POLICY: CODE OF CONDUCT POLICY: 2.203
Effective Date: August 31, 1999
Revision Date: January 2010

PURPOSE:
To describe work rules that employees must follow.

POLICY:
To work together most effectively as a team, it is important that all employees recognize and comply with ACCESS' rules and regulations. These rules are designed to insure fair and consistent treatment and to clarify each person's responsibilities. In general, any act which might result in harm to ACCESS, its patients, or its employees, or which interferes or tends to interfere with the rights or property of the ACCESS, its patients, and its employees, may subject the offender to disciplinary action.

The following rules are intended to provide a general guide to the type of conduct, which may be considered sufficient grounds for disciplinary action. The disciplinary action, ranging from a reprimand to immediate discharge, depends upon the circumstances of each case. Repeated violations of these rules may result in discharge even where separate offenses might be considered minor.

Conduct other than that listed below may also result in interfering with efficient operation or in harming other employees, thereby necessitating appropriate discipline. Thus, the following list is not intended to be all-inclusive and may be modified from time to time as needed.

PROCEDURE:
A. Employees are expected to work cooperatively with each other to accomplish their work and the work of the health center/department in which they work. They will treat each other with courtesy, consideration, and respect.
B. Employees are expected to treat patients with a high level of courtesy and to maintain the confidentiality of their medical records following applicable HIPAA regulations.
C. Employees are expected to have their identification badges visible at all times during working hours while on ACCESS premises.
D. Employees who commit any of the following acts, which have been determined to be serious violations of acceptable work behavior, will be subject to discharge for the first offense.
   1. Falsification of personnel records, employment application, time cards or any other records, including willful failure to complete records accurately.
   2. Insubordination, refusal, or failure to obey instructions of the employee's supervisor.
   3. Engaging in acts of racial, ethnic, age, handicap, religious or sexual harassment.
   4. Drinking, possessing, selling, working or reporting to work under the influence of alcoholic beverages, illegal drugs, or controlled substances on ACCESS' premises or while conducting ACCESS' business.
   5. Abuse, damage, or deliberate destruction of ACCESS' property or the property of patients or co-workers.
   6. Fighting or attempting bodily injury to a patient, co-worker, or supervisor, at any time.
7. Theft, misuse or unauthorized removal or possession of ACCSES’ property or the property of a patient or co-worker.

8. Possession, display, or use of weapons, firearms or explosives on ACCESS premises.

9. Threatening physical harm to a patient, supervisor, employee, or co-worker.

10. Directing profane, abusive, insulting or threatening language at a patient, supervisor, employee, or co-worker.

11. Commission of any criminal offense (other than a minor traffic violation) while on duty or on ACCESS premises, or commission of any criminal offense which might adversely affect the employee's work, work relationships, or ACCESS' business or reputation.

12. Failure to report on three (3) consecutive working days without notifying the supervisor. Under these circumstances, ACCESS considers the employee to have voluntarily terminated employment.

13. Overstaying a leave of absence without written authorization. Under these circumstances, ACCESS considers the employee to have voluntarily terminated employment.

E. Employees who commit any of the following acts, which have been determined to be violations of acceptable work behavior, will be subject to disciplinary action. The nature of the disciplinary action in any given case will depend on the seriousness of the offense, the circumstances surrounding it, and/or the prior work record of the employee(s) involved.

1. Excessive absenteeism, tardiness, or leaving work before quitting time without permission.

2. Leaving the office or workstation during working hours and/or visiting or loitering in another area without the supervisor's permission.

3. Posting or removing notices, signs, or writing on bulletin boards without specific approval of management.

4. Outside employment or activities that interfere with regular working hours or productivity.

5. Failure to maintain satisfactory productivity and quality of work.

6. Sleeping during working hours.

7. Disorderly conduct on ACCESS premises or while on ACCESS business.

8. Failure to comply with safety rules and common safety practices.

9. Failure to properly report an injury or accident or falsely claiming injury.

10. Gambling on ACCESS premises or while on ACCESS business.

11. Willful, deliberate, or continued violation of, or disregard for, work rules and regulations.

12. Unauthorized personal telephone calls or emails on working time.

13. Unauthorized solicitation or distribution of materials at any time in a work area.

14. Failure to notify the supervisor within one-half hour of scheduled start time if unable to report to work or if late.

