

Dear prospective EMT-Basic student:

This letter is an agreement between yourself and the EMS department at Dona Ana Community College concerning course requirements. In order for you to complete your class you will need to do ride along/hospital rotations. Note: these requirements are current as of October 2022, but additional requirements may be enacted by hospitals or field services in response to COVID 19. You must be 18 years or older to participate in this program. In order for you to be able to register for the classes required to obtain your EMT certificate, the following highlighted items must be uploaded to Castle Branch:

- TB Screening within the last 12 months, positive reactors are to have signed a symptom checklist within the last 12 months
- 2 MMR vaccines both since 1980 or Rubella and Rubeola titers
- Tetanus vaccine within the last 10 years (TDAP)
- Hepatitis B series (3 shots) or declination waiver
- Proof of Varicella immunity- titer or proof of 2 vaccines accepted
- Flu Shot required if in season (October through March)
- COVID-19 vaccines + booster (if not vaccinated you may be required to sign a waiver or do weekly testing. School requires upload to MedProctor website)
- Drug screen within the last year - American Data Bank (Cost Approx \$30)
- Background check within the last year - Cogent - See application - (Cost Approx \$88 - You will need to meet with the EMS Advisor to complete this component)
- Complete and sign Gerald Champion student packet
- Upload all records to Castle Branch/CB Bridges
- Should either your background check or drug screen come back positive (including for marijuana), you may not be allowed in the class and may not be allowed to return to the program in the future.

#### Classroom/Lab/Field/Clinical Dress Code

- EMT-Basic/EMT-Intermediate students: Maroon Polo shirt with DACC Logo which can be purchased at Sports Accessories 250 North Solano Drive Las Cruces, NM 88001-2929 (575) 526-2417 or online at <https://www.boosterclubsales.com/collections/dacc-ems-paramedic>
- Plain white undershirt
- Black or Navy EMS pants
- Black belt
- Black boots
- Socks
- Uniforms will be cleaned and pressed and the uniform shirt will be worn tucked in
- Tattoos will be covered at all times when in the field/clinical/setting
- One set of earrings (small)-no hoops, gauged earrings or other visible piercings are allowed when in the field/clinical setting
- Good hygiene-no cologne or perfume in the field/clinical setting
- EMS Student Badge will be worn during field/clinical rotations
- Facility ID will be worn at designated clinical sites.
- CPR card on your person while in Field/Clinical sites
- Personal Protection Equipment as required by the organization - this will be provided by DACC or the facility

Required Supplies:

- Good Quality Stethoscope
- Trauma Shears
- One or two Blue/Black ink ball point pens with non-erasable ink
- Small notebook or scratch pad
- Pen light (non-halogen bulb)
- Watch with second indicator
- Field/clinical notebook (available in Canvas)
- Driver's License (Or some type of legal U.S. Department of Health accepted identification)
- Purchase access to Platinum EMS Testing (EMT - \$49 of April 2020)

All records will be required PRIOR TO registration for this class and turned into your advisor or clinical instructor. If you fail to turn them in you will not be registered for the course. You are required to be in full uniform on the first day of class.

You will need to read the first three chapters of your book before the first day of class.

The following must be successfully completed with a C or better or the classes must be taken as co-requisites to the EMT-Basic Program:

CPR - Current American Heart Association BLS card on file with EMS Department and must be current through the end of the semester you are doing clinicals.  Yes  No

-OR-

Enrolled in American Heart Association BLS Course OEEM 101.  Yes  N/A

-AND-

Successful completion of an Anatomy and Physiology Course with a C or better (3 credits or more)  Yes  No

-OR-

Enrolled in an Introduction to Anatomy and Physiology for EMS Providers OEEM 153 or an equivalent class of 3 credits or more.  Yes  N/A

# Information for Students Living In or Around Alamogordo

For Background Checks: You will meet with Nicole to complete the first part of the background check. This appointment can be completed through zoom. The cost is \$88.30. Please have your drivers license ready for the appointment. You will schedule your finger prints at Print Plus on Texas Ave. or the closest available site to you.

Nicole can be reached at [nmarcak@dacc.nmsu.edu](mailto:nmarcak@dacc.nmsu.edu)

For Drug Screenings: You can choose to use the complio website from the Las Cruces packet, where you will pay \$29 and have to complete your 10-panel drug screen at an approved facility in Las Cruces. Drug screen results will be sent to Nicole upon completion.

-OR-

You can go to White Sands Drug and Alcohol Compliance in Alamogordo to complete your drug screen. You need at least a 10 panel drug screen.

## **White Sands Drug & Alcohol Compliance**

1110 Washington Ave. Alamogordo, NM 88310

**(575) 434-8734**

# Welcome to Bridges™

## Dona Ana Community College - EMT

To set up an account and place an order, go to [mycb.castlebranch.com](https://mycb.castlebranch.com)  
In the "Place Order" field, enter the following package code specific to your organization.

**DT64pat**

To get started, please log into your myCB account. Your school administrator should have given you a CB Bridges Package code to enter.

Once you have placed your new CB Bridges order in myCB, an item will appear in your To Do List that includes a link to the log in page for CB Bridges. **CB Bridges will use the same username and password as your myCB account.** Once you have logged in successfully, you will see two pop-up windows asking for your consent and signature before moving forward. One will be the "E-Signature and Transactions Consent" and the other will be "The Terms of Use and Conditions Consent." **You must email your advisor to be added to your course.**

CB Bridges is a platform designed to help schools, facilities, and most importantly, you manage your clinical education experience.

Your first interaction with CB Bridges will likely be to complete the orientation documents that are required by a medical facility prior to starting your clinical rotations. You will be able to read and review all documents provided by the facility, as well as download, fill out, sign, and upload documents back into the system as needed.



### View User FAQ's

Click the link above or visit the student FAQ section of the CB Bridges website.

As soon as your clinical coordinator has placed you into your Clinical group for the semester within CB Bridges, you will receive a notification from CB Bridges alerting you that you have checklist items to complete. (Note: CB Bridges will send notifications to the primary email address on file).

Your first few checklist items are generated by CastleBranch. You will need to complete the Clinical Group Membership Checklist Items:

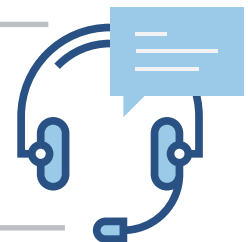
- FCRA Consent
- FERPA Consent
- Bridges Subscription – If you have already paid for CB Bridges, this item will be marked as COMPLETE

Once you have completed all of the items above, you will receive another CB Bridges notification alerting you when your facility-specific Orientation items have been added to your Checklist (this may not happen immediately because your clinical coordinator will need to trigger the items to be added).

Your clinical coordinator will be able to see your progress as you work through your Checklist. Some items may require review before they are considered complete. Items that are waiting to be reviewed will have a status of Pending.

### Do you have questions? We have answers.

The Service Desk is available to assist you via phone, chat and email.  
Mon-Thurs: 8 am - 8 pm, Fri: 8 am - 6:30 pm & Sun: 10 am - 6:30 pm EST  
888.723.4263 | [servicedesk.cu@castlebranch.com](mailto:servicedesk.cu@castlebranch.com)



**NOTE:** If you are already obtaining your pre-clinical requirements through CastleBranch, you will continue to use myCB to complete background checks, immunization records, and/or drug testing requirements. CB Bridges is the place you will go to complete all other orientation requirements specific to a facility.

For background checks you will need to make an appointment with Nicole Marcak to submit your online registration and pay the \$88.30. To make an appointment email nmarcak@dacc.nmsu.edu.

Student information required for Caregiver Criminal History Screening. Please Print Clearly:					
Last Name	Maiden	First Name	Middle Name	Alias/Other Names you have gone by:	
Physical Address		City	State	Zip	County
Mailing Address		City	State	Zip	County
Date of Birth			Banner #		
Primary Phone #:			NMSU E-mail		
Secondary Phone #:			Other E-mail		

Person To Notify In Case Of Emergency:			
Full Name		Relationship	
Address- Number & Street			
City		State	Zip
Primary Phone		Secondary Phone	

Information for Caregiver Criminal History Screening & Electronic Fingerprint Request		
Social Security #	Date of Birth	Heritage (circle one) Asian    Black    American Indian    Caucasian    Other:
Gender: Male Female	Natural Eye Color (circle one) Black Blue Brown    Gray Green    Hazel Other:	Natural Hair Color (circle one) Bald    Black    Blonde    Brown    Gray    Red    Sandy    White Other: _____
Height:	Weight (lbs):	US Citizen (circle one): Yes                  No
Place of Birth (City, State, Country)		

List the states that you have lived in the last 7 years include the dates resided. If you need more room please use back of form.								
City/State	Dates From	Dates To	City/State	Dates From	Dates To	City/State	Dates From	Dates To

Driver's License Information		
State Issued In:	License Number:	Expiration Date:

**Confidentiality & Permission Statement**

All information provided will be kept confidential and is intended solely to ensure that the student can participate in all required activities of the Patient Care Technician Program (PCT). I give my permission for HCA Faculty, Health Agencies, and the Department of Health Improvement Caregiver Criminal History Program as needed for clearance to attend clinical or internships for the HCA courses. The Patient Care Technician Program reserves the right to request additional information if deemed necessary.

Student Name (Print) \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



### Hepatitis B Assumption of Risk Statement

I understand that due to my occupational/educational exposure to blood or other potentially infectious materials, I may be at risk of acquiring the hepatitis B virus (HBV) infection.

I acknowledge that NMSU and DACC recommend that I obtain the hepatitis B vaccination series, at my own expense, and through my personal health care provider.

I have chosen to decline the hepatitis B vaccination at this time. I understand that by declining this vaccine I continue to be at risk of acquiring hepatitis B, a serious disease.

I understand that if, at any point in the future, I decide that I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series and should consult my personal health care provider.

By signing this waiver, I agree not to hold the Dona Ana Community College, its staff or employees, or any agency or entity with which I engage in clinical activities, responsible for any contamination that may occur, or any subsequent consequence of that contamination.

Student's Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Banner ID No.: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# Gerald Champion Regional Medical Center

*Our Family Caring For Yours*

2669 Scenic Drive  
Alamogordo, NM 88310  
(575) 439-6100

## Organizational Standards of Behavior

I, \_\_\_\_\_, acknowledge that I have received, read and understand the Organizational Standards of Behavior booklet. I understand that these standards establish specific behaviors that employees, representatives and healthcare providers of Gerald Champion Regional Medical Center are required to practice while on duty. I understand that these behaviors are expected of everyone as they interact with patients, families, visitors and co-workers. I will commit to uphold these standards in my job.

