.

It is the intention of Cooper Green *Mercy* Health Services to assist in the identification and prevention of identity theft by employing prudent risk mitigation procedures. Administrative guidance can be found in the Administrative Policy Manual "Prevention of Identity Theft."

### **Purpose of the Rule**

The Red Flags Rule is designed to protect individuals from identity theft, specifically medical identity theft in the health care industry. According to the American Medical Association, "medical identity theft occurs when someone uses a person's name and sometimes other parts of their identity... without that person's knowledge or consent to obtain or make false claims for medical services or goods."

### **Red Flags Defined**

Red flags are defined as suspicious activity or signs that could suggest identity theft. Health care providers should take note of alerts or messages from consumer reporting agencies, suspicious documents or forms of personal identification or unusual activity regarding a patient's account.

### **Requirements**

The FTC acknowledges some flexibility for health care providers as long as the basic requirements are met, which include the written identification of the kinds of red flags relevant to the individual practice and a clear system for detecting and preventing them.

[http://www.redflagrules.net/General\\_Requirements.html](http://www.redflagrules.net/General_Requirements.html)

<http://www.consumer.ftc.gov/articles/0171-medical-identity-theft>

### **Conflicts of Interest**

Cooper Green *Mercy* Health Services personnel have a duty to advance the legitimate business interests of CGMHS, to not obtain any improper personal benefit by virtue of employment with CGMHS, and to avoid conflicts of interest with CGMHS. The CGMHS policy on Conflicts of Interest applies to all employees.

Employees should not place themselves in positions where their actions, activities, or interests are, or appear to be, in conflict with the interests of Cooper Green *Mercy* Health Services, such as:

- A direct or indirect interest in any transaction which might in any way affect an employee's objectivity, independent judgment or conduct in carrying out his or her job responsibilities
- Conducting any business or performing any services for another individual or company while at work
- Using CGMHS property or other resources for outside activities
- Direct or indirect involvement in outside commercial interests, such as with vendors, physicians, patients, or others having a business relationship with CGMHS, which could influence the decisions or actions of an employee performing his or her job
- Accepting gifts or favors that suggest or create obligations to vendors
- CGMHS employees are required to disclose any situation, including outside employment, which creates an actual or potential conflict of interest to their supervisors or the Human Resources Department or to the Compliance Officer. In some situations, a waiver may be obtained when full disclosure and appropriate reviews are made and approval is granted.

### Obligation and Process for Reporting Violations of the CGMHS Code of Ethics

Each CGMHS employee has the responsibility to report any actions he/she believes, in good faith, may violate any provisions contained in the Code of Ethics or which may damage the public trust. CGMHS has a no retaliation policy against those who, in good faith, report violations or suspected violations.



If you have concerns about improper actions of other CGMHS employees, including management employees, you should contact the Cooper Green Mercy Health Services' Compliance Officer immediately. You may also report any suspected violations by calling the Compliance Hotline at 930-3444. All calls will be treated confidentially and, may, at the caller's request be anonymous.

CGMHS Compliance Officer: Marc Sussman 250-918-2351 (Office) or 205-259-3608 (Cell)

### Code of Conduct

#### **Purpose**

Cooper Green Mercy Health Services seeks to maintain an environment conducive for business. All employees are required to meet standards of performance and conduct which have been established for their job.

#### **Standards of Behavior**

Although not an all-inclusive list, following are examples of behaviors, deficiencies, or offenses that may result in disciplinary action, up to and including termination of employment. Employees should also consult Rule 12 of the *Rules and Regulations of the Personnel Board of Jefferson County* for information concerning their rights and responsibilities as Merit System employees in relation to disciplinary actions.

- Unsatisfactory job performance
- Inability to maintain satisfactory working relationships
- Willful and/or gross misconduct
- Unauthorized absence from work area or arriving late to work or leaving early repeatedly and/or without supervisory approval
- Embezzlement
- Forgery or falsification of documents
- Attempted or accomplished theft of CGMHS or other employee's property
- Illegal use or possession of controlled substances
- Bringing a firearm or other weapon into or onto a CGMHS property or facility, except where otherwise permitted by law
- Causing a disturbance in the office that adversely affects the proper and efficient operation of CGMHS
- Falsification of time worked/unauthorized altering of a time card/clocking in or out for another individual
- Reporting to work in an unfit condition to perform duties
- Failure to report to work for three (3) consecutive days without adequate justification
- Violation of safety rules
- Negligence in patient care
- Defacing, abusing, or misusing CGMHS property
- Immoral conduct or indecency
- Gambling on CGMHS property
- Unauthorized access to, use, or release of confidential information
- Conflict of interest/commitment
- Violence, threat of violence, or the display of threatening behavior
- Disrespectful behavior toward any CGMHS employee, patient, or visitor
- Insubordination
- Failure to comply with established CGMHS or Jefferson County policy or procedure
- Refusal to cooperate fully and truthfully in any internal investigation

### **Progressive Discipline**

Cooper Green Mercy Health Services' policies and procedures are intended to facilitate productivity and satisfactory working relationships. Whenever possible and feasible, CGMHS will work with an employee through a progressive disciplinary process to resolve issues involving breach of policy or procedure or violations of standards of behavior or performance as a means of both documenting and calling attention to the seriousness of the conduct. The following are approved progressive disciplinary steps. Jefferson County reserves the right to impose any level of progressive discipline it deems appropriate and commensurate with the violation.

#### *Oral Counseling*

Used for first time or minor violations or to call attention to performance deficits.

*Written Notice*

May be given after repeated violations of policy or failure to meet performance goals or for serious first time misconduct.

*Suspension*

With the approval of Human Resources and the County Manager's Office, may be imposed for repeated violations after written warning or for serious first time misconduct.

*Discharge/Demotion*

May occur for repeated violations of policy, failure to perform, or in the event of first time incidents of gross misconduct. Discharge and demotion actions involving regular employees are subject to Merit System due process procedures and must be approved by County Human Resources and by the County Manager's Office.

Jefferson County may terminate any employee during the initial 12 months of employment with or without notice or cause. Following the initial 12 months of employment, the termination of full-time regular employees is subject to the Civil Service procedures set forth in the *Rules and Regulations of the Personnel Board of Jefferson County*.

**Grievance Procedure**

While CGMHS hopes that all of its employees are satisfied with their work and with their work environment, we recognize that conflicts sometimes arise in the workplace. When this happens, CGMHS will make every attempt to resolve the conflict informally.

If you experience a problem, we encourage you to talk it over with your supervisor. If you are unable to reach a satisfactory resolution at that level, you are encouraged to advance the issue to your Department Manager, then to Human Resources.

In the event you are still not satisfied, you have a formal written procedure available to you as a regular Merit System employee. You may consult the *Rules and Regulations of the Personnel Board of Jefferson County* for a detailed explanation of the procedure.

Quiz: Module One

Answer the following questions to test your comprehension of the material presented in this module. If you miss a question, go back and re-read the corresponding material.

1. Informed Consent is a process of getting permission before conducting a healthcare intervention on a patient.

T      F

2. The immediate family of a patient, i.e. spouse, father, mother, son, or daughter, has a right to access the patient's medical record after his or her death, if necessary for insurance purposes.

T      F

**False** Only individuals who have been specifically authorized by the patient before his or her death or who have been given authorization by a court of law may access the medical record of the patient for any purposes.

3. The HIPAA Privacy Rule applies only to information being released by a healthcare organization to an outside third party.

T      F

**False** The HIPAA Privacy Rule applies to the use and disclosure of an individual's PHI both within the organization and outside of the organization. For internal uses, a covered entity must develop and implement policies and procedures that restrict access and uses of protected health information based on the specific roles of the members of their workforce.

4. All of the following comprise PHI.

Name  
Address  
Date of Birth  
Medical Record Number  
Social Security Number

T      F

**True** PHI is information that identifies the individual or for which there is a reasonable basis to believe it can be used to identify the individual.

5. Acme Healthcare billed Medicare for lab services that were determined not to be medically necessary for the patient's diagnosis or treatment. This might be considered a violation of what law?

