This orientation and training document should be given to all credentialed Medical Staff and Non-Employee Staff working at Children’s Hospital Colorado. This document shall also serve as re-credentialing training for Medical Staff.
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WELCOME TO CHILDREN'S HOSPITAL COLORADO

As a Credentialed Medical Provider or Non-Employee staff member, you are responsible for:

• Reading this material and
• Sending the signed/dated Acknowledgement Card and returning it to your appropriate contact (listed at the bottom of the Acknowledgment Card).

Mission
To improve the health of children through the provision of high-quality coordinated programs of patient care, education, research, and advocacy.

Vision
Children's Hospital Colorado will be the leader in providing the best healthcare outcomes for children. We will be the driving force, in partnership with others, in providing children and their families with an integrated pediatric healthcare delivery system. We will be a national leader in pediatric research and education.

Values

• Quality Patient Care and Safety - High-quality, safe medical care for children
• Customer Service - All staff working together to provide coordinated services
• Innovation - Use of ideas and research to improve clinical and operational quality
• Employee Excellence - Motivated, talented staff dedicated to high-quality service
• Family Centered Care - The family is a valued member of our healthcare team

Children's Hospital Colorado (CHCO) is committed to providing staff who are appropriately trained to work at a pediatric facility. This booklet is for any non-employee staff for orientation and training purposes. We define staff to be:

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<th>CATEGORY</th>
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<td>• University of Colorado Hospital Staff (MedStaff and Nursing must be credentialed)</td>
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<td>• Kempe Center</td>
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<td>Board of Directors</td>
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<td>• Non-employees who aren't elsewhere defined, who participate in research, whether or not they are receiving funding from the research study.</td>
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<td>Clinical Contractors</td>
<td>Any contractor providing care to patients or interacting with patients (this is not medical staff or allied staff with privileges), such as:</td>
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<td>• Travelers, Therapists (OT, PT, RT, ASL)</td>
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<td>• Advanced Practice Nurses</td>
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<td>• Surgical Techs</td>
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### CATEGORY DESCRIPTION

**Employees**
- Kaiser Nursing Staff
- Aurora Public School Teachers

**Staff Paid by CHCO**
- Children's Hospital Colorado
- Children's Hospital Colorado Foundation

**Medical Staff and Privileged Allied Health**
- Medical Staff or Privileged Allied Health professionals provided direct patient care
  - Medical Staff: MDs, DOs, DDSs, PsyDs, Psychologists, PhDs
  - Privileged Allied Health: Physician Assistants, Child Health Associates, LCSWs, Dental Assistants, Surgical Assistants, Intraoperative Monitors, others.

**Nurse Credential Review Board (NCRB)**
- RNs, APNs, PNP

**Remote Users**
- Users who are never onsite at CHCO but have access to its systems, such as:
  - Referring Providers and their Office Staff
  - IT Support Vendors
  - Organizations using EPIC application services, such as PedsConnect Practices
  - Patient Financial Services Consultants
  - Researchers off site
  - UPI Remote Support
  - Others

**Volunteers**
- Volunteer staff for CHCO, includes Junior Volunteers, off-campus Volunteer Chapters and programs.

### STUDENTS/INTERNS

**Interns: paid**
- Employed Student (or non-student) Intern (Paid temporary employees with posted positions)

**Interns: unpaid**
- Student Intern sponsored by an accredited school program when the intern is gaining credit and has to perform certain duties/pre-requisites to meet the education program requirements in the job/field of study

**Trainees/Students - Clinical**
- Students completing training at CHCO through contracted, formalized medical education programs and who will be interacting with patients, such as:
  - Residents, Fellows (including visiting)
  - Medical students
  - CHA/PA Students
  - Post Graduate (non-physician)
  - Nursing Students
  - Non-medical post grad interns (ASL, PT, OT, RT, Psych, Pharmacy, etc.)
  - Denver Health EMTs

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“Staff” does not include visitors to CHCO (e.g., friends and family of patients; people attending conferences or educational sessions offered to the community and the healthcare/business community in general; the media, vendors and sales representatives, and external reviewers; observers here to look at some aspect of CHCO operations).

As a CHCO staff member, you are held to the standards of behavior promise and are expected to demonstrate professionalism in your actions including how you treat others. Please see our guidance below regarding respecting and establishing professional boundaries and our “Promise” on the next page.

### Professional Boundaries

Professional behavior includes creating boundaries with your relationships with patients and families. Examples of these boundaries include:
- Not sharing information about one patient or family with another patient or family;
- Avoiding interactions with patients or families on social networking internet sites;
- Limiting interventions with a patient to those that are within the scope of your profession;
- Providing care only within the approved scheduled work hours; and
- Demonstrating appropriate and professional behavior when encountering family members of current patients in a setting outside of the healthcare site.

Any questions or concerns that surface regarding the appropriateness of relationship with patients and families should be addressed with:
- A direct supervisor;
- Another supervisor within the chain of command;
- A Human Resources representative; or
- Corporate Compliance.
The Standards of Behavior Promise
From all who work and volunteer at Children’s Hospital Colorado

We promise to provide excellence with integrity in all we do

Quality and Safety
We commit to quality and safety in everything we do.
• We lead the way to national best practices.
• We intervene if we see an unsafe act or condition.
• We report problems when we discover them and we’re committed to following them to resolution.
• We provide feedback and engage in process improvements.

Communication
We use words and actions to communicate our commitment to excellence and integrity.
• We communicate effectively, collaboratively and respectfully.
• We listen to others by giving them our full attention.
• We respect privacy and confidentiality at all times.
• We communicate at the right time, in the right setting, with the right person and the right information to promote the right conclusion.

Ownership
We take ownership of opportunities and challenges.
• We deliver service that exceeds expectations.
• We make sound financial decisions.
• We promote the health and well being of children and families through positive words and actions.
• We value innovation and creativity, and take responsibility for outcomes.
• We are accountable to our patients, community and each other.

Relationships
We build relationships to provide care and service with respect, compassion and integrity.
• We make positive first impressions to create lasting impressions.
• We are courteous and friendly.
• We seek to understand and respect the diverse needs of the people we serve and each other.
• We give support, guidance and encouragement to each other and the children and families we serve.

Professionalism
We demonstrate professionalism in how we act, what we know, and how we treat others.
• We create solutions in a constructive manner.
• We adhere to our policies, procedures and professional requirements.
• We learn new skills and proactively expand our knowledge.
• We handle challenging workplace situations appropriately.

Teamwork
We work together toward a common vision.
• We contribute excellence and integrity to all teams on which we serve.
• We recognize our teammates for their achievements.
• We honor the process by celebrating successes and pausing to understand failures.
GENERAL ORIENTATION

- Working at CHCO
- Training
- Policies
- Quality and Organizational Ethics
- Visitors

WORKING AT CHCO

Authorization Process for Working
Our non-employee staff is made up of people doing many different tasks and working for many different employers. Because of that, we want to make sure that our workforce has been given the proper review or authorization before beginning work. This includes background checks, health screening, licensure/certification, insurance/liability, whether or not you’ll need computer access, providing necessary training and general orientation to our facility.

Health Screening Procedures
You are to refrain from coming to the hospital if you have any symptoms suggesting you might have a contagious health concern. Most non-employees must have a health screening attestation provided by your home organization.

You or your agency/employer must have a contract/agreement with CHCO to be seen for a health screening in OHS. This contract must articulate who provides your Workers’ Compensation care and who is to pay for services rendered. Workers’ Compensation is provided by a separate agency which your employer can provide you.

Reporting for Work
All staff should meet with their Responsible Party prior to the start of their assignment so that paperwork and orientation materials can be completed.

Management of Human Resources
As a non-employee staff, you may have a job description or a contractual agreement that identifies the requirements for your position and describes the essential functions of the position. Your Responsible Party will oversee your work.

If you provide direct patient care, you are expected to demonstrate age-specific competencies and knowledge of abuse and neglect recognition. Your Responsible Party will provide you with additional information about age-specific competencies as they apply to your position. You will be evaluated during and/or at the end of your assignment.

Identification Badges
All individuals working at CHCO must wear an identification badge while on assignment at the hospital. Parking/Access Control Services will issue your identification badge on your first day. When your assignment ends, you must return your ID badge to your Responsible Party who was overseeing your work or to Parking/Access Control Services directly. Badges should be worn above the waist with a breakaway lanyard/clip.

Parking
For CHCO staff, parking by permit is required to use hospital parking lots. Bicycle parking racks are located outside in various locations on the campus and there is a bike room in the lower level of the hospital. Parking permits are available from the Parking/Access Control office. For specific information, call Parking/Access Control at 720.777.2761 or visit the Access Control Services department webpage on PlanetTCH. Parking/Access Control Services hours of operation are Monday - Friday 7:00a to 4:00p (Tuesdays: the office is closed at 1:00p). Special parking arrangements for physical impairment are also handled by Parking/Access Control Services.

TRAINING

Annual Training
As a non-employee, it is your responsibility to become adequately trained for working on CHCO premises. Each year staff who have worked or are planning to work at CHCO for more than 30 days are required to take the ”Annual Training” which is posted on the CHEX system. The Annual Training addresses the following topics: Corporate Compliance, Environment of Care, Infection Control, Occupational Health/OSHA, and Quality/Patient Safety.
Additional topics or modules may be required from year to year. Your Responsible Party will assist you with this training. If you have questions, please contact Human Resources.

**POLICIES**

**CHCO Policies, Procedures, and Guidelines**

It is the responsibility of all staff who work at CHCO, regardless of their employment status, to familiarize themselves with and follow all CHCO Policies, Procedures, and Guidelines pertinent to their job function. Go to PlanetTCH and click on “Policies and Procedures.” Ask your Responsible Party to orient you to policies applicable to your function.

**Dress Code Policy**

Dress code guidelines are intended to assist staff members in meeting CHCO standards. Guidelines follow business casual dress, with the primary focus on clean, neat, and professional appearance. Departments may establish additional dress code standards and procedures based on specific needs. Please review the following:

### Clothing
- Clothing must be clean, unwrinkled, stain-free, properly fitting, and in good repair.
- Clothing must have a modest neckline.
- Skirt and dress length must be at or below the knee.
- Denim skirts and dresses (knee length) may be worn; overall appearance must be professional.
- Tailored capri pants (calf length) may be worn.
- Scrubs may be required in designated/sterile areas. If required, hospital furnished, freshly laundered scrubs must be put on upon arrival at work and may not be worn to/from CHCO.
- Uniforms may be required in designated areas. Uniforms must be maintained in good condition, clean, and worn as recommended by department manager.
- Lab coats and ties must be laundered regularly.

If clothing becomes contaminated with blood or other infectious material, remove clothing, place in a blue plastic linen bag, change into scrubs and take contaminated clothing to Materials Management. (See [IC-001-A Bloodborne Pathogen Exposure Control Plan](#) p. 16)

CHCO and related/affiliated organizations' logo clothing, in good repair, may be worn with department manager approval.

### Inappropriate/not permitted:
- Tight, sheer or provocative clothing
- Visible undergarments
- Clothing displaying bare midriff or torsos
- Spandex tops, tube tops, halter tops and tank tops
- Tops or dresses with spaghetti straps
- Athletic attire: sweatsuits; hooded sweatshirts (hoodies) unless approved by department management
- Denim pants of any color, unless manager determines attire is appropriate for assignment/business needs.
- Cargo pants, unless manager determines attire is appropriate for assignment/business needs.
- Spandex pants, shorts, capris - length above mid-calf
- Hats, unless associated with a departmental uniform or worn for health/religious reasons
- Clothing bearing commercial advertising or a political, controversial, inflammatory, or provocative message

### Shoes
- Shoes must be clean and in good repair with a height and style supporting safety and infection control in the work environment.
- Thong style shoes/flip flops/beach sandals are prohibited throughout CHCO facilities.

For the Patient Care Team:
- Open-toed shoes may not be worn
- Shoes with fully enclosed heels or secured with a heel strap are preferred, for safety reasons.

### Hair
- Hair must be clean and well groomed.
- Hair color or style may not be extreme.
- Moustaches and beards must be groomed and clean.
- Facial hair may not interfere with the use of personal protective equipment.
- Staff members must maintain a clean body that is free from odors.
- Fragrances are discouraged due to the potential negative effect on patients and staff with sensitivities.

### Nails
- (Please see Infection Control – Artificial Nails page 33)

### Jewelry and Body Art
- Jewelry and other accessories, if worn, must be professional and appropriate for safety in patient care areas.
• Ear piercings including studded earrings and small hoops; gauged earrings, less than ¼ inch in diameter may be worn.
• A small stud on the side of the nose may be worn.
• Every effort must be made to cover visible tattoos.

Inappropriate/not permitted:
• Pins, buttons, jewelry, emblems, or insignia bearing a political, controversial, inflammatory, or provocative message.
• Jewelry adorning body piercings, other than ears and nose (as described above). Tongue jewelry is not permitted.

