

# Welcome to CHC

## About Us

CHC is building a world class primary health care system, that is committed to caring for special populations, and that is focused on improving health outcomes for our patients as well as building healthy communities.

Since 1972, CHC has been one of the leading health-care providers in the state of Connecticut, providing comprehensive primary care services in medicine, dentistry, and behavioral health. CHC is available to all, but has a special commitment to the uninsured, underinsured, and special populations such as patients with HIV/AIDS. CHC is a statewide, independent, private non-profit organization.

With 130,000 active patients, CHC, Inc. is the health care home that works to keep our patients—and our communities—healthy. We incorporate prevention and health promotion, treatment of illness, and management of chronic disease—often all during the same visit. But CHC goes beyond the traditional health services to bring care wherever you are, using innovative service delivery models and state of the art technology.

## Our Mission

Community Health Center, Inc. is a private, non-profit agency providing primary care and social services. Its quality health care services are available to all, and particularly to those who cannot gain access to such services elsewhere. The Community Health Center, Inc. takes leadership in promoting interagency cooperation. It is based on consumer control and is committed to ensuring human rights and respecting human dignity; as such, it strives to be a voice and vehicle for social change

## Organizational Ethics

The Board of Directors and Officers of Community Health Center, Inc. has established this statement of organizational ethics in recognition of our responsibility to patients, staff, funders and payers, and the communities we serve. It is the responsibility of every member of the organization to act in a manner that is consistent with this organizational statement and its supporting policies. By doing this, we support our mission of health care as a right, not a privilege; and our focus on special populations, improving health outcomes, and building healthy communities.

**RATIONALE:** Patients deserve care, treatment and services that safeguard their personal dignity and respect their cultural, psychosocial and spiritual values.

### **PROCEDURES/VALUE STATEMENTS:**

We will provide health care services that are within the scope of care of this organization, and will not turn away patients who are in need of our services based on their inability to pay, or based upon any other factor unrelated to patient care such as, but not limited to, an individual's spiritual beliefs or cultural practices.

We will adhere to a uniform standard of care throughout the organization; that is, to develop systems and policies that provide continuous improvement in monitoring the care provided to our customers. We will treat all patients with respect and dignity, and with professionalism.

This includes:

- meeting the health care needs of the patients.
- honoring a patient's need for privacy and confidentiality.
- fairly and accurately representing ourselves and our capabilities.
- being sensitive to psychological, social, spiritual, cultural and physical needs, and accommodating beliefs and customs whenever possible.
- providing mechanisms for conflict resolution and consistently educating patients about the procedure provision of a safe, clean facility.

### **We will act honestly and fairly. This includes:**

- Fostering honest and mutually beneficial relationships with affiliated educational institutions, third party payers, and community organizations.
- Providing a work environment that is free of discrimination and harassment.
- Providing services to meet identified needs of our patients and constantly seeking to avoid the provision of those services which are unnecessary or non-efficacious.
- Providing equal employment for all individuals.
- Providing a mechanism for defining staff rights and responsibilities.
- Disclosing information to patients on cost, services, discharge, and complaint practices.
- Billing patients and third parties only for services rendered.
- Attempting to resolve patients' questions regarding the cost relative to their care.
- Not misrepresenting our capabilities to the public. We will remain committed to maintaining truthful and unambiguous representations and descriptions of clinical services through all communications, including advertising and marketing.
- accurate representation of CHC services and/of care in all marketing materials

We will strive to protect the integrity of clinical decision-making, regardless of how CHC shares financial risk or compensates its leaders, managers, clinical staff, and licensed independent practitioners. We will promote fair, appropriate, and effective utilization of available health care resources. This includes evaluation of utilization review data, prohibiting personal use of supplies, and rigorous attention to cost control. We will obey all relevant laws and regulations. In demonstration of CHC's commitment to ensuring this, the CHC Compliance Policy and Program has been established.

**Revised: June, 2011 (M. Flinter)**

## Patient Rights and Responsibilities

Community Health Center, Inc. with its multidisciplinary health care team serves patients through its sites in Connecticut. The healthcare team provides high quality and individualized healthcare, which is easily accessible and readily available to patients.

Community Health Center believes that healthcare is a right and not a privilege. It is committed to ensuring human rights and respecting human dignity. CHC provides care to many diverse patient groups in its surrounding communities. Healthcare is provided to patients of all ages, races, needs and disabilities with consideration given to their language and cultural values. Many patients require assistance in comprehending and exercising their rights and responsibilities. CHC is dedicated to interpreting patient rights and responsibilities for all patients in a language or format that they can understand. Patients are strongly encouraged to empower themselves and exercise their rights and responsibilities. Patient Rights and Responsibilities are posted and a copy is available from the receptionist or Access to Care at the time of the initial visit.

### Patient Rights

The Community Health Center

- Will treat the patient in a dignified and respectful manner that supports his or her dignity.
- Will respect the patient's right to and need for effective communication.
- Will respect the patient's cultural and personal values, beliefs, and preferences.
- Will respect the patient's right to privacy.
- Will respect the patient's right to pain management.
- Will allow the patient to access, request amendment to and obtain information on disclosures of his or her health information, in accordance with law and regulation.
- Will provide information in a manner tailored to the patient's age, language and ability to understand.
- Will involve the patient in making decisions about his or her care, treatment, or services.
- Will respect the patient's right to refuse care, treatment, or services in accordance with law and regulations.
- Will involve the patient's family in care, treatment or services decisions to the extent permitted by the patient or surrogate decision maker, in accordance with law and regulation.
- Will honor the patient's right to give or withhold informed consent.
- Will respect the patient right to receive information about the individual (s) responsible for his or her care, treatment, or services.
- Will address patient decisions about care, treatment or services received at the end of life.
- Will assist them in accessing protective services.
- Will respect the patient and or their families' right to have complaints reviewed.

### Patient Responsibilities

The safety of patients is enhanced when patients are partners in the health care process. In addition, Community Health Center is entitled to reasonable and responsible behavior on the part of patients and their families.

Patients are responsible:

- To provide, to the best of their knowledge accurate information about present complaints, past illnesses, hospitalizations, medications, and other matters related to their health.
- To provide information about their expectations of and satisfaction with the organization.
- To ask questions when they do not understand their care, treatment or services or what they are expected to do.
- To follow and express concern about their ability to follow their plan of care, treatment or services.
- To accept their share of the responsibility for the outcomes or care, treatment or services if they do not follow the care, treatment, or services plan
- To follow CHC's policies and procedures
- To be considerate of CHC's staff and property, as well as other patients and their property.
- To meet any financial obligations agreed to within CHC.
- To treat the staff at CHC with courtesy and respect.
- For ensuring that a legally authorized adult accompanies the minor/incompetent patient to each visit or that the appropriate written authorization is provided in accord with written CHC policies on consent for treatment of minors.
- To speak with their provider or contact CHC if they have any questions or concerns regarding these patient rights and responsibilities.

**Revised June, 2011 (Approved July 5, 2011 – M. Flinter)**

## Confidentiality/Security Sanction Policy

Persons with access to information about patients, employees, or business matters may only obtain information that is necessary to do one's job. Obtaining any information, regardless of format (verbal, written, electronic or other format), other than what is required to do one's job is a violation of the Community Health Center, Inc. standard, even if one keeps information to oneself and does not disclose it to any other person. Individuals knowingly withholding information regarding a breach of confidential information are subject to corrective action.

Confidential information includes, but is not limited to, patient, financial, operational, health plan benefits, and employee information.

Persons who receive/view information about patients, employees, or business matters in order to do their jobs may not share the information with any others, unless the others need to know that information by virtue of their jobs and are authorized to obtain the information.

Sanctions shall not be imposed for good faith use or disclosure of confidential information necessary to report a violation of this policy or the law, or if the individual is a victim of a criminal act and the disclosure complies with §164.502(j) of the HIPAA Privacy rule.

### Reporting

- A. All CHC employees and contingent workers are subject to the provisions and the reporting requirements of this policy. Failure to act upon a known incident, as set forth below, will result in disciplinary action.
- B. Individuals reporting known or suspected incidents under this policy are protected from retaliation for such reporting. If an employee or contingent worker believes that he/she has been retaliated against, he/she should contact the CHC Compliance Officer or his/her designee immediately.
- C. Employees reporting known or suspected incidents may first report their concerns to their supervisor or manager. If the employee does not feel that he/she can report the issue to either his/her direct supervisor or manager, the Chief Privacy Officer or the Chief Information Officer may be contacted directly. The employee may also notify the Compliance Helpline. Contingent workers reporting known or suspected incidents should contact their CHC supervisor or designated contact person as applicable.

### Level of Breach

Determining the intent behind the breach will be taken into consideration when determining the appropriate level of discipline, as well as whether the offense is an initial or repeat offense. Disciplinary action will be taken for all breaches, including the following examples.