15. Smoking in unauthorized areas.

16. Refusal to follow prescribed methods and causing delay of work environment damage.

17. Tampering with machines, tools, and equipment.
POLICY: EMPLOYEE SAFETY POLICY: 2.103
Effective Date: November 30, 2001
Revision Date: January 2010

PURPOSE:
To describe ACCESS’ commitment to the workplace.

POLICY:
ACCESS is committed to providing a safe work environment, as free as possible from recognized hazards. Employees are expected to comply with all safety and health requirements, whether established by management or by law. Firearms and other weapons are expressly prohibited on ACCESS premises.

PROCEDURE:
A. Employees should immediately report to their supervisor any observed safety and health violations and any accidents resulting in injuries to employees or visitors. Employees are also encouraged to submit suggestions concerning safety and health matters.

B. Employees should immediately notify the supervisor and/or the Director of Facilities when equipment is broken, damaged, or otherwise unusable. This applies to computer systems, telephone systems, office/lab equipment and other property used by employees or patients.

C. Employees who are exposed to known toxic substances and recognized harmful physical agents will be given the following information at the time they are first hired and at least once annually thereafter:
   1. The existence, location and availability of any employee exposure record pertaining to employees exposed to toxic substances or harmful physical agents that are maintained or caused to be maintained by ACCESS.
   2. The identity of the person responsible for maintaining and providing access to such records.
   3. The right of each employee or the employee’s designated representative to examine and copy such records. Employees may be required to submit to medical examinations and tests at intervals determined by their time on the job, and whenever there is reason to believe that they were unduly exposed to toxic substances or harmful physical agents.

D. Visitors
   1. Visitors who are not employees of ACCESS may enter work areas only for reasons related to ACCESS business and only when accompanied by an employee.
   2. Friends and relatives may not visit employees while they are at work.
   3. Employees may not have their children with them while they are at work.

E. Personal Property
   1. ACCESS takes steps to ensure that its offices are secure. However, it does not reimburse employees for loss of, or damage to, their personal property at work or at work-related functions.
2. ACCESS will not assume responsibility for replacing or repairing employee’s personal property that is lost, stolen, vandalized, or otherwise damaged or taken from the workplace.
3. It is the employee’s responsibility to properly insure personal property brought to the workplace.

F. Vandalism
   1. Vandalism by employees against ACCESS property or the property of any employees is prohibited.
   2. Employees who vandalize or deliberately damage any property, or who threaten to vandalize or damage property, on ACCESS’ premises will be terminated.
   3. Any person, employee or non-employee, who vandalizes property on ACCESS’ premises will be reported to law enforcement officials.
   4. ACCESS will cooperate with law enforcement officials to investigate incidents of vandalism and will exercise legal remedies to recover losses caused by vandalism.

F. Radios, CD Players, I-Pods
   To assure that patients have our undivided attention and out of consideration for co-workers, radios, CD players, I-Pods, or other communication devices are not to be played in open areas with direct patient access or in any area where it is judged to interfere with maintenance of a business-like environment.

G. Possession of firearms and other weapons on ACCESS premises is expressly prohibited. If it is discovered that an employee has a weapon in his/her possession at work, even if the weapon is legally registered, the employee will be terminated.

H. Any employee who intimidates or commits an act of violence against a patient, visitor, or co-worker or directly or subtly threatens or hints at such action will be subject to discipline, up to and including termination of employment.

I. Employees are encouraged to promptly report any incidents of threatening or intimidating behavior. ACCESS will promptly and thoroughly investigate any such report. As part of its investigation, ACCESS may also notify appropriate legal authorities.
POLICY: DRESS CODE
Effective Date: March 31, 1996
Revision Date: January 2010

PURPOSE:
To describe clothing and grooming requirements for staff members.

POLICY:
All employees are required to be clean, well-groomed, and dressed appropriately for the job. Where there is a prescribed uniform, employees are expected to wear the complete uniform while on duty. Employees are required to wear ACCESS name badges at all times.

PROCEDURE:
The following requirements apply to all ACCESS administrative and health center staff:
- All clothing will be neat, clean and pressed
- All clothing will fit properly and be of the correct size
- Skirts and pants will be at a professional length
- Underwear will be worn and underwear will not show through clothing
- Hair will be neatly groomed
- Only small to medium sized earrings are allowed
- No offensive body odors (including strong colognes and perfumes)
- Employee name badge visible at all times

The following additional requirements also apply to administrative staff:
- Dresses/blouses with low cut or revealing bust lines or midriffs will not be worn
- Shoulders will be covered
- Fingernails moderate in length

The following additional requirements also apply to health center staff:
Receptionists/ Medical Assistants/Benefit Counselors
- Shoes must have enclosed toes and enclosed heels
- Hosiery must be worn
- Clean appropriate uniforms. Each health center has the autonomy to select consistent uniforms/smocks.

