



**Children's Hospital Colorado**

Orientation and Training Handbook  
(Non-Employees and Medical Staff)

**March 2015**

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

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## WELCOME TO CHILDREN'S HOSPITAL COLORADO

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

- Reading this material and
- Sending the signed/dated Acknowledgement Card to your appropriate contact/responsible party (listed at the bottom of the Acknowledgment Card).

### Mission

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

### Vision

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

### Values Statement

For a child's sake, we are a **caring community** called to honor the **sacred trust** of our patients, families and each other through **humble expertise**, **generous service** and **boundless creativity**. This is the moment.

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

CATEGORY	DESCRIPTION
<b>Affiliates</b>	<p><b>Staff from Affiliated organizations working at CHCO, such as:</b></p> <ul style="list-style-type: none"> <li>• University Physicians, Inc.</li> <li>• The University of Colorado School of Medicine</li> <li>• University of Colorado Hospital Staff (MedStaff and Nursing must be credentialed)</li> <li>• University of Colorado Health System</li> <li>• Kempe Center</li> <li>• Denver Health</li> <li>• National Jewish Health</li> <li>• Centura Home Health</li> </ul>
<b>Board of Directors</b>	<ul style="list-style-type: none"> <li>• <b>CHCO Board of Directors members</b></li> <li>• <b>CHCO Foundation Board of Directors members</b></li> </ul>
<b>Business Contractors</b>	<p><b>Any contractor providing business services that is not part of an affiliated group, such as:</b></p> <ul style="list-style-type: none"> <li>• Kelly Services</li> <li>• Kempe Foundation</li> <li>• Agency Medical Interpreters</li> <li>• Facilities Operations, e.g., Construction</li> <li>• Contractors</li> <li>• Consultants Environmental Services               <ul style="list-style-type: none"> <li>○ Crothall</li> <li>○ Security</li> <li>○ HSS                   <ul style="list-style-type: none"> <li>▪ Bio-Med</li> <li>▪ Couriers</li> </ul> </li> <li>○ Laundry Hospital Coop</li> </ul> </li> <li>• Valet/Concierge</li> <li>• Copy Center &amp; shredding, e.g., Bayaud</li> <li>• Non-employees who aren't elsewhere defined, who participate in research, whether or not they are receiving funding from the research study.</li> </ul>
<b>Clinical Contractors</b>	<p><b>Any contractor providing care to patients or interacting with patients (not medical staff or allied staff with privileges), such as:</b></p> <ul style="list-style-type: none"> <li>• Travelers, Therapists (Occupational, Physical, Respiratory, Audiology. Speech and Learning)</li> <li>• Advance Practice Nurses</li> <li>• Surgical Techs</li> <li>• Perfusionists</li> <li>• Emergency Medical Technicians</li> <li>• Kaiser Nursing Staff</li> <li>• Aurora Public School Teachers</li> <li>• Peri-operative surgical vendors</li> </ul>

CATEGORY	DESCRIPTION
<b>Employees</b>	<b>Staff Paid by CHCO</b> <ul style="list-style-type: none"> <li>Children's Hospital Colorado</li> <li>Children's Hospital Colorado Foundation</li> </ul>
<b>Medical Staff and Privileged Allied Health</b>	<b>Medical Staff or Privileged Allied Health professionals providing direct patient care</b> <ul style="list-style-type: none"> <li><i>Medical Staff:</i> Medical Doctors (MDs), Doctors of Osteopathy (DOs), Doctors of Dental Surgery (DDSs), Doctors of Psychology (PsyDs), Psychologists, Doctors of Philosophy (PhDs)</li> <li><i>Privileged Allied Health:</i> Physician Assistants, Child Health Associates, Licensed Clinical Social Workers, Dental Assistants, Surgical Assistants, Intraoperative Monitors, others.</li> </ul> <b>Nurse Credential Review Board (NCRB)</b> <ul style="list-style-type: none"> <li>Registered Nurses (RNs), Advance Practice Nurses (APNs), Pediatric Nurse Practitioners (PNPs)</li> </ul>
<b>Remote Users</b>	<b>Users who are never onsite at CHCO but have access to its systems, such as:</b> <ul style="list-style-type: none"> <li>Referring Providers and their Office Staff</li> <li>IT Support Vendors</li> <li>Organizations using EPIC application services, such as PedsConnect Practices</li> <li>Revenue Cycle Vendors and Consultants</li> <li>Researchers off site</li> <li>UPI Remote Support</li> <li>Others</li> </ul>
<b>Volunteers</b>	<b>Volunteer staff for CHCO, such as Junior Volunteers, off-campus Volunteer Chapters and programs.</b>
<b>STUDENTS/INTERNS</b>	
<b>Interns: paid</b>	<b>Employed Student (or non-student) Intern (Paid temporary employees with posted positions)</b>
<b>Interns: unpaid</b>	<b>Student Intern sponsored by an accredited school program when the intern is gaining credit and has to perform certain duties/pre-requisites to meet the education program requirements in the job/field of study.</b>
<b>Trainees/ Students - Clinical</b>	<b>Students completing training at CHCO through contracted, formalized medical education programs and who will be interacting with patients, such as:</b> <ul style="list-style-type: none"> <li>Residents, Fellows (including visiting)</li> <li>Medical students</li> <li>Dental students</li> <li>CHA/PA Students</li> <li>International Trainees</li> <li>Post Graduate (non-physician)</li> <li>Nursing Students</li> <li>Non-medical post grad interns (ASL, PT, OT, RT, Psych, Pharmacy, etc.)</li> <li>Denver Health Emergency Medical Technicians</li> </ul>

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

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

### Professional Boundaries

Professional behavior includes creating boundaries in your relationships with patients and families.

Examples of these boundaries include:

- Not sharing information about one patient or family with another patient or family or with anyone else who does not have a business need to know the information;
- Avoiding interactions with patients or families on social media/networking internet sites;
- Limiting interventions with a patient to those that are within the scope of your profession;
- Providing care only within the approved scheduled work hours; and
- Demonstrating appropriate and professional behavior when encountering family members of current patients in a setting outside of the healthcare site.

Any questions or concerns that surface regarding the appropriateness of relationships with patients and families should be addressed with:

- A direct supervisor;
- Another supervisor within the chain of command;
- A Human Resources representative; or
- Corporate Compliance.

## STANDARDS OF BEHAVIOR

# The Standards of Behavior Promise

From all who work and volunteer at Children's Hospital Colorado

We promise to provide excellence with integrity in all we do

### Quality and Safety

We commit to quality and safety in everything we do.

- We lead the way to national best practices.
- We intervene if we see an unsafe act or condition.
- We report problems when we discover them and we're committed to following them to resolution.
- We provide feedback and engage in process improvements.

### Communication

We use words and actions to communicate our commitment to excellence and integrity.

- We communicate effectively, collaboratively and respectfully.
- We listen to others by giving them our full attention.
- We respect privacy and confidentiality at all times.
- We communicate at the right time, in the right setting, with the right person and the right information to promote the right conclusion.

### Ownership

We take ownership of opportunities and challenges.

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

### Relationships

We build relationships to provide care and service with respect, compassion and integrity.

- We make positive first impressions to create lasting impressions.
- We are courteous and friendly.
- We seek to understand and respect the diverse needs of the people we serve and each other.
- We give support, guidance and encouragement to each other and the children and families we serve.

### Professionalism

We demonstrate professionalism in how we act, what we know, and how we treat others.

- We create solutions in a constructive manner.
- We adhere to our policies, procedures and professional requirements.
- We learn new skills and proactively expand our knowledge.
- We handle challenging workplace situations appropriately.

### Teamwork

We work together toward a common vision.

- We contribute excellence and integrity to all teams on which we serve.
- We recognize our teammates for their achievements.
- We honor the process by celebrating successes and pausing to understand failures.



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## **GENERAL ORIENTATION**

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

### **WORKING AT CHCO**

#### **Authorization Process for Working**

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

#### **Health Screening Procedures**

You are to refrain from coming to the hospital or other CHCO care locations if you have any symptoms suggesting you might have a contagious health concern. All non-employees must have a health screening form filled out by their physician and submitted to their Children's Hospital Colorado contact prior to starting at CHCO. Occupational Health Services (OHS) cannot provide health screening services for you.

