ORIENTATION FOR
EAST ALABAMA HEATH CARE AUTHORITY
Students/Non-Employees

Mission

High quality, compassionate health care

Vision

To be a national leader in quality, cost and service

Values

- ✓ INTEGRITY
- ✓ COMPASSION
- ✓ EXCELLENCE
- ✓ RESPECT
- ✓ TEAMWORK

The purpose of this document is to provide you with an orientation to our facility and an explanation of our expectations of your conduct and performance while at East Alabama Health. The basic orientation requirements consist of completing the attached packet and returning the signature page(s) as appropriate. If you have questions, please call Human Resources at ext. 1350 or Education at ext. 1260.

Last revised: December 2024

VALUES AND STANDARDS OF EXCELLENCE AT EAH

These values represent our core beliefs; those things we care about most. Values reflect and reinforce our culture. Values are the "soul" of an organization.

Standards of Excellence are those practices, actions, and behaviors that bring our values to *life*. They describe what we and our customers should see, hear, and/or experience when interacting with each other. (Standards of Excellence are listed as the bullet-points under each of the values).

INTEGRITY

- Doing the right thing, even when no one else is looking or listening
- Sharing information and making decisions based on fact and truth
- Living up to the moral, legal and ethical standards of EAH
- Being a dependable source of information for the public
- Practicing responsible use of our resources
- Telling the truth; owning up to errors and mistakes
- Being honest and trustworthy in words and actions

COMPASSION

- Being helpful, kind, friendly and courteous
- Listening and responding without judgment
- Being generous with your time and attention for others
- Connecting with someone on a personal, emotional and/or spiritual level
- Wanting to understand a situation in order to be supportive
- Responding to people with care, concern, tenderness, and sensitivity
- Reassuring and bringing comfort
- Reducing another person's anxiety, fear, and distress
- Doing for others as you would like done for you

EXCELLENCE

- Focus on doing the job right, the first time, every time.
- Make accuracy a priority
- Utilize best practices and lessons learned from others
- Look for ways to continuously improve the way we do our work
- Desire and expect more than "average" outcomes and results
- Be a positive, productive community citizen who reflects favorably on EAH's reputation
- Use national benchmarks to challenge performance
- Be a role-model in quality, cost management, and service to others
- Choose to give your personal best in each situation regardless of what others are doing
- Meet deadlines; communicate and negotiate alternatives when you will be unable to meet a deadline
- Use people's ideas and suggestions to change or improve the way we do our work

RESPECT

- Honor the privacy and dignity that all people deserve
- Value cultural diversity: remember that our differences make us stronger and better
- Listen and respond to others in a way that shows you heard, care, and understand
- Show consideration by minimizing hallway noise and other loud distractions
- Give credit where credit is due
- Inform customers about delays and waits
- Refrain from discussing our customer's business in public areas (hallways, elevators, dining areas, waiting rooms, etc.)
- Always knock before entering a closed door
- Refrain from unprofessional talk and gossip about each other
- Dress neat, clean, and professional—it shows that you respect yourself and others
- Wear your ID badge so that it can easily be read by others
- Use language that the patient understands (free of medical jargon, healthcare abbreviations, etc.)
- Park your vehicle in non-restricted areas to show consideration for the patients, visitors, and guests of EAMC and to make it easier for them to access our facilities
- Refrain from using cell phones for personal calls in front of patients or customers. Cell phones should not be used in any patient care area or patient room for personal use (IP phones are exception; however, they should only be used for communications regarding patient care)
- Discontinue personal phone calls once you enter an EAMC facility. Talking on a cell phone while walking through the hallways of EAMC should be considered disrespectful.
- Posting on any social media concerning EAH matters is prohibited.
- We encourage you to be attentive to the needs of visitors and others once you enter an EAH facility

TEAMWORK

- Acknowledge that everyone brings an area of expertise to the team
- Be willing to sacrifice your own preferences at times for the sake of the team
- Approach your work and community responsibilities with energy and a happy spirit
- Show optimism, positive thinking, and an openness for change and growth
- Provide solutions to problems, be patient, and seek ways to help the team improve
- Take pride in your work and feel responsible for the outcomes of our efforts; complete your tasks ("hit your mark") or find someone who can help you
- Perform your work in a timely manner and pay attention to details
- Commit to the goals of your work area and the organization as a whole; look for opportunities to pitch-in and do more than just the minimum
- Celebrate accomplishments of the team's work; build each other up
- Support the work of other departments—remember how difficult it would be to serve the customers/patients without everyone's involvement
- Communicate frequently with other departments so that care and service to the customer/patient is flawless
- Look for opportunities to improve your skill and share your knowledge with your coworkers---everyone wins!
- Be dependable; be a person your teammates can count on; report for work on time
- Think safety—for yourself, for your team, for your customers, for everyone
- Pitch in to help keep our grounds and facilities clean and neat; pick up trash, remove clutter from shared spaces and hallways

I CERTify that I will always put the PATIENT FIRST by following the organization's Values and Standards of Excellence.

Student or (employee signature) _____ (date) _____

eamc east alabama medical center

eamc LANIER east alabama medical center

ABUSE & NEGLECT

In order to comply with the Adult Protective Services Act and Alabama Law, EAH will report to the Department of Human Resources all adults identified to be in need of protective services and/or all cases of known or suspected abuse or neglect of any child who it is called upon to render aid or medical assistance. Patient Care Services personnel will report to the Social Work Service Department any situation in which a patient's symptoms indicate that he or she is at risk for domestic abuse. Additional training about Abuse and Neglect will be assigned if your role involves patient care. If you have any information pertaining to a case of abuse or neglect, you are required to report it to your supervisor and/or ***Human Resources at 334-528-1353***.

REPORTING ELDER ABUSE & RESPECTING PRIVACY

It is a federal requirement that all staff, clinical students, observers, or volunteers, or contract workers who work with or around our elderly patients and residents receive information on how to recognize symptoms and report abuse or neglect.

- "Abuse" is the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish.
- "Neglect" is the failure to provide goods and services necessary to avoid physical harm, pain, mental anguish, or emotional distress.
- Types of Abuse: Verbal, Physical, Sexual, Neglect, Involuntary Seclusion, Exploitation, and Mental including abuse facilitated or enabled through the use of technology (phones, cameras, etc.…).

If an allegation of abuse or neglect is seen or suspected, it is your obligation to report it to the following person, dependent on your location:

- Lanier Nursing Home Administrator - Alison Yarbrough -334-710-0193

Please Respect Nursing Home Residence Privacy

All residents have a right for privacy and dignity

- You may honor this right by:
    - Knocking before you enter a resident's room- this is their home
    - Waiting for resident's permission to enter room
    - Ensuring resident is covered when staff, family, and visitors are present
    - Ensuring resident is covered when leaving their room

ACCREDITATION & THE JOINT COMMISSION

East Alabama Health is accredited by the Joint Commission, and as an accredited organization, EAH and its entities strive to provide services in accordance with all applicable standards of the Joint Commission.

If you would like to find out how healthcare organizations rate with the Joint Commission, you can go online at www.jointcommission.org and check out the online Quality Check™ where you can *check-up* on performance by reviewing the latest Quality Report. If you would like to voice a concern, you can contact the Joint Commission by mail, e-mail, or by fax. You may either submit your name and contact information or you may submit your concern anonymously. There will be no adverse actions taken against anyone for having reported quality concerns. You may contact the Joint Commission at:

E-Mail: complaint@jointcommission.org

Fax: 630-792-5636, Office of Quality Monitoring

Mail: Office of Quality Monitoring
One Renaissance Blvd.
Oakbrook Terrace, IL 60181

Please call ***800-994-6610*** if you have questions on how to file a concern with the Joint Commission, 8:30-5:00 weekdays. If you would like to voice a concern to someone in-house, you may call the compliance hotline at ***334-528-1441***.

EAMC OPELIKA AND LANIER COLORED ARM BAND SYSTEM

EAMC uses colored armbands to identify a patient's safety risks:

- **Red** for allergies
- **Green** for Latex allergy
- **Purple** for DNAR
- **Pink** for restricted extremity
- **Yellow** for High Fall Risk

CONFIDENTIALITY

Information regarding patients and Medical Center activities is strictly confidential. It is not to be discussed either in or out of the Medical Center with anyone not directly concerned with the patient's care and treatment. Patient's medical records should **ONLY** be accessed by those providing care and/or treatment. Violation of this policy will be grounds for immediate termination.

HIPAA and Social Media:
What you need to know!

Social media can be a great way to contact friends, but you should NEVER discuss patients or clinic related issues using any social media sites.

If you post patient names, refer to clinic issues or procedures on any social media site it is a DIRECT HIPAA violation and could result in disciplinary actions/ fines or dismissal from EAH.

- You should NEVER post anything on clinical duty!
- Having your own, individual social networking account and using it on your own time is certainly permissible.
- Keep in mind that some actions on your personal site are visible for the entire social networking community and are no longer private matters.
- It is a good guideline to assume that anything posted on your personal social networking profile could potentially be seen by anyone at the Hospital.

- **Social Media Guidelines to help not only EAH, but you and your student status:**

    - **Do not** use micro-blogging features to talk about hospital business on your personal account, even on your own time. Do not post anything you would not want your instructor /supervisor to see or that would put your position in jeopardy.

- **Do not** use the hospital name, address or other information in your personal profile. This is for your physical safety as well the safety of everyone else at EAH

- **Do not** post any pictures or comments involving the hospital or other EAH employees that could be construed as inappropriate.