Physicians/Manager/Nurse Practitioners/Physicians Assistants/Nurses
- Regular professional dress attire
- Shoes must have enclosed toes and enclosed heels
- White lab coats (while administering patient care)
- Uniforms are acceptable
All staff providing direct patient care

- Fingernails no more than ¼ inch past the finger tip
- No artificial fingernails, including acrylic nails, overlays, tips, bonding, extensions, tapes, inlays, and wraps
- No nail jewelry
- Hair must be pulled back from the face and fastened so it does not touch the patient or obscure the staff member’s vision while providing care

The following items ARE NOT acceptable as professional dress wear

- Sneakers, canvas shoes or flip-flops
- Denim (blue jeans/skirt jeans)
- Spandex clothing
- Sweatshirts
- Leggings, jogging pants
- Capri or cropped pants
- Shorts
- Tank tops or tube tops
- Hats
- T-shirts with writing
- Full head scarf (except for religious lace or fishnet stocking purposes)
- Rhinestones/studded clothing
- Excessive make-up
- Bandanas
- Large dangling earrings
- Exercise head bands
- Excessive jewelry/body piercing
- Revealing necklines
- See-through fabrics

Staff who do not adhere to this dress code will be sent home without pay
POLICY: ATTENDANCE/TARDINESS POLICY: 2.207
Effective Date: November 30, 1995
Revision Date: January 2010

PURPOSE:
To describe employees’ responsibility for attendance and timeliness in reporting to work.

POLICY:
Employees are expected to be in attendance during all hours of each scheduled workday. Punctuality in reporting to work both at the start of the day and after a break or lunch period is expected. Pre-scheduled and pre-approved absences are authorized as necessary by the employee’s supervisor. Unauthorized absences for part or all of the workday, including tardiness, late return from lunch or breaks, and leaving early could result in disciplinary action.

PROCEDURE:
- An employee is required to provide the supervisor with as much notice as possible of any anticipated absence or delay in reporting to work. Unauthorized absences or those without prior notice will usually not be paid. In addition, disciplinary action may be taken.
- An employee who will be absent or tardy must notify the supervisor within 30 minutes of the employee’s regular start time. An employee who is unable to reach the supervisor, should leave a voicemail message with the telephone number where the supervisor can call the employee. Employees, who must leave work for any reason before the end of a shift, are required to inform the supervisor prior to leaving.
- Employees who do not follow this procedure will be considered to be unexcused from work and will not be paid for this time.
- Three (3) or more absences in any consecutive ninety (90) day period are considered excessive.
- All employees are expected to report to work on time and tardiness is defined as reporting to work after your pre-scheduled time. Excessive tardiness consists of three (3) or more occurrences in a consecutive thirty-day (30) period.
- Excessive absence or tardiness will result in disciplinary action, up to and including termination of employment.
- Absence from work for three consecutive days without notification to the employee’s supervisor will normally be considered voluntary resignation.
POLICY: INFECTION CONTROL STANDARDS (UNIVERSAL PRECAUTIONS)
Effective Date: June, 1991
Revision Date: August, 2006; February, 2009

PURPOSE:
To reduce the risk of health care associated infections by preventing contamination with potentially infectious blood and/or other body fluids such as semen, vaginal secretions, body tissue fluids, cerebral spinal fluid, synovial fluid, pleural fluids, peritoneal fluid, amniotic fluid and breast milk. Examples of blood-borne pathogens include HIV and hepatitis B virus; however, the threat of infectious disease is not limited to blood borne pathogens.

POLICY:
Standard precautions, previously know as universal precautions of blood and body fluid, shall be used in the care of all patients.

