

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 sent to your advisor:

- TB Screening within the last 12 months, 2-step TB skin test OR 1 TB Gold blood test
- 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 - Gila Health Services (Cost Approx \$33)
- Background check within the last year - Cogent - (Cost Approx \$88 -You will need to meet with the EMS Advisor to complete this component)
- Complete GRMC packet (fill out and sign all pages)
- 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 and dress code 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 will need to read the first three chapters of your book before the first day of class. This material will be covered on that day and you will be required to know the material.

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 Silver City

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 then take the paperwork given to you to the Silver City Police Station to get your finger prints scanned.

Nicole can be reached at 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 Gila Health Resources in Silver City to complete your drug screen. Let them know you are a DACC EMS student. They will have you do a 15-panel drug screen and results will be emailed to Nicole upon completion. Cost as of December 2021 is \$33.

Gila Health Resources

2596 N Silver St, Silver City, NM 88061

575-597-0320.



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: _____

Welcome to Bridges™

Dona Ana Community College - EMT

To set up an account and place an order, go to mycb.castlebranch.com

In the "Place Order" field, enter the following package code specific to your organization.

Package Code: **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." **Email your advisor when you have created your account.**

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.

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.



View User FAQ's

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

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



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.



GILA REGIONAL
Medical Center

STUDENT APPLICATION

APPLICANT INFORMATION		
Name:		
Date of Birth:	SS#	Phone #
Current Address:		
City:	State:	Zip Code:
SCHOOL INFORMATION		
Name: Dona Ana Community College		
School Address: 2800 N Sonoma Ranch Blvd		
City: Las Cruces	State: NM	Zip Code: 88011
Phone #: 575-527-7645		
PRECEPTOR INFORMATION		
Name:		
Specialty of Area:		
Responsible Director:		Phone #
Dates of Rotation/Observation:		
OBSERVER REQUEST		
Learning Goals and Objectives:		
REFERENCES		
NAME	ADDRESS	PHONE#
SIGNATURES		
The undersigned agree to follow the process established by the GRMC Observer Program Policy.		
Signature of Applicant:		Date:
Signature of Proctor:		Date:
FOR GRMC USE ONLY		
Department Director Approval:		
HR Director Approval:		
Dates of Observation:		



GILA REGIONAL
Medical Center

1313 E. 32nd St. Silver City, NM 88061 575-538-4000

Participating School

To Whom It May Concern:

Gila Regional Medical Center (GRMC) is unable to provide any student testing, required or not. We are also unable to provide vaccinations to students. The participating school and their students are responsible for ensuring that they are current on recommended vaccines and have documentation regarding TB status. The records of completion and results of TB testing must be submitted prior to any students being allowed in patient care areas or starting their learning assignment. A delay in providing that documentation can cause a delay for the student being able to start their experience at GRMC. GRMC is not responsible for any costs or lost time related to the individual's delay in starting at GRMC due to a lack of the required vaccinations or health testing and/or documentation of completion.

Below is the list of GRMC requirements:

Immunization Records

Immunizations should include:

Hepatitis B series dates, positive titers, or declination signed

MMR series dates, positive titers, or declination signed

Rubella - proof of MMR vaccinations or positive titer

Tdap (within last ten years) or declination signed

Varicella - history of Chickenpox, positive titer, or declination signed

Copy of annual Influenza Vaccination Record or completion of Declination identifying where and when vaccine received

Proof of Initial two-step Mantoux PPD screening and annually thereafter

Proof of **two (2)** TB skin tests within last 12 months. If the student remains at GRMC beyond 12 months past the date of their last TB skin test, they will need to complete another and provide a record of that testing prior to the 12 month date.

OR

If the student has proof of a TB skin test done within the last **90 days** prior to starting clinical at GRMC, then only that one TB test is required. If the student remains at GRMC beyond 12 months, they must complete another TB skin test and provide a record of that testing prior to the 12 month date.

If the student has a history of positive TB skin tests, they will need to complete a TB screening form and provide a chest x-ray report documenting no active disease.

The student will need to complete a health assessment and provide the required documentation listed above before starting clinicals.

Additionally, GRMC does not provide student follow up to any bloodborne pathogen exposures. All follow up counseling and testing is the responsibility of the student and the participating school.

We hope your student will enjoy their time at GRMC. The provision of the needed health information will significantly speed up your student's processing and the starting of their hospital experience. We hope this information will be of help. Thank you.

Sincerely,

William Hemmer, RN
Employee Health
(575)956-2287



GILA REGIONAL
Medical Center

Student Health Assessment

Name: _____

Today's Date: _____

DOB: _____

Last 4 digits of SS#: _____

Department: _____

Home Phone: _____

Student Title: _____

Cell/Work Phone: _____

Please Circle

Nurse's Notes

1. Are you allergic to any medications that you know of? Yes No
If yes, please list _____

2. Do you have any other allergies? Yes No
If yes, please list _____

3. Are you sensitive to latex? Yes No

4. Have you ever had a positive TB skin test? Yes No

5. Have you had a TB skin test in the last year? Yes No

6. Do you know if you have ever been exposed to tuberculosis? Yes No

I don't know

7. Approximately when was your last FLU shot? _____

8. Do YOU have a history of: Diabetes Yes No

Asthma Yes No

High blood pressure Yes No

9. List any other problems or injuries: _____

10. List any medications you take on a regular basis: _____

As a student, I understand that I cannot go into **AIRBORNE ISOLATION** rooms because of not having been fitted for an N-95 mask.

Student Signature: _____

Date: _____

I VERIFY THAT THE INFORMATION I HAVE PROVIDED IS TRUE TO THE BEST OF MY KNOWLEDGE

Student Signature: _____

Date: _____

Hepatitis B

GRMC does not offer the Hepatitis B vaccination series (3 shots) to students. It is recommended that students complete the **HEPATITIS B** vaccination series through their private practitioner. The student must have either completed the Hepatitis B series or sign the declination statement below prior to any hospital clinical experience.