- **Do not** post any information about **procedures seen or participated in during your day.**

- **You are also responsible** for what other users post on your individual social networking profile. Do not allow inappropriate or sensitive information regarding EAH anywhere on your profile, even if it is generated by a different user.

- Remember that if your personal profile is visible to other employees, supervisors, managers or peers, practice caution. You have control over yourself but not over these employees, and it just takes one inappropriate picture or comment taken out of context that could fall into the wrong hands and cost you your job or your program participation.

CORPORATE COMPLIANCE POLICY FOR EAH

1. It is the policy of East Alabama Health and affiliated entities (hereinafter referred to as "the Medical Center") to comply with all the applicable federal, state and local laws and regulations, both civil and criminal, as well as those pertaining to the tax-exempt status of the Medical Center. As used in this Corporate Compliance Policy (the "Policy") and in the Standards of Conduct, the term "East Alabama Medical Center" or "Medical Center" means East Alabama Medical Center and each of its divisions, subsidiaries, affiliated entities, and operating or business units.
2. In addition to complying with the law, it is also the policy of the Medical Center to comply with this Policy and the standards of conduct that are adopted from time to time by the Board, the President or the Compliance Committee.
3. No employee, agent or medical staff appointee of the Medical Center has any authority to act contrary to the provisions of these laws or standards of conduct or to authorize, direct or condone violations by any other employee, agent or medical staff appointee.
4. Any employee, agent or medical staff appointee of the Medical Center who has knowledge of activities that he or she believes may violate the law has an obligation promptly after learning of such activities, to report that matter to his or her immediate supervisor, director, vice president, President, or the Compliance Officer. Reports may be made anonymously, and employees, agents and medical staff will not be penalized for t reporting suspected violations that he or she reasonably believes to be true. However, failure to report known violations, failure to detect violations due to negligence or reckless conduct or making false reports shall be grounds for disciplinary action,

including employment or contract termination. Any reports of harassment or other workplace-related problems shall be referred to Human Resources.

5. The Medical Center will take steps to communicate its policies and procedures to all employees by requiring participation in training programs and by disseminating information that explains in a practical manner what is required. The Medical Center will take steps to this policy, Standards of Conduct and Acknowledgement of Receipt of this Policy to employees, medical staff and agents.
6. The Medical Center will take steps to achieve compliance with its Standards of Conduct by utilizing monitoring and auditing systems reasonably designed to detect misconduct by its employees, medical staff and agents by having in place and publicizing a reporting system whereby employees, medical staff and other agents can report misconduct by others within the organization without fear of retribution.
7. This Policy will be consistently enforced through appropriate disciplinary mechanisms, including, as appropriate, discipline of individuals responsible for failure to detect violations. The appropriate form of discipline will be case-specific.
8. After a violation has been detected, the Medical Center will take all reasonable steps to respond appropriately and to prevent further similar violations, including any necessary modifications to its program to prevent and detect violations of law.
9. The Board reserves the right to change, modify, or waive all provisions herein. If any employee has a question concerning a particular provision contained herein or concerning any practice not addressed in this document, he or she should consult with the Compliance Officer.

EAST ALABAMA HEALTH
STANDARDS OF CONDUCT

1. INTRODUCTION

This document summarizes East Alabama Health's Standards of Conduct for compliance with legal and ethical business practices. East Alabama Health requires strict adherence to the letter and spirit of all laws applicable to the conduct of our business and demands high standards of integrity and sound ethical judgment from our personnel, agents and medical staff. The policies and procedures set forth herein must continue to govern the conduct of every aspect of the business of East Alabama Health and its subsidiaries.

We acknowledge that this booklet cannot cover every situation confronting East Alabama Health personnel, medical staff, and agents in the day-to-day conduct of our many activities. When confronted with a compliance issue, we rely on the individual judgment and personal ethical and moral standards of each employee to maintain the Medical Center's standard of honesty and integrity in the conduct of its business.

2. GENERAL POLICY

It is East Alabama Health's policy to observe and comply with all laws, rules and regulations applicable to the conduct of its business in all counties in which it operates and to require all East Alabama Medical Center personnel, medical staff and agents to avoid any activities which could involve or lead to the involvement of East Alabama Medical Center or its personnel in any unlawful or unethical practice. The employment of East Alabama Medical Center personnel or the use of East Alabama Medical Center assets for any unlawful purpose is strictly forbidden. In addition, East Alabama Medical Center is committed to the achievement, for itself and its personnel, of high standards of business and personal ethics to the end that East Alabama Medical Center and all of its employees will merit and rightfully enjoy the respect and esteem of the public, the healthcare community, patients, suppliers, and governmental and regulatory authorities.

It is the personal responsibility of all employees, medical staff and agents to acquaint and familiarize themselves with the legal standards and restrictions applicable to their assigned duties and responsibilities and to conduct themselves accordingly.

East Alabama Health will, of course, exercise its lawful right to appropriately inform and advise legislators and regulatory authorities of its views with respect to proposed legislation and rulemaking and will contest in the courts arbitrary and unreasonable regulations or legal interpretations. The responsible exercise of these rights does not in any way compromise East Alabama Medical Center's basic commitment to a policy of adherence to the law.

Over and above the strictly legal aspects involved, all East Alabama Medical Center personnel, medical staff and agents are expected to observe high standards of business and personal ethics in the discharge of their assigned responsibilities. Simply stated, this requires the practice of honesty and integrity in every aspect of dealing with other East Alabama Medical Center employees, the public, patients, the healthcare community, suppliers, and governmental and regulatory authorities. It also requires discretion in any relationship with persons or firms with whom East Alabama Medical Center transacts or is likely to transact business, and the avoidance of the disclosure of information secured in the course of East Alabama Medical Center employment to others, which may place employees in a conflict of interest situation to the possible detriment of themselves.

3. INTEGRITY OF RECORDS AND COMPLIANCE WITH ACCOUNTING PROCEDURES

Accuracy and reliability in the preparation of all business records is mandated by law and is of critical importance to the corporate decision-making process and to the proper discharge of East Alabama Medical Center's financial, legal and reporting obligations. All business records, expense accounts, vouchers, bills, payroll, service records, reports to government agencies, and other reports, books and records of East Alabama Medical Center must be prepared with honesty. False or misleading entries in such records are unlawful and are not permitted. No officer or employee, whatever his/her position, is authorized to depart from East Alabama Medical Center's policy or to condone a departure by anyone else. All corporate funds and assets must be recorded in accordance with applicable corporate procedures. Violation of these policies is grounds for disciplinary action.

Compliance with accounting procedures and internal control procedures is required at all times. All employees must ensure that both the letter and the spirit of corporate accounting and internal control procedures are strictly adhered to at all times. Employees should advise the responsible person in their department of any shortcomings they observe in such procedures.

Each Subsidiary, Operating Unit and Department must meet required record-keeping obligations applicable to that subsidiary's, operation unit's or department's business. No record will be falsified, backdated, intentionally destroyed or otherwise tampered with to gain a real or perceived advantage for East Alabama Medical Center.

4. BILLING FEDERAL HEALTH PROGRAMS & OTHER PAYORS

East Alabama Health will use its best efforts to comply with all rules and regulations regarding claims for payment under Medicare, Medicaid, and other third-party payers. Submission of claims for payment and cost reports to the Centers for Medicare and Medicaid Services ("CMS"), the Alabama Medicaid Agency and other federal health programs will be in accordance with current reimbursement rules, policies and procedures promulgated by the CMS, the state Medicaid agency, any applicable fiscal intermediary or carrier, or other agency with responsibility for the program in question. Clinical and reimbursement staff shall use their best efforts to communicate effectively and accurately with each other to assure compliance.

5. IMPROPER PAYMENTS; BRIBES & KICKBACKS

Payments or other items of value in the nature of kickbacks or bribes intended to induce, or reward favorable decisions or actions are not to be offered, made, solicited, received or tolerated in connection with any of the Medical Center's business.

No employee, medical staff, or agent of the Medical Center shall, in violation of any applicable law, offer, make, or receive directly or indirectly through any other person or firm, any payment of anything of value (in the form of compensation, gift, contribution or otherwise) to:

- Any person or firm employed by or acting for or on behalf of any customer for the purpose of inducing or rewarding favorable action by the customer in any commercial transaction; or
- Any person or firm employed by or acting for or on behalf of any governmental agency for the purpose of inducing or rewarding any action or the withholding of any action by such agency in any governmental matter.

Examples of kickbacks include:

- Receiving or making payment for any patient referrals;

- Inducing someone to purchase goods or services to be paid for my Medicare or Medicaid;
- Making false claims for Medicare or Medicaid reimbursement;
- Making payments to governmental officials to secure sales or obtain favorable treatment;
- Offering or giving gifts, money, services, or other items to influence purchasing decisions to any third party; or
- Receiving personal payments, goods, or services in return for new or continued business at East Alabama Health.

The provisions of this Section are not intended to apply to gifts not of substantial value or ordinary and reasonable business entertainment. From time to time, personnel may accept entertainment, but only if the entertainment is reasonable, occurs infrequently, and does not involve lavish expenditures. Care should be taken to avoid accepting gifts or entertainment that could be construed as "bribes" or "kickbacks." Any questions related to the appropriateness of gifts or entertainment should be referred to the Compliance Officer.

When community organizations, governmental agencies or others have published policies intended to provide guidance with respect to acceptance of entertainment, gifts or other business courtesies by their employees, such policies must be respected. Everyone should exercise sound discretion in authorizing any entertainment or gifts. Nothing stated herein should be construed in any way as encouragement to make or receive such entertainment or gifts.

