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, Compliance and Operations information. In addition, you will also fill out your employment paperwork and receive your pre-placement health screen.

2. During New Employee 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 for you to attend the New Employee Orientation. Please be aware that attendance at New Employee Orientation is a requirement for completing your probation. If you cannot attend the scheduled Orientation, you will need to reschedule to the subsequent offering. You are expected to complete New Employee 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 Team.

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

Tish Devaney
Senior Vice President, Human Resources, Care New England
“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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**New Employee Orientation Post-Test**
(Must be printed, completed, signed and returned to Human Resources)
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 (Accountability, Communication & Teamwork) 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 and compassion to our patients, families and our team members 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 (CoP’s); 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:
- Operating Unit Patient & Family Advisory Councils
- CNE Board Committees
- 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
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 a 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 ComplianceLine by dialing 1.877.TELLCNE (1.877.835.5263) or sending an email to: cnecompliance@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 ComplianceLine by dialing 1.877.TELLCNE (1.877.835.5263) or sending an email to: cnecompliance@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 ComplianceLine by dialing 1.877.TELLCNE (1.877.835.5263) or sending an email to: cnecompliance@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.
- 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.
- CNE maintains an environment that is free from discrimination and harassment of all individuals.
- Diversity refers to all differences between people. This includes, but is not limited to: gender, race, age, sexual orientation, gender identity, gender expression, religious beliefs or spirituality, culture, ethnicity, geography, socioeconomic class, physical ability, cognitive ability, work habits, title and practice area, communication and learning style, or any other real or perceived differences.
- Care New England values and promotes diversity and inclusion across all of our Health System, and it is our steadfast goal to create and sustain safe, respectful and welcoming environments for all of our employees and patients.

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, CNE will strive to provide those services in an efficient and cost effective manner.

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)
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 CNE Privacy Officer 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 supervisor or the CNE Privacy Officer. The Privacy Officer will determine if a breach has occurred. All incidents are evaluated.

You should contact your supervisor or the CNE 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.

CNE workforce is not permitted, per CNE policy (CNE-PRIV-009 Accessing Your Own EMR) to use their CNE user credentials to access their own medical record (electronic or paper). HIPAA regulation and CNE policy (CNE-PRIV-014 Access to Family Member EMR) prohibit a workforce member from accessing the medical record and any PHI of family members, friends, co-workers or other persons for purposes unrelated to treatment, payment or healthcare operations that are part of the performance of one’s job

**Please note:** CNE actively monitors computer activity to detect non-work related access.

Employees must register for a patient portal to access their PHI or contact Medical Records Departments for hard copies.
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 the Privacy Officer.

**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. You must not remove PHI from your facility unless it is required as part of your job and approved by Supervisor. See CNE-PRIV-006: Transport of PHI/PII policy – CNE Privacy Policies on CAREnet.

Always Check Twice, Give Once: Check ALL patients’ materials before giving them to patient(s), patients’ personal representative(s) or when you are going to fax mail or email PHI from CNE or its operating units.

Check 2 patient identifiers **every time** before handing or sending materials with protected health information (PHI) such as prescriptions, discharge summaries, immunization records, lab slips, etc.

Check ALL pages of the patients’ materials to ensure that the right patients receive the right materials. Giving a patient PHI belonging to another patient is a HIPAA violation.

PHI must be disposed of properly. It is very important to dispose of paper PHI (documents, patient identity bands, medication labels) in confidential disposal bins. There are more details about the document destruction process contained in the CNE Retention of Records Policy on CAREnet.

**More on 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, please check the number **twice** before pressing the SEND button. (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 manager and the CNE 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 aaaaabbbb 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.

**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 the 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 030 Asset Management, 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 (carene.org, butler.org; wihr.org, kentri.org, vnacarenewengland.org, cnehomehealth.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 manager and the CNE Privacy Officer.

You should immediately report any lost, stolen, or missing mobile devices or removable media to the Information Services Helpdesk.