Non-Smoking Policy
CHCO is a tobacco and smoke-free work environment. Go to the PlanetTCH>Resources>Smoke-free Campus website if you would like more information or assistance in quitting.

QUALITY AND ORGANIZATIONAL ETHICS
Improving Organizational Performance
All hospital quality performance initiatives have gone though organization-wide planning and prioritization, and have been approved by the Executive Team and the Board of Directors.

Accreditation by The Joint Commission
CHCO is accredited by The Joint Commission. Staff may email a complaint directly to the Joint Commission at the following address (complaint@jointcommission.org) or call 1.800.994.6610. CHCO has a policy on non-retaliation that would apply to anyone reporting to the Joint Commission as well as internal reporting of concerns. See Non-retaliation in Reporting Misconduct or Variances on PlanetTCH.

Patients’ Rights
• Informed Consent
• Patients'/Parents' Rights & Responsibilities
• Patient/Family Education
• Grievance Mechanism for Patients / Parents
• Language and Cultural Services at CHCO
• Patient Safety Assessment for Domestic Violence

Informed consent requires that the patient, and when appropriate the family, is given a clear, concise explanation of the patient’s condition and any proposed treatment of procedures, the potential benefit and drawback of the proposed treatment or procedure, problems related to recuperation, and the likelihood of success. Information is also provided regarding any significant alternative treatment or procedure.

There is a Patients'/Parents' Rights & Responsibilities handout given to inpatients (upon admission) and to outpatients (annually). Extra copies (in both English and Spanish) can be obtained from the Volunteers/Patient Representative Department or on PlanetTCH. Posters are found in all clinical reception areas.

Patient/Family Education
You should document the learning needs and readiness to learn of patients and families, and the education provided, through progress notes and flow sheets and on the nurses’ Discharge/Transfer Summary Form (all disciplines are encouraged to document on this form as needed). CHCO addresses the academic needs of patients through the Comprehensive Medical Inpatient School Program.

CHCO provides and documents interactive patient education through return demonstration/understanding. There are printed resources that have been developed and are utilized for complex patients (e.g., Patient/Parent Handouts on CVC Care).

CHCO supports the education of the patient and family through:
• availability of printed educational materials from the Family Health Library and the Intranet,
• the Parent Family Education Committee
• MD Consult and Nurse Consult on line, and
• closed circuit TV (channel 3 on any CHCO TV) that provides educational video programming.

Patient/family education is provided collaboratively among various disciplines. The individual disciplines communicate with each other regarding patient education needs and provide services as needed.
Grievance Mechanism for Patients/Parents

CHCO has a defined process for responding to patient/parent/legal guardian complaints and grievances as delegated to the Patient Relations Department by the Board of Directors of Children's Hospital Colorado so, regardless of the type of concern, there will be a prompt and fair resolution.

Concerns are when a patient/family requests support from Patient Relations to address and issue but prefer not to file a formal complaint or grievance.

Complaints are:
- Issues that are brought to the attention of the Patient Representative without prior attempts at resolution with the involved staff/department.
- Issues that can be addressed immediately by the staff present.
- Issues pertaining to fees/bills that are not reflective of perceived poor care or service.

Grievances are:
- Issues that cannot be resolved by the Patient Representative after referral to the involved staff/department.
- Issues that need the attention of staff other than those initially present.
- Issues that are brought to the attention of the hospital by the patient/parent/guardian post-discharge.
- Issues that are communicated in writing (web, email, written letters.)

CHCO encourages patients and families to speak out and present grievances without fear of retribution.

 Patients/parents/legal guardians will be informed that they may contact the Patient Representative within the hospital and be provided the phone number and address of the Colorado Department of Public Health and Environment (CDPHE) upon admission to the hospital. The information is posted in the Patient/Parent Rights and Responsibilities brochure and also posted in public entrances to CHCO.

Contact information for the CDPHE: Colorado Department of Public Health and Environment (303.692.2000, 4300 Cherry Creek Drive South, Denver, Colorado, 80246-1530)

Language and Cultural Services at CHCO

We recognize the importance of providing care to patients and families in the language they can understand. We support the effective delivery of care through the use of trained medical interpreters. Patients and their family members/friends or untrained personnel should not be used as interpreters. For any questions or comments please contact the Medical Interpreters Department at 720.777.5654.

Addressing linguistic needs is required:
- Title VI of the Civil Rights Act of 1964 states:
  - "No person in the United States shall, on the ground of race, color, or national origin, be excluded from participating in, be denied the benefits of, or be subject to discrimination under any program or activity receiving Federal assistance."
- National Standards on Culturally and Linguistically Appropriate Services (CLAS)
- Americans with Disabilities Act (ADA)
- The Joint Commission (TJC)
  - Identifying and addressing patient communication needs
  - Collecting race and ethnicity data
  - Collecting language data
  - Providing language services
  - Addressing the qualifications for language interpreters
- Department of Health and Human Services (DHHS) (4CFR46.116 and 117)
- Food and Drug Administration (FDA) regulations (21CFR50.25 and 50.27) require the informed consent information to be presented in a language understandable to the research subject.

Qualified Bilingual Staff Program

The Qualified Bilingual Staff Program (QBS) was established to provide another language resource for patients and families. It designates Spanish speaking staff as "competent" to provide a service in Spanish or
serve as a Medical Interpreter within their specialty or department. These staff members are trained to serve as an interpreter during a clinical encounter.

**Telephonic interpretation through Cyracom**
Available 24 hours a day, 7 days a week. The line can be accessed from any analog phone or digital phone by dialing 1-800-481-3293. You may use the Cyracom phones in the rooms or from any PCD (a PlanetTCH portable communication device) - dial 61111. You will need a department pin number. Residents and medical students, please check with your GME office. Other personnel please check with your Department Manager.

**Patient Safety Assessment for Domestic Violence**
Domestic violence is a health care issue for many families and can be especially harmful to children who are vulnerable. It's estimated that 3-4 million women are battered in this country each year. When the parent of a child is being abused, the child in the home is also at greater risk for abuse than those children growing up in nonviolent homes. In homes where there is domestic violence, studies estimate the number of children at risk for exposure to family violence to be between 3.3 million and 10 million. Staff in clinical areas are taught about screening for domestic violence.

**VISITORS**

**Vendors**
In 2010, our Vendor Program was implemented with VendorMate. As a reminder, all vendors and sales representatives coming into CHCO must have an appointment with the department they are visiting and be registered with VendorMate.

All Vendors are required to:
- register and sign in to the VendorMate system computer when they visit CHCO;
- wear the temporary vendor badge produced by the VendorMate system (by the Info Desk in the Atrium);
- schedule an appointment in advance of showing up; and
- follow other guidelines as noted in the policy.

If you have vendors or sales representatives in your area who are not checking in properly, please remind them that they must be registered with VendorMate. If you need assistance with getting a vendor to comply, please contact Corporate Compliance or Materials Management.

Also, per the Guideline for Visitors Who Conduct Business at CHCO handout, vendors are not allowed to provide food for CHCO staff. If a vendor does provide food, it must be taken to the Volunteer office to be donated to patients and families.

Upon arriving at NOC sites, business visitors, including vendors must register/check-in with the Front Desk staff.

**Bringing Your Child to Work to Perform Work for CHCO**
Please note that it is imperative CHCO staff members remember they cannot bring their children in to do work for CHCO without having them go through the proper onboarding process (e.g., Junior Volunteer program for volunteer work; HR for all other student or temporary/intern or project work staff). This includes doing work on research and getting paid through research grants.

If you have questions, please contact the corporate compliance business analyst at 720.777.4727.
CORPORATE COMPLIANCE PROGRAM

April 2012

To All Staff at Children's Hospital Colorado:

CHCO has always been committed to honesty and integrity, whether it's with our patients and families, employees, healthcare providers, third-party payers, regulatory agencies, vendors, or the community. This commitment is the foundation upon which our values and our organizational culture are built. This Code of Conduct is intended to help guide those of us who work at The Children's Hospital as we implement our Corporate Compliance Program.

Compliance is about appropriate business conduct and ethical behavior. We must hold ourselves to the highest standards of character and integrity. All of us should be aware of the emphasis being given to compliance with all laws and understand our responsibilities.

The success of our Corporate Compliance Program will require the support and commitment of each of us, so that we can continue to fulfill our mission to children and their families.

Sincerely,

Robert (Bob) Hottman   Jim Shmerling, DHA
Chairman, Board of Directors  President and CEO

The topics below are important areas where compliance has come under scrutiny by federal agencies and the Joint Commission.

- The Code of Conduct/The ABCs of Appropriate Business Conduct
- Billing Compliance – Payments from Patients, Fraud and Abuse, Federal Laws
- Research Compliance

CODE OF CONDUCT

In recent years, corporate compliance has become an important topic in healthcare organizations. Detecting and punishing violations of federal, state, and local laws and regulations by healthcare providers is now a priority for federal and state enforcement agencies. Violations in these areas put hospitals at risk for criminal/civil fines and for legal action by private citizens.

For many years, CHCO has had in place numerous policies and procedures to guide you in the prevention of unlawful or unwanted conduct. Our Board of Directors asked that we formalize our various policies and procedures into a Corporate Compliance Program for CHCO in 1998.

Jane Wingquist is the Director of Corporate Compliance and is our Compliance Officer. She is responsible to the Board of Directors in this capacity. One of her primary responsibilities is to help you understand our Code of Conduct and the elements of the Corporate Compliance Program. If you ever have questions about what is the right thing to do, don't hesitate to call her, at 720.777.6537.

Corporate Compliance is an important and complex topic, but we'll try to make it as easy as learning your ABCs (Appropriate Business Conduct). The full Code of Conduct is an in-depth resource online at CHCO (with links to associated policies). Highlights of our Corporate Compliance Program are presented in the following section to help you recognize when you need to seek the advice of the Corporate Compliance Office. Be sure you know your ABCs!
THE ABCS OF APPROPRIATE BUSINESS CONDUCT

Be sure you know your ABCs!

All employees, staff, volunteers, and medical staff are obligated to follow the Code of Conduct and will be held accountable for their actions. The Code of Conduct aligns with the CHCO Standards of Behavior and emphasizes honesty, integrity, and ethical behavior/business conduct, when you need in-depth information on a topic, questions and answers on the subject, related policies, and links to websites.

Topics include: Accountability, Conflicts of Interest, Non-retaliation, Substance Abuse, Fraud and Abuse, Expense Reporting, HIPAA (Privacy and Security), and more. Bottomline: Do the right thing.

Behavior – be on your best ...

Organizations more and more are emphasizing the importance of behaviors such as teamwork, professionalism, communication, relationships, quality and safety, and ownership.

Cautioning that rude language and hostile behavior by health care workers may compromise patient safety and overall quality of care, the Joint Commission (TJC) now requires hospitals to establish codes of conduct that define inappropriate behaviors and set a formal process for managing them.

According to the TJC:
“Disruptive behaviors such as verbal outbursts, physical threats, unwillingness to complete assigned tasks, and condescending attitudes can lead to medical errors and adverse events, decrease patient satisfaction, increase care costs, and contribute to staff turnover.”

Conflicts of Interest

Anytime a person’s judgment and discretion are influenced by potential personal or financial gain, a conflict of interest may exist. It is your responsibility to be aware of and to avoid conflicts of interest. Our hospital respects your right to engage in activities outside your work if they do not conflict with or reflect upon the institution.

Copyright laws can be viewed in 2 different ways:
(1) Protecting an original work of an individual (e.g., articles, photographs, books, movies, computer software, and advertising); and
(2) Avoiding violations of someone else’s copyright.

Copyright equals ownership. Copyright laws prohibit anyone from using someone else’s original material without first getting the author’s permission.

Data integrity and confidentiality of data-information must be followed.

You have the responsibility for maintaining the confidentiality of and secure access to your computer. Equal attention also should be given to both patient and business data that resides in your workplace.

Deficit Reduction Act

Each year the federal government spends millions of dollars to pay for healthcare services provided to patients who qualify for Medicare and Medicaid benefits. As part of its efforts to restrict waste and inefficiency in these programs, the federal government engages in vigorous enforcement efforts to prevent excessive payments for unnecessary services or for services that were never performed. One effort designed to reduce federal spending on entitlement programs is the Deficit Reduction Act of 2005 (“DRA”).

The DRA provisions cover a broad spectrum of federal programs ranging from agriculture and energy to student loans and health care. Requiring certain entities to provide employee education about false claims recoveries and whistleblower protections.

- Financially rewarding states which pass a false claims act law with provisions similar to the Federal False Claims Act.
- Establishing a Medicaid Integrity Program.
- Requiring citizens to demonstrate Medicaid eligibility by producing evidence of citizenship.

Ethics means doing the right thing.

An important part of ethics is recognizing when there are violations of regulations and reporting them to the appropriate individual. While you may not be able to correct the situation, you do have a responsibility to inform. In healthcare, we address both bio-ethical concerns as well as business ethics.
False Claims Act (Please see p. 19)

Goals of the Corporate Compliance Program:
• to prevent unlawful or unethical behavior,
• to stop any such behavior as soon as possible after it is discovered,
• to discipline those involved in the behavior, and
• to avoid any recurrence of the violation.