For permissible payments to third parties, including contractors, agents and employees, all payments shall be made by check or bank wire, and shall be supported by written documentation in sufficient detail to identify the work or services performed on behalf of the Medical Center. Each person receiving payment must agree to comply with all applicable laws and regulations in acting on the Medical Center's behalf.

6. MEDICARE-MEDICAID ANTI-FRAUD AND ABUSE

Employees, medical staff and agents must adhere to federal and state fraud and abuse laws related to government health care programs. These persons and entities should be familiar with fraud and abuse laws, the role of such laws in preventing and detecting fraud, waste and abuse, protections applicable to whistleblowers and the Medical Center's policy regarding detecting and preventing fraud, waste and abuse.

It is the Medical Center's policy to comply with all applicable fraud and abuse laws. In an effort to comply, the Medical Center will utilize monitoring and auditing systems reasonably designed to detect misconduct. If an employee, medical staff or agent engages in conduct which is considered fraud, waste or abuse, such person or entity may be subject to adverse consequences, including disciplinary action, termination of employment or contract, investigation, audit and prosecution. Employees, medical staff and agents should report known or suspected violations to their supervisors, the appropriate Medical Center executive, or the Compliance Officer.

The applicable federal and state laws include, but are not limited to, the laws mentioned below. The laws target conducts that result in over-utilization, increased program costs, corruption of medical decision making and unfair competition. They work to prevent and detect fraud, waste and abuse by encouraging whistleblowers, punishing violators and deterring potential violators through criminal and civil penalties, which may include imprisonment, exclusion, debarment, suspension, civil monetary penalties and corporate integrity agreements. These laws also work to make health care programs whole.

Federal False Claims Act. The federal False Claims Act ("FCA"), as amended by the Fraud Enforcement and Recovery Act of 2009 ("FERA"), provides a means by which the U.S. government may identify and recover losses it suffers due to fraud. It creates incentives for individuals, commonly known as whistleblowers, to uncover and report fraud and abuse and for companies to develop and implement effective compliance plans in order to avoid the penalties prescribed by the statute.

The FCA creates liability for any person who (i) knowingly presents, or causes to be presented a false or fraudulent claim for payment or approval, (ii) knowingly makes, uses or causes to be made or used, a false record or statement in order to have a false or fraudulent claim, (iii) conspires to defraud by having a false or fraudulent claim allowed or paid, (iv) has possession, custody or control of property or money used, or to be used, by the U.S. government and knowingly delivers, or causes to be delivered, less than all of that money or property, (v) is authorized to make or deliver a document certifying receipt of property used, or to be used, by the U.S. government and, intending to defraud the U.S. government, makes or delivers the receipt without completely knowing that the information on the receipt is true, (vi) knowingly buys or receives as a pledge of an obligation of debt, public property from an officer or employee of the U.S. government, or a member of the Armed Forces, who lawfully may not sell or pledge property, or (vii) knowingly makes, uses or causes to be made or used, a false record or statement material to an obligation to pay or transmit money or property to the U.S. government, or knowingly conceals or knowingly and improperly avoids or decreases an obligation to pay or transmit money or property to the U.S. government.

The term “knowingly” means that a person has actual knowledge of the information, acts in deliberate ignorance of the truth or falsity of the information or acts in reckless disregard of the truth or falsity of the information. The FCA does not require proof of a specific intent to defraud.

"Knowing," according to the FCA, means the person has actual knowledge, acts in deliberate ignorance of the truth or falsity of the information, or acts in reckless disregard of the truth or falsity of the information. The FCA also applies to any false record or statement made or used to get a false or fraudulent claim paid. Violations of this statute include, but are not limited to:

- Submitting claims for services that are not medically necessary;
- Submitting claims for services that may be medically necessary but are not covered;
- Using a code for a higher level of reimbursement than the code for the services actually provided;
- Billing separately for services that should be billed as a single global service;
- Billing for services provided by an excluded provider;
- Providing false information on cost reports;
- Failing to disclose a related party on a cost report; and
- Billing for services where there is an illegal relationship, such as a kickback situation.

Violators of the FCA are subject to damages, civil penalties, and exclusion. Civil penalties are not less than five thousand five hundred dollars ($5,500) and not more than eleven thousand dollars ($11,000) per false claim and up to three (3) times the amount of damages. Damages may be lowered to not less than (2) times the amount of damages if certain requirements are met.

A claim brought under the FCA includes any request or demand, whether under a contract or otherwise, for money or property (whether or not the United States has title to the money and property) that (i) is presented to an officer, employee or agent of the United States, or (ii) is made to a contractor, grantee or other recipient, if the money or property is to be spent or used on the U.S. government’s behalf or to advance a U.S. government program or interest and if the United States provides or has provided for any portion of the money or property requested or will reimburse such contractor, grantee or other recipient for the money or property requested or demanded.

The FCA allows for a private whistleblower, otherwise known as a relator, to file a qui tam suit on behalf of the government. If the case is successful, the court may award the whistleblower a percentage of any recovery. The employer of a whistleblower may not retaliate against the whistleblower for filing a legitimate qui tam or for being involved with a lawful FCA case. This means an employer may not do the following as retaliation: discharge, demote, suspend, threaten, harass or discriminate (against in the terms and conditions of employment). If a court finds that an employer retaliated, the court will grant the employee the relief it believes is necessary to make the employee whole. However, if the government does not proceed with the case and the court finds that the relator's claim was frivolous, vexatious, or brought primarily for purposes of harassment, the court may order the relator to pay the defendant's reasonable attorneys' fees and expenses.

Federal Anti-Kickback Law. The Anti-Kickback law prohibits East Alabama Medical Center and its representatives from knowingly and willfully offering, paying, asking, or receiving any money or other benefit, directly or indirectly, in return for obtaining or rewarding favorable treatment in connection with the award of a government contract, including Medicare or Medicaid. There are many types of arrangements that may violate the Anti-Kickback law.

Violations of the Anti-Kickback law may result in criminal sanctions including imprisonment for up to five (5) years and a fine of up to twenty-five thousand dollars ($25,000) per violation, or both. In addition to criminal sanctions, violators may be excluded from participation in federal health care programs. Civil money penalties may be imposed for not more than fifty thousand dollars ($50,000) for each kickback violation and a violator may be assessed a monetary penalty of up to three (3) times the total amount of remuneration offered, paid, solicited or received without regard to whether a portion of such remuneration was offered, paid, solicited or received for a lawful purpose. An Anti-Kickback violation may also subject the violator to prosecution under the False Claims Act.

Physician Self-Referral Law (the "Stark Law"). Under the Stark Law, if a physician or any member of the physician's immediate family has a financial relationship with an entity, the physician may not make a referral to the entity for the furnishing of a designated health service, and the entity may not present or cause to be presented a claim or bill to Medicare, Medicaid or certain other government payors for designated health services, unless an exception under the Stark Law is met. These exceptions are sometimes difficult to interpret and apply to certain situations. These situations will be reviewed and clarified through legal counsel. For purposes of the Stark Law, the following definitions apply:

- Designated health services include clinical lab services, Physical therapy, occupational therapy and speech-language pathology services, radiological services, radiation therapy, durable medical

equipment, nutritional services, prosthetics, orthotics and prosthetic devices and supplies, home health services, outpatient prescription drugs, and inpatient and outpatient hospital services.

- A financial relationship is defined as: a direct or indirect ownership or investment interest, or direct or indirect compensation arrangement between the physician, or immediate family member, and the entity.

Violations of Stark may result in civil penalties, including denial of payment for the designated health service, refund of amounts collected from improperly submitted claims, a civil monetary penalty of up to fifteen thousand dollars ($15,000) for each service a person knows or should know was provided in violation of Stark, damages of up to three (3) times the amount of the monetary penalty, a civil money penalty of up to one hundred thousand dollars ($100,000) for each arrangement or scheme which the physician knows or should know has a principle purpose of assuring referrals, damages of up to three (3) times this amount, and exclusion from federal health care programs. Violation of Stark may also result in penalties under the FCA.

In order to ensure compliance with the law, it is the Medical Center's policy that every agreement between the Medical Center and a physician or other referral source must be in writing and must be approved in accordance with the Medical Center's guidelines for such contracts, as promulgated in the Guidelines for Physician Contracts. Under no circumstances should agreements be tied expressly, by implication or by "private understanding" to referrals of business.

The Medical Center has promulgated more detailed guidelines, which address the various arrangements with physicians and other referral sources. Those guidelines (Guidelines for Physician Agreements) should be consulted and followed.

Federal Program Fraud Civil Remedies Act ("PFCRA"). The PFCRA generally provides for administrative remedies against persons who make, or cause to be made, false claims or written statements to certain federal agencies, including the Department of Health and Human Services (DHHS). The PFCRA is intended to address lower dollar frauds and generally applies to claims of one hundred fifty thousand dollars ($150,000) or less. Penalties are separate from and in addition to any other liability that may be prescribed by law, including the FCA.

The PFCRA establishes liability for any person who makes, presents or submits, or causes to be made, presented or submitted, a claim that the person knows or has reason to know (i) is false, fictitious or fraudulent, (ii) includes or is supported by any written statement that asserts a material fact which is false, fictitious or fraudulent, or (iii) includes or is supported by any written statement that (a) omits a material fact, (b) is false, fictitious or fraudulent as a result of such omission, and (c) is a statement in which the person making, presenting or submitting such statement has a duty to include such material fact.

The PFCRA also establishes liability for any person who makes, presents or submits, or causes to be made, presented or submitted, a written statement that (i) the person knows or has reason to know (a) asserts a material fact which is false, fictitious or fraudulent or (b) omits a material fact, provided the person also knows or has reason to know the statement is false, fictitious or fraudulent as a result of such omission and the statement is one in which the person making, presenting or submitting such statement has a duty to include such material fact, and (ii) contains or is accompanied by an express certification or affirmation of the truthfulness and accuracy of the statement.