**QUESTIONS:**

Please contact the CNE Privacy Officer or the Information Security 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  
CNE Help Desk 401-921-1000 or x48777  
CNE Information Security Office 401-921-2779  
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 #, (iii) medical or health information, or (iv) 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 their 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 Risk Management and 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 its 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?
- Upon entering and exiting a patient room
- Before touching a patient
- After touching a patient or equipment in the patient's room
- After completing care for a patient
- Before eating
- After using the bathroom
- After handling raw meats, unwashed fruit
- After touching something contaminated
- When your hands are visibly soiled
- After sneezing or coughing into your hands
- Before putting on gloves AND 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 or body fluid 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**
  - Needlesticks
  - Cuts with sharp objects
- **Mucous Membrane**
  - Blood or other potentially infectious body fluids splashed directly onto mucous membrane, e.g. eyes, mouth
- **Cutaneous (Skin)**
  - Especially non-intact skin
  - 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 **
Do NOT 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 may 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.

*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

2. F
Antimicrobial Stewardship

Introduction

Antibiotics are a shared resource – and becoming a scarce resource. Antibiotics save lives when there is a bacterial infection. Antibiotics don’t work if there is a viral infection, like the flu, a cold, bronchitis, many types of sore throat and ear infections.

Unfortunately, 30-50% of antibiotic use in hospitals is unnecessary or inappropriate. Antibiotic overuse contributes to the growing problems of *Clostridium difficile* infection and antibiotic resistance in healthcare facilities. Reducing unnecessary antibiotic use can decrease antibiotic resistance, *Clostridium difficile* infections, and healthcare costs while improving patient outcomes.

Antibiotic Resistance

Antibiotic resistance is the ability of bacteria to resist the effects of an antibiotic – that is, the bacteria are not killed, and growth is not stopped. Resistant bacteria survive exposure to the antibiotic and continue to multiply in the body, potentially causing more harm and spreading to other people.

Some resistant infections cause severe illness. People with these infections:
- May require increased recovery time,
- Tend to incur increased medical expenses, and/or
- May die from the infection.

Physicians have to recommend second- or third-choice drugs for treatment when the bacteria that cause infections are resistant to the drug of choice. Unfortunately, the alternative drugs might be less effective, more toxic, and more expensive. Preserving the effectiveness of antibiotics is vital to protecting our health.
The use of antibiotics is the single most important factor leading to antibiotic resistance around the world. Simply using antibiotics creates resistance. These drugs should only be used to treat or prevent bacterial infections. Therefore, the single most important action needed to slow down the development and spread of antibiotic-resistant infections is to change the way antibiotics are used.

**Antimicrobial Stewardship**

This commitment to always use antibiotics appropriately and safely—only when they are needed to treat disease, and to choose the right antibiotics and to administer them in the right way in every case—is known as antibiotic stewardship.

Antimicrobial Stewardship is a program to coordinate interventions designed to improve and measure the appropriate use of antibiotics by promoting the selection of the optimal antibiotic drug regimen including:

- Prescribing antibiotics only when it is likely to benefit the patient
- Prescribing antibiotics that target the bacteria most likely causing the illness and using the lowest-risk / most active antibiotic possible
- Prescribing for the shortest duration possible to treat the infections to minimize antibiotic exposure
- Ensuring the dose, route, and timing of administration are optimized

Antimicrobial stewardship is practiced at every Care New England facility. We believe that improving antibiotic use is a vital medication safety and patient safety issue.

**ANTIMICROBIAL STEWARDSHIP** - right antibiotic, at the right dose, at the right time, and for the right duration
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)
  o Safety Management
  o Hazardous Materials and Waste Management
  o Security Management
  o Fire Safety
  o Medical Equipment Management
  o Utilities Management

Life Safety
Emergency Management

Environment of Care

3. A.
Safety Management

Safety Process
  o Board
  o Quality/Administration
  o Safety/Environment of Care Committee
  o 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
  o Radioactive Materials and Waste (Hot Lab)

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

Trace Chemotherapy Waste
  o Yellow containers or bags
  o Trace Chemotherapy/Antineoplastic

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

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

**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.**

**R**escue anyone in danger

**A**lert others – Call aloud “**Code Red**”.

*Pull the nearest fire alarm.*

**C**lose all doors and windows.

**E**xtinguish

**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
  - Ordinary combustibles
    - Wood, paper, rubber

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

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

Class K fires
  - Cooking fires
    - Kitchen

Fire Extinguisher Locations
  - Near exits
  - 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
  - Code Red
  - 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.