You must be aware of how to report injuries and who to report to at your employer for injuries that occur at CHCO. Only CHCO-paid employees and CHCO Foundation members are covered under CHCO workers' compensation policies.

#### **Reporting for Work**

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

#### **Management of Human Resources**

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

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

#### **Identification Badges**

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

#### **Parking**

For CHCO staff, parking by permit is required to use hospital parking lots. Bicycle parking racks are located outside in various locations on the campus. Parking permits are available from the Parking/Access Control office. For specific information, contact Parking/Access Control at 720.777.9775 or visit the Access Control webpage on My Children's Colorado. Parking and Access Control hours of operation are Monday - Friday 7:00a to 4:00p. Special parking arrangements for physical impairment are also handled by Parking/Access Control Services.

## **TRAINING**

### **Annual Training**

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

## POLICIES

### CHCO Policies, Procedures, and Guidelines

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

### Dress Code Policy

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

#### Clothing

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

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

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

#### Inappropriate/not permitted:

- Tight, sheer or provocative clothing
- Visible undergarments
- Clothing displaying bare midriffs or torsos
- Spandex tops, tube tops, halter tops and tank tops
- Tops or dresses with spaghetti straps
- Athletic attire; sweatsuits; hooded sweatshirts (hoodies) unless approved by department manager
- Denim pants of any color, unless manager determines attire is appropriate for assignment/business needs
- Cargo pants, unless manager determines attire is appropriate for assignment/business needs
- Spandex pants, shorts, capris - length above mid-calf
- Hats, unless associated with a departmental uniform or worn for health/religious reasons
- Clothing bearing commercial advertising or a political, controversial, inflammatory, or provocative message

#### Shoes

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

For the Patient Care Team:

- Open-toed shoes may not be worn
- Shoes with fully enclosed heels or secured with a heel strap are preferred, for safety reasons

#### Hair

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

## Nails

(Please see Infection Control – Artificial Nails page 33)

## Jewelry and Body Art

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

### Inappropriate/not permitted:

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

## Non-Smoking Policy

CHCO is a tobacco and smoke-free work environment. Go to the [MyChildrens>Resources>Smoke-free Campus](#) website if you would like more information or assistance in quitting.

## QUALITY AND ORGANIZATIONAL ETHICS

### Improving Organizational Performance

All CHCO quality performance initiatives have gone through organization-wide planning and prioritization, and have been approved by the Executive Team and the Board of Directors.

### Accreditation by The Joint Commission

CHCO is accredited by The Joint Commission. Staff may email a complaint directly to The Joint Commission at the following address ([complaint@jointcommission.org](mailto:complaint@jointcommission.org)) or call 1.800.994.6610. CHCO has a policy on non-retaliation that would apply to anyone reporting to The Joint Commission as well as internal reporting of concerns. See [Non-Retaliation in Reporting Misconduct or Variances](#) on My Children's Colorado.

## Patients' Rights

- Informed Consent
- Patients'/Parents' Rights & Responsibilities
- Patient/Family Education
- Grievance Mechanism for Patients / Families / Legally Authorized Representatives
- Language and Cultural Services at CHCO
- Patient Safety Assessment for Domestic Violence

### Informed Consent

Requires that the patient, and when appropriate, the legally authorized representative, is given a clear, concise explanation of the patient's condition and any proposed treatment or procedures, the potential benefit and drawback of the proposed treatment or procedure, problems related to recuperation, and the likelihood of success. Information is also provided regarding any significant alternative treatment or procedure.

### The Patients'/Parents' Rights & Responsibilities

Brochures and posters inform patients/legally authorized representatives that they may contact the Patient Representative within CHCO and provide the phone number and address of the Colorado Department of Public Health and Environment (CDPHE). Brochures are available for patients and families and posters providing the same information contained in this brochure are hanging throughout the facility. Extra copies of the brochure (in both English and Spanish) can be obtained from the Volunteers and Family Services Department or on My Children's Colorado.

### Patient/Family Education

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



CHCO provides and documents interactive patient education through return demonstration/understanding. There are printed resources that have been developed and are utilized for patients as well (e.g., *In Care of Kids* Handouts on CVC Care).

CHCO supports the education of the patient and family through:

- availability of printed educational materials from the Family Health Library and the Intranet;
- patient/family education focused task forces and committees;
- MD Consult and Nurse Consult on line; and
- approved educational videos, presentations, and teachings.

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

#### Grievance Mechanism for Patients/Legally Authorized Representatives

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

Complaints are:

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

Grievances are:

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

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

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

#### Language and Cultural Services at CHCO

We recognize the importance of providing care to patients and families in the language they can understand. We support the effective delivery of care through the use of trained medical interpreters. Patients and their family members/friends or untrained personnel should not be used as interpreters. For any questions or comments please contact the Medical Interpreters Department at 720.777.9800.

#### *How do I identify my patient's or family member's language needs*

- If you are unable to identify your patient's or family member's preferred written and spoken language by asking them directly, utilize the Interpreter Services Language Identification Card.
- A Laminated Interpreter Services Language Identification Card must be readily available at all times at all check in stations/desks or at any location in which a patient/family member may come to for assistance. This is a regulatory requirement.
- Non-laminated copies of the card should be available at these locations for the patient/family to carry with them if they choose to do so throughout their visit to CHCO. Staff should circle the language of choice so patients and families can carry the non-laminated copy with them allowing other staff to readily identify the need.
- Once the preferred spoken and written language has been identified, the staff member needs to access an interpreter via the Medical Interpreter Department or the telephone service language line.
- Patient care is not to be delayed while waiting for an in-person interpreter. The telephone service language line or video relay interpretation services must be utilized until an in person interpreter arrives if applicable or available.
- Document the preferred spoken and written language in the patient's chart.

- For additional or replacement language identification material, contact the Medical Interpreter Department at 720-777-9800.

*Addressing linguistic needs is required:*

- Office For Civil Rights
  - Title VI of the Civil Rights Act of 1964 states: "No person in the United States shall, on ground of race, color, or national origin, be excluded from participating in, be denied the benefits of, or be subject to discrimination under any program or activity receiving Federal assistance."
- National Standards on Culturally and Linguistically Appropriate Services (CLAS)
- Americans with Disabilities Act (ADA)
- The Joint Commission (JC)
  - **Identifying** and addressing patient communication needs
  - **Collecting** race and ethnicity data
  - **Collecting** language data
  - **Providing** language services
  - **Addressing** the qualifications for language interpreters
- Department of Health and Human Services (DHHS) (4 CFR §46.116 and 117)
- Food and Drug Administration (FDA) regulations (21CFR50.25 and 50.27) require the informed consent information to be presented in a language understandable to the research subject.

*Qualified Bilingual Staff Program*

The Qualified Bilingual Staff (QBS) Program was established to provide another language resource for patients and families. It designates Spanish speaking staff as "competent" to provide a service in Spanish or serve as a Medical Interpreter within their specialty or department. For more information, contact the Medical Interpreter Office at 720.777.9800.

*Sign Language*

CHCO provides sign language interpretation either by an in-person Registry of Interpreters for the Deaf (RID) certified interpreter or by video remote interpretation (VRI) services for patients and parents/legally authorized representatives who are deaf or hard of hearing.

*Telephonic interpretation through Cyracom*

24 hour telephone language services can be accessed from any analog phone or digital phone by dialing 1-800-481-3293. You may use the Cyracom phones in the rooms or from any PCD (a CHCO portable communication device). You will need a department pin number. Residents and medical students, please check with your GME office. Other personnel please check with your Department Manager.

*How to Access an Interpreter*

- All CHCO Locations (except CHCO Memorial)
  - The Medical Interpreters Department phone number is X79800 or call the House Supervisor after hours for assistance.
  - For 24 hour telephone language services, please use a blue phone, speed dial on Cisco phones where applicable, dial 1-800-481-3293 from any phone or X61111 from any PCD (Cyracom account number: 501016867, your pin number- please contact the Medical Interpreter Department if you need a new pin).
- CHCO Memorial Locations
  - The Medical Interpreters Department number is X52690 for all language services/needs.