1. False Claims Law
2. HIPAA
3. Stark Law
4. Anti-Kickback Legislation
5. Federal Trade Commission

1. It is a violation of the Fair Claims Law (FCL) to present or cause to be presented to the U.S. government or any other healthcare payor a claim:
  - For an item or service that that was not provided as claimed
  - For an item or service that is false or fraudulent
  - For an item or service furnished during a period the claimant was known to be excluded from the program under which the claim was made
  - For items or services known not to be medically necessary

6. A Cooper Green Mercy Health Services' employee may accept a gift of greater than nominal value as long as there is no explicit promise of special consideration given to the individual or company providing the gift.

T      **F**

**False** No employee may solicit or accept gifts from patients, visitors, or vendors unless the gifts are of nominal or little intrinsic value. Any question as to the appropriateness of the receipt of a gift may be adjudicated by the Alabama Ethics Commission.

7. A Cooper Green Mercy Health Services employee who reports a suspected violation of the Code of Ethics is protected from retaliation, if he or she reasonably believes the allegation is true.

T      F

8. Pursuant to the Cooper Green Mercy Health Services' Code of Conduct, an employee may be disciplined or terminated if he or she does not participate fully and truthfully in an internal investigation by the County or its designee into possible wrongdoing.

T      F

8. An employee's adherence to the Copper Green Mercy Health Services' Code of Ethics can and is to be considered when assessing that employee's performance, judgment, and competencies.

T      F

9. Healthcare professionals have an obligation to provide the treatment they determine to in the best interest of a patient, even if the patient objects.

T      **F**

**False** Patients have the right to participate in their own treatment plan and to make decisions that affect their health and well-being, even if their attending health professionals disagree.

10. Medical information necessary for the treatment of a patient may be shared between any physicians, inside or outside of the same facility, without prior or written consent of the patient.

T      F

## Module Two: Environment of Care Management Program

## Purpose

The Environment of Care Management Program sets forth the policies, procedures, and protocols used to manage safety risks and improve safety performance.

The goals of the EOC Program are to improve staff performance through effective safety and health education and training, improve staff and patient satisfaction by providing a safe physical environment, and effectively manage safety and health risks through the implementation and use of best industry practices.

The policies and procedures supporting the CGMHS EOC can be found in the facility's *Safety Management Manual*.

## Section Learning Objectives

- Ensure that employees are knowledgeable of CGMHS emergency response protocols
- Effectively manage fire safety risks by ensuring knowledge of fire prevention procedures
- Ensure knowledge of physical aspects of fire safety, such as operability of fire safety equipment and the design, construction, and maintenance of the facility
- Ensure that employees are knowledgeable regarding the proper handling and disposal of hazardous waste and materials
- Ensure that employees are knowledgeable regarding the proper use of medical and safety equipment
- Ensure that employees are aware of security protocols

## Statement of Policy on Environmental Safety and Security

Cooper Green *Mercy* Health Services is committed to reducing and controlling environmental hazards and risks, preventing accidents and injuries, and maintaining safe conditions for patients, staff and visitors through the implementation and management of a comprehensive and organization-wide Environment of Care (EOC) program. Safety is the responsibility of all employees. Employees are expected to be familiar with and to follow all safety protocols, monitor their work environments for potential safety hazards and take appropriate corrective measures.



### EOC Management Areas

Emergency Management	Medical Equipment Management
Fire Safety	Security
Hazardous Materials Management	Utility Systems

The Environment of Care program at CGMHS is administered by the EOC Officer Wilson Tidwell Contact Info. 205-930-3473 (office) 205-337-1198 (cell)

## Emergency Management Plan (Disaster Plan)

It is the goal of Cooper Green *Mercy* Health Services to be prepared for emergencies that impact the facility and to protect the safety of our employees, patients, and visitors. CGMHS is not equipped nor staffed to be a community receiving center for severely injured emergency patients. Recognizing that CGMHS is an ambulatory health care center with limited urgent care services, the purpose of this plan is to provide general guidelines for handling various disaster situations.

This document outlines an emergency management plan which addresses consequences for natural and man-made disasters and emergencies that affect the CGMHS facility and its ability to provide safe health care and wellness services. The term “disaster” encompasses a variety of situations that would be seriously threatening to the health center’s ability to provide services, may cause personal injury, and/or result in facility damage.

### **Severe Weather**

#### Phase I

Tornado watch has been declared. A Code Black will be initiated over the facility’s speaker system. See “Code Black” in next section. Normal operations continue.

#### Phase II

Tornado warning (a tornado has been sighted) has been declared. Staff should return to duty station, wait for instructions, and prepare to move to inside corridors.

#### Phase III

Tornado alert has been declared. Patients and staff will be alerted by way of the facility’s speaker system and instructed to move to inside corridors away from windows.

### **Evacuation Procedure During Severe Weather**

The definition of “evacuation” is the movement from a dangerous or potentially dangerous area to a safer location either within the facility or outside of it.

1. If you are inside of the building, take cover under a heavy desk, table, bench, in a doorway, or against the inside walls. Stay away from windows.
2. If you are outside of the building, stay outside and far away from the building. Injuries occur as people enter or leave buildings.
3. Remain in your sheltered area until advised otherwise.
4. Do not use candles or matches, or open flames due to possible gas leaks.
5. If instructed, evacuate the building in the safest manner possible.
6. Stay away from downed power lines.
7. Stay away from damaged buildings.
8. Do not enter the facility until it has been checked by a trained individual and it is deemed safe to enter.

## Emergency Codes

Adopting code uniformity enables employees to respond appropriately to specific emergencies, enhancing their own safety, as well as the safety of patients and visitors. CGMHS utilizes the following list of codes during emergency situations: Code White, Code Orange, Code Brown, Code Blue, Code Black, Code Red, and Code Green.

To declare a Code, dial the CGMHS Operator at ext. 9026 or 930-3220 and provide the Code type and specific location. When a Code is called, trained teams of professionals respond according to the Code type.

### ***Code White (Needs Medical Assistance)***

A Code White is called to provide medical triage in the event of a non-life threatening medical incident.

A patient presents with symptoms that may require *immediate care*. Efforts should be made to evaluate the problem as soon as possible. If the patient needs immediate care, he/she is to be escorted to the clinical area where the nursing staff and physician will immediately be made aware of the patient's condition and promptly assessed.

- Some of the conditions that require immediate attention include:
  - Chest pain
  - A fall, not resulting in serious injury
  - Shortness of breath
  - Trauma
  - Dizziness
  - Altered thinking
  - Bleeding

### ***Code Blue (Respiratory and/or Cardiac Arrest)***

Code Blue is called in the event of a suspected or imminent cardiopulmonary arrest or for a medical emergency involving a patient, employee, or visitor.

CGMHS employees who are certified in Cardiopulmonary Resuscitation (CPR) respond within their respective scopes of practice and utilize guidelines set by the American Heart Association on Advanced Cardiac Life Support. When a Code Blue is called, EMS is immediately notified by the CGMHS Operator.

- The Code Blue response team:
  - Assesses patient's circulation, airway, and breathing
  - Initiates CPR, if appropriate
  - Continues CPR until EMS arrives

### ***Code Red (Fire or Smoke)***

Code Red is called to provide an appropriate response in the event of a suspected or actual smoke condition or fire in order to protect life, property and vital services. *See Fire Safety in this manual.*

- Code Red is immediately initiated whenever the following is observed:
  - Seeing smoke, sparks or a fire
  - Smelling smoke or other burning material
  - Feeling unusual heat radiating from a door handle
  - In response to any fire/life safety system alarm

**Code Brown (Hostage Situation or Unsafe Security Situation)**

A Code Brown is called in the event that an individual is being held against his or her will or a threat of harmful action, either verbally or physically has been made. Security is immediately called and dispatched to the area by the CGMHS Operator. A Code Brown is appropriate when a staff member is concerned about his or her own safety or the safety of others. When possible, staff members should not attempt to intervene or negotiate, but wait for a Security Officer to arrive.

**Code Orange (Bomb Threat)**

Code Orange is called in the event of a bomb or bomb threat or suspicious package. The individual receiving the threat should:

- Take notes of the phone conversation detailing everything the caller states
- Immediately forward the transcribed notes and additional information to CGMHS' Security Department

The Security Department will notify CGMHS Administration and a determination made as to whether a Code Orange alert is appropriate. If so, notification will be made by way of the CGMHS speaker system and instructions provided.