ICS Response Sections

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

- **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

- “Workers”
- “Planners”
- “Getters”
- “Payers”

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. **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 and 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
- don’t slump in chairs
- 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.
Care New England Equal Opportunity/Non-Discrimination Policy:

It is the policy of Care New England 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. Make decisions and engage in hiring and employment practices in accordance with laws set forth by the Equal Employment Opportunity Commission (EEOC);
3. Ensure that all personnel actions and decisions regarding compensation, benefits, transfers, layoff, return from layoff, and any social or recreational programs will be administered in accordance with all policies of the Equal Employment Opportunity Commission (EEOC).
4. Care New England adheres to laws governed by the EEOC and offers reasonable accommodations to 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)
CNE Compliance Email CNECompliance@CareNE.org

Contacts
See Addendum A: Important Phone Numbers

CNE’s Expectations of You:
- C – Commitment to Follow Policies & Procedures
- O – Opportunity to be Heard
- M – Make a Positive Difference
- P – Promote Patient Privacy
- L – Lead by Example
- I – If in Doubt, Check it Out
- A – Ask Questions
- N – Notify Management of Your Concerns
- C – Code of Conduct
- E – Everyone is Accountable for Compliance

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-groomed 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 Compliance Line 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 a 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).
I. Purpose. The purpose of this policy is to protect Care New England’s (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.

II. Scope
This Policy applies to Care New England (“CNE”) and all Care New England hospitals, Care New England health care entities, and each other Care New England entities that are a direct or indirect subsidiary of Care New England (each a “CNE Affiliate” and collectively, “CNE Affiliates”).

III. Policy
This policy outlines the acceptable use of information resources of 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 in the performance of official work.
   b. Respect all pertinent licenses, copyrights, contracts, and other restricted and proprietary resources
   c. To accommodate employees CNE understands employees will periodically access the Internet for personal use. 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. CNE maintains that all access to public internet sites are under constant monitoring when accessed via CNE computer systems.
   d. Scan all e-mail attachments for possible viruses before opening them
   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 does provide a framework for activities that are strictly prohibited without exception:
   □ Providing protected customer or vendor information to any unauthorized person
Providing information about CNE’s employees to parties outside the organization without proper authorization

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.

Unauthorized distribution or storage of CNE data to personal devices, personal email, or ancillary storage accounts (i.e. dropbox, etc...)

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

3. 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. Employees should be aware that all communications across the CNE network is subject to monitoring.
4. Responsibility:

**Information Users** will exercise prudent judgment while using CNE information resources and CNE resources must be used in accordance with information security policies, standards and guidelines. Additionally, user due diligence warrants any inappropriate use of information resources must be reported to the appropriate manager, the Compliance Officer or the Chief 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 in implementing measures to protect their resources against inappropriate use. **Information Security** will maintain the information security program and monitor compliance with the CNE’s Information Security Policies, Standards and Guidelines.

5. 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. 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 the appropriate disciplinary action will be taken.

IV. Definitions:

**CNE Data:** All data including but not limited to PHI, PII or other proprietary data that exists on CNE’s network.
Section 5
Personal

5. A.
Communications & Community Awareness

Communications Supports Quality and Service

Ways we communicate: Critical Information
- Letters to your home
- Through your department director
- Through staff meetings
- Intranet and e-mail

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

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

Marketing and Public Relations Programs
- Advertising/Promotion
- Publicity
- Media Relations Policy
- Special events

5. B.
Payroll

- Pay periods are 14 days beginning on Sunday
- Paychecks available every other Thursday or Friday depending on the Operating Unit
Kronos Time and Attendance:

- Use web-based application (non-exempt employees only through Kronos’ Timestamp feature; automatically recorded for exempt employees)
- Need your username and password
- It is the employee’s responsibility to use the Kronos Timestamp feature for clocking “in” and “out” when arriving or leaving work if non-exempt

5. C.

iCare Benefit Information

Log onto CAREnet
Click on Human Resources
Click on your Operating Unit
I Care Benefit
CNE FLEX Benefit
Can view Benefit information

Log into iCare Employee Self-Service
With iCare you can......
- Change your mailing address
- View/print your paystubs
- Use the paycheck calculator
- Update your emergency contacts
- View your salary history
- And So Much more!!!!!!
- Look for the above symbol on CAREnet to log in!