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Department

\_\_\_\_\_  
Signature

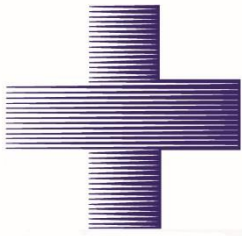
\_\_\_\_\_  
Date

**Mission Statement:**

*To be the organization where patients choose to come, physicians want to practice, and people want to work.*

**Vision Statement:**

*To be South Central New Mexico's leading provider of affordable, high quality health care.*



**Gerald Champion  
Regional Medical Center**  
*Our Family Caring For Yours*

**CONFIDENTIALITY STATEMENT**

I \_\_\_\_\_ understand that in the performance of my duties as an employee/affiliate  
(print first and last name)

of Gerald Champion Regional Medical Center, I am required to have access to and am involved in the processing of business, employee and/or patient care data. I understand that I am obligated to maintain the confidentiality of this information both on and off duty.

\_\_\_\_ I understand that the information accessed through all Gerald Champion Regional Medical Center's  
(Initial) information systems contains sensitive and confidential patient care, business, and financial information which should only be disclosed to those authorized to receive it.

\_\_\_\_ I understand that my obligations under this agreement continue after termination of my  
(Initial) employment.

\_\_\_\_ It is further my understanding that a breach of this obligation may result in disciplinary action, up  
(Initial) to and including termination as well as civil and criminal legal action.

My signature on this form indicates my understanding of my obligations to maintain and safeguard patient and organizational information to the best of my ability.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date





# Gerald Champion Regional Medical Center

# Code of Conduct

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### Our Mission Statement:

*To be the organization where patients choose to come, physicians want to practice, and people want to work.*

### Our Vision Statement:

*To be South Central New Mexico's leading provider of affordable, high quality healthcare.*

### Our Values Statement - PRIDE:



*The staff of GCRMC will:*

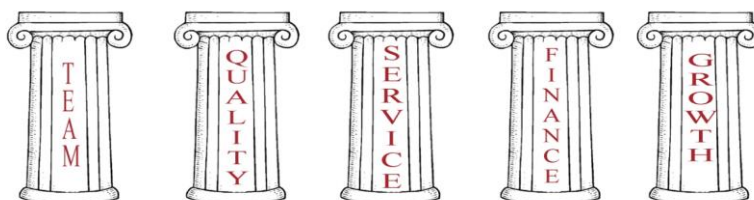
**PROFESSIONAL** - Exemplify competence, integrity and respect when caring for patients and interacting with each other. We will govern our behavior to standards approved by this organization.

**RESPECTFUL** - Be responsible for their attitude, their behavior and their choices. We hold ourselves and each other accountable to the Mission, Vision and Values and Goals of the organization.

**INNOVATIVE** - Actively support process improvement by embracing change, creatively approaching challenges and opportunities to improve quality, service, and reduce costs throughout our organization.

**DEDICATED** - Provide an environment of selfless service that welcomes patient involvement.

**ENGAGED** - Participate in initiatives and activities that promote a positive image of the organization and high quality at a low cost of care, and support our community.



## INTRODUCTION

Gerald Champion Regional Medical Center (“GCRMC”) is committed to providing quality health care services in a lawful and ethical manner. This fundamental commitment finds expression in our Foundations of Excellence presented above. GCRMC’s commitment helps maintain the trust and respect of patients and the communities we serve. To reinforce and strengthen this commitment, GCRMC has developed a Compliance Program to help ensure that all activities of GCRMC, its businesses, and any majority-owned entity are conducted in full compliance with all applicable laws and regulations.

Our Code of Conduct (“Code”), adopted by our Board of Directors (“Board”), is the cornerstone of GCRMC’s Compliance Program and guides us ethically and legally in performing our daily activities.

As used in this Code, the term “Employee” shall include employees of GCRMC and its affiliates, employed physicians and allied health professionals, students, volunteers, subcontractors, independent contractors, vendors, consultants and board members.

Set forth in this document is the obligation of employees to avoid conflicts of interest and to comply with all laws and regulations applicable to GCRMC and its businesses. These statements are reminders of each employee’s obligations and are neither exclusive nor exhaustive. Inevitably situations will arise to which no reference is made in this Code. It is expected that each employee will have the sensitivity to recognize when he or she is in a situation that raises ethical or legal questions and to seek advice through a chain of command. Here, clear reporting relationships exist between employees and managers and responsibility and accountability are specifically assigned.

Any employee violating any provision of this Code will be subject to disciplinary action up to and including discharge from employment. In addition, the promotion of and adherence to this Code and the Compliance Program will be considered in annual performance evaluations.

The general compliance standards of conduct described herein are intended to be supplemented by GCRMC’s **Standards of Behavior** as well as more detailed policies and procedures, and it is expected that the standards of conduct and the supplementary policies and procedures will from time to time be modified to reflect changing concerns.

**GCRMC Toll Free Compliance Hotline 1-866-866-“FILE” (3453)**

## Compliance with Laws and Regulations...

GCRMC's policy is to operate its businesses in strict compliance with all laws and regulatory requirements. Under no circumstances should an employee take any action on behalf of GCRMC that he or she knows or reasonably should know violates any applicable law or regulation. Every employee is expected to be familiar with the basic legal and regulatory requirements that apply to his or her duties on the job. Employees who need help to understand his or her legal obligations are expected to ask a manager or the Compliance Officer for instruction or advice.

## Quality of Care...

### PATIENT CARE

GCRMC is committed to providing safe, high quality patient care services in a caring environment where patient's rights are respected. The Comprehensive Quality Committee strives to assure that the services provided at GCRMC meet or exceed acceptable standards of both quality and patient safety and are available to those who need them within the limits of GCRMC's resources.

We treat our patients with respect and dignity and provide care that is both necessary and appropriate. Clinical care is based on identified patient healthcare needs, not on patient or organization economics.

Patient Rights and Responsibilities guide our behavior toward patients and their families. Upon admission, each patient is provided with a written statement of these patient rights and a Notice of Privacy Practices ("Notice"). The statement includes the rights of the patients to make decisions regarding medical care and conforms to all applicable state and federal laws. The Notice provides information on how each patient's protected health information ("PHI") will be handled and their rights regarding their records.

### EMERGENCY TREATMENT

We follow the Emergency Medical Treatment and Active Labor Act ("EMTALA") in providing an emergency medical screening examination and necessary stabilization to all patients, regardless of ability to pay. We will not delay the medical screening and necessary stabilizing treatment in order to seek financial and demographic information. We do not admit, discharge or transfer patients with emergency medical conditions simply based on their ability or inability to pay or any other discriminatory factor.

## Confidentiality...

### PATIENT INFORMATION

We collect, generate and transmit PHI and other confidential information relating to the patient's medical condition, history, medication, and family illness in order to provide a continuum of quality care. We realize the sensitive nature of this information and are

committed to maintaining its confidentiality. Consistent with the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and its privacy regulations, we do not use, disclose or discuss patient-specific information with others unless it is necessary to serve the patient or required by law. If questions arise regarding an obligation to maintain the confidentiality of information or the appropriateness of releasing information, employees may seek guidance from department leadership or the Privacy Officer at [privacyofficer@gcrmc.org](mailto:privacyofficer@gcrmc.org).

GCRMC employees must never use or disclose PHI/confidential information that violates the privacy rights of patients. In accordance with our policies and procedures, which reflect HIPAA requirements, no GCRMC employee, credentialed physician or other healthcare partner has a right to view or access any patient information other than that which is necessary to perform his or her job.

### PROPRIETARY INFORMATION

Information about GCRMC’s strategies and operations are a valuable asset and must be protected from unauthorized access at all costs! This confidential information includes but is not limited to pricing and financial data, information pertaining to mergers and acquisitions, affiliations, research, strategic planning, marketing strategies, vendor, supplier and sub-contractor lists and any other data maintained by GCRMC’s proprietary information and computer software.

### INFORMATION SECURITY

Although GCRMC employees may use PHI/confidential information to perform their jobs, it must not be shared with others unless the individuals and/or entities have a legitimate need to know the information in order to perform their specific job duties or carry out a contractual business relationship. Because so much of our clinical and business information is generated and contained within our computer systems, it is essential that each GCRMC employee protect our computer systems and the information contained in them by not sharing passwords and by reviewing and adhering to our information security policies and procedures.

## Coding and Billing...

GCRMC has implemented policies, procedures and systems to facilitate accurate billing to government payors, commercial insurance and to patients. These policies, procedures and systems conform to applicable federal and state laws and regulations. All billing and coding activities are subject to review and audit by GCRMC’s Compliance Program.

In support of accurate billing, information contained within a patient’s medical record must reliably describe the services rendered. All individuals who contribute to a patient’s medical record must provide complete, accurate and timely information.

## CODING AND BILLING GUIDELINES

To ensure accurate coding, billing, and collection practices, GCRMC will:

- Use codes that accurately describe the services ordered by physicians and actually provided to patients;
- Submit claims for payment that are properly coded, documented, and billed in accordance with applicable laws and regulations, avoiding instances of duplicate billing for same service or to more than one primary payor;
- Maintain honest and accurate records of all services provided to patients;
- Not submit claims for payment or reimbursement of any kind that are fraudulent, abusive, inaccurate or medically unnecessary;
- Properly document all medical information in a patient record to support the medical necessity of the services provided;
- Avoid “Upcoding” - the practice of using a billing code that provides a higher payment rate than the billing code that actually reflects the service furnished to the patient; and Take immediate action to correct billing errors including notification to the payor with a prompt refund of any payments GCRMC is not entitled to.

GCRMC will make every attempt to present claims for payment or approval that are accurate and truthful. We have an obligation to investigate potential errors and, if possible, correct the error prior to the submission of that bill or claim. Any GCRMC employee with knowledge of such an error is obligated to report the matter, either to management or through the GCRMC Compliance Hotline.

## FEDERAL AND STATE FALSE CLAIMS ACTS

The False Claims Act (“FCA”) is a federal law, which protects U.S. government programs from fraud and abuse. Under the FCA, individuals or organizations that knowingly submit or cause to be submitted false claims to the federal government are liable for damages and additional civil penalties up to \$11,000 per false claim. In addition, a private individual, sometimes called a ‘whistleblower’ may bring a private lawsuit against violators of the FCA on behalf of the government. New Mexico Medicaid Fraud Act also provides for civil and criminal penalties for the filing of fraudulent or false claims under the Medicaid program. In response to the Federal Deficit Reduction Act of 2005, the New Mexico Legislature passed the Fraud Against Taxpayers Act (“FATA”), which covers all state governmental organizations (not just Medicaid) and provides civil penalties for any person who knowingly submits false or fraudulent claims to the state. These Acts include provisions to protect those employees who initiate lawful actions from retaliation and has whistleblower provisions similar to the FCA. Retaliation, discrimination or harassment against individuals who report FCA concerns is unlawful and will not be tolerated.

## COLLECTION OF DEDUCTIBLE AND COINSURANCE AMOUNTS

GCRMC’s policy is to bill patients and customers promptly for the products and services provided by GCRMC and to take all necessary and appropriate action to collect its patient accounts. GCRMC shall not routinely waive collection of deductible and coinsurance amounts.

