New Staff Orientation Program

“FIRST LOOK” Orientation

Welcome to Care New England! In order to give you the information, knowledge and skills you will need to be successful at CNE, we have developed a three stage Orientation Program. The Orientation program consists of the following components:

1. The “First Look” Orientation is the beginning of the process. During “First Look” you will review this packet of information regarding CNE’s Mission, Vision and Values, as well as important Patient Centered, Infection Prevention, Environment of Care and Operations information. In addition, you will also fill out your employment paperwork and receive your pre-placement health screen.

2. During New Staff Orientation, you will be introduced to Care New England, its history and services, go into greater depth regarding our Mission, Vision and Values, and our strong focus on providing the very best Patient Experience. Your Human Resources representative will inform you of the date and time of for you to attend the New Staff Orientation. Please be aware that attendance at New Staff Orientation is a requirement for completing your probation. If you cannot attend the scheduled Orientation at your Hospital/Operating Unit, you will need to reschedule at one of the other CNE Operating Units. You are expected to complete New Staff Orientation within 30 days of hire.

3. Your supervisor will provide you with a Department Specific Orientation beginning with your first day on the job. You will receive information from your supervisor which will identify each element of your department orientation.

Please make sure you read the materials enclosed in your “First Look” Orientation packet. If you have any questions, please feel free to ask your supervisor, the Orientation instructors or the Human Resources staff.

I hope you enjoy your work experience here at Care New England.

[Signature]

Marilyn Walsh
Senior Vice President, Chief Human Resources Officer
“FIRST LOOK” Orientation

The “First Look” Orientation is designed to introduce you to important information you should know prior to beginning your employment at Care New England, its operating units and all other facilities. You may need to refer to your operating unit for specific policy information. Please keep this packet in a convenient place, as you may want to refer to it often. You will be required to review some of this material today, answer some questions and sign a few forms.

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Our Mission
To be your partner in health

Our Vision
We will create a community of healthier people

Our Values

**ACT Values**

*Our Core Values and Associated Behaviors: Accountability, Caring, and Teamwork*

**Accountability**
- Set clear expectations and provide timely feedback and follow-through
- Do what you say you’re going to do, and be fair about it.
- Take ownership of your responsibilities

**Caring**
- Acknowledge and respond to the needs and challenges of every person
- Create an environment that encourages respect and appreciation
- Offer support, information, and hope

**Teamwork**
- Listen and value each person’s voice
- Ask “how can I help?”
- Support the work of each team and each team member.
Section 1
Patient Centered Care

1. A.
Every Person, Every Time

Every Person, Every Time is all of us working together to be each other’s partners in health. By virtue of our ACT values we take on the mindset of discovering how each of us contributes to creating a community of healthier people. Every Person, Every Time is Care New England’s communication approach to ensuring we optimize the best possible quality care to our patients and families at all times. It includes AIDET, a caring communication approach, which identifies how we should interact with our patients and their families; Teach-back which ensures that patients and their families understand information and procedures critical to their health and recovery and A+ Service Recovery – a compassionate way to respond when things don’t go as the patient expected.

AIDET

- **Acknowledge**: Smile. Make eye contact. Greet the patient by name. Ask about others with the patient, especially acknowledge any family members!
- **Introduce**: Tell them your name and your role, make eye contact, and sit if possible.
- **Duration**: Describe your plan: Tell the patient what you are about to do for him/her and how long each step will take.
- **Explain**: Explain what you are doing while performing your responsibilities. Narrate your care. Use laymen’s terms. Listen intently and respond to questions and concerns.
- **Thank**: Thank them for their time and participation.

Teach-Back

Teach Back is making sure our patients fully understand the important information we are sharing with them. This may include their medical condition, treatment options, or other relevant information. It is one of the simplest ways to close the gap of communication between a clinician and a patient.

- A method also known as the “show me” method.” It has the patient “teach back” the information, in their own words, to the person who taught it.
➢ Teach-back is a way to confirm that you have explained to the patient what they need to know in a clear and concise manner so that the patient can understand.

Teach Back puts the patient in the role of an “active learner.” It:
   a. Improves patient outcomes and satisfaction
   b. Builds a partnership between providers and patients and family members
   c. Engages patients in their treatment plans

Learners learn best by “Doing” rather than just by passively listening. Thinking about how to solve a problem is an active process. For example, after restating what their provider said to do about a common problem, a patient may have learned:
   • How to contact his/her therapist
   • What to do if he/she run out of medication

A+ Service Recovery
A service failure occurs when a process breaks down or a patient’s expectations are not met. Service recovery is our response to any customer dissatisfaction with our organization in order to recover their trust and loyalty. Service recovery is everyone’s’ role, you may often have the first opportunity to assist in resolving these issues (i.e. communication misunderstandings, short delays, excess noise, scheduling issues, environmental problems, etc.). Employees use A+ Service Recovery to:

➢ **Acknowledge the problem:** Listen, listen, listen! Let them finish talking. Acknowledge, identify and validate their emotions. Fight the urge to be defensive or explain things away. Summarize and verify concerns or complaints

➢ **Apologize for their experience:** Apologies communicate the important message of our ownership and understanding that the patient/family has had an unpleasant experience. This is not the same as accepting blame. Make a sincere apology with an emphatic and caring mindset. Avoid “buts,” blame, excuses and being defensive.

➢ **Act to Make it Right:** Begin with a problem-solving mindset. Be flexible, creative, and involve the patient/family member in the resolution. Take steps to meet the patients’ needs yourself, or bring in someone to assist. Set a realistic expectation for the time it will take and provide updates.

➢ **Appreciate:** Appreciation demonstrates that we value feedback from our patients and their family members. It communicates respect and builds a partnership between the staff and our patient/family members. It helps us to be better at caring for our patients and their families..

**Complaint Process for Patients, Families & Visitors**

**Care New England Policy and Procedure # CNE-Q-01**

**Purpose:** To define the process for management of patient, family and visitor (PFV) complaints/grievances, and to ensure that complaints/grievances are resolved promptly and effectively with the goal of recovering our PFV’s confidence and
enhancing satisfaction and quality of care. The operating units/CNE system will monitor trends and implement process improvement initiatives to mitigate patient complaint/grievances when possible.

**Scope:** This policy pertains to all employees of Care New England and its affiliates, including Kent Hospital, Butler Hospital, Women & Infants Hospital, Memorial Hospital of Rhode Island, VNA of Care New England, Women & Infants Health Care Alliance and Affinity Physicians.

**Definitions:**

**Patient Complaint** – Any concern, related to patient service or care, which is made to the operating unit by any PFV that is resolved by staff present at the time the concern is made known. Those post-operating unit services verbal communications regarding patient care that would routinely have been handled by staff present if the communication had occurred during the stay/visit are considered complaints.

**Patient Grievance** – A formal or informal written or verbal complaint that is made to the operating unit by a patient, or the patient’s representative regarding:
- The patient’s care;
- Abuse or neglect;
- Issues related to the hospital’s compliance with the CMS Hospital Conditions of Participation (CoPs); or
- A Medicare beneficiary billing complaint related to rights and limitations provided by 42CFR 489.

**CNE Rounding Program**
Includes patient centered interactions and two-way communications as an opportunity to hear first-hand from staff, patients and their families, as to their experience with providing and receiving care. The rounding program includes:
- Executive leader – *VP level and higher rounding on staff and patients*
- Nurse leader – *Nurse Managers rounding daily on staff and patients*
- Manager leader – *Managers rounding on staff and key customers*
- Hourly comfort and safety rounds – *Nursing staff rounding on patients*

**Patient & Family Advisors**
Former and current patients, family and community members volunteer to serve in a range of capacities allowing us to listen to them regarding our strategic planning and goals. This includes:
- a. Operating Unit Patient & Family Advisory Councils
- b. CNE Board Committees
- c. CNE and OU Councils and Committees

**1. B. Patient Rights**
Each patient of CNE and its Affiliates is provided with a statement of Patient Rights and Responsibilities and a Notice of Privacy Practices. These statements include the right of patients to make decisions regarding their medical care, the right to refuse or accept treatment, the right to informed decision making and the right to privacy
of their health information maintained by CNE or any of its Affiliates. These statements conform to applicable federal and state laws, including the Health Insurance Portability and Accountability Act of 1996, as amended (“HIPAA”) (described in more detail below).

CNE is committed to creating a treatment environment where patients and their families will be able to understand their individual illnesses and make informed decisions concerning their medical care. Each patient or patient representative is provided a clear explanation of care, including diagnosis, treatment plan, and an explanation of the risks and benefits associated with each available treatment. Patients receive care from appropriately licensed and credentialed professionals.

1. C. Ethics (Code of Conduct)

Purpose
CNE is dedicated to maintaining excellence and integrity in all aspects of our operations and professional and business conduct. Accordingly, CNE is committed to conformance with the highest ethical standards and compliance with all applicable laws and regulations not only in the delivery of health care but in our business affairs and dealings with employees, administrative staff, physicians, agents, third party payers and the communities served by CNE. CNE recognizes that our reputation for integrity, honesty and ethical responsibility is essential to the continued philanthropic and community support necessary for the long-term success of CNE. This Code of Conduct (the “Code”) has been adopted by the Board of Directors of CNE (the “CNE Board”) as part of the CNE Compliance Program (described herein) for the purpose of demonstrating the foregoing commitments and to set forth the standards by which Individuals are expected to conduct themselves to ensure the protection and promotion of organization-wide integrity and to enhance CNE’s ability to achieve its Mission. Please see “Scope” for the definition of “Individuals.”

Scope
This Code applies to all directors, officers, committee members, employees, non-employed medical staff, medical students and volunteers of CNE and each of its Affiliates (hereinafter may be individually referred to as “you“ or “Individual” or, collectively, the “Individuals”).

In addition, those individuals or entities, including, but not limited to, any contractor, subcontractor or vendor engaged, through contract or other arrangement, to represent or act on behalf of CNE or its Affiliates must review and observe this Code to ensure that all actions are conducted in a manner that protects and promotes organization-wide integrity and enhances CNE’s ability to achieve its Mission.

Who is an “Affiliate” An “Affiliate” means each of the following: Butler Hospital (“Butler Hospital”), Kent County Memorial Hospital (“Kent Hospital”), The Memorial Hospital d/b/a Memorial Hospital of Rhode Island (“Memorial Hospital”), The Providence Center (“TPC”), Women & Infants Hospital of Rhode Island (“WIH”), Kent County Visiting Nurses Association d/b/a the VNA of Care New England (the
“VNA”) and each other direct or indirect subsidiary of CNE and/or an Affiliate.

**What if an Affiliate and/or a department within an Affiliate adopt policies or procedures that relate to the same subject matter addressed in this Code?** You are expected to become familiar with this Code and adhere to its requirements. In the event that an Affiliate and/or an department within an Affiliate adopts a policy or procedure that relates to a subject matter addressed in this Code and is applicable to your position, the more restrictive policy or procedure will prevail.