**Code Black (Severe Weather)**

A Code Black is initiated when unsafe weather conditions exist in the area. Employees and patients will be instructed as to how to respond by way of the CGMHS speaker system depending on the specific threat.

**Code Green (All Clear)**

A Code Green is declared to indicate that normal operating procedures may resume and that the conditions that gave rise to the Code are no longer present.

- Code Green is declared *after* the following emergency codes are resolved:
  - Code Red
  - Code Brown
  - Code Orange
  - Code Black

Policies and procedures governing the Emergency Management Plan can be found in the CGMHS *Safety Management Manual*.

## Fire Prevention Plan

### Purpose

CGMHS' Fire Safety Plan sets forth the framework to manage fire risks and improve safety performance. Policies and procedures governing the Fire Safety Plan can be found in the *CGMHS Safety Management Manual*.

### Plan Objectives

- Effectively manage fire risks by using appropriate fire prevention procedures
- Improve staff and patient satisfaction by providing a safe environment
- Focus on the physical aspects of fire safety and the use of fire safety equipment
- Improve staff performance through effective fire safety and training



### Elements of a Fire

Heat, fuel, and oxygen are the three elements that need to be present for a fire to occur. These three elements are often described as the 'Triangle of Fire'. If the three elements are allowed to come together, there is the potential for a fire to occur. Oxygen is generally always present; however, the other two elements vary depending on the environment. In our working environment, fuel is present in four types or groups:

1. Solid fuel (Paper)
2. Liquid fuel (Alcohol gel)
3. Electrical (Computers and televisions)
4. Gaseous (Oxygen)

### Fire Prevention in the Workplace

It is your responsibility as a CGMHS employee to be aware of the causes of fire and to prevent fires from occurring in the workplace. Some common causes of fire are:

- Arson or deliberate ignition
- Poor housekeeping leading to excessive storage of combustible materials or the accumulation of waste

- Misuse of electrical equipment such as, overloading sockets or adaptors, obstructing vents on electrical equipment, using equipment for purposes for which it was not designed, using faulty or defective equipment, and leaving appliances switched on when not in use.
- Smoking in unauthorized areas and the careless disposal of smoking materials
- Misuse of cooking appliances such as toasters and microwave ovens.

### Immediate Fire Safety Procedures

Cooper Green Mercy Health Services is a fire secure building. In the event of a fire, the building's fire doors will automatically close. The CGMHS' fire response team (Fire Brigade) will proceed to the fire area to assist with removing patients and fighting the fire, as necessary. All employees in non-affected areas should remain in their offices with their office doors closed until the all clear (Code Green) is announced. Our first duty is to our patients.

1. If you discover fire or are alerted that fire is in your area, follow these steps. The acronym R.A.C.E. will help you remember: Rescue, Alarm, Confine, and Extinguish.

Remove patients, visitors and personnel from the immediately affected area. Consider removing patients and staff from the adjoining floors.

Activate the fire alarm and notify others in the affected area to obtain assistance. Initiate "Code Red" by dialing ext. 9026 or 930-3220 and give exact location.

Contain the fire and smoke by closing all doors.

Extinguish the fire if it is safe to do so. (See P.A.S.S. in this manual)

### Using a Fire Extinguisher

Fire extinguishers are available throughout the building. Make sure you know where the closest one to your work area is. The acronym P.A.S.S. will help you remember how to use a fire extinguisher. All employees are expected to be familiar with the basic "Code Red" response plan and to know the location(s) of the nearest fire alarm pull stations and fire extinguishers.

Pull the pin

Aim the nozzle of the extinguisher at the base of the fire

Squeeze the trigger

Sweep the extinguisher's contents from side to side

DO:

- Safely, turn off oxygen, suction, and electrical equipment in the immediate area.
- Calm patients

DO NOT:



- Do not use elevators. Never block a stairway door open.
- Do not evacuate to the outside of the building, unless told to do so.
- Do not shout "FIRE".
- Policies and procedures governing the Fire Safety Plan can be found in the *CGMHS Safety Management Manual*.

## Hazardous Materials & Waste Management Plan

### Purpose

An ever-growing area of concern in health care settings is the management of hazardous materials and waste. The number of government regulations concerning hazardous materials handling and waste disposal attest to the priorities our society has placed on worker health and safety, and environmental preservation.

The purpose of the Hazardous Materials and Waste Management Plan is to maintain a safe environment for patients and employees. The Hazardous Material & Waste (HMW) Management Plan sets forth the procedures and protocols used to manage risk and improve performance associated with the selection, handling, storage, use, and disposal of HMW.

Hazardous materials and hazardous waste streams include, but are not limited to:

- Chemical
- Biological
- Chemotherapeutic
- Electronic

### Plan Objectives

- ✓ To protect the health and safety of staff, patients, and visitors and minimize the risk associated with hazardous materials, through the development of policies and procedures regarding the selection, handling, storage, use and disposal of hazardous materials and waste from receipt or generation, through use and final disposal.
- ✓ To minimize risks associated with the use of hazardous energy sources including radiation-producing machines, radioactive materials, and lasers.
- ✓ To ensure that hazardous materials and waste are identified, labeled, evaluated, inventoried, handled, managed and monitored in compliance with applicable regulations to minimize risk to staff, patients and visitors and their impact on the environment.
- ✓ To provide emergency procedures that prescribe specific precautions, equipment, and protective equipment to be utilized in response to hazardous materials spills, releases and exposures.
- ✓ To ensure that employees are oriented to, and educated about the proper procedures to follow in order to protect themselves from exposure to hazardous materials.

## Hazardous Chemicals

The Hazardous Materials and Waste Management Plan addresses the safe handling and disposal of chemical substances and is designed to ensure that CGMHS' employees are informed of the hazards of the materials with which they are working. In addition, there are provisions for personal protective equipment (PPE) for eye, skin, and respiratory protection. Ensuring the safe and compliant disposal of hazardous chemical substances is also stressed.

## Hazardous Materials Inventory

Departments that store or use materials considered potentially hazardous to employees maintain an "Inventory of Hazardous Materials" in compliance with CGMHS' *Safety Management Manual*. This inventory is updated annually as new materials are introduced into the department and others are discontinued. In most cases the chemical name of the hazardous substance is used; however, the product or trade name may be used if the name corresponds with the Material Safety Data Sheet (MSDS).

## When to Include an Item on the Hazard Inventory

This is an OSHA requirement. The Joint Commission standards state that the organization "maintains a written, current inventory of hazardous materials and waste that it uses, stores or generates. The only materials that need to be included on the inventory are those whose handling, use, and storage are addressed by law and regulation" (for example, EPA and OSHA). An MSDS inventory is required by all employers in order to provide information to their employees about hazardous chemicals to which they are exposed to in their workplaces as stated in the OSHA Hazard Communication Standard, 29 CFR 1910.1200. A list of hazardous chemicals is available through OSHA, although this is not all inclusive (see 29 CFR 1910, Subpart Z, Toxic and Hazardous Substances). Consumer products (such as turpentine, gasoline or white out) that are used in a workplace in such a way that the duration and frequency of use are the same as that of a consumer are not required to be included in the hazard communication program. However, it is the responsibility of the employer to make the determination for their workplace by assessing the exposure potential of the consumer products that staff may encounter and ensuring that the frequency and duration of use are not greater than that of normal consumer use.

Employees are oriented to their department's inventory and about how to access relevant chemical safety information. Types of hazardous materials include, but not limited to:

Chemotherapy agents	Waste anesthetic gases	Compressed gas
Mineral spirits	Asbestos	Toluene
Coolants	Mercury	Formaldehyde
Glutaraldehyde	Ethylene oxide	Infectious wastes



## Handling and Use of Hazardous Chemicals

Chemical handling and use must be specific to the hazards associated with a particular substance. This ensures that employees are provided the most accurate and current information regarding ways to minimize the hazards and risks associated with a specific material. Chemicals are used in accordance with manufacturer instructions. Handling guidelines include information regarding:

- Hazard class (e.g. flammable, toxic, corrosive, reactive, explosive, other)
- Information obtained from container labels, MSDS, and other resources
- Substance-specific hazard minimization strategies
- Potentially incompatible adjacent activities
- Chemical state (solid, liquid, gas)
- Disposal requirements

## Storage of Hazardous Chemicals

Chemical storage parameters include temperature control, ventilation, segregation, isolation, ignition control, and regulatory considerations. Departments are responsible for ensuring that chemicals they use or are otherwise under their administrative control are stored safely. Material Data Safety Sheets (MSDS) provide chemical-specific storage requirements. Observing the following general guidelines can minimize risks:

- Chemicals and cleaning products should be segregated according to hazard class and away from clinical supplies
- Chemical containers should be properly labeled with contents, hazard and date opened
- Do not store chemicals in areas accessible to visitors and children
- Store chemicals in well-ventilated areas
- Store large containers on lower shelves. Do not place at or above eye level.