## REFUNDS OF CREDIT BALANCES AND OVERPAYMENTS FROM GOVERNMENT PROGRAMS

In the case of confirmed overpayments from federal and state healthcare programs, refunds or adjusted claims shall be processed promptly.

## LICENSES AND CERTIFICATIONS

Where specific licenses or certifications or supplier numbers are required in order to bill for a particular product or service, it is GCRMC's policy not to bill for any such product or service without first obtaining the necessary license, certification or supplier number.

## ASSIGNMENT OF BENEFITS

When GCRMC accepts assignment of benefits for a federal or state healthcare plan, it will not charge beneficiaries more than the amounts allowed under the applicable fee schedule, including co-insurance and deductibles. When the beneficiary pays GCRMC prior to the submission of a claim, GCRMC shall not charge the beneficiary more than the co-insurance or deductible on the allowed amount under the fee schedule.

## Record Keeping...

Record keeping should honestly and accurately reflect our actions. Each GCRMC employee is responsible for the integrity and accuracy of documents and records, not only to comply with regulatory and legal requirements but also to ensure records are available to support our business practices and actions. No one may alter or falsify information on any record or document.

Medical and business documents include paper documents such as letters and memos, computer-based information such as e-mail or computer files on disk or tape, radiology films and any other medium that contains information about patient care, GCRMC or our business activities. GCRMC employees must not tamper with records. Additionally, no one may remove or destroy records prior to the specified date without first obtaining permission as outlined in the GCRMC record retention policy.

## Financial Reporting...

GCRMC has established and maintained a high level of accuracy and completeness in the documentation and reporting of its financial records. These records serve as a basis for managing business and are important in meeting our obligations to patients, employees, suppliers and others. They are also necessary for compliance with tax and financial reporting requirements.

GCRMC maintains a system of internal controls to provide reasonable assurances that all transactions are executed in accordance with management's authorization and are recorded in a proper manner so as to maintain accountability of GCRMC's assets.



## Relationships...

It is GCRMC's policy that all contacts with patients, physicians, suppliers, customers and other referral sources must be maintained as arm's length business relationships and should avoid even the appearance of impropriety.

GCRMC will not provide to patients or referral sources any goods, services, or other items of value free of charge or at a price below cost in order to influence the flow of business to GCRMC.

### PHYSICIAN RELATIONSHIPS

GCRMC has established policies regarding financial relationships including ownership and compensation arrangements between GCRMC affiliates and physicians and any other referral sources. All agreements for the payment or receipt of money, goods, services or anything of value with physicians must be in writing and comply with the federal regulations known as the Stark Law. Such financial relationships must also be reviewed to ensure compliance with the federal Anti-Kickback Statute.

Any business arrangement with a physician must be structured to ensure compliance with legal requirements, in writing and approved by the CEO.

We do not pay for referrals. We accept patient referrals and admissions based solely on the patient's medical needs and our ability to render the needed services. We do not pay or offer to pay anyone, employees, physicians, or other persons or entities – for referral of patients.

### SUBCONTRACTORS AND SUPPLIERS

We must manage our subcontractor and supplier relationships in a fair and reasonable manner, free from conflicts of interest and consistent with all applicable laws and good business practices. Our selection of subcontractors, suppliers, and vendors will be made on the basis of objective criteria including quality, technical excellence, price, delivery, and adherence to schedules, service, and maintenance of adequate sources of supply. Our purchasing decisions will be made on the supplier's ability to meet our needs, and not on personal relationships and friendships.

### BRIBES AND IMPROPER PAYMENTS

No GCRMC employee may enter into any agreement or arrangement that calls for a commission, rebate, bribe, or kickback when the employee knows or should suspect that the intent or probable result is to benefit the following individuals, either directly or indirectly:

- Any physician, healthcare provider, or any other person or entity that is in a position to refer or induce the referral of participants or customers to GCRMC for the delivery of healthcare products or services by GCRMC;

- Any officer, director, employee, or other representative of a customer, supplier, or other institution with which GCRMC has existing or prospective business relations; or,
- Any employee or official or other representative of the Government of the United States or any state or any fiscal intermediary under contract with the Government of the United States or any state for administration of any healthcare insurance program in which GCRMC participates.

Employees are prohibited from providing inducements to such individuals to make decisions or take action favorable to or make referrals to GCRMC, whether relating to obtaining or retaining business or otherwise. The concept of an improper reward includes the giving of anything of value, not just money. No action that would otherwise be suspect is permissible merely because it appears to be customary in a particular location or a particular area of business activity.

### GIFTS AND GRATUITIES TO EMPLOYEES

GCRMC employees should not offer or accept kickbacks, rebates, or anything of value to or from any representative of a vendor, supplier, customer, potential customer, patient, physician, financial institution or similar. Such practices are unethical, and in many cases illegal.

Patients may wish to demonstrate appreciation to GCRMC employees by offering food, flowers or a contribution to a non-profit entity affiliated with GCRMC such as the Gerald Champion Memorial Hospital Foundation. Any gifts of food should be shared with the employees' co-workers.

### GOVERNMENT PERSONNEL

Employees of federal, state and local government departments and agencies are prohibited from accepting any entertainment, meals, gifts, gratuities, and other things of value from firms and persons with whom those departments and agencies do business or over whom they have regulatory authority. Therefore employees will not offer any government employee, union official, or their representatives any meals, entertainment, or gifts that would cause the recipient to be in violation of applicable law, regulation or policy.

### Conflicts of Interest...

GCRMC employees are expected to act with integrity, honesty, and fairness and to avoid any conflict of interest, or appearance of conflict, between personal interests and the interests of GCRMC.

A conflict of interest may occur if outside activities or personal interests, including financial interests and investments, influence or appear to influence the ability to make objective decisions in the course of job responsibilities. It is important to know that appearances are also important. When it comes to conflict of interest, it must be

remembered that our success depends on how we are perceived by others. A conflict of interest may also exist if the demands of any outside activities hinder or distract employees from the performance of their job or cause the use of GCRMC resources for other than for work-related purposes. Any questions about whether an outside activity might be a conflict of interest should be directed through your chain of command, or to the Compliance Officer.

For the purpose of this section, investment interest does not include investment in mutual funds or the stock of a publicly traded corporation.

The following situations are examples of conflicts of interest and **must be avoided**. In some circumstances, however, an exception may be approved by the Board and/or the Compliance Officer. In all cases, full disclosure must be made to the Board and/or the Compliance Officer and approval must be obtained prior to engaging in the activity.

- Accepting offers of money or gifts from patients or their families which are of significant value and not intended to benefit GCRMC;
- Providing, or appearing to provide, payment or other benefits for referral of patients;
- Any employee influencing the work, pay or promotion of his/her relative;
- Involvement with a business, which is a supplier to or contracted with GCRMC, which may result, or appear to result, in the personal gain of an agent of GCRMC;
- Employment or engagement as a contractor by a competitor or potential competitor, regardless of the nature of the employment, while employed by GCRMC;
- Placement of business with a company owned or controlled by an employee or his/her family or where the employee or family member has an investment interest in the company;
- Ownership of, or an investment interest in, a company that is a competitor or a supplier;
- Acting as a consultant to a GCRMC competitor, customer or supplier;
- Providing any gifts, in cash or kind to Medicare or Medicaid beneficiaries in excess of \$100 per year; or
- Using confidential or proprietary GCRMC information, trade secrets, knowledge or data for personal profit or advantage.

## Marketing Practices...

It is GCRMC's policy that all marketing of its products and services shall be honest, straightforward, fully informative and non-deceptive.

### ANTI-TRUST

Anti-Trust laws are designed to create a level playing field in the marketplace and to promote fair competition. These laws could be violated by discussing GCRMC business with a competitor, such as how prices are set, disclosing the terms of supplier relationships or agreeing with a competitor to refuse to deal with a supplier.

Marketing and advertising materials and activities to educate the public, provide information to the community, increase awareness of our services and recruit employees may be implemented following a review by GCRMC's CEO. Marketing materials and media announcements are to be presented in a truthful, fully informative, and non-deceptive manner.

## Political Activities and Contributions...

It is important to separate personal and GCRMC political activities in order to comply with appropriate rules and regulations regarding these activities. GCRMC employees may, of course, participate in the political process on their own time and at their own expense. While doing so, it is important **not** to give the impression that they are speaking on behalf of or representing GCRMC in these activities.

GCRMC expects each of its employees to refrain from engaging in activity that may jeopardize the tax-exempt status of the organization, including lobbying and political activities such as contributing or donating funds, products, services or other resources of GCRMC to any political party or candidate. Employees may not promote any party or candidate by wearing campaign clothing or buttons while at work.

## Community Service...

GCRMC encourages employees to participate in community service projects. The service project must not create a conflict of interest for GCRMC nor interfere with the employee's work performance.

## Conducting Research...

GCRMC complies with federal and state laws and regulations in any research, investigation and clinical trial conducted by our physicians and professional staff. Any human subject research conducted at GCRMC must be consistent with GCRMC policies. Any questions should be referred to GCRMC's Compliance Officer.

## Workplace Compliance...

### HOSTILE ENVIRONMENT

Every employee has the right to work in an environment free of harassment, derogatory comments and disruptive behavior, and GCRMC has a zero tolerance for any type of harassment. Degrading or humiliating jokes, slurs, intimidation or other harassing conduct is not permitted at GCRMC.

### SEXUAL HARASSMENT

Sexual harassment is prohibited. This prohibition includes unwelcome sexual advances or requests for sexual favors in conjunction with employment decisions. Moreover,

verbal or physical conduct of a sexual nature that interferes with an employee's work performance or creates an intimidating, hostile or offensive work environment has no place at GCRMC.

## DISCRIMINATION

Fair and equitable treatment of all employees, patients, and other persons is critical to fulfilling the mission and goals of GCRMC. Patients are to be treated without regard to race, color, religion, gender, ethnic origin, age, disability, payer source or any other classification prohibited by law.

GCRMC hires, recruits, trains, promotes, assigns, transfers, and terminates employees based on such factors as their own ability, achievement, experience, and conduct without regard to race, color, religion, sex, ethnic origin, age or disability or any other classification prohibited by law. GCRMC does not discriminate against any individual with a disability with respect to any offer or term or condition of employment. We will make reasonable accommodations to the known physical or mental limitations of otherwise qualified individuals with disabilities.

## DRUG-FREE WORKPLACE

At GCRMC we are committed to maintaining a drug-free workplace. Drugs that impair employee performance or the illegal use of drugs are strictly prohibited. It is the policy of GCRMC to subject those individuals which are suspected to be under the influence of illicit drugs to drug testing. Failure to comply is grounds for termination. For these reasons, employees may not have, distribute, sell, use or be under the influence of illicit drugs at work.