Hotline number for confidential Corporate Compliance violations reporting at CHCO is: 1.866.568.5420. Calls to the Hotline may be made anonymously. Calls will be handled so that the reporting person is protected from retaliation or retribution. Another option for reporting is to go to https://childrenscolorado.alertline.com. You have the responsibility to recognize and report potential problems as they arise and to consult the Corporate Compliance Officer (720.777.6537) before you act.

Identity theft
We have an Identity Theft Prevention Program policy and procedure that identifies potential “red flags” for identity theft that may surface while caring for a patient.
• All care providers are responsible for notifying their direct supervisor, manager, or director immediately of any circumstance that arises with a patient or patient’s family that creates doubt or suspicion regarding the integrity and accuracy of the patient’s health or insurance information provided.
  An example: the patient’s age and weight do not appear to match what is in the medical record.
• If you document in Epic, there is a patient notice that you should pick which then provides an alert. The patient alert will appear in Epic as: “Warning: patient notices: MED.ID Theft Risk, 720.777.2566 - see the Identity Theft Prevention Program policy on PlanetTCH.

Information Security
“Whatever I shall see or hear in the course of my profession, if it be what should not be disclosed, I will never divulge, holding such things to be holy secret.” Hippocrates, 400 B.C.

Information Security Basics
• Be aware that your conversations may be overheard
• Dispose of confidential information in secured bins
• Don’t leave computers logged on and unattended
• Don’t share your password!
• Don’t email unencrypted patient information to recipients outside of CHCO or affiliates

Joint Commission (TJC)
Standards require the hospital to comply with applicable laws and regulations. TJC may arrive on our doorstep for a review at any time – so our organization practices a “state of continued readiness”.

Kickbacks of any kind – cash, services, or facilities – are expressly forbidden under the anti-kickback provision of federal law. No employee, staff, volunteer, or member of the medical staff shall engage in any activity that could be construed as an improper referral or payment without prior review by appropriate hospital leaders and legal counsel.

Language Needs
By law, hospitals are required to provide communication to patients and their families in languages they can understand.
• It is important to document in the medical record, the primary language that a patient and his/her family speaks and writes.
• Patient handouts should be translated by professional staff.
• You should not interpret for a patient if you are not qualified to do so.
Contact the medical interpreters department or use phone accessible professional interpreters. See the Medical Interpreters department website on PlanetTCH for further information. See Language and Cultural Services at CHCO.

Management is committed to establishing effective programs to promote compliance and to reporting any violations to appropriate authorities. Managers should never give their staff the impression that policies and rules may be ignored when inconvenient. In fact, the performance of managers at every level will be measured, in part, by their adherence to effective corporate compliance practices.
National Patient Safety Goals - 2012

TJC re-evaluates the National Patient Safety Goals (NPSG) annually. New goals and requirements are added while others are “retired” by integrating them into the Joint Commission standards. As part of our patient safety and performance improvement initiatives, we are continually developing and implementing strategies to improve our compliance with the NPSGs.

Whatever position you hold at CHCO, clinical or non-clinical, physician or executive, nurse or administrative assistant, you play an important role in making the hospital a safe place. We are all on the same team. We want what is best for our patients. Everyone is responsible for holding each other to these standards. The goals we emphasize are:

**Goal 1 - Improve the accuracy of patient identification.**
- Use Two Patient Identifiers (NPSG.01.01.01) – use at least two patient specific identifiers to make sure each patient receives the medication, treatment, or services meant for them. Label specimen containers in the presence of the patient. The room number is not a patient specific identifier.
- Eliminate Transfusion Errors (NPSG.01.03.01) – use a two-person verification process to match the blood or blood component to the order and to match the patient to the blood or blood component.

**Goal 2 - Improve the effectiveness of communication among caregivers.**
- Report Critical Results of Tests and Diagnostic Procedures on a Timely Basis (NPSG.02.03.01) – quickly provide important test results to the right staff person. Make sure you receive confirmation that the receiver correctly recorded the test results.

**Goal 3 - Improve the safety of using medications.**
- Label Medications (NPSG.03.04.01) – label all medications that are not already labeled, for example medicines in syringes, cups and basins whether located on or off a sterile field.
- Reduce Harm from Anticoagulation Therapy (NPSG.03.05.01) – take extra care with patients who take medications to thin their blood.
- Maintain and communicate accurate patient medication information (NPSG.03.06.01) – Record and pass along correct information about a patient’s medications; compare the medications the patient takes to new medications given to the patient. Make sure the patient knows which medications to take when they are at home. Tell the patient it is important to bring their up-to-date medication list every time they visit the doctor.

**Goal 7 - Reduce the risk of health care-associated infections.**
- Practice Hand Hygiene (NPSG.07.01.01) – follow hospital hand cleaning guidelines (adapted from Centers for Disease Control and Prevention / World Health Organization)
- Prevent Multidrug-Resistant Organism Infections (NPSG.07.03.01) - implement evidence-based practices to prevent infections that are difficult to treat.
- Prevent Central Line-Associated Blood Stream Infections (NPSG.07.04.01) – implement evidence-based practices to prevent central line-associated bloodstream infections.
- Prevent Surgical Site Infections (NPSG.07.05.01) – implement evidence-based practices for preventing surgical site infections.
- Prevent Catheter-associated Urinary Tract Infections (NPSG.07.06.01) – implement evidence-based practices to prevent indwelling catheter-associated urinary tract infections (CAUTI).

**Goal 15 - The hospital identifies safety risks inherent in its patient population.**
- Identify Patients at Risk for Suicide (NPSG.15.01.01)

**Universal Protocol for Preventing Wrong Site, Wrong Procedure, and Wrong Person Surgery™**
- Conduct a Pre-Procedure Verification Process (UP.01.01.01)
- Mark the Procedure Site (UP.01.02.01)
- Perform a Time-Out (UP.01.03.01)

All staff will be accountable to comply with these NPSGs and the Universal Protocol (UP) and will be asked to sign a form indicating they understand that they will be subject to disciplinary action up to termination if found to be consistently non-compliant. In addition, staff compliance will be audited through tracers, interviews and chart reviews.

**Never Events**

There are several new regulations and guidance that have emerged recently that integrate quality, patient safety and compliance initiatives. One of these directs hospitals on what is not reimbursable for medical errors that should never have occurred.

TJC, Centers for Medicare and Medicaid Services (CMS) and the National Quality Forum (NQF) all address this slightly different – sentinel events, near misses, adverse events... Hospitals must address billing practices when these incidents happen – e.g., CMS will not pay for the following identified “11 Never Events”.

1. Blood incompatibility
2. Pressure Ulcers  
3. Air Embolism  
4. Objects left in the patient after surgery  
5. Hospital acquired injuries, fractures, dislocations, crushing injury, burn, patient falls  
6. Surgery Site Infection – Mediastinitis after coronary artery bypass graft surgery  
7. Catheter-associated urinary tract infection  
8. Vascular catheter-associated infection  
9. Surgical-site infections following certain orthopedic and bariatric surgeries;  
10. Certain manifestations of poor control of blood sugar levels; and  
11. Deep-vein thrombosis or pulmonary embolism following total knee and hip replacements.

Non-discrimination
As an affirmative action, equal opportunity employer, each hospital abides by all laws pertaining to equal employment practices.

We will not tolerate any conduct which directly or indirectly threatens an individual’s employment or creates undesirable working conditions, based on race, color, national origin, ancestry, sex, creed, religion, disability (mental and physical), marital status, genetic information, gender expression, sexual orientation or other protected classification to the extent required by applicable laws.

Occupational health and safety
We are committed to protecting the health and safety of all staff and to complying with federal, state, and local health and safety laws and regulations. You are responsible for reporting any unsafe acts or hazardous conditions in the workplace.

Privacy
Privacy and confidentiality guidelines call for all information and data regarding patients, staff, volunteers, medical staff or business (such as patient medical records, employee files, computer printouts, electronic information systems, and even private conversations) to be kept confidential.

HIPAA has changed the way we do our business and also the way we teach. You are not allowed to go into a patient’s record if you are not the patient’s provider – you must be involved in Treatment, Payment, or Operations. “Operations” would include:
- formally sanctioned and structured educational initiatives (e.g., Morbidity & Mortality Review) and
- quality improvement initiatives (e.g., outcomes evaluation, and development of clinical guidelines and protocols).

If you are not sure, contact CHCO’s HIPAA Privacy Officer (x74109). Please respect patient privacy.

Politics
While our institutions may encourage grassroots advocacy, everyone must be careful that their personal actions in the political arena are not viewed as being representative of the hospital. In addition, no hospital monies may be used to support political candidates.

Quality of Care
We are committed to providing quality health care for patients who need our services. Our goal is to provide quality care to patients with skill, compassion, and concern. We will treat each patient with respect and dignity. We will involve each patient in healthcare decisions whenever possible and try to understand each patient’s objective for care.

Reporting and Risk Management
Events which are reportable to the Colorado Department of Public Health and Environment (CDPHE) CHCO staff members are the eyes and ears of patient care at CHCO.

Our frontline staff members are usually the first to know about events that may meet mandatory reporting requirements and it is expected that everyone at CHCO knows the events that are considered reportable. The Risk Management department is responsible for filing reports that meet CDPHE requirements. Timely reporting to Risk Management at CHCO is essential, as the CDPHE expects that a preliminary report be submitted by the end of the next business day. Failure to report events in a timely manner may result in CHCO being cited for reporting deficiencies. Summaries of all reportable events are edited to remove any identifying information and are made available to the public on the CDPHE website at http://www.cdphe.state.co.us. In order for an event to be reportable it must have occurred as result of something that took place at the hospital. The general categories of patient care events that are reportable are:
• physical, sexual, or verbal abuse
• brain injuries burns
• unexpected deaths
• drug diversion
• life threatening complications of anesthesia
• life threatening transfusion errors or reactions
• malfunction or misuse of equipment that resulted in actual or potential harm
• misappropriation of patient property
• missing persons
• neglect
• spinal cord injuries

If you suspect that one of these reportable events has occurred, please notify Risk Management immediately. This can be done via phone call or email, in addition to a QSRS report. The CDPHE manual defines the reporting criteria for each of these events more specifically.

Risk Management personnel will perform an initial investigation and determine if the event meets the reporting criteria. A preliminary report will be filed online with CDPHE. Further investigation and follow up will be completed by Risk Management as needed.

Research
Clinical research compliance includes adherence to...
• Human subjects’ protection
• Informed consent
• Conflicts of interest and financial disclosure regulations
• HIPAA/Privacy in relation to research
• Appropriate use of research funds
• Research misconduct
• Responsible conduct of research

If you participate in research you must complete
1. CITI training for human subjects protection (includes HIPAA research training)
2. Organization-specific research training (if applicable)

Sales Representatives (aka drug reps, vendors, industry reps)
Codes of Ethics are established for the PhRMA and AdvaMed industries – changing the culture significantly on how we relate to these reps. Our policies address these topics:
• Gifts and Meals
• Drug and Medical Device Samples
• Travel and Paid Attendance at Meetings
• “No Strings Attached” Grants
• Participation on Speakers’ Bureaus
• Ghostwriting
• Disclosure of Conflicts of Interest

Sexual harassment
The hospital prohibits all forms of sexual harassment and will investigate all complaints.

Stark Law
Non-monetary compensation given to physicians or immediate family members by hospitals cannot exceed $373 for the year 2012, according to the Stark Law.

• Examples of what would be included up to that dollar amount:
  ➢ Food such as holiday turkey, ham or pie
  ➢ Event Tickets: golf tournaments, sporting events, concerts and performances, hospital sponsored functions
  ➢ Service Awards
  ➢ Thank you gifts (e.g., lab coats)
• Exempt from this:
  ➢ Incidental medical staff benefits such as food in medical staff lounges
  ➢ Gift certificates which are redeemable for a variety of items are considered cash equivalents and do not fall within the Non-Monetary Compensation or Incidental Medical Staff Benefits exceptions.

Treat customers, employees, staff, volunteers, medical staff, suppliers and contractors fairly and honestly at all times, without discrimination or deception, in a respectful manner. Constantly practice appropriate business conduct.
**Under** the influence? Don’t even think about coming to work! The use or possession of illegal drugs or alcohol on hospital property is prohibited.

**Violence** in the workplace, prevention of
We are committed to maintain a safe environment for employees, patients, their families, and visitors. Violence or intimidation of any type on any hospital premises will not be tolerated. Report to supervisor(s) and to the Security department any violent behavior by any person.

**Waste** disposal and other environmental concerns
We are committed to protecting our natural environment and resources in all areas in which we conduct business, but especially in the area of disposal of medical waste. It is our policy to comply with all applicable environmental laws and regulations and to cooperate with local, state, and federal agencies in their inspection and enforcement activities.