## Disposal of Hazardous Chemicals

CGMHS follows federal, state and local regulations specific to the labeling, packaging and disposal of hazardous materials and governing hazardous waste. All employees should read the MSDS for information about each substance for disposal guidelines. *If you do not understand the disposal information, please contact your supervisor or a representative from the General Services Department for assistance.*

See the section in this manual on "Biological Waste."

Policies and procedures governing the Hazardous Materials and Waste Management Plan can be found in the *CGMHS Safety Management Manual*.

## Radiation Protection

### Purpose

Ionizing radiation sources may be found in a wide range of occupational settings, including health care facilities, research institutions, nuclear reactors and their support facilities, nuclear weapon production facilities, and other various manufacturing settings, just to name a few. These radiation sources can pose a considerable health risk to affected workers if not properly controlled.

CGMHS utilizes effective measures to safeguard patients, personnel, and the general public from unnecessary exposure to radiation. The “As Low As Reasonably Achievable” (ALARA) principle is adhered to regarding radiation exposure and safety. The aim is to minimize the risk of radioactive exposure or amount of dose while keeping in mind that some exposure may be acceptable in order to further the task at hand. *See CGMHS Radiation Safety Manual for additional information.*

### **Radiologic Technology**

The CGMHS Radiology Department provides clinical services in diagnostic radiology, ultrasound, and cross sectional imaging (CT scan), and mammography. Radiation safety measures are always taken so that all patients and employees minimize their exposure to ionizing radiation.

### **Radiation Exposure Protection Measurements**

The Alabama Department of Radiation Control governs the exposure amount that an individual should receive annually. The Annual Radiation Protection Measurements are:

- Public exposures (0.1 rem)
- Education and training purposes (0.1 rem)
- Embryo-fetus (\*monthly)---(0.005 rem)
- Occupational exposures (5 rem)

### **Shielding**

CGMHS’ technologists and any other personnel in the room while an x-ray is being performed should be geared with the appropriate lead shields. The following is a list of safety protection devices to be worn while in the room with an x-ray:

- Lead apron
- Lead thyroid shield
- Lead goggles

### **Monitoring**

CGMHS’ technologists and any other personnel working near radiation must be monitored by wearing radiation exposure badges to detect levels of radiation exposure received. The radiation detection badges are processed and recorded monthly.

## **Medical Equipment Management Plan**

The Medical Equipment Management Plan addresses the management of medical equipment risks. It addresses the essential processes for assuring that all medical equipment used at CGMHS is safe, functional and supports patient care. Additional information can be found in the CGMHS *Safety Manual*. Examples of medical equipment or supplies include:

- IV supplies- lines, catheters, fluids
- Centrifuges
- Sterilizers
- Lasers
- Pumps
- Otoscopes
- Gloves and latex products
- Diagnostic equipment
- CT scanners
- Radiology equipment
- Blood pressure equipment
- Exam tables

### **Selection and Acquisition**

Prior to the acquisition of any medical equipment, the appropriate CGMHS supervisor and Biomedical Engineering engage in a formal review process to assess any risks associated with the equipment, to ensure that the equipment is appropriate to meet the user's needs, that the equipment is compatible with existing equipment, to evaluate maintenance, education, and training requirements, and to determine space and utility needs.

Each supervisor is responsible for ensuring that users understand the application, safe operation, and emergency procedures for the medical equipment they use.

### **Medical Equipment Inventory**

Biomedical Engineering maintains the following information on all medical equipment in use at CGMHS:

- Equipment function (treatment, diagnostic, and patient support)
- Physical risks associated with its use
- Maintenance requirements
- Equipment incident history
- Preventive maintenance schedules

### **Preventive Maintenance**

CGMHS medical equipment is subject to periodic or annual preventive maintenance in order to assure that it is in safe working order.

- Inspecting, testing, and maintenance intervals are based on function, physical risks, maintenance requirements, incident history, and the manufacturer's recommendations.
- Technical inspections are conducted prior to use.
- Safety inspections are conducted annually for equipment where there is no patient contact and semiannually where there is patient contact and after repairs or modifications have been made to the equipment's electrical or electronic circuitry.

### **Safe Medical Devices Act of 1990**

The Safe Medical Devices Act was signed into law in 1990 as an update to the Federal Food, Drug and Cosmetic Act. It requires health-care professionals to report deaths or injuries related to a particular medical device to the Food and Drug Administration (FDA) or the product's manufacturer. A medical device is defined as an instrument, apparatus, implant, in vitro reagent, or similar or related article that is used to diagnose, prevent, or treat disease or other conditions, and does not achieve its purposes through chemical action within or on the body (a drug).

To comply with the Safe Medical Devices Act:

- Users immediately notify Biomedical Engineering, the Compliance Officer, the Medical Director, and the CGMHS Director of all incidents where medical equipment fails during use and results in death, serious injury, or serious illness
- Users secure and tag the involved equipment until it can be investigated
- The Compliance Officer and Biomedical Engineering investigate the incident
- If the Compliance Officer and Biomedical Engineering determine that the equipment contributed to or caused the incident, an SF 380, *Reporting and Processing Medical Material Complaints/Quality Improvement Report* is prepared and forwarded to the Food and Drug Administration (FDA).

CGMHS medical personnel should immediately report any suspected malfunctioning medical equipment/devices, any recall notifications on medical equipment/devices, or other problems which may be related to the proper and safe operation of any medical equipment/devices to Biomedical Engineering and to the Compliance Officer. Suspect equipment should be clearly tagged until it can be assessed by Biomedical Engineering.

Policies and procedures governing the Medical Equipment Management Plan can be found in the CGMHS *Safety Management Manual*.

[http://www.ehow.com/about\\_5232149\\_safe-medical-devices-act.html](http://www.ehow.com/about_5232149_safe-medical-devices-act.html)

## Security Management Plan



The Security Management Plan provides the framework for managing security risks and improving security performance, as well as for addressing the processes that are essential for maintaining a safe physical environment.

The Security Department conducts a security risk assessment at least annually that includes a thorough evaluation of the buildings, grounds, security systems, security equipment, and security protocols.

Security personnel staff the facility 24/7/365. In addition, security cameras are strategically placed throughout the facility, alarms placed on all entrance and exit doors, and emergency alarms located at each nurse's station and at other public access locations, such as Enrollment, Cashier's Office, and the parking deck. These systems are monitored centrally by the Security Department. The exact location of each device is maintained in the Security Department.

Security Officers work with supervisors and staff to determine the engineering and administrative controls and safe work practices necessary to eliminate or control security risks. Supervisors are responsible for making sure controls and work practices are used and effective.

### **Access to Sensitive Areas**

The following areas have been identified as "sensitive" within CGMHS and, consequently, are equipped with work area specific access control measures.

- Pharmacy
- Urgent Care
- Cashier

### **Security Incident Reporting**

Security incidents involving patients, staff, visitors, data, and property are reported to the Security Office *via* telephone or by completing and submitting a CGMHS' *Incident Report Form*.

Security can be contacted by calling ext. 8836 or 930-3347.

All security incidents are documented and copies provided to the CGMHS Administration within 24 hours of occurrence or the next business day.

### **Emergency Security Procedures**

Emergency security procedures regarding patients, visitors, personnel, and property are specifically addressed in the CGMHS' security regulations.

Policies and procedures governing the Security Management Plan can be found in the CGMHS *Safety Management Manual*.

## Utilities Management Plan

Utilities systems support essential services that are required by CGMHS to sustain its standards of high quality patient care, while utilizing its resources in an efficient and cost effective manner. The Utilities Management Plan is executed by General Services.