Consistent with our policy, GCRMC may periodically conduct a random drug screen of employees and will conduct a drug screen of select employees if there is reasonable cause to believe an employee is under the influence of alcohol or drugs, in the event of a workplace accident, or in the event of drug count discrepancies.

## INELIGIBLE PERSONS

It is the policy of GCRMC not to contract with, employ, or bill for services rendered by an individual or entity that is excluded or ineligible to participate in Federal healthcare programs; suspended or debarred from Federal government contracts; or has been convicted of a criminal offense related to the provision of healthcare items or services. In order to ensure safeguards, GCRMC performs General Service Administration ("GSA") checks and Office of Inspector General ("OIG") checks upon contracting or hiring and annually as per policy.

## Reporting Violations and Communicating Concerns...

### PERSONAL OBLIGATION

We are committed to ethical and legal conduct that is compliant with all relevant laws and regulations and to correcting wrongdoing wherever it may occur at GCRMC.

Each employee has an individual ethical responsibility for reporting any activity by any employee, physician, subcontractor or vendor that appears to violate applicable laws, rules, regulations, accreditation standards, Federal healthcare conditions of participation or this Code. If a matter that poses serious compliance risk to the organization or that involves a serious issue of medical necessity, clinical outcomes or patient safety is reported, and if the reporting individual doubts that the issue has been given sufficient or appropriate attention, the individual should report the matter to higher levels of management or the Compliance Hotline until s/he is satisfied that the full importance of the matter has been recognized and addressed.

### OPTIONS FOR REPORTING

To obtain guidance on a compliance issue or to report a concern, individuals may choose from several internal options. If any employee believes there may be a problem, they may wish to speak with department leadership, Human Resources, or GCRMC's Compliance Officer. Employees may also choose to remain anonymous and place a call to the **GCRMC Toll Free Compliance Hotline:**

**1-866-866-“FILE” (3453)**

This Hotline is completely confidential and is available 24 hours a day, 7 days a week. Consistent with our core values, there is a non-retaliation policy protecting anyone who reports a concern in good faith.

Additionally, employees have an option to report concerns to external accrediting and oversight agencies.

## Internal Investigations of Reported Violations...

GCRMC will investigate all reported concerns promptly and confidentially to the extent possible. The Compliance Officer will coordinate any findings from the investigations and recommend corrective action or changes that need to be made consistent with this Code, GCRMC policies and applicable laws and regulations. All violators of the Code will be subject to disciplinary action.

The precise discipline utilized will depend on the nature, severity and frequency of the violation and may result in any of the following disciplinary actions: verbal or written corrective action, suspension or termination.

## AUDITING AND MONITORING

GCRMC is committed to the aggressive monitoring of compliance with its policies. The Compliance Officer provides much of this monitoring effort along with Internal Audit. GCRMC also routinely seeks other means of ensuring and demonstrating compliance with laws, regulations, and GCRMC policy.

## GOVERNMENT INVESTIGATIONS

GCRMC complies with the law and cooperates with government investigations. It is imperative, however, that we protect the rights of GCRMC and its personnel during such an investigation. If any employee receives an inquiry, a subpoena or other legal document regarding GCRMC's business, he/she must immediately contact the Director of Quality or the Compliance Officer. The specific process by which GCRMC handles governmental investigations and searches is set forth in GCRMC's *Response to Government Investigations Policy*.

If employees have concerns about any governmental investigation, they may contact department leadership, Administration or GCRMC's Hospital Supervisor, via the hospital operator or the Compliance Officer directly.

## Enforcement...

GCRMC's Compliance Officer -- in coordination with senior management, and, where appropriate, the Board -- is responsible for overseeing the fair, prompt and consistent enforcement of this Code, including the investigation of possible violations and the undertaking of remedial actions.

# CODE OF CONDUCT COMPLIANCE AGREEMENT

I acknowledge and agree that I:

1. Have received and read Gerald Champion Regional Medical Center's ("GCRMC") Code of Conduct ("Code");
2. Will comply fully with the standards contained in the Code and any compliance policies and procedures applicable to my job responsibilities;
3. Will report any conduct that I believe to be illegal or that violates the Code or any compliance policies and procedures to my supervisor, the Chief Executive Officer, Human Resources, the Compliance Officer or to any Compliance Oversight Committee member. Potential violations of the Code can also be reported through the toll-free Compliance Hotline at 1-866-866-"FILE" (3453);
4. Will seek advice from my supervisor or the Compliance Officer regarding any actions required to comply with the Code or compliance policies and procedures;
5. Understand that strict compliance with the Code and any compliance policies and procedures applicable to my job responsibilities is a condition of my employment;
6. Understand that my failure or refusal to comply with the Code or compliance policies and procedures applicable to my job will result in disciplinary action up to and including termination of my employment; and
7. Understand that signing this agreement does not, in any way, constitute an employment contract or an assurance of continued employment.


GCRMC reserves the right to amend, modify or update the Code from time to time.

\_\_\_\_\_  
Signature of Employee

Name: \_\_\_\_\_  
[Please Print]

Date: \_\_\_\_\_



	<b>Policy Number:</b> HR.122	<b>Original Issue Date:</b> December 1990	<b>Last Review/Revision Date:</b> November 2018
<b><i>SUBSTANCE ABUSE POLICY</i></b>		<b>BOD Approval Date:</b> December 18, 2018	
Accrediting/CMS References:			

## ***POLICY STATEMENT***

Gerald Champion Regional Medical Center (GCRMC) will maintain a safe work environment, free from the effects of alcohol or drugs on the job. This policy will demonstrate GCRMC's commitment to deter substance abuse, because it affects job performance, employee and patient safety. GCRMC also reserves the right to provide access to an Employee Assistance Program ("EAP"), where, in the sole discretion of GCRMC, the employee demonstrates a commitment to successfully complete such a program.

## ***POLICY***

1. **Controlled Substance** - For purposes of this policy, "controlled substance" includes all chemical substances or drugs listed in any controlled substances acts or regulations applicable under any federal, state, or local laws.
2. **On the Job** - For purposes of this policy, an employee is considered "on the job" whenever he/she is:
  - On GCRMC property, including, but not limited to, parking lots (various hospital locations), offices, cafeteria and lounges at any time.
  - Driving or riding as a passenger in a GCRMC vehicle.
3. The following are prohibited by GCRMC when occurring "on the job," as that term is defined in this Policy:
  - Possession, consumption, or being under the influence of alcohol or drugs while on the job.
  - Distribution, sale or purchase of a controlled substance while on the job; even if the controlled substance, which is the subject of the sale or purchase, is not actually possessed on the job.
  - Possession, use, or being under the influence of a controlled substance while on the job, except: (a) when under, and in strict accordance with, a physician's direction; and (b) such use will not impair the employee's ability to safely perform his/her job; and (c) when the Personnel Director has been notified in advance, regarding the required possession or usage and has approved an employee's working under the circumstances.
  - Use or being under the influence of other drugs, including prescription drugs and over-the-counter drugs, where there is any possibility that such use may impair the employee's ability to safely perform his/her job or may adversely affect his/her safety or patient safety and care or the safety of other employees.
4. **Drug Testing** - In furtherance of its policy to provide for the health and safety of its employees and to ensure the health and safety of others, the Hospital has established the following procedure for the

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*If printed, this document is current for this date only: January 15, 2019. Current Policy and Procedure(s) can be found on GCRMC's Portal.*

<b><i>SUBSTANCE ABUSE POLICY</i></b>	<b>Policy Number:</b> HR.122
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testing of drug use among its employees:

- GCRMC has the right to require blood and/or urine samples in any of the following situations:
    - Any current employee who is involved in any incident at the work site or on duty; or is involved in any incident off duty or off hospital premises that indicates the possible illegal use of drugs or controlled substances, may be required to submit blood and/or urine samples for testing; at the discretion of the Hospital.
    - Upon reasonable cause, GCRMC has the right to require that any employee submit blood or urine samples for testing. Such reasonable cause includes, but is not limited to (a) absenteeism; (b) declining productivity; (c) excessive tardiness; (d) suspect behavior (eg., abnormal coordination, appearance, behavior, speech, or odor).
    - In keeping with GCRMC's need to protect patients and coworkers from the impaired health care worker, the Hospital will conduct pre-employment testing (effective 9-1-99) and random testing (effective 1-1-2000). Random testing program will be applicable to all hospital employees.
  - When an employee is asked to submit to drug or alcohol testing, he/she shall be informed of the reasons he/she is being asked to submit to the test and shall be informed that refusal constitutes insubordination and is grounds for discipline up to and including discharge.
  - If the employee refuses to consent to the testing, the refusal should be in writing.
  - If the employee consents to the testing, he/she shall do so in writing and should authorize in writing the release of the medical information to the designated hospital representative.
  - The fact of the tests, and their results, must be kept confidential. One or more persons in the Human Resources Department will be designated to receive testing results and will notify the appropriate Hospital managers or officials on a need-to-know basis.
  - If any employee test result is positive, the employee may have the same sample retested at his own cost.
5. Searches – GCRMC reserves the right to search all hospital lockers, desks, file cabinets and other hospital property at all times.
6. Discipline
- Any employee who violates any part of GCRMC's Substance Abuse Policy is subject to discipline up to and including discharge.
  - GCRMC has discretion to take any other appropriate disciplinary action short of termination, including assisting employees who have violated the above rules in recovering from drug dependency. In this regard, GCRMC may refer the employee to an EAP to which an employee who has violated the above rules may be referred for counseling and treatment.
  - GCRMC is under no obligation to refer an employee who has violated the above rules to an EAP. Instead, GCRMC has discretion to determine whether such a referral is appropriate under the circumstances.
  - Any employee convicted on a charge of illegal possession, use, distribution, purchase, or sale of any controlled substance or alcohol, while off GCRMC property and off duty, may be subject to discipline up to and including discharge, where GCRMC concludes that such conduct reflects negatively on GCRMC or adversely affects patient care or other services. Any employee who is convicted of any

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## ***SUBSTANCE ABUSE POLICY***

**Policy Number:**

HR.122

criminal drug statute for any conduct must notify GCRMC no later than five (5) days after such conviction. In addition, GCRMC may impose discipline up to and including discharge for such off-duty conduct in the absence of a conviction where GCRMC has reasonable evidence of the commission of those acts and GCRMC concludes that such conduct reflects negatively on the hospital or adversely affects patient care or other services.

7. GCRMC reiterates that the rules and regulations of this policy constitute conditions of employment. Therefore, refusal to submit to drug testing as provided for herein constitutes a material breach of the condition of employment, and is grounds for immediate dismissal.
8. Nothing in this policy alters the fact that all employees of GCRMC are employed for an indefinite period and that such employment may be terminated with or without cause or notice at the will of either the employee or GCRMC. Neither this policy nor any related policies, practices or guidelines are employment contracts or parts of any employment contract.