Patient Safety Assessment for Domestic Violence

Domestic violence is a healthcare issue for many families and can be especially harmful to children who are vulnerable. It's estimated that 3-4 million women are battered in this country each year ([www.Safehorizons.org](http://www.Safehorizons.org)). When the parent of a child is being abused, the child in the home is also at greater risk for abuse than those children growing up in nonviolent homes. In homes where there is domestic violence, studies estimate the number of children at risk for exposure to family violence to be between 3.3 million and 10 million (Domestic Resource Center, [www.dvrc-or.org](http://www.dvrc-or.org)). Staff in clinical areas are taught about screening for domestic violence.

## VISITORS

### Vendors

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

Please review the policies and ensure you are familiar with the information: [Vendor Policy](#) and the [Business Ethics: Gifts Policy and Interactions with Vendors](#)

Do:

- Make sure the vendor representative is registered and signed into the vendor management system computer when they visit CHCO;
- Ensure the representative has an appointment;
- Make sure the vendor is wearing a temporary vendor badge produced by the vendor management system (check the date on the badge!);
- Use the Value Analysis Team (VAT) and ePro process for purchasing new products.

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

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

Don't:

- Don't accept gifts from vendor representatives including:
  - Pens, notepads, mugs, bags, etc.
  - Sporting event or concert tickets
  - Meals
  - Gift cards and food (gift baskets, cakes, etc.)
- Don't allow vendors:
  - On the nursing units, in other patient treatment rooms, or labs without staff escort.
  - In any storerooms.
- Don't accept and distribute samples
  - Exceptions are approved by Materials Management (example: formula provided by nutrition services).
- Don't accept speaking relationships and contracts without having them reviewed and approved.

Per the [Guidelines for Visitors Who Conduct Business at Children's Hospital Colorado](#) handout, vendors are not allowed to provide food or gift baskets for CHCO staff. If a vendor does provide food or a gift basket, it must be taken to the Volunteer office to be donated to patients and families.

CHCO aligns with Healthcare Industry standards for policies and guidelines surrounding vendor interactions. Please see the [PhRMA Code on Interactions with Healthcare Professionals](#) and [AdvaMed Code of Ethics](#) for more information.

### Bringing Your Child to Work to Perform Work for CHCO

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

If you have questions, please contact Corporate Compliance at 720.777.2566.

## CORPORATE COMPLIANCE PROGRAM

March 2015

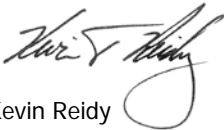
To All Staff at Children's Hospital Colorado:

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

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

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

*Sincerely,*



Kevin Reidy  
Chairman, Board of Directors



Jena Hausmann  
President and Chief Operating Officer  
Interim CEO

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### CODE OF CONDUCT

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

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

The Compliance Officer is responsible to the Board of Directors in this capacity. One of the Compliance Officer's primary responsibilities is to help you understand our *Code of Conduct* and the elements of the Corporate Compliance Program. If you ever have questions about what is the right thing to do, don't hesitate to call the Corporate Compliance Program at 720.777.2566.

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

### THE ABCS OF APPROPRIATE BUSINESS CONDUCT



#### **Be sure you know your ABCs!**

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

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

**Behavior** – be on your best ...

Organizations more and more are emphasizing the importance of behaviors such as our six Standards of Behavior: Teamwork, Professionalism, Communication, Relationships, Quality and Safety, and Ownership.

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

According to The Joint Commission:

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

### **Conflicts of Interest**

Anytime a person's judgment and discretion are influenced by potential personal or financial gain, a conflict of interest may exist. It is your responsibility to be aware of, avoid when possible, and disclose Conflicts of Interest when they exist. CHCO respects your right to engage in activities outside your work if they do not conflict with or reflect badly upon the institution.

**Copyright** laws can be viewed in 2 different ways:

- (1) Protecting an original work of an individual (e.g., articles, photographs, books, movies, computer software, and advertising); and
- (2) Avoiding violations of someone else's copyright.

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

**Data Integrity** and confidentiality of data-information must be followed.

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

### **Deficit Reduction Act**

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

The DRA provisions cover a broad spectrum of federal and state programs ranging from agriculture and energy to student loans and healthcare. This act contains four provisions that affect children's hospitals' compliance programs including:

- Requiring certain entities to provide employee education about false claims recoveries and whistleblower protections (see policy: [Non-Retaliation in Reporting Misconduct or Variances](#)).
- Financially rewarding states that pass a false claims act law with provisions similar to the Federal False Claims Act.
- Establishing a Medicaid Integrity Program.
- Requiring citizens to demonstrate Medicaid eligibility by producing evidence of citizenship.

### **EMTALA** Emergency Medical Treatment and Labor Act

CHCO is committed to providing emergency medical care to all individuals in need without regard to a person's ability to pay. An appropriate medical screening exam must be provided to all patients who present at any facility within CHCO with a dedicated emergency department for care to determine if an emergency medical condition exists. If it is determined that an emergency medical condition exists, appropriate stabilization and/or treatment will be provided. No patient will be transferred to another facility unless stabilized or unless a determination has been made that the benefits of transfer outweigh the risks to the patient or the patient otherwise agrees.

**Ethics** means doing the right thing.

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

### False Claims Act(s)

- Children's Hospital Colorado is dedicated to remain in compliance with the Federal False Claims Act as well as False Claims Acts enacted by States where patients who receive care from CHCO reside or States to which CHCO submits claims.
- False Claims Act(s) (FCA) is one of the most important tools available to state and federal governments to deter fraudulent billing. It is used to discipline healthcare providers who knowingly submit false claims or knowingly make false statements to Medicare, Medicaid or other federal healthcare programs.
- The Federal FCA provides for civil penalties of at least \$5,500 per claim up to \$11,000 per claim, plus three times the amount of damages and potential exclusion from participation in Medicaid and other healthcare programs.
- The FCA(s) includes a qui tam (whistleblower) provision that allows a private person to bring a lawsuit in the name of the U.S. if he or she has personal knowledge of a false claim. The claim must be presented to the government which has 60 days to decide whether to intervene and pursue the action. If the government declines to proceed, the individual may bring the action directly.

### Goals of the Corporate Compliance Program:

- to prevent unlawful or unethical behavior;
- to stop any such behavior as soon as possible after it is discovered;
- to discipline those involved in the behavior; and
- to avoid any recurrence of the violation.

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

### Identity Theft

We have an *Identity Theft Prevention Program* policy and procedure that identifies potential "red flags" for identity theft that may surface while caring for a patient.

- All care providers are responsible for immediately notifying their direct supervisor, manager, or director of any circumstance that arises with a patient or patient's family that creates doubt or suspicion regarding the integrity and accuracy of the patient's health or insurance information provided.  
An example: the patient's age and weight do not appear to match what is in the medical record.
- The supervisor, manager or director should forward the information to the Privacy Officer at ext. 720-777-5834 or [privacy@childrenscolorado.org](mailto:privacy@childrenscolorado.org).

### Information Security

*"Whatsoever I shall see or hear in the course of my profession, if it be what should not be disclosed, I will never divulge, holding such things to be holy secret."* - Hippocrates, 400 B.C.

#### Information Security Basics

- Be aware that your conversations may be overheard
- Dispose of confidential information in secured bins
- Don't leave computers logged on and unattended
- Don't share your password!
- Don't store protected health information on unencrypted portable media (i.e. laptops, flash drives, CDs/DVDs)
- Don't email unencrypted patient information to recipients outside of CHCO.

### Joint Commission (JC)

Standards require CHCO to comply with applicable laws and regulations. The JC may arrive on our doorstep for a review at any time – so our organization practices a "state of continued readiness".

Kickbacks of any kind – cash, services, or facilities – are expressly forbidden under the anti-kickback provision of federal and state law. No employee, staff, volunteer, or member of the medical staff may engage in any activity that

could be construed as an improper referral or payment without prior review by appropriate CHCO leaders and legal counsel.

### **Language Needs**

By law, hospitals are required to provide communication to patients and their families in languages they can understand. See Language and Cultural Services at CHCO section on page 9.