**Core Standards**

This Code is based on the following core standards:

- **Compliance:** Individuals are expected to comply with all applicable federal, state and local laws, regulations, ethical standards and policies and procedures.
- **Business Ethics:** Individuals are expected to accurately and honestly represent CNE and any Affiliate in all matters and must not engage in any activity or scheme intended to defraud anyone of money, property or honest services.
- **Business Relationships:** Any business transaction involving CNE or any Affiliate, including transactions with vendors, contractors and other third parties, must be based upon quality, value, terms and conditions that are in the best interests of CNE and its Affiliates and free from improper or extraneous influences.
- **Confidentiality:** Individuals are expected to actively protect and safeguard confidential, sensitive and proprietary information of CNE and its Affiliates and to prevent unauthorized disclosure of any such information.
- **Conflicts of Interest:** Individuals are expected to avoid participation in decisions regarding engagements of organizations that will create or perpetuate a conflict of interest.
- **Protection of Assets:** Individuals are expected to strive to preserve and protect the assets of CNE and its Affiliates by making prudent and effective use of the resources of CNE and its Affiliates and, as required by an Individual’s position, by properly and accurately reporting the financial condition of CNE and its Affiliates.

**Standard of Professional and Business Conduct**

CNE is committed to a corporate culture of compliance that promotes, through full support and encouragement of CNE and its Affiliates, an environment in which all Individuals continuously strive to perform their responsibilities and conduct their relationships with patients, families and others in a professional, honest and ethical manner and in compliance with all applicable federal, state and local laws, regulations, ethical standards and policies and procedures. All policies and procedures referenced in this Code can be found on CAREnet.

**Individuals have a responsibility to report any suspected ethical or compliance issues and/or other potentially improper conduct. Any Individual who takes these steps in good faith will not be disciplined or subject to retaliation. Any Individual who becomes aware of retaliatory**
action toward an Individual for reporting an issue and/or other potentially improper conduct should contact his or her supervisor/manager, the Compliance Officer and/or the Compliance Line by dialing 1.877.TELLCNE (1.877.835.5263) or sending an email to: carenecompliance@carene.org.

Demonstrated commitment to compliance is a part of each Individual’s job description and annual performance evaluation. Every Individual is expected to:

- Read, understand and adhere to this Code.
- Understand and recognize the legal, regulatory and compliance obligations, as well as any published CNE policies that apply to your work area and job responsibilities.
- Seek guidance from your supervisor/manager, Human Resources, the Compliance Officer or the Compliance Line by dialing 1.877.TELLCNE (1.877.835.5263) or sending an email to: carenecompliance@carene.org when you have any question about legal and regulatory obligations and policies that apply to your duties and responsibilities or when you have questions about conduct you may have seen or heard about.
- Report to your supervisor/manager, Human Resources, the Compliance Officer or the Compliance Line by dialing 1.877.TELLCNE (1.877.835.5263) or sending an email to: carenecompliance@carene.org any suspected ethical or compliance issues and/or other potentially improper conduct (even if it does not involve you) that you believe may violate any legal or regulatory obligation or any policy.

Every Individual with management responsibility is expected to demonstrate our commitment to a corporate culture of compliance to those they supervise by:

- Demonstrating a personal commitment to compliance.
- Encouraging those you supervise to raise and resolve compliance related questions without fear of retaliation by actively supporting such efforts.
- Ensuring that those you supervise are thoroughly trained and continuously educated in legal, regulatory and policy obligations that apply to their work.
- Appropriately monitoring performance to ensure that applicable legal, regulatory and policy obligations are met by those you supervise.
- Rewarding behavior that exceeds the above expectations and appropriately disciplining behavior that does not meet expectations.

1. D. Abuse and Neglect

- Employees are responsible for knowing their role:
- Non Clinical staff should be aware of the sign/symptoms of abuse, neglect or exploitation and be knowledgeable about appropriate referrals. At CNE, any allegations of patient abuse must be documented in the Event Reporting System and reported immediately to the Risk Manager. Employee Assistance is available free to employees who are experiencing abuse.
- Clinical Staff have more specific roles in relation to relationship abuse. This will be covered in your department specific orientation. At CNE, any
allegations of patient abuse must be documented in the Event Reporting System and reported immediately to the Risk Manager. Employee Assistance is available free to employees who are experiencing abuse.

1. E. Cultural Diversity

- Care New England’s Equal Employment Opportunity Policy is to recruit, hire, train and promote persons in all job classifications without regard to race, color, religion, national origin, sex, age disability, sexual orientation and gender identity or expression, or any other protected status.
- It is the intent of CNE to maintain an environment that is free from discrimination for all individuals.
- Diversity refers to all differences between people. This includes, but is not limited to: gender, race, age, sexual orientation and gender identity or expression, religion, culture, ethnicity, geography, socioeconomic class, physical ability, work habits, practice area, office site, and position held in an organization, communication style, personal space, time orientation, attitudes, physical characteristics, group as well as cultural influences.
- Culture is the shared beliefs, behaviors, traditions, ways of thinking and learning, language and symbols communicated across generations by a group of people to its members.
- Learning to acknowledge and honor our differences, as well as, similarities strengthens our organization, broadens our perspectives and allows us to serve a diverse population.
- The first steps to working with diverse people are to identify your biases, keep an open mind to different approaches, accept new ideas, don’t make judgments, and refraining from applying your values and beliefs to another person’s way of being.

Culturally and Linguistically Appropriate Services (CLAS)

Care New England and its operating units identify each patient’s communication needs, including the patient’s preferred language for discussing health care needs. When a limited English proficient (LEP) patient has expressed a preference to discuss their health care needs in a language other than English, it is important that CNE provide those services in as efficient and cost effective a manner as is possible.

1. F. Confidentiality, HIPAA & HITECH

HIPAA/HITECH PRIVACY AND SECURITY EDUCATION

It is the policy and practice of CNE that patients’ privacy be safeguarded. All information concerning patients must be held in strict confidence and must not be shared with persons not authorized to have the information. The purpose of this training is to provide members of the Care New England workforce with an
understanding of the privacy and security requirements imposed by HIPAA, the HITECH Act and other state laws.

**DEFINITIONS:**

**Protected Health Information (PHI):**
A. Health Information means any information that is created by or received by a health care provider that is related to a person’s physical or mental health, their medical care, or any payments for their care, whether the health information pertains to the past, the present, or the future. This is typically health information that comes from the patient’s medical records, billing records, or other healthcare provider business documents. The Health Information can exist in any form - spoken words, voicemails, paper charts, faxes, white boards, or in electronic form on a computer screen, text pagers, and smart phones.

B. The Health Information can be used to identify a specific individual. For example: name, DOB, telephone number, see full list in [See 1. F. 1. Unique Identifiers](#)

Health Information that meets these criteria (A & B) is considered PHI and is subject to HIPAA restrictions governing: who is authorized to access it, how we are permitted to use it, and how it must be protected from unauthorized disclosure.

**Personal Identifiable Information (PII)**
Refers to information that identifies a specific person, either alone or when combined with other personal or identifying information that is linked or linkable to a specific individual. PII can include medical, educational, financial, legal and employment records, either electronic or paper copy. Federal and state laws have been enacted to protect it PII because it is so valuable. Examples of state laws regarding PII that are relevant to our daily work are in [1. F. 2. State Laws on PII](#).

**THE LAW:**
- The Health Insurance Portability & Accountability Act (HIPAA) is the federal law that regulates the protections required to maintain the privacy and security of health information.

**HIPAA Privacy:**
The HIPAA Privacy regulations were established to protect patient health information against improper uses and/or disclosure. The privacy rules apply whether the Protected Health Information (PHI) is on paper, in computers, or communicated in conversation.

**HIPAA Security:**
The HIPAA Security regulations specify the safeguards necessary to ensure the confidentiality, integrity, and availability of protected health information held or transmitted in electronic form (sometimes referred to as “ePHI”).
• The **HITECH Act** strengthened the privacy and security protections established under HIPAA. There are two areas that are relevant to your daily practice:

**Breach Reporting**
A Breach is defined as the acquisition, access, use, or disclosure of PHI/PII in a manner not permitted which compromises the security or privacy of the PHI or PII. HIPAA Sect. 164.402; See **CNE Privacy Practices: Breach Notification (CNE HIPAA-02)**

This is a very technical definition. Not every incident involving PHI/PII is a breach. The Privacy Officer at your Operating Unit must comply with very specific breach reporting requirements under the law. As a member of the CNE workforce, it is your job to report ANY incident involving the privacy or security of PHI/PII to your Privacy Officer. The Privacy Officer will determine if a breach has occurred. All incidents are evaluated.

You should contact your Privacy Officer immediately if you believe that unauthorized access, use, or disclosure of PHI/PII has occurred.

**Business Associates (BA)**
CNE Business Associates are contractors or vendors who perform services for CNE using our patient’s PHI/PII. Any time a vendor or contractor has access to PHI/PII we should be asking the question whether they are a Business Associate. If you need help identifying whether the vendor is a Business Associate, refer to the policy or contact your Privacy Officer. A Business Associate Agreement (BAA) is a special privacy agreement that specifies how the protected health information will be used by the business associate; it requires the vendor to protect our PH in accordance with HIPAA regulations. See **CNE Compliance Policy: Business Associate Agreements (CNE CC-13) and CNE Legal Policy – Contract Approval and Signature Authority (CNE GC-01)**

**USES AND DISCLOSURES:**
HIPAA explicitly allows the use and disclosure of PHI for the purposes of health care **Treatment, Payment, and Healthcare Operations (TPO)** without obtaining the patient’s consent or authorization.

• **Treatment** includes providing, coordinating, or managing health care services, particularly among the health care providers who are directly caring for the patient.

• **Payment** encompasses the activities that health care providers perform to obtain payment for their services.

• **Operations** are the administrative, financial, legal, and quality improvement activities that are necessary to run our health care business.

**Minimum Necessary:**
While HIPAA broadly allows PHI to be used for Treatment, Payment, and Operations, it limits how much PHI may be used or disclosed to the “Minimum Necessary” to effectively perform those functions.

CNE is required to take reasonable steps to limit PHI to the Minimum (amount) Necessary to accomplish the intended purpose. CNE management determines which persons or groups of persons require access to PHI, and how much of the patient’s PHI is necessary to perform their job responsibilities. See CNE Privacy Practices: Minimum Necessary to Access to Protected Health Information (CNE-HIPAA-05)

The use of PHI for the purpose of the patient’s treatment is excluded from the Minimum Necessary standard. This means that when clinicians are providing treatment to our patients, the HIPAA Minimum Necessary rules do not limit the amount of PHI that may be used for the purpose of providing that treatment.

Aside from this exception for treatment, members of the CNE workforce may access patient information, but only to the extent necessary to perform their jobs. Accessing the PHI of family members, friends, co-workers or other persons for purposes unrelated to the performance of one’s job violates HIPAA regulations and CNE policy. Please note, CNE actively monitors computer activity to detect non-work related access.

HIPAA regulations require that healthcare entities sanction members of their workforce for violations of the Privacy and Security regulations. Failure to protect PHI, in any form, from loss or unauthorized disclosure can also result in disciplinary action. It is in your best interest to know and follow HIPAA Privacy and Security policies and your departmental procedures. If you are concerned at all about whether you should be accessing or disclosing patient information, please contact your Privacy Officer. See also CNE Privacy Practices: Workforce Sanctions (CNE-HIPAA-04) and CNE IS Policy – Accessing Your Own Electronic Medical Record (CNE IS 54P) and CNE IS Policy - Access to Family Members’ Electronic Medical Record (CNE IS 59P).