The objectives of the Plan are to:

- Reduce the potential for hospital and building acquired illnesses
- Assess and minimize risks of utility failures
- Ensure operational reliability of utility systems

The Plan covers the following critical systems:

- Electrical Power
- Emergency Power
- Elevators
- HVAC
- Water Boilers
- Plumbing
- Natural Gas
- Communication Systems

The elements of the Plan include:

- Preventive maintenance protocols on all critical systems, as required by regulatory agencies, industry standards, and/or manufacturer's recommendations
- Testing for biological agents in cooling towers, domestic hot water, and other aerosolizing water systems
- Maintenance of utility system operational plans, i.e. contact information for contractors in the event of emergency, instructional repair manuals, complete drawings of all utility systems, manufacturer's specifications, utility shut-down procedures
- Approval of any electrical appliances in use in the facility to assure compliance with building codes and compatibility with facility's utility capacity
- Emergency procedures for utility system disruptions
  - Specific procedures in the event of utility systems malfunction
  - Identification of alternative sources of essential utilities
  - Shut-off of malfunctioning equipment and notification of staff in affected areas
  - Obtaining repair services

Failure of any utility system that has the possibility of adversely affecting patient or employee comfort or safety, drug quality, or laboratory results are reported immediately to the CGMHS EOC Officer and to the CGMHS Director.

Policies and procedures governing the Utility Management Plan can be found in the CGMHS *Safety Management Manual*.

## Quiz: Module Two

Answer the following questions to test your comprehension of the material presented in this module. If you miss a question, go back and re-read the corresponding material.

1) True or False. The Environment of Care Management Program sets forth the policies, procedures, and protocols used to manage safety risks and improve safety performance.

T or F

2) CGMHS Radiology Department utilizes ALARA effective measures to safeguard patients, personnel, and the general public from unnecessary exposure to radiation. What does ALARA stand for?

The “As Low As Reasonably Achievable” (ALARA) principle is adhered to regarding radiation exposure and safety. The aim is to minimize the risk of radioactive exposure or amount of dose while keeping in mind that some exposure may be acceptable in order to further the task at hand.

3) True or False. During a fire, to evacuate the building quickly, it is best to use the elevators?

T or F

4) If you discover fire or are alerted that fire is in your area, follow these steps. The acronym R.A.C.E. will help you remember. What does the R.A.C.E. stand for?

Remove patients, visitors and personnel from the immediately affected area.

Activate the fire alarm and notify others in the affected area to obtain assistance. Initiate “Code Red” by dialing ext. “3220” and give exact location.

Contain the fire and smoke by closing all doors.

Extinguish the fire if it is safe to do so.

5) True or False. CGMHS medical personnel should immediately report any suspected malfunctioning medical equipment/devices, any recall notifications on medical equipment/devices, or other problems which may be related to the proper and safe operation of any medical equipment/devices to Biomedical Engineering.

T or F

6) Fire extinguishers are available throughout the building. The acronym P.A.S.S. will help you remember how to use a fire extinguisher. What does P.A.S.S. stand for?

Pull the pin

Aim the nozzle of the extinguisher at the base of the fire

Squeeze the trigger

Sweep the extinguisher's contents from side to side

7) What does Code White stand for?

A Code White is called to provide medical triage in the event of a non-life threatening medical incident.

8) What does Code Red stand for?

Code Red is called to provide an appropriate response in the event of a suspected or actual smoke condition or fire in order to protect life, property and vital services.

9) What does Code Black stand for?

A Code Black is initiated when unsafe weather conditions exist in the area.

10) What does Code Orange stand for?

Code Orange is called in the event of a bomb or bomb threat or suspicious package.

## Module Three: Infection Control

### Purpose

According to the CDC, "Healthcare organizations can demonstrate a commitment to preventing transmission of infectious agents by incorporating infection control into the objectives of the organization's patient and occupational safety programs."

The goals of Cooper Green *Mercy* Health Services' infection control program are to decrease risk of infection to patients and personnel, find and correct issues relating to infection prevention practices, minimize unprotected exposure to pathogens, minimize risk associated with procedures, medical devices and equipment, and sustain compliance with regulatory bodies related to infection prevention.

Policies and procedures governing Infection Control can be found in the *CGMHS Infection Control Manual*.

The Infection Control program at CGMHS is administered by the Infection Control Officer: Jamal Brown  
205-90-4737 (Office) 205-276-6278 (Cell)



### Section Learning Objectives

- Ensure that employees are knowledgeable of common infections in healthcare environments
- Ensure that employees know how to minimize or eliminate risk factors associated with infections and the spread of infections
- Ensure that employees are knowledgeable regarding infection control and prevention procedures, protocols and work practices
- Ensure that employees are aware of CGMHS vaccination requirements

### Statement of Commitment to Infection Control

Infection Prevention and Control strategies protect patients, staff, visitors and indirectly, the broader community, from healthcare-associated infections and communicable diseases and are required to prevent the transmission of communicable diseases in all health care settings.

Cooper Green *Mercy* Health Services is committed to implementing and monitoring infection control strategies and protocols designed to prevent and minimize the spread of communicable diseases and infectious agents. To this end, Cooper Green *Mercy* Health Services will ensure that all employees are provided with access to infection control education and information, access to personal protective equipment (PPE), as needed, and training necessary to protect themselves, our patients, and visitors to our facility. Further, CGMHS will have appropriate protocols in place to respond to occupational accidents and exposure.



## Alabama Infected Healthcare Worker Management Act

The Alabama Infected Healthcare Worker Management Act mandates that any health care worker infected with the human immunodeficiency virus (HIV) or hepatitis B virus (HBV) who performs an invasive procedure or any physician providing care to an infected health care worker shall notify the State Health Officer, or his designee, of the infection.

The purpose of the Act is to prevent transmission of HIV and HBV to patients during invasive procedures.

### Definitions

**Health Care Worker** – Physicians, dentists, nurses, respiratory therapists, phlebotomists, surgical technicians, physician assistants, podiatrists, dialysis technicians, emergency medical technicians, paramedics, ambulance drivers, dental assistants, students in the healing arts, or any other individual who provides or assists in the provision of medical, dental, or nursing services.

**Infected Health Care Worker** – A health care worker infected with HIV or HBV as defined herein.

**Hepatitis B Virus (HBV) Infection** – The presence of the HBV as determined by the presence of hepatitis B antigen for six months or longer or by other means as determined by the State Board of Health.

**Human Immunodeficiency Virus (HIV) Infection** – The presence of antibodies to Human Immunodeficiency Virus as determined by enzyme immunoassay and Western Blot or the presence of the HIV infection as determined by viral culture, or by other means as determined by the State Board of Health.

**Invasive Procedures** – Those medical or surgical procedures characterized by the digital palpation of a needle tip in a body cavity or by the simultaneous presence of the health care worker’s finger and a needle or other sharp instrument or object in a poorly visualized or highly confined anatomic site.

Procedures covered by the Act do not include physical examinations; blood pressure checks; eye examination; phlebotomy; administering intramuscular, intradermal, or subcutaneous injections; needs

aspirations; lumbar punctures; angiographic procedures; vaginal, oral, or rectal exams; endoscopic or bronchoscopic procedures; or lines, nasogastric tubes, endotracheal tubes, rectal tubes, and urinary catheters.

## Reporting

(a) Any Infected health care worker (IHCW) who performs invasive procedures must notify the Alabama State Health Officer (Alabama Department of Health) by sending a letter marked "Personal and Confidential" to the Director of the Division of Infection Control within 30 days of the time he or she is aware of his or her infection. The letter must include at a minimum the infected worker's name and diagnosis and information as to how he or she can be contacted.

(b) Any physician providing care to any IHCW must notify the State Health Officer of the infected status of his patient within seven (7) days of the time he or she diagnoses or provides such care. The notification should be sent to the State Health Officer by marking the envelope "Personal and Confidential" and sending it to the Director of the Division of Infection Control.

(c) After reporting to the State Health Officer, no IHCW can perform or assist in performance of an invasive procedure until after an internal Department review by State Department of Health staff and written notification from the State Health Officer regarding any necessary practice modification.