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

### **National Patient Safety Goals - 2015**

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

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

#### **Goal 1 – Improve the accuracy of patient identification.**

- Use Two Patient Identifiers (NPSG.01.01.01) – use at least two patient specific identifiers to make sure each patient receives the medication, treatment, or services meant for them and match the service or treatment to that patient. Label specimen containers in the presence of the patient. The patient's room number or physical location is not used as an identifier.
- Eliminate Transfusion Errors (NPSG.01.03.01) – use a two-person verification process to match the blood or blood component to the order and to match the patient to the blood or blood component.

#### **Goal 2 – Improve the effectiveness of communication among caregivers.**

- Report Critical Results of Tests and Diagnostic Procedures on a Timely Basis (NPSG.02.03.01) – quickly provide these test results to the responsible licensed caregiver. Make sure you receive confirmation that the results were correctly understood. Critical results of tests and diagnostic procedures fall significantly outside the normal range and may indicate a life-threatening situation.

#### **Goal 3 – Improve the safety of using medications.**

- Label Medications (NPSG.03.04.01) – label all medications and other solutions that are not already labeled, for example syringes, cups and basins on and off the sterile field in perioperative and other procedural settings even if there is only one medication.
- Reduce Harm from Anticoagulation Therapy (NPSG.03.05.01) – take extra care with patients who take medications to thin their blood.
- Maintain and Communicate Accurate Patient Medication Information (NPSG.03.06.01) – Record and pass along correct information about a patient's medications. Find out what medicines the patient is taking. Compare those medicines to new medications given to the patient. Make sure the patient knows which medicines to take when they are at home. Tell the patient it is important to bring their up-to-date list of medicines every time they visit the doctor.

#### **Goal 6 – Alarm Safety**

- Make improvements to ensure that alarms on medical equipment are heard and responded to on time (NPSG.06.01.01)

#### **Goal 7 – Reduce the risk of healthcare-associated infections.**

- Practice Hand Hygiene (NPSG.07.01.01) – follow hospital hand hygiene guidelines (adapted from Centers for Disease Control and Prevention or World Health Organization)
- Prevent Multidrug-Resistant Organism Infections (NPSG.07.03.01) –implement evidence-based practices to prevent infections that are difficult to treat.
- Prevent Central Line-Associated Blood Stream Infections (NPSG.07.04.01) – implement evidence-based practices to prevent central line-associated bloodstream infections.

- Prevent Surgical Site Infections (NPSG.07.05.01) – implement evidence-based practices for preventing surgical site infections.
- Prevent Catheter-associated Urinary Tract Infections (NPSG.07.06.01) – implement evidence-based practices to prevent indwelling catheter-associated urinary tract infections (CAUTI).

**Goal 15 – The hospital identifies safety risks inherent in its patient population.**

- Identify Patients at Risk for Suicide (NPSG.15.01.01)

**Universal Protocol for Preventing Wrong Site, Wrong Procedure, and Wrong Person Surgery™**

- At a minimum:
  - Conduct a Pre-Procedure Verification Process (UP.01.01.01)
  - Mark the Procedure Site (UP.01.02.01)
  - Perform a Time-Out (UP.01.03.01)
  - For perioperative setting follow CHCO policy, "[Universal Protocol: Verification of Correct Patient, Correct Procedure and Correct Procedure Site](#)"

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

**Never Events**

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

The Joint Commission (JC), Centers for Medicare and Medicaid Services (CMS) and the National Quality Forum (NQF) address these medical errors in different ways: sentinel events, near misses, and adverse events. Hospitals must address billing practices when these incidents happen – e.g., CMS will not pay for the following identified "Never Events":

1. Foreign Object Retained After Surgery
2. Air Embolism
3. Blood Incompatibility
4. Stage III and IV Pressure Ulcers
5. Falls and Trauma (fractures, dislocations, intracranial injuries, crushing injuries, burn, other injuries)
6. Manifestations of Poor Glycemic Control
7. Catheter-Associated Urinary Tract Infection
8. Vascular Catheter-Associated Infection
9. Surgical Site Infection, Mediastinitis, Following Coronary Artery Bypass Graft
10. Surgical Site Infection Following Bariatric Surgery for Obesity
11. Surgical Site Infection Following Certain Orthopedic Procedures
12. Surgical Site Infection Following Cardiac Implantable Electronic Device
13. Deep-Vein Thrombosis/Pulmonary Embolism Following Certain Orthopedic Procedures
14. Iatrogenic Pneumothorax with Venous Catheterization

**Non-Discrimination**

As an affirmative action, equal opportunity employer, CHCO abides by all laws pertaining to equal employment practices.

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

**Occupational Health and Safety**

We are committed to protecting the health and safety of all staff and to complying with federal, state, and local health and safety laws and regulations.



### Privacy

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

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 changed the way we do our business and also the way we teach. You are not allowed to go into a patient's record if you are not involved in Treatment, Payment, or Operations.

"Operations" would include:

- formally sanctioned and structured educational initiatives (e.g., Morbidity & Mortality Review) and
- quality improvement initiatives (e.g., outcomes evaluation, and development of clinical guidelines and protocols).

If you are not sure about whether you should access a patient's record, contact CHCO's Privacy Officer (x75834). Please respect patient privacy.

### Politics

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

### Quality of Care

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

### Reporting and Risk Management

For events which are reportable to the Colorado Department of Public Health and Environment (CDPHE), CHCO staff members are the eyes and ears of patient care at CHCO.

Our frontline staff members are usually the first to know about events that may meet mandatory reporting requirements and it is expected that everyone at CHCO knows the events that are considered reportable. The Risk Management department is responsible for filing reports that meet CDPHE requirements. Timely reporting to Risk Management at CHCO is essential, as the CDPHE expects that a preliminary report be submitted by the end of the next business day. Failure to report events in a timely manner may result in CHCO being cited for reporting deficiencies. Summaries of all reportable events are edited to remove any identifying information and are made available to the public on the CDPHE website at <http://www.cdphe.state.co.us>. In order for an event to be reportable, it must have occurred as result of something that took place at CHCO. The general categories of patient care events that are reportable are:

- physical, sexual, or verbal abuse
- brain injuries
- second or third degree burns
- unexpected deaths
- drug diversion
- life threatening complications of anesthesia
- life threatening transfusion errors or reactions
- malfunction or misuse of equipment that resulted in actual or potential harm
- misappropriation of patient property
- missing persons
- neglect
- spinal cord injuries

If you suspect that one of these reportable events has occurred, please notify Risk Management immediately. This can be done via phone call (720-777-RISK (7475)) or email, in addition to a QSRs report. The CDPHE manual defines the reporting criteria for each of these events more specifically. Risk Management personnel will perform an initial investigation and determine if the event meets the reporting criteria. A preliminary report will be filed online with CDPHE. Further investigation and follow up will be completed by Risk Management as needed.

### Research

Clinical research compliance includes adherence to...

- Human subjects' protection
- Informed consent
- Conflicts of interest and financial disclosure regulations
- HIPAA/Privacy in relation to research
- Appropriate use of research funds
- Research misconduct
- Responsible conduct of research

If you participate in research you must have documentation of the following training:

- Responsible Conduct of Research (CITI training)
- Human Subjects' Protections (CITI training), *if applicable*
- HIPAA (HIPS)
- Research CHEX training (annual)
- Role-specific EPIC training, *if applicable*
- IATA training (to ship samples), *if applicable*

### Sales Representatives (aka drug reps, vendors, industry reps)

Codes of Ethics are established by professional associations for the drug industry (PhRMA) and the device industry (AdvaMed) – changing the culture significantly around how we relate to these reps. Our policies address these topics:

- Gifts and Meals
  - Drug and Medical Device Samples
  - Travel and Paid Attendance at Meetings
  - “No Strings Attached” Grants
  - Participation on Speakers' Bureaus
  - Ghostwriting
  - Disclosure of Conflicts of Interest

### Sexual harassment

CHCO prohibits all forms of sexual harassment and will investigate all complaints.

### Stark Law

Non-monetary compensation given to physicians or immediate family members by hospitals cannot exceed an annual amount adjusted by the government each year, which is \$392 for 2015, according to the Stark Law.