Carelessness: This level of breach occurs when a person unintentionally or carelessly accesses, reviews or reveals confidential information to him/herself or others without a legitimate need

to know the patient information. Examples include, but are not limited to: persons discuss confidential information in a public area; person leaves a copy of patient medical information in a public area; person leaves a computer unattended in an accessible area with a medical record unsecured.

Curiosity or Concern (no personal gain): This level of breach occurs when a person intentionally accesses confidential information for purposes other than the care of the patient or other authorized purposes but for reasons unrelated to personal gain. Examples include but are not limited to: a person looks up birth dates, address of friends or relatives; a person accesses and reviews a record of a patient out of concern or curiosity; a person reviews a public personality's record.

Personal Gain or Malice / Sensitive Information: This level of breach occurs when a person accesses, reviews or discusses confidential information for purposes of gossip, personal gain or with malicious intent. This level of breach also includes viewing or accessing patient or member information relating to psychiatric, HIV / AIDS, drug or alcohol diagnoses and treatments unrelated to an individual's direct job performance regardless of subsequent disclosure. Examples include but are not limited to: a person reviews a patient record to use information in a personal relationship; a person compiles a mailing list for personal use or to be sold; a person views a psychiatric record not in direct relation to performance of their job.

### **Corrective Action and Authority**

Violation of this policy will lead to corrective action. Corrective action is determined by Human Resources. Corrective action is progressive and must take into consideration prior incidents and behaviors. In all cases, loss of system privileges may be enforced.

Employees – Corrective action concerning employees is handled in accordance with the Human Resources Policy Manual guidelines established by the Human Resources Department. The employee's Manager will investigate any incident and involve Human Resources for determination of appropriate disciplinary action. Disciplinary action may be enforced up to and including termination. Documentation of the counseling is maintained in the employee's Personnel file.

Contingent Workers - Corrective action concerning contingent workers is dependent upon the arrangement and contracts in place and will be handled by those individuals authorized to make decisions related to said arrangements and contracts. Violation of confidentiality policies may result in termination of contract and/or contract penalties. Purchasing, Legal, and Human Resources will be involved when necessary. Documentation of corrective action is maintained as appropriate.

### **Civil and Criminal Penalties / Litigation**

Misuse or misappropriation of health information in violation of Federal regulations may result in civil monetary penalties and/or criminal penalties. Enforcement of penalties is based upon the intent and extent of the violation and may go up to \$250,000 per violation and 10 years in prison.

In addition to penalties enforced by Federal authority, there is the possibility that an individual whose information was disclosed or accessed inappropriately could file suit against the

organization and/or individuals within the organization.

**Notification to External Agencies**

Violation of confidentiality practices may result in notification to law enforcement officials and / or regulatory, accreditation and licensure organizations.

**Reviewed August 2014**



## Compliance Program and Policy

The Compliance Program consists of the following elements:

- Mission
- Business Ethics, Professional Ethics, and Conduct
- Conflicts
- Receipt of Gifts
- Fraud and Abuse Laws
- Patient Billing
- Privacy Protection Patient Health Information
- Utilizing Information Technology
- HIPPA Privacy Regulations
- Notice of Privacy Practice
- Access to PHI
- Identity Theft – Red Flag Rules
- Training and Education
- Communication – Whistle Blower
- Problem Solution and Corrective Action
- Auditing and Monitoring
- Enforcement

**Mission: Community Health Center (CHC)** is a private, non-profit agency providing access to and encouraging participation in comprehensive primary health care and social services. Its' quality services are available to all, and particularly to those who cannot gain access to such services elsewhere. CHC takes leadership in promoting interagency cooperation. It is based on consumer control and is committed to ensuring human rights and respecting human dignity; as such, it strives to be a voice and vehicle for social change.

**Business Ethics, Professional Ethics, and Conduct:** The Compliance Program adopted by CHC is applicable to all members of its Board of Directors, Officers, employees, contractors, and vendors with which it conducts business. CHC is committed to compliance with all federal, state and municipal statutes, grant obligations and the regulations and guidelines relating to its overall operations, and the prevention of fraud and abuse in the delivery of its health services. The Compliance Program extends beyond business ethics to include professional ethics and conduct. Indeed, it is impossible to list all of the potential compliance concerns, therefore employees, Directors, Officers, contractors and vendors are encouraged to raise any issue of concern. Examples may include but are not limited to issues of billing, payment, or documentation. Examples may also include inappropriate behavior which may be verbal, physical, or sexual between a staff members and patient or patient family member, or any staff behavior which threatens the quality or safety of care for any patient or group of patients.

**Conflicts** – As CHC employees we assume the commitment and obligation to CHC's patients to act in a manner that will merit public trust and confidence and to avoid any action which would bring discredit to CHC.

Each employee of CHC has a duty to make full disclosure of any situation in which his or her private interests create a conflict or potential conflict with those of CHC. It is

important to remember that an appearance of conflict may be just as damaging to CHC's reputation as a real conflict. In order that there is a common understanding of the importance of these matters, each employee shall be requested to sign a compliance form as an indication of understanding and compliance.

Activities prohibited to an employee shall not be done, or knowingly permitted to be done, indirectly through relatives, friends or otherwise. CHC has adopted conflicts of interest policies applicable to its Board of Directors and its employees which are fully incorporated into, and made a part of its Compliance Program.

**Receipt of Gifts** – No employee will, as part of his or her business activity, accept any gift, money or other thing of value other than advertising, promotional or goodwill gifts of nominal value (less than \$50.00). Good judgment must be exercised as to the cost, frequency, and intent to influence. Gifts outside these guidelines should be returned and an appropriate explanation of CHC's policy provided to the donor.

**Fraud and Abuse Laws** –CHC expects its employees to refrain from conduct that may violate the fraud and abuse laws. These laws prohibit:

- a. direct, indirect or disguised payments in exchange for the referral of patients:
- b. ordering of designated health services for patients from entities with which the attending clinician or an immediate family member has a financial interest;
- c. the submission of false, fraudulent or misleading claims to any government entity or third party payer, including claims for services not rendered, or claims which do not otherwise comply with applicable program or contractual requirements;
- d. making false representations to any person or entity in order to gain or retain participation in a program or to obtain payment for and service, and
- e. improper billing procedures including double billing, bundling and unbundling and miscoding.

**Patient Billing** –The billing practices of CHC must comply with applicable Federal and State laws and the contractual obligation contained in the various grants under which it operates. All such billing must be based upon accurate charges for services actually rendered.

The reporting requirements mandated by the Federal Medicare and Medicaid Programs, and the various financial grants from state and municipal sources, require that an accurate daily record of all patient encounters and treatments be maintained. CHC shall provide appropriate training to individuals responsible for daily admissions, including procedures to:

- (a) Record patient data, telephone, address, updated patient information, insurance verification, verification of Medicaid, self-pay and private insurance.
- (b) Accurate posting of daily patient encounter date, including scheduled appointments and no-shows
- (c) Basic working knowledge of coding procedures using ICD and CPT coding guidelines. The CPT codes explain what and the ICD-9 codes explain why provider

services were performed. The proper use of these codes maximizes revenues from insurers while minimizing audit liability. Although a major portion of CHC's grant income is based upon a capitated reimbursement schedule, CPT and ICD coding are important, not only to reflect some codes which may be billed outside the capitation payment, but to properly charge insurance providers of many of CHC's patients.

To assist each clinical provider in the proper use of these procedures, CHC shall:

- a. Provide current CPT/ICD- Coding manuals and appropriate training in their use.
- b. Conduct chart audits and other monitoring procedures on a periodic basis to assure understanding and compliance with coding requirements.
- c. Provide training programs, on at least annual basis, which shall include changes or revisions to the CPT/ICD coding procedures.

**Privacy Protection Patient Health Information** – HIPPA mandates the security standards to protect an individual's health information while permitting appropriate access and use of that information by health care providers and health plans. These groups are allowed under the privacy standards to use, share health information for treatment, payment and operational functions.

As an employee of CHC you will gain access to medical information of persons receiving services. That imposes a responsibility to safeguard and protect the Protected Health Information (PHI) of people we serve and encourage others to do the same.

The information these regulations are designed to protect may be created or received by CHC and is related to a particular individual's past, present, or future physical or mental health condition.

With very few exceptions PHI cannot be used or discussed with anyone without permission unless it is permitted by the Privacy Notice. Only the minimum necessary information will be disclosed on a need to know basis, and available only to those who provide treatment or those involved in healthcare operations..

The most common breach of privacy is loose talk. Be aware of who is around you when discussing personal information about an individual.

### **Utilizing Information Technology**

#### Fax Machine

- Call recipient to confirm fax number
- Use a confidential cover sheet
- If receiving a fax – get it right away

#### Telephone

- Do not leave sensitive or confidential information on answering machines
- Do not discuss any PHI unless you are sure of who is requesting it
- Cell phones can be intercepted, so be careful of what information is being

provided

#### Printers/Copiers

- Stay at the copier when copying PHI
- Retrieve the original

#### **HIPPA Privacy Regulations – Highlights**

The privacy regulations cover PHI which is

- Created or received by a health care organization or the employer of the individual that the information is about
- Is related to the individuals past, present, future physical or mental condition
- Written or oral
- Information that reveals the state of a person's health can be PHI
- It must be individually identifiable

**Distribution of Notice of Privacy Practices** – All patients must be given a notice of Privacy Practices. If the patient is a minor or incompetent the notice must be given to the patient's personal representative. CHC must make a good faith effort to obtain the written acknowledgement of receipt of the privacy notice. The Privacy Notice must be posted.