**Expense** reporting and other records keeping must be performed accurately and honestly. This includes accurate reporting of time worked, business expenses incurred, research test results, patient charts, revenues and costs, and other business-related activities. All records are subject to audit. Dishonest reporting will not be tolerated.

**You** can never be wrong if you truthfully report conduct that you view as questionable. Every effort will be made to protect confidentiality. You will not be reprimanded or retaliated against for making a truthful and accurate report. You have the responsibility to recognize and report potential problems as they arise. Consult the Corporate Compliance Office for any issue or behavior you feel is inappropriate.

**Zero** tolerance!
Violations of the law or policies and principles of our Code of Business Conduct will not be excused or tolerated for any reason. Further, we will cooperate with any reasonable requests for information from federal, state, and local governments relating to possible violations of laws.

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**Know how to ask questions and report your concerns**

Remember these options if you have any compliance concerns that you want to discuss with someone, or if you want to report misconduct, or ask questions.

- Your Supervisor, Manager, Director, or Vice President
- The Compliance Officer (CO) – Jane Wingquist (720.777.6537)
- The Compliance Hotline 1.866.568.5420 or [https://childrenscolorado.alertline.com](https://childrenscolorado.alertline.com)
- Human Resources (for employee/personnel issues)
- PlanetTCH and click on "the Complete Code of Conduct" Manual
BILLING COMPLIANCE – PAYMENTS FROM PATIENTS, FRAUD AND ABUSE, FEDERAL LAWS

Billing Compliance
Legal and ethical billing practices ensure that a hospital can only seek payment from Medicare, Medicaid, or private insurance companies, for the services that were actually provided to the patient and only for the amount that has been agreed upon by law or contract.

Many staff in the hospital play a part in making sure billing is accurate.

- **Doctors** are responsible for making sure that tests and treatments provided to the patient are medically necessary. They must clearly and completely document the need in the patient’s record in a timely way.
- **Nurses, therapists, dietitians, aides, and all other direct care providers** must clearly and accurately document everything they do for the patient, in a timely way. For example, if a medication is given to a patient but not documented in the medical record, Medicare, Medicaid, or the insurance company may refuse to pay for that medication.
- **Billing staff** must use billing codes that accurately describe the patient services provided. Medical Staff and professional coders are the only staff who should document diagnosis and procedure codes. Practices such as double-billing, upcoding (using codes that indicate the patient needed more care), or billing for expenses that are not reimbursable are illegal.

Payment from Patients
CHCO provides medically necessary hospital related services to the extent of its financial resources, consistent with its mission, its status as a nonprofit hospital, and its stewardship responsibility to donors.

Patients are individually evaluated for their 3rd party payer coverage and/or ability to pay according to recognized objective guidelines and hospital policies which are applied consistently and reasonably.

Hospital services are provided without regard to race, color, national origin, ancestry, sex, creed, religion, disability (mental and physical), marital status, genetic information, gender expression, sexual orientation or other protected classification to the extent required by applicable laws.

CHCO works with its independent Medical Staff to develop financial and clinical guidelines for the provision of medically necessary healthcare services.

**Charity care** is a critical piece of the healthcare safety net. Charity care is care provided by a hospital to low-income, uninsured, and under-insured people for which the hospital does not expect to be paid.

It's the responsibility of all patient-care staff to:
- Inform patients and their families that we have a policy addressing charity care;
- Direct families to Financial Counseling, 720.777.6408, to answer charity care or other account payment inquiries;
- Know that CHCO has an administrative policy and procedure addressing this issue;
- Provide excellent customer service around this complex and challenging issue.

Fraud and Abuse
**Fraud**: when someone uses deception to get something that does not belong to them or when a claim is filed with the government (e.g., Medicaid) before confirming that it is correct.

**Examples of Fraud**
- Billing for services that were not provided and/or supplies that were not furnished
- Billing for services as if performed by a particular entity when they were, in fact, performed by another entity not eligible to be paid by Medicare
- Using an incorrect or inappropriate provider number in order to be paid
- Signing blank records or certification forms or falsifying information on records or certification forms to obtain payment
- Selling or sharing patients’ identification numbers so false claims can be filed
- Offering incentives to Medicare patients that are not offered to non-Medicare patients (e.g., routinely waiving or discounting the Medicare deductible and/or coinsurance amounts)
- Offering, soliciting, or accepting bribes, kickbacks, or discounts for the referral of patients or order of services or items
- Falsely representing the nature of the services furnished which encompasses describing an excluded service in a misleading way that makes it appear as if a covered service was actually furnished (e.g., billing routine
foot care as a more involved form of foot care or billing for physical therapy when acupuncture was actually performed)

- Falsifying information on applications, medical records, billing statements, and/or cost reports or any statement filed with the government
- Misrepresenting excluded services as medically necessary by using inappropriate procedure or diagnosis codes

**Abuse:** the intentional or improper use of CHCO or governmental resources that causes loss or misuses healthcare resources. Many times abuse appears quite similar to fraud except that it is not possible to establish that abusive acts were committed knowingly, willfully, and intentionally. Although these types of practices may initially be categorized as *abusive* in nature, under certain circumstances they may develop into *fraud* if there is evidence that the subject was knowingly and willfully conducting an abusive practice.

**Examples of Abuse**

- Charging in excess for services or supplies
- Providing medically unnecessary services
- Providing services that do not meet professionally recognized standards
- Billing Medicare based on a higher fee schedule than for patients not on Medicare
- Submitting bills to Medicare that are the responsibility of other insurers under the Medicare Secondary Payer regulations
- Violating the participating physician/supplier agreement with Medicare or Medicaid

**Waste:** the careless or needless spending of CHCO or government money or practices that result in the squandering of assets.

**Federal Laws**

**Deficit Reduction Act (DRA)**

Each year the federal government spends millions of dollars to pay for healthcare services provided to patients who qualify for Medicare and Medicaid benefits. As part of its efforts to restrict waste and inefficiency in these programs, the federal government engages in vigorous enforcement efforts to prevent excessive payments for unnecessary services or for services that were never performed. One effort designed to reduce federal spending on entitlement programs is the Deficit Reduction Act of 2005 (“DRA”). The DRA provisions cover a broad spectrum of federal programs ranging from agriculture and energy to student loans and healthcare.

The DRA went into effect on January 1, 2007 and contains four provisions that affect children's hospitals' compliance programs including:

- Requiring certain entities to provide employee education about false claims recoveries and whistleblower protections (see policy: NON-RETALIATION IN REPORTING PROBLEMS OR MISCONDUCT);
- Rewarding states financially who pass a false claims act law with provisions similar to the Federal False Claims Act;
- Establishing a Medicaid Integrity Program; and
- Requiring citizens to demonstrate Medicaid eligibility by producing evidence of citizenship.

**False Claims Act (FCA)**

The FCA is one of the most important tools available to the federal government to deter fraudulent billing. It is used to discipline healthcare providers who knowingly submit false claims or knowingly make false statements to Medicare, Medicaid or other federal healthcare programs.

- The Act provides for civil penalties of at least $5,500 per claim up to $11,000 per claim, plus three times the amount of damages and potential exclusion from participation in Medicaid and other healthcare programs.
- The FCA includes a qui tam (whistleblower) provision which allows a private person to bring a lawsuit in the name of the U.S. if he or she has personal knowledge of a false claim. The claim must be presented to the government which has 60 days to decide whether to intervene and pursue the actions. If the government declines to proceed, the individual may bring the action directly.

**Civil Monetary Penalties Law**

This law imposes penalties on anyone who:

- Submits a false claim for a medial item or service or one based on a code that the person knows or should know will result in a greater payment to the person than the code the person knows is applicable;
• Submits a claim by a physician who was not licensed or was excluded from the program under which the claim is made;
• Is excluded but retains a controlling interest or is an officer or managing employee of an entity that is participating in a federal healthcare program; or
• Violates the anti-kickback statute. Penalties consist of $10,000 for each item, $10,000 for each day of a prohibited relationship, or $50,000 for violating the anti-kickback statute and damages of not more than three times the amount of remuneration paid or received.

RESEARCH COMPLIANCE

Types of Research

Research studies at CHCO include basic science, bench science, as well as human subject research involving our patients, and then only with their informed consent and/or assent.

Examples of research include:
• surveys;
• questionnaires;
• analysis of existing data or biological specimens;
• epidemiological studies;
• evaluation of social or educational programs;
• cognitive and perceptual experiments;
• medical chart review studies;
• investigational drug clinical trials;
• investigational device studies; and
• medical outcomes studies comparing approved drugs/devices.

Colorado Multiple Institutional Review Board (COMIRB) or Western Institutional Review Board (WIRB) must approve all human subject research. Organizational Research Risk and QI Review Panel (ORRQIRP) reviews all high-risk research and quality improvement/program evaluation non-human subject research.

Research Study Operations

Research Institute Operational Approval Process

The Research Institute provides operational oversight and resources for individuals wanting to conduct research at CHCO. All studies conducted at CHCO or utilizing CHCO’s resources must be approved through the RI. The RI assists with all aspects of applying for, negotiating, and managing externally-sponsored research.

EPIC is our research system of record

Research projects that involve patient visits must be tracked within EPIC. Although not all functionality is fully available within EPIC, it still stands as our hospital’s Electronic Medical Record (EMR) and should be also for research. The hospital expects that research visits will be scheduled using EPIC (via centralized research schedulers) and that outpatient visits will be documented with EPIC.

Understand and utilize system protections for research patients

Given that EPIC is our research system of record, it is a complementary requirement that all research information be documented within the research encounter (each patient must have a scheduled research visit and research encounter such that documentation can be placed on a progress note within the research encounter). If used properly, ALL research encounters within EPIC are protected Behind the Glass (for those who do not need ready access to an account). This means that the best effort you can make to protect a research patient’s information and privacy is to document research information within the research encounter ONLY. Documenting within a clinical encounter always puts the patient at greater risk. This is not a choice for individuals, but a hospital-wide policy as we consider all patient information of the highest priority and in need of the highest level of protection.
Research Institute (RI) Operational Approval

All studies conducted at CHCO or utilizing CHCO's resources must obtain RI approval.

How to get started with RI approval process?
Submit completed forms to: researchapproval@childrenscolorado.org

- Completion of the Routing Form
- Development of a detailed budget
- Complete Research Service Request (RSR) (as appropriate)
- Send approved IRB documents to include (application, consent, protocol, and approval letter)
- Schedule an EPIC Use Plan meeting to determine what EPIC requirements are needed for the study and ensure EPIC training for key study staff members

Services available through the RI
- Protocol Specialist
- Regulatory Support Services
- Lab Liaison
- Contract Specialist
- EPIC
- PeopleSoft
- CTO

RI study approval ensures:
- Awards and contracts are made between the sponsor and the institution, not individuals;
- CHCO facility and operations are prepared to support the study;
- Understanding of the study's objective, ancillary department awareness and study support, and price and billing clarification; and
- Avoids confusion that could impact status reporting, invoicing, or compliance during the life of the study.

Signatory Officials
Individuals authorized by the CEO to sign legal documents on behalf of CHCO. Our two signatory officials for research documents are:

- Len Dryer, Senior Vice President and Chief Financial Officer
- Jeffrey Harrington, VP of Finance

Only the RI can approve research related legal documents for signature by the signatory officials. PIs cannot sign CDA, CTA, MTA, DUA, or any other research related documents.

All paper-research is behind us as we are a leader in the use of EPIC as an EMR. For patient safety, it is required that we provide patient information in a consistent way and location. If you are a researcher or a member of a research team, it is your responsibility to ensure that your studies are recorded and your participants are scheduled and tracked within EPIC.

Research Compliance - EPIC is the Research System of Record
All investigators conducting research using human subjects must be aware of and comply with the various regulations (International Conference on Harmonization (ICH), international, federal, state, local and hospital) governing the informed consent process and documentation of such process so that Children's Colorado patients, staff, and the public are protected.

- All outpatient research visits must be scheduled using Epic and outpatient encounters must be recorded in Epic.
- Researchers must document the research informed consent process in the study participant's medical/research record and if the IRB of record requires a written consent, that form must be signed in accordance with the IRB's policies and procedures and then uploaded into Epic. HIM staff will scan the consent and place it behind the glass, so staff will need to "Break The Glass" to access the form.
• A request to break the glass should only be made by the treating physician to the researcher in an emergency and the process for doing this will be protocol specific.
• Review the policy and procedure for Research - Informed Consents
• Understand and utilize system protections for research patients (See Research - Informed Consents)

Research Compliance - Research Misconduct

CHCO expects academic integrity from its employees at all times and in all circumstances. CHCO staff may not engage in actions that constitute research misconduct. In addition, CHCO staff and other individuals who are involved in research, scholarly, and clinical activities under the guidance of CHCO must adhere to all internal policies and federal, state, and local regulations and must cooperate with the assessment and review of any allegation.

All CHCO staff who conduct research at CHCO will comply with ethical and legal standards for conduct of research and these policies and procedures. (See Responding to Allegations of Research Misconduct Policy)
INFORMATION - SECURITY - PRIVACY & CONFIDENTIALITY

INFORMATION

What is Information?
Information is what we call facts; news, intelligence, data, and opinions that we communicate to ourselves and to others. The word blue by itself is not information; patient Smith is turning blue is information.