Please check the appropriate box below:

- I have received the HEPATITIS B vaccination series in the past and have provided the supporting documentation
- I do not have any proof of immunity. I have been informed regarding the importance of protecting myself and understand that I am responsible for acquiring that protection. I also understand that GRMC is not responsible for any exposure or adverse outcome that I may experience secondary to not having this immunity

Student Signature: _____

Date: _____

Rubella

GRMC and the Centers for Disease Control recommend that healthcare students show proof of immunity to **RUBELLA**. GRMC does not offer the MMR vaccination to students. If you were born before 1/1/1957, you are considered immune. If you were born after 1/1/1957, you must show proof of immunity by either a vaccination record with 2 MMR vaccinations, or a positive blood titer test, or sign the MMR declination statement below prior to any hospital clinical experience.

- I was born prior to 1/1/1957
- I have my shot record with documentation of 2 MMR vaccinations
- I have a positive rubella blood titer as documentation of immunity

DECLINE

- I do not have any proof of immunity. I have been informed regarding the importance of protecting myself, I understand that I am responsible for acquiring that protection. I also understand that GRMC is not responsible for any exposure or adverse outcome that I may experience secondary to not having this immunity.

Student Signature: _____

Date: _____

Tdap

GRMC and the Centers for Disease Control recommend that healthcare students show proof of the **TDAP** vaccination within the prior 10 years. GRMC does not offer the Tdap vaccination to students. The student must have either completed the Tdap vaccination or sign the declination statement below prior to any hospital clinical experience.

- I have received the Tdap vaccination in the past ten years and have provided the supporting documentation
- I do not have any proof of immunity. I have been informed regarding the importance of protecting myself, I understand that I am responsible for acquiring that protection. I also understand that GRMC is not responsible for any exposure or adverse outcome that I may experience secondary to not having this immunity.

Student Signature: _____

Date: _____

Varicella

GRMC and the Centers for Disease Control recommend that healthcare students either have a history of having **CHICKENPOX** or have received the **VARICELLA** vaccination series. GRMC does not offer the varicella vaccination series to students. Students must provide documentation verifying that they have received the varicella vaccination series, provide blood titer test results, or sign the declination statement below prior to any hospital clinical experience.

- I have a history of chickenpox and have provided the positive blood titer test results
- I have received the varicella vaccination series and have provided the supporting documentation
- I do not have any proof of immunity. I have been informed regarding the importance of protecting myself, I understand that I am responsible for acquiring that protection. I also understand that GRMC is not responsible for any exposure or adverse outcome that I may experience secondary to not having this immunity

Student Signature: _____

Date: _____

Please do not complete below this line – Employee Health Office Use Only

Based on the findings of this health assessment, are there recommendations for follow-up evaluations?

YES NO

Recommendations: _____

Nurse Signature: _____

Date: _____



Clean Hands Commitment



Proper Hand Hygiene is the #1 method for preventing the spread of infections!

How:

- Wash your hands well using soap and water, rubbing hands together vigorously for at least 20 seconds. Rinse with water thoroughly. Make sure to use this method if your hands are visibly soiled.

OR

- Use an alcohol based hand rub and rubbing over all surfaces of the hand and nail areas until dry.

When:

- After using the restroom, coughing, blowing your nose, or sneezing
- Before and after eating, drinking, or handling food
- After handling dirty items
- When your hands look dirty
- After touching or coming into contact with a person who is sick with an infection
- In a health care setting: before and after direct or indirect patient contact
- Before donning and after removing personal protective equipment

The Commitment:

The importance of practicing proper hand hygiene in the hospital setting to protect myself, my patients, my co-workers, and the public has been thoroughly explained to me. I am committed to this while working at Gila Regional Medical Center.

Print Name: _____ Department: _____

Signature: _____ Date: _____



A Facility's "Culture of Safety" is Important for Sharps Injury Prevention

SHARPS SAFETY

What you can do to help prevent an injury

Be Prepared:

- Organize your work area with appropriate sharps disposal container within reach.
- Work in well-lit areas.
- Receive training on how to use the sharps safety devices if you don't know how to activate the safety prior to use.
- Before handling sharps, assess any hazards and get help if needed.

Be Aware:

- Keep the exposed sharp in view.
- Be aware of people around you.
- Stop if you feel rushed or distracted.
- Focus on your task.
- Avoid hand-passing sharps and use verbal alerts when moving sharps.
- Watch for sharps in linen, beds, on the floor, or in waste containers.

Dispose of Sharps with Care:

- Be responsible for the devices you use (make sure they go into the sharps container).
- **Activate safety** features after use.
- Dispose of devices in rigid sharps containers; do not overfill containers.
- Keep fingers away from the opening of sharps containers; (make sure that there is not a sharp item there already).

Injuries Can Occur Before, During, Or After Use of a Sharp

*Examples of High-risk situations:

During patient care:

- Inserting or withdrawing a needle
- Inserting needles into IV lines
- Handling or passing sharps

Immediately after sharp use:

- Recapping a used needle
- Transferring or processing specimens

During and after sharp disposal:

- Disposing of sharps into proper containers
- Cleaning up after a procedure
- Sharps left on floors and tables, or found in linen, beds, or waste containers

Print Name: _____

Department: _____

Signature: _____

Date: _____

**GILA REGIONAL MEDICAL CENTER
CONFIDENTIALITY AGREEMENT & ACKNOWLEDGEMENT**

I, _____ as an employee, agent, independent contractor, vendor, business associate, credentialed Medical Practitioner, Governing Board Member, or medical, nursing, or other student affiliated with Gila Regional Medical Center (GRMC) or one of its related entities, or other individual granted access to Confidential Information, understand that I must protect and keep confidential the following information that I may hear, see, or read through my employment, agency, association, contractual relationship, provision of medical services, training, or affiliation with GRMC:

- Billing and/or Pricing Information
- Marketing Information
- Organizational Financial Information
- Proprietary Business Information
- Quality Assurance Information
- Risk Management Information
- Business Practices and/or Business Systems Information
- Human Resources Information
- Operations Management Information
- Peer Review Information
- Protected Health Information
- Utilization Review Information
- Strategic Plans and Initiatives Information
- Any other legally protected information

Protected Health information (PHI) includes information about a patient's identity, health, and/or finances. For purposes of this Agreement and Acknowledgement, the above listed information is collectively referred to as, "Confidential Information."