For purposes of the PFCRA, the term "knows or has reason to know" means a person has actual knowledge that the claim or statement is false, fictitious or fraudulent, or acts in deliberate ignorance, or reckless disregard, of the truth or falsity of the claim or statement. No proof of specific intent to defraud is required.

The penalties for violating the PFCRA are up to five thousand dollars ($5,000) per false claim and two (2) times the amount of the claim, if the claim was actually paid. If a person is found to have violated the law, the government may commence an action to suspend or debar the provider.

Alabama False Claims Act. The Alabama False Claims Act establishes criminal liability for making, or causing to be made, or assisting in the preparation of, with the intent to defraud or deceive, any false statement, representation or omission of a material fact in any claim or application for any payment made to the Alabama Medicaid Agency (Agency), knowing the same to be false. Those convicted are guilty of a felony and are subject to a fine of not more than ten thousand dollars ($10,000) or between one (1) and five (5) years in prison, or both. In addition, those convicted are subject to exclusion from the Medicaid program.

The Administrative Code of the Agency defines fraud to include a provider knowingly, with intent to defraud or deceive making or causing to be made any false statement or representation of a material fact in any application of claim for payment under the Medicaid program.

The Program Integrity Division of the Agency is generally responsible for planning; developing and directing Agency efforts to identity prevent and prosecute fraud in the Medicaid program. The

Provider Review and Investigations Units of the Program Integrity Division are charged with the responsibility for detecting and investigating provider fraud within the Medicaid program through reviewing paid claims history, conducting field reviews and investigating suspicion of fraud. Cases of suspected fraud are referred to the Medicaid Fraud Control Unit in the Alabama Attorney General's office for possible criminal prosecution or the imposition of administrative sanctions, such as the suspension of payments, or restriction, suspension or termination of a provider's Medicaid participation. Restitution of improper payments may be pursued in addition to any administrative sanctions imposed on the provider.

Alabama Anti-Kickback Law. The Alabama Anti-Kickback law prohibits any person from soliciting or receiving any remuneration (which includes any kickback, bribe, or rebate, directly or indirectly, overtly or covertly, in cash or in kind) (a) in return for referring an individual to a person for the furnishing or arranging for furnishing of any item or service for which payment may be made in whole or in part by the Medicaid Agency or its agents, or (b) in return for purchasing, leasing, ordering, or arranging for or recommending purchasing, leasing, or ordering any good, service, or item for which payment may be made in whole or in part by Medicaid. It also prohibits any person from offering or paying any remuneration to induce a person to refer an individual for the furnishing or arranging for the furnishing of any item or service for which payment may be made in whole or in part by Medicaid, or to purchase, lease, order, or arrange for or recommend purchasing, leasing, or ordering any good, service, or item for which payment may be made in whole or in part by Medicaid.

Violators may be fined not more than ten thousand dollars ($10,000) or imprisoned for neither less than one (1) nor more than five (5) years, or both.

Alabama Licensure Penalties. The Alabama Medical Licensure Commission may suspend, revoke or restrict any license to practice medicine or fine any licensee if the licensee is found guilty of the following: (a) a felony, (b) dividing fees received for professional services with any person for bringing or referring a patient, (c) performing unnecessary medical services, (d) charging grossly excessive fees, or (d) intentionally filing or causing to be filed false or fraudulent claims.

7. HEALTH, SAFETY and EVNVIRONMENT REQUIREMENTS

The Medical Center is subject to the requirements of numerous federal, state and local laws, regulations and rules that promote the protection of health and safety and the environment. It is the Medical Center's policy to comply with all health, safety and environmental laws and regulations. Employees and contractors are expected to understand those requirements that apply to their area of responsibility and to seek advice whenever they face an issue raising possible health and safety or environmental concerns. Employees should consult with their supervisor or the Compliance Officer when they encounter issues raising possible health, safety or environmental concerns.

It is also important for employees and contractors to advise the Medical Center of any serious workplace injury, the discharge of any hazardous substances into the environment, or any situation presenting a danger of injury to the Medical Center's patients, employees or agents. In some instances, the Medical Center must report such events to governmental authorities quickly and accurately. Information received from employees will also help the Medical Center mitigate any damages as a result and will help prevent such incidents either from happening or from happening again.

8. CONFLICT OF INTEREST

It is the Medical Center's policy that conflicts of interests should not be allowed in those instances where the activities or interests of an employee may impact his or her ability to act in the best interests of the Medical Center. Any activity may impact the employee's ability to act on behalf of the Medical Center if the activity or interest (a) is primarily for the purpose of obtaining personal gain or advantage by such individual, (b) has an adverse effect upon the interests of the Medical Center, or (c) causes a competitor of any gain or advantage to the detriment of the Medical Center.

A conflict of interest is defined as:

> A direct or indirect interest that may affect or be reasonably implied to affect an employee's professional judgment or conduct in matters that may impact the Medical Center or detract from an employee's performance of his or her duties and responsibilities. A conflict also occurs when an immediate family member of an employee/contractor has an interest in a competitive business, enterprise, entity or transaction. "Immediate family member" refers to any person who is related to an employee/contractor.

The following are some examples of some potential conflict of interest situations:

- Holding a financial interest in, engaging in activities on a consulting basis, or otherwise, with a firm, which provides services, supplies or equipment to the Medical Center.
- Speculating or dealing in services, equipment or supplies which are purchased by the Medical Center or if the individual stands to gain financially due to his/her position with the Medical Center.
- Accepting favors, gifts or entertainment that others may perceive to be substantial enough to influence such individual's selection of goods or services for the Medical Center, or to influence such individual's judgment in otherwise representing the Medical Center. Acceptance of perishable or other gifts not of substantial value or reasonable personal entertainment is not improper, but care must be exercised to be sure that such gifts are of nominal value.
- Acquisition by purchase or lease of real estate in which it is known that the Medical Center might have an interest, or which may appreciate in value because of the Medical Center's possible interest in nearby property. An employee should not acquire any financial interest in a hospital or business when the acquisition of such hospital or business is or could be under consideration by the Medical Center.
-

All conflict of interest questions should be disclosed to the appropriate manager, the Compliance Officer or the Compliance Committee pursuant to the procedures outlined in the Medical Center's Conflicts of Interest Policy. If a conflict is identified, corrective action generally will include focus on eliminating the conflict of interest between the individual and the Medical Center. Appropriate disciplinary actions may also be taken including and up to the termination of employment of the employee and of contracts and relationships with suppliers, contractors, physicians and other parties involved in such conflicts.

Managers, Directors, Vice Presidents and the principal officers of each subsidiary, are charged with the responsibility of seeing that all employees read and understand the Conflict of Interest Policy. Employees are required to submit, at least annually, conflicts of interest certificates stating that they understand and are in compliance with the policies and procedures contained in the Conflicts of Interest Policy.

9. HIRING EMPLOYEES FROM COMPETITORS AND THE GOVERNMENT

It is the Medical Center's policy to deal fairly with competitors and to respect the right of competitors and others in getting and using competitive information. Care should be exercised in the recruitment and employment of former or current employees or consultants of competitors.

The recruitment and employment of former or current U.S. government employees by private industry is subject to complex rules which change frequently and vary by employee. In some situations, these rules also apply to members of the U.S. government employee's immediate family. Similar rules may also apply to current or former state or local government employees or legislators and members of their immediate families.

Each situation should be considered on a case-by-case basis. If a former government employee or consultant becomes an employee or consultant of the Medical Center, care should be exercised to ensure that such employee or consultant complies with all U.S. government conflict of interest laws with respect to activities for or on behalf of the Medical Center.

Employees should consult with the Human Resources Department or the Compliance Officer on issues related to recruitment and hiring of former or current employees and consultants of competitors or of governments.

10. ANTITRUST COMPLIANCE

It is East Alabama Health's policy to make its own commercial decisions on the basis of what is considered to be in the best interests of East Alabama Health, completely independent and free from any understanding or agreements with any competitor. This policy requires absolute avoidance of any conduct which violates, or which might even appear to violate, those underlying principles of antitrust laws which forbid any kind of understanding or agreement between competitors regarding prices, terms of sale, division of markets, allocation of patients or customers, or any other activity that restrains competition, whether by providers or patients. No officer or employee, whatever his/her position, is authorized to depart from East Alabama Medical Center's policy or to condone a departure by anyone else.

It is the Medical Center's policy to comply strictly with federal and state antitrust laws in order to promote free and fair competition. The following guidelines summarize the basic principles of antitrust laws. They are intended to assist you in recognizing possible antitrust issues and avoiding conduct that may

prompt expensive and time-consuming investigations. They are not intended to define the dividing line between legal and illegal conduct. Because it is not always clear whether a business practice may violate antitrust laws, employees should consult the Medical Center's Compliance Officer for advice whenever they face a business issue raising possible antitrust concerns. It is the Medical Center's policy to strictly limit relationships with competitors because such relationships frequently raise antitrust issues. Any understanding or agreement that has the effect of reducing or eliminating competition, controlling prices, allocating markets or excluding competitors is prohibited.

Relationships with patients, customers or suppliers also raise antitrust issues in certain circumstances, particularly if the Medical Center occupies a significant market position in its geographic region. The Compliance Officer should be consulted before (1) conditioning the sale of one product or services on the requirement that the patient or customer also buy another of your products or services, (2) refusing to deal with suppliers (including physicians) who sell to, or otherwise benefit, competitors; and (3) refusing to do business or deal with patients, customers or suppliers for competitive reasons, such as to lessen competition or to attempt to create or maintain a monopoly (e.g. refusing to deal with suppliers who sell to customers who are price-cutters).