Why is Information Important?
Information can communicate a lot about a person or an organization. How information is used can help or harm. A person armed with a Social Security Number can cause another person a multi-year battle to clear up their financial history. A caregiver equipped with a relevant diagnosis can effectively deliver better treatment.

SECURITY

Personal Internet Technology Use (See PERSONAL INTERNET/TECHNOLOGY USE Policy)

Did you know we have a policy that defines the parameters for appropriate personal internet/technology use by staff?

Some internet use is appropriate by staff to do their job or for professional activities such as marketing, research, and customer service.

All staff are expected to act appropriately with professional behavior whether they are online:

• during working hours;
• on personal time at CHCO; or
• outside of work.

Internet access on computers or handheld devices for personal communication or entertainment (e.g., calls, text messaging, social networking, listening to music) is limited during working hours to meal and break periods.

Accessing the internet for personal use on computers or handheld devices is not appropriate in areas where staff may come into contact with patients and families.

The following behaviors regarding internet/technology use are prohibited and will result in disciplinary action up to and including termination:

• Excessive or inappropriate internet/technology use;
• Posting a patient's protected health information on the internet; and
• Posting confidential, sensitive, or proprietary organizational information.

PRIVACY & CONFIDENTIALITY

HIPAA and Protected Health Information (PHI)

The Health Insurance Portability and Accountability Act (HIPAA) specifies the appropriate protection, use, and handling of “protected health information” that includes 18 patient identifiers. Access and use of PHI is only appropriate if it is necessary to perform your job duties.

Handling and disposing of hard copy PHI:
HIPAA states that hard copy PHI must be protected from unauthorized use or disclosure. CHCO policy states that hard copy PHI must be:

• stored out of site and not in plain view during business hours and in lockable enclosures during non-business hours or when areas are unattended, and
• disposed of securely in Bayaud shredder bins.

Emailing of PHI:
HIPAA states that electronic PHI sent via email must be encrypted, which protects PHI from unauthorized use or disclosure. Children's uses SafeMail to encrypt emails containing PHI. To encrypt email with SafeMail, click the button on an email message or type the word “encrypt” in the subject or body of your email message. CHCO also uses
software to encrypt laptops and flash drives in order to protect electronic PHI that is mobile and therefore more at risk of being lost or stolen.

NEVER share your ID or password with ANYONE:

Just as hand washing is a fundamental part of patient care, making sure that nobody other than you ever knows or uses your CHCO user and ID and password is a fundamental part of protecting yourself and patient information. You should NEVER share your ID or password with anyone else.

Contact the Information Security department privacy@childrenscolorado.org for assistance if you or someone else that works at CHCO is not able to access information they need to do their job with their own ID and password. You should also NEVER leave a computer workstation or Epic session logged in with your ID and password when you walk away from a computer for more than a few seconds.

Governmental Fines for Patient Privacy Breaches
The Health Information and Technology Act passed in 2009 specifies that health care organizations face fines for breaches of PHI and other HIPAA violations, as well as notification of privacy breaches to patients and also to the media if more than 500 patients information is lost or stolen as part of one breach.

In early 2012, government officials in Colorado from the Office for Civil Rights informed CHCO and other hospitals that they are increasing the frequency and amount of fines (up to millions of dollar per breach) for privacy breaches, in addition to potentially fining individuals that cause privacy breaches. Staff can help avoid patient privacy breaches and fines by following HIPAA policies and CHCO's Information Security policy, making sure to not inappropriately handle or transport PHI. (See NetLinks below for policies.)

Appropriate storing and accessing of PHI outside of Epic for research or quality improvement projects
For storing and accessing of PHI outside of Epic for research, quality improvement projects, or any other use, using formats such as spreadsheets (i.e. Microsoft Excel), simple databases (i.e. Microsoft Access), or text files is not HIPAA-compliant and against Children's policy. Children's Hospital uses a HIPAA-compliant database called "RedCap" for such purposes. For research projects, staff should use RedCap hosted by the University of Colorado Denver. For quality improvement projects, staff should use RedCap hosted by Children's Hospital Colorado. The RedCap policy is currently under review and will be posted to PlanetTCH in Q2 2012.

Business Continuity Planning (BCP)
BCP is the creation and validation of practiced logistical plans to prepare for foreseeable events that would significantly disrupt routine business operations. The BCP team at CHCO plays a critical role in identifying the potential vulnerabilities and the impact such disruptions could have on the organization. It provides a framework for hardwiring contingency protocols that allow for continuity in the delivery of high quality patient care. Per TJC standards and CHCO Policy, CHCO must conduct preparedness exercises to demonstrate our organization's readiness.

Examples of when a BCP is necessary may include:
- disasters
- catastrophic events
- weather
- fires
- system failures
- extended technology downtime

Departments and Service Areas are responsible for updating their respective business continuity plans annually. All directors, managers, and department or service liaisons are responsible for educating their staff on business continuity resources pertinent to their respective unit, clinic, or service. Each CHCO department has representation on BCP team to help set organizational direction and compliance with contingency operations.

Additional Info and Contacts
- PlanetTCH, HIPAA
- Information Security Officer  andrew.labbo@childrenscolorado.org
- Privacy Officer  marty.esquibel@childrenscolorado.org
HEALTH INFORMATION MANAGEMENT (HIM)

The vision of HIM:
To provide accurate, complete health information for continuing care, business operations and research as well as to advance best practices and standards for managing the legal Electronic Medical Record (EMR). Anyone who documents in the EMR must receive training prior to having access to document.

The EMR system, known as Epic, contains almost all patient care documentation for each patient visit since 2006. Patients may have records in an alternate format, such as paper or microfilm, and these records should be requested through HIM if needed. Documentation is critical for the following reasons:

- Patient service delivery and continuous quality improvement
- Clinical research
- Hospital and physician billing
- Medical/legal issues
- Regulatory issues

If we don't see documentation for care in an audit, we repay the 3rd party payor.

General Principles of Documentation

Documentation should be entered:
- On the correct patient
- In the correct encounter
- By the person delivering the care
- In a timely manner
- As a complete, factual, objective recording of care, treatment and services provided

The HIM Department is a knowledgeable resource and can assist you in understanding and meeting documentation requirements.

A complete medical record contains sufficient information to:
- Identify the patient
- Support the diagnosis
- Justify treatment
- Document course and results
- Promote continuity of care among providers

Make it routine for yourself to document as soon as possible after completing care.

Release of Information (ROI)

Why have guidelines? Healthcare facilities must comply with state and federal guidelines as they relate to privacy and security and releasing protected health information (PHI).

Use the guidelines below with regards to release of information:
- If a patient or family member requests medical records refer them to the Release of Information (ROI) Department on the 1st floor of the Administrative Pavilion near the Blood Donor Center.
- Printing copies from EPIC is strongly discouraged. Please contact ROI ext. 720.777.6444.
- Refer all requests for chart viewing to the ROI Department.
- If a provider needs a patient's previous record that is not already in Epic, please call HIM (ext. 720.777.6444, Option 1) to request the record. For all other requests, staff may access PlanetTCH, click Health Information Management, click the Chart Request link (menu option on the right side of the page), click HIM Chart Request Form and fill out the requested information. The request will then be submitted to HIM electronically and will be facilitated within the indicated time requirements.
- If records are needed for research and/or an audit, the HIM/ROI Manager should be contacted to facilitate need. In general, research records will not be provided until an approved COMIRB authorization has been received by the ROI Manager, and for audit purposes there should be contracts and/or agreements in place.
or provided to the ROI Manager before access can be granted. The scope and purpose of the aforementioned concerns will need to be outlined so that the appropriate access can be granted.

**Code Selection**
The CPT and ICD-9-CM codes reported on the health insurance claim form should be supported by the documentation in the medical record. Providers should choose billing and diagnosis codes carefully, based on medical necessity as supported in the documentation. If this responsibility is delegated, providers must be confident that their staff understands coding principles, as providers are responsible for all claims submitted on their behalf. Contractual arrangements do not relieve physicians of this responsibility. Other useful activities include performing periodic quality checks to check for agreement with the selected codes, and reviewing coding manuals carefully to better ensure proper code.
ADVANCE DIRECTIVES

Advance Directives Institution Requirements
A 1990 federal law called the "Patient Self-Determination Act" was established to increase public awareness of patients' rights to make choices and decisions about the types and extent of medical care they want to accept or refuse. Hospitals are required to:

- Provide adult patients (18 years and older), at the time of inpatient admission, information about their right to make decisions about their medical care, including the right to refuse care, and their right to formulate advance directives.
- Provide them with information about our policies respecting the implementation of such rights.
- Ask whether they already have an advance directive.

At CHCO, information and literature on Advance Directives are given to patients 18 and older who are inpatient admissions as well as being posted in all ambulatory clinic waiting rooms. Staff members working in these areas are trained to assist patients 18 and older on this subject.

Brochures are available for patients and their families in the Patient Access department and in ambulatory waiting rooms.

In Colorado, an advance directive can be:
- A living will;
- A medical durable power of attorney; or
- A CPR directive.
PHYSICAL SECURITY SERVICES

Reporting Procedures
Your eyes and ears are essential to the safekeeping of our hospital. An important aspect of hospital security is your involvement and communication with the security staff.
- Report all missing property, acts of vandalism, or other unusual occurrences to security staff immediately.
- Be aware of strangers. If someone's identity or business is unknown, ask if you may help them. If you receive an unsatisfactory reply to your questions or if you observe suspicious activity, contact security immediately.
- All calls to security are answered by a dispatcher that is in constant contact with patrolling security officers via two-way radio.

When calling security, please follow the steps below:
1. Provide your name.
2. State the telephone number from where you are calling.
3. Inform the dispatcher of the service needed and location.
4. If a telephone is unavailable, observe and document details about suspicious person or activities.
5. When possible, instruct a fellow staff member to locate a phone or physically obtain security's assistance.
6. In high risk work areas, duress alarms have been installed. These alarms are intended to allow staff the ability to quickly and discreetly request security assistance in emergency situations.
7. Activate the alarm only when it is safe to do so.
8. Once the alarm has been activated, inform responding security staff of the situation.

Escorts
Security provides a safety escort service. If you are walking alone to a remote area or just feel uncomfortable, call Security. When possible, request an escort with a few minutes lead-time to minimize your wait. During major shift changes, security officers are normally deployed to provide exterior protection, therefore reducing the necessity of individual escorts. Staff are always encouraged to walk with others.

Lockouts
If you find yourself locked out of your work area or vehicle, call Security for assistance. Proper identification may be required before access can be granted. Security does not carry keys to all departments. Because vehicles may have modern theft-proof-locking mechanisms, Security may not always be able to let you in.

Property Inspections
All property taken from or brought into the facility is subject to inspection by Security or hospital administration.

Workplace Violence and Weapons Policy
CHCO has zero tolerance for any abusive or threatening behavior of any kind. Weapons of any kind are not allowed on hospital property. In the event of an immediate threat or disturbance on campus, you should call security at 720.777.6301 (7.6301). At off-campus sites, call 911 to alert the local law enforcement agency for assistance. If the situation is not an immediate threat, you should contact the director, manager, or supervisor of the area the incident occurred. (See “Code Silver” on p. 30.)

Security and You
- Security involves everyone. We all need to be protected against physical threats, theft, or damage to our property.
- Protection is a cooperative effort between you and Security.
- There are two basic elements necessary for a crime to occur:
  - a criminal with the desire and ability to commit a crime
  - a victim who provides an opportunity for the crime
- Healthcare facilities, by their very nature, can afford ample opportunities for crime. You can do a great deal to reduce the opportunity for crime in the hospital. The most effective defenses against crime are:
  - common sense
  - basic precautions
  - alertness
- Always wear proper hospital identification. This identification helps patients, staff, and visitors recognize authorized personnel. Policy and local health department regulations also require it.
- Be aware of your surroundings at all times. Familiarize yourself with regular staff in your work area and question unknown persons.
- Many losses are the result of carelessness. Maintain security of your personal items and hospital property. Whenever possible, carry only those items that you will need. Always minimize the amount of cash and number of credit cards you carry. If you bring a purse, never leave it in plain view. Secure it in a lockable cabinet. Always secure storage cabinets and work areas when unattended.
- Notify Security of potential disruptive situations as appropriate to minimize conflict.
FACILITIES OPERATIONS

Safety Education
Education on facilities related topics is required for all staff prior to beginning work at CHCO. Each department also conducts a safety orientation using a safety checklist form to communicate departmental safety procedures for new staff. Monthly safety education on selected topics is conducted in all departments through the Safety Specialist program.