I agree to keep Confidential Information protected and confidential forever, even after I am no longer employed, associated, affiliated with, or hold privileges to practice at GRMC.

I shall not use or disclose Confidential Information for any personal purpose or for any business purpose that is outside the scope of my assigned duties, contract terms, employment, participation in treatment, training, or privileges.

I shall not use or disclose Confidential Information to obtain any private or personal benefit, or to engage in business with any other entity, or to engage in competition with GRMC, or to establish any independent business entity, practice, or service.

I understand that nothing in this Agreement and Acknowledgement shall prevent me from using or disclosing Confidential Information if I am legally compelled to disclose this information or if the disclosure is required within the scope of my assigned duties, contract terms, employment, or privileges.

I agree to immediately notify the GRMC Compliance Officer, at 575-538-4845, in the event that any action or inaction on my part directly or indirectly results in the intentional, incidental, or inadvertent disclosure or use of any Confidential Information.

I agree to immediately notify the GRMC Compliance Officer in the event that I become aware of any inappropriate access to, disclosure, or use of Confidential Information.

I also agree to notify the GRMC Compliance Officer immediately in the event any request, formal or informal, for the disclosure of Confidential Information is submitted to me or served upon me.

I understand that adverse, disciplinary, and/or legal, action may be taken against me if I, at any time:

- have, use, copy, read, print, access or obtain any Confidential Information which is outside the scope of my assigned duties, contract terms, employment, participation in treatment, training, or privileges; or
- use Confidential Information, to which I am otherwise authorized to access, in a manner which is outside the scope of my assigned duties, contract terms, employment, participation in treatment, training, or privileges; or
- directly or indirectly give or allow access to any Confidential Information which is not explicitly authorized by GRMC.

I also understand that, within the scope of my assigned duties, contractual terms, privileges, training, affiliation, and/or employment with GRMC, my login ID is the equivalent of my legal signature, and I will be accountable for all representations made at log in and for all work done under my login ID.

I understand that electronic data and information stored in the GRMC business records, medical records, and computer systems are confidential and protected patient, financial, organizational and proprietary data or information.

I agree to respect and abide by all federal, state, and local laws, rules and regulations pertaining to the confidentiality of identifiable medical, personal, financial, and proprietary information obtained or accessed as paper and/or electronic data and information. I agree to adhere to all GRMC Policies and Procedures adopted to protect Confidential Information and to comply with the Health Insurance Portability and Accountability Act (HIPAA) which govern the privacy, security and use of PHI and/or protect Confidential Information.

I will not access data for which I have no patient care, utilization review, billing, risk management, corporate compliance, quality assurance, or other operational responsibilities for which such access is legitimately required.

I will not allow any other person to use my login ID for any purpose. If I believe someone has compromised or broken the security of my login ID and/or password, I will immediately contact the GRMC Systems Help Desk at 575-538-4111 to have my password changed.

I understand that the misuse of my access to the paper records and/or computer systems of GRMC, or improper use or disclosure of any Confidential Information obtained, may subject me to disciplinary action, may result in the loss of my practice privileges, may result in the termination or limitation of my computer access, and may result in the termination of my contractual agreement, agency, affiliation, and/or employment at GRMC. I further understand that any inappropriate use or disclosure of Confidential Information may be reported by GRMC to certain state and/or federal agencies.

I understand and agree that if there is a concern or complaint regarding my use, disclosure, or access to Confidential Information, or PHI that GRMC is required to investigate any such complaint, use, disclosure, or access. I understand that GRMC will fully investigate any such complaint, use, disclosure, or access and may report the results of the investigation to the Office of Civil Rights (OCR) or accreditation or licensing agencies, as applicable, and as required by GRMC Policy, state or federal law, and/or OCR, or Centers for Medicare and Medicaid (CMS) requirements. I agree to cooperate fully with any such investigation regarding my use, disclosure, or access to Confidential Information or PHI conducted by GRMC. I agree to fully cooperate and respond to the GRMC HIPAA Committee, MEC, Peer Review Committee, or Chief of Staff, as applicable. I understand and agree that any failure on my part to participate and cooperate with any such investigation shall result in the immediate termination of my open access to GRMC's Electronic Health Record (EHR) and shall be reported to the OCR or other state and federal governmental bodies as applicable.

I understand that GRMC is required to report any and all breaches of Confidential Information under HIPAA to the Office of Civil Rights (OCR) and that if I violate HIPAA I agree such violation may be reported by GRMC to the OCR without any adverse action taken by me against GRMC.

I understand that state and federal laws protect this Confidential Information and I agree that I will be personally liable for any breach of confidentiality and all related damages. I further understand that I may be held criminally liable under New Mexico state law and/or the HIPAA privacy regulations for intentional and malicious release of identifiable health information.

I expressly agree to indemnify and hold GRMC harmless from, and hereby waive, all legal claims which I may assert, which are related to any lawful action taken by GRMC as a result of any inappropriate, improper, or unlawful access of and/or use or disclosure of Confidential Information which was induced, caused, or done by me.

Signature _____

Name (print) _____

Date _____



GILA REGIONAL
Medical Center

Origination: 9/20/2009
Effective: 3/16/2017
Last Approved: 3/16/2017
Last Revised: 3/16/2017
Next Review: 3/15/2020
Owner: *Johanna Gramer: Human Resources Director*
Area: *Human Resources*
References:

Code of Conduct Standards of Conduct

PATIENT SAFETY AND QUALITY OF CARE STANDARD OF CONDUCT

1. *Who must comply with the Gila Regional Medical Center's Standard of Conduct?*

This standard of conduct is aligned to our Mission, Vision, and Values and applies to every GRMC director, officer, caregiver, volunteer, and employed and contracted staff, agents, independent contractors and vendors.