### ***LINKS***



MOU



Employee Consent  
Form



Applicant Statement

### ***REVIEW/REVISION HISTORY***

<b>Date of Review/Revision</b>	<b>Prior Policy Name/Number (if applicable)</b>	<b>✓ If Reviewed</b>	<b>✓ If Revised</b>
March 2012	Substance Abuse Policy HR.122	✓	
February 2013		✓	
October 2014		✓	
December 2016		✓	
November 2018		✓	

This approved policy is posted on the GCRMC Intranet Website under Hospital Policies for Employee and Departmental access.

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## APPLICANT'S STATEMENT

Gerald Champion Regional Medical Center (“GCRMC”) has adopted a Substance Abuse Policy applicable to all of its employees. A copy of this policy has been provided to you. In addition, employment of newly hired employees at GCRMC is contingent on passing tests for alcohol, narcotics, hallucinogenic drugs, marijuana or other controlled substances.


I certify that I have read and understand the GCRMC Substance Abuse Policy and I further agree and consent to taking any blood, "breathalyzer" or urinalysis tests requested by GCRMC as part of an employment physical or otherwise and authorize release of any test results to GCRMC. I understand that failure to consent to this is considered a voluntary withdrawal of my application for employment which precludes further consideration for employment. If hired by GCRMC, I hereby give my consent to any drug or alcohol testing as may be required by GCRMC and authorize release of any such test results to the Human Resources Department of GCRMC.

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Applicant Signature

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Date

 <p>Gerald Champion Regional Medical Center <i>Our Family Caring For Yours</i></p>	<b>Policy Number:</b> ADM_CC.108	<b>Original Issue Date:</b> April 2003	<b>Review/Revision Date:</b> December 2016
<p align="center"><b><i>DISCIPLINARY ACTION FOR CONFIDENTIALITY/HIPAA VIOLATIONS</i></b></p>		<b>Approval:</b>	
Accrediting/CMS References:			

***POLICY STATEMENT***

Gerald Champion Regional Medical Center (GCRMC) will consistently apply sanctions for privacy-related violations. This policy will provide a framework for the investigation of such violations.

***Definitions***

*Privacy and Confidentiality* are terms used interchangeably for purposes of this policy.

*Protected Health Information (PHI)* refers to all individually identifiable health information held or transmitted by GCRMC or a business associate, in any form or media, whether electronic, paper, or oral.

***POLICY***

1. GCRMC’s Privacy Officer or Security Officer will be notified immediately of any suspected privacy and/or information security violation.
2. The grid below is to be used as a guide for determining the severity of the privacy violation and for determining actions to be taken. The types of violations noted in this listing are NOT all-inclusive.

LEVEL AND DEFINITION OF VIOLATION	EXAMPLES OF VIOLATIONS	POSSIBLE ACTIONS
<b>Level I</b>  Accidental and/or due to lack of education	<ul style="list-style-type: none"> <li>- Improper disposal of PHI</li> <li>- Improper protection of medical records/PHI</li> <li>- Not accounting for disclosures outside of treatment, payment or operations</li> <li>- Release of information without consent</li> <li>- Failure to lock workstation when away from desk</li> <li>- Not reporting violation to supervisor, Compliance/Privacy Officer or Hotline</li> </ul>	<ul style="list-style-type: none"> <li>- Retraining and re-evaluation</li> <li>- Documented verbal warning with discussion of policy/procedure and expectations</li> </ul>

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<b><i>DISCIPLINARY ACTION FOR CONFIDENTIALITY/HIPAA VIOLATIONS</i></b>	<b>Policy Number:</b> ADM_CC.108
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**Level II**

Purposeful violation of privacy policy or recurrence of Level I violation	<ul style="list-style-type: none"> <li>- Accessing Cerner or using PHI without a work-related need to do so</li> <li>- Using another employee's user ID or password</li> <li>- Allowing another employee to use your user ID and password</li> </ul>	<ul style="list-style-type: none"> <li>- Retraining and re-evaluation</li> <li>- Written warning with discussion of policy/procedure and expectations</li> </ul>
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**Level III**

Purposeful violation of privacy policy with associated potential for patient harm	<ul style="list-style-type: none"> <li>- Intentional disclosure of PHI to an unauthorized individual</li> <li>- Any uses or disclosures that could cause harm to a patient</li> <li>- Accessing the medical record of a patient without a work-related need to do so with subsequent disclosure of same</li> <li>- Disclosure of patient-related information (need not be defined as PHI) to the public</li> <li>- Using another employee's user ID or password for unauthorized use and disclosure of PHI</li> <li>- Allowing another employee to use your user ID and password for unauthorized use and disclosure of PHI</li> </ul>	<ul style="list-style-type: none"> <li>- Immediate suspension</li> <li>- Termination</li> <li>- Revocation of medical staff privileges</li> <li>- Termination of vendor or other affiliate contract</li> </ul>
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3. The Compliance/Privacy Officer or designee in conjunction with the employee’s manager and a representative from Human Resources will participate in the investigation and the documentation process.
4. Failure to report a known or suspected privacy or information security breach or reporting of breach in bad faith or for malicious reasons may result in disciplinary action.
5. No employee will be terminated without the benefit of a thorough, non-biased investigation. Investigative findings will be presented to the Director of Human Resources and reviewed by Administration or a designee prior to any disciplinary actions taken.
6. Any employee who disagrees with disciplinary action taken as a result of a privacy or information security violation may utilize GCRMC’s grievance process as outlined in Problem Solving Procedure policy HR.103 or, if covered by a collective bargaining agreement, the terms of that agreement.
7. In the event of a breach and/or HIPAA violation, immediate remedial training should also be provided and all training and attendance should be documented and tracked.

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<b><i>DISCIPLINARY ACTION FOR CONFIDENTIALITY/HIPAA VIOLATIONS</i></b>	<b>Policy Number:</b> ADM_CC.108
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***EMPLOYEE DECLARATION***

I, \_\_\_\_\_ have read and understand the Disciplinary Action for Confidentiality/HIPAA Violations policy, and agree to adhere to the provisions outlined therein.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director Signature

\_\_\_\_\_  
Date

**Please complete this page return to the Compliance Department.**


***REVIEW/REVISION HISTORY***

<b>Date of Review/Revision</b>	<b>Prior Policy Name/Number (if applicable)</b>	<b>✓ If Reviewed</b>	<b>✓ If Revised</b>
September 1989		New	New
December 1997		✓	
April 2003		✓	
March 2005		✓	✓
May 2007		✓	
July 2009	911.304, B-603.015	✓	✓
July 2011		✓	
August 2012		✓	
December 2014		✓	✓
December 2016		✓	

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*If printed, this document is current for this date only: January 15, 2019. Current Policy and Procedure(s) can be found on GCRMC's Portal.*

	<b>Policy Number:</b> IM_IS.123	<b>Original Issue Date:</b> May 2008	<b>Last Review/Revision Date:</b> January 2018
<b><i>USE OF CELL PHONES AND/OR MOBILE COMMUNICATIONS/ WIRELESS DEVICES</i></b>		<b>BOD Approval Date:</b> January 30, 2018	
Accrediting/CMS References:			

***POLICY STATEMENT***

Gerald Champion Regional Medical Center (GCRMC) is committed to delivering quality healthcare and maintaining patient confidentiality. In this context, GCRMC believes that mobile communications devices are valuable tools, but also recognizes that, if used improperly, they may compromise patient privacy or disrupt the delivery of patient care.

**Definition**

*Mobile Communications Devices* means devices such as cellular/mobile phones, pagers, and other wireless devices such as Blackberries and other personal digital assistants, personal laptops and notebooks.

***POLICY***

1. The use of all *personal* mobile communications devices (i.e., those not issued by GCRMC) shall be restricted to meal or break periods and must not be used in any way that disrupts the work place.
  - All personal mobile communications devices brought onto the GCRMC campus either must be turned off or be placed in "silent mode" while in any patient care area.
  - Employees will not be reimbursed for GCRMC-related business expenses associated with the use of their personal mobile communications devices unless they have obtained permission for such use from their supervisor prior to incurring such expenses.
  - Employees acknowledge and agree that if they use their personal mobile communications devices for GCRMC business, these device records may be subject to scrutiny by GCRMC or third parties for legal matters.
  
2. GCRMC-issued mobile communications devices are the property of GCRMC and their use is monitored for appropriate usage, e.g., hospital related business.
  - GCRMC mobile communications devices are issued at the request of management to enhance communication with supervisors, managers and on-call staff and should not be used for personal communications. Personal use of GCRMC mobile communications devices may result in disciplinary action. Additionally, any charges to GCRMC for an employee's personal use of these devices will be charged to the employee.
  - All mobile communications devices shall be placed in silent or vibrate mode during meetings to avoid disruption of the meeting.
  - If an employee receives a call during a meeting that must be answered, he or she must leave the

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*If printed, this document is current for this date only: January 15, 2019. Current Policy and Procedure(s) can be found on GCRMC's Portal.*



<b><i>USE OF CELL PHONES AND/OR MOBILE COMMUNICATIONS/ WIRELESS DEVICES</i></b>	<b>Policy Number:</b> IM_IS.123
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meeting to take the call and do so in a manner calculated to cause the least possible disruption.

3. If, in the opinion of GCRMC staff, a patient, visitor or other staff members use of a mobile communications device is disruptive to patient care, the GCRMC staff member observing the behavior shall politely ask the person involved to continue his or her conversation in a more appropriate area, such as a waiting room, cafeteria, or outside the building.
4. GCRMC employees should not disclose any Protected Health Information (“PHI” - which is defined in the Health Insurance Portability and Accountability Act of 1996 (HIPAA) as patient identifying information in connection with health records or information) over mobile communications devices, except where necessitated by the circumstances (e.g., emergency situations). Where PHI must be verbally disclosed over mobile communications devices, employees must take steps to ensure that their conversations are not overheard by others. Electronic disclosure of PHI must be made utilizing encryption.
  - Employees should avoid leaving messages containing PHI or other sensitive information on answering machines or voicemail systems. Instead, employees should always attempt to communicate this information directly to the intended party.
  - Discretion should be exercised when using speakerphones to answer or place calls or to listen to voice mail or other recorded messages. Speakerphones must not be used in a manner that broadcasts PHI or other sensitive information to the public or to non-involved employees. When possible, speakerphones should be used only in enclosed offices or meeting rooms. Speakerphones may not be used unless the consent of all participating parties has been granted.
5. **The use by employees of camera or recording features on ANY mobile communications device is prohibited in all areas of the work place.** See policy ADM\_CC.108 Disciplinary Action for Confidentiality/HIPAA Violations.

***REVIEW/REVISION HISTORY***

<b>Date of Review/Revision</b>	<b>Prior Policy Name/Number (if applicable)</b>	<b>✓ If Reviewed</b>	<b>✓ If Revised</b>
May 2008		New	New
April 2015		✓	
January 2018		✓	✓

This approved policy is posted on the GCRMC Intranet Website under Hospital Policies for Employee and Departmental access.
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**Gerald Champion  
Regional Medical Center**

*Our Family Caring For Yours*

**POLICY ACKNOWLEDGEMENT**

**Use of Cell Phones and/or Mobile Communications/Wireless Devices  
Policy ADM.444**

I acknowledge and agree that I have received and read Gerald Champion Regional Medical Center's Use of Cell Phones and/or Mobile Communications/Wireless Devices policy ADM.444 and will comply fully with the standards and requirements contained therein.