PROCEDURE:
1. Specifications for standard precautions include:
   A. Gloves should be worn when contact with blood or body fluids is anticipated.
   B. Protective goggles should be worn when there is the potential for blood or body fluid to be splashed into the eyes.
   C. Gowns should be worn if soiling with blood or body fluid is likely.
2. All disposable sharps, scalpels and needles should be disposed of in puncture resistant containers designated specifically for such disposal. Care must be taken to avoid needle stick injuries. Do not bend, recap or break off needles before disposing.
3. All disposable puncture resistant containers that are kept in exam rooms must be locked. Keys will be kept in a designated spot in each health center.
4. The health care worker should instruct the patients and families on proper precautions that they may use to prevent the spread of infection, as appropriate.
5. Any evidence of risk of infection to patient or health care worker should be immediately reported to the Manager or Associate Medical Director.
6. Health care workers who are exposed to blood or body fluids by skin or eye contact should immediately flush and wash the area. If the health care worker is contaminated by blood or body secretions by way of a needle stick, mucous membrane exposure or other injury, the employee should immediately report to their supervisor and follow the post exposure protocol.
7. Any health care worker who has generalized exudative lesions or weeping dermatitis, draining mucous membranes, or who is febrile or has an obvious infectious process, should refrain from direct patient care until he/she has been seen by, and appropriately released to work by the Employee Health System.
8. ACCESS Community Health Network will provide initial and continuing education and training for all health care workers on infection control protocol, on an annual basis to comply with regulatory and accrediting agencies.
9. All blood or body fluid spills should be wiped off wearing gloves and other appropriate protective wear. The area should be cleaned with a 10% bleach solution, or the spill kit solution provided by ACCESS.

10. Equipment and supplies are to be kept in an accessible area in each patient care area:
   A. Gloves
   B. Masks
   C. Gowns
   D. Protective eye wear
   E. Disposable puncture-resistant containers
POLICY: HAND WASHING
Effective Date: June, 1993
Revision Date: August, 2006; February, 2009

PURPOSE:
To reduce the risk of health care-associated infections related to contaminated hands as a primary means for the transmission of bacteria.

POLICY:
All ACCESS employees will use appropriate hand washing/hand hygiene measures as recommended by the CDC (2002) “Guideline for Hand Hygiene in Health-Care Facilities”.

PROCEDURE:
- Hand washing is considered the first line of defense for the prevention of infections.
- Clinical consideration: Avoid wearing rings and bracelets.

PROCEDURE RATIONALE:
- Rinse hands under warm running water. This allows for suspension and washing away of the loosened microorganisms.
- Lather with soap and, using friction, cover all surfaces of the hands and fingers. The minimum duration for this step is 15 seconds; more time may be required if hands are visibly soiled. For antiseptic agents, 3-5 ml is required.
- Frequently missed areas are thumbs, under nails, backs of fingers and hands, and under rings.
- Rinse under warm running water.
- Dry hands thoroughly with single-use towel or forced air dryer. Drying achieves a further reduction in number of microorganisms. Reusable towels are avoided because of the potential for microbial contamination.
- Turn off faucet with a paper towel.
- Apply hand cream as needed to protect skin integrity.
- Try to avoid re-contaminating hands. Chapped or irritated skin can serve as a reservoir for bacteria

I. Hands must be washed:
A. When hands are visibly soiled,
B. Before performing invasive procedures,
C. Before eating,
D. After situations or procedures in which microbial or blood contamination of hands is likely,
E. After personal body functions, such as using the toilet or blowing one’s nose, and
F. If exposure to Bacillus anthracis (anthrax) is suspected or proven.
II. Hand washing is encouraged whenever a health care worker is in doubt about the necessity of doing so.

III. Alcohol-Based Hand Rubs may be used:
A. Before and after direct patient contact  
B. Before donning sterile gloves  
C. Before inserting invasive devices  
D. After contact with patient’s intact skin (e.g., taking pulse or blood pressure)  
E. After removing gloves  
F. After contact with objects and equipment in the patient’s immediate vicinity  
G. When moving from a contaminated body site to a clean body site during patient care

IV. How to Use Alcohol-based Hand Rub
A. Hands should not be visibly soiled.  
B. Dispense the manufacturer’s recommended amount of the product into the palm. It should be enough to completely moisten the entire surface area of both hands.  
C. Rub hands together briskly until dry. It should take at least 30 seconds, if enough product has been applied.  
D. Apply hand cream as needed to protect skin integrity.
POLICY: HIPAA USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION
Effective Date: June, 2009