NOTICE OF PRIVACY PRACTICES:
CNE must provide patients with a Notice of our Privacy Practices. It must clearly describe the ways that CNE uses and discloses the patient’s PHI, as well as our duty to protect the privacy of their health information. It must inform patients of their individual rights, including our Patients’ right to see and amend their PHI, to receive an accounting of the disclosures of PHI, and their right to file a complaint to HHS if they believe their privacy rights have been violated.

The Joint Notice of Privacy Practices is posted in multiple CNE locations where services are delivered. All patients have a right to receive a paper copy of our Privacy Notice upon request. Paper copies are provided to patients during their first visit, and CNE is obligated to make a good faith effort to obtain written acknowledgement from our patients that they have received our Privacy Notice. In emergency treatment situations, the CNE Privacy Notice is provided as soon as possible after the emergency situation is resolved. There is a current copy of our Privacy Notice that is publicly available on the CNE website.
SAFEGUARDING PHI:

Paper:
When PHI is on paper, we must physically safeguard the documents from unauthorized disclosure. Paper documents containing PHI should not be stored on open shelves, or in unlocked cabinets in publicly accessible areas of the workplace, nor left openly visible on desks and counter tops. Documents left unattended on office equipment, like printers, fax or copy machines, are particularly vulnerable, so they must be retrieved and secured as quickly possible.

Documents in transit should not be left unattended. If you are required to transport PHI/PII from location to location, you must take precautions. See Transport policy – CNE Privacy Policies on CAREnet.

It is very important to dispose of paper PHI in confidential disposal bins. There are more details about the document destruction process contained in the CNE Retention of Records Policy on CAREnet.

Faxes: Transmitting health information using a fax machine is vulnerable to misdirecting PHI to an unintended recipient. Follow these steps when sending or receiving faxes:

- Use a fax coversheet with a confidentiality notice. The fax coversheet must provide instructions for how to return documents transmitted in error and a contact number.
- Before sending the fax, ensure that the intended recipient is expecting the document; verify the fax number for the destination location. (Pre-programing frequently used destination fax numbers into the fax machine can help minimize keying errors that could cause the document to go to an unintended recipient. However, you must update these numbers regularly.)
- After sending the fax, confirm that the fax was transmitted to the correct fax number.
- If the fax went to an unintended recipient, you should make immediate attempts to recover it; and report it to your Privacy Officer. Use the Misdirected Fax form if necessary. (See 1. F. 3. Notice of Misdirected Fax)
- Take received documents off the fax machine immediately to avoid disclosure to a passer-by.

Conversations:
Discussions with co-workers that include PHI should be kept private, and must be conducted in a location away from public areas. Move to a private space to have a treatment discussion with an ambulatory patient. Do not discuss details about patients with your relatives or friends.

Phone:
In the same way we keep our workplace conversations private, we must also keep private telephone conversations that contain PHI. Don’t use
speakerphone mode to listen to your voice mail messages; PHI contained in the recording could be overheard by others nearby.

When leaving voice messages, do not include any information about the patient’s diagnosis, treatments, or test results in the recorded message unless specifically authorized by the patient. Only provide information necessary for the patient to return our telephone call.

**COMPUTERS**

PHI that is displayed on computer screens is vulnerable to being seen by others.

Take precautions to safeguard the information:

- Lock your screen while your workstation is unattended. Press Ctrl – Alt - Del then click “Lock this Computer”
- If necessary, adjust the position of your screen, minimize the application, re-orientate your workspace, or add a privacy screen to your computer monitor.
- Always log off of applications and the computer network when your workday is finished.

Do not store PHI on your computer’s local hard drive (which is also known as the C: drive). You may use "My Documents" or departmental shared drives to securely store any files that contain PHI. If you need assistance with this contact Information Services Helpdesk 921-1000 or X48777

**User ids and passwords**

CNE computer applications require that you logon with a user id and password. Your password should not be shared with anyone must be stored securely. Change your passwords regularly. Do not choose predictable passwords. Use more complex passwords that include numbers and special characters are much less likely to be guessed. Examples:

**Don’t use:**
- Dictionary words or slang words, even spelled backwards
- Personal Info, birthdate, address, phone number, or the names of family, friends, or pets
- Patterns, like aaaabbbb or 1234321

**Do use:**
- 8 characters at minimum (Longer is Stronger)
- Combination of upper case and lower case letters,
- One or more numbers (i.e. 0,1,2,3,4,5,6,7,8,9),
- One or more special characters (e.g. @#$&!,’:)

Here is a way to make up strong passwords.

- Make up a sentence that you can easily remember.
- Take the first letter of each word to construct your password.
- You can turn some of the letters into numbers or special characters, or include punctuation.

1 have two kids; Jack & Jill = lhtk:J&J

**INTERNET**
When accessing the Internet from a CNE computer, do not download or install any type of software, or browse social networking or other high-risk websites. These activities could expose CNE systems to computer viruses or malware that could compromise the confidentiality, integrity, and availability of PHI. Never post patient information or photographs of patients, or discuss patients on social media sites. CNE actively monitors computer activity to detect and deter inappropriate and unauthorized access to PHI.

MOBILE DEVICES
Mobile computing devices, like smart phones, tablets, and laptops, that are used to store PHI must be encrypted and kept physically secure. These devices are vulnerable to loss or theft, along with any ePHI/ ePII (electronic PHI/PII) stored on them whether it is personally owned or provided by CNE. You should immediately report any lost, stolen, or missing mobile device to the Information Services Helpdesk at 921-1000 or X48777 and also contact your Privacy Officer.

REMOVABLE MEDIA
Removable Media includes USB Drives, CD’s/DVD’s, computer tapes, and even external hard drives. These items are used to store data files in electronic form. PHI stored on removable media must be encrypted and kept physically secure. The CNE Help Desk can help you with encryption.

MOVEMENT OF UNSECURED CONFIDENTIAL DEVICES
We must account for the whereabouts of PHI that is stored in electronic form but not encrypted. Unencrypted PHI on an electronic data storage device, (like DVD’s of radiology images, computer backup tapes, or an external hard drive) is considered “unsecured”. We require a record of all movements of Unsecured Confidential Devices from one location to another. There is a CNE form for this purpose appended to the policy (CNE IS 36P Movement of Unsecured Confidential Devices), which can be found on CAREnet.

If you have old unencrypted removable media such as DVD’s, thumb drives, CDs containing PHI that you must send to long term storage, you must create a record of their movement to another CNE location. If you do not need them, you must destroy them in the appropriate manner.

If you believe that you may be in this situation, and you are not sure about how to proceed, then you should contact the CNE Information Services Helpdesk at 921-1000 or x48777 for assistance.

MEDIA REUSE and DISPOSAL
In order to protect PHI, computer storage media on devices like computer hard drives, USB drives, or memory cards (clinical equipment that store data, copy machines, fax machines) we must wipe the equipment of all data before destruction or reuse, transfer of ownership, or transfer between departments or operating units. Again, if you are not sure about how to proceed, then you should contact the CNE Information Services Helpdesk at 921-1000 or x48777 for assistance. You must NOT attempt to destroy media on your own.

EMAIL
Email is a common method of communication in the workplace. We must protect PHI that is included in our email messages. Always verify the intended recipients prior to sending email messages containing PHI. Always verify the intended recipients prior to sending email messages containing PHI.

**Sending**
An email message that remains within the CNE computer network (cne.org, butler.org; wihri.org, kentri.org, mhri.org, vnacne.org, cnehomehelath.org, helathtouchri.org, cnewellensscenter.org) is considered secure. Email messages to destinations that are outside of CNE, are NOT considered secure. Therefore, we must always encrypt emails containing PHI that go outside of CNE. Our email system provides an easy way to do this through Mimecast, our encryption software. Before sending your message, just type “PHI” or “Encrypt” anywhere on the email subject line to encrypt an email that contains PHI/PII.

**Example: Subject: PHI – For Meeting.**

Talk to your supervisor, or call the CNE Help desk if you have any questions about protecting PHI in email messages using encryption.

**Receiving**
The email messages we receive can introduce computer viruses or malware into CNE computers. While our anti-virus safeguards prevent most potential infections and threats, in some cases our actions can open the door to harmful computer programs that can damage CNE computer systems or expose PHI to Internet hackers.

Take precautions when handling the email messages:
- Never open an email message or an attached file that comes from unknown source,
- Spam messages containing unrequested information or offers, and
- Email that is phishing for personal information, like user ids, passwords, or account numbers, should be deleted immediately
- You should never click on imbedded links in suspicious email messages.
  Doing so could expose CNE computers to harmful computer code.

Whether sending or receiving email, never conduct CNE business using an external messaging system, like Gmail. Doing so circumvents the security safeguards CNE has put in place, and violates CNE security policies. Always use the CNE email system for CNE business purposes.

**PHYSICAL SECURITY:**
Often, information security problems start with a breach of physical security, such as
- an unlocked door,
- material or equipment that hasn't been stored securely, or
- a stolen computer

Wear your CNE ID Badge visibly, so that co-workers and patients know that your presence in the CNE workplace is authorized. Contact the Security Department to
report people without an ID badge going into non-public areas without a CNE escort, or, to report suspicious individuals or activities in the CNE workplace.

**REPORTING SECURITY CONCERNS:**
You must report HIPAA Privacy and Security problems as soon as you are aware of a potential issue or any violation of Privacy or Security policies. The loss, theft, unauthorized access, or inappropriate use of PHI/PII in any form including paper documents should be reported immediately to your Privacy Officer. You should immediately report any lost, stolen, or missing mobile devices or removable media to the Information Services Helpdesk.

**QUESTIONS:**

Each Operating Unit has a designated Privacy Officer. Please contact your Privacy Officer at any time and with any questions related to this material, privacy and security of patient information, to report incidents and for help with education.

CNE Privacy Officer 401-277-3660  
Butler Hospital Privacy Officer 401-455-6296  
Kent Hospital Privacy Officer 401-736-4224  
Memorial Hospital Privacy Officer 401-729-2148  
Women & Infants Hospital Privacy Officer 401-274-1122 x42379  
VNA / Health Touch Privacy Officer 401-737-6050  
CNE Help Desk 401-921-1000 or x48777  
CNE Information Security Office 401-921-2778  
CNE Compliance Line 877-TELL-CNE (877-835-5263)

This contact information is also available to you at any time on CAREnet.