<http://www.alabamaadministrativecode.state.al.us/docs/hlth/420-4-3.pdf>

## Biohazardous Waste

Biohazardous waste is identified as any waste material that is suspected to contain pathogens in sufficient numbers to potentially cause disease. Identified biohazardous waste includes:



- Microbiological Waste
- Pathological Waste
- Blood and Body Fluids
- Sharps
- Surgical Waste

## Management of Biohazardous Waste

Proper management of biohazardous waste from the point of generation to final disposal is important to ensure that occupational exposure is minimized and that appropriate disposal occurs.

Biohazardous waste is no longer incinerated at Cooper Green Mercy Health Services, but is transported off site for disposal. Compliance with regulations issued by the U.S. Department of Transportation (DOT) and the Alabama Department of Environmental Management (ADEM) must be strictly enforced to avoid the possibility of civilian exposure and costly fines.

Biohazardous waste must be discarded in the area where it was generated by placing it in a red plastic bag in designated leak-proof containers bearing the biohazardous symbol.

Red bags should be filled only ½ full. Bags that are more than ½ full will not fit into transport containers. Liquid waste such as urine, feces and blood may be flushed down the hopper or toilet. Care should be taken to avoid splashing during disposal. If liquid blood/ body fluids are discarded in a container, the container must be closed tightly to prevent spillage. A solidifier will be added to bags/containers with liquid waste by Housekeeping before final transport.

Hazardous chemicals (acetone, formaldehyde, etc.) should not be placed in red bags. Hazardous chemicals should be poured out of all containers and disposed of according to hazardous materials guidelines. MSDS disposal guidelines for each substance should be strictly followed. Mercury containing items (broken thermometer, etc.) should not be placed in red bags. Contact General Services for disposal.



All sharps (needles, glass tubes, etc.) must be in a closed puncture-proof sharps container. Containers should not be filled more than ¾ full.

Do not place **non**-biohazardous waste in red bags.

### Types of Waste Containers

#### Sharps Containers (Biohazardous)

- Uncapped needles and syringes
- Other disposable sharp items
- Broken glass



#### Red Bags (Biohazardous)

- Blood saturated dressing
- Blood products or blood bags
- IV catheters or other central lines with blood
- Used gloves with bloody drainage
- Suction canisters and tubing
- Bloody waste
- Items saturated with blood or body fluids
- Pathological waste
- Laboratory cultures

#### Clear or Brown Bags (Non-regulated/regular waste)

- Ventilator tubing
- Trash wrappers, paper towels
- Urinals, bedpans, emesis basins, wash basins
- IV tubing and bags (without blood)
- Isolation precautions gowns and masks without blood/body fluids
- Medication vials, bags and bottles (not used for chemotherapy)
- Disposable gloves without blood
- N-95 respirators

## Bloodborne Pathogens



Bloodborne pathogens, such as bacteria and viruses, are present in blood and body fluids and can cause disease in humans. The bloodborne pathogens of primary concern are hepatitis B, hepatitis C and HIV. These and other bloodborne pathogens are spread primarily through:

**Direct contact:** Infected blood or body fluid from one person enters another person's body at a correct entry site, such as infected blood splashing in the eye.

**Indirect contact** – A person's skin touches an object that contains the blood or body fluid of an infected person, such as picking up soiled dressings contaminated with an infected person's blood or body fluid.

**Respiratory droplet transmission** – A person inhales droplets from an infected person, such as through a cough or sneeze.

**Vector-borne transmission** – A person's skin is penetrated by an infectious source, such as an insect bite.

Follow *standard precautions* to help prevent the spread of bloodborne pathogens and other diseases whenever there is a risk of exposure to blood or other body fluids. These precautions require that all blood and other body fluids be treated as if they are infectious. Standard precautions include maintaining personal hygiene and using personal protective equipment (PPE), engineering controls, work practice controls, and proper equipment cleaning and spill cleanup procedures.

### Infection Prevention Guidelines

- Avoid contact with blood and other body fluids
- Use CPR breathing barriers, such as resuscitation masks, when giving ventilations (rescue breaths)
- Wear disposable gloves whenever providing care, particularly if you may come into contact with blood or body fluids. Also wear protective coverings, such as a mask, eyewear and a gown, if blood or other body fluids can splash.
- Cover any cuts, scrapes or sores and remove jewelry, including rings, before wearing disposable gloves
- Change gloves before providing care to a different patient
- Remove disposable gloves without contacting the soiled part of the gloves and dispose of them in a proper container
- Thoroughly wash hands and other areas immediately after providing care. Use alcohol-based hand sanitizer where hand-washing facilities are not available and if hands are not visibly soiled. When practical, wash hands before providing care.

### Exposure Guidelines



- Wash needle stick injuries, cuts and exposed skin thoroughly with soap and water
- If splashed with blood or potentially infectious material around the mouth or nose, flush the area with water
- If splashed in or around the eyes, irrigate with clean water, saline or sterile irrigants for 20 minutes
- Report the incident to the appropriate supervisor and initiate exposure control plan immediately
- Record details of the incident. Include the date, time and circumstances of the exposure; any actions taken after the exposure; and any other useful information.

## Ebola Virus

Ebola viruses are transmitted through direct contact with blood or body fluids/substances (e.g., urine, feces, vomit) of an infected person with symptoms or through exposure to objects (such as needles) that have been contaminated with infected blood or body fluids.

According to the CDC, infection control is a key strategy in stopping the spread of Ebola and in identifying and managing patients with the Ebola virus. Cooper Green *Mercy* Health Services has put a protocol in place to assist in identifying and managing at-risk patients who present with suspicious symptoms. CGMHS follows CDC guidelines as appropriate and practicable.

### **Ebola Virus Prevention and Care**

1. All patients, when registering to be seen in a clinic or in urgent care, are asked if they have visited, or have had contact with someone who has visited, one of the subject countries in the previous thirty (30) days.

As of January, 2015, the subject countries are:

Guinea  
Liberia  
Nigeria  
Senegal  
Sierra Leone

2. Any patient who has visited or has come in contact with someone who has visited a subject country within the previous thirty (30) days will immediately be placed in an exam room and the Cooper Green *Mercy* Response Team notified. A member of the Response Team will triage the patient and make appropriate inquiries as to the patient's current state of health. If the patient is found to be asymptomatic, he or she will be provided appropriate educational information about Ebola symptoms and transmission. Otherwise, the patient will be treated pursuant to normal protocol.

3. Any patient who meets the travel and contact criteria and is exhibiting symptoms of fever of greater than 38.6 degrees Celsius or 101.5 degrees Fahrenheit in combination with any of the following (essentially any fever combined with flu-like symptoms) should be placed in the designated isolation room located in the Urgent Care Clinic.
  - ✓ severe headache
  - ✓ muscle pain
  - ✓ vomiting
  - ✓ diarrhea
  - ✓ abdominal pain
  - ✓ unexplained hemorrhage
4. The CGMHS Clinical Nursing Director or Medical Director should be notified immediately, along with the CGMHS Director. Further contact with the patient will require the use of full body protection using personal protective equipment (PPE) with no skin exposure, as recommended by CDC.
5. As soon as possible after a patient is identified as a suspected Ebola patient, the JCDH will be notified at the numbers below. At that point, CGMHS staff is subject to JCDH instruction and oversight.
  - During normal business hours (Monday through Friday 7:45am – 4:30pm) contact the Disease Control Division: 205-930-1440
  - After hours (weekdays after 4:30pm until 7:45am and weekends) contact: 205-933-9110
6. The JCDH will coordinate the follow up testing, treatment and/or transfer of the patient in accordance with CDC requirements.
7. With regard to asymptomatic and symptomatic patients, all staff and other individuals with whom the patient may have had contact will be identified and names and contact information will be provided to the Jefferson County Department of Health, as appropriate.
8. If the patient is released by the JCDH as no risk of Ebola infection, housekeeping should use standard, contact, and droplet precautions for safe and approved methods of cleaning the isolation room.
9. If the patient is retained by the JCDH or the CDC as potentially infected or at high risk of infection of Ebola, and ultimately transferred to another facility, housekeeping and maintenance should follow the guidelines for environmental infection control found on the CDC website, <http://www.cdc.gov/vhf/ebola/hcp/environmental-infection-control-in-hospitals.html>
10. A copy of the webpages identified in this policy should be maintained in each area that is pertinent.