**Access to PHI (strictly limited to NEED to KNOW)** – Under the revised HIPPA regulations the access to patient health records and information is limited to those who have a "need to know" their content. These regulations also may require annual reporting of such unauthorized access. The introduction of electronic records provides a permanent record of everyone who has had access to PHI. Any individual who does not have a legitimate and necessary reason for viewing these records will be subject to disciplinary action.

**Identity Theft – Red Flag Rules** –CHC has adopted an Identity Theft Prevention Program to detect, prevent and mitigate identity theft in connection with the opening of a covered account or any existing covered account.

Identity theft is a fraud that is attempted or committed using the identifying information of another person without authorization. It is usually financial in nature, but may be medical identity theft. This would involve the appropriate misrepresentation of individually identifiable health information to obtain access to medical services.

The policy adopted by CHC outlines the circumstances which indicate the possibility of identity theft and the procedures to be followed when such theft is suspected or identified.

**Training and Education** – A copy of the Compliance Program shall be provided to members of the Board of Directors, Officers, all employees, and vendors with which CHC conducts business.

Each new employee of CHC shall, as part of his/her orientation program, be informed about the compliance program and the procedures by which they may report areas of suspected non-compliance. Additional training shall be provided to all CHC staff relative to compliance issues as necessary. The focus of these sessions shall be to reinforce CHC's commitment to

compliance with all laws, regulations, grant obligation and guidelines and policies of private payers.

**Communication: Whistle Blower** – All employees of CHC are encouraged to seek clarification regarding any aspect of the compliance program, or report any issue which he or she may consider to be a prohibited policy or activity directly to their supervisor or the Compliance Officer. . *If something seems wrong, trust your instincts, say something. A report can help prevent mistakes or correct situations before they become more serious.*

CHC is committed to patient safety, quality and employee satisfaction. CHC is committed to a transparent organization in which concerns and feedback can be freely expressed. Recognizing that not all employees have had prior experience of working in a transparent, non punitive culture, CHC maintains an anonymous and confidential “hotline” for administrative compliance concerns, as well as a “Near Miss” hotline” to the Compliance Officer. Direct access to this confidential phone in the office of the Compliance Officer is extension 3535.

As a Joint Commission accredited organization, CHC reminds all its employees they are free to contact the Joint Commission if their concerns have not been satisfactorily addressed. Joint Commission may be contacted at [www.jointcommison.org](http://www.jointcommison.org).

The Community Health Center will take no disciplinary or retaliatory action because an employee reports safety or quality concerns to either their immediate supervisor, Compliance Officer or the Joint Commission.

The Compliance Officer shall provide written acknowledgement of the inquiry and/or complaint, and conduct a prompt investigation of the subject matter. Upon completion of the inquiry, the Compliance Officer shall provide a written report to the complainant, if known, of his findings and corrective actions, if any, which have been recommended or implemented. The Compliance Officer shall maintain a record of all inquiries and responses and submit a summary report to the Board of Directors at each of its scheduled meetings.

**Problem Solution and Corrective Action** – Upon determination that a problem or unusual trend has been disclosed an internal investigation shall be undertaken to determine its cause, scope and seriousness. If the matter involves improper coding CHC shall determine whether overpayments have resulted, and if so, refunds shall be promptly provided to the applicable payer. Corrective measures shall be implemented to avoid repetition of such incorrect coding.

The Compliance Officer shall maintain a record of la alleged violations, a description of the investigative process, copies of all notes and reports, the results of the investigation, including any disciplinary action taken, and all corrective action implemented.

**Auditing and Monitoring** – To ensure adherence to CHC’s policies and procedures, and to identify areas of potential risk which may require special attention, CHC shall conduct, at least annually, a review of the compliance program. Such review shall include participation of the education programs, coding accuracy, effectiveness of communication of policy and regulatory updates or changes, and responses to inquiries or complaints submitted to the Compliance Officer.

**Enforcement** – The Compliance Policy of CHC shall be consistently enforced through appropriate disciplinary mechanisms, including, as appropriate, discipline of individuals responsible for the failure to detect an offense, as well as those individuals who actually committed or conducted an offense. The form of discipline that will be appropriate will be case-specific.

Revised July 2014

## Safety and Security

Community Health Center recognizes we all share a concern about emergency situations with patients and/or with persons who may pose a real or potential security threat to employees.

All employees, non-employees and business visitors are required to wear company issued I.D. badges while on company premises. The badge should be worn so that it is clearly visible to patients, clients, visitors and other CHC employees at all times. If an employee loses his or her badge, the loss should be reported immediately to the Site or Administrative Director and Human Resources, and a replacement badge will be issued. An employee who loses a badge more than one time in a one-year period must pay \$5 for each additional replacement badge. An individual employee badge should be used only by the employee whose name appears on the badge.

If an employee sees an individual without a badge, the employee is instructed to ask the person their reason for being on the premises. If an individual is not a patient/client, vendor, or other person with appropriate business reason for being on the premises, s/he should be asked to leave. If the person does not leave, the employee should contact a Manager/Supervisor to assist, or contact the police if necessary.

### **Dr. Strong Code**

In the event that an employee finds s/he is faced with a situation of concern regarding a patient, client, vendor or other individual, the employee is instructed to use the overhead paging system to page Dr. Strong to the area where the employee is.

Dr. Strong is the Company's code word signaling "emergency requiring coworker assistance." An appropriate number of employees in the vicinity should immediately go to the assistance of the employee, taking care to not endanger themselves. Please note that if there is a risk to the physical well-being of any individual, emergency assistance from public authorities should also be requested by dialing "911."

### **Safety Recommendations for CHC Employees**

- Be aware of your surroundings and act safely at all times.
- Always secure your belongings in a locked area. Lockers, lockable drawers or other lockable areas are provided at all sites.
- Check for CHC issued ID badges. If someone doesn't have one, ASK!!!
- Report broken lights, windows and doors. Don't wait for someone else to do it.

# Infection Control Levels

CHC has formal, established policies, which are designed to protect both employees and patients. These include:

- Assignment of all job categories to a “level of exposure group”
- Required documentation of PPD status, measles immunity, and hepatitis B immunization based on “level of exposure group”
- Annual PPD screening requirements.
- Mandatory initial and annual training in infection control and specific policies and procedures to follow in the event of an exposure.
- Annual Universal Flu Vaccine Policy.

All CHC jobs/positions are assigned a “level” for purposes of Infection Control. These are defined as:

**Level I:** Direct, close contact with patients; significant potential for blood and body fluid exposure: physicians, dentists, nurse practitioners, medical/dental assistants, nurses, dental hygienists, phlebotomists, HIV counseling/testing workers

**Level II:** Direct and frequent contact with patients, but with no significant risk for blood and body fluid exposure: receptionists/office managers in clinical areas, social workers/therapists/psychologists, case managers/ parent aides/outreach workers, battered women’s shelter workers, facilities workers.

**Level III:** Indirect and infrequent contact with patients, negligible risk of exposure to blood and body fluids: Administration, Finance, IT, HR.

**Reviewed: February 2014**



All CHC, Inc. staff, along with volunteers, students, and contracted employees who come on the premises must receive the influenza vaccine and provide a document signed by the administering health care professional confirming receipt of the vaccine. This group will be referred to as health care workers in the following document.

Exemptions for medical and religious reasons may be permitted. Requests for these exemptions will be carefully evaluated by a committee convened for this purpose.

Influenza is a serious disease that has the ability to spread rapidly and to cause widespread morbidity and mortality among its victims. In recent decades, the annual deaths associated with influenza have ranged from 3,000 to 49,000 in the United States. More than 200,000 are hospitalized with flu-related complications each year. Influenza is most serious for the very young, the elderly and those who are immunocompromised. Therefore, many of the patients of CHC are at high risk for influenza and its associated complications.

Healthcare workers can transmit influenza to patients, other employees, and their families. Those who are infected may be contagious for up to 24 hours before any symptoms develop. Healthcare workers may also report for work despite showing flu-like symptoms, making them unsuspecting vectors of the virus. Thus, there is the potential for high-risk patients to be exposed to the flu.

The influenza vaccine is safe and effective. It has been shown to decrease the occurrence, severity, and spread of the disease and has consistently demonstrated a very low incidence of serious side effects. The best protection against influenza can be achieved with a program that provides yearly vaccination to all employees. Such programs, when voluntary, fail to produce adequate rates of vaccination. Universal vaccination of all employees has been achieved in other health care facilities, and has been effective in reducing illness in the patients and staff members of those facilities.