**1. F. 1. Unique Identifiers:**

1. Names  
2. All geographic subdivisions smaller than a State, including street address, city, county, precinct, and zip code  
3. All elements of dates (except year) including:  
   a. birth date  
   b. admission date  
   c. discharge date  
   d. date of death  
4. Telephone numbers  
5. Fax numbers  
6. Electronic mail addresses  
7. Social security numbers  
8. Medical record numbers  
9. Health plan beneficiary numbers  
10. Account numbers  
11. Certificate/license numbers  
12. Vehicle identifiers and serial numbers, including license plate numbers  
13. Device identifiers and serial numbers
14. Web Universal Resource Locators (URLs)
15. Internet Protocol (IP) address numbers
16. Biometric identifiers, including finger and voice prints
17. Full face photographic images and any comparable images
18. Any other unique identifying number, characteristic, or code, that is derived from or related to information about the individual

1. F. 2.
State Laws on PII:

Rhode Island:
- Personal Information: Unencrypted; First name or first initial and last name in combination with one or more of the following:
  (i) SSN, (ii) Driver's License/ID #, or (iii) Account/Credit/Debit # in combination with security code, access code or password that would permit access to a financial account
- Breach: Unauthorized acquisition of unencrypted computerized data that compromises the security, confidentiality, or integrity of personal information maintained by the state agency or person.

Massachusetts:
- Personal Information defined as Full name or first initial and last name in combination with:
  (i) either SSN, (ii) Driver's License/ID #, or (iii) Account/Credit/Debit # with or without a password to permit access.
- Breach is defined as unauthorized acquisition or unauthorized use of unencrypted data or, encrypted electronic data and the confidential process or key that is capable of compromising the security, confidentiality, or integrity of personal information, maintained by a person or agency that creates a substantial risk of identity theft or fraud against a resident of the commonwealth.

Connecticut:
- Personal Information is defined as First name or first initial and last name in combination with one or more of the following:
  (i) SSN, (ii) Driver's License/ID #, or (iii) Account/Credit/Debit # in combination with security code, access code or password that would permit access to a financial account
- Breach is defined as Unauthorized access to or unauthorized acquisition of electronic files, media, databases or computerized data containing personal information when access to the personal information has not been secured by encryption or by any other method or technology that renders the personal information unreadable or unusable.
1. F. 3.
Notice of Misdirected Fax

NOTICE OF MISDIRECTED FAX
CARE NEW ENGLAND

We believe that information on one of our patients has been transmitted to you in error. This is confidential information, belonging to our hospital that is legally privileged.

PLEASE CONTACT THE FOLLOWING INDIVIDUAL IMMEDIATELY:

Contact Name: ______________________ Telephone Number: ______________________

Date: ______________________ Time: ______________________ Number of Pages Sent in Error: ______________________

Thank you in advance for your prompt attention to this matter.

1. G.
Rhode Island Mental Health Law
The Rhode Island Mental Health Law provides protections in addition to HIPAA for patients suffering from a mental illness. Contact your privacy officer for more information regarding those additional restrictions.

1. H.
Adverse/Near Miss Events and Safety Concerns
Care New England’s operating units are committed to creating and maintaining an environment that encourages early identification and timely and accurate reporting of adverse patient events and near-misses. Identification and correction of system problems that could potentially cause an adverse event is of primary importance. As an organization, we strive to reduce the number and severity of adverse events. The safety and satisfaction of our patients, staff, visitors, and vendors is the responsibility of every employee and member of the medical staff. A strong safety culture requires all to speak up about concerns so that potential problems can be proactively addressed. As such, it is your duty to report all actual or potential events that may impact the safety of our patients, staff, visitors, and vendors. Reports can be submitted through the electronic reporting system icon located on every desktop.

In addition to using the electronic reporting system, staff should participate in real time communication with colleagues and manager to identify and proactively address concerns. All employees and medical staff have the right to report concerns regarding safety or quality of care directly to The Joint Commission.

1. I.
Safe Patient Handling Legislation
Rhode Island General Law 23-17-59 calls for reasonable reduction of manual lifting, transferring, and repositioning of all or most of a patient’s weight, except under emergency, life-threatening, or otherwise exceptional circumstances.

**Safe Patient Handling:** The use of engineering controls, transfer aids or assistive devices whenever appropriate instead of manual lifting to perform the acts of lifting, transferring, and/or repositioning patients and residents”. **Promoting a Culture of Safety:** Early communication among the treatment team is necessary to prepare equipment and resources for challenging patients as they flow from one service to another. A comprehensive care plan for immobile patients, morbidly obese patients (whether mobile or not), and combative patients can improve patient flow, caregiver safety, and patient satisfaction.

1. J.

**Quality of Care**
CNE’s goal is to provide quality health care services to all of our patients in a safe and healing environment. We treat all patients with respect and dignity and provide care that is both necessary and appropriate. In the admission, transfer or discharge of patients, and in the care we provide, we do not discriminate based on gender, race, color, creed, national origin, ancestry, sexual orientation or source of payment for care. While we strive to render care in an efficient manner, clinical care decisions are not based on any of the above classifications or on patient financial means or business economics.

1. K.

**Continuous Performance Improvement:**
At Care New England we are committed to performance excellence which requires a continuous focus on exceeding customer requirements, learning, and improvement. We utilize a systematic approach to performance improvement that identifies and focuses on s priorities throughout the organization. The model for improvement is structured around Plan-Do-Study-Act (PDSA) methodology and a variety of tools are used to achieve successful results.

**Your role:**
- Be proactive in identifying opportunities for improvement
- Support departmental efforts to continuously improve
- Participate in Performance Improvement teams
Section 2
Infection Prevention

Infection Prevention: It’s Everyone’s Business!

Purpose of this Section is to Identify
• How infections are spread
• How to protect patients and visitors
• How to protect yourself

What Is An Infection?
A condition resulting from the presence and invasion of microorganisms, producing harmful effects on body tissues.

For Infection To Occur An organism must:
• Enter the body
• Grow and multiply
• Cause a harmful effect

Routes of Infection in Healthcare
  o Contact - Spread by direct contact such as by touching a contaminated surface then touching the eyes, nose, or mouth.
  o Droplet – Spread by small droplets expelled by an infected person (such as during coughing or sneezing). These droplets may land on another person’s eyes or mouth. Examples are Pertussis and Influenza.
  o Airborne – Spread through the air in tiny aerosols that float and are carried in air currents, and then inhaled. Examples are Varicella, Measles, SARS

Healthcare Associated Infections
Healthcare associated infections are a public health problem. Millions of patients acquire infections while receiving care for other reasons.

YOU can make a difference
YOU can help Prevent Infection.

2. A.
Hand Hygiene
Hand Hygiene is the most important measure you can take to prevent the spread of infection!

What is Hand Hygiene?
- Hand hygiene is cleaning your hands.
- Soap and water or alcohol-based sanitizer can be used.

When should you clean your hands?
- Before touching a patient
- After completing care for a patient
- Before eating
- After using the bathroom
- After handling raw meats, unwashed fruit
- After touching something contaminated
- When visibly soiled
- After sneezing or coughing into your hands
- After removing gloves

How should you wash your hands?
- Lather hands with soap and water
- Rub hands together for 15 seconds; use friction
  (friction and lather is what removes the germs from skin)
- Rinse thoroughly
- Dry hands
- Use paper towels to turn off faucets

What are Waterless Hand Sanitizers?
- Alcohol based hand cleaners
- Can be used whenever hands are not visibly soiled
- Rub hands together covering all surfaces until product dries (approximately 15-20 seconds)
- DO NOT USE when caring for a patient with any diarrhea forming illness.
- Do not wipe hands dry on clothing

2. B.
Standard Precautions

Healthcare workers are at risk of occupational exposure to bloodborne pathogens including Hepatitis B, Hepatitis C and HIV. OSHA Bloodborne Pathogens Standard was written in 1992 to protect healthcare workers from bloodborne diseases.

What are Potentially Infectious Body Fluids?
- Blood and blood products
- Semen, vaginal secretions
- Cerebrospinal, synovial, pleural, peritoneal, pericardial and amniotic fluid, breast milk
• Any other body fluids that are visibly bloody

**Standard Precautions**
• Consider all patient blood and body fluid potentially infectious
• Use **personal protective equipment, work practice controls, and engineering controls** to protect yourself from disease

**Personal Protective Equipment (PPE)**
Use PPE according to the TASK you must perform:
• Wear gloves for direct blood contact
• Wear face protection (face shield) when splash to the face might occur
• Wear a gown when splatter might occur

**Work practice Controls**
• Work practice controls change the way in which you perform a task to make it safer
• For example, using good hand hygiene, or replacing needle boxes when ¾ full

**Engineering Controls**
• Engineering Controls are physical barriers that protect you from bloodborne pathogens
• Examples are needles with safety guards

**Needlestick Safety and Prevention Act**
• Effective since April 18, 2001.
• Mandates healthcare facilities to implement safety engineered sharps devices when available and where applicable.
• Mandates that frontline workers have input into the selection of new safety devices.

**Safe Handling of Needles and Sharps**
• Use safety engineered devices whenever possible.
• Know how to activate the device; do not use devices that you are unfamiliar with. Ask for help.
• Always activate safety mechanism before disposal.
• Discard used sharps immediately in appropriate sharps containers.
• Never recap used needles. If recapping must occur, use one-handed method.

**Types of Exposure**
• **Percutaneous**
  o Needlesticks
  o Cuts with sharp objects
• **Mucous Membrane**
  o Blood or other potentially infectious body fluids splashed directly onto mucous membrane, e.g. eyes, mouth
• **Cutaneous (Skin)**
  o Especially non-intact skin
  o Large amount of blood on Intact skin

**What to do if you are exposed:**
1. **First Aid:**
Percutaneous Exposure
   o Bleed the site gently
   o Wash area with soap and water (do not use a scrub brush)
Mucous Membrane Exposure
   • Flush with warm water
Skin Exposure
   • Wash with soap and water

2. Report incident to immediate supervisor.
3. Complete incident report in the electronic event reporting system (employee events)
4. Report to Occupational Health or Emergency Services immediately.

**IMPORTANT**
To delay in reporting an exposure and seeking medical evaluation and treatment. If HIV prophylaxis is indicated, it must ideally be started within 1-2 hours following the exposure.