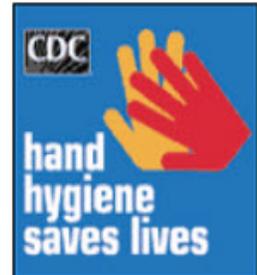
## Hand Hygiene

The Centers for Disease Control and Prevention (CDC) states that hand hygiene is the single most important means of preventing the spread of infections. Specifically, hand washing is like a "do-it-yourself" vaccine—it involves five simple and effective steps you can take to reduce the spread of diarrheal and respiratory illness, so you can stay healthy. Regular hand washing, particularly before and after certain activities, is one of the best ways to remove germs, avoid getting sick, and prevent the spread of germs to others. *To get more information regarding "hand hygiene", please refer to: <http://www.cdc.gov/handhygiene/>.*

### When to Wash Your Hands

In general, hand washing is required whenever significant hand contamination occurs and the spread of pathogens through cross-contamination may occur. Some specific activities where hand washing is required include:

- When hands are visibly dirty
- Before direct patient contact
- After handling potentially contaminated or soiled clothes and bed linens
- After contact with body fluids or excretions
- Before and after cleaning and sanitizing environmental surfaces
- Before eating and after using the restroom
- After eating, drinking and smoking
- Before donning and after removing gloves
- Between patients
- Before performing any invasive procedure (blood collection, IV placement, CVL placement, urinary catheter placement, etc.)



### How to Wash Your Hands

1. Turn on the water (use warm water as hot water increases your risk of dermatitis).
2. Wet your hands under running water.
3. Apply soap or antiseptic (3-5ml if liquid).
4. Rub hands together vigorously for at least 15 seconds covering all surfaces of the hands and fingers including fingernails.
5. Rinse hands under warm running water.
6. Dry hands thoroughly with a disposable towel.
7. Use the towel to turn off faucet and discard it.

### How to Use Alcohol Gel

1. Alcohol gel may be used in place of conventional hand washing unless hands are visibly dirty or contaminated
1. Apply gel to the palm of one hand
2. Rub hands together covering all surfaces of the hands and fingers until hands are dry
3. Do not wet hands before using gel and do not use a towel to dry them after use

## Rabies Reporting

Pursuant to Alabama Administrative Code §420-4-4-.03, healthcare and professionals who treat persons with suspected rabies exposures; veterinarians who have knowledge of suspected exposures; law enforcement personnel, including animal control officers, who have been informed of or who have investigated suspected exposures; and any person with knowledge that a human has been exposed to rabies must report those exposures to the Jefferson County Department of Health within forty-eight (48) hours of the exposure. A reporting form may be obtained from the CGMHS Infection Control Officer or the CGMHS Corporate Compliance Officer which is then to be faxed to 205-939-3019. (Added September 17, 2015.)

## Hepatitis

Viral hepatitis, including hepatitis A, hepatitis B, and hepatitis C, are distinct diseases that affect the liver and have different hepatitis symptoms and treatments.

Hepatitis A is a liver disease that results from infection with the Hepatitis A virus. It can range in severity from a mild illness lasting a few weeks to a severe illness lasting several months. Hepatitis A is usually spread when a person ingests fecal matter — even in microscopic amounts — from contact with objects, food, or drinks contaminated by the feces or stool of an infected person. The best way to prevent Hepatitis A is by getting vaccinated.

Hepatitis B is a liver disease that results from infection with the Hepatitis B virus. It can range in severity from a mild illness lasting a few weeks to a serious, lifelong illness. Hepatitis B is usually spread when blood, semen, or another body fluid from a person infected with the Hepatitis B virus enters the body of someone who is not infected. This can happen through sexual contact with an infected person or sharing needles, syringes, or other drug-injection equipment. Hepatitis B can also be passed from an infected mother to her baby at birth.

Hepatitis B can be either acute or chronic. Acute Hepatitis B virus infection is a short-term illness that occurs within the first 6 months after someone is exposed to the Hepatitis B virus. Acute infection can — but does not always — lead to chronic infection. Chronic Hepatitis B is a serious disease that can result in long-term health problems, and even death.

Employees who are deemed to be at risk of occupational exposure to blood or other potentially infectious body materials must have written documentation of one of the following. The list of job classifications subject to this policy may be obtained from Human Resources.

1. Dates of hepatitis B vaccine series
2. Proof of hepatitis B immunity
3. Request to obtain the hepatitis B vaccine series
4. Refusal of hepatitis B vaccine

Hepatitis C is caused by the hepatitis C virus. It is spread by contact with an infected person's blood. In time, it can lead to cirrhosis, liver cancer, and liver failure.

Among the ways Hepatitis C can be transmitted are:

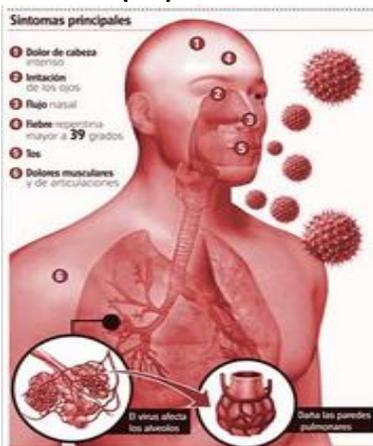
- Sharing needles and other equipment used to inject illegal drugs. This is the most common way to get hepatitis C in the United States.
- A blood transfusion or organ transplant before 1992. As of 1992 in the United States, all donated blood and organs are screened for hepatitis C.
- A shot with a needle that has infected blood on it. This happens in some developing countries where needles are used more than once when giving shots.
- A tattoo or a piercing with a needle that has infected blood on it. This can happen if equipment isn't cleaned properly after it is used.
- In rare cases, a mother with hepatitis C spreads the virus to her baby at birth, or a health care worker is accidentally exposed to blood that is infected with hepatitis C.

There is currently no vaccine protection against Hepatitis C, although there are promising new treatment regimens.

<http://www.cdc.gov/hepatitis/index.htm> .

<http://www.webmd.com/hepatitis/hepc-guide/hepatitis-c-topic-overview>

## Influenza (Flu)



Influenza (flu) is a contagious respiratory illness caused by influenza viruses spread through droplets made when people infected with the flu cough, sneeze, or talk. These droplets can carry for up to six feet. Infection can be mild to severe. Severe flu infection can result in hospitalization or death. Older adults, young children, and people with compromised immune systems and certain other health conditions are at high risk for serious flu complications. Seasonal flu vaccine may protect against the influenza viruses that research indicates will be most common during a particular season, but since development is predictive, the success of flu vaccine in any year varies.

Importantly, the flu virus may be transmitted before the individual infected becomes symptomatic. In an effort to protect healthcare workers from contracting the influenza virus, as well as from spreading the virus to patients and fellow employees, all CGMHS' employees are required to be vaccinated each year prior to the beginning of flu season, typically in September. Employees who may have valid objection, e.g. religious, to taking the flu vaccine are required to wear a mask when in contact with patients, clinic visitors, and other employees.

## Rubella/Rubeola

Measles is a viral infection and is of two types. Ordinary measles is referred to as rubeola or red measles and is the more serious of the two. Rubella, also known as German measles or three-day measles, is relatively mild. Rubella and rubeola are caused by different viruses, though the two illnesses do share some characteristics, including the red rash. The viruses spread through the air through coughing and sneezing. The measles-mumps-rubella (MMR) vaccine, usually given to children in the United States twice before they reach school age, is highly effective in preventing rubella and rubeola.



### Rubella

The signs and symptoms of rubella are often so mild that they're difficult to notice, especially in children. If signs and symptoms do occur, they generally appear between two and three weeks after exposure to the virus. They typically last about two to three days and may include:

- Mild fever  $\leq 102$  F (38.9 C)
- Headache
- Stuffy or runny nose
- Inflamed, red eyes
- Enlarged, tender lymph nodes at the base of the skull, the back of the neck and behind the ears
- A fine, pink rash that begins on the face and quickly spreads to the trunk and then the arms and legs, before disappearing in the same sequence
- Aching joints, especially in young women

### Rubeola

Rubeola is a highly contagious and much more serious infection. The complications of measles that result in most deaths include pneumonia and inflammation of the brain (encephalitis).

The first symptoms of measles may include:

- high fever  $> 101$  F (38.3 C)
- runny nose
- sneezing
- sore throat
- coughing
- swollen lymph nodes in neck
- tiredness
- diarrhea
- red, sore eyes

As these symptoms begin to go away, red spots appear inside the mouth, followed by a rash all over the body.