It is important that common sense and good judgment be used to avoid antitrust problems. Avoid discussing any prohibited or sensitive subjects with a competitor unless you are proceeding with the advice of the Compliance Officer. Do not provide any information in response to an oral or written inquiry concerning an antitrust issue without first consulting the Compliance Officer.

11. POLITICAL CONTRIBUTIONS & ACTIVITY

It is East Alabama Health's policy to comply strictly with all applicable and valid laws and regulations relating to the making of corporate political contributions. No political contributions either by payment or by gift may be made or authorized to be made with Medical Center funds or resources (either directly or through employee expense reimbursement) to any candidate for public office, campaign, fund, political party or organization unless such payment, gift or contribution is expressly permitted by state and federal law. Monetary contributions so approved shall be made only by corporate check payable to the candidate or political committee in question.

East Alabama Health encourages its employees at all levels to exercise their rights of citizenship by voting, by making personal political contributions if they wish to do so with their own funds, and by being otherwise politically active, in support of candidates or parties of the employee's own personal selection. It should be clearly understood that such political activity by East Alabama Medical Center employees is not permitted on or in the property of the Medical Center and must be engaged in strictly in employees' individual and private capacities as responsible citizens and not on behalf of East Alabama Medical Center.

12. NONDISCRIMINATION

East Alabama Health is firmly committed to a policy of nondiscrimination in employment and to the cause of equal employment and advancement opportunity for all. East Alabama Medical Center fills its job requirements by selecting from the available labor force those applicants best qualified to perform the work in safety to themselves and others. It is East Alabama Medical Center's policy not to discriminate against any employee or applicant for employment because of race, color, religion, sex, age, national origin, or handicap.

In addition, it is East Alabama Health policy to refuse to enter into any contract or agreement that would have the effect of discrimination against United States persons or firms based on race, color, religion, sex, age, national origin or handicap.

13. COMPLIANCE WITH OTHER LEGAL & REGULATROY REQUIREMENTS

The Medical Center, through its subsidiaries and affiliates is in the business of providing a wide range of healthcare services in different counties. These services generally may be provided only pursuant to appropriate federal, state and local certificates of need, licenses, permits and accreditation and are subject to numerous laws, rules and regulation, including but not limited to access to treatment, consent to treatment, medical record-keeping, access and confidentiality, patient's rights, terminal care decision making, medical staff membership and clinical privileges, corporate practice of medicine restrictions and Medicare and Medicaid regulations. Like other businesses, the Medical Center is subject to federal and state labor statutes and discrimination laws, securities laws and regulations, State Corporation or partnership laws, consumer protection laws, tax laws and general and professional liability laws.

It is the policy of the Medical Center that every employee, medical staff and agent should be familiar with the legal and regulatory requirements applicable to such employee's areas of responsibility.

Employees, medical staff and agents are not expected to become expert in every legal and regulatory requirement and should consult with their supervisor or the Compliance Officer for advice whenever they face an issue raising possible legal or regulatory concerns.

14. REPORTING VIOLATIONS

All personnel, medical staff and agents should report known or suspected violations of these policies to their supervisors, the appropriate Medical Center executive, or the Compliance Officer. Measures shall be taken to protect the anonymity and confidentiality of the reporting individual were warranted and feasible.

15. DISCIPLINE

Failure to comply with these Standards of Conduct may result in disciplinary action, including warnings, suspensions, termination of employment or contract, or such other actions as may be appropriate under the circumstances.

16. APPLICABILITY

"Medical Center" as used in these Standards of Conduct means East Alabama Medical Center, the subsidiaries that it controls, and all operations of East Alabama Medical Center and such subsidiaries. The terms "officer", "director", "personnel", "employee", "agent", and "medical staff appointee" include any person who fills such role or provides health care items or services or otherwise authorizes the furnishing of health care items or services on behalf of the Medical Center or any of its divisions, subsidiaries, or operating or business units.

For purposes of item 6. MEDICARE-MEDICAID ANTI-FRAUD AND ABUSE as used in the Medical Center's Standards of Conduct and for purposes of complying with the Deficit Reduction Act of 2005's written policy requirements as set forth in section 6032 of the Act, "employee," "medical staff," and "agent" includes employees, management, officers, contractors, agents, subcontractors or other persons which or who, on behalf of the Medical Center, furnish, or otherwise authorize the furnishing of Medicaid health care items or services, perform billing or coding functions, or are involved in monitoring of health care provided by the Medical Center.

17. QUESTIONS

Routine questions concerning the Code should be referred to the employee's immediate supervisor, or at the employee's discretion to the appropriate designated corporate executive (department director or vice president) or Compliance Officer if necessary and appropriate under the circumstances. Medical staff and agents should direct questions concerning these Standards of Conduct to the Compliance Officer.

18. DISTRIBUTION

Distribution of these Standards of Conduct will be made by designated corporate executives for further distribution as appropriate to their personnel.

19. COMPLIANCE

The responsibility for compliance with these Standards of Conduct, including the duty to seek interpretation when in doubt, rests with each employee, agent, medical staff, officer and director.

DIVERSITY IN THE WORKPLACE

Diversity is simply the celebration of those things that make each of us unique! While we all make judgments about people based on our experiences, when we make judgments before getting to know someone, we *prejudge* them. Likewise, when we assume that everyone in a certain group is the same, we stereotype them by not seeing them as an individual. Prejudice and stereotyping hurt everyone because they keep us from knowing the unique person and limits our ideas and opportunities – not to mention making the person feel rejected or hurt. So, what can you do?

- Be open about differences
- Do not assume anything
- Encourage questions

- Develop friendships
- Do not make someone a spokesperson for a group
- Do not tell ethnic or sexual jokes
- Make your feelings known if someone is unfair to another

Please remember, mistakes happen…apologize if you have offended or feel you have been unfair and forgive if you feel you have been offended.

EAMC OPELIKA AND LANIER CAMPUS
EMERGENCY CODES

EAMC Emergency Color Codes

 **CODE RED**	**FIRE - Call phone number 6600 and state "Page CODE RED" (to the specific area). Then follow the R.A.C.E. protocol:** - Remove anyone in danger. - Activate the fire alarm. - Contain fire and smoke – close doors/windows. - Extinguish fire and evacuate when necessary. **When fire alarm has been cancelled - "CODE RED ALL CLEAR" will be paged.**
 **CODE BLUE**	**CARDIAC / RESPIRATORY ARREST - Call phone number 6600 and state "Page CODE BLUE" (to the specific area).** - Provide information of the room number or very specific location of the emergency. - The appropriate medical emergency response team will respond. - For CHILD emergency, state **"PEDIATRIC CODE BLUE" (to the specific location or room number).**
 **CODE PINK**	**INFANT/CHILD ABDUCTION -** Indicates an infant/child is missing. **Call phone number 6600 and state "Page CODE PINK" (to the specific area).** **Include age and gender of child – "Code Pink Male Infant or Code Pink Female Age 3" for example.** - All employees will monitor exits and STOP ANYONE with a baby / child or package and ask for identification. - Call phone number 6600 to report suspicious people and Security will coordinate the appropriate response. **When the missing child is found - "CODE PINK ALL CLEAR" will be paged.**
 **CODE WHITE**	**SEVERE WEATHER - "CODE WHITE"** usually indicates a tornado or hurricane force winds approaching with potential danger. - Staff will take all necessary steps to ensure patients are placed away from windows or glass; cover with blankets if necessary. - The Operator will alert Visitors with an overhead announcement using plain language. Staff will direct Visitors to safety. **When alarm has been cancelled – "CODE WHITE ALL CLEAR" will be paged.**
 **CODE SILVER**	**FIREARM THREAT -** Observer should exit the scene quickly and **call phone number 6600 and state "Page CODE SILVER" (to the specific area).** **- Provide as much information on the threatening person and location. Law Enforcement will respond to the situation.** - ALL employees should move as far away from the CODE SILVER location as possible and close patient room doors. - If it is not safe to remain in your area; ***RUN, HIDE and FIGHT,*** if encountered by the gunman. **If possible, seek a safe place to remain until "CODE SILVER ALL CLEAR" is paged.**
 **CODE GRAY**	**WORKPLACE VIOLENCE;NEED SECURITY IMMEDIATELY (STAT) - Call phone number 6600 and state "Page CODE GRAY STAT" (to the specific area).** - This applies to any incident where hospital Security personnel are needed STAT for a security or workplace violence emergency. - This may include but is not limited to a violent/combative person, a criminal activity or other situations where Security is required. - This does not include a Firearm Threat (Code Silver); in that situation, Law Enforcement will respond.
 **CODE GREEN WALKER**	**ELOPEMENT - Call phone number 6600 and state "Page CODE GREEN WALKER" (to the specific area).** - Male or female and an age will be announced overhead to alert all staff to search for a missing patient, resident or visitor. - When located, call phone number 6600 to report where the person has been found. **Security will be notified, will return missing person to their proper place and - "CODE GREEN WALKER ALL CLEAR" will be paged.**

Effective April 1, 2016 @ 8 a.m.

DIAL 6600 TO CALL AN EMERGENCY CODE

END OF LIFE ISSUES

EAH is required by Federal Law and the Joint Commission to offer all adult patients information about Advance Directives (a legal document that lets the healthcare team know how the patient wishes to be cared for when they can no longer make those decisions themselves) and to provide assistance if a patient is unable to understand the information.