2. *What are your responsibilities with regard to the Standard of Conduct?*

1. Adhere to and understand how the Standard of Conduct applies to your role in the organization and seek assistance and/or clarification from your Director, the Human Resources Director, or your Senior Administrator;
2. Adhere to the Standard of Conduct in all patient care interactions, interactions with other GRMC caregivers, providers, visitors, vendors, contractors, agents, Board of Trustee members and others you encounter in your role in the organization;
3. Report any conduct that you think may be in violation of the Standard of Conduct;
4. Listen and respond to questions, complaints or concerns expressed by patients, family members, visitors, or co-workers and refer complaints or concerns to the Patient Advocate, Risk Manager, and GRMC Administration as appropriate.

3. **Purpose of this Standard of Conduct:**

1. GRMC is committed to providing exceptional quality patient-centered care in healing environments.
2. GRMC recognizes that the safety and quality of patient care is dependent on teamwork, communication, and a collaborative work environment. Certain behaviors tend to undermine the culture of patient safety and quality of care that GRMC supports. This Standard of Conduct will identify the types of behaviors that undermine patient safety.
3. To encourage optimum patient care by promoting a safe, cooperative, respectful and professional health care environment and to eliminate any behaviors that might disrupt GRMC operations, adversely affect the ability of GRMC caregivers or others to competently perform their jobs or that might have a negative impact on the confidence of patients and families in GRMC's ability to provide quality care.
4. To support GRMC's commitment to patient safety and quality of care and Mission, Vision and

Values.

5. To supplement and establish GRMC policies of "zero tolerance" for threats, intimidation, and harassment, discrimination and retaliation.
6. To complement GRMC's Medical Staff Code of Conduct.
7. To promote a healthy work environment conducive to attracting the highest level of talented, skilled and committed caregivers.
8. To meet the standards set by The Joint Commission (TJC), which requires leaders to create and implement a process for defining, preventing and managing disruptive and inappropriate behaviors.
9. To meet all CMS regulations and conditions of participation and other federal and state regulations and statutes concerning the non-discriminatory treatment of patients, visitors, health care proxies, other GRMC caregivers, providers and any others encountered in the course of your employment, agency or contractual relationship with GRMC.
10. To identify, monitor, evaluate, support, and align the necessary interpersonal skills and professionalism that create a culture of patient safety and exceptional quality care.
11. It is not the purpose of this Standard of Conduct to interfere with any caregiver's right to:
 - a. Express opinions freely and to support reasonable positions even if they are in disagreement with those of other GRMC caregivers, Administration, or Medical Staff members;
 - b. Engage in honest differences of opinion with respect to the appropriate care and treatment of patients which are expressed in the proper manner and forum;
 - c. Voice good faith objections or concerns about GRMC policies and procedures which are expressed in the proper manner and forum; and/or
 - d. Report wrongdoing.

4. **Definitions Applicable to this Standard of Conduct:**

1. "**GRMC caregiver**" means any GRMC employee, staff member, volunteer, administrator, director, officer, provider, contracted employee, work force member, servant, or agent.
2. "**Appropriate behavior**" means any reasonable conduct for patients, to recommend improvements in patient care, to participate in the operations, leadership or activities of GRMC, or to engage in providing care within the applicable scope of professional practice.
3. "**Battery**" means any act of unconsented touching which a reasonable person would find offensive or harmful under the circumstances. May also mean any touching outside the scope of given consent. Includes providing medical care that has been refused or medical procedures that require specific informed consent where no informed consent has been obtained. A battery can occur in both a medical and non-medical context.
4. "**Inappropriate behavior**" means conduct that is unwarranted and is reasonably interpreted to be demeaning or offensive. Persistent, repeated inappropriate behavior can become a form of harassment and thereby become disruptive, and subject to treatment as "disruptive behavior."
5. "**Discrimination**" means to engage in any behavior that tends to infringe on another person's rights, including patients, health care proxies and visitors, GRMC caregivers, providers or GRMC officers and directors on the prohibited basis of national origin, ancestry, religion, race, color, sex, age, sexual orientation, gender-identification, disability, veteran status, spousal affiliation, physical or mental handicap or serious medical condition.

6. "**Disruptive behavior**" means any abusive conduct including sexual or other forms of harassment, or other forms of verbal or non-verbal conduct that harms or intimidates others to the extent that quality of care or patient safety may be compromised.
7. "**Egregious behavior**" means extraordinarily wrongful, offensive, glaring, or flagrant behavior.
8. "**Illegal behavior**" means any behavior, act, or conduct that violates state or federal law.
9. "**Harassment**" includes, but is not limited to discrimination as prohibited by state or federal law.
10. "**Retaliation**" means any behavior, no matter how overt or subtle, that is intended to or is likely to be perceived as harassment, ostracizing, singling out, discrimination or revenge in response to the reporting of wrongdoing or reporting or investigating of any suspicion of wrongdoing or the participation in any investigation or lawsuit relating to any employment matter or other financial or important relationship with GRMC.
11. "**Sexual harassment**" means any unwelcome sexual advances, requests for sexual favors, other verbal, visual or physical conduct of a sexual nature.