It usually takes about 7 to 18 days for symptoms to appear after exposure. While measles have been essentially non-existent in the United States for decades, in

2015 they reappeared in California and quickly spread to other states, raising concern among Public Health officials. As of 2015, the vaccination rate of children in the U.S. was 92%.

All new CGMHS employees must provide proof of rubella immunity through documentation of titers or rubella vaccine. All new employees who were born in 1957 or later are required to provide documentation of rubeola (measles). Employees who cannot provide documentation, must be tested and/or immunized. <http://www.cdc.gov/measles/index.html>

## Tuberculosis (TB)

TB infection occurs when a susceptible person inhales droplet nuclei containing TB, which travels through the mouth or nasal passages, upper respiratory tract, and bronchi to reach the alveoli of the lungs. Usually within 2-10 weeks after exposure to TB, the immune system limits further multiplication and spread of the tubercle bacilli; however, some of the bacilli may remain dormant and viable for many years. This is known as latent TB infection.

In general, persons who become infected with *Mycobacterium tuberculosis* have approximately a 10% risk for developing active TB during their lifetimes. Young children, people with certain underlying medical conditions (such as diabetes or chronic renal failure), and people who are immunocompromised have a greater risk for the progression of latent TB infection to active TB disease; HIV infection is the strongest known risk factor for this progression.

TB is more prevalent in certain groups of people: people that have been in contact with someone with active TB, foreign-born persons from areas of the world with a high prevalence of TB, medically underserved populations, homeless persons, current or former correctional-facility inmates, alcoholics, injecting-drug users, and the elderly. *To get more information regarding "Tuberculosis", please refer to the CDC's website at: <http://www.cdc.gov/tb/>.*

### Diagnosis

The diagnostic tests used in determining a diagnosis of latent TB infection or active TB disease are: purified protein derivative (PPD) skin test results, chest X-rays, and sputum smears and cultures. When a PPD skin test is positive, it simply means that the bacilli (or germ) that causes TB is present in the body.

### Transmission

TB germs are spread through the air when a person with active pulmonary or laryngeal TB coughs, sneezes, speaks or sings. Transmission most commonly occurs with prolonged duration of exposure and in poorly ventilated areas. Transmission may also occur during high risk procedures such as:

- Cough and sputum producing procedures
- Administration of aerosolized drugs that cause coughing
- Bronchoscopy and sputum induction procedures
- Certain autopsy procedures

All cases of TB are referred to the Jefferson County Department of Health.

All CGMHS employees are required to take a TB test prior to employment. Employees who have had a prior positive reaction, but have never been treated, are required to have annual chest x-rays.

### Classification of TB Risk

#### Low risk

- Settings in which persons with TB disease are not expected to be encountered, and, therefore, exposure to *M. tuberculosis* is unlikely
- Classification should also be applied to **health care workers** (HCWs) who will never be exposed to persons with TB disease or to clinical specimens that might contain *M. tuberculosis*

#### Medium risk

- Settings in which the risk assessment has determined that HCWs will or will possibly be exposed to persons with TB disease or to clinical specimens that might contain *M. tuberculosis*. All GGMHS employees are considered to fall in the medium risk category.

#### Ongoing transmission

- Applied to any setting (or group of HCWs) if evidence suggestive of person-to-person (e.g., patient-to-patient, patient-to-HCW, HCW-to-patient, or HCW-to-HCW) transmission of *M. tuberculosis* has occurred in the setting during the preceding year.
- Evidence of person-to-person transmission of *M. tuberculosis* includes
  - Clusters of **tuberculin skin testing (TST)** or **Blood Assay for *M. tuberculosis* (BAMT)** conversions
  - HCW with confirmed TB disease
  - Increased rates of TST or BAMT conversions
  - Unrecognized TB disease in patients or HCWs. Example of BAMT would be the QuantiFERON-TB test, which is available in the CGMHS lab.
  - Recognition of an identical strain of *M. tuberculosis* in patients or HCWs with TB disease identified by deoxyribonucleic acid (DNA) fingerprinting.

### Workplace Screening Strategies According to Risk Category

#### Low Risk

- All HCWs should receive baseline TB screening upon hire, using two-step TST or a single BAMT to test for infection with *M. tuberculosis*.
- After baseline testing for infection with *M. tuberculosis*, additional TB screening is not necessary unless an exposure to *M. tuberculosis* occurs.
- HCWs with a baseline positive or newly positive test result for *M. tuberculosis* infection (i.e., TST or BAMT) or documentation of treatment for **Latent TB infection (LTBI)** or TB disease should receive one chest radiograph result to exclude TB disease (or an interpretable copy within a reasonable time frame, such as 6 months). Repeat radiographs are not needed unless symptoms or signs of TB disease develop or unless recommended by a clinician

#### Medium Risk

- All HCWs should receive baseline TB screening upon hire, using two-step TST or a single BAMT to test for infection with *M. tuberculosis*.

- After baseline testing for infection with *M. tuberculosis*, HCWs should receive TB screening annually (i.e., symptom screen for all HCWs and testing for infection with *M. tuberculosis* for HCWs with baseline negative test results).
- HCWs with a baseline positive or newly positive test result for *M. tuberculosis* infection or documentation of previous treatment for LTBI or active TB disease should receive one chest radiograph result to exclude active TB disease. Instead of participating in serial testing, HCWs should receive a symptom screen annually. This screen should be accomplished by educating the HCW about symptoms of TB disease and instructing the HCW to report any such symptoms immediately to the Jefferson County Department of Health. Treatment for LTBI should be considered in accordance with CDC guidelines

Example of symptom screener. Positive response on any of the items below may warrant a chest x-ray.

In the last year, have you had any of the following symptoms?	
YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

Ongoing Transmission

- Testing for infection with *M. tuberculosis* might need to be performed every 8–10 weeks until lapses in infection control have been corrected, and no additional evidence of ongoing transmission is apparent.
- The classification of potential ongoing transmission should be used as a temporary classification only. It warrants immediate investigation and corrective steps. After a determination that

ongoing transmission has ceased, the setting should be reclassified as medium risk. Maintaining the classification of medium risk for at least 1 year is recommended.

### Quiz: Module Three

1. The Alabama Infected Healthcare Worker Management Act:
  - a. Applies to workers infected with HIV and HBV only.
  - b. Requires a healthcare worker to report to the Alabama Department of Health with 30 days of the date he or she becomes aware of the infection.
  - c. Covers only healthcare workers who perform invasive procedures.
  - d. All of the above
2. Red bags used for waste disposal may only be filled ½ full.

T F

3. Personal Protective Equipment should be worn around any patients who, within the last 30 days, have been to a country or have been exposed to someone from a country known to have an active outbreak of the Ebola virus.

T F

**False** Patients who have been to a country or have been exposed to someone from a country known to have an active outbreak of the Ebola virus within the past 30 days will be placed in an exam room. The patient is interviewed as to his or her current state of health. If the patient is not symptomatic, he or she will be treated as all other patients.

4. The single most important means of preventing the spread of infections, according to the CDC is washing one's hands thoroughly.

T F

5. CGMHS employees who are at risk of occupational exposure to blood or other potentially infectious body materials must provide which of the following:
  - a) Dates of hepatitis B vaccine series
  - b) Proof of hepatitis B immunity
  - c) Request to obtain the hepatitis B vaccine series
  - d) Written refusal of hepatitis B vaccine
  - e) Any of the above

6. The influenza virus may only be transmitted when a patient is symptomatic.

T F

**False** The influenza virus may be transmitted before an individual becomes symptomatic. To protect employees, all CGMHS personnel are required to take the annual influenza vaccine, or if exempted, must wear a mask during flu season when in contact with patients or other employees.

7. All new CGMHS employees must provide proof of rubella immunity.

T F

8. TB germs are principally spread through contact with blood and blood products.

T F

**FALSE** TB germs are spread through the air when a person with active pulmonary or laryngeal TB coughs, sneezes, speaks, or sings. Transmission most commonly occurs with prolonged duration of exposure and in poorly ventilated areas.

9. All sharps must be disposed of in closed, puncture-proof sharps containers.

T F

10. Standard precautions require that all blood and other bodily fluids be treated as infectious.

T F