How to Log in:
- Select your Operating Unit from the Customer ID Drop-Down Menu.
- Use your Network ID and password here for Login ID and Password.
- Click “Login”
On iCare you can opt out of receiving paper direct deposit. Go to: Direct Deposit Print
preference click CNE, No and submit
You will no longer receive a pay voucher

5. D.

Employee Assistance Program: Coastline EAP
To help with any work or personal problems
Assessment and referral service free/paid by CNE
Self-referral for self or any family member
For mental health, substance abuse, financial, legal or other problems
1-800-445-1195, www.coastlineeap.com
## 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>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>
</tbody>
</table>

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

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

### 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>
</tr>
<tr>
<td>Kent Emergencies</td>
<td>x31123</td>
</tr>
<tr>
<td>Kent Security</td>
<td>x31360</td>
</tr>
<tr>
<td>CNEMG (Pawtucket)</td>
<td>729-3182 (or 0, or x2222)</td>
</tr>
<tr>
<td>VNA</td>
<td>x57624</td>
</tr>
<tr>
<td>Women &amp; Infants</td>
<td>274-1122 (x41635)</td>
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</tbody>
</table>

### Service / Maintenance Requests
<table>
<thead>
<tr>
<th>Butler</th>
<th>455-6284 (x26284)</th>
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</thead>
<tbody>
<tr>
<td>Kent Service Response Center</td>
<td>737-4000 (x34000)</td>
</tr>
<tr>
<td>CNEMG (Pawtucket)</td>
<td>729-2474</td>
</tr>
<tr>
<td>VNA</td>
<td>x57624</td>
</tr>
<tr>
<td>Women &amp; Infants</td>
<td>274-1122 (x43023)</td>
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</table>

### Human Resources
<table>
<thead>
<tr>
<th>CNE iCare Benefits</th>
<th>680-4400 #2 (x12273)</th>
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<tbody>
<tr>
<td>Butler</td>
<td>455-6245 #1 (x21479)</td>
</tr>
<tr>
<td>Kent</td>
<td>737-7010 (x35447)</td>
</tr>
<tr>
<td>TPC</td>
<td>415-8842</td>
</tr>
<tr>
<td>VNA</td>
<td>921-7633 (x57633)</td>
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<tr>
<td>Women &amp; Infants</td>
<td>274-1122 (x42201)</td>
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</tr>
<tr>
<td><strong>Infection Prevention</strong></td>
<td></td>
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<tr>
<td>Butler</td>
<td>455-6576 (x26576)</td>
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<td>Kent</td>
<td>737-7010 (x31323)</td>
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<td>VNA</td>
<td>x57624</td>
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<tr>
<td>Women &amp; Infants</td>
<td>459-0143</td>
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<td></td>
<td></td>
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<tr>
<td><strong>Occupational Health and Workers Comp</strong></td>
<td></td>
</tr>
<tr>
<td>Butler</td>
<td>455-6306 (x26306)</td>
</tr>
<tr>
<td>Kent</td>
<td>737-7010 (x31314)</td>
</tr>
<tr>
<td>VNA</td>
<td>x57624</td>
</tr>
<tr>
<td>Women &amp; Infants</td>
<td>274-1122 (x42992)</td>
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</table>
New Employee Orientation Post-Test

Please Print, Complete, Sign and Return to HUMAN RESOURCES

I acknowledge that I am responsible for understanding the contents of the “First Look” Orientation program and will adhere to the expectations identified within.

<table>
<thead>
<tr>
<th>Print Name</th>
<th>Signature</th>
<th>Date</th>
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<tbody>
<tr>
<td>Position</td>
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</table>

Operating Unit (Hospital)

**Every Person, Every Time**

1) Every Person, Every Time includes which components:
   a. CLAS, Code of Conduct, Standard Precautions
   b. AIDET, Teach-Back, A+ Service Recovery
   c. Patient Complaints, Patient Grievances, Patient Belongings
   d. Hand Hygiene, Standard Precautions, Occupational Health

2) What does "AIDET" stand for?
   a. Acknowledge, Introduce, Duration, Explain, and Thanks
   b. Assess, Introduce, Describe, Explain, and Thanks
   c. Acknowledge, Interview, Duration, Explain, and Thanks

3) Smiling, making eye contact, greeting the patient by name and asking about other people who are with the patient is an example of what?
   a. AIDET
   b. Teach-Back
   c. A+ Service Recovery
   d. Complaint Process for Patients

4) What do the letters of the A+ Service Recovery acronym stand for?
   a. Always Answer Angry Adults Angrily
   b. Acknowledge, Apologize, Act, Appreciate
   c. Always Avoid Angry Adults
   d. A form of teach-back
5) Please select an example of an effective apology:
   a. I am sorry but we are working short-staffed today.
   b. I am sorry but it is not part of my job.
   c. I am sorry but I am busy and can't help you.
   d. I am sorry you are upset, let’s see what we can do.