5. Types of Conduct.

1. **Appropriate behavior**--Behaviors consistent with the expectations of this Standard of Conduct include "appropriate behaviors." GRMC caregivers are expected to follow these behaviors and cannot be subject to discipline for appropriate behavior, but may be subject to discipline for failure to engage in appropriate behavior. Examples of appropriate behaviors include, but are not limited to the following:
 - a. Treating patients with dignity and respect;
 - b. Recognizing the right of GRMC patients to receive appropriate services provided by competent caregivers in an efficient, cost effective, and safe manner;
 - c. Providing service to patients within the scope of applicable licensure and within the applicable standard of care;
 - d. Monitoring the quality of patient care to improve the quality of services provided;
 - e. Respecting the privacy of GRMC patients and treating all protected information with confidentiality and in accordance with all applicable laws, rules, regulations, standards, and policies;
 - f. Respecting the rights of patients to have and to designate their health care proxies and visitors and supporting those designations without discrimination;
 - g. Respecting the rights of patients to obtain appropriate health care and emergency treatment without regard to their ability to pay and without restricting access to health care or medical treatment on any discriminatory basis;
 - h. Respecting the rights of patients and their designated health proxies and representatives to participate in the patient's care, to make informed decisions about their health care, planning and treatment;
 - i. Respecting the rights of patients to request and to refuse care and to provide information regarding the potential consequences of such refusal;
 - j. Obtaining the patient's consent before any touching or treatment and respecting the patient's right to informed consent for specific medical procedures;
 - k. Respecting, following and enforcing the patient's rights and responsibilities;

- l. Providing constructive criticism communicated in a reasonable manner and offered in good faith with the aim of improving patient care and safety;
 - m. Supporting every patient's right to be free of all types of discrimination, abuse or intimidation and refusing to tolerate patient abuse in any form;
 - n. Listening to patients, their families, and visitors and working to understand their concerns and including them in the treatment decision making process and the development and implementation of the patient's plan of care;
 - o. Documenting truthfully and accurately and timely in the patient's medical record care and treatment provided by you;
 - p. Responding efficiently and quickly to patient's questions, concerns and needs;
 - q. Providing care and treatment and other necessary services to patients without discrimination on the basis of sex, age, race, ancestry, color, religion, national origin, spousal affiliation, sexual orientation, disability status, serious medical condition, veteran status, or gender identity;
 - r. Participating in training required of your employment or role at GRMC and maintaining your required work related competencies;
 - s. Encouraging clear communication;
 - t. Expressing concern about a patient's care and safety;
 - u. Expressing dissatisfaction with GRMC policies and procedures through the appropriate chain of command or other civil non-personal and non-intimidating means of communication;
 - v. Using a cooperative approach to problem resolution;
 - w. Providing constructive criticism conveyed in a respectful and professional manner, without blame or shame for adverse outcomes and which focuses on systems or process issues;
 - x. Making professional comments to any professional, managerial, supervisory, or administrative staff, or members of the Board of Trustees about patient care or safety provided by others;
 - y. Participating actively in GRMC staff meetings where professional comments made during or resulting from such meetings cannot be used as the basis for a complaint under this Code of Conduct or as a basis for disciplinary action;
 - z. Reporting violations of GRMC's Code of Conduct, policy or procedure, Compliance Program, TJC standard, OIG guidelines or CMS Conditions of Participation, or state or federal law;
 - aa. Following all applicable GRMC policies or state or federal regulations; and
 - ab. Seeking legal advice or the initiation of legal action for cause.
2. **Inappropriate behavior**--Behaviors that violate the expectations of this Standard of Conduct include "inappropriate behaviors." GRMC caregivers are prohibited from engaging in inappropriate behavior directed to patients, family members, visitors, Medical Staff, Allied Health Professionals, and all other GRMC caregivers and can be subject to discipline for inappropriate behavior. Persistent inappropriate behavior can become a form of harassment or be disruptive, and will be subject to disciplinary treatment as "Harassment" or "Disruptive Behavior." Examples of inappropriate behaviors include, but are not limited to the following:
- a. Making derogatory comments or criticizing the quality of care provided by GRMC, a GRMC caregiver, a Medical Staff member, an Allied Health Provider, other Health Care Provider, or any other individual made outside of the appropriate forum or channels;

- b. Making impertinent or inappropriate comments or illustrations in a medical record or other official document which concerns the patient, a GRMC caregiver, Medical Staff member, or the quality of care provided by GRMC, a GRMC caregiver, Medical Staff member, Allied Health Member, or any another individual;
- c. Willfully disregarding GRMC's policies and/or procedures, failing to cooperate on assigned responsibilities or demonstrating an unwillingness to work collaboratively with others;
- d. Making written or oral statements which constitute the intentional expression of falsehoods, or which constitute deliberately disparaging statements made with a reckless disregard for the truth or for the reputation and/or feelings of others;
- e. Making belittling or berating statements;
- f. Engaging in name calling;
- g. Using profanity or disrespectful language;
- h. Writing inappropriate comments in a GRMC patient's medical record;
 - i. Failing to appropriately document patient care;
 - j. Deliberately or negligently failing to respond to patient care needs or Medical Staff requests;
- k. Expressing sarcasm in a derogatory manner to any individual;
 - l. Demonstrating a deliberate lack of cooperation without good cause;
- m. Demonstrating a deliberate refusal to return phone calls, pages, or other messages concerning patient care or safety;
- n. Intentionally using condescending language;
- o. Using tobacco or a tobacco product on GRMC grounds;
- p. Lying or making intentional misrepresentations in patient medical records or billing records or billing claims;
- q. Intentionally destroying GRMC records of any kind;
- r. Using GRMC proprietary information for your own self-interest or pecuniary interest or to aid another in gaining a competitive edge or market share in GRMC's geographic service area;
- s. Intentionally making degrading or demeaning comments regarding patients, their families and/or visitors, GRMC caregivers, Medical Staff members, or GRMC;
- t. Failing to disclose a conflict of interest or potential conflict of interest to GRMC;
- u. Engaging in providing professional licensed care to a family member when providing services on behalf of GRMC (i.e. where a registered nurse employed by GRMC provides nursing services to a family member while on the clock and/or while scheduled to work on behalf of GRMC);
- v. Engaging in any discriminatory behavior while in the scope of employment or other function on behalf of GRMC;
- w. Retaliating against any person who addresses or reports discriminatory or harassing behavior or potential and actual violations of the applicable standard of care, Code of Conduct, Compliance Program, GRMC policies and procedures, TJC standards, OIG guidelines and CMS Conditions of Participation and state or federal law; and