If approached by a family member regarding organ donation, refer them to a staff member. The supervising nurse will make appropriate arrangements with the organ donation organization. Respect family circumstances, views, and beliefs.

FALL PREVENTION

Fall prevention begins with the admission of the patient and continues throughout his or her stay. EAMC utilizes the MORSE Fall Scale score for adults and Humpty Dumpty for children to determine if patients are at a high risk for falls.

- All staff should be aware that a **yellow** armband indicates the patient is at **high risk for falls** for adults and a sign will be placed on/outside the door for children who are **high risk.**
- It is each staff member's responsibility to be sure that each part of the fall bundle is implemented to help keep our patients safe while they are in our care.

FIRE SAFETY

Contact: Opelika Safety Officer at 528-1345 or
Lanier Safety Officer Derek Cook at 710-0423

It is the policy of the organization to have random fire drills on each shift. Everyone is expected to participate and be familiar with the proper procedures to follow. *Never* use the elevators during a fire (or drill) – there are *no exceptions*! Familiarize yourself with the location of exits and stairwells. Smoke doors are located throughout the building. These doors are held open by magnetic devices that automatically release upon activation of the fire alarm system. Evacuation routes are posted throughout the building in the corridors.

Race	*Rescue anyone in immediate danger*
Alarm	*Activate the fire alarm*
Contain	*Contain the fire*
Extinguish	*Extinguish the fire if your safety can be assured*

OPELIKA AND VALLEY CAMPUS FIRE SAFETY TIPS:

- In the presence of smoke or fire please pull fire alarm and dial 6600
- Fire Code: "Code Red" to location of fire
- Clearance: "Code Red, All Clear"

Other Safety Tips:

- When in a smoke-filled room or corridor, stay close to the door. Crawl if possible.
- If you are in a situation where you must pass through flames, soak yourself with water. If possible, wrap yourself in wet sheets or blankets.
- Evacuation plans are posted throughout the facilities. Know two routes out.
- Be very familiar with directions from where you are. Remember, in a smoke-filled area, you cannot see to find your way.

IDENTIFICATION

Identification badges are required to be worn at all times when you are on any of EAH premises. **If you do not have your identification badge you will be asked to leave.** If you do not have an identification badge or were not issued a badge, contact the department in which you originated or call ***Human Resources at ext. 1350***.

INFECTION CONTROL

Contact:
Opelika -Brooke Bailey: 334-528-4738 or 334-704-1354 (b) (Infection Control Outcomes Coordinator)
Lanier – Hollie Story: 334-710-0084 (Infection Control Outcomes Coordinator)

Washing your hands frequently and properly is the single most important action you can take to prevent the spread of infection.

Sanitize hands with alcohol foam/gel:

- Between caring for patients
- Before and after touching a patient/resident who is not in a room (stretcher, wheelchair, etc)
- After removing gloves or touching dirty equipment, linens, or specimens
- Before eating
- After using the bathroom

Use soap and water:

- When hands are visibly soiled
- After caring for a patient who may have C. difficile
- When alcohol foam/gel builds up

Other Helpful Hints:

- Do not use petroleum-based lotions with gloves
- Wear gloves and change them after each patient contact
- Immediately wash hands and other skin surfaces if exposed to blood or body fluids

To Reduce Your Risk of Exposure:

- By being in a healthcare facility you are at risk for exposure to blood borne pathogens, including Hepatitis B, C and HIV.
- You must treat all blood and body fluids as if they are infected with a blood borne pathogen.
- Use appropriate personal protective equipment (PPE) such as gown, gloves, mask, and goggles, if your duties involve a task that may soil clothes.
- Do not eat, drink, smoke, apply lip balm/makeup or handle contact lens in patient areas
- Prior to leaving the work area, make sure all loose debris is removed from your clothing (maintenance/construction personnel)
- Do not touch any bag or container that has the universal biohazard sign
- Never bend, recap or break used needles unless the procedure requires it.
- Place all sharps in a designated disposal container.
- Follow you company/school's specific safety and self-protection policies
- Report any illness to your supervisor that you might transmit to patients or co-workers.
- You may be asked to stay out of work until your symptoms are over.
- If you have any questions, call your supervisor or the infection control department.

***If You Should Have an Exposure*:**

- OPELIKA- Report to the Infection Control/Employee Health Office by calling the HURT beeper (528-HURT) 528-4878
- LANIER- Report to the Infection Control/Employee Health Office by calling the HURT beeper (334-710-0449)

All infections occur when an infectious agent is transmitted to a susceptible person, called a host. If you prevent an infectious agent from reaching a susceptible host, you break the chain of transmission and prevent the infection from spreading.

Healthcare Acquired Infections - or HAI

- Infections may be passed from healthcare workers to patients, these infections are called HAI's or healthcare acquired infections.
- Healthcare personnel can prevent transmission by following Standard Precautions for all patients regardless of their diagnosis. Healthcare workers must choose the proper personal protective equipment (PPE), i.e. gown, gloves, mask, goggles.

Standard Precautions

- This means that you wear gloves when touching blood, body fluids, secretions, excretions, and contaminated surfaces.
- Wash your hands after you remove your gloves.
- Wear a mask, eye protection and a gown if splashes or spatters are possible.

Contact Precautions

- Contact precautions are used with infections that are easily transmitted by direct patient contact or by contact with a contaminated object or surface.
- You should use contact precautions when your patient has MRSA (methicillin-resistant staphyloccus aureus), VRE (vancomycin-resistant enterococcus), or other such drug-resistant organisms.
- Patient's who present with diarrhea, draining wounds, and abscesses with or without a previous history of a MDRO should also be placed in Contact Isolation.

Contact Enteric Precautions

- Contact Enteric precautions apply to patients with diarrhea until a culture identifies or does not identify Clostridium Difficile (C. Diff)
- Hand hygiene with soap and water only. Wear gown and gloves when entering room. Clean equipment with BLEACH. Patient remains on Contact Enteric precautions until discharge, even if previously positive cultures are negative later in patients stay.

Droplet Precautions

- Droplet precautions mean that you must wear a surgical mask when working within three feet of the patient because the illness is transmitted when large droplets are propelled a short distance by sneezing, coughing or suctioning.
- Some examples are Pertussis, flu, and RSV.

Airborne Precautions

- Airborne precautions are used with persons who have tuberculosis, measles or chickenpox.
- These diseases are transmitted by airborne nuclei which travel and stay in the air for a long period.
- You must wear a special respirator, N-95. You cannot wear a N-95 HEPA respirator without being fit tested by the Employee Health Nurse. Students should not be assigned to patients with airborne diseases.

Influenza Vaccination Program

- Spread from person to person by tiny droplets thru sneezing and coughing.
- Highly contagious within two to four days of exposure and can last up to 10 days after developing signs and symptoms.
- Up to 226,000 hospital admissions and kills an estimated 36,000 people per year
- Signs and symptoms include fever, muscle aches, headache, extreme tiredness, cough, sore throat, and runny or stuffy nose.
- Diagnosis includes a positive rapid flu swab and/or culture.
- CDC recommends yearly flu vaccination for all healthcare workers.
- It takes up to two weeks after vaccination to get full protection and lasts up to one year.
- If you have an allergy to eggs and Thimerosal you should ask about an alternative.
- Infection Prevention in conjunction with the Medical Director of Infection Prevention and Senior Leadership have the authority to institute source control that requires universal masking for direct patient care, regardless of vaccination status, during higher levels of community transmission

Surgical Site Infections

- An infection that appears to be related to the operative procedure that occurs within 30 days or within one year if an implantable device is inserted.
- The number one preventive measure is hand hygiene.
- Surgical Care Improvement Project (SCIP) ensures preventive measures are followed. These include sterile technique, pre-op antibiotics, prepping technique, and glucose and hypothermia control among others.