What Is The Risk Following Exposure To Blood & Body Fluids?
• Hepatitis B: 6-30%
• Hepatitis C: 1-10%
• HIV: 0.3%

How To Protect Yourself
• Follow standard precautions
• Use PPE whenever appropriate
• Use safety needle devices whenever possible
• Careful handling and disposal of needles/sharps
• Frequent hand hygiene practices, before and after any contact with every patient, every time!
• Report exposure incidents immediately

2. C.

Tuberculosis (TB)

TB is an infection caused by the bacteria Mycobacterium Tuberculosis usually affecting the lungs

EPIDEMIOLOGY:
• 9 million new cases annually
• 1/3 world’s population infected with TB
• 2 million TB-related deaths worldwide
• TB is the leading killer of people who are HIV infected

POPULATIONS AT HIGHER RISK:
• Elderly; very young
• Homeless, Incarcerated
• Minority Groups, Foreign-born individuals
• Immunosuppressed, e.g. HIV infected persons
TB Can Be Spread by Coughing, Sneezing, Speaking, Singing

TB Infection (Latent)
- TB germs in the body
- No S/S, negative chest x-ray
- Cannot spread TB to others
- Positive tuberculin skin test (TST)
- Not considered a case of TB

TB Disease (Active Tuberculosis)
- TB germs are present
- S/S: cough, fatigue, weakness, fever, weight loss, night sweats, hemoptysis, positive chest x-ray
- Can spread disease
- Positive tuberculin skin test (TST)

Treatment
- **TB infection (latent)**
  - Daily INH (isoniazid) for 6-9 months
  - Treat to reduce the risk of developing active disease
  - If immunosuppressed, treatment could be longer

- **TB disease (active tuberculosis)**
  - Antituberculosis drugs
  - Duration is approximately 10-18 months

Infection Control Measures For Control Of TB Spread
- Screen all patients for S/S and history of exposure
- Identify high risk individuals
- **Prompt** airborne isolation for suspected or confirmed TB:
  - Designated Isolation Room – Negative Pressure with N-95 or Hood Air Mask for HCW @ all times while in room (even if patient temporarily out of room)
  - Room is monitored daily – Engineering and Nursing

Personal protection for TB prevention
- HCWs wear N-95 respirator masks
- Annual skin testing when indicated by TB Prevention Plan
- Chest x-ray when TST is contraindicated and/or after conversion to (+) TST
- Surgical mask for the patient during transport and visitors entering room
- Report exposure to communicable diseases promptly
- Report illness and/or unusual symptoms to Occupational Health promptly
- Work restrictions may be indicated for some infections

Where can I get my questions answered or find more information on preventing infection?
- Contact the Infection Preventionist at your facility. Infection Preventionists are nurses and laboratorians who specialize in in preventing infection! Ask your supervisor for the name of your site-based Infection preventionist.
2. D.
Immunization and Testing of Health Care Workers

CNE requires all its employed and non-employed Health Care Workers to comply with the Rhode Island Rules and Regulations Pertaining to Immunization, Testing and Health screening for Communicable Diseases. Health Care Workers includes all employed and non-employed staff, volunteers, contract staff, students and credentialed medical staff. The requirements include:

Measles, Mumps & Rubella (MMR)
- Two doses of MMR (measles-mumps-rubella) vaccine is required for all HCWs. (Alternatively, two doses of a live measles-containing vaccine, two doses of a live mumps-containing vaccine and one dose of a rubella vaccine.) The first dose of vaccine must have been administered on or after the first birthday. The second dose of a measles or mumps containing vaccine must be administered at least four weeks after the first dose, OR
- Laboratory evidence of immunity or laboratory confirmation of disease is acceptable. (i.e., laboratory report of positive IgG titers for measles, and mumps and rubella). An equivocal laboratory result for measles, mumps and/or rubella are considered negative and vaccination is required.

Tdap
- One single dose of Tdap vaccine is required for all HCWs who have not previously received a dose.

Varicella (Chicken Pox)
- Two doses of varicella vaccine is required. The second dose must be administered at least four weeks after the first dose; OR
- Laboratory evidence of immunity or laboratory confirmation of disease; OR
- Provider diagnosis or verification of varicella disease or of history; OR
- History of herpes zoster based on healthcare provider diagnosis.

Influenza (Flu)
- Annual influenza vaccination is required for all HCWs.
- Follow facility-based policies concerning compliance deadlines, refusals, medical exceptions, and masks.

Hepatitis B
- Employees at risk of exposure to blood-borne pathogens are offered hepatitis B vaccine within ten days of employment.
- Hepatitis B vaccination series consists of three doses of vaccine given as two doses, four weeks apart, followed by a third dose five months after the second dose.
- Testing for anti-HBs be performed one to two months after the last dose.
- New HCWs are screened for immunity if previously vaccinated.
- HCWs failing to develop titers are offered a repeat 3 dose series with follow up titers.
- Employees have the option of signing a standard OSHA declination form if they choose not to be vaccinated and are counseled regarding risk.
- If a HCW with unknown vaccination status or unverified antibody immunity has a subsequent exposure to HBV, hepatitis B immunoprophylaxis is administered following most recent ACIP guidelines.

**Tuberculosis (TB)**
- Evidence that HCW is free of active tuberculosis based upon the results of a negative two-step tuberculin skin test is required; **OR**
- Evidence is provided that a two-step skin test performed within twelve months prior to hire was negative; **OR**
- If HCW provides documentation of serial tuberculin testing with negative results in the prior two years, then a single baseline negative TB test result is sufficient, **OR**
- A negative FDA-approved blood assay for Mycobacterium tuberculosis (BAMT) may be used instead of a two-step tuberculin skin test. If the baseline BAMT is positive, proceed as indicated below for positive PPD.
  *If the PPD test or BAMT is positive, or a previous one is known to have been positive, a physician's or other licensed practitioner's certification that the HCW is free of active disease is required. Certification must be based on documentation of adequate chemotherapy for TB disease or chemo-prophylaxis for latent TB infection in the past, and a current history of freedom from signs and symptoms of TB.*

  *A physician, nurse practitioner, or physician assistant may certify the HCW is free of TB based on his/her clinical judgment for complex cases or unusual circumstances*

**2. E. Occupational Health Services**

**Services Provided:**
- Pre-employment evaluations
- Pre-placement evaluations and testing of employees, volunteers, contracted staff, students and physicians.
- Mandatory testing as required by TJC, OSHA, CDC, and RI Department of Health: TB test, MMR and Varicella vaccination and/or Immunity, N95 Mask fit testing.
- Return to work evaluations for any employee out of work three days or more with doctor’s note (unless deemed necessary by Occupational Health).
- Blood pressure monitoring and screening
- Treatment of minor illness with over-the-counter drugs (Tylenol, ibuprofen, cough syrup and decongestants)
- Blood pressure monitoring and screening
- Throat cultures and rapid strep testing (charged to employee’s health insurance.
- Testing of employees as dictated by infection control (e.g., Strep, VRE, MRSA
- Flu vaccine clinics
- Provide employees with information related to local physicians, assistance programs, LOA’s and other health concerns.
**Workers Compensation Cases:**
- All work related injuries must be reported to your supervisor and the Occupational Health Office
- Seek immediate treatment if necessary. Unless the treatment is emergent, you are encouraged to contact the Occupational Health Office for assistance with medical treatment.
- All cases will be followed by the Occupational Health Office.
- An incident report must be completed electronically or with the assistance of the Occupational health Office.
- Report all blood and body fluid exposures immediately to enable evaluation, testing, treatment and follow-up.

**Occupational Health Cannot Do the Following:**
- Write drug prescriptions
- Order blood tests such as Lyme titre, cholesterol, urinalysis, glucose
- Draw blood work ordered by a private physician
- Order x-rays for non-work related injuries
- Perform school or sports physicals
Section 3
Physical Environment

Physical Environment

Key elements that contribute in creating the way the space feels and works for patients, families, visitors, and staff experiencing the healthcare delivery system.

Key Elements:
Environment of Care (EOC)
- Safety Management
- Hazardous Materials and Waste Management
- Security Management
- Fire Safety
- Medical Equipment Management
- Utilities Management

Life Safety
Emergency Management

Environment of Care

3. A.
Safety Management

Safety Process
- Board
- Quality/Administration
- Safety/Environment of Care Committee
- Safety/EOC Policies
  - Code Red Procedures
  - Holiday Decorations
  - Ergonomics
  - Electrical Safety
  - Medical Device Reporting
  - Cell Phones/Wireless Communications
  - MRI/Magnet
  - Tech Services/Cylinders
  - Laboratory/Chemicals
  - Dietary/Kitchen
- Department Specific Policies
- Hazard Surveillance Inspections
- Employee Reports of Injuries
  - Staff
  - Occupational Health Office
- Occurrence Reports (electronic reporting system)
  - Visitors, patients, property damage, equipment/utility failures
- Safe Medical Device Act
- Patient Abuse
  - Patient–to-patient
  - Visitor–to-patient
  - Staff–to-patient

*Any allegations of patient abuse (alleged or actual) must be documented in electronic reporting system and reported immediately to the Risk Manager.*

**Your Role:**
Report EOC concerns or unsafe conditions to:
- Supervisor
- Safety Department
- Through a report in the Electronic Reporting System
Adhere to hospital Safety/EOC policies

### 3. B. Hazardous Materials Waste Management

#### Overview
- Solid Waste
- Medical Waste
- Radiological Waste
- Chemotherapy Waste
- Hazardous Pharmaceutical Waste
- Hazardous Waste and Waste Chemicals
- Certain Metals and Broken Glass

#### Solid Waste (Routine Waste or Normal Trash)

*Clear/White Bag*
- Wood
- Metal
- Paper
- Glass
- Recyclable
  - Non-confidential paper
  - Plastic bottles and cans

*Medical Waste*

**Red Bag/Sharps Container**
- Cultures
- Pathological Waste
- Human and Blood Products
- Sharps
- Isolation Waste

**Radiological Waste**
- Radioactive Materials and Waste (Hot Lab)

**Hazardous Pharmaceutical Waste**
- Black Hazardous Pharmaceutical Waste Containers
  - All hazardous pharmaceutical waste and all Bulk Chemotherapy Waste

**Trace Chemotherapy Waste**
- Yellow containers or bags
- Trace Chemotherapy/Antineoplastic

**OSHA Right-to-Know Law**
- Under the Right-to-Know Law, employers must inform their employees about the hazards of certain substances used in the workplace.
- Employees may access MSDS’s/SDS’s by accessing the desktop Icon displayed on all network connected computers.
- Take MSDS/SDS sheet with you to ER should you need medical treatment
- Contact the Safety Office if an MSDS/SDS sheet is needed

**(Material) Safety Data Sheets**
MSDS/SDS contain important information related to the product
- **Section 1, Identification** includes product identifier; manufacturer or distributor name, address, phone number; emergency phone number; recommended use; restrictions on use.
- **Section 2, Hazard(s) identification** includes all hazards regarding the chemical; required label elements.
- **Section 3, Composition/Information on ingredients** includes information on chemical ingredients; trade secret claims.
- **Section 4, First-aid measures** includes important symptoms/ effects, acute, delayed; required treatment.
- **Section 5, Fire-fighting measures** lists suitable extinguishing techniques, equipment; chemical hazards from fire.
- **Section 6, Accidental release measures** lists emergency procedures; protective equipment; proper methods of containment and cleanup.
- **Section 7, Handling and storage** lists precautions for safe handling and storage, including incompatibilities.
- **Section 8, Exposure controls/personal protection** lists OSHA’s Permissible Exposure Limits (PELs); Threshold Limit Values (TLVs); appropriate engineering controls; personal protective equipment (PPE).
- **Section 9, Physical and chemical properties** lists the chemical’s characteristics.
- **Section 10, Stability and reactivity** lists chemical stability and possibility of hazardous reactions.
- **Section 11, Toxicological information** includes routes of exposure; related symptoms, acute and chronic effects; numerical measures of toxicity.
- **Section 12, Ecological information**
- **Section 13, Disposal considerations**
- **Section 14, Transport information**
- **Section 15, Regulatory information**
Section 16, Other information, includes the date of preparation or last revision.

- Review your department’s MSDS/SDS’s found on your desktop
- SDS’s and Container Labels will contain pictograms of the hazards associated with the product and the PPE required for handling/use.