- x. Violating any other GRMC policy.
3. **Disruptive behavior**--Behaviors that violate the expectations of this Standard of Conduct include "disruptive behaviors." GRMC caregivers are prohibited from engaging in disruptive behavior directed to patients, family members, visitors, Medical Staff, Allied Health Professionals, and all other GRMC caregivers and can be subject to discipline for disruptive behavior. Examples of disruptive behaviors include, but are not limited to the following:
- a. Deliberately destroying of any GRMC property;
 - b. Refusing to abide by the GRMC Code of Conduct, Compliance Program, GRMC policies and procedures, TJC standards, OIG guidelines and CMS Conditions of Participation, and/or applicable standards of care;
 - c. Using physically threatening language to any other GRMC caregiver, officer, director, administrator, patient, patient family member, visitor, Medical Staff member or any other individual at GRMC;
 - d. Engaging in intentional physical contact with any other individual at GRMC that is threatening or intimidating;
 - e. Making threats of violence or retribution;
 - f. Bringing a weapon on GRMC property; and
 - g. Engaging in any other persistent or disruptive behaviors, including but not limited to, persistent inappropriate behaviors or harassment or repeated threats of litigation.
4. **Egregious behavior**-- Behaviors that violate the expectations of this Standard of Conduct include "egregious behaviors." GRMC caregivers are prohibited from engaging in egregious behavior and shall be subject to discipline, up to and including termination or criminal sanctions, for egregious behavior. Examples of egregious behaviors include, but are not limited to the following:
- a. Stealing;
 - b. Misappropriation, conversion, or theft of GRMC property or any provider's, caregiver's, patient's, or visitor's personal property or information;
 - c. Use of any GRMC property, equipment, vehicle, goods, services or proprietary business information or business information or records for personal use or pecuniary gain;
 - d. Altering medical records or other documents;
 - e. Lying;
 - f. Obstructing hospital legal matters or investigations;
 - g. Driving GRMC vehicles or operating GRMC vehicles without appropriate licensure or prior permission, direction and consent;
 - h. Failing to report to GRMC supervisor and Risk Manager, at the time of the accident, a single vehicle or multi-vehicle accident with a GRMC owned vehicle or other vehicle driven by a GRMC caregiver within the course and scope of their job description (whether or not any physical damage or injury is noted);
 - i. Providing patient care without documentation or when not scheduled to work;
 - j. Throwing equipment or other objects;
 - k. Engaging in inappropriate physical behavior;

- l. Reporting to work altered, impaired or under the influence of alcohol, drugs, and/or other illicit or illegal substances;
 - m. Engaging in the abuse of patients;
 - n. Sleeping during working hours, unless otherwise allowed (i.e. EMS, Surgical Services, or in house on call situation)
 - o. Engaging in any type of inappropriate sexual conduct while at GRMC;
 - p. Writing dishonest documentation in the patient's medical record (i.e. documenting exams that never took place);
 - q. Misrepresenting events to cover up wrong doing;
 - r. Failing to immediately report inclusion on the Department of Human Services Sanctions List, the New Mexico Employee Abuse Registry to GRMC;
 - s. Failing to report a loss, suspension, modification or moving violation of a New Mexico driver's license to GRMC when the caregiver's job description requires a driver's license or includes driving on behalf of GRMC;
 - t. Inappropriately accessing or disclosing confidential Hospital proprietary business information, confidential HR information, Medical Staff OPPE information or other information protected under the New Mexico Review Organization Immunity Act, Attorney-Client privileged communications, Risk Management or Compliance Investigation Information or other protected or confidential information;
 - u. Recording a GRMC caregiver or patient by means of video, audio or other recording device without the GRMC's caregiver's or patient's prior explicit and written consent;
 - v. Failing to report known and/or witnessed violations of the Code of Conduct to GRMC Director, HR, or the Compliance Department;
 - w. Engaging in acts of violence and/or retribution; and
 - x. Engaging in any kind of retaliation.
5. **Illegal behavior**--Behaviors that violate the expectations of this Standard of Conduct include "illegal behaviors." GRMC caregivers are prohibited from engaging in illegal behavior and shall be subject to discipline, up to and including termination or criminal sanctions, for illegal behavior. Examples of illegal behaviors for the purposes of this Code of Conduct include, but are not limited to the following:
- a. Felony convictions;
 - b. Guilty plea to a pending felony charge;
 - c. "No contest" pleas to a pending felony charge resulting in probationary terms;
 - d. Illegal drug use;
 - e. Fraudulent acts;
 - f. Theft of GRMC property, the property of any GRMC caregiver, patient, patient family member, visitor, Medical Staff member or any other individual at GRMC;
 - g. Assault;
 - h. Battery;
 - i. Providing care or services outside the scope of applicable licensure;

- j. Touching patients without specific consent or beyond the scope of the given consent;
- k. Disclosing or accessing patient health information, billing information or other patient related information protected by HIPAA or New Mexico Patient Confidentiality laws;
- l. Discriminatory behavior towards other caregivers, providers, patients, health care proxies or visitors, which include but are not limited to restricting visitation on a discriminatory basis and/or refusal to provide care and treatment for a discriminatory reason;
- m. Billing or charging for services not provided;
- n. Intentionally upcoding, unbundling, double billing or billing for services not supported by medical necessity or causing such events to occur;
- o. Accepting bribes, kickbacks or improper incentives from vendors, contractors, and/or others;
- p. Accepting gifts from vendors;
- q. Failing to report credits, discounts or rebates from vendors;
- r. Entering into financial relationships with physicians based on referrals or the value or volume of referrals;
- s. Entering financial relationships with physicians that do not meet fair market value and are not commercially necessary to achieve quality patient care goals;
- t. Giving away hospital goods or services in violation of the New Mexico Anti Donation Clause;
- u. Failing to report patient abuse to the NM DOH;
- v. Retaliatory behavior towards any caregiver, provider patient, health care proxy, visitor, contractor or agent;
- w. Retaliation in any form that includes, but is not limited to any aspect of employment, hiring, firing, discipline, pay, job assignments, promotions, layoffs, training, fringe benefits, or any other term or condition of employment; and
- x. Any other behavior, act, or conduct which violates state or federal law.