## **PROCEDURE:**

### **Education of health care workers regarding influenza and influenza vaccine**

Annually, typically during the fall and winter months, CHC, Inc. will provide education to health care workers regarding the influenza vaccine; non-vaccine control and prevention measures; and the diagnosis, transmission, and impact of influenza.

This information may be provided via presentations at staff meetings, e-mails, print materials, one-on-one discussions with clinical staff, etc.

Employees will be provided with appropriate departmental and human resources contacts to address questions or concerns not addressed via the communication channels mentioned above.

### **Provision and administration of the influenza vaccine for CHC Employees**

Each employee will take responsibility for obtaining flu vaccination prior to December 1 for the current administration year or to submit an exemption form by November 1.

For employee convenience, influenza vaccination will be made available by Walgreens at all all main sites (excluding the Old Saybrook site) during a regularly scheduled workday agreed upon and coordinated by the site management. The timing of the Walgreens flu clinics will take into account school-based and Where You Are sites to ensure accessibility for all site personnel.

All employees will receive blank forms for the Walgreens rapid flu clinics prior to the scheduled day they are to be at each main site. The forms will include a Vaccine Consent Form as well as one for insurance information, according to Walgreens immunization administration policies and procedures. Influenza vaccination is a fully covered preventive service on insurance plans. For any employees that may not have insurance, Walgreens will provide a voucher to cover the cost of vaccination.

Employees vaccinated by Walgreens at the main site locations will be provided with a form or card confirming the date of their vaccination.

Employees who choose not to be vaccinated at the Walgreens rapid clinics provided at the main sites, will be responsible to go elsewhere to obtain vaccination (their PCP, an alternate pharmacy providing the service, etc.).

The nurse, pharmacist or medical provider administering the influenza vaccine to employees should administer the vaccine in accordance with their own agency policies and according to manufacturers' guidelines, Rights of Medication Administration, and CDC Vaccine Administration Guidelines. In addition, a current Vaccine Information Statement for the influenza vaccine should be provided to the vaccine recipient per federal law. The agency administering the vaccine will be responsible to provide this information.

If egg allergy is noted, the Recommendations regarding influenza vaccination for persons who report allergy to eggs from the Advisory Committee on Immunization Practices (ACIP), 2013-14 Influenza Season should be consulted by the administering agency (see below).

### **Documentation of receipt of the influenza vaccine**

The employee will obtain documentation from the health care professional(nurse, provider or pharmacist) administering their vaccine including the lot number and manufacturer of the vaccine, the site of administration, signature of the vaccine administrator, and administrating facility (name of pharmacy or name and address of clinic).

This documentation will be submitted to Human Resources via Workday prior to December 1 or prior to start date of employment if after December 1.

### **Process for requesting exemption**

Health care workers who have a medical or religious reason prohibiting them from receiving the flu vaccine are permitted to submit a formal request for exemption to a committee convened for this purpose. The following criteria have been determined to be eligible for exemption:

- a. Religious prohibition to receive the flu vaccine or a component of the flu vaccine.
- b. History of anaphylactic reaction to eggs- i.e. cardiovascular changes, respiratory distress, gastrointestinal symptoms (nausea/vomiting), reaction requiring epinephrine, reaction requiring medical attention. Hives as the only presentation after eating eggs is not a contraindication according to the ACIP. These employees should receive RIV3 (Flublok) if they are aged 18 through 49 years or should be referred to their allergist. If RIV3 is not available, or the health care worker is over the age of 49 years, IIV may be administered by a provider with experience in allergic reactions.
- c. History of severe allergic or anaphylactic reaction to the influenza vaccination or component of the vaccine. Defined as developing hives, swelling of the lips or tongue, difficulty breathing. Does not include sore arm, local reaction, or subsequent upper respiratory infection.
- d. History of Guillain Barré syndrome within 6 weeks after receiving a previous influenza vaccination.
- e. Other reasons for request for exemption will be carefully reviewed by the committee.

Individuals requesting exemption should have the appropriate form completed (“Request for medical exemption from influenza vaccination” or “Request for religious exemption from influenza vaccination”- see below). This form will be submitted to Human Resources by November 1 annually. Only employees hired after this date will be allowed to request exemption after this date.

Human Resources will remove the individual’s identifying information (name, etc.) to provide confidentiality. The request forms will then be submitted to the exemption committee for review.

The exemption committee will meet on a regular basis to review the requests and determine if the requests for exemption are granted.

Human Resources will communicate the decision of the exemption committee to the individual requesting exemption.

Any health care worker who is denied exemption will be required to comply with the universal flu vaccine program.

Health care workers with approved exemptions may be required, upon the direction of the CMO/Chair of the Infection Control Committee and based on the emergence of influenza and other factors, to wear surgical masks during flu season when they are within six feet of an area in which they may encounter patients.

### **Monitoring of compliance with vaccination**

HR will maintain record of those health care workers who have received the flu vaccine in the current influenza season and those who have received exemptions.

This information will be used to calculate annual vaccination rates and exemption rates. Percentage of vaccination and exemption among CHC employees will be calculated separately from a calculation of volunteers, students, and contracted clinical employees.

Those included in the calculation of vaccination rates must have worked at CHC, Inc. between December 1 and March 31. This vaccination rate data will be provided to Senior Leadership and the Infection Control Committee for review.

**Non-compliance with universal influenza vaccination**

Health care workers without an approved medical or religious exemption who have not received influenza vaccination by Dec. 1 of each year will be disciplined in accordance with CHC's disciplinary action policy up to and including termination.

## Sexual and other unlawful harassment

Harassment in the workplace, based on a person's race, color, religion, age, gender, marital status, national origin, ancestry, mental or physical disability, sexual orientation, veteran status, genetic information, or any other trait protected by law will not be tolerated with respect to employees or applicants for employment.

Sexual harassment consists of verbal, physical or visual harassment of a sexual or gender-based nature where there are threats or insinuations, either implicitly or explicitly, that an employee's refusal to submit to such conduct may adversely affect the employee's employment, evaluations, wages, advance, assigned duties, shifts, career development or other conditions of employment. Sexual harassment also includes unwelcome conduct of a sexual or gender-based nature that unreasonably interferes with an employee's job performance or creates a hostile or offensive working environment. All of us are responsible for maintaining a work area free of sexual harassment.

Contact Human Resources if you feel you have been sexually harassed or otherwise discriminated against, or Margaret Flinter, VP/Clinical Director or Mark Masselli, President/CEO.

All complaints will be treated with confidentiality (need to know basis) and will be investigated thoroughly and promptly. The facts will determine the response to each allegation, and substantiated acts of harassment or other discrimination will be met with appropriate disciplinary measures, up to and including termination of employment.

## Workplace Threats and Weapon Ban

Community Health Center maintains a zero tolerance policy on workplace threats and violence. Threats, threatening behavior, intimidation, abusive language, other disruptive behavior or acts of violence against employees, visitors, patients, or other individuals by anyone on Company property will not be tolerated, and will result in disciplinary action. Weapons are banned from our buildings (except for law enforcement officials). Employees may not store weapons/guns in cars on Community Health Center property or designated parking areas. Violations of this policy will lead to disciplinary action up to and including termination, arrest and prosecution.

Any person who makes threats, exhibits threatening behavior, intimidating behavior (to include abusive language), other disruptive behavior or engages in violent acts on Company property shall be removed from the premises as quickly as safety permits and shall remain off Company premises pending the outcome of an investigation. Community Health Center will initiate an appropriate response. This response may include, but is not limited to, suspension and/or termination of any patient or business relationship, suspension or termination of employment, and/or criminal prosecution of the person or persons involved.

All employees are responsible for notifying a supervisor or Human Resources of any threats or intimidating behaviors they have witnessed, received, or have been told that another person has witnessed or received. Even without an actual threat, personnel should also report any behavior they have witnessed which they regard as threatening, intimidating, abusive or violent when that behavior is job related or might be carried out on a Community Health Center site, or is connected to company employment. Employees are responsible for making this report regardless of their relationship between the individual who initiated the threat, intimidating behavior or threatening behavior and the person(s) who were threatened, intimidated or were the focus of the threatening behavior. Any Manager who becomes aware of threatening behavior must immediately notify Human Resources.

Employees who apply for or obtain a protective or restraining order which lists Community Health Center locations as being protected areas, must provide to their Manager or to Human Resources a copy of the petition and declarations used to seek the order, a copy of any temporary protective or restraining order which is granted, and a copy of any protective or restraining order which is made permanent. Community Health Center understands the sensitivity of the information requested and CHC recognizes and respects the privacy of the reporting employee and will take actions that safeguard confidentiality within the context of complying with applicable restraining orders and protecting the safety of employees, patients and clients.

## Smoke Free Workplace

As a healthcare organization, Community Health Center is committed to preventing illness, promoting the health and welfare of all of its patients, employees, physicians, volunteers and visitors and avoiding unnecessary health care expenditures. In accord with this commitment, we acknowledge the following conclusion of the Surgeon General of the United States and the National Fire Protection Agency:

- Smoking is injurious to health
- Involuntary smoking is a cause of disease in nonsmokers.
- Health care costs for smokers are significantly higher than for nonsmokers.
- Smoking is the most significant fire hazard in all facilities.