Variance/Incident Reporting
An essential part of staff participation in the safety program is variance reporting. An incident should be reported whenever patient care is adversely affected, injury or property damage occurs, or for a near-miss with potential for injury or property damage. All incidents should be reported with one (or more) of the three following methods:

- **Security incidents** may include theft, violence in the workplace, vehicle accidents, or anything else you would normally report to the police. To report a security incident, call hospital security at ext. 720.777.6301 (7.6307) or activate the HELP boxes in the parking lots and the responding security officer will assist you and fill out the report with information you provide.

- **Staff Injuries** include on the job incidents resulting in staff injury, or aggravation of a pre-existing condition. If you are injured on the job, notify your supervisor and go to Occupational Health Services (OHS) as soon as possible (go to the ED if OHS is closed) and they will initiate the injury report. If you are not a CHCO employee, your own employer should inform you where to go for treatment for work-related injuries.

- **Variances** - the QRS Online Incident Reporting System should be used to report all safety events, errors and near misses. All staff may enter an incident into QRS by accessing the QRS link on the PlanetTCH main page and logging in using their CHCO username and password. This system should be used to enter all events relating to all in-patients, out-patients, employees, non-employees, locations (person not applicable) and visitors.

In some cases, an incident will require reporting with two or more of the above methods, for example a motor vehicle accident in our parking lot with an employee injury will require a security report and an employee injury report. A variance is any event, incident, or occurrence that is not expected as a part of the routine care of a patient or of the day to day operation of the hospital.

Hazardous Materials and Waste

Hazard Communication
CHCO:
- has a written Hazard Communication Policy which can be found on PlanetTCH;
- maintains an accurate inventory of chemicals in the workplace; and
- provides annual staff training about chemical hazards, personal protection, and how to find and use an MSDS.

Material Safety Data Sheets (MSDS) can be found on PlanetTCH and must also be kept in paper form in the department. MSDS' communicate the risks involved with handling chemicals in our workplace.

MSDS' provide chemical information including:
- Health/physical hazards and properties
- Proper labeling
- Storage requirements
- Personal Protective Equipment (PPE)
- Spill response and disposal guidance

Hazardous Material Spills
Staff who handle hazardous materials are required to know how to respond to a spill, prior to the spill. Depending on the type of material spilled, the person involved with the spill will either clean it up, or evacuate the area and call the Fire Department's HazMat team. See the Hazardous Materials Spill Response policy for additional instructions.

Hazardous Material Disposal
Excess hazardous chemicals or spill cleanup materials are sent to the hazardous materials storage room for disposal.

- Radioactive waste is placed in the radioactive material storage room.
• Biohazard material is disposed of in RED containers and chemotherapy waste is disposed of in YELLOW containers.
• Hazardous pharmaceutical waste (with a black dot) is placed in black containers. Full containers are placed in the Chemical Hold.
• Certain common items are also required to be collected and managed to proper disposal locations. These include:
  - fluorescent lamps collected and managed by the EOC Technicians
  - rechargeable batteries collection station is located in the Biomed Department (Lower Level)
  - aerosol cans collection drum is located in the Mechanical Shop (Lower Level)
  - electronic devices collected and managed by the IT department
  - and electronic components
  - mercury containing devices contact the Environmental Compliance and Sustainability department for disposal certain pesticides managed by contracted services provider

### Hazardous Waste – RCRA Compliance
Hospitals are obligated to complete a proper hazardous waste determination for all pharmaceuticals, laboratory agents and any other waste streams the facility might generate. If your work at CHCO involves the generation of waste, you should be familiar with the Administrative policy [Hazardous Waste-RCRA Compliance Plan](#) and its attachments

### Emergency Management
#### CHCO CODES

<table>
<thead>
<tr>
<th>CODE</th>
<th>Refers to:</th>
<th>To Activate Call</th>
</tr>
</thead>
<tbody>
<tr>
<td>BART</td>
<td>Security Assist (Patient)</td>
<td>7.5555</td>
</tr>
<tr>
<td>Black</td>
<td>Bomb threat</td>
<td>7.6301</td>
</tr>
<tr>
<td>Blue</td>
<td>Medical emergency</td>
<td>7.5555</td>
</tr>
<tr>
<td>Chemical Spill</td>
<td>Chemical spill in facility or on campus</td>
<td>7.6893</td>
</tr>
<tr>
<td>Evacuation</td>
<td>See Relocation Form</td>
<td>7.5555</td>
</tr>
<tr>
<td>Green</td>
<td>Security Assist (Non-Patient)</td>
<td>7.6301</td>
</tr>
<tr>
<td>Influx of Patients</td>
<td>A large surge of patients</td>
<td>7.5555</td>
</tr>
<tr>
<td>Missing Child</td>
<td>6 months or older</td>
<td>7.5555</td>
</tr>
<tr>
<td>Mr. Gallagher</td>
<td>Fire</td>
<td>7.5555</td>
</tr>
<tr>
<td>PINK</td>
<td>Infant abduction</td>
<td>7.5555</td>
</tr>
<tr>
<td>Silver</td>
<td>Active Shooter</td>
<td>911</td>
</tr>
<tr>
<td>Tornado</td>
<td>Watch, Warning or Implement Plan</td>
<td>7.5555</td>
</tr>
</tbody>
</table>

Codes are called in to the Emergency Extension 7.5555 or Security and will be routed/announced accordingly with the exception of the following:

**Code Silver (Instructions for Calling 911)**
Staff will initiate a Code Silver when they are witness to an individual brandishing a weapon or actively shooting within the facility or on facility grounds.

Staff will dial 911 and provide the following information:
- Their name and staff position
- Non CHCO contact phone number (cellular phone)
- Location of the situation (building, floor, unit)
- Description and number of perpetrators
- Type of weapon (firearm, knife)
  - The control center will announce the Code Silver via an overhead announcement indicating the location; (e.g., Code Silver, Main Hospital, 3rd Floor, PICU.)
  - Staff must NOT approach the Code Silver area.
  - Staff should:
    - Immediately clear all hallways and public areas of patients and visitors.
    - Seek shelter out of public view and behind locked doors.
    - Remain out of public view until the Code Silver all clear is announced.

**NOTE:** To evacuate through locked doors the blue emergency door release can be used.
Emergency Call-Back
CHCO staff may be called on to perform above and beyond their normal responsibilities in case of disaster in the community, or to our facilities. If an emergency unexpectedly increases our number of patients or prevents staff from getting to work, an emergency call-back may be done for staff not at work. Off-shift support staff called in during an emergency are to go to the Conference Center Lounge, and clinical staff are to go to the Physicians Lounge/Media Center for assignment to where they are needed.

Emergency Plans
The Emergency plans in the Safety Manual describe the organizational (overall) response for events such as tornado, blizzard, fire, bomb threat, sudden influx of patients, and others. Individual departments have additional procedures that describe the unique role the department has during a disaster.

Emergency Management Drills
All departments are required to participate in at least one emergency management drill per year. A department's response to an actual emergency may count toward the drill requirement if a critique is performed and submitted to Environment and Public Safety (EPS).

Fire Prevention
Fire Identification
Staff should immediately activate the fire response procedures whenever you:

- See flames
- See or smell smoke
- See sparks coming from an electrical appliance or equipment

Fire Response
When a true fire exists, the fire alarm system will announce, "Mr. Gallagher is wanted (location)". All staff are reminded to use RACE to remember how to correctly respond to a fire as follows:

<table>
<thead>
<tr>
<th>Step</th>
<th>Instruction</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Rescue  - Get patients (and others) away from the fire, use horizontal evacuation to initially move everyone to the area indicated in your departmental evacuation plan.</td>
</tr>
<tr>
<td>2</td>
<td>Activate the alarm  - Go to the nearest fire pull station and pull down on the lever, call 7.5555 and let the operator know the location of the fire.</td>
</tr>
<tr>
<td>3</td>
<td>Close doors  - Fire doors automatically close when two devices confirm a fire alarm is activated. Staff should close all other doors in the department to prevent the spread of fire.</td>
</tr>
<tr>
<td>4</td>
<td>Extinguish the fire  - Staff may proceed to extinguish the fire under the following conditions: 1. The other steps in RACE are completed; 2. They are trained in proper fire extinguisher use; and 3. The fire is not so large that it is dangerous to approach.</td>
</tr>
</tbody>
</table>

CAUTION: if a fire involves a patient circuit, or is otherwise fed by oxygen it might not be extinguished until the flow of oxygen is cut off. The main oxygen shutoff valve for an area should only be turned off by the person in charge of patient care for the area affected by the shutoff valve, or the fire department. Anyone can shut off the oxygen at the bedside if the oxygen tubing or patient circuit is on fire.

NOTE: when unknown alarms sound, staff in the area of the alarm are to close all doors and stay alert until "all clear" is announced

Fire drills
Fire drills are held regularly for staff education on the fire response procedures. Departmental orientation for new staff includes walking the evacuation routes and viewing locations of pull stations and fire extinguishers, at a minimum.

Fire safety tips
CHCO prohibits:
- placing blankets in microwaves to warm them,
» using surge protectors as extension cords, and
» placing toys on top of the over-the-bed lighting fixtures.

Medical Equipment

Maintenance

Damaged or malfunctioning medical equipment should be removed from service and labeled with a "Defective Equipment Tag" to insure the equipment is not accidentally used on a patient. Remember to report equipment malfunctions immediately to a supervisor and either send the equipment out for repair or notify the appropriate service provider of the trouble. New medical equipment must be checked by the Biomedical Department prior to use on patients including rental, demo, purchased, or loaned equipment.

Emergency Procedures

All areas with critical care medical equipment are required to have emergency procedures for staff response in case equipment fails. Every item of critical care medical equipment should have an alternate item or procedure to be used in case of failure. Staff who use critical medical equipment should be knowledgeable of their emergency procedures.

Utility Management

Maintenance

Facility Operations (FO) needs the assistance of all staff to keep our environment safe. Staff should report unsafe conditions found in any of our buildings or outside grounds/parking lots to EOC immediately at ext. 7.ZIPP. Examples of unsafe conditions are: tripping hazards with flooring or landscaping, broken fire safety components (sprinklers, exit signs, pull stations, extinguishers), or damage to any buildings creating sharp corners.

Utility Outage

Patient care units have department specific emergency procedures for responding to utility outages which may include water/sewer, electricity, heating and air conditioning, medical gasses, and elevators. Emergency power is provided by back-up generators in case electrical lines to the hospital are interrupted. Emergency power is maintained to all red outlets, some elevators, and many lights located in specific areas in the hospital and health center buildings. Staff in patient care areas should know their emergency procedures in case any of the utilities are interrupted.

Emergency Procedures

Inpatient areas have department specific emergency procedures for responding to utility outages which may include water/sewer, electricity, heating & air conditioning, medical gasses, and elevators. Emergency power is routed to all red outlets, some elevators, and many lights located in specific areas in the hospital and health center buildings. Staff in patient care areas should be knowledgeable of their emergency procedures in case any of the utilities are interrupted.

Pneumatic Tube System Use (used for sending supplies, specimens, etc.)

Transport Carrier Loading –
1. Properly secure lids on specimen containers.
2. Place all specimens in biohazard bag. When sending specimens, wrap the specimen in a diaper; then place the wrapped specimen in the carrier.
   » All blood culture bottles should be sent separately from other specimens.
   » All CSF specimens should be sent separately from other specimens.
   » The maximum weight of the carrier’s content is 2¾ lbs (1 liter of IV fluid).
3. Place the Requisition Form outside the biohazard bag in the carrier.
4. Tightly close latches on the carrier.
5. Select the station, insert the carrier and push the send button.

Network of Care (NOC)

Emergency procedures and other notification procedures may be different for our NOC locations and off-campus facilities. Security, Fire, HazMat, and Medical Emergencies should be responded to with a 911 call. Building (utility) issues are addressed by notifying the individual building owners. External emergency situations (community disasters) are usually responded to with the clinic shut-down procedure.
INFECTION CONTROL

The Infection Control Program is designed to reduce the risk of and prevent the spread of infectious diseases at CHCO and in the community. The Infection Control Program is part of the Department of Epidemiology which is available 24 hours/day, 7 days/week, and can be easily contacted by calling the hospital operator and having the on-call person paged.

The Infection Control Manual can also be accessed on the PlanetTCH under the policies and procedures section. Hard copies of the manual are located in several departments, in the event that computers are not available: Epidemiology, Sterile Processing, Nursing Supervisor’s office, and Occupational Health Services.

Communication
There are two types of up-to-the-minute links for Infection Control communication, both of these can be found on the internal website, Planet TCH.

 Bug Watch:
  This is produced by Epidemiology and the Lab. It gives an up-to-date look at the number and type of respiratory and enteric infections circulating week to week.

 Contagious Comments:
  A monthly publication about timely infectious disease topics and infection control issues.

Disease Transmission
Three factors are necessary for transmission to occur:
1. the infectious agent (e.g., bacteria, virus, fungus)
2. the susceptible host (e.g., patient, staff)
3. the mode of transmission, for example:
   • direct contact (secretions, excretions, blood)
   • indirect contact (patient, equipment)
   • airborne (chickenpox, measles, tuberculosis)
   • common source (contaminated food, water, etc.)
   • vector-borne (insects, animals)

Handwashing
Hand Hygiene is observed at CHCO. You must comply with the CDC Guidelines for hand hygiene.