6. **Harassment**--Behaviors that violate the expectations of this Standard of Conduct include "harassment." GRMC caregivers are prohibited from engaging in harassment and shall be subject to discipline, up to and including termination for harassment. Examples of harassment include, but are not limited to the following verbal or physical conduct:

- a. Unwelcome verbal or physical behaviors;
- b. Behavior that exposes an individual or group to insult, ridicule, intimidation, or oppression;
- c. Behavior that includes degrading commentary about an individual or an identifiable group;
- d. Behavior that includes explicit or offensive jokes;
- e. Behavior that includes unnecessary or unconsented touching;
- f. Behavior directed towards a GRMC caregiver, patient, patient family member, visitor, patient health care proxy, Medical Staff member, officer, director or any other individual or group based on sex, race, ancestry, color, national origin, religion, age, disability status, marital status, veteran status, gender identity, spousal affiliation, sexual orientation, physical or mental handicap and/or which has the purpose or direct effect of unreasonably interfering with the patient's care and treatment, patient's right to designate their health care proxy or visitors, or the GRMC caregiver's or Medical Staff member's work performance or which creates an offensive,

intimidating or otherwise hostile work environment or care environment; and

- g. Behavior that violates GRMC's policies and procedures relating to Equal Employment Opportunity or Harassment.

7. **Sexual harassment--** Behaviors that violate the expectations of this Standard of Conduct include "sexual harassment." GRMC caregivers are prohibited from engaging in sexual harassment and shall be subject to discipline, up to and including termination for sexual harassment. Examples of sexual harassment include, but are not limited to the following:

- a. Unwelcome sexually oriented verbal or physical behaviors;
- b. Unwelcome sexual advances, requests for sexual favors;
- c. Any verbal or physical activity through which submission to sexual advances is made an explicit or implicit condition of employment or future employment-related decisions; and
- d. Unwelcome conduct of a sexual nature which has the purpose or effect of unreasonably interfering with a GRMC caregiver's work performance or which creates an offensive intimidating or otherwise hostile work environment.

6. **Reporting Violations:** Violations or suspected violations of this Code of Conduct may be made in person or in writing to the GRMC's Caregiver's Director, HR Director or Chief Compliance Officer or anonymously through the GRMC Compliance Hotline at 1-800-273-8452.

7. **Violations:** Violations of this Code of Conduct are subject to GRMC's Corrective Discipline Policy and may also be reported by GRMC to the appropriate and relevant state and federal licensing and other state and federal oversight agencies and state and federal law enforcement agencies and may be subject to other forms of legal action.

Attachments

No Attachments



GILA REGIONAL
Medical Center

Acknowledgement of Receipt

Code of Conduct/Standards of Conduct

POLICIES

I have received a copy of the policy listed above. I am aware that the Code of Conduct/Standards of Conduct Policy.

I do understand that violations of the Standard of Conduct Policy are subject to GRMC's Corrective Discipline Policy.

I have been offered the opportunity to discuss questions regarding this policy with the Director of my department.

Employee Signature

Date

Print Name



Origination 4/30/2020
Last Approved 6/30/2022
Effective 6/30/2022
Last Revised 11/4/2021
Next Review 6/29/2024

Owner Robert Candelaria: Director
Area Information Management

Acceptable Use Policy for external parties for using GRMC computing resources

1. PURPOSE

To clarify and outline the acceptable use, and unacceptable use of GRMC (Gila Regional Medical Center) computing resources.

1.2. Gila Regional Medical Center (GRMC) has adopted this policy to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Department of Health and Human Services (DHHS) security and privacy regulations, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) accreditation standards, and our duty to protect the confidentiality and integrity of confidential medical information as required by law, professional ethics, and other requirements.

1.3 To ensure the proper use of GRMC computing resources to maintain the accuracy, security, and confidentiality of individually identifiable health information (PHI), proprietary business, and other sensitive data. GRMC is committed to protecting patients, caregivers, employees, partners and GRMC from illegal or damaging actions by individuals, either knowingly or unknowingly.

1.4 Effective security is a team effort involving the participation and support of every person who uses any GRMC computing resource. It is the responsibility of, and condition of use to know and understand these guidelines and to conduct your activities accordingly.

1.5 As a condition of access to GRMC computing resources. All users are required to sign and comply with this and any other applicable agreement(s) and/or acknowledgement form prior to accessing any GRMC computing resource.

1.6 If External Party User has not accessed the GRMC system in 90 days user account will be archived and removed.

2. ASSUMPTIONS

2.1. GRMC can benefit its customers, improve patient care, and increase accuracy and efficiency by proper use of computing resources including the use of the internet and its resources as well as converging technologies involving computing resources

2.2. Inappropriate use exposes GRMC to risks including compromises of network systems, data, legal issues and downtime events that could potentially impact patient care.

2.3. GRMC's intentions for publishing an Acceptable Use Policy are not to impose restrictions that are contrary to GRMC's established culture of openness, trust and integrity

2.4 GRMC Assumes user is no longer needing access to GRMC Systems if account doesn't have activity in 90 days.

3. SCOPE

3.1. All users granted access to any GRMC computing resource.

3.2. Any and all GRMC computing resources including but not limited to; Vendor or GRMC supplied devices, computers, laptops, tablets, mobile devices, cell phones, pagers,. Internet/Intranet/Extranet-related/Public and private network and wireless systems, computer equipment, software, operating systems, peripheral devices, storage media, network server or application accounts, electronic mail, Internet browsing, or any other device that accesses GRMC computing resources

3.3. Any and all GRMC proprietary and/or healthcare information, stored information, cloud storage or file transfers, public media, text, or files, residing on any device or in transit.