In acknowledging these facts, Community Health Center recognizes its responsibility to provide, support and promote a smoke-free environment.

CHC is a Non-Smoking campus. Smoking by employees, physicians, patients and visitors anywhere on CHC property/facilities is prohibited.

- Non-smoking educational materials available
- Notices are posted at all CHC facilities

The CHC disciplinary process will be utilized to address any employee violation of this policy.

**Reviewed April 2014**

## Drug Free Workplace

Community Health Center, Inc. is committed to providing a safe, efficient and productive work environment for all employees. Community Health Center maintains a drug and alcohol-free workplace. This policy recognizes that employee involvement with alcohol and other drugs can be very disruptive, adversely affect the quality of work and performance of employees, pose serious health risks to users and others, and have a negative impact on productivity and morale.

Any individual who conducts business for the organization, is applying for a position or is conducting business on the organization's property is covered by our drug-free workplace policy. Our policy includes, but is not limited to executive management, managers, supervisors, full-time employees, part-time employees, off-site employees, contractors, volunteers, interns, and applicants. As a condition of employment, CHC requires that employees adhere to a strict policy regarding the use and possession of drugs and alcohol.

Employees may not use, possess, distribute, trade, sell, or be under the influence of alcohol, narcotics, or any other drugs at any time during assigned work hours or while conducting business related activities on Community Health Center premises at any time. The only exception is for personal use of prescription drugs or over the counter (OTC) medications which will not impair your ability to perform your job safely. A medical certificate from your medical provider may be required by your supervisor. Our drug-free workplace policy applies whenever anyone is representing or conducting business for CHC. Therefore, this policy applies during all working hours, whenever conducting business or representing the organization, while on call, paid standby, while on organization property and at company-sponsored events.

Employees whose positions include responsibilities directly related to drug/alcohol counseling, drug/alcohol testing, and treatment of drug/alcohol dependency or care of patients with drug/alcohol dependency are required to comply with all drug/alcohol-related laws and regulations during working hours.

Any employee who is convicted of a criminal drug or alcohol-related violation in the workplace must notify the organization in writing within five calendar days of the conviction. The organization will take appropriate action within 30 days of notification.

Entering the organization's property constitutes consent to searches and inspections. If an individual is suspected of violating the drug-free workplace policy, he or she may be asked to submit to a search or inspection at any time. Searches can be conducted of pockets and clothing, lockers, wallets, purses, briefcases and lunchboxes, desks and work stations, and vehicles and equipment.

Violations of this policy will lead to disciplinary action which may include termination and/or required participation in a substance abuse rehabilitation or treatment program. Such violations may also have legal consequences. Community Health Center will report such violations to the appropriate law enforcement agency.

### **Substance Abuse Testing**

Community Health Center reserves the right to have an employee submit to a urinalysis or other drug test when Community Health Center has reasonable suspicion that the employee is under the influence of drugs or alcohol which adversely affects or could adversely affect such employee's performance. Drug testing will be performed at a facility outside of Community Health Center. An employee who refuses to sign the required forms or refuses to cooperate in the testing process in such a way that prevents completion of the test will be assumed to have violated CHC's drug-free workplace policy.



## Non-Solicitation Policy

Community Health Center has an interest in keeping our premises free of activity which does not relate to our business. With this in mind, solicitation by one employee of another on CHC premises during both working and non-working time is prohibited. This includes the distribution of literature or other material. Solicitation by non-employees is not permitted on Community Health Center premises at any time. Further, you may not use Community Health Center property or facilities, such as meeting or conference rooms, stationery, photocopies, telephones, voice mail or electronic mail, to solicit or to conduct any personal business enterprise.

The Non-Solicitation policy applies to all employees, contract workers and non-employees. Exceptions to the Solicitation policy may be made by management for limited solicitations, such as for the United Way or similar charitable campaigns.

You should get permission from your supervisor to post materials on bulletin boards on Community Health Center premises. You should contact the Human Resources Director if you wish to have a Company “approved” solicitation go out to all employees of the Company.

## Password Policy

Passwords are a critical part of information and network security. Passwords serve to protect user accounts, but a poorly chosen password, if compromised, could put the entire network at risk. As a result, all employees of Community Health Center are required to take appropriate steps to ensure that they create strong, secure passwords and keep them safeguarded at all times. The purpose of this policy is to set a standard for creating, protecting, and changing passwords such that they are strong, secure, and protected.

This policy applies to all employees of Community Health Center who have or are responsible for a computer account, or any form of access that supports or requires a password, on any system that resides at any Community Health Center facility, has access to the Community Health Center network, or stores any non-public Community Health Center information.

- Passwords must be changed every 90 days.
- Old passwords cannot be re-used for a period of 9 months.
- Users will be notified by the system when a password change is needed.
- All passwords must conform to the guidelines outlined below.

### Password Construction Guidelines

Passwords are used to access any number of company systems, including the network, e-mail, the Web, and voicemail. Poor, weak passwords are easily cracked, and put the entire system at risk. Therefore, strong passwords are required. Try to create a password that is also easy to remember.

- Passwords should not be based on well-known or easily accessible personal information.
- CHC's network passwords must contain at least 10 characters.
- Passwords must be complex meaning that they contain lowercase characters, uppercase characters, numbers, and/or symbols. At least 3 of the 4 must be used to qualify as a complex password.
- A new password must contain at least 5 characters that are different than those found in the old password which it is replacing. Your user name cannot be part of the password.
- Passwords must not be based on a users' personal information or that of his or her friends, family members, or pets. Personal information includes logon I.D., name, birthday, address, phone number, social security number, or any permutations thereof.
- Passwords must not be words that can be found in a standard dictionary (English or foreign) or are publicly known slang or jargon.
- Passwords must not be based on publicly known fictional characters from books, films, and so on.
- Passwords must not be based on the company's name or geographic location.

## **Password Protection Guidelines**

- Passwords should be treated as confidential information. No employee is to give, tell, or hint at their password to another person, including IT staff, administrators, superiors, other co-workers, friends, and family members, under any circumstances.
- If someone demands your password, refer them to this policy or have them contact the IT Department.
- Passwords are not to be transmitted electronically over the unprotected Internet, such as via e-mail. However, passwords may be used to gain remote access to company resources via the company's IPsec-secured Virtual Private Network or SSL-protected Web site.
- No employee is to keep an unsecured written record of his or her passwords, either on paper or in an electronic file. If it proves necessary to keep a record of a password, then it must be kept in a controlled access safe if in hardcopy form or in an encrypted file if in electronic form.
- Do not use the "Remember Password" feature of applications.
- Passwords used to gain access to company systems should not be used as passwords to access non-company accounts or information.
- If possible, don't use the same password to access multiple company systems.
- If an employee either knows or suspects that his/her password has been compromised, it must be reported to the IT Department and the password must be changed immediately.
- The IT Department may attempt to crack or guess users' passwords as part of its ongoing security vulnerability auditing process. If a password is cracked or guessed during one of these audits, the user will be required to change his or her password immediately.

**Reviewed June 2014**

## E-Mail Acceptable Use Policy

E-mail is a critical mechanism for business communications at Community Health Center. However, use of Community Health Center's electronic mail systems and services are a privilege, not a right, and therefore must be used with respect and in accordance with the goals of Community Health Center. The objectives of this policy are to outline appropriate and inappropriate use of Community Health Center's e-mail systems and services in order to minimize disruptions to services and activities, as well as comply with applicable policies and laws.

This policy applies to all e-mail systems and services owned by Community Health Center, all e-mail account users/holders at Community Health Center (both temporary and permanent), and all company e-mail records.

### Account Activation/Termination

E-mail access at Community Health Center is controlled through individual accounts and passwords. Each user of Community Health Center's e-mail system is required to read and sign a copy of this E-Mail Acceptable Use Policy prior to receiving an e-mail access account and password. It is the responsibility of the employee to protect the confidentiality of their account and password information.

All employees of Community Health Center are entitled to an e-mail account. E-mail accounts will be granted to third party non-employees on a case-by-case basis. Possible non-employees that may be eligible for access include:

- Contractors
- Students
- Temp Workers

Applications for these temporary accounts must be submitted in writing to the Human Resources department. All terms, conditions, and restrictions governing e-mail use must be in a written and signed agreement.

E-mail access will be terminated when the employee or third party terminates their association with Community Health Center, unless other arrangements are made. Community Health Center is under no obligation to store or forward the contents of an individual's e-mail inbox/outbox after the term of their employment has ceased.

### General Expectations of End Users

Important official communications are often delivered via e-mail. As a result, employees of Community Health Center with e-mail accounts are expected to check their e-mail in a consistent and timely manner so that they are aware of important company announcements and updates, as well as for fulfilling business- and role-oriented tasks.