Chemicals (Proper Use)
- Label all secondary containers unless entire volume will be used immediately after transfer from a labeled container. Never mix chemicals
- Always use proper Personal Protective Equipment (PPE)
  - Gloves, Goggles, Respirator
- Limit amount of hazardous substances used in the Hospital

Hazardous Materials Spills
- Spill Plans are located on Carenet in Hospro
  - Small Spills are cleaned up by the user.
- Call emergency line and request “Code Orange” for larger spills.
- Review this plan as well as any department specific policies

Your Role:
- To know and understand the procedures and precautions for selecting, handling, storing, using and disposing of hazardous materials and wastes.
- “Code Orange”

3. C. Security Management

The Security Plan
Care New England and its operating units have a productive security management plan. Our goals are to assure and provide a secure environment for our employees, patients and visitors. Our entire in-house staff plays an important role in understanding the policies and procedures related to security. Everyone must help to report suspicious events, as soon as possible, and be conscious of our own valuables and remember to lock them up. We all play a part in protecting everyone in the organization.

CODES
- Code Grey – security team needed (not always at Kent)
- Code Blue – cardiac arrest/medical emergency
- Code Green – bomb threat
- Code Red – fire
- Code Amber – infant/child abduction
- Code Silver – hostile situation/person with a weapon
- Code Orange – hazardous material release
- Code Triage/Triage Standby – disaster/disaster standby
- Code Clear – situation has been cleared

The last word...
- ✔ Lock up your personal belongings
3. D.
Fire Safety

Code Red:
- Visible flames or smoke
- Burning or smoke-like odors

Upon Discovering A Fire: Use R.A.C.E.

 Rescue anyone in danger
 Alert others – Call aloud “Code Red”.
   Pull the nearest fire alarm.
 Close all doors and windows.
 Extinguish

EVACUATE if instructed to do so by the Fire Department or person in charge of area.
   Horizontally—out of smoke compartment or
   Vertically—down stairs (never up)
 Outbuildings and Off-site Locations—Always Evacuate

Staff Roles – Patient Care

(At the Fire’s Point of Origin)
Upon hearing a Code Red in your smoke compartment:
- RACE: Rescue anyone in immediate danger and Remove obstructions from corridors. Close all the doors on the unit. Reassure patients and visitors. Report to the nursing station and await instructions from the nurse manager/supervisor. The clinical person in charge of the area makes the decision to shut off oxygen or not.
- Responding staff: Assist with removing all obstructions from the corridor. Await further instructions from the nurse manager. You may be asked to assist with evacuation and/or extinguishment of a controllable fire (see your OU Security Department for more specific OU information).

(Away From the Fire’s Point of Origin)
- **Security:** Meet Fire Department at Main Alarm Panel to aid in access.
- **Engineering:** Assist fire department with utilities/Main Alarm Panel. Assist Security in limiting access to the smoke compartments.
- **All:** assist with evacuating patients at the direction of the clinical person in charge, the fire department, safety officer or incident commander.

Evacuation
- Decision made by person in charge of area
- Know your department specific evacuation plan
- Use available stretchers, wheelchairs, Med Sleds, evacuation baskets, Evacuation Chairs, blankets, etc. to evacuate patients.
Fire Extinguishers

Class A fires
  o Ordinary combustibles
    o Wood, paper, rubber

Class B fires
  o Liquid combustibles
    o Gasoline, grease, alcohol

Class C fires
  o Energized electrical equipment
    o Computers, radio, etc.

Class K fires
  o Cooking fires
    o Kitchen

Fire Extinguisher Locations
  o Near exits
  o *Be sure that fire extinguishers and fire alarm pull stations are unobstructed at all times*

Attempt to Extinguish Small Fires: P.A.S.S.

Pull the pin

Aim the nozzle at the base and front edge of the fire

Squeeze the handle to discharge the extinguisher

Sweep the nozzle at the base of the fire

Your Role:
Know What to Do During A Fire
  o Code Red
  o RACE/PASS

3. E.
Medical Equipment Management Program

Depending on the hospital, the Medical Equipment Management Program is managed by Clinical Engineering or the Maintenance Department.

Medical Equipment
Medical Equipment consists of devices used in the diagnosis, care, treatment or monitoring of patients. (wheelchairs, IV pumps, x-ray equipment, etc.)

All medical equipment used in the hospital or its satellite affiliates must be inventoried and have safety, operational and functional inspections completed by
Clinical Engineering prior to use. Upon passing the inspection, an inspection sticker is placed on the equipment.

**Medical Equipment Management Program**
- Employees are to be trained in the proper operation of any medical equipment they use.
- Medical equipment must have an appropriate inspection sticker if it is to be used for patient care.
- Any equipment that has malfunctioned or does not have an appropriate inspection sticker should be removed from service and tagged with a work order.

**Your Role:**
- Ensure that all medical equipment you use or see (whether hospital, temporary or patient owned) has received the appropriate inspection.
- Know the procedures for reporting any equipment that is in noncompliance.
- Submit urgent medical equipment service requests to the Service Response Center.
- Submit non-urgent medical equipment service requests through the electronic system on your desktop.

**Additional Information**
- Medical equipment related policies can be found on Carenet.

### 3. F.
**Utilities Management**

**Telephones**
- Normal House Phones
- Pay Phones (where available)
- Emergency Telephones (various colors)
  - Check location in your department

**General Maintenance**
- 24/7/365 coverage
- Routine requests through the AIMS Facilities icon on your desktop
- High priority/emergency requests via the Service Response Center.

### 3. G.
**Life Safety**

**Smoke and Fire Detection Notification and Suppression Systems**

**Fire Alarm**
- Audio – What you hear
- Visual – What you see

Pull Stations – ensure that they are unobstructed at all times
Detectors
- Smoke
- Heat
- Med/Gas - ensure that they are unobstructed at all times
- Corridor shut-off stations
- Bedside at headboards

Telephones
- Normal House Phones
- Pay Phones
- Emergency Telephones (various colors)
  - Check location in your department

3. H.
Emergency Management

Hospital Incident Command System (HICS)

What Is HICS: An Incident Command System is a systematic, standardized response tool that is used across disciplines and situations to effectively respond to and manage both planned and unplanned incidents of all sizes and complexities. HICS is the hospital version of the Incident Command System but adds elements that are specific to the hospital environment.

HICS Response Sections

ICS Response is broken into four sections. Each section has specific responsibilities and positions within the section to carry out tasks:

- Incident Command
  - Operations Section: Conducts tactical operations
  - Planning Section: Develops the Incident Action Plan for response
  - Logistics Section: Acquires necessary resources
  - Finance/Administration Section: Manages costs related to the incident

Emergency Preparedness / Disaster Preparedness
- Mass Casualty Incident (MCI)
- Utility Loss/Functional Disruption
- Disruptive Weather
- Bomb Threat
- Code Triage/Triage Standby:

**Incident Command Center**
- The Incident Command Center will be identified for each hospital
- Key HICS Officer positions assigned – Incident Commander, PIO, Liaison, Safety
- Key HICS Chief positions assigned – Logistics, Planning, Operations, and Finance
- All positions mirror state EMS and other state hospital positions
- All staff members should be prepared to assume a role if asked. Each position uses a standard Job Action sheet for instructions. Identification vests and badges used.
- HICS Officer and Chief position’s maintain safety of staff and patients while providing sustainability of patient care and community needs.

**Your Role:**
- Your role may stay the same or you may be asked to perform a different role.
- Your supervisor or the labor pool leader will instruct you.

**3. H. Ergonomics**

*The science of adapting equipment, procedures and surroundings to people*
- Helps prevent injuries, reduce physical and mental stress and improve efficiency on and off the job.
- Involves analyzing people, tasks and the environment.

**Body Mechanics**

*The science that deals with energy and forces and their effects on the body*
- Uses special ways of standing and moving one’s body to make the best use of strength an avoid fatigue and injury.

**Office Ergonomics Applies to Tasks Involving:**
- Bending, lifting, pushing and pulling
- Awkward sitting and standing positions
- Repetitive finger and hand movements

**Pay Attention to Work Positions:**
- adjust your wrists so that they are straight; keep elbows bent
- use your whole hand, whole arm or both hands
- use right size and shape tool, avoid tools that excessively vibrate

**Always Practice Good Posture:**
- correct chair height and backrest
- sit close to your work with proper support
- change positions of tasks frequently to avoid repeated stress
o don’t slump in chairs
o don’t drive sitting far back from the wheel

**When Using A Computer Always Adjust:**
- work surface
- screen height, angle, contrast
- keyboard position
- chair height and backrest

**Keep frequently used items in easy reach (18”)**
- Bad posture, which causes wrong movements, can damage the joints and muscles, and slow or even prevent recovery form injuries.
- Place your chair backrest in a position to support the curve in the lower back.

**Use Proper Lifting Techniques:**
- test load before lifting; if too large or too heavy ask for help
- stand close to the object being lifted
- keep the body and back straight, and keep the knees bent
- face the object to be lifted and spread feet apart in a diagonal stance to balance the load
- lift by pushing up on your strong leg muscles
- to change direction, pivot with your feet and turn in short steps
- turn your whole body without twisting or jerking your back

**Common Mistakes:**
- lifting with back bent and knees straight
- using fast, jerking movements
- bending and twisting at the same time
- holding the load too far away from your body
- poor planning
- poor communications (if with someone else)
- insufficient strength

**Prevention:**
Prevent workplace injury by using equipment/resources that are available to you, whether it involves a patient or adaptive equipment for your workstation. Talk to your supervisor about equipment needs you may need to stay safe (i.e. lift device for a patient giving minimal effort, a headset if are on the phone for extended periods of time).
Section 4
Operations

4. A.
Equal Opportunity/Non-Discrimination
The Care New England policy of Equal Employment Opportunity is to:

1. Recruit, hire, train and promote persons in all job classifications without regard to race, color, religion, national origin, sex, age, disability, genetic information, sexual orientation and gender identity or expression, or any other protected status;
2. Base decisions on employment so as to further the principles of Equal Employment Opportunity;
3. Ensure that promotion decisions are in accord with principles of Equal Employment Opportunity;
4. Ensure that all personnel actions such as compensation, benefits, transfers, layoff, return from layoff, and any social or recreational programs will be administered in accordance with the principles of Equal Employment Opportunity.

In carrying out its commitment to Equal Employment Opportunity, Care New England will make reasonable accommodation for applicants and employees with known disabilities who can perform the essential functions of the job with or without such accommodations.

4. B.
CNE Compliance Services

Overall Goals of Our Compliance Program
- To demonstrate CNE’s commitment to ethical conduct
- To improve quality of care and reduce waste
- To foster a culture of compliance
- To educate, communicate & monitor compliance issues

Elements of CNE’s Compliance Program:
- Written policies & procedures – including Code of Conduct
- Compliance Officer
- Training & Education
- Communication – Anonymous Compliance Line
- Consistently Enforce Standards of Disciplinary Guidelines – without regard to title or position
- Ongoing Monitoring & Internal Audit Activities
- Responding to Issues & Taking Corrective Action

**CNE Code of Conduct:**
Available for review at any time on the CNE Intranet (Within Carenet click About CNE/Code of Conduct)

**CNE Code of Conduct Core Principles:**
- Honesty
- Compliance with laws & regulations
- Respect & consideration for other people
- Advancement in the best interest of CNE

**Code of Conduct – Highlights:**
- Confidentiality: Company & patient information
- Gifts from patients
- Gifts from vendors
- Accurate Financial Reporting
- Coding/Billing practices
- Non-retaliation policy
- Complying with internal controls
- Conflict of interest
- Travel & entertainment
- Protection of assets Discrimination, Harassment, Violence

**Policies & Procedures**
- CNE
- Butler Hospital
- W&I Hospital
- Kent Hospital
- VNA
- Information Services

*Questions about departmental policies should be directed to your immediate supervisor.*

**Your Role in Compliance:**
**Know the Code of Conduct and CNE policies & procedures – as they relate to your position.**
- It is your responsibility to abide by them
- Report conduct that you would, in good faith, believe to be wrong, illegal or unethical.