• All staff members, regardless if they are doing patient care, must wash their hands upon entering a patient's room and when leaving the patient's room. All staff must ensure that they are not re-contaminating their hands by touching a door knob or other objects in the room before touching a patient.
• Staff should remember to wash their hands after removing gloves.
• If hands are visibly soiled they should be washed with soap and water and with friction for 15 seconds.

Proper Glove Use:
Clinical staff should wear gloves according to recommendations listed in the Centers for Disease Control and Prevention’s (CDC) standard precautions. These recommendations include:

• Wearing gloves when contact with blood or other potentially infectious body fluids, excretions, secretions (except sweat), mucous membranes, and non-intact skin could occur.
• Removing gloves after caring for a patient. (personnel should not wear the same pair of gloves for the care of more than one patient).
• Changing gloves during patient care when moving from a contaminated body site to a clean body site.
• Performing hand hygiene immediately after removal of gloves.

Artificial Nails, Natural Nails and Nail Polish
Artificial nails are substances or devices applied to natural nails to augment or enhance nails. They include, but are not limited to, extenders, bonding, acrylic tips, appliqués, wrappings (e.g., silk), tapes, inlays, or jewelry (glued or pierced). Because of scientific reports linking higher numbers of gram-negative microorganisms and fungi cultured from the fingertips of personnel wearing artificial nails compared to personnel with natural nails and an increased incidence of healthcare-acquired infections, artificial nails should not be worn by:

• All surgical personnel
• All direct patient caregivers
• All staff involved in cleaning processes (Environmental Services, equipment cleaning or reprocessing of equipment/instruments)
• All staff who prepare products for patients such as (but not limited to) Pharmacy, Blood Bank
• All staff who prepare food
• Natural nails should be kept clean. Patient care providers and others listed in “A” above must keep their nails short (a general guideline is no more than ¼” past the tip of the finger) and may not be pierced (with or without jewelry emplaced in them). It is recommended that natural nails be left unpolished. Clear polish is preferable over colored. If polish is worn, it cannot be chipped, cracked or peeling because this increases the bacterial count on the nail.

**Standard Precautions** (previously called Universal Precautions):
The following are standard precaution principles regarding infection control:
• Hand Hygiene (with either soap and water or alcohol based hand rub) is the simplest and most effective way to interrupt many modes of transmission.
• All body fluids, secretions, and excretions are considered infectious, regardless of whether or not they contain visible blood.
• Use eye wear, masks, gowns, and gloves when there is a potential for exposure to eyes/mucous membranes and/or skin. Dispose of items in the appropriate receptacle.

**Isolation Precautions**

**Transmission-Based**
Patients can be placed on Precautions based on symptoms, diagnosis, and/or lab test. Nurses and physicians can place patients in isolation. If you are not sure which type of isolation is needed, check the table in the Isolation Procedure (IC-008) located in the IC manual online.

Patients are not to leave their isolation room unless going to another department for tests or procedures. Notify the receiving department in advance that the child is on isolation precautions. Exceptions can only be made by consulting with Epidemiology/Infection Control.

We use 4 types of Precautions at CHCO.
• Contact Precautions (gown and gloves)
• Droplet Precautions (gown, mask, and gloves)
• Airborne Precautions (gown, mask, and gloves in a negative pressure room). This is for patients with chickenpox or measles.
• “Special” Airborne Precautions (N-95 mask, gown, and gloves in a negative pressure room). This is for patient with Tuberculosis and SARS)

**Patients with Drug-Resistant Organisms (DROs)**
Once patients are identified as having a MDRO (e.g., MRSA, VRE), they are placed into appropriate isolation precautions in both the inpatient and outpatient settings. This applies whether the patient is colonized or infected with the MDRO.

Patients admitted to intensive care units (PICU, CICU, NICU) or patients having select high risk surgeries (e.g. cardiac, orthopedic implant or neuro shunt surgery) are screened for MRSA. These patients need to be on contact precautions at a minimum until their screening test results are reported. If the MRSA screen is negative for MRSA and there are NO other indications that the patient needs isolation, then the patient may be taken off contact isolation.

Please be sensitive to the needs of these families as this is a difficult issue for some of them. Treating patients and families in a calm, professional manner is appreciated.

Patients with an MDRO should have limited time in waiting areas, so we need to do our best to get them to the rooms they need to be seen in. When sending the patient to another department, be sure to notify them in advance.

Isolation precautions are also used during subsequent outpatient clinic visits and readmissions to CHCO.
This information is also entered into Epic and is also distributed to departments via e-mail. It will also appear on the Patient information header bar in Epic. It is very important to notify clinical staff if you notice this information in Epic when registering a patient so that appropriate precautions can be taken.

**Respiratory Etiquette**

What is respiratory etiquette?

Respiratory etiquette involves using mechanisms to prevent the spread of respiratory illnesses such as colds and other respiratory infections.

When a patient with fever or respiratory symptoms comes to a hospital, ED, or clinic, they should be instructed to put on a mask and perform hand hygiene in the waiting area.

Masks and waterless hand products should be made available in waiting areas for patients to use when ill with fever and/respiratory symptoms.

**Visitors (12 years of age and younger)**

Ill visitors should be discouraged from visiting.

- All Visitors are to be screened each day for infectious illness before visiting patients on the inpatient units. Ill visitors will be asked to leave the hospital.
- Visitors meeting screening requirements are given an "apple sticker" to wear for the day which indicates they were screened.
- A red apple means they are visiting a patient not in isolation.
- A green apple means they are visiting a patient who is is isolation.
- Visitors of inpatients in isolation are not allowed to visit the play areas on the unit or the teen lounge.
- A yellow apple is for an ill parent who still wants to visit their child. They should be given the ill parent handout that provides instructions on minimizing the spread of infection their child and others.

**Appropriate Eating Locations for CHCO Staff**

Staff working in clinical units/departments need to be aware that there are restrictions on where they may consume food. Google **Designated Eating Locations Attachment to IC-001-A (Addendum B)** on PlanetTCH for specific information. While it is obvious that the cafeteria, cafe and staff break rooms are appropriate eating locations, there are other locations that are NOT acceptable.

These areas include, but are not limited to:

- Nursing stations
- Patient bedside stands or areas
- Medication rooms
- Utility rooms (clean or dirty)
- Charting areas just outside patient rooms
- Operating rooms
- Behind the “red line” in surgical areas

**Employee Illness/Exposures/Immunity Status**

CHCO asks that you think about patients and staff before you come to work ill. Please notify your supervisor if you are ill. Call Occupational Health Services (OHS) at 720.777.6577 if you have any questions regarding the appropriateness of working while having symptoms of a contagious illness e.g., a cold or cough. Also call OHS if you have been exposed to a contagious illness. Also consult **Working While You're Sick (EHS-012)** by googling the title on PlanetTCH.

**Immunizations**

**Chickenpox and Measles**

Immunity status for protection against the airborne-disease measles (also called rubeola or the 10-day measles) and chickenpox is required.

- The measles and chickenpox vaccines or a history of having these diseases are required for all employees and non-employees at CHCO.
- Employees and some contractual non-employees receive vaccinations at no cost in the Occupational Health Services office.
• Others can purchase this service at CHCO or obtain vaccinations from their personal care provider to be in compliance.
• Waivers and religious objections is not an acceptable alternative.
• No one is allowed to work at v who is not able to provide documentation of immunity because of the risk to our patient population.

Hepatitis A and B (see Occupational Health/OSHA - Hepatitis A, B & C page 41)

Patient Care Exclusions
With the implementation of Standard Precautions and transmission-based (isolation) precautions, no staff will be excluded from caring for a child with an infectious disease, with the exception of a healthcare worker who is pregnant and the patient is one of the following:

› A patient with hemolytic anemia who is infected with Parvovirus B-19.
› A patient with a viral illness receiving Ribavirin treatment.

You will sign a viral advisory form in OHS upon your initial OHS evaluation to verify that you understand the viral risks of being in the hospital setting.

CMV (Cytomegalovirus)
Patients with CMV do not need to be isolated. The best way to protect yourself is to use good handwashing and follow Standard Precautions with all patients (for additional information, see CMV Fact Sheet located in the IC manual on the PlanetTCH).

Reporting of Diseases to the Colorado Department of Public Health
The Department of Epidemiology electronically reports all lab-confirmed cases of reportable diseases to the Department of Public Health on a daily basis. If you suspect a reportable case, notify Epidemiology, 720.777.6072, and they will investigate and report the information accordingly.

Bioterrorism
The hospital has policies in place to deal with disasters and bioterrorism. One of the key principles to remember is that the same infection control practices you use everyday also apply to dealing with bioterrorism concerns. Policies available on the PlanetTCH under Infection Control include Bioterrorism (IC-000), Anthrax Exposure (IC-031) and Mail room Procedures to Limit Bioterrorism Risk (IC-032). If you have concerns regarding any situation that may be related to a possible bioterrorism threat, please contact the epidemiologist on call via the hospital operator.
OCCUPATIONAL HEALTH/OSHA

What's New for 2012
For the first time since the adoption of safety devices at Children's Colorado bloodborne pathogen exposures to staff are on the rise.

- 46% of exposures were attributed to instances where staff were distracted and not paying attention, multitasking and rushing to get through a procedure
- 18% occurred during the manipulation of devices (e.g., handling wires in surgery, needles sticking to tape and gloves, working with unfamiliar equipment, equipment that became disconnected).
- 15% were due to patient movement during a procedure or the delivery of a medication

67 employees were exposed in 2011. This is both a staff safety issue and a patient safety concern. Staff owes it to themselves and to their patients to reduce distractions, use only equipment you've been trained on, wear appropriate PPE, and pay attention to your own safety as well as the patients. Save the patient and yourself unnecessary worry and a blood draw.

The most frequently missed items on OSHA Rounds have been:

- Floors are not free of tripping hazards.
- Staff don't know procedure for contaminated clothing (What is the procedure? Put in hospital blue linen bag; take to hospital laundry Lower Level of Administrative Pavilion). NOC sites have site specific protocols.
- Unlabeled, undated food in refrigerators. The policy is posted on PlanetTCH for reference.
- Staff uncertain of Mass Casualty/Influx of Patients response. [If the incident happens while at work; stay in or return to your assigned work area. If called in from home report to 2nd floor Medical Lounge/Medical Staff Library.]

Illness and Injuries On The Job
CHCO asks that you do not come to work sick. Think about your patients and co-workers. Please see Working While You're Sick (EHS-012) for guidance.

- Notify your supervisor if you are ill. Call Occupational Health Services (OHS) at 720-777-6577 if you have any questions regarding the appropriateness of working while having symptoms of a contagious illness (e.g., fever, vomiting, diarrhea, or a productive cough).
- OHS is not available for personal healthcare treatment except for the following:
  - All CHCO staff on the campus will be evaluated and may receive a rapid strep test if they develop a sore throat while at work.
  - Other personal health issues can only be stabilized in the event of an emergency in order to get you to your physician.
  - Personal health issues, including a sore throat that did not develop on the job, are to be seen and followed by your own physician when you are not at work.
  - For medical (and non-medical) emergencies in the hospital call 7.5555 for immediate care. For non-medical emergencies and for all emergencies outside the main campus call 911.

A work-related injury occurs during the course and scope of the employee's job. The incident may be instantaneous or may develop over time.

- If you sustain a work-related injury immediately notify your supervisor and go to Occupational Health Services (OHS) as soon as possible. Complete the QSRS report. Go to the ED when OHS is closed; they will assess your injury and refer you for treatment.
- If you are not an employee of CHCO, you will need to be seen by your employer's occupational health clinic for work-related injuries.
- Work related injuries must be reported within four (4) working days of the incident.(does not include Saturday, Sunday or holidays)
- OHS hours are Monday through Friday 7am - 4:30pm.

Blood Borne Pathogens
Prevent an occupational exposure by using safer techniques.

Many needlesticks and other cuts can be prevented by using safer techniques, such as:

- Recapping needles using a one handed "scoop" technique (e.g., you may need to recap a needle after drawing up a med);
• Disposing of used needles in appropriate sharps containers (Note: Don't recap a used needle for disposal if it does not have a safety mechanism; the less handling the better. If it has a safety mechanism that mechanism MUST be activated before disposal = OSHA fine);
• Using needleless IV devices; and
• Using medical devices with safety features designed to prevent injuries.
  o Don't guess how to operate a safety feature on a device - get training before use. Use appropriate barriers, e.g., gloves, eye and face protection, and gowns.
  o Slow down while performing procedures that may expose you to BBP exposures. Multitasking while in a hurry, or not paying attention to what you are doing are behaviors that increase your risk for an exposure.