Failure to comply with the provisions of this policy may result in disciplinary actions up to and including termination.


\_\_\_\_\_  
Signature of Employee

Name: \_\_\_\_\_

Please Print

Department: \_\_\_\_\_

Date: \_\_\_\_\_

	<b>Policy Number:</b> HR.002	<b>Original Issue Date:</b> March 1979	<b>Last Revision/Review Date:</b> July 2018
<b><i>DRESS &amp; PERSONAL APPEARANCE CODE</i></b>		<b>BOD Approval Date:</b> August 28, 2018	
Accrediting/CMS Resources:			

## ***POLICY STATEMENT***

The purpose of this Dress and Personal Appearance Code is to establish standards of appropriate dress and personal appearance for those who work or volunteer at Gerald Champion Regional Medical Center (GCRMC). This includes off-site physician practices, satellite work locations, at all times, regardless of shift. This policy promotes employee and patient safety; portrays a professional image of employees to patients, visitors, and colleagues; and elicits patient, family, and visitor confidence and trust in care providing staff.

GCRMC staff attire shall be neat, clean, and safe. Any questions regarding the interpretation of these dress and personal appearance requirements shall be decided in favor of conservative standards by the supervisor of the individual and/or the Dress and Personal Appearance Code Committee. Expectations related to dress and personal appearance will be discussed with each employee, incorporated into the employee job description, and evaluated as needed and during the annual performance appraisal. Knowledge of a violation or suspected violation of this policy must be reported directly to the Department Manager, Hospital Supervisor on duty, or Human Resources. Failure to comply with these standards may result in corrective or disciplinary action. Employees who report to work in violation of this policy may be given appropriately fitting perioperative scrubs that comply with this policy for the duration of their shift. GCRMC reserves the right to ask any employee improperly dressed or groomed to leave GCRMC to get appropriate apparel or to practice proper hygiene and return to work with loss of pay for the time absent from the facility.

## ***POLICY***

1. Each GCRMC employee is to comply with this policy when on paid time. If in doubt regarding the acceptability of dress and personal appearance, confer with your direct supervisor.
2. **Hygiene:** Personal hygiene of skin, hair, and teeth should be practiced at all times. Employees should ensure they are free of body odor, bad breath, cigarette or tobacco odor, and perfume/cologne.
3. **Tattoos:** May be visible if the images or words do not convey violence (gang affiliation), discrimination, profanity or sexually explicit content. Tattoos containing such messages must be covered with bandages, clothing, or cosmetics. GCRMC reserves the right to judge the appearance of visible tattoos. Any questions regarding the interpretation of this requirement shall be decided in favor of conservative standards.
4. **Body Piercings:** Clear spacers must be used to conceal visible body piercings such as tongue rings or studs, nose rings, eyebrow rings, etc. Body piercings that are unable to be concealed with clear spacers

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must be covered at all times or removed while on duty. One dermal piercing, such as on the face, can be visible. If more than one is visible, it should be covered at all times.

5. **Jewelry:** Wedding bands, engagement rings, a watch, and small stud earrings may be worn while on duty. For employee safety, only stud earrings are allowed for positions with any patient contact. Large rings or dangling earrings are not allowed during the work period because of the possible risk of injury to the employee and because it may interfere with the care of the patient. One necklace (chain or religious emblem) is allowed and should be worn underneath the employee's uniform. Any jewelry that depicts the employee's school of study or special certification emblems will be allowed to be pinned to lab coat or badge extender. Excessive jewelry must be removed during duty hours.
6. **Hair:** Beards, moustaches, and facial hair must be clean, neatly trimmed, and appropriately styled so as not to interfere with job duties. In appropriate areas, headwear or facemasks must be worn to reduce the possibility of spreading infection. In some work areas, hair must be tied back, pulled up, or covered (examples: clinical and treatment areas, Food and Nutrition Services, lab/micro/histology, etc.). Hair accessories should be kept to a minimum and must be appropriate. Hair color and style shall be subtle, conservative, and appropriate for position. Color must be a naturally-occurring hair color, and style must not distract from or interfere with job duties.
7. **Fingernails:** Fingernails should be clean, short in length, and well-manicured. The wearing of artificial fingernails is not allowed by any direct patient care employee or any contract employee providing direct patient care, both nursing and non-nursing; by any employee who handles or reprocesses patient equipment or instruments, or by any Food Service worker who directly handles food. The term "artificial nails" includes wraps, acrylics, tips, tapes, appliques, etc. Natural nails will be kept to no more than 1/4-inch past the tip of the finger. Polish, if worn, must be subtle (clear/light) and in good repair without chips or cracks. All employees should refer to the *Hand Hygiene* policy CLN\_IC.209.
8. **Make-up:** Make-up is to be understated and appropriate for a professional healthcare environment.
9. **Badges:** Hospital identification badges are required for security purposes and identification by the public as part of the employee's uniform. They should be worn at all times while on duty located near the collar of the shirt where name and photo are visible. For employee, patient, and visitor safety, identification badges are not to be worn on a lanyard around the neck. No alterations may be made to badges (i.e. pins/stickers). Employees may display hospital-approved attachments near their badge.
10. **Shoes:** Appropriate well-fitting shoes must be worn to allow safe performance of the duties required of the position. Shoes must be kept neat and clean. For clinical areas and for staff entering clinical areas, shoes must have rubber soles; open toe shoes and shoes with holes over the toes or footbridge are not allowed. In departments where they are not prohibited due to safety, professional sandals and open-toed shoes (excludes flip flops, clogs, and Crocs) may be worn.
11. **Scrubs:** Uniforms or scrubs must be clean and well fitting.
  - a. Perioperative department will wear scrubs purchased and maintained by GCRMC.
  - b. For the safety of Maternal Child Unit patients, Maternal Child staff will wear the color purple.

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***DRESS & PERSONAL APPEARANCE CODE***

**Policy Number:**

HR.002

Purple or shades of purple should not be worn by any other staff in any other GCRMC department.

- c. Team logos, cartoon or other characters shall not be worn on printed scrub tops unless approved by CEO. The VP will be responsible for determining if department will be eligible to participate, ensuring that it does not interfere with care delivery.
  - d. Holiday scrub tops, excluding those portraying cartoon characters, may be worn the week of the holiday (Valentine's Day, St. Patrick's Day, etc., and Christmas from 12/1 through 12/25).
  - e. Long-sleeve or short-sleeve t-shirts may be worn under the scrub top and should be without logo or designs that are exposed. These shirts are not permitted as the sole top; scrub tops must be worn.
  - f. Leaders of Clinical Departments and Hospital Supervisors will wear scrubs with white lab coat or business attire with optional white lab coat. Lab coats are expected to be worn during patient and customer interaction.
  - g. Unit Secretaries will wear scrubs or business casual attire.
12. **Clothing Fit/Style:** Attire shall be professional in appearance at all times and allow movement appropriate for job duties. Attire fit and style shall be appropriate to the individual's occupation and shall contribute to the highest standard of hospital hygiene, patient expectation, and employee safety. Radical departure from conventional dress or grooming standards shall not be permitted. Extreme fits and styles (tight or baggy), inappropriate exposure during job duty performance, faded, holes, frays, excessive wear and tear, are not considered professional attire and shall not be permitted.
13. Examples of the types of clothing that are not allowed are (but are not limited to): shorts, skorts, T-shirts, short skirts or dresses (more than two (2) inches above the knee), revealing/provocative clothing, exposed undergarments (to include camisoles and spaghetti straps), see-through clothing of any type, any top that exposes the midriff, and athletic attire (i.e. logo items, sweat suits, wind suits, etc.) excluding tennis shoes. Under the normal course of business, employees may not wear denim jeans of any kind or color, to include jeggings, denim leggings or yoga pants. Leggings or tights may be worn with appropriate length tops/tunics but not as sole leg coverage. Department Directors, with Senior Management approval, may make exceptions to this policy based on special circumstances.
14. Fridays are designated as Business Casual Day. Authorized dress attire (with manager approval) is GCRMC logo shirt and business casual slacks or may elect to follow normal dress code for the department.
15. Dress attire for special occasions such as Western Day for County Fair, Halloween, Christmas, 4<sup>th</sup> of July etc., will require CEO approval, however, the director of the department will make the final determination. The Employee Engagement committee will propose a calendar for special theme days for consideration to include frequent theme days to include wearing blue jeans.
16. Knowledge of a violation or suspected violation of this policy must be reported directly to department leadership, Human Resources, or Hospital Supervisor after business hours.

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17. Personnel not complying with this policy may be subject to progressive discipline.
18. GCRMC reserves the right to ask any employee improperly dressed or groomed to leave GCRMC to get appropriate apparel or to practice proper hygiene and return to work with loss of pay for the time absent from the facility.

**Department-Specific Guidelines****Environmental Services**

- Personnel should wear black pants with either the Tan short sleeve shirt or micro-check (black and tan) embroidered with “Environmental Services”
- Black non-slip shoes are required

**Patient Transport**

- Personnel should wear khaki pants with the prescribed Black short sleeve shirt embroidered with “Transport Services”
- Black non-slip shoes are required

**Food and Nutrition Services**

- Personnel should wear black pants in all FANS areas
- Black Aprons and Black non-skid shoes are required
- Front Line Staff – Black pants and black or red golf shirts
- Cashiers – Black pants with blue long sleeve shirt
- Production Staff – Black, White or Red Chef Coats
- Patient Staff, Utility and Dish Room – Red or Black Golf Shirts
- Catering Staff – Black pants and black or red chef coats

**Materiel Management**

- Due to the nature of duties performed, the department dress code shall consist of the following:
- Four (4) uniform shirts and one (1) polo shirt will be provided with the department’s name embroidered on the shirts. GCRMC polo shirts are also approved. Colors for the uniform will be determined by Material Management and discussed during the hiring process.
- Three pairs of pants of a durable material. Color shall be black and must be in good condition. No heavily faded, frayed, torn or stained pants allowed.
- Shoes shall include, but are not limited to Tennis Shoes, boots, etc.

**Plant Operations/Security:**

- Plant Operations will provide five (5) shirts, colors are determined by Plant Operations. Employee must purchase brown, black or tan pants.

**Patient Access Services (Registration)**

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***DRESS & PERSONAL APPEARANCE CODE*****Policy Number:**

HR.002

- Five (5) uniform shirts will be provided. Shirts shall be charcoal gray with the GCRMC logo embroidered on the left chest.
- Pants/skirts must adhere to the above dress code.
- Open toed shoes are not permitted in registration work areas due to the proximity to patient care zones. Tennis shoes will be permitted due to the nature of duties performed but shall be clean and in good condition and must be black or white in color with rubber soles.