- Examples of what would be included in that dollar amount are:
  - Food - such as holiday turkey, ham or pie
  - Event Tickets: golf tournaments, sporting events, concerts and performances, hospital sponsored functions
  - Service Awards
  - Thank you gifts (e.g., lab coats)
  - Flowers for special occasions (e.g., birth of a child, death of a parent)
  - Exempt from this:
    - Incidental medical staff benefits such as food in medical staff lounges
    - Meals at off-campus business meetings.
- Gift certificates that are redeemable for a variety of items are considered cash equivalents and do not fall within the Non-Monetary Compensation or Incidental Medical Staff Benefits exceptions and cannot be given to physicians under any circumstances.

Treat customers, employees, staff, volunteers, medical staff, suppliers, and contractors fairly and honestly at all times, without discrimination or deception, in a respectful manner. Constantly practice appropriate business conduct.

Under the influence? Don't even think about coming to work! In addition, the use or possession of illegal drugs or alcohol on CHCO property is prohibited.

### Violence in the workplace, prevention of

We are committed to maintaining a safe environment for staff, patients, their families, and visitors. Violence or intimidation of any type on any CHCO premises will not be tolerated. Report to supervisor(s) and to the Security department any violent behavior by any person.

**Waste** disposal and other environmental concerns

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

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

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

**Zero** tolerance!

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

**KNOW HOW TO ASK QUESTIONS AND REPORT YOUR CONCERNS**

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

- Your Supervisor, Manager, Director, or Vice President
- Corporate Compliance, 720.777.2556
- The Compliance Hotline 1.866.568.5420 or <https://childrenscolorado.alertline.com>.
- Human Resources (for employee/personnel issues)
- My Children's Colorado and click on 'the Complete *Code of Conduct*' Manual

**BILLING COMPLIANCE – PAYMENTS FROM PATIENTS, FRAUD AND ABUSE, FEDERAL LAWS**

**Billing Compliance**

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

Many staff members at CHCO play a part in making sure billing is accurate.

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

**Payment from Patients**

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

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

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

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

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

It's the responsibility of all patient-care staff to:

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

### **Fraud and Abuse**

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

#### **Examples of Fraud**

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

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

#### **Examples of Abuse**

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

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

See [False Claims Act\(s\)](#) in the ABC's of Appropriate Conduct on page 14.

## Applicable Laws (Federal and State)

### Deficit Reduction Act (DRA)

- See [Deficit Reduction Act](#) in the ABC's of Appropriate Conduct on page 13.

### False Claims Act (FCA)

- See [False Claims Act\(s\)](#) in the ABC's of Appropriate Conduct on page 14.

### Civil Monetary Penalties Law

This law imposes penalties on anyone who:

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

### EMTALA

EMTALA is the Emergency Medical Treatment and Labor Act (EMTALA). EMTALA is a federal statute that ensures an individual will have access to emergency services regardless of an individual's ability to pay.

EMTALA obligates us to screen all patients who present themselves as having an emergency medical condition (including a pregnant woman in labor).

EMTALA applies to CHCO locations with:

- Dedicated emergency departments
- Urgent Care Centers

EMTALA requires a facility to...

- Provide an appropriate Medical Screening Exam (MSE) to determine if an Emergency Medical Condition (EMC) exists AND
- If an EMC exists, then the facility must stabilize the EMC within its capability and capacity (this may include admission OR transfer to a facility with specialized capabilities).

#### *EMTALA - Sample Case*

A middle-aged male approaches the Emergency Department registration area and states that he would like to go to University Hospital. You give him directions to University Hospital and he leaves without any further conversation. Is this an EMTALA Violation?

Answer: NO!!

Why: Because the individual did not ask for any medical services, only directions.

NOTE: If this person had displayed behavior that would lead even a prudent layperson to believe that an emergency medical condition did exist, you would have to offer a medical screening. This includes the instances where individuals present anywhere on CHCO property such as the atrium or parking lot. See [Maps of CHCO hospital property parameters](#) for defined areas that would trigger CHCO's EMTALA obligations.

CHCO policy regarding EMTALA: [EMTALA \(Emergency Medical Treatment and Labor Act\)](#). The policy includes a Quick Reference Grid listing CHCO locations and our EMTALA obligations for each.

#### *EMTALA - the simple rules*

Never turn away a patient who is requesting treatment from the facility once they are on a CHCO care site property. Always perform a medical screening if the patient is requesting services. Make sure you document everything!

## **RESEARCH COMPLIANCE**

### Children's Hospital Colorado Research

Children's Hospital Colorado's pediatric research efforts formally began in 1978. Today, CHCO is recognized worldwide for our research in the diseases of newborns, children, adolescents and teens. Child health research is at the core of our commitment to deliver the best clinical care for kids. With each patient we see, our physicians and caregivers seek to improve outcomes and deliver world-class care.

All human subject research is approved by an Institutional Review Board (IRB). At CHCO, we utilize three IRBs: Colorado Multiple Institutional Review Board (COMIRB), Western Institutional Review Board (WIRB), or National Cancer Institute (NCI) Central Institutional Review Board (CIRB). COMIRB also serves as our privacy board and reviews all studies to make sure that HIPAA requirements have been met.

### **Organizational Research Risk & Quality Improvement Review Panel (ORRQIRP)**

CHCO has implemented a COMIRB sanctioned, multidisciplinary, hospital-based committee offering an alternative review process for investigators seeking to do Quality Improvement using systematic evaluation with intent to publish. The Organizational Research Risk & Quality Improvement Review Panel (ORRQIRP) is charged with

- reviewing greater than minimal risk studies to determine feasibility and acceptable levels of organizational risk with the goal of enhancing research at CHCO; and,
- providing oversight of program evaluation and quality improvement projects.

### **Research Study Operations**

A single-entry campus-wide human subject research submission portal ([www.UCDenver.edu/HSRPortal](http://www.UCDenver.edu/HSRPortal)) has been created to eliminate redundancy and avoid confusion for those engaged in Human Subject Research. It is a new, online "one stop shop" site where researchers, study coordinators, and others involved in human subject research can easily navigate the project approval process. Members of the research community including professionals working at the University (including the CTRC), Children's Hospital Colorado, and University of Colorado Hospital can coordinate efforts for the submission and approval of your research project.

For the past several years the Research Institute (RI) of Children's Hospital Colorado has been going through a transformation in terms of leadership and management of clinical studies. The RI has implemented a variety of new processes and systems to improve the management of clinical studies. Most recently, the RI has taken on the task of improving the study start-up process, budgeting and patient tracking in order to create a centralized and efficient information resource for study teams. We are referring to this application as the Children's Research Management System (CRMS). For questions or training, you can contact [CRMS@childrenscolorado.org](mailto:CRMS@childrenscolorado.org).

### **Electronic Medical Record (EPIC)**

In December of 2010, CHCO made EPIC our research system for documentation. The importance of consistent EPIC use for research is a matter of regulatory and operational compliance. Achieving a common, high quality EPIC use plan for all studies will foster efficiencies in study management allowing for the much anticipated growth of research work at CHCO. Therefore, research projects that involve patient visits must be tracked within EPIC.

All research encounters within EPIC are protected and placed behind Break the Glass (BTG). The best effort you can make to protect a research subject's information and privacy is to document research information within the research encounter ONLY. Each participant must have a scheduled research visit and research encounter such that documentation can be placed on a progress note within the research encounter in EPIC.

EPIC training is required for all those who will need to have access to the EMR for data abstraction, documentation, orders, or administering care for research subjects at CHCO. Understanding EPIC functionality and workflows is the responsibility of all research personnel performing research.

### **Signatory Officials**

Only the Research Institute can approve research related legal documents for signature by the signatory officials. Principal Investigators cannot sign any research related legal documents such as a CDA, CTA, MTA, or DUA. Executive Team members are authorized by the Board of Directors to sign legal documents on behalf of CHCO.

### **Research Compliance**

All investigators conducting research using human subjects must be aware of and comply with the various regulations (International, Federal, State, local and hospital) governing the conduct of human subject research.

CHCO Research Policies can be located on My Children's Colorado or contact the Research Compliance Officer at 720.777.4512.