E-mail users are responsible for mailbox management, including organization and cleaning. If a user subscribes to a mailing list, he or she must be aware of how to remove himself or herself from the list, and is responsible for doing so in the event that their current e-mail address changes.

E-mail users are also expected to comply with normal standards of professional and personal courtesy and conduct.

### Appropriate Use

Individuals at Community Health Center are encouraged to use e-mail to further the goals and objectives of Community Health Center. The types of activities that are encouraged include:

- Communicating with fellow employees, business partners of Community Health Center, and clients within the context of an individual's assigned responsibilities.

- Acquiring or sharing information necessary or related to the performance of an individual's assigned responsibilities.
- Participating in educational or professional development activities.

## **Inappropriate Use**

Community Health Center's e-mail systems and services are not to be used for purposes that could be reasonably expected to cause excessive strain on systems. Individual e-mail use will not interfere with others' use and enjoyment of Community Health Center's e-mail system and services. E-mail use at Community Health Center will comply with all applicable laws, all Community Health Center policies, and all Community Health Center contracts.

The following activities are deemed inappropriate uses of Community Health Center systems and services and are prohibited:

- Use of e-mail for illegal or unlawful purposes, including copyright infringement, obscenity, libel, slander, fraud, defamation, plagiarism, harassment, intimidation, forgery, impersonation, soliciting soliciting for illegal pyramid schemes, and computer tampering (e.g. spreading of computer viruses).
- Use of e-mail in any way that violates Community Health Center's policies, rules, or administrative orders.
- Viewing, copying, altering, or deletion of e-mail accounts or files belonging to Community Health Center or another individual without authorized permission.
- Sending of unreasonably large e-mail attachments. The total size of an individual e-mail message sent (including attachment) should be 20 MB or less.
- Opening e-mail attachments from unknown or unsigned sources. Attachments are the primary source of computer viruses and should be treated with utmost caution.
- Sharing e-mail account passwords with another person, or attempting to obtain another person's e-mail account password. E-mail accounts are only to be used by the registered user.
- Excessive personal use of Community Health Center e-mail resources. Community Health Center allows limited personal use for communication with family and friends, independent learning, and public service so long as it does not interfere with staff productivity, pre-empt any business activity, or consume more than a trivial amount of resources. Community Health Center prohibits personal use of its e-mail systems and services for unsolicited mass mailings, non-Community Health Center commercial activity, political campaigning, dissemination of chain letters, and use by non-employees.

## **Monitoring and Confidentiality**

The e-mail systems and services used at Community Health Center are owned by the company, and are therefore its property. This gives Community Health Center the right to monitor any and all e-mail traffic passing through its e-mail system. While the company does not actively read end-user e-mail, e-mail messages may be accessed by IT staff during the normal course of managing the e-mail system. In addition, backup copies of e-mail messages may exist, despite end-user deletion, in compliance with Community Health Center's records retention policy. The goals of these backup and archiving procedures are to ensure system reliability and prevent business data loss.

All systems users must be aware that they should not have any expectation of personal privacy in the use of the Community Health Center email systems. By using Community Health Center's email systems, the user expressly consents to Community Health Center monitoring, auditing, reviewing, retrieving or

otherwise tracking the email system usage, including the content of electronic communications, for any reason. System users understand that Community Health Center makes its email system available to employees for work-related purposes only.

Use extreme caution when communicating confidential or sensitive information via e-mail. Keep in mind that all e-mail messages sent outside of Community Health Center become the property of the receiver. A good rule is to not communicate anything that you wouldn't feel comfortable being made public. Demonstrate particular care when using the "Reply" command during e-mail correspondence. While CHC prefers that patient or employee data is not transmitted via email, the company realizes that email communication offers both convenience and quality benefits. However, with these benefits come risks and it is the employee's responsibility to safeguard the confidentiality of sensitive information transmitted by email.

#### **To mitigate risks:**

- All internal and external email communications that contain sensitive data regarding employees or or patients must have the word "Sensitive" in the subject line.
- Employees will have the following Statement of Confidentiality on all email correspondence:  
*This message originates from Community Health Center, Inc. The information contained in this message may be privileged and confidential. If you are the intended recipient you must maintain this message in a secure and confidential manner. If you are not the intended recipient, please notify the sender immediately and delete all copies of this message. Thank you.*

#### **Reporting Misuse**

Any allegations of misuse should be promptly reported to CHC's CIO or Compliance Officer. If you receive an offensive e-mail, do not forward, delete, or reply to the message. Instead, report it directly to your supervisor for further instructions.

#### **CHC's Disclaimer**

Community Health Center assumes no liability for direct and/or indirect damages arising from the user's use of Community Health Center's e-mail system and services. Users are solely responsible for the content they disseminate. Community Health Center is not responsible for any third-party claim, demand, or damage arising out of use the Community Health Center's e-mail systems or services.  
Failure to Comply

Violations of this policy will be treated like other allegations of wrongdoing at Community Health Center. Allegations of misconduct will be adjudicated according to established procedures. Sanctions for inappropriate use on Community Health Center's e-mail systems and services may include, but are not limited to, one or more of the following:

- Disciplinary action according to applicable Community Health Center policies;
- Termination of employment; and/or
- Legal action according to applicable laws and contractual agreements.

Revised on July 31, 2014

## Internet Acceptable Use Policy

The goal of this policy is to outline appropriate and inappropriate use of Community Health Center's internet resources, including the use of browsers, electronic mail, instant messaging, file uploads and downloads, and voice communications. Use of these services is subject to the following conditions.

### Internet Access

Internet access at Community Health Center is controlled through individual accounts and passwords, Clinical Directors, Site Directors, and Department Directors (HR, Administration, Finance, IT) are responsible for defining appropriate Internet access levels for the people in their department and conveying that information to the network administrator. Each user of the Community Health Center system is required to read this Internet policy and sign an Internet use agreement prior to receiving internet access.

### Appropriate Use

Individuals at Community Health Center are encouraged to use the Internet to further the goals and objectives of Community Health Center. The types of activities that are encouraged include:

1. Communicating with fellow employees, business partners of Community Health Center, and clients within the context of an individual's assigned responsibilities;
2. Acquiring or sharing information necessary or related to the performance of an individual's assigned responsibilities; and
3. Participating in educational or professional development activities.

### Inappropriate Use

Individual Internet use will not interfere with others' productive use of Internet resources. Users will not violate the network policies of any network accessed through their account. Internet use at Community Health Center will comply with all Federal and State of Connecticut laws, all Community Health Center policies and all Community Health Center contractual relationships. This includes, but is not limited to, the following:

- The Internet may not be used for illegal or unlawful purposes, including, but not limited to: Copyright infringement, obscenity, libel, slander, fraud, defamation, plagiarism, harassment, intimidation, forgery, impersonation, illegal gambling, pornography, soliciting for illegal pyramid schemes, and computer tampering (e.g. spreading computer viruses).
- The Internet may not be used in any way that violates Community Health Center's policies, rules, or administrative orders. Use of the internet in a manner that is not consistent with the mission of Community Health Center, misrepresents Community Health Center, or violates any Community Health Center policy is prohibited.
- Individuals should limit their personal use of the Internet. Community Health Center allows limited personal use for communication with family and friends, independent learning, and public service. Community Health Center prohibits use for mass unsolicited mailings, access for non-employees to Community Health Center resources or network facilities, uploading and downloading of files for personal use, access to pornographic sites, gaming, competitive commercial activity unless pre-approved by Community Health Center, and the dissemination of chain letters.
- Individuals may not establish company computers as participants in any peer-to-peer network, unless approved by management.

- Individuals may not view, copy alter, or destroy data, software documentation, or data communications belonging to Community Health Center or another individual without authorized permission.
- In the interest of maintaining network performance, users should not send unreasonably large electronic mail attachments (over 20MB) or video files not needed for business purposes.

## **Security**

For security purposes, users may not share account or password information with another person. Attempting to obtain another user's account password is strictly prohibited. A user must contact the Help Desk or IT administrator to obtain a password reset if they have reason to believe that any unauthorized person has learned their password. Users must take all necessary precautions to prevent unauthorized access to internet services.

## **Failure to Comply**

Violations of this policy will be treated like other allegations of wrongdoing at Community Health Center. Allegations of misconduct will be adjudicated according to established procedures. Sanctions for inappropriate use of the Internet may include, but are not limited to, one or more of the following:

- Temporary or permanent revocation of access to some or all computing and networking resources and facilities.
- Disciplinary action according to applicable Community Health Center policies; and/or
- Legal action according to applicable laws and contractual agreements.

## **Monitoring and Filtering**

Community Health Center may monitor any Internet activity occurring on Community Health Center equipment or accounts. Community Health Center currently does employ filtering software to limit access to sites on the Internet. If Community Health Center discovers activities which do not comply with applicable law or departmental policy, records retrieved may be used to document the wrongful content in accordance with due process.