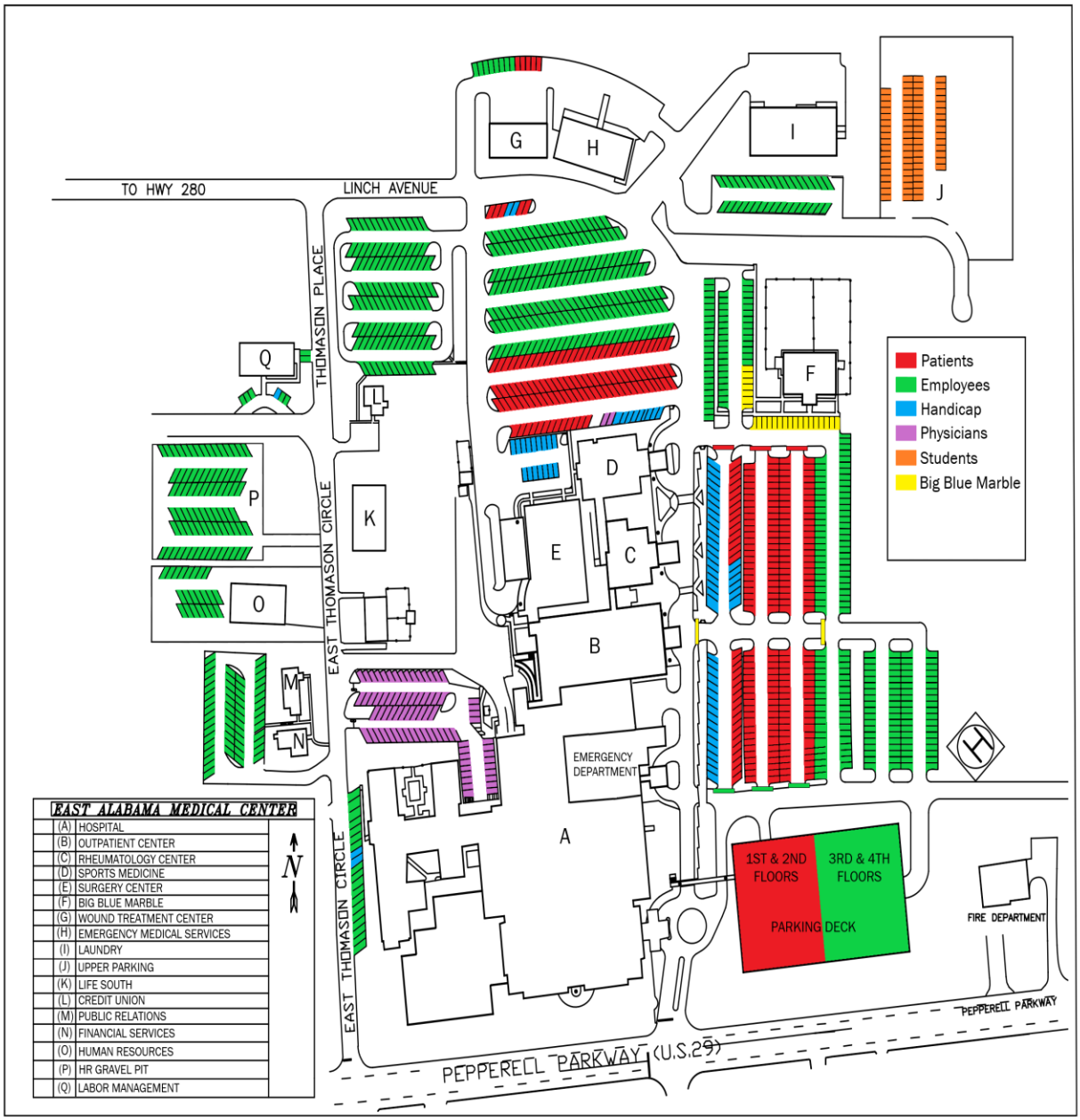
Central Line Related Blood Stream Infections

- An infection that occurs in a patient who has a central line, including peripherally inserted (PICC) lines, and has signs and symptoms and a recognized pathogen is cultured that is not related to an infection at another site.
- The number one preventive measure is hand hygiene.
- Other preventive measures include sterile insertion technique using maximum barrier protection, Biopatch application, and dressing changes every seven days or more frequent if necessary.
- Central Line bundle implemented and addressed daily that includes line necessity, dressing bio-occlusive, dry, and intact.
- Disinfect catheter hubs and injection ports before accessing the ports.

OPELIKA PARKING

Contact: Security at ext. 1348

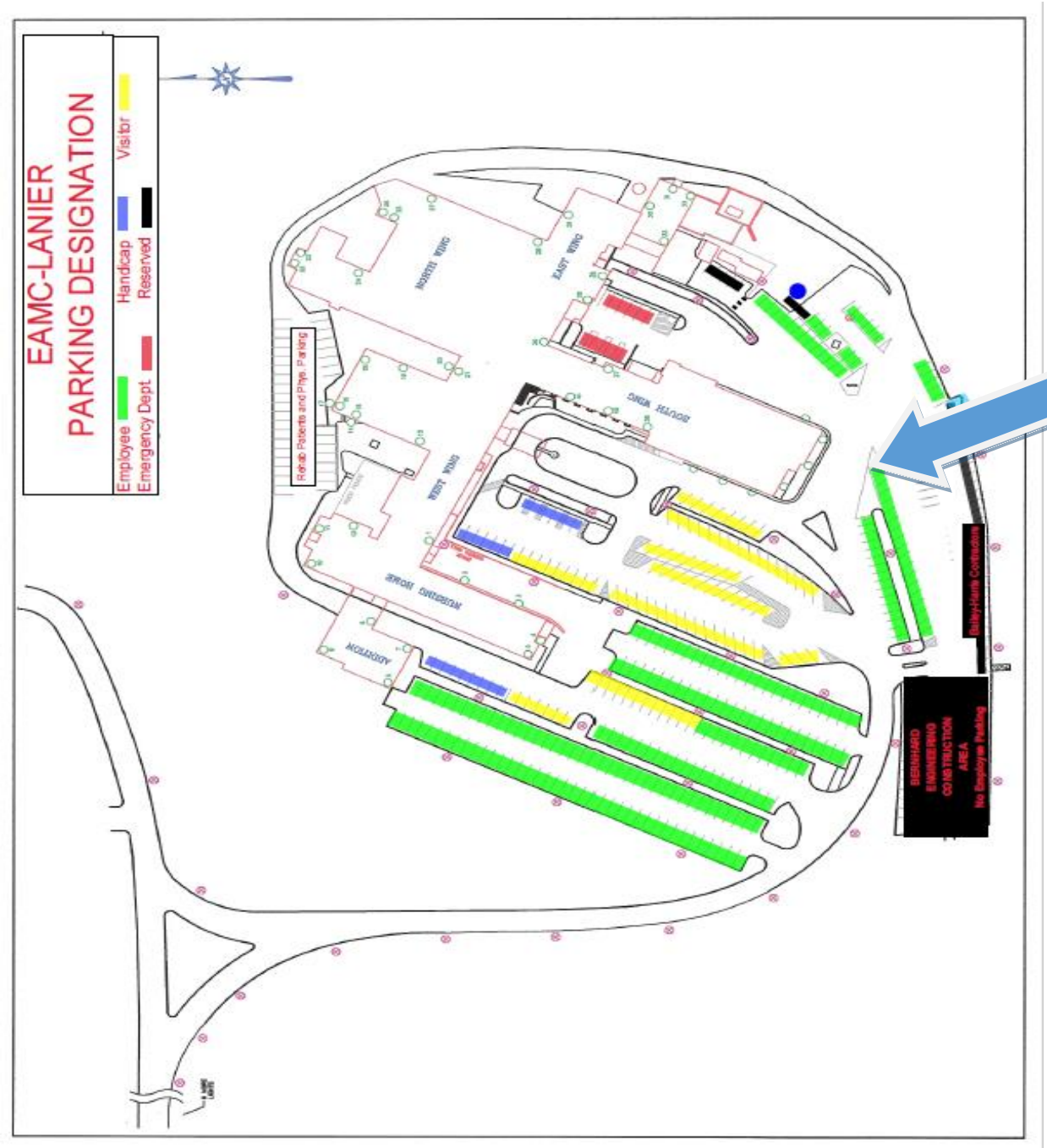
It is the policy of East Alabama Medical Center that all patients and visitors have easy access to the facility. Therefore, all employees, students, interns, and non-employees providing services for the Medical Center should park in designated areas. The first level of the parking deck is reserved and should never be used. Parking on the fourth level is advised if students will be on campus after daytime hours. Violation of this policy will result in possible towing of your vehicle. EAMC is not responsible for any damage that may occur because of failure to follow the appropriate parking policy. Security will make extra rounds in the afternoons until this lot is empty unless there is an in-house emergency. Students or employees can call the Security office # 528-1348 or 1349 and/or can call the operator 749-3411 if they want an escort to their vehicles. This lot is for use during "**daylight hours only**" as the map marker shows. Students who must be here after dark **are not required to park in this lot**. They may park in the regular lot or on the 4th floor of the parking deck but **are not required to park in the student parking lot *if they do not leave before daylight ends*.**



VALLEY PARKING

Contact Security: Ext: 0423

It is the policy of EAMC Lanier that all patients and visitors have easy access to the facility. Therefore, all employees, students, interns, and non-employees providing services for the hospital should park in designated areas. Parking is available on the right of the driveway into the hospital. Violation of this policy will result in possible towing of your vehicle. EAMC is not responsible for any damage that may occur because of failure to follow the appropriate parking policy.



Student/Volunteer/Shadowing Checklist

Date of Orientation: _____

Contact Information:

Name: _____
First MI Last

Last Four of Social Security #: _____

Address: _____
Street City State Zip

Telephone: _____ Email: _____

Emergency Contact: _____ Phone: _____

Relationship: _____

Observation/Rotation Information:

School Affiliation: _____

Program of Study: _____

Requested EAH Area/Dept: _____

Schedule Start Date: _____

End Date: _____

Days: Mon Tues Wed Thur Fri Sat Sun

Staff Use Only – Missing Info:
TB ❒ Other:
_____
Hep. B ❒

Check appropriate box:

Observation ❒ Clinical ❒

Check if immunization/certification is current and documentation provided:
TB ❒ Hep. B ❒ CPR ❒
Expiration:

Survey:
How did you hear about this program?
_____
_____
Why are you interested in shadowing?
_____

EAST ALABAMA HEALTH

ACKNOWLEDGEMENT OF RECEIPT OF CORPORATE COMPLIANCE POLICY
Corporate Compliance Policy and Standards of Conduct

I have received a copy of the Corporate Compliance Policy and Standards of Conduct certify that I have read, and understand the provisions contained therein. I further agree to comply with the Policy and Standards. I acknowledge that I have a duty to report any suspected violations of the law or the standards of conduct to my immediate supervisor, the Compliance Officer, or the President of the Medical Center.

_____

Signature of Affected Party

_____

Printed Name

_____

Date

East Alabama Health

NON-DISCLOSURE AGREEMENT *(Students/Observation Only)*

THIS NON-DISCLOSURE AGREEMENT ("Non-Disclosure Agreement") is made and entered into as of this _____ day of _____, 20___ ("Effective Date"), by and between EAST ALABAMA HEALTHCARE AUTHORITY d/b/a EAST ALABAMA HEALTH, and its affiliated entities (hereinafter referred to as "Provider") and _____ (hereinafter referred to as "Student").