### **Research Misconduct**

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

Research misconduct is defined as "fabrication, falsification or plagiarism in proposing, performing or reviewing research, or in reporting research results." Examples include intentional misrepresentation or selective reporting of data. Honest errors, authorship disputes and sloppy record keeping may violate accepted professional norms but are not considered research misconduct.

CHCO, along with the agencies that fund research conducted here, have explicit policy requirements related to allegations, investigations and reporting of research misconduct. Integrity and conscience demand not only personal adherence to ethical standards, but reporting of suspected violations of those standards. Responsibilities in this regard are codified in the policy on research misconduct.

Reports of research misconduct are investigated internally by a team led by the Research Compliance Officer. Reporting such concerns in good faith is a service to CHCO and to the larger academic community, and will not jeopardize anyone's employment. Efforts are made to protect both the complainant and the respondent during the investigation. Per federal regulations, findings of misconduct must be reported with full disclosure and are a matter of public record.

Refer to CHCO policy [Responding to Allegations of Research Misconduct](#) for more information.

### **Conflict of Interest (COI)**

CHCO is collaborating with UCD for research COI Disclosure. Key Personnel will disclose annually for themselves and their family members to UCD through completion of the Conflict of Interest Disclosure in InfoED for review by the UCD Conflict of Interest Committee (COIC). Disclosure statements must be updated within 30 days of a material change in financial, professional, or business interest. Refer to policy [Research Conflict of Interest](#) for more information.

### **Registering with ClinicalTrials.gov**

CHCO has partnered with UCD for registering studies with ClinicalTrials.gov. If you need help registering your study or are not sure if you should register, please contact the University's Clinical Research Support Center at 303-724-1111, or review the information at their website at [ClinicalTrials.Gov](#).

## **INFORMATION - SECURITY - PRIVACY & CONFIDENTIALITY**



### **INFORMATION**

#### **What is Information?**

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

#### **Why is Information Important?**

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

### **SECURITY**

#### **Personal Internet Technology Use** (See [Personal Internet/Technology Use](#) Policy)

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

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

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

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

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

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

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

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

### **PRIVACY & CONFIDENTIALITY**

#### **HIPAA and Protected Health Information (PHI)**

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

#### *Handling and disposing of hard copy PHI:*

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

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

#### *Emailing of PHI:*

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



NEVER share your ID or password with ANYONE:

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

Contact the Information Security Department for assistance if you are unable to access information needed to do your job. You should also NEVER leave a computer workstation or EPIC session logged in with your ID and password when you walk away from a computer for more than a few seconds.

#### *Governmental Fines for Patient Privacy Breaches*

The Health Information and Technology Act passed in 2009 and the "Omnibus Final Rule" passed in 2013 specify that healthcare organizations face fines for breaches of PHI and other HIPAA violations, and must give notification of privacy breaches to patients, to the government, and also to the media.

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

#### **Continuity of Operations (COOP)**

COOP is the initiative that ensures that all departments are able to continue operation of their essential functions under a broad range of circumstances. The COOP Steering Committee at CHCO plays a critical role in identifying the potential vulnerabilities and the impact such disruptions could have on the organization. It provides a framework for hardwiring contingency protocols that allow for continuity in the delivery of high quality patient care. Per the JC standards and CHCO Policy, CHCO must conduct preparedness exercises to demonstrate our organization's readiness.

Examples of when a COOP is necessary may include:

- disasters
- catastrophic events
- weather
- fires
- system failures
- extended technology downtime

Departments and Service Areas are responsible for updating their respective COOP plans annually. All directors, managers, and department or service liaisons are responsible for educating their staff on COOP resources pertinent to their respective unit, clinic, or service.

## **HEALTH INFORMATION MANAGEMENT (HIM)**

#### **The vision of HIM:**

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

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

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

## General Principles of Documentation

Documentation should be entered:

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

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

A complete medical record contains sufficient information to:

- Identify the patient
- Support the diagnosis
- Justify treatment
- Document course and results
- Promote continuity of care among providers

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

## Release of Information (ROI)

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

Use the guidelines below with regard to release of information:

- If a patient or family member requests medical records refer them to the Release of Information (ROI) Department.
- Printing copies from EPIC is strongly discouraged. Please contact ROI 720.777.4259.
- Refer all requests for chart viewing to the ROI Department.
- If a provider needs a patient's previous record that is not already in EPIC, please call HIM (720.777.6343, Option 1) to request the record. For all other requests, staff may access My Children's Colorado, click on Department Web Sites, click Health Information Management, click the Chart Request link (menu option on the right side of the page), click HIM Chart Request Form and fill out the requested information. The request will then be submitted to HIM electronically and will be facilitated within the indicated time requirements.
- If records are needed for research and/or an audit, the HIM/ROI Manager should be contacted to facilitate need. In general, research records will not be provided until an approved COMIRB authorization has been received by the ROI Manager, and for audit purposes there should be contracts and/or agreements in place or provided to the ROI Manager before access can be granted. The scope and purpose of the aforementioned concerns must be outlined so that the appropriate access can be granted.

## Code Selection

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

## ADVANCE DIRECTIVES

### Advance Directives Institution Requirements

A 1990 federal law called the "Patient Self-Determination Act" was enacted to increase public awareness of patients' rights to make choices and decisions about the types and extent of medical care they want to accept or refuse.

Hospitals are required to:

- Provide adult patients (18 years and older), at the time of inpatient admission, information about their right to make decisions about their medical care, including the right to refuse care, and their right to formulate advance directives.

- Provide them with information about our policies respecting the implementation of such rights.
- Ask whether they already have an advance directive.

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

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

In Colorado, an advance directive can be:

- A living will;
- A medical durable power of attorney; or
- A CPR directive.

## **PHYSICAL SECURITY SERVICES**

### **Reporting Procedures**

Your eyes and ears are essential to the safekeeping of our facilities. An important aspect of security is your involvement and communication with the security staff.

- Report all missing property, acts of vandalism, or other unusual occurrences to security staff immediately.
- Be aware of strangers. If an individual's identity or business is unknown, ask if you can assist them. If you receive an unsatisfactory reply to your questions or if you observe suspicious activity, contact security immediately.
- All calls to security are answered by a dispatcher that is in constant contact with patrolling security officers via two-way radio.

When calling security, please follow the steps below:

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

### **Escorts**

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

### **Lockouts**

If you find yourself locked out of your work area or vehicle, call Security for assistance. Proper identification may be required before access can be granted. Security does not carry keys to all departments. CHCO has an agreement with a local pop-a-lock for discounted lockout service.

### **Property Inspections**

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

### **Workplace Violence and Weapons Policy**

CHCO has zero tolerance for abusive or threatening behavior of any kind. Weapons of any kind are not allowed on CHCO property. In the event of an immediate threat or disturbance call Security at ext. 76301 for the Anschutz Medical Campus or ext. 86301 for the South Campus. At off-campus locations with on-site security, call the appropriate security number for the site, for off-campus locations without on-site security call 911 to alert the local law enforcement agency for assistance. If the situation is not an immediate threat, contact the director, manager, or supervisor of the area in which the incident occurred. (See "Code Silver" on page 30).

## Security and You

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

## FACILITIES OPERATIONS

### Safety Education

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

### Variance/Incident Reporting

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

- **Security incidents** may include theft, violence in the workplace, vehicle accidents, or anything else you would normally report to the police. To report a security incident, call CHCO security at ext. 720.777.6301 (7.6301) or activate the HELP boxes in the parking lots and the responding security officer will assist you and fill out the report with information you provide.
- **Staff injuries** include on the job incidents resulting in staff injury, or aggravation of a pre-existing condition. If you are injured on the job, notify your supervisor and go to Occupational Health Services (OHS) as soon as possible (go to the ED if OHS is closed) and they will initiate the injury report. If you are not a CHCO employee, your own employer should inform you of where to go for treatment for work-related injuries.
- **Variances** - the QSRS Online Incident Reporting System should be used to report all safety events, errors and near misses. All staff may enter an incident into QSRS by accessing the QSRS Quick link on the My Children's Colorado home page and logging in using their CHCO username and password. This system should be used to enter all events relating to all in-patients, out-patients, employees, non-employees, locations (person not applicable) and visitors.