4. POLICY

4.1. General use and ownership

4.1.1. Users will have no expectation of privacy with any GRMC computing resource.

4.1.2. Users will use extreme caution and are responsible for verifying the authenticity for opening e-mail attachments received from unknown senders. Screening and or verification services are available from the helpdesk or on call system 24x7x365

4.1.3. All users are responsible to immediately report the theft, loss, security problem, or unauthorized disclosure of GRMC proprietary information accessing GRMC computing resources immediately to the Information Systems Helpdesk by calling 575-538-4000 and asking for extension 4111 (IS Helpdesk) or ask for the on-call services to be activated.

4.1.4. All users are responsible to protect, and for exercising good judgment regarding appropriate use of information, electronic devices, and computing resources in accordance with GRMC policies and standards, and regulations.

4.1.5. Users must authenticate themselves before gaining access or attempting to establish any

connection with any GRMC computing resource from any device. Unauthenticated connections to any GRMC computing resource are prohibited

4.1.6. Users will not leave devices unattended when logged into GRMC computing resources, you must lock the screen or log off when the device is unattended.

4.1.7 Passwords will comply with GRMCs password policy. Users will not share credentials, passwords, or any related login information used to access any GRMC computing resource. Providing access to another individual, deliberately or through failure to secure it, is prohibited.

4.1.8. GRMC will exercise its right at any time and without prior notice to audit and/or utilize systems, internet and network filtering software to prohibit and/or monitor access to data, email or web sites or other activity that is considered inappropriate for business use, potentially unsafe or to ensure compliance with this policy

4.1.9 Any and all files located or stored on, and all activity on any GRMC computing resource are the sole property of GRMC and can be copied, duplicated, or shared with any party GRMC designates, without any notice.

4.1.10 GRMC will remove access and delete External User account if systems are not accessed in 90 days. User will be required to re-onboard in order to regain access to the GRMC Systems.

4.2. Publicly accessible information

4.2.1. Users are prohibited from representing an affiliation to GRMC on any public internet resource without the express written permission from GRMC marketing department

4.2.2. The content of all public internet resources under Gila Regional Medical Center's jurisdiction must comply with local, state, and federal laws and our internal policies and procedures.

4.3. Acceptable use

4.3.1. You may access, use or share GRMC proprietary information only to the extent it is authorized and necessary to fulfill your contracted or otherwise agreed to job duties.

4.3.2. You may send emails with PHI to external resources from GRMC email only via the ENCRYPTED email function

4.3.3. GRMC computing resources are to be used for business purposes in serving the interests of GRMC, and of our clients, patients and customers in the course of normal operations. All other uses must be reviewed and approved of by your primary GRMC contact.

4.4. Unacceptable use

4.4.1. Circumventing user authentication or security of a server or an account for any purpose, even if you have authorized access

4.4.2. Providing information about, or lists of, GRMC employees or other network information to any other parties

- 4.4.3. Creating or forwarding "chain letters", "Ponzi" or other "pyramid" schemes of any type.
- 4.4.4. Use of the GRMC_ALL internal distribution group without proper authorization or following established procedure
- 4.4.5. Engaging in any public online media that may harm or tarnish the image, reputation and/or goodwill of GRMC and/or any of its employees, affiliates, associates, or business partners.
- 4.4.6. Introducing honeypots, honeynets, modifying or forging email header information or using any program/script/command, or sending any message with the intent to interfere with normal network operations, via any means on any network.
- 4.4.7. Monitoring or collecting of systems or network traffic at any time, or executing any form of monitoring which will intercept data not intended for the users host, unless this activity is a part of the users agreed to job/duty.
- 4.4.8. Using a GRMC computing resource to engage in procuring or transmitting material that is in violation of sexual harassment, hostile workplace, or other form of harassment or to make fraudulent offers of products, items
- 4.4.9. Attempting to introduce, or introducing malicious programs, commands or hardware into the network or servers including but not limited to, viruses, worms, key loggers, Trojan horses, e-mail bombs, network sniffing, port or IP scans, ping floods, packet spoofing, denial of service, and/or forged routing information
- 4.4.10. Transferring or emailing individually identifiable health information or GRMC proprietary information via a public network outside of any agreed to disclosure policy that ensures legal authority for the disclosure to exist, or that does not comply with HIPAA data transmission and encryption standards.
- 4.4.11. Attempting to access, or accessing pornographic or other offensive websites (including, but not limited to, sexist, racist, discriminatory, hate, or other sites that would offend a reasonable person in the same or similar circumstances).
- 4.4.12. Exporting software, technical information, encryption technology, in violation of international or regional export control laws
- 4.4.13. Posting, blogging, or sending unsolicited email messages from a GRMC email address for purposes other than normal business.
- 4.4.14. Violating the rights of any person or company protected by copyright, trade secret, patent or other intellectual property, or similar laws or regulations, including, but not limited to, the installation or distribution of software products, photographs, or music inconsistent with the vendors license or that are not appropriately licensed for use by GRMC
- 4.4.15. Installing hardware, establishing external connections, or establishing new communications on existing connections that could allow unauthorized users to access GRMC's systems or information without the prior approval from GRMC.

4.4.16. Engaging in any online activity that is illegal under local, state, federal or international law.

4.4.17. Use the Internet for personal business, personal commercial gain, or without a valid medical or business purpose.

5. COMPLIANCE AND ENFORCEMENT

5.1. All users who use any GRMC computing resource are responsible for understanding and enforcing this policy. Users that violate this policy could be subject to immediate denial of access, contract breach notification, sanctioning, notification to Federal or state law enforcement, or other penalties.

5.2. IS will verify compliance to this policy through various methods, including but not limited to, business tool reports, internal and external audits, and monitoring systems

5.3. Any exception to the policy must be approved in writing by the Chief Information Security Officer in advance.

Caregiver signature _____ Date _____

Print Caregiver name _____

Approval Signatures

Step Description

Approver

Date

CEO Approval

Marion Thompson: Chief
Executive Officer

6/30/2022

CFO Approval

Paul Rogers: Interim Chief
Financial Officer

6/30/2022

IT Director

Robert Candelaria: Director

3/21/2022