***REVIEW/REVISION HISTORY***

<b>Date of Review/Revision</b>	<b>Prior Policy Name/Number (if applicable)</b>	<b>✓ If Reviewed</b>	<b>✓ If Revised</b>
August 2016	Appearance and Dress Code Policy/HR.002	✓	✓
November 2016	Dress and Personal Appearance Code/HR.002	✓	✓
June 2017		✓	✓
July 2018		✓	✓

This approved policy is posted on the GCRMC Intranet Website under Hospital Policies for Employee and Departmental access.

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**Gerald Champion  
Regional Medical Center**

*Our Family Caring For Yours*

**POLICY ACKNOWLEDGEMENT**

I acknowledge and agree that I have received and read Gerald Champion Regional Medical Center's Dress Code Policy, HR.002 and will comply fully with the standards and requirements contained therein.

Failure to comply with the provisions of this policy may result in disciplinary actions up to and including termination.

\_\_\_\_\_  
Signature of Employee


Name: \_\_\_\_\_

Please Print

Department: \_\_\_\_\_

Date: \_\_\_\_\_



	<b>Policy Number:</b> HR.114	<b>Original Issue Date:</b> March 1979	<b>Last Review/Revision Date:</b> November 2018
<b><i>SMOKE-FREE CAMPUS</i></b>		<b>BOD Approval Date:</b> December 18, 2018	
Accrediting/CMS Resources:			

### ***POLICY STATEMENT***

Gerald Champion Regional Medical Center (GCRMC) will provide a quality healthcare facility that supports a healthy community, made up of healthy patients and their families, healthy employees, and visitors. In accordance with this philosophy and in keeping with all the convincing evidence of the negative effects of tobacco usage, it is the intent of GCRMC to maintain a smoke-free environment, both indoors and outdoors.

This policy prohibits smoking in all buildings and on all GCRMC owned grounds including parking lots and any vehicles parked thereon. This policy applies to all GCRMC entities, specifically to all employees, patients, visitors, contractors, volunteers, medical staff, and students.

### ***POLICY***

#### 1. Patients

- Patients are not allowed to smoke in their rooms or any other location on campus, inside or outside the facility.
- Physicians may use standing orders for patients who smoke in order to prescribe nicotine replacement or other therapy or consultation, for the duration of the patient’s visit.
- The standing orders will prescribe appropriate doses based upon the patient’s level of nicotine use and needed therapy or other regimen as deemed appropriate by the physician.
- The patient may bring his/her own physician approved nicotine replacement from home to use while in the hospital.
- The patient and any accompanying visitors will be provided information of this policy upon admission.
- Should the patient become uncomfortable, agitated, or non-compliant, nursing will contact the patient’s physician.

#### 2. Employees

- There are no designated smoking areas for employees anywhere on campus.
- Employees may not smoke in or around any GCRMC buildings.
- Smoking is prohibited in any GCRMC parking lot. This includes smoking inside any private

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vehicle parked in the lot.

- Smoking is prohibited at all times in any vehicles owned and/or operated by GCRMC.
- Smoking is prohibited during paid breaks due to the fact that employees may not leave the premises during paid breaks.
- Smoking is permitted during unpaid breaks provided the employee clocks out, leaves the campus, clocks in on return, and does not exceed the time provided for unpaid breaks. This does not apply to employees who do not clock out for lunch due to patient care assignments. Employees are expected to return to their workstations free from the smell of smoke.
- All employees, both smokers and non-smokers, are entitled to the same paid breaks per policy HR.104.
- Employees may not smoke on adjacent private property without the consent of the owner.
- It is the responsibility of each Department Manager to monitor their employees' breaks and lunch periods for compliance.
- Employees who violate this policy will be subject to discipline the same as with other policy violations:
  - The first occurrence will result in a verbal counseling.
  - The second occurrence will result in a written counseling.
  - The third occurrence will result in a three (3) day suspension.
  - The fourth occurrence will result in termination.

### 3. Contractors, Volunteers, Agency Staff, and Students

- Contractors, volunteers, agency staff, and students are required to follow all aspects of this policy the same as employees.
  - Entities listed above will be informed of this policy when they are oriented to the facility.
  - Should any of the above entities refuse to be compliant with this policy, they will be asked to leave the premises.

### 4. Visitors

- Visitors may not smoke anywhere on GCRMC property.
- Visitors found smoking on GCRMC property will be courteously asked to extinguish and properly dispose of their tobacco materials. Visitors who do not comply will be asked to leave and may be escorted from the grounds. Should a visitor refuse to comply or become unruly, security may need to be called.

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***SMOKE-FREE CAMPUS***

**Policy Number:**

HR.114

4. Physicians

- Physicians and all other healthcare providers, providing patient care in our facility are expected to abide by this policy.
- Physicians and/or their office staff are asked to prepare their patients who smoke for an upcoming hospital stay by informing them of our smoke-free status and working with them to choose an acceptable nicotine replacement to use while they are here.

5. The success of this policy depends upon the thoughtfulness, consideration and cooperation of smokers and non-smokers. All employees share in the responsibility for adhering to and enforcing this policy. Any conflicts should be brought to the attention of the appropriate department head or Administration. In all cases, the right of a non-smoker to protect his or her health and comfort takes precedence over an employee's desire to smoke.

***REVIEW/REVISION HISTORY***

<b>Date of Review/Revision</b>	<b>Prior Policy Name/Number (if applicable)</b>	<b>✓ If Reviewed</b>	<b>✓ If Revised</b>
October 2014		✓	
December 2016		✓	
November 2018		✓	

This approved policy is posted on the GCRMC Intranet Website under Hospital Policies for Employee and Departmental access.

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**Gerald Champion  
Regional Medical Center**

*Our Family Caring For Yours*

**POLICY ACKNOWLEDGEMENT**

I acknowledge and agree that I have received and read Gerald Champion Regional Medical Center's Smoke Free Campus HR Policy .114 and will comply fully with the standards and requirements contained therein.

Failure to comply with the provisions of this policy may result in disciplinary actions up to and including termination.

\_\_\_\_\_  
Signature of Employee

Name: \_\_\_\_\_  
Please Print

Department: \_\_\_\_\_

Date: \_\_\_\_\_

## Clinical Student Job Description

**Reports to:** Preceptor and/or Faculty

**Approved by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### STUDENTS:

Nursing ADN/BSN; Diagnostic Imaging; Laboratory; Cardiopulmonary; Rehabilitation; Physicians' Assistant; Nurse Practitioner; EMT –B; EMT-I; Dietetics; Physician; Medical Assistant/Certified Medical Assistant; Surgical Technician

### POSITION PURPOSE:

To assist with preparing a student capable of providing entry level professional care to promote, attain, maintain and restore the health of clients in a variety of health care settings. This description is not intended to be a complete list of duties. Other related duties may be assigned.

### MINIMUM QUALIFICATIONS:

- Must be associated with a program of study at a University, College, or Technical School

### LIMITATIONS / HAZARDS:

Refer to Essential Functions sheet

#### 1. Job Specific Competencies

- ▶ Demonstrates knowledge and skills necessary to provide services based on the physical, psychosocial, educational, safety, and other related criteria appropriate to the age specific and/or cultural diversity of the population served in his/her assigned area.
- ▶ Maintains required core competencies.
- ▶ Complies with set Policies and Procedures (i.e. name tag, dress code, parking, smoking, etc.)
- ▶ Consistently collaborates with preceptor when performing procedures/care; performs direct patient care **as delegated.**
- ▶ The student must use good judgment which will be based on patient's subjective and objective data and assessment and preceptor input in order to provide appropriate care.
- ▶ The student must report to their preceptor or faculty member and are supervised by such.
- ▶ Respects the safety and well-being of the patients during the learning experience
- ▶ Understands and clarifies his/her clinical objectives, goals, and role in the plan of care with preceptor and instructor.
- ▶ States the need for obtaining appropriate supervision.
- ▶ States awareness of notifying the preceptor of any needs for clinical goals not met.
- ▶ States is accountable for the quality of the care provided.
- ▶ May perform clinical skills to the specific discipline if have been taught by their faculty prior to the clinical rotation, have the knowledge, skills, and judgment to perform the skills as determined by preceptor and faculty.
- ▶ Accurately provides information to the preceptor and/or faculty immediately regarding changes in patient status.

**2. Communication and Interpersonal Competencies**

- ▶ Demonstrates communication skills necessary to interact with persons of varying age and/or cultures.
- ▶ Supports the Mission and Philosophy of the hospital and the Department. Demonstrates an understanding and application of these policies.
- ▶ Respects confidentiality.
- ▶ Utilizes chain of command appropriately to resolve issues.
- ▶ Supports and encourages a harmonious working relationship within the unit and with other disciplines and departments; promotes an environment in which the patient care team can work cooperatively toward objectives.
- ▶ Consistently uses verbal, nonverbal, and written communication skills, which reflect high standards; communicates effectively with co-workers, medical staff, and ancillary departments.
- ▶ Demonstrates a high level of mental and emotional tolerances and even temperament; uses tact, sensitivity, sound judgment, and a professional attitude when relating with patients and families at all times.

**3. Quality Improvement/Legal Compliance Requirements****A. Quality Improvement**

- ▶ Participates in hospital quality activities as required.
- ▶ Participates in department quality activities.
- ▶ The student will adhere to organizational/ departmental customer service standards.
- ▶ Recognizes unsafe acts or conditions and takes action to correct; notifies licensed nursing staff in a timely manner.
- ▶ Consistently participates in unit quality improvement, monitoring, and evaluation, using QI activities to enhance clinical performance.

**B. Demonstrates understanding of Legal Compliance issues and their responsibilities for same.**

- ▶ Participates in required legal compliance training.
- ▶ Explains departmental chain of command.
- ▶ Explains purpose of Legal Compliance Hotline and utilizes if indicated.
- ▶ Attended Fast-Track Orientation/Re-Orientation.
- ▶ Completed Course Required Competencies.
- ▶ Recognizes her/his knowledge, skills and abilities, limits of responsibilities, legislative authority and supervision requirements.