**How to Report Potential Issues:**
- Immediate Supervisor
- Human Resources
- Any Member of Senior Management
- CNE Compliance Officer (401)-453-7534 – CNE Compliance Officer (Confidential)
- CNE Compliance Line 877-TELL-CNE (Confidential & Anonymous)
4. C. 
**Personal Appearance and Dress (Dress Code)**

All staff are required at all times while on duty to present a personal appearance that reflects and supports basic hygiene and neatness, position-appropriate dress, infection control and safety standards, and projects an overall positive image of Care New England.

In addition to the minimum standards set forth in this policy, some departments may have additional dress code policies which will be consistent with the provisions of this policy and may provide more specific requirements as are appropriate to the regulations, work conditions and patient contact requirements associated with the specialized work of the individual departments. In applying this policy, supervisors are expected to exercise good judgment. The Human Resources Department at each operating unit must approve these additional standards.

This policy was created in recognition that there is a direct correlation between the appearance of an organization’s staff members and a patient’s perception of the level and quality of service they can expect. Organizations are often judged based on these first impressions. In order to maintain a professional health care atmosphere and to present a positive impression of the organization and its staff to patients and their families, Care New England has established a standard dress code and personal hygiene policy. This policy will also maintain staff and customer safety including prevention of the spread of infectious diseases.

This policy applies to all Care New England employees, volunteers, students and contractors. The term “staff” shall be used throughout this policy to refer to all of these groups.

All staff members are required to ensure that their personal grooming, dress and hygiene comply with Care New England/Hospital and department standards at all
times. Staff members who fail to meet standards will be subject to just culture or
disciplinary principles.

It is the responsibility of supervisors to monitor adherence to this policy and to
address any issues of noncompliance in accordance with the just culture or
disciplinary process of their respective operating unit.

Personal Appearance Standards

1. **Personal Hygiene.** Staff will be neat, clean, and well groomed at all times. All
employees must present themselves in a professional manner consistent with the
hospital’s image as a center of excellence in patient care.

2. **Clothing.** Staff must wear attire appropriate to the professional standards of
their position. Scrubs or other clinical attire are not to be worn by non-clinical
staff unless a specific uniform has been designated by the appropriate vice
president. Following is an illustrative list of examples of unacceptable workplace
attire which may be expanded to meet specific departments’ needs:
   - Crop tops, tank tops, halter tops, see-through blouses or shirts, and other
     attire that may be deemed revealing, tight, and/or unprofessional or
     hazardous.
   - Novelty T-shirts.
   - Athletic attire i.e.: jogging or exercise suits, shorts, skorts, spandex pants,
     low rider/low cut pants.
   - Leggings or tight fitting pants must be worn with an appropriate length top
     that extends below the hip.
   - At OU discretion, dress down day(s) may be permitted with Administration
     approval.

3. **Footwear.** Shoes must provide safe and secure footing, offer protection against
hazards and quiet for the comfort of patients. Shoes must be acceptable for the
work setting. In some instances, open toe shoes may present a hazard and
therefore are prohibited in certain departments. In all instances, beach shoes i.e.
flip-flops or water shoes are not acceptable. Sneakers may be necessary for
certain job functions and must be kept neat and clean.

4. **Hair, Beards and Moustaches.** Hairstyles must be neat, clean and worn in a
manner that does not interfere with staff duties or present a safety risk. In direct
patient care areas, shoulder length hair or longer must be pulled away from the
face in a secure manner to avoid having it make contact with a patient. Facial
hair must be neatly trimmed, well grommed and appropriate for the work setting.

5. **Fingernails.** Nails must be clean, well-manicured, and kept at an appropriate
length for cleanliness and for work activities. Because of infection risks, use of
artificial nails, nail decorations, or chipped nail polish is not allowed when
performing patient care related activities including, but not limited to, hands-on
patient care, handling food or beverages, and preparing medications or solutions.

6. **Jewelry/Body Piercing.** All jewelry must follow departmental guidelines
relative to safety guidelines. All employees must use proper hand washing
techniques to ensure areas under and around rings are dried completely to avoid
risk of bacteria development. Visible piercings must be limited to one single small
facial stud while in the work environment. Clear plugs/spacers may be worn to
keep other visible piercings open if desired.
7. **Fragrances:** colognes and perfumes should be discouraged and if worn should only be in moderation. Fragrances are not allowed to be worn in patient contact areas.

8. **Body Art.** Visible body art must be free of profanity, gang and vulgar references.

**Identification Badges**

All staff must wear a Care New England or hospital issued photo ID badge at all times. Badges must be worn on the upper torso and must be clearly visible so identification is known to others. Badges must not be defaced. A lanyard may be used to display hospital issued awareness pins, keys, or other appropriate pins free of profanity and vulgarity provided it doesn’t obstruct the view of the ID badge.

**Safety Standards**

Staff shall be required to wear or use personal protective clothing/equipment while performing job functions that require protection.

4. **D. Social Media Policy**

**Privacy**

Use of any social media (e.g. Twitter, Facebook) that includes any information that is related to any current or former patients or families (named or not named) is considered a violation of Care New England’s confidentiality policy and the procedures governing such violations will be followed. Any employee who becomes aware of such uses of work related health information or other confidential organizational information is expected to inform his/her supervisor or the Privacy Officer.

**Corporate Compliance**

All information published on social media outlets supported by CNE or any member organization must comply with all local, state and federal laws. Users must agree not to infringe upon or otherwise impair, interfere with or violate any copyright or trademark laws, or other intellectual property rights of another. Any user who violates this commitment will be responsible for all liability and other claims resulting from such violation and shall indemnify and hold harmless CNE and its member organizations from any costs, expenses or liability that might be asserted or imposed upon it or any of its officers, agents, or affiliates as a result of this violation.

4. **E. Harassment and Workplace Violence**

CNE believes that all employees should be able to enjoy a workplace free from violence, harassment and threats. CNE will not tolerate such incidents and will take appropriate responsive action, including disciplinary action.

Workplace violence includes physical attacks and threats (direct, conditional or veiled), harassing behaviors and/or property damage. Harassment may include
behavior or communications designed or intended to intimidate, menace or frighten another person through any medium.

If you observe or experience any form of harassment or violence, it is necessary that you immediately report any such harassment or violence to your supervisor/manager, CNE Security, the Compliance Officer, Human Resources and/or the ComplianceLine by dialing 1-877-TELLCNE (1-877-835-5263) or sending an email to cnecompliance@carene.org.

4. F.
Drug, Alcohol and Smoke-Free Environment

To protect the interests of our employees and patients, we are committed to an alcohol and drug-free work environment. All individuals must report to work free of the influence of alcohol and illegal drugs. Reporting to work under the influence of any illegal drug or alcohol, having an illegal drug in your system, or using, possessing, or selling illegal drugs while on CNE work time or property may result in termination. We may use drug testing as a means of enforcing this policy.

CNE recognizes that individuals may be directed by a physician to take prescription drugs that could impair judgment or other skills required in job performance. For employee and patient safety, if you believe a medication, either prescribed or over the counter, may impair your judgment or job performance, you must notify your supervisor/manager. If you have questions about the effect of such medication on your performance, consult with your supervisor/manager and your physician.

CNE is committed to creating a smoke-free environment for all employees, medical staff, students, volunteers, patients and visitors—both inside and outside of our facilities. A smoke-free environment will provide a healthier environment for employees, visitors and patients, and will underscore our commitment to support the health of our employees, patients and community.

4. G.
Care New England Rules and Regulations

Care New England takes pride in having professional, qualified and capable employees. Given the size of the organization and the interaction required by the many people who work together, some rules and regulations are necessary to promote the smooth and effective delivery of services as care givers. Therefore, any act of commission or omission, if taken by one or more employees, the consequences of which may result in harm to the organization or to its employees, or of which interferes or tends to interfere with the rights or proper interests of Care New England employees or the Care New England Health System may subject the offender to disciplinary action. The following list is an example of prohibited actions, which violate the general principle stated above. The list is not all-inclusive. Consequently taking or attempting to take any of these actions or participating with or causing or inducing others to do so, is prohibited insofar as they relate in any way to the organization or its employees and will subject the offender to disciplinary
action up to and including discharge. All employees are expected to familiarize themselves and comply with the general and specific Care New England rules, including rules now in effect or hereafter issued.

1. Misrepresentation or omission of facts in connection with obtaining employment or any other issue relating to Care New England; falsification of any personnel record, including without limitation, employment, security, medical, compensation and benefit record.
2. Falsifying time worked in any way; assisting in such falsification; punching or falsifying the time worked of another employee; or allowing someone else to falsify a time record.
3. Failure to complete satisfactory probationary period.
4. Defacing, damaging or destroying property of Care New England or of another employee, patient or visitor.
5. Interfering with, obstructing, or otherwise hindering production or work performance.
6. Causing or contributing to a disturbance, i.e. yelling, using profanity, playing practical jokes, horseplay, harassing employees.
7. Originating, spreading, or otherwise participating in issuance of false reports concerning employees, patients or Care New England.
8. Participating in any way in bookmaking or in organized gambling or other games of chance for money or other valuables.
9. Causing bodily injury of any kind to another; assault, battery or fighting on Care New England premises or in connection with work-related matters.
10. Any form of sexual harassment; other indecent or immoral conduct.
11. Leaving the work area or Care New England premises without permission, or sleeping during working hours or misuse of break time schedules.
12. Careless or inefficient performance of duties, including failure to maintain standards of professionalism or productivity.
13. Refusal to accept or follow orders or directions from proper authority or any other form of insubordination.
14. Breaches of confidentiality, including but not limited to patient information, employee information or any other organizational information.
15. Participating on Care New England premises in any way, directly or indirectly, in the sale of any drug or narcotic regardless of the place of sale.
16. Reporting to work under the influence of drugs, narcotics, alcohol or other chemical substances on Care New England property without appropriate medical prescriptions and management approval.
17. The unlawful manufacture, distribution, dispensation, possession or use of a controlled substance in the workplace or while engaged in Care New England business is prohibited and violation of this rule can result in discipline up to and including termination. An employee must notify Care New England within five calendar days if he or she is convicted of a criminal drug violation in the workplace.
18. Soliciting for any purpose on Care New England premises at any time during your designated working hours; distributing literature for any purpose in working areas on Care New England premises at any time.
19. Failure to comply with safety or health rules, instructions or practices, or failure to use personal protective equipment and devices.
20. Operating or using any piece of equipment or property without being authorized to do so, including but not limited to stationary or forms, etc.
21. Failure to advise supervision in a timely manner as to reason for absence; failure to report to work without a satisfactory reason; repeated or abusive tardiness or absence.
22. Theft, pilferage, or unauthorized removal of property of Care New England or others.
23. Smoking or consuming food or beverages where or when prohibited.
24. Bringing into, possessing or using weapons on Care New England premises.
25. Attempting to or actually intimidating, threatening, endangering, or coercing another person.
26. Criminal, dishonest or unethical conducts.
27. Posting documents of any nature on bulletin boards, lockers and desks for any reason at any time without prior management approval.
28. Falsification of a medical record, employee record or any other Care New England record.
29. Any form of discrimination or discriminating remarks, including but not limited to, inappropriate remarks or jokes pertaining to someone’s race, color, religion, national origin, gender, sexual orientation, age, disability or veteran status.
30. Misuse of a CNE computer, the network, internet, intranet and/or the data and information available on each (ex. unauthorized viewing, usage or access; viewing sexually explicit material; illegal, immoral or unethical activity).
1. H. IS Acceptable Use Policy