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

## HAZARDOUS MATERIALS AND WASTE

### Hazard Communication

CHCO:

- has a written Hazard Communication Policy that can be found on My Children's Colorado;
- maintains an accurate inventory of chemicals in the workplace; and

- provides annual staff training about chemical hazards, personal protection, and how to find and use a Safety Data Sheet (SDS).

SDSs can be found on My Children's Colorado and must also be kept in paper form in the department (if there would be a situation where they could not be accessed electronically). SDSs communicate the risks involved with handling chemicals in our workplace.

SDSs provide chemical information including:

- Health/physical hazards and properties
- Proper labeling
- Storage requirements
- Personal Protective Equipment (PPE)
- Spill response and disposal guidance

### Hazardous Material Spills

Excess hazardous chemicals or spill cleanup materials are sent to the appropriate Waste Hold for management pending disposal.

- Exception: all DEA controlled substances must be witness wasted down a drain or toilet.
- Hazardous pharmaceutical waste (with a black dot) is placed in black containers. Full containers are placed in the Chemical Hold.
- State regulated pharmaceuticals (any drug that is NOT a DEA controlled substance or black dot material) is placed in blue pharmaceutical waste containers. Containers are serviced by a contractor and placed in the Biohazardous Hold.
- Radioactive waste is placed in the Radioactive Hold. Radioactive sources that are below useful radioactive levels are returned to the manufacturer.
- Biohazard material is deposited in RED containers and trace chemotherapy waste is deposited in YELLOW containers. These are then placed in the Biohazardous Hold.
- Certain common items are also required to be collected and managed to proper disposal locations.

These include:

- Fluorescent lamps - collected and managed by the EOC Technicians
- Rechargeable batteries - collection station is located in the Biomed Department (Lower Level)
- Aerosol cans - collection drum is located in the Mechanical Shop (Lower Level)
- Electronic devices - collected and managed by the IT department
- Mercury containing devices - contact the Environmental Compliance and Sustainability department for disposal
- Certain pesticides - managed by contracted services provider

### Hazardous Waste – RCRA Compliance

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

### EMERGENCY MANAGEMENT

**CHCO CODES** – For the Anschutz Medical Campus. If you work at a Network of Care site, please contact your supervisor to identify which codes apply at your location. For more information on codes, please review the [Emergency Conditions and Basic Staff Response](#) chart.

<b>CODE</b>	<b>Refers to:</b>	<b>To Activate Call</b>
BART	Security Assist (Patient)	7.5555
Black	Bomb threat	7.6301
Blue	Medical emergency	7.5555
Chemical Spill	Chemical spill in facility or on campus	7.6893
Evacuation	See Relocation Form	7.5555
Green	Security Assist (Non-Patient)	7.6301
Influx of Patients	A large surge of patients	7.5555
Missing Child	6 months or older	7.5555
Mr. Gallagher	Fire	7.5555
PINK	Infant abduction	7.5555

Silver	Active Shooter	911
Tornado	Watch, Warning or Implement Plan	7.5555

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

**Code Silver (Instructions for Calling 911)**

Staff will initiate a Code Silver when they are witness to an individual brandishing a weapon or actively shooting within the facility or on facility grounds.

Staff will dial 911 and provide the following information:

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

NOTE: To evacuate through locked doors the blue emergency door release can be used.

**Emergency Call-Back**

CHCO staff may be called on to perform above and beyond their normal responsibilities in case of a disaster in the community or to our facilities. If an emergency unexpectedly increases our number of patients or prevents staff from getting to work, an emergency call-back may be done for staff not at work.

- **Licensed Independent Practitioners**, who do not have a specific assignment in the Emergency Management Plan, report to the Labor Pool after it is activated.
- **Non-patient care staff and offsite staff**, dependent upon the disaster and staffing needs, will follow their department specific policy or report to the Labor Pool to be reassigned to units and duties as needed.

**Emergency Plans**

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

**Emergency Management Drills**

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

**FIRE PREVENTION**

**Fire Identification**

Staff should immediately activate the fire response procedures whenever you:

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

**Fire Response**

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

Step	Instruction
1	Rescue - Get patients (and others) away from the fire, use horizontal evacuation to initially move everyone to the area indicated in your departmental evacuation plan.

Step	Instruction
2	Activate the alarm - Go to the nearest fire pull station and pull down on the lever, call 7.5555 and let the operator know the location of the fire.
3	Close doors - Fire doors automatically close when two devices confirm a fire alarm is activated. Staff should close all other doors in the department to prevent the spread of fire.
4	Extinguish the fire - Staff may proceed to extinguish the fire under the following conditions: <ol style="list-style-type: none"> <li>1. The other steps in RACE are completed;</li> <li>2. They are trained in proper fire extinguisher use; and</li> <li>3. The fire is not so large that it is dangerous to approach.</li> </ol>

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

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

### Fire drills

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

### Fire safety tips

CHCO prohibits:

- placing blankets in microwaves to warm them,
- using surge protectors as extension cords, and
- placing toys on top of the over-the-bed lighting fixtures.

## MEDICAL EQUIPMENT

### Maintenance

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

### Emergency Procedures

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

## UTILITY MANAGEMENT

### Maintenance

Facility Operations (FO) needs the assistance of all staff to keep our environment safe. Staff should report unsafe conditions found in any of our buildings or outside grounds/parking lots to EOC immediately at ext. 720.777.9477. Examples of unsafe conditions are: tripping hazards with flooring or landscaping, broken fire safety components (sprinklers, exit signs, pull stations, extinguishers), or damage to any buildings creating sharp corners.

### Utility Outage / Emergency Procedures

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

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

Transport Carrier Loading –

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

### **NETWORK OF CARE (NOC)**

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



## **INFECTION CONTROL**

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

The [Infection Prevention and Control Manual](#) can also be accessed on My Children's Colorado under the policies and procedures section. Hard copies or CD/flash drives of the manual are located in several departments, in the event that computers are not available: Epidemiology, Sterile Processing, House Supervisor's office, and Occupational Health Services.

### **Communication**

There are two types of up-to-the-minute links for Infection Control communication, both of these can be found on the internal website, My Children's Colorado.

- **Bug Watch:**

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

- **Contagious Comments:**

A monthly publication about timely infectious disease topics and infection control issues.

### **Disease Transmission**

Three factors are necessary for transmission to occur:

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

### **Handwashing**

Hand Hygiene is observed at CHCO. You must comply with the Centers for Disease Control and Prevention (CDC) Guidelines for hand hygiene.

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

### **Proper Glove Use:**

Clinical staff should wear gloves according to recommendations listed in the CDC standard precautions. These recommendations include:

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

### **Artificial Nails, Natural Nails and Nail Polish**

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

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

**Standard Precautions** (previously called Universal Precautions):

The following are standard precaution principles regarding infection control:

- Hand Hygiene (with either soap and water or alcohol based hand rub) is the simplest and most effective way to interrupt many modes of transmission.
- All body fluids, secretions, and excretions are considered infectious, regardless of whether or not they contain visible blood.
- Use eye wear, masks, gowns, and gloves when there is a potential for exposure to eyes/mucous membranes and/or skin. Dispose of items in the appropriate receptacle.

**Isolation Precautions**

**Transmission-Based**

Patients can be placed on Precautions based on symptoms, diagnosis, and/or lab test. Nurses and physicians can place patients in isolation; however, an order for isolation must be obtained within 24 hours of a patient being placed on precautions. If you are not sure which type of isolation is needed, check the table in the [Isolation Procedure \(IC-008\)](#) located in the IC manual online.

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

We use 4 types of Precautions at CHCO.

- Contact Precautions (gown and gloves)
- Droplet Precautions (gown, mask, and gloves)
- Airborne Precautions (gown, mask, and gloves in a negative pressure room). This is for patients with chickenpox or measles.
- "Special" Airborne Precautions (N-95 mask, gown, and gloves in a negative pressure room). This is for patients with Tuberculosis and SARS)

**Patients with Multidrug-Resistant Organisms (MDROs)**

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

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

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

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

Isolation precautions are also used during subsequent outpatient clinic visits and readmissions to CHCO.