**4. Professional Development**

**A. Promotes positive public relations for the department and the hospital.**

- ▶ Presents self in a professional manner.
- ▶ Adheres to dress code, appearance is neat and clean.
- ▶ Wears ID badge while on duty, with name and face visible.
- ▶ Comes to work on time and completes work within designated timeframes.
- ▶ **Maintains standards of professional society procedures and ethical behavior.**
- ▶ **Works at maintaining a good rapport and a cooperative working relationship with physicians, departments, and staff.**
- ▶ **Effectively communicates to personnel and encourages interactive departmental discussion.**

➤ **Confidentiality Statement/HIPAA Violations:**

*I understand that all patient related information must be treated with utmost confidentiality and released on a need to know basis only. I understand that failure to follow GCRMC policy #ADM\_CC.108 may be grounds for dismissal.*

➤ *I understand that my signature below does not necessarily mean that I agree with this performance standards review, but rather that the review was discussed with me. I am aware that I may request a copy of this performance standards review.*

**Prior to reporting for clinical rotation:**

**I have reviewed this job description/evaluation and the essential functions and have had the opportunity to ask any questions concerning these forms. I verify I am able to meet these requirements with / without accommodations.**

\_\_\_\_\_

**Student**  **Date**                      **Human Resources Personnel**                      **Date**

**GERALD CHAMPION REGIONAL MEDICAL CENTER  
ESSENTIAL JOB ELEMENTS – JOB FUNCTION ASSESSMENT**

In addition to the requirements listed in the job description, the following checked essential functions also apply to this position. *F = Frequently Required O = Occasionally Required No mark = does not apply to this position*


Physical Requirements:				Work Environment:		Equipment:	
F	Seeing General		Running Distance	F	Moving Objects	F	Computer/Keyboard
F	Close Vision		Driving -Car/Van		High Places		Switchboard Cons.
O	Color Perception		Driving -Truck		Fumes/Odors	F	Telephone
F	Hearing/Listening	<b>Stress Factors:</b>			Dirt/Dust		Calculator
F	Clear Speech <i>Simple / Complex</i>	F	Repetition		Gases	O	Alarm Panel
F	Touching <i>Dexterity / Hand / Finger</i>	O	High Pressure	O	Noise	O	Television Monitor
O	Smelling <i>Smoke</i>	O	Hazards		Vibration		Food Svc. Equip.
	Tasting	O	Fatigue		Mechanical		Maintenance Tools
F	Walking -Hospital		Boredom		Electrical Equip.		Enviro. Svc. Equ.
F	Walking -Dept.	F	Multiple Stimuli		Pressurized		Laundry Equip
F	Lifting up to 50 lbs.	<b>Work Environment:</b>			Burning Materials	F	Medical Equip.
O	Carrying up to 20 lbs.	F	Works Alone		Wet and/or Humid	<b>HIPAA</b>	
O	Pushing	F	Works With Others	<b>Mental Requirements:</b>		F	Access to Protected Health Information
O	Pulling	F	Works Around Others	F	Reading -Simple		
O	Keyboarding 1 hrs/shift	F	Verbal Contact	F	Reading-Complex	<b>Other:</b>	
	Climbing Flights/Stairs	F	Face-To-Face Contact	F	Writing -Simple		
O	Sitting for 1 hrs./shift	F	Shift Work	F	Writing -Complex		
O	Kneeling	F	Extended Day		Clerical		
O	Squatting	F	Inside	O	Memorization		
O	Stooping		Outside	F	Analyzing		
O	Bending	O	Confined Areas	F	Comprehension		
F	Standing for .6-		Extreme Heat		Math Skills		
O	Lower Body Flexibility		Extreme Cold	F	Judgment		
O	Upper Body Flexibility	O	Temperature Changes	F	Decision Making		

I have read the essential requirements of the job for which I am applying, which are marked above, either with or without reasonable accommodation. *Any request for accommodations will be considered on a case-by-case basis.*

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**HR Personnel** \_\_\_\_\_ **Date** \_\_\_\_\_



 <p><b>Gerald Champion Regional Medical Center</b> <i>Our Family Caring For Yours</i></p>	<p><b>Policy Number:</b> COVID.017</p>	<p><b>Original Issue Date:</b> November 1, 2021</p>	<p><b>Last Review/Revision Date:</b> January 25, 2022</p>
<p><b><i>COVID-19 MANDATORY VACCINATION</i></b></p>		<p><b>BOD Approval Date:</b></p>	
<p>Accrediting/CMS References: CMS – QSO-22-07 Dec 28 2021; NM PHO Dec 2, 2021; NM HAN Jan 4, 2-22</p>			

## ***POLICY STATEMENT***

In accordance with Gerald Champion Regional Medical Center’s (GCRMC) duty to provide and maintain a workplace that is free of known hazards, this policy is being adopted to safeguard the health of our employees and their families; our patients and visitors; and the community at large from infectious diseases, such as COVID-19, that may be managed by vaccinations.

All employees are required to receive COVID-19 vaccinations as directed by Centers for Medicare and Medicaid Services (CMS), and NM Public Health Order dated December 2, 2021, unless a exemption request is approved.

Those impacted by this policy include **all** employees, contractors and those providing routine vendor activities to or on behalf of GCRMC.

## **Definitions**

*Medical and Religious Exemptions:* Medical – vaccine is medically contraindicated or medical necessity requires a delay in vaccination. Employees also may be legally entitled to a reasonable accommodation if they cannot be vaccinated because of a disability. Religious - if the provisions in this policy for vaccination conflict with a sincerely held religious belief, practice, or observance.

Individuals are considered *Up-To-Date* for COVID-19 vaccinations if that individual has received all doses recommended by CDC including a booster dose.

## ***POLICY***

1. All employees are required to be up-to-date on COVID-19 vaccinations as a condition of employment at GCRMC. All employees are required to report their vaccination status and to provide proof of vaccination. Employees must provide truthful and accurate information about their COVID-19 vaccination status, and, if applicable, their testing results.
2. An employee will be considered partially vaccinated if they have started but not completed their series of vaccinations.
3. COVID-19 vaccinations are free to all employees when provided by GCRMC. When not received in-house, vaccinations information should be submitted for reimbursement where applicable.
4. Before the stated deadlines to be vaccinated have expired, employees will be required to provide either proof of vaccination or an approved exemption request.

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**Proof of Vaccination**

1. Acceptable proof of vaccination status is:
  - a. The record of immunization from a healthcare provider or pharmacy;
  - b. A copy of the COVID-19 Vaccination Record Card;
  - c. A copy of medical records documenting the vaccination;
  - d. A copy of immunization records from a public health, state, or tribal immunization information system; or
  - e. A copy of any other official documentation that contains the type of vaccine administered, date(s) of administration, and the name of the healthcare professional(s) or clinic site(s) administering the vaccine(s).
2. Proof of vaccination generally should include the employee's name, the type of vaccine administered, the date(s) of administration, and the name of the healthcare professional(s) or clinic site(s) that administered the vaccine. In some cases, state immunization records may not include one or more of these data fields, such as clinic site; in those circumstances, GCRMC will still accept the state immunization record as acceptable proof of vaccination.

**Exemption**

1. Employees may request an exemption from this mandatory vaccination policy. Requests for exemptions must be initiated by completing a *Request for COVID-19 Vaccine Exemption* form (attached) and submitting it to the Human Resources Department. All such requests will be handled in accordance with applicable laws and regulations. Exemptions and accommodations will be granted where they do not cause GCRMC undue hardship or pose a direct threat to the health and safety of others.

**COVID-19 Testing**

1. If an employee covered by this policy is not up-to-date (e.g., if they are granted an exemption from the mandatory vaccination requirement because the vaccine is contraindicated for them), the employee will be required to comply with this policy for testing.
2. Employees who report to the Workplace at least once every seven (7) days:
  - a. must be tested for COVID-19 at least once every seven (7) days; and
  - b. must provide documentation of the most recent COVID-19 test result (if not testing in-house) to Employee Health no later than the seventh day following the date on which the employee last provided a test result.
3. Any employee who does not report to the workplace during a period of seven (7) or more days (e.g., if they were teleworking for two (2) weeks prior to reporting to the workplace):

**Confidential & Proprietary**

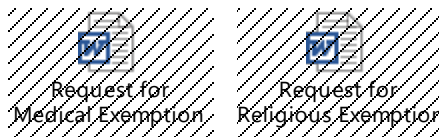
*If printed, this document is current for this date only: August 12, 2022. Current Policy and Procedure(s) can be found on GCRMC's Portal.*

## COVID-19 MANDATORY VACCINATION

**Policy Number:**  
COVID.017

- a. must be tested for COVID-19 within seven (7) days prior to returning to the workplace; and
  - b. must provide documentation of that test result to their supervisor upon return to the workplace.
4. If an employee does not provide documentation of a COVID-19 test result as required by this policy, they will be removed from the workplace until they provide a test result.
  5. Employees who have received a positive COVID-19 test, or have been diagnosed with COVID-19 by a licensed healthcare provider, are not required to undergo COVID-19 testing for ninety (90) days following the date of their positive test or diagnosis.
  6. **New Hires** - All new employees are required to comply with the vaccination requirements outlined in this policy as soon as practicable and as a condition of employment. Potential candidates for employment will be notified of the requirements of this policy prior to the start of employment.
  7. **Confidentiality and Privacy**- All medical information collected from individuals, including vaccination information, test results, and any other information obtained as a result of testing, will be treated in accordance with applicable laws and policies on confidentiality and privacy.
  8. **Masks** – See Policy - *COVID.003 Use of Surgical Masks*.
  9. Any employees found to not be in compliance with this policy will be subject to disciplinary action.

### LINKS



### REVIEW/REVISION HISTORY

Date of Review/Revision	Prior Policy Name/Number (if applicable)	✓ If Reviewed	✓ If Revised
November 1, 2021		New	New
January 25, 2022		✓	✓

### MOST RECENT REVISION (IF ANY)

1/25/22: Changes/additions to references. Fully Vaccinated definition changed to Up-To-Date. Change to Partially Vaccinated definition. December 2021 and January 2022 deadlines deleted.

This approved policy is posted on the GCRMC Intranet Website under Hospital Policies for Employee and Departmental access.

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# STUDENT DATA SHEET

Our Hospital is an Equal Opportunity Employer.

Name:		Known As:	
Social Security #:		DOB:	
Mailing Address:			
City:	State:	Zip:	
Physical Address:			
City:	State:	Zip:	
Phone Number:		Email:	

Emergency Contact 1:	
Relationship:	Phone:

Emergency Contact 2:	
Relationship:	Phone:

**Please read through the orientation packet you've been given, then *initial* the items below.**

I, \_\_\_\_\_, acknowledge and agree that I have received and read Gerald Champion Regional Medical Center's:

- \_\_\_\_\_ Standards of Behavior
- \_\_\_\_\_ Code of Conduct
- \_\_\_\_\_ Confidentiality Statement
- \_\_\_\_\_ Substance Abuse Statement
- \_\_\_\_\_ Policy: ADM\_CC.108 - Disciplinary Action For Confidentiality/HIPPA Violations
- \_\_\_\_\_ Policy: IM\_IS.123 - Use of Cell Phone and/or Mobile Communications/Wireless Devices
- \_\_\_\_\_ Policy: HR.002 – Dress & Personal Appearance Code
- \_\_\_\_\_ Policy: HR.114 - Smoke Free Campus

I understand that failure to comply with the provisions of these policies may result in disciplinary action up to and including termination. This form must be completed and returned to GCRMC Human Resources.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date