<table>
<thead>
<tr>
<th>DEPARTMENT:</th>
<th>Information Services</th>
<th>NUMBER:</th>
<th>IS 01 P – Acceptable Use</th>
</tr>
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<tbody>
<tr>
<td>DATE OF POLICY:</td>
<td>December 11, 2008</td>
<td>EFFECTIVE DATE:</td>
<td>November 12, 2002</td>
</tr>
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</table>

PURPOSE: The purpose of this policy is to protect CNE’s employees, partners and the organization from internal and external exposures, illegal or harming actions including compromise of systems and services, legal issues, financial loss, and damage to reputation by individuals, either knowingly or unknowingly.

SCOPE: All Care New England Operating Units and their employees, including Care New England, Butler Hospital, Kent County Memorial Hospital, Care New England Wellness Centers, Care New England Home Health and Hospice, and Women & Infants Hospital of Rhode Island. Additionally, this policy applies to consultants, non-employed medical staff, medical students, volunteers, contractors and all others that may have access to the CNE network. Personnel using CNE’s data and information resources (including but not limited to Internet/Intranet/Extranet-related and core systems, computer equipment, software, operating systems, storage media, and network accounts providing electronic mail), must use them for business purposes in accordance with their job functions and responsibilities, serving the interests of the organization and the customers in a legal, ethical, responsible, and secure manner with respect for the rights of others.

This “Acceptable Use of Information Resources Policy” is part of CNE’s implementation of the Written Information Security Program.

POLICY: This policy outlines the acceptable use of information resources of Care New England (CNE) and applies to employees, contractors, consultants, temporaries, and other staff, including all personnel affiliated via third party contracts.

1. ACCEPTABLE USE

a. Safeguard user accounts and passwords, and use them only as authorized
b. Respect all pertinent licenses, copyrights, contracts, and other restricted and proprietary resources
c. To accommodate employees CNE understands employees will access the Internet for personal needs periodically. It is expected that employees will exercise good judgment regarding the reasonableness of personal use. Any question regarding appropriate use will be decided by CNE management
d. Scan all e-mail attachments for possible viruses before they are opened
e. Notify the appropriate system, network and/or security administrator(s) of any suspected or actual security violations/incidents
f. Secure all unattended workstations from unauthorized viewing or use
2. UNACCEPTABLE USE

The following unacceptable activities are by no means exhaustive, but attempt to provide a framework for activities that are strictly prohibited, with no exceptions:

- Providing protected customer or vendor information to any unauthorized person
- Providing information about CNE’s employees to parties outside the organization
- Using email, telephone or other communication method, to actively engage in procuring, viewing, or transmitting material that is in violation of sexual harassment or hostile workplace laws.
- Accessing unauthorized systems or data resources, or utilizing functions that are not necessary for the performance of the employee’s duties
- Preventing another user from accessing authorized resources
- Sharing your account password
- Attempting to use another user’s computer account
- Deleting, editing, or copying files in another person's computer or email account
- Sending unsolicited email messages (spam) and chain letters
- Forging email header information
- Accessing, editing, deleting, copying, or forwarding files or communications of another user in any media (e.g., paper, electronic, video, etc.), unless assigned as a job requirement or with prior consent from the file owner
- Illegal use, including duplication or distribution of copyrighted or CNE proprietary material, including print, audio, and video in any medium
- Attempting to add components or devices (e.g., External hard drives, thumb drives, cameras, iPod, etc.) to CNE workstations without explicit approval from CNE Information Services
- Installation of any software for which CNE or the end user does not have an active license or CNE Information Services approval.
- The use of remote desktop applications to connect to non-CNE owned hosts or devices without legitimate business need (i.e., Using Remote Desktop, Dameware, PC Anywhere, etc., to remotely control a personally owned workstation)
- Removing software from CNE systems, unless assigned as a job requirement or prior consent from the system owner is obtained
- Introducing malicious programs and/or knowingly executing a program that may hamper normal activities, without prior authorization
- Unauthorized modification of configuration files
- Circumventing any of the CNE information Security measures of any host, network or account without a CNE Information Security approval
- Intentionally corrupting, misusing, or stealing software or any other computing resource
- Unauthorized use of CNE resources for personal financial gain

EMPLOYEE PERSONAL USE: The CNE network, like the telephone, may also be used by employees for occasional, incidental communications or access to information for personal reasons provided that such access does not interfere with job functions or other users and he/she abides by all other terms of this policy.
RESPONSIBILITY:

**Information Users** will use CNE information resources with good judgment and in accordance with information security policies, standards and guidelines, and report any inappropriate use of information resources to their manager, the Compliance officer or the Information Security Officer.

Managers will ensure that personnel understand and agree with this “Acceptable Use of Information Resources Policy”

**Information Services Staff** will help to implement security solutions in compliance with this policy and assist business owners implementing measures to protect their resources against inappropriate use.

**Information Security Officer** will maintain the information security program and monitor compliance with the CNE’s Information Security Policies, Standards and Guidelines.

ENFORCEMENT:

CNE considers any violation of this policy and the guidelines herein to be a serious offense and can be the basis for loss of network access and/or other disciplinary action including dismissal and/or legal prosecution. Violators are subject to disciplinary action up to, and including termination of employment. In addition, violators may be subject to prosecution under laws including, but not limited to the Communications Act of 1934 (amended), the Privacy Protection Act of 1974, the Computer Fraud and Abuse Act of 1986, The Computer Virus Eradication Act of 1989, United States Code Title 17, the Electronic Communications Privacy Act, and the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and The Health Information Technology for Economic and Clinical Health (HITECH) Act, enacted as part of the American Recovery and Reinvestment Act of 2009.

If misuse is suspected please notify your manager, human resources, or the anonymous Compliance Hotline (1-877-835-5263). Human Resources, in conjunction with Information Services will conduct an impartial investigation and appropriate disciplinary action will be taken.
Section 5
Personal

5. A.
Communications & Community Awareness

Communications Supports Quality and Service

Ways we communicate: Critical Information
  o Letters to your home
  o Through your department director
  o Through staff meetings
  o E-mail

Ways we communicate: Day-to-Day
  o Bulletin Boards
  o Care News (weekly)
  o Hospital Newsletters
  o External websites

Ways we communicate: With Leadership
  o Employee Forums/Town Meetings
  o Committees/Task Forces
  o Employee Opinion Surveys
  o Engagement and Change

Marketing and Public Relations Programs
  o Advertising/Promotion
  o Publicity
  o Media Relations Policy
  o Special events
# Important Phone Numbers

## HIPAA & Privacy

<table>
<thead>
<tr>
<th>Butler Privacy Officer:</th>
<th>455-6296 (x26296)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kent Privacy Officer:</td>
<td>736-4224</td>
</tr>
<tr>
<td>Memorial Privacy Officer</td>
<td>729-2148</td>
</tr>
<tr>
<td>VNA / HT Privacy Officer:</td>
<td>737-6050</td>
</tr>
<tr>
<td>WIH Privacy Officer:</td>
<td>274-1122 (x42379)</td>
</tr>
<tr>
<td>CNE Privacy Officer:</td>
<td>277-3660 (x2)</td>
</tr>
<tr>
<td>CNE Compliance Line:</td>
<td>877-TELL-CNE (835-5263)</td>
</tr>
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</table>

## Compliance Line

<table>
<thead>
<tr>
<th>CNE Compliance Line:</th>
<th>877-TELL-CNE (835-5263)</th>
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<tbody>
<tr>
<td>Compliance Dept. Main Number</td>
<td>277-3660</td>
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## Information Services

<table>
<thead>
<tr>
<th>CNE Help Desk:</th>
<th>921-1000</th>
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<tr>
<td>CNE Information Security Officer:</td>
<td>921-2778</td>
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## Safety & Security

<table>
<thead>
<tr>
<th>Butler</th>
<th>455-6200 (x26200)</th>
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<tbody>
<tr>
<td>Kent</td>
<td>737-7000 (x32222)</td>
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<tr>
<td>Kent Emergencies</td>
<td>X31123</td>
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<tr>
<td>Kent Security</td>
<td>X31360</td>
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<tr>
<td>Memorial</td>
<td>729-3182 (or 0, or x2222)</td>
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<tr>
<td>VNA</td>
<td>(x57624)</td>
</tr>
<tr>
<td>Women &amp; Infants</td>
<td>274-1122 (x41635)</td>
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## Service / Maintenance Requests

<table>
<thead>
<tr>
<th>Butler</th>
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<tbody>
<tr>
<td>Kent Service Response Center</td>
<td>737-4000 (x34000)</td>
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<tr>
<td>Memorial</td>
<td>729-2474</td>
</tr>
<tr>
<td>VNA</td>
<td>(x57624)</td>
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<tr>
<td>Women &amp; Infants</td>
<td>274-1122 (x43023)</td>
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## Human Resources

<table>
<thead>
<tr>
<th>CNE iCare Benefits</th>
<th>680-4400 #1 (x12273)</th>
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<tbody>
<tr>
<td>Butler</td>
<td>455-6245 #1 (x21479)</td>
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<tr>
<td>Kent</td>
<td>737-7010 (x35447)</td>
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<tr>
<td>Memorial</td>
<td>729-3742</td>
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<tr>
<td>VNA</td>
<td>921-7633 (x57633)</td>
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<tr>
<td>Women &amp; Infants</td>
<td>274-1122 (x42270)</td>
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### Infection Prevention

<table>
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<tr>
<th>Location</th>
<th>Phone Number</th>
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<tr>
<td>Butler</td>
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<td>Kent</td>
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<tr>
<td>Memorial</td>
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<tr>
<td>VNA</td>
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<td>Women &amp; Infants</td>
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### Occupational Health and Workers Comp

<table>
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<tr>
<th>Location</th>
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<tr>
<td>Butler</td>
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<tr>
<td>Kent</td>
<td>737-7010 (x31314)</td>
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<tr>
<td>Memorial</td>
<td>729-2200</td>
</tr>
<tr>
<td>VNA</td>
<td>(x57624)</td>
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<tr>
<td>Women &amp; Infants</td>
<td>274-1122 (x42990)</td>
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