GENERAL PRIVACY POLICY:
General right to privacy of individually identifiable health information
1. All patients receiving care and services from ACCESS Community Health Services (ACCESS) have the right to privacy of protected health information (PHI) in accordance with provisions of the regulations set by the US Department of Health and Human Services (DHHS) under the Health Insurance Portability and Accountability Action (HIPAA).
2. ACCESS will establish and maintain a HIPAA Privacy Program under the direction of the ACCESS Privacy Officer following the ACCESS Privacy Guidelines. The ACCESS Privacy Officer will have primary responsibility for maintaining and enforcing the ACCESS Privacy Program.
3. ACCESS will only use and disclose PHI when it has obtained proper permission or authorization in accordance with state and federal law unless and exception exists in the law and ACCESS Privacy policies.
4. ACCESS will use PHI for treatment, payment and health care operations.
5. ACCESS will make available to each patient ACCESS’ Notice of Privacy Practices and attempt to receive a signed acknowledgement form upon the first visit. The patient only needs to receive this notice one time form any ACCESS facility.
6. ACCESS will inform patients that their health information may be disclosed without consent it:
   - There is reasonable cause to suspect a child or vulnerable adult (elderly or disabled) under the patient’s care is a victim of abuse.
   - There is reasonable cause to suspect the person may cause serious harm to themselves or others.
   - They are diagnosed with a condition that the law mandates be reported for public health purposes.

Specific Patient Rights
1. All patients receiving care and services form ACCESS have the right to receive confidential communications and request restrictions on certain uses and disclosures of protected health information for purposes of treatment, payment and health care operations. The law does not require ACCESS, however, to agree to the requested restriction unless it is a reasonable restriction on communications.
2. All patients have the right to inspect and obtain a copy of any protected health information in their medical record unless an exception exists in the law and ACCESS Privacy policies.
3. All patients have the right to amend their protected health information that is created by ACCESS. Subject to determination that the information is accurate and complete in its existing form.
4. All patients have the right to request and receive an accounting of disclosures of their protected health information that ACCESS has made in either the six years prior to the request date but not before April 14, 2003.

5. All employees and members of the ACCESS workforce must review and understand the ACCESS privacy policies and follow the standards and requirements set forth with in these policies.

6. Any employee or member of the ACCESS workforce who violates a privacy policy will be disciplined in an appropriate manner. All discipline given to individuals as a result of a privacy policy violation must be handed out evenly without respect to class of employee within the management and operations structure of ACCESS. Such discipline will be appropriate to the circumstances of the offense.

Ongoing maintenance of privacy compliance program
1. The ACCESS Committee under the direction of the ACCESS Privacy Officer will review the privacy policies at least annually to ensure that these policies are in accordance with state and federal laws.
2. ACCESS will train any employee or member of the workforce affected by any material change to the privacy policies.

Areas Affected: All ACCESS staff.

Responsibility: All ACCESS personnel are responsible for being familiar with and adhering to this policy.
Faculty / Clinical Instructor / Medical Student / Medical Resident / Nursing / Medical Assistant Policy Acknowledgement Signature Form

Please note: An ACCESS identification badge will not be provided unless this document is received. Additionally, access to the clinical sites will not be allowed unless the student/resident/extern is wearing an ACCESS ID badge at all times.

I, the undersigned have read, understand, and will comply with the ACCESS Community Health Network (ACHN) policies as indicated below:

1) Infection Control Standards and Universal Precautions, Policy 6.12
2) Handwashing, Policy 6.5
3) HIPAA, Use and Disclosure of Protected Health Information, Policy 7.12
4) Employee Safety, Policy 2.103
5) Dress Code, Policy 2.204
6) Code of Conduct, Policy 2.203
7) Attendance/Tardiness, Policy 2.207

Please check the appropriate statement that best describe you:

☐ Resident  ☒ Medical Student  ☐ Physician Assistant Student

X I will be participating in a clinical or externship program

☐ I will only be participating in an observational role within this program

☐ I am a faculty person

Clinic Name: Genesis  Start Date:  End Date: 

Student Signature  Print Name  Year  Student E-Mail

Student Phone Number  School Name

Dr. Jasenof and/or Dr. Schubert  Danielle Priester (Lutheran General Hospital)

Preceptor Assigned To  Date

For LGH Use Only:

Please fax the completed form to Olusegun Ogunleye at 312-526-2152.

The form must be received no later than two (2) weeks (for non-EPIC sites) and four (4) weeks (for EPIC sites) prior to the beginning of the clinical experience.