## **Disclaimer**

Community Health Center assumes no liability for any direct or indirect damages arising from the user's connection to the Internet. Community Health Center is not responsible for the accuracy of information found on the Internet and only facilitates the accessing and dissemination of information through its systems. Users are solely responsible for any material that they access and disseminate through the internet.

We encourage you to use your internet access responsibly. Should you have any questions regarding this this Internet Acceptable Use Policy, feel free to contact the IT department.



# Environment of Care Training

Tuesday, September 16, 2014

4:49 PM

## Environment of Care (EOC) Mission Statement

What is the EOC manual?

–The EOC is a manual consisting of seven different components all of which explain: the purpose, objectives, responsibilities and procedures regarding the appropriate response to particular events that may effect the environment of care for the staff, visitors and vendors at the Community Health Center, Inc.

The purpose of the EOC is to:

–educate all CHC staff of the variety of circumstances that may arise, resulting in corrective action being necessary and how to find appropriate resolution(s).

It is the responsibility of ALL CHC staff to read this manual, be aware of its contents, know its location and annually sign off on the appropriate form documenting your participation in this matter.

The intent of the attached training document is to provide a brief overview of the EOC and its function, to both new employees and as an annual training tool for current employees. The post test, which will be taken after the EOC training, is intended to measure your level of understanding of the EOC.

This training is mandatory and will be provided on an annual basis.

### CHC's EOC Plans

- Safety
- Clinical Equipment
- Utilities
- Life Safety
- Hazardous Materials
- Security
- Emergency Preparedness

- All seven components have a Plan and a Policy
- Bio-terrorism & Weapons Plans are found in the Emergency Preparedness section of the EOC Manual
- The Plan describes what needs to occur, the policy describes how plans are implemented
- All components are found in the EOC Manual. We ask that you read it to become familiar with the plan and policy.

Administration is responsible for providing a Safe Environment for patients and staff.

The EOC Committees review all aspects of safety:

- incident reports
- workers compensation injuries
- They also perform periodic inspections and preventive maintenance activities.

### Safety Officers

- Site Safety Officers are trained to respond to safety incidents, monitor safety activities and inspect the building.
- Provide safety related training & annual EOC Trainings
- Implement federal standards

- Implement fire and building code regulations
- Implement environmental regulations
- Investigate & respond to safety incidents, ie: infection incidents (needle sticks), security incidents, hazardous spills, disasters, and emergencies
- Monitor compliance through plans and policies
- Report any safety concerns and issues to management
- Report back to the EOC Committees
- Complete monthly Safety Checklists
- Learn and train others

#### Clinical Equipment

The Safety Officer ensures that the clinical equipment is inspected prior to the first use and annually thereafter. Clinical staff maintains clinical equipment in good working order. Any malfunctioning equipment is reported to the Purchasing Department and corrective action is taken.

#### Utilities

Goal: is to assure operational reliability of utilities

Objective: to minimize utility failure, extend service life, insure safe operation

Facilities Department is responsible for CHC's utility systems: electrical, HVAC, sewage removal (toilets), paging, water, vacuum pumps (Dental), natural gas

In the event of utility problems or failures that may be a threat to patient care environment, appropriate action is to document and report to a supervisor and Facilities Department.

Utility User's Handbook – should be read by all employees, identifies utility components and appropriate numbers to contact for assistance.

#### Life Safety

Goal : to adhere to all fire codes and regulations, and provide a safe environment

Objective: to develop plans to correct deficiencies

Test alarms

Train staff on evacuation procedures (it is staff responsibility to know where their safe zone is at their CHC site)

Program involves:

Quarterly fire drills

Completion of monthly Safety Checklist

All staff are responsible for knowing and understanding all agency Emergency Codes.

To announce a code, use the paging system at your site and announce the code name and location of the code.

#### FIRE EMERGENCY

Procedures staff should follow to protect patients, staff, visitors, themselves and property from a confirmed or suspected fire.

CODE RED

#### MEDICAL EMERGENCY

Facilitate the arrival of equipment and specialized personnel to the location of a medical emergency.

CODE BLUE

#### DISASTER PLAN

Activate response to incidents which require or may require significant support from several departments in order to continue patient care.

## CODE YELLOW

Evacuate building  
EVACUATE

Co-worker emergency or combative patient  
DR. STRONG

## INFANT / CHILD ABDUCTION

Activate response to protect infants and children from removal by unauthorized persons, and identify the physical descriptions and actions of someone attempting to kidnap an infant from the medical facility.

ADAM ORANGE

## PERSON WITH WEAPON OR HOSTAGE

Activate facility and staff response to event in which staff members are confronted by persons brandishing a weapon or who have taken hostages in the medical facility.

CODE PLUM

## HAZARDOUS MATERIAL SPILL

Identify unsafe exposure conditions, safely evacuate an area and protect others from exposure due to a hazardous materials spill release. Perform procedures to be taken in response to a minor or major spill.

CODE GRAY

## BOMB THREAT

Activate response to a bomb threat or the discovery of a suspicious package

CODE GREEN

## POWER OUTAGE

Activate response to a rolling power failure.

CODE BLACK

## Hazardous Materials

- All employees must read the Hazardous Communication known as “HAZCOM”.
- HAZCOM explains the hazardous materials program at CHC and the process of transportation, storage and accumulation of hazardous materials/waste.
- The site safety officers with assistance from clinical staff, are responsible for the implementation of Hazardous Materials Management Plan.
- The Material Safety Data Sheets (SDS) inventory every substance used and explains health and safety information for each substance. MSDS are obtained from the Purchasing Department.
- Other plans of this element are:
  - Hazardous materials spill response
  - Infectious Waste Plan
  - Handling & disposal of used needles and syringes (sharps)
  - Hazardous Gas Plan

When a hazardous spill or other environmental disasters occur:

- Dial 911
  - The Emergency Operations Center should be activated (See the Emergency Preparedness Management Plan).
  - Incident Commander will activate the Incident Command Structure and issue further instructions
- Security
- Community Health Center Inc. develops and maintains a written management plan describing the

processes it implements to effectively manage the security of patients, staff, and other people coming to the organization's facilities

- Administration is responsible for providing a secure environment. Employees are responsible with cooperating with all loss prevention and personal identification policies
- Security incidents are reported on incident reports, which go to the direct supervisor and are reviewed by the EOC Committee.
- Security code at CHC is to page "Dr. Strong" and announce the location of the code.

Security (continued)

- How do we limit access?

- building codes
- Keys
- Passwords
- long distance codes
- securing patient records
- maintaining confidentiality
- visitor identification

Employees must:

- wear ID badges at all times at work
- Secure valuables
- Be aware of posted evacuation routes
- Turn in their ID badge and any keys on or before effective date of termination or resignation to management.

Emergency Preparedness Management Plan (EPMP)

The purpose of CHC's EPMP is to:

- Establish a basic emergency program to provide timely, integrated and coordinated response to the wide range of natural and man made events that may disrupt normal operations and require preplanned response to internal and external disasters.

Who can close the facility or order an evacuation?

- The Site Director or Incident Commander
- The President / CEO

In the event of a disaster requiring evacuation, each site has identified a SAFE ZONE.

- It is the Safety Officer's responsibility to inform new staff of the location of the safe zone. In the event of a true disaster requiring evacuation, go to your known safe zone and the fire department will determine if it should be elsewhere.

Emergency Preparedness Management Plan (EPMP)

- The person in charge of the EPMP will be the Incident Commander of the emergency.
- The Incident Commander will activate the Emergency Operation Center and the Incident Command Structure

When the EPMP is in effect, the Incident Commander has operational control of all relevant activities.

In Summary...

You are responsible for reading and knowing the location of the Environment of Care Manual (EOC) .

- Be aware of all 7 elements, their goals, procedures and responsible parties.

You are responsible for reading the Hazardous Materials Management Plan.

Talk to a Site Safety Officer if you have an EOC concern.

For any EOC incident, file an Incident Report .

For any incident needing a response, inform a supervisor.

CHC will provide periodic trainings through the year.  
You are responsible for knowing the Emergency Codes when announced.



Sticks and Stones can Break My  
Bones, and Words can REALLY Hurt  
Me

An overview of family  
and relationship violence

# Today's Training

1. Introduce New Horizons and other DV Programs in CT
2. Definitions of three areas of relational violence
3. Red Flags of abuse for victims and perpetrators
4. Legal reporting responsibilities
5. Scenarios for discussion

## Why learn about relationship violence?

CHC is committed to the health and well-being of children and adults in the communities we serve.

Because of this commitment it is important that CHC staff is aware of the issues of relational violence, and know how to respond to this violence.



# Our Goal

CHC staff members should be able to identify victims and perpetrators of relationship violence in order to:

1. Provide protection
2. Assist our patients & clients in making safe and life enhancing choices
3. Intervene in bringing healing & restoration to those who live in violent situations
4. Educate CHC staff & community members about patterns of violence, and appropriate choices
5. Advocate for social change.

## Who is likely to be exposed to people living with relationship violence?

Any CHC employee could witness, hear or experience this violence.