6) Which of the following is a good example of an effective teach-back question?
   a. "I want to be sure I explained everything clearly. Can you please explain it back to me so I can be sure?"
   b. "Can you tell me in your own words how often and when you need to use your asthma puffer?"
   c. "Can you show me how you would use your walker when rising from a chair?"
   d. All of the above

7) 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.
   d. All of the above

8) Any concern, related to patient service or care, which is made to the operating unit by any patient, family or visitor is known as a:
   a. Patient Complaint
   b. AIDET
   c. A+ Service recovery
   d. None of the above

Abuse and Neglect

9) At CNE, any allegations of patient abuse must be documented in the Event Reporting System and reported immediately to:
   a. The President of the Hospital (OU)
   b. The Chief Nursing Officer (CNO)
   c. The Risk Manager
   d. The police

Corporate Compliance (CNE)

10) What is a goal of Care New England’s Compliance program?
    a. To educate, communicate, and monitor compliance issues
    b. To improve quality of care and reduce waste
    c. To foster a culture of compliance
    d. To demonstrate CNE’s commitment to ethical conduct
    e. All of the above

11) What is your role regarding Compliance?
    a. Ask questions.
    b. Report wrongdoing.
    c. Communicate concerns.
    d. Complete your duties efficiently and accurately.
    e. All of the above
**CNE HIPAA HITECH**

12) 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 is known as:
   a. Protected Health Information (PHI)
   b. Code of Conduct
   c. Medicare
   d. Occupational Health

13) Unique Identifiers, which is Health Information that can be used to identify a specific individual includes which of the following:
   a. Name, address and phone number
   b. Social Security Number
   c. Medical record/account number
   d. All of the above

14) 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”).
   a. True  
   b. False

15) Notify the Privacy Officer at your Operating Unit of which of the following:
   a. A patient complaint that her PHI has been compromised
   b. A fax sent to the wrong fax number
   c. If discharge instructions are provided to the wrong patient
   d. All of the above

16) Emails that leave our network, that contain PHI or confidential information must be encrypted by placing “Encrypt” or “PHI in the subject line.
   a. True  
   b. False

**Values**

17) Which of the following are the abbreviations used for Care New England’s core values?
   a. HELP
   b. NICE
   c. SMILE
   d. ACT

**Physical Environment**

18) Using RACE, list the steps you should take in the event of a fire.

<table>
<thead>
<tr>
<th>R</th>
<th>A</th>
<th>C</th>
<th>E</th>
</tr>
</thead>
</table>
19) It is ok to put routine trash (i.e. coffee cups, pizza boxes, paper) in a **red** bag?
   a. True
   b. False

**Infection Prevention and Control**

20) The most important thing you can do to prevent the spread of infections in hospitals is:
   a. Clean your hands
   b. Use a tissue
   c. Wear a mask
   d. Wear gloves

21) Hands must be cleaned
   a. Before patient contact
   b. After patient contact
   c. After going to the restroom
   d. All of the above

22) If you have a needlestick or splash to the eyes, you should:
   a. Wash the area with water and then notify Occupational Health
   b. Use a band aid
   c. Continue to work and figure it out later
   d. Tell a friend

23) Occupational Health Services include:
   a. Annual PPD testing
   b. Reporting exposures immediately
   c. Obtaining immunizations for infectious diseases
   d. All of the above

**Performance Improvement**

24) Which one of the following methods is used at Care New England to make an improvement?
   a. Plan-Do-Study-Act (PDSA)
   b. Focus-Analyze-Deploy-Evaluate (FADE)
   c. Quality Assurance (QA)
   d. 10-Step Model

25) Which of the following is part of your role in improving quality and safety?
   a. Participate in multidisciplinary improvement teams.
   b. Report adverse events and medical errors using the electronic reporting system.
   c. Support my department’s efforts to improve what we do and how we do it.
   d. Participate in the root cause analysis of a sentinel event.
   e. All of the above