WHEREAS, Provider has agreed to permit Student to observe the delivery of health care in Provider's facility as learning experience. In connection with Student's observations, Student has possible access to Confidential Information; and

WHEREAS, Provider requires that Student protect the privacy and confidentiality of the Confidential Information.

NOW, THEREFORE, in consideration of the foregoing and of the covenants and agreements set forth herein, the parties, intending to be legally bound, agree as follows:

1. Confidential Information. For purposes of this Non-Disclosure Agreement, "Confidential Information" means information whether oral, written or recorded in an electronic format or other medium (other than that which is public knowledge) about the business, activities, operations, or facilities of Provider, including but not limited to its methods, techniques, and processes; development, costs and pricing of its products and services; business and marketing strategies and plans; financial data, personnel data; all trade secrets pertaining in any respect to Provider's business; and other non-public information furnished to or obtained by Student form or on behalf of Provider. "Confidential Information" shall also include Protected Health Information ("PHI") as that term is defined in 45 CFR 164.501, including, without limitation, any information, whether oral or recorded in any form or medium: (i) that relates to the past, present or future physical or mental condition of an individual; or (ii) the provision of health care to an individual; or (iii) the past, present or future payment for the provision of health care to an individual; and (iv) that identifies the individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual. Any notes, papers, databases or other items that contain, embody, discuss, describe, refer or relate to Confidential Information shall likewise be considered Confidential Information within the meaning of this Non-Disclosure Agreement. All Confidential Information shall at all times and for all purposes be considered the property of Provider.

2. Non-Disclosure Covenants. Student acknowledges that he is in a position of trust and confidence. In particular, Provider and Student recognize that Student may come into contact with or have access to Confidential Information. During the term of this Non-Disclosure Agreement, Student agrees as follows:

a. Student shall not use or disclose Confidential Information in any manner other than while observing the delivery of healthcare at Provider's facility. Further, Student shall not use Confidential Information in any manner that would constitute a violation of any local, state or federal laws, rules or regulations.

b. Student acknowledges that Provider has a duty under law to keep Protected Health Information confidential and secure and that any unauthorized use or disclosure of Protected Health Information may subject Provider to substantial fines, penalties and damages. Student agrees to use reasonable care to avoid the disclosure or dissemination of any Confidential Information.

c. The obligations set forth in this Section 2 shall survive termination of this Non-Disclosure Agreement, regardless of the reasons for termination.

3. Return of Provider Property. Upon termination or expiration of the Agreement and immediately upon request by Provider, Student will return to Provider all documents, materials and other property belonging to Provider, including but not limited to all Confidential Information, in Student's possession or control. Notwithstanding the above, upon termination of this Agreement for any reason, Student shall return or destroy all

PHI (regardless of form or medium), including all copies thereof and any data compilations derived from PHI and allowing identification of any Individual who is the subject of PHI.

4. Term and Termination. This Non-Disclosure Agreement shall commence on the Effective Date and will remain effective for the entire duration of Student's observations. In the event of a material breach by Student of any of its obligations hereunder, Provider shall have the right, as specifically recognized by Student, to terminate the Agreement at any time by providing Student written notice of termination setting forth a description of the breach and the effective date of termination.

5. Injunctive Relief. In the event of a breach by Student of any of its obligations hereunder, Provider shall have, in addition to any other rights and remedies available at law or in equity, the right to obtain injunctive relief without the necessity of proving actual damages or that any irreparable harm would or might result from a failure to obtain injunctive relief, it being acknowledged and agreed to by all parties hereto that any such breach will cause irreparable harm to Provider and that monetary damages alone will not provide an adequate remedy.

6. Indemnification. Student shall indemnify and hold Provider, and its employees, officers, directors, independent Students, agents and representatives, harmless from and against all claims, liabilities, judgments, fines, assessments, penalties, awards or other expenses, of any kind or nature whatsoever, including, without limitation, attorneys' fees, expert witness fees, and costs of investigation, litigation or dispute resolution, relating to or arising out of any breach or alleged breach of this Non-Disclosure Agreement by Student. The obligations set forth in this Section 6 shall survive termination or expiration of this Non-Disclosure Agreement, regardless of the reasons for termination.

7. Governing Law and Venue. This Non-Disclosure Agreement shall be governed by and interpreted in accordance with the internal laws of the State of Alabama, without giving effect to any conflict of laws provisions. Any action at law, suit in equity, or other judicial proceeding for the enforcement of this Non-Disclosure Agreement, or any provision hereof, shall take place in the State of Alabama in the County in which Provider has its place of business. Student hereby consents to the personal jurisdiction of the state and federal courts in such County, in any dispute arising from or related to this Non-Disclosure Agreement.

8. Binding Effect; Modification. This Non-Disclosure Agreement shall be binding upon, and shall inure to the benefit of, the parties hereto and their respective permitted successors and assigns. This Non-Disclosure Agreement may only be amended or modified by mutual written agreement of the parties.

9. Waiver. The failure of either party at any time to enforce any right or remedy available hereunder with respect to any breach or failure shall not be construed to be a waiver of such right or remedy with respect to any other breach or failure by the other party.

10. Severability. In the event that any provision or part of this Non-Disclosure Agreement is found to be totally or partially invalid, illegal, or unenforceable, then the provision will be deemed to be modified or restricted to the extent and in the manner necessary to make it valid, legal, or enforceable, or it will be excised without affecting any other provision of this Non-Disclosure Agreement, with the parties agreeing that the remaining provisions are to be deemed to be in full force and effect as if they had been executed by both parties subsequent to the expungement of the invalid provision.

11. Assignment. This Non-Disclosure Agreement and the rights and obligations hereunder shall not be assigned, delegated, or otherwise transferred by either party without the prior written consent of the other party and any assignment or transfer without proper consent shall be null and void.

12. No Third-Party Beneficiaries. Nothing express or implied in this Non-Disclosure Agreement is intended to confer, nor shall anything herein confer, upon any person or entity other than Provider, Student and their respective successors or permitted assigns, any rights, remedies, obligations or liabilities whatsoever.

IN WITNESS WHEREOF, Provider and Student have each caused this Non-Disclosure Agreement to be executed in their respective names by their duly authorized representatives, as of the day and year first above written.

"PROVIDER"	**"STUDENT/OBSERVER"**
EAST ALABAMA HEALTHCARE AUTHORITY	**Name:** _____
2000 PEPPERELL PARKWAY	**Address:** _____
OPELIKA, ALABMA 36801	**City, State** _____
Signature: _____	Student/Observer Signature: _____
Print Name: _____	Student/Observer Print Name: _____

ACKNOWLEDGEMENT

ORIENTATION TO EAST ALABAMA HEALTH

Initial	Topic	Initial	Topic
_____	Identification	_____	Safety
_____	Statement of Mission	_____	Confidentiality
_____	Customer Service Philosophy	_____	Parking
_____	Quality Service Core Values	_____	Infection Control
_____	Sexual Harassment, Abuse & Neglect	_____	Armband System
_____	Corporate Compliance	_____	Fall Prevention
_____	Performance Improvement	_____	Risk Management
_____	Patient Service Fundamental Principles	_____	End of Life
_____	Teamwork, Diversity, & Patient Rights	_____	Restraints
_____	Tobacco-Free Workplace	_____	Abuse Training

I have read and understand the information contained in this booklet. I understand EAH's expectations of me and agree to comply with the policies and practices of the Center.

NAME (PRINT): _____

SIGNATURE: _____ **DATE:** _____

JOB TITLE: _____

COMPANY/SCHOOL REPRESENTED: _____

SPONSOR/SUPERVISOR: _____

EAH Non-Employee Orientation Assessment

1. The values of excellence at EAH are:
    a. Integrity, compassion, helpfulness, communication, and teamwork
    b. Integrity, compassion, excellence, respect, and teamwork
    c. Integrity, compassion, excellence, communication, value
    d. None of the above
2. A student may contact the Joint Commission directly and report a quality concern.
    a. True
    b. False
3. Students promote diversity in the workplace by:
    a. Being open about differences and not assuming anything
    b. Encouraging questions and developing friendships
    c. Not telling ethnic or sexual jokes
    d. All of the above
4. Information regarding patients and Medical Center activities is strictly confidential.
    a. True
    b. False
5. Emergency codes for EAMC –Opelika campus include the following:
    a. Code Red – Fire
    b. Code Pink – Infant/Child Abduction
    c. Code Gray STAT – Workplace Violence
    d. All of the above
6. Visitors, employees, and patients may smoke in designated areas only.
    a. True
    b. False
7. The **single most** important action to prevent the spread of infection is:
    a. Washing your hands frequently
    b. Wearing gloves and changing them after each patient contact
    c. Not touching anything dirty
    d. None of the above
8. A white armband indicates the patient is at high risk for falls.
    a. True
    b. False
9. Students parking areas in Opelika include:
    a. Fourth level of the parking deck for NIGHT hours only.
    b. Upper East parking lot DAYLIGHT hours only.
    c. Any non-designated outer area
    d. All of the above
10. EAMC dress code policy for students is as follows:
    a. Professional program dress requirements (if applicable) and ID badge
    b. Closed toe shoes
    c. No cologne, visible tattoos, or artificial nails
    d. All of the above
11. EAMC Lanier emergency codes are the same as EAMC Main Campus:
    a. True
    b. False

This document is kept on file as evidence of education on hospital protocol. Keep the booklet for your information. For students and/or non-employees there may be other job specific orientation requirements for you to complete in the department to which you are assigned.