- Clinicians will find it a common issue in daily practice.
- Support staff may see or overhear incidents in their work day.

## Definitions

We divide the topic of abuse into three categories based on the *age of the victim*.

Other kinds of violence and assault occur, but they do not *require specialized responses*.

# Child Abuse

- Victim is a child
  - must be under the age of 18
- Perpetrator is an older child or adult
  - is typically in a care giving role to the child
- There are mandatory reporting laws for child abuse

# Child Abuse

Child abuse can be classified as:

- Physical abuse
- Sexual abuse
- Neglect
- Emotional / Verbal / Psychological abuse

# Partner Abuse (Domestic Violence)

- Victim is an adolescent or adult
  - can be female or male, although 85% of the reported victims are female
- Perpetrator is an adolescent or adult
  - Partners can be:
    - Married or Unmarried      Gay or Straight
    - Rich or Poor                  Young or Old
    - Any race, religion or culture
- Partner abuse is illegal in Connecticut, but there are no mandatory reporting requirements.

## Partner Abuse (Domestic Violence)

Partner abuse (domestic violence) can be classified as:

- Physical Abuse
- Sexual Assault
- Emotional / Verbal / Psychological Abuse
- Property Abuse

## Elder Abuse

- Victim is 60 years of age or older
- Perpetrator is usually a family member or another person in a care giving role
- Elder can also be a victim of partner abuse
- There are mandatory reporting laws for elder abuse.



# Elder Abuse

Elder abuse can be classified as:

- Physical abuse
- Sexual assault
- Neglect
- Emotional abuse
- Financial exploitation

## **Red Flags:** Physical Signs/Symptoms for a Possible VICTIM of abuse

- **Physical Signs: All Types of Abuse (Child, Elder, Partner)**
  - Bruises and injuries (especially in different stages of healing)
  - Injuries with implausible explanations
  - Repeated “accidental” injuries
- **Physical Signs: Child & Elder Abuse**
  - Discomfort being touched (physical, oral or genital exam)
  - Vague chronic physical complaints
  - Sexually transmitted disease or pregnancy in children younger than 12 years old
  - Failure to thrive or malnutrition
  - Neglect
  - Over-Sedation
  - Alcohol or Drug Use
  - Poor Hygiene
- **Physical Signs: Partner Abuse**
  - Unplanned or undesired pregnancy (ies)

## **Red Flags:** Emotional Signs/Symptoms for a Possible VICTIM of abuse

### Emotional Signs: All Types of Abuse (Child, Elder, Partner)

- Fearful
- Depressed
- Suicidal thoughts or attempts
- Anxious
- Lacks Self-Confidence
- Withdrawn or timid
- Hostile
- Unresponsive
- Confused
- Anxious to please
- Feelings of guilt

### Emotional Signs: Child Abuse

- Difficulty Concentrating in School
- Age-inappropriate sexual behavior

### Emotional Signs: Elder Abuse

- Longing for death

## **Red Flags:** Environmental Signs/ Symptoms for a Possible VICTIM of abuse

- **Environmental Signs: All types of Abuse (Child, Elder, Partner)**
  - No follow through on medical, dental or mental health plans
  - Isolation
  - No access to family funds
  - Chronic under-employment
  - Homelessness
  - New poverty
  - Multigenerational history of abuse

## **Red Flags:** Physical Signs/Symptoms for a Possible **ABUSER**

- **Physical Signs: All types of abuse (Child, Elder, Partner)**
  - Substance abuse
  - New health problems due to caregiver stress
  - Unusual fatigue
  - Unexplainable injuries

## **Red Flags: Emotional Signs and Symptoms for a Possible **ABUSER****

- **Emotional Signs: All types of abuse (Child, Elder, Partner)**
  - Controlling
  - Self-centered
  - Aggressive, defensive behavior
  - Alternates between harshness and leniency
  - Minimizes or justifies past abusive behavior
  - Shifts blame, Excuses own failures
  - Develops mounting resentment against victim
  - Discredits victim
  - History of multigenerational abuse
  - Jealousy
  - Verbally abusive and/or charming to care providers/authority figures
  - Demands service from victim

## **Red Flags: Environmental Signs/ Symptoms for a Possible **ABUSER****

- **Environmental signs: All types of abuse (Child, Elder, Partner)**
  - Home is an unpredictable environment – maintained that way by the abuser
  - Refuses to allow health exam or other interview to take place without their presence in the room
  - Encourages other family members to disrespect the victim
  - Talks about the victim as if the victim is not present
  - New affluence
  - Exploitation of financial resources
  - Homelessness

# Legal Reporting Requirements: Child Abuse

Type of Abuse	Is it illegal?	What are the reporting requirements?	How do I file a complaint?	Actions by agency receiving the report
Child Abuse	YES	<p>Report to DCF Careline at 1-800-842-2288</p> <p>Mandated reporters are required to call DCF within 12 hours of the incident.</p> <p>This call MUST be followed up by filling out and mailing a DCF-136 report within 48 hours.</p>	<p>Call DCF Careline 1-800-842-2288</p> <p><b>AND</b></p> <p>Fill out and mail in DCF-136 to Careline</p>	<p>DCF will investigate the case to determine if the abuse is "substantiated" or not.</p> <p>If not, case is closed.</p> <p>If case is substantiated, a service plan is developed, or children can be removed from custody.</p>



# Who is mandated to report?

- Chiropractors
- Clergy
- **Dental Hygienists**
- **Dentists**
- **Domestic Violence Counselors**
- Licensed Marital and Family Therapists
- Licensed or Unlicensed Resident Interns
- Licensed or Unlicensed Resident Physicians
- **Licensed Physicians**
- **Licensed Practical Nurses**
- **Licensed Substance Abuse Counselors**
- Licensed Surgeons
- **Medical Examiners**
- **Mental Health Professionals**
- Optometrists
- Osteopaths
- Pharmacists
- Physical Therapists
- **Physician Assistants**
- Podiatrists
- Police Officers
- **Psychologists**
- **APRNs and Registered Nurses**
- School Guidance Counselors
- School Paraprofessionals
- School Principals
- School Teachers
- Sexual Assault Counselors
- **Social Workers**
- Any person paid to care for a child in any public or private facility, day care center or family day care home licensed by the State

## Current Child Abuse Laws

- Calls to CareLine to report suspicion of neglect or abuse must be made within 12 hours of disclosure, followed by a hard copy of the report mailed to DCF within 48 hours.
- Failure to report suspicions of child abuse or neglect by a mandated reporter is now punishable by:
  - Fines of \$500-2500
  - Mandatory attendance at remedial classes regarding reporting responsibilities

## Legal Reporting Requirements: Partner Abuse (Domestic Violence)

Type of Abuse	Is it illegal?	What are the reporting requirements?	How do I file a complaint?	Actions by agency receiving the report
Partner Abuse (Domestic Violence)	YES	None		<p>If the police are involved:</p> <p>Mandatory arrest of offender, or dual arrest.</p> <p><u>Courts</u></p> <p>The case may end up in Family, Civil or Criminal court.</p> <p>From here, a protective order or a temporary restraining order can be issued against the offender.</p>

## Statewide Domestic Violence Hotline: 1-888-774-2900

- When a patient/client presents themselves as a victim of domestic violence and has requested information regarding services please provide the toll-free 24-hour hotline. This number will automatically connect them to services in their local area.
- As a provider, you also should call the hotline. Although New Horizons is a part of the Community Health Center, Inc. it adheres to the Connecticut Coalition Against Domestic Violence's shelter program boundaries.
  - Bristol, Danbury, Clinton, Enfield, Groton, Meriden, Middletown, New Britain, New London, Norwalk, Old Saybrook, Stamford, each have a domestic violence program which can provide area specific resources for your patients/clients.

# Forms of Legal Protection

- **Criminal orders (issued after an arrest)**
  - Full Protective Order
  - Partial Protective Order
  - Residential Stay Away
- **Civil Orders**
  - Restraining Order

# Legal Reporting Requirements: Elder Abuse

Type of Abuse	Is it illegal?	What are the reporting requirements?	How do I file a complaint?	Actions by agency receiving the report
Elder Abuse	YES	<p>Report to regional DSS office.</p> <p><i>Mandated reporters: MUST report within 5 days of incident by calling:</i></p> <p>888-385-4225</p> <p><i>After 5pm Infoline 211</i></p>	<p>You may make an oral or a written report. In your report, you must include the elderly person's name, address and other pertinent information which leads you believe the abuse is occurring.</p>	<p>All calls are investigated by DSS, including any anonymous calls.</p> <p>Services include case management, legal assistance and counseling.</p>

## CHC Resources

- Language Line/TTY Line
- Community Based Services
- Behavioral Health: Child, Adult, Intensive Family Preservation, Care Coordination
- Dental
- Medical, including Prenatal
- New Horizons Domestic Violence Services: 888-774-2900
- HIV Services/Oasis
- Family Wellness Center
- School-Based Health Centers
- Access to Care
- CHC1.com