How can an occupational exposure be prevented?
Many needle sticks and other cuts can be prevented by using safer techniques; e.g., not recapping needles by hand, using needleless IV devices, disposing of used needles in appropriate sharps containers, and using medical devices with safety features designed to prevent injuries. Using appropriate barriers is also critical, e.g., gloves, eye and face protection, and gowns. You should use Standard Precautions with all patients. In addition, rushing behaviors, laying sharps down in the wrong place, and being pre-occupied create additional risk.

Needlestick Safety and Prevention Act
As a result of the Needlestick Safety and Prevention Act of 2000, OSHA now mandates that healthcare organizations solicit non-managerial input on the identification, selection and evaluation of safety devices.

What is a “safety device”? A safety device is a “non-needle sharp or a needle device used for withdrawing body fluid, accessing a vein or artery, or administering medications or fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.” Never become complacent that the safety mechanism will perform flawlessly; safety mechanisms have been known to fail. Your alertness is your best protection.

All safety devices need to be properly disposed of in a sharps container after activation. (Make sure the needle drops into the container completely - some syringes get caught on the label that identifies the syringe's contents.)

Exposure to Blood and Body Fluids Containing Blood
Take the following steps if you are exposed to blood or body fluids containing blood:
• Give yourself first aid (e.g., wash the cut, rinse your eye).
• Notify your supervisor of the incident. Go to Occupational Health Services. The Emergency Department is the backup for evenings/weekends or if OHS is closed. Network of Care sites staff report to the nearest ED/Urgent Care.
• It is important to report immediately. The Centers for Disease Control (CDC) recommends that HIV prophylaxis (if indicated) be started within 1-2 hours of the exposure incident.
• We will obtain blood for testing (HIV, Hepatitis B, and Hepatitis C) on you and the patient source (if known). We will verify your Hepatitis B status, offer HIV prophylaxis if warranted, provide information (written and verbal), and provide counseling. Your confidentiality is maintained throughout the process using confidential coding on all paperwork.
• It is possible to get a rapid HIV test on the source patient. This allows the exposed staff member to have better knowledge of the exposure risk within two to three hours.

If you get blood on your clothes, don't take them home and contaminate your other laundry. On the main campus, put your clothes into a blue linen bag and take them to the Laundry Room (lower level of the Administration building, just north of Materials Management Administrative Offices).

Network of Care sites have site specific protocols.

Bloodborne Pathogen Exposure Follow-Up
Report to Occupational Health Services (or Emergency Department when OHS is closed) as soon as possible (within 1-2 hours) after exposure. Time is critical if antiviral prophylaxis is to be most effective for an HIV positive exposure.

You can expect to be treated in a confidential manner and be given priority in your care.
If you are not a CHCO employee, CHCO will do the initial evaluation, lab work, and intervention (as needed). Thereafter, follow up will be at your place of employment (e.g., University Hospital employees at UCHSC Occupational Health Department).

**The Bloodborne Diseases**

**HIV**
Human Immunodeficiency Virus (HIV) is the virus which causes AIDS. It is a fragile virus and is less likely to be transmitted by a single percutaneous exposure.

HIV destroys the body's natural defenses against a wide range of illnesses and has led to death in many cases. Based on a Centers for Disease Control (CDC) surveillance project involving health-care workers who were followed after a skin puncture exposure to HIV positive blood, 4 of 1440 (or 0.28%) converted to a positive HIV antibody (Bell, 1997). Thus, the risk is low but does exist.

**HEPATITIS A, B, AND C**
There are many types of hepatitis. However, we are primarily concerned about hepatitis B and C that may be acquired through blood or blood contaminated body fluid.

**Hepatitis A**
The national rate of hepatitis A has declined steadily since the last peak in 1995. In 2007, a total of 2,979 acute symptomatic cases of hepatitis A were reported; the national incidence (1.0 case per 100,000 population) was the lowest ever recorded (Surveillance for Acute Viral Hepatitis --- United States, 2007).

**Hepatitis B**
There are many types of hepatitis. However, we are primarily concerned about hepatitis B and C that may be acquired through blood or blood contaminated body fluid.

- Hepatitis B is a disease of the liver caused by the hepatitis B virus (HBV).
- HBV can be a serious illness, and infection can result in a carrier state where there is no apparent disease.
- The incubation period is 45-180 days, usually 60-90 days after the virus is "on board" in the bloodstream.
- Chronic carriers are still infectious to others and are at risk for developing serious liver diseases such as cirrhosis or liver cancer (Bletrami EM, Williams IT, Shaprio CN, Chamberland, 2000)
- What happens when someone becomes infected with Hepatitis B?
  - 50-70% have no symptoms but are infectious during the acute phase of the disease. They recover spontaneously.
  - 30-50% will develop symptoms that include jaundice, anorexia, nausea, vomiting, abdominal pain, and sometimes joint pains and rash. These individuals are infectious while they have symptoms.
  - Up to 20% will develop chronic infection, and 15-25% of those will proceed to liver cancer. About 1% will experience acute liver failure which can lead to death. Persons with chronic infection are considered infectious.
- In the past, infection has been transfusion related, but blood banks now screen for this disease. Person with a history of transfusions, hepatitis, dialysis, IV drug use, homosexuality, AIDS, and people from other countries may be carriers of Hepatitis B.

**Hepatitis B Vaccine**
The Hepatitis B Vaccine prevents Hepatitis B disease and its serious consequences. It has been shown to be very safe when given to infants, children or adults.

- The most common side effects from Hepatitis B vaccination are pain at the injection site (1 out of 4 adults) and mild to moderate fever (1 out of 100 adults). Studies show that these side effects are reported no more frequently in people who have been vaccinated compared to those who have not been vaccinated. Serious side effects are very rare.
- There is no risk of Hepatitis B infection from the vaccine. To assure a high safety with vaccines, several federal agencies continually assess and research possible or potential health effects that could be associated with vaccines.
- The vaccine is a series of three shots usually given at intervals over a 6-month period of time. More than 90% of young, healthy adults develop adequate protection against Hepatitis B after the 3 shot series.
Vaccinations (which are provided at no cost) are recommended for all employees whose jobs involve a reasonable potential for contact with blood or other potentially infectious materials.

Hepatitis C
Hepatitis C is similar to Hepatitis B in several ways. It can cause chronic infection, is usually transfusion related, and shares similar risk factors. Currently, there is no vaccine available for Hepatitis C.

What happens when someone becomes infected with Hepatitis C?
- Communicability persists in most persons indefinitely.
- Over 50% develop chronic disease.
- It is common to progress to end stage liver disease necessitating a transplant.
- Incubation period is 2 weeks to 6 months; usually 6-9 weeks.

The incidence of Hepatitis C infection appears to be declining since its peak in 1989. Currently, approximately 19,000 acute new infections are estimated to occur each year, about 25-30% of which are diagnosed.

Healthcare workers who sustained a percutaneous exposure to blood from a Hepatitis C positive source have reported a 1.8% (range of 1-7%) average incidence of seroconversion after unintentional needlesticks and sharps exposures.

A seroconversion rate of 6% (6 in 100 exposed) was documented in the U.S. in 1994.

The average incidence of anti-HCV seroconversion after unintentional needle sticks or sharps exposure from an HCV-positive source is 1.8% (range: 1% - 7%). MMWR 50 (RR11); 1-42 June 29, 2001

Tuberculosis (TB)
Tuberculosis is caused by the bacteria Mycobacterium Tuberculosis (MTB). Tuberculosis (TB) is a droplet communicable disease that is most well known and most contagious as pulmonary or tracheal Mycobacterium Tuberculosis.

- Occupational exposure to MTB generally occurs when someone with the infection coughs, sneezes, or talks which can cause the droplet nuclei to become airborne.
- The TB bacteria are expelled from the infected person's lungs or larynx. Once in the air, the TB-containing droplets can float on the air currents and ultimately be inhaled by a healthcare worker or other unsuspecting person. This airborne transmission process could cause the healthcare worker to ultimately become infected with Tuberculosis.
- Prevention and controlling the spread of TB is of high importance. Work practice controls are used to reduce the likelihood of exposure by altering the manner in which a task is performed.
- Tuberculosis work practice controls include, but are not limited to, the development of prevention policies and procedures, early detection, isolation, clinical diagnosis, proper medical treatment, discharge coordination with the local health department, prompt follow-up of exposures and routine screening of healthcare workers.

The routine screening test for TB is a Purified Protein Derivative skin test (TST = Tuberculin Skin Test), which is required once a year for those who work directly with TB patients or who are identified on the Annual TB assessment.

Patients with suspected or active TB are to be placed in Special Airborne Precautions in a negative airflow room. Employees caring for these patients are to be fit-tested with an N95 respirator. If an employee cannot wear the N95 respirator they will be educated about how to use a PAPR (Powered Air Purification Respirator). Employees who are pregnant must use the PAPR until their weight stabilizes post-partum - contact OHS for training.

Management of a Patient with TB
The policy and procedure in the Infection Control Manual (IC-025) provides information for the clinician regarding clinical manifestations, transmission, isolation, diagnostic testing, treatment, evaluation and instructions for family members/visitors, and a checklist for discharging the patient. Please notify Epidemiology when you suspect or have a patient with suspected or confirmed TB. There is a TB information sheet for staff that is helpful to print and place on the front of the chart or the patient clipboard as a quick reference.

Questions & Resources (found on PlanetTCH)
Bloodborne Pathogen Exposure Control Plan
Tuberculosis Exposure Control Plan
Occupational Safety and Health Administration (OSHA)
Centers for Disease Control (CDC)
Contact List for OSHA Issues at CHCO
ACKNOWLEDGEMENT CARD

Please print this page, **CHECK ☑ EACH BOX** stating your agreement and understanding of each statement listed below, sign and return to one of the listed departments below.

☐ I understand that misconduct should be reported immediately to one of the following:
   • my CHCO responsible party/supervisor
   • the Compliance Officer
   • the Compliance Hotline (1.866.568.5420), or http://childrenscolorado@alertline.com
   • CHCO HR (for staff/personnel issues) 7.HRHR
   and that reporting the misconduct may take the form of e-mail, US mail, phone, or office visit.

☐ It is my responsibility to comply with the Code of Conduct, all policies, procedures, and guidelines pertinent to my job function and this is a condition of my working relationship with PlanetTCH. I acknowledge I received a copy of Children's Hospital Colorado's *The ABCs of Appropriate Business Conduct*.

   The complete Code of Conduct is located on PlanetTCH or on the CHCO public website [here](http://www.thechildrenshospital.org/pdf/Code%20of%20Conduct_11%202010.pdf) or if you do not have access to this document electronically you may copy the following URL into your browser http://www.thechildrenshospital.org/pdf/Code%20of%20Conduct_11%202010.pdf.

☐ I commit to upholding the Standards of Behavior on a daily basis and acknowledge that my conduct will be evaluated.

☐ I am not aware of any existing issue that would pose a conflict of interest with my work here at CHCO.

   *(If there is disagreement, the Compliance Program will require a Conflict of Interest Questionnaire filled out and approved by the Compliance Officer (not applicable for Board of Directors members who must complete an annual disclosure form).)*

☐ I further understand that in the performance of my duties towards CHCO:
   • I may have access to sensitive, privileged, confidential, or protected health information for patients, staff, or CHCO in paper, electronic, or oral format whether personally identifiable or not.
   • I understand that I am responsible for protecting the security of any records and the confidentiality of the information to which I have access, including my information systems username(s), password(s) and encryption requirements by CHCO for laptops and mobile devices.
   • I understand that breaching my obligation to protect the confidentiality and security of CHCO information assets may result in disciplinary action, including termination, reporting to civil and criminal authorities, and pressing of criminal charges that can lead to imprisonment and financial penalties.

☐ All CHCO: property in my possession must be returned, in good condition, at the time of separation. This includes, but is not limited to, uniforms, keys, identification badges, pagers, cell phones, computers, computer access devices, company documents, etc. Costs to replace or repair property lost or damaged may be deducted from my final paycheck.

☐ All staff are accountable to comply with the National Patient Safety Goals (NPSGs); I understand that my working relationship with CHCO: may be terminated if I am found to be non-compliant.

_________________________________________  __________________________________________
Today's Date                                  Organization/Company/School Name

_________________________________________  __________________________________________
CHCO PeopleSoft ID/Badge#                    CHCO Department

_________________________________________  __________________________________________
Print First & Last Name                      Signature

SIGN AND RETURN (THIS PAGE ONLY) TO YOUR RESPECTIVE RESPONSIBLE DEPARTMENT

**CREDENTIALED MEDICAL STAFF**
Medical Staff Office
Interoffice mail at B145 or Fax: 720.777.7342

**FACILITIES OPERATIONS/ CONSTRUCTION**
Property Planning & Management
Interoffice mail at B050 or Fax: 720.777.7110

**DENTAL RESIDENT/ STUDENT**
Dental Clinic
Interoffice mail at B240 or Fax: 720-777-7239

**RESIDENT/ MEDICAL STUDENT**
Graduate Medical Education
Interoffice mail at B158 or Fax: 720.777.7258

**ALL OTHER NON-EMPLOYEE STAFF**
Corporate Compliance
Interoffice mail at B450 or Fax: 720-777-7257