This information is also entered into EPIC and is distributed to departments via e-mail. It will also appear on the Patient information header bar in EPIC. It is very important to notify clinical staff if you notice this information in EPIC when registering a patient so that appropriate precautions can be taken.

### **Respiratory Etiquette**

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

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

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

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

Ill visitors should be discouraged from visiting.

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

### **Appropriate Eating Locations for CHCO Staff**

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

These areas include, but are not limited to:

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

### **Immunizations**

#### **Chickenpox and Measles**

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

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

## Hepatitis A and B (see Occupational Health/OSHA – Hepatitis A, B, and C page 38)

### Patient Care Exclusions

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

- A patient with hemolytic anemia who is infected with Parvovirus B-19.
- A patient with a viral illness receiving Ribavirin treatment.
- A patient receiving I-131 therapy.

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

### CMV (Cytomegalovirus)

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

### Reporting of Diseases to the Colorado Department of Public Health

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

### Bioterrorism

CHCO has policies in place to deal with disasters and bioterrorism. One of the key principles to remember is that the same infection control practices you use every day also apply to dealing with bioterrorism concerns. Policies are available on My Children's Colorado under Infection Control include [Bioterrorism \(IC-000\)](#), [Anthrax Exposure \(IC-031\)](#) and [Mail room Procedures to Limit Bioterrorism Risk \(IC-032\)](#). If you have concerns regarding any situation that may be related to a possible bioterrorism threat, please contact the epidemiologist on call via the hospital operator.

## OCCUPATIONAL HEALTH/OSHA

### Illness and Injuries on the Job

CHCO asks that you do not come to work sick. Think about your patients and co-workers. Please see [Staff Working When Ill/Exposed \(OHS-003\)](#) for guidance. Notify your supervisor if you are ill. Call Occupational Health Services (OHS) at 720.777.6577 if you have any questions regarding the appropriateness of working while having symptoms of a contagious illness e.g., a cold or cough. Call OHS if you have been exposed to a contagious illness.

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

- If you are not an employee of CHCO, you will need to be seen by your employer's occupational health clinic for work-related injuries.
- If you sustain a work-related injury immediately notify your supervisor and contact Occupational Health Services (OHS) as soon as possible through your employer and complete the required paperwork. If after hours, and the injury involves a life threatening, limb threatening, or is an eye threatening injury, go to CHCO's Emergency Department and they will assess your injury and refer you for treatment. If you sustain a Blood Borne Pathogen Exposure during business hours report immediately to OHS. If it is after hours, immediately report to the Emergency Department. They will provide immediate treatment and counseling.
- Work related injuries must be reported within four (4) working days of the incident (does not include Saturday, Sunday or holidays).

### Bloodborne Pathogens – How can an occupational exposure be prevented?

Prevent an occupational exposure by using safer techniques. Many needlesticks and other cuts can be prevented by using safer techniques, such as:

- Recapping needles using a one handed "scoop" technique (e.g., you may need to recap a needle after drawing up a medication);
- Disposing of used needles in appropriate sharps containers (Note: Don't recap a used needle for disposal if it does not have a safety mechanism; the less handling the better. If it has a safety mechanism that mechanism MUST be activated before disposal);

- Using medical devices with safety features designed to prevent injuries;
  - Don't guess how to operate a safety feature on a device - get training before use. Use appropriate barriers, e.g., gloves, eye and face protection, and gowns. To prevent a splash exposure to your eyes, always evaluate the need to wear eye protection any time you put on gloves.
  - Slow down while performing procedures that may place you at risk to BBP exposures. Multitasking while in a hurry, or not paying attention to what you are doing are behaviors that increase your risk for an exposure.
- You should use Standard Precautions with all patients.
- Eat and/or drink only in designated areas.

### **Needlestick Safety and Prevention Act**

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

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

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

### **Exposure to Blood and Body Fluids Containing Blood**

Take the following steps if you are exposed to blood or body fluids containing blood:

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

If you are not a CHCO employee, CHCO will do the initial evaluation, lab work, and intervention (as needed). Thereafter, follow up will be at your place of employment (e.g., University Hospital employees at UCHSC Occupational Health Department).

If you are a CU employee file a claim via the University Risk Management website at: [www.cu.edu/risk](http://www.cu.edu/risk)

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

Network of Care sites have site specific protocols.

### **The Bloodborne Diseases**

#### **HIV**

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

HIV destroys the body's natural defenses against a wide range of illnesses and has led to death in many cases.

Based on a Centers for Disease Control (CDC) surveillance project involving healthcare workers who were followed after a skin puncture exposure to HIV positive blood, 4 of 1440 (or 0.28%) converted to a positive HIV antibody (Bell, 1997). Thus, the risk is low but does exist.

## HEPATITIS A, B, AND C

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

### Hepatitis A

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

### Hepatitis B

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

### Hepatitis B Vaccine

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

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

Vaccinations (which are provided at no cost) are recommended for all staff whose jobs involve a reasonable potential for contact with blood or other potentially infectious materials.

### Hepatitis C

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

What happens when someone becomes infected with Hepatitis C?

- Communicability persists in most persons indefinitely.
- Over 50% develop chronic disease.
- It is common to progress to end stage liver disease necessitating a transplant.
- Incubation period is 2 weeks to 6 months; usually 6-9 weeks.

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

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

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

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

### **Tuberculosis (TB)**

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

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

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

### **Management of a Patient with TB**

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

### **Questions & Resources**

[Bloodborne Pathogen Exposure Control Plan](#)

[Tuberculosis Exposure Control Plan](#)

[Occupational Safety and Health Administration \(OSHA\)](#)

[Centers for Disease Control \(CDC\)](#)

## ACKNOWLEDGEMENT

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

- I understand that misconduct should be reported immediately to one of the following:
  - a CHCO responsible party/supervisor
  - the Compliance Officer
  - the Compliance Hotline (1.866.568.5420), or <https://childrenscolorado.alertline.com/gcs/welcome>
  - CHCO Human Resources (for staff/personnel issues) 7.HRHR
 and that reporting the misconduct may take the form of e-mail, US mail, phone, or office visit.
  
- It is my responsibility to comply with the [Code of Conduct](#), all policies, procedures, and guidelines pertinent to my job function and this is a condition of my working relationship with CHCO. I acknowledge I received a copy of Children's Hospital Colorado's *The ABCs of Appropriate Business Conduct* (within the Orientation and Training Handbook).
 

The complete [Code of Conduct](#) is located on My Children's Colorado or on the CHCO public website [here](#) or if you do not have access to this document electronically you may copy the following URL into your browser <http://www.childrenscolorado.org/File%20Library/Unassigned/Code-of-Conduct.pdf>.
  
- I commit to upholding the Standards of Behavior on a daily basis and acknowledge that my conduct will be evaluated.
  
- I am not aware of any existing issue that would pose a conflict of interest with my work here at CHCO. *(If there is disagreement, the Compliance Program will require a [Conflict of Interest Questionnaire](#) filled out and approved by the Compliance Officer (not applicable for Board of Directors members who must complete an annual disclosure form)).*
  
- I further understand that in the performance of my duties towards CHCO:
  - I may have access to sensitive, privileged, confidential, or protected health information for patients, staff, or CHCO in paper, electronic, or oral format whether personally identifiable or not.
  - I understand that I am responsible for protecting the security of any records and the confidentiality of the information to which I have access, including my information systems username(s), password(s) and encryption requirements by CHCO for laptops and mobile devices.
  - I understand that breaching my obligation to protect the confidentiality and security of CHCO information assets may result in disciplinary action, including termination, reporting to civil and criminal authorities, and pressing of criminal charges that can lead to imprisonment and financial penalties.
  
- All CHCO property in my possession must be returned, in good condition, at the time of separation. This includes, but is not limited to, uniforms, keys, identification badges, pagers, cell phones, computers, computer access devices, company documents, etc. Costs to replace or repair property lost or damaged may be deducted from my final paycheck.
  
- All staff are accountable to comply with the National Patient Safety Goals (NPSGs); I understand that my working relationship with CHCO may be terminated if I am found to be non-compliant.

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Organization/Company/School Name

\_\_\_\_\_  
CHCO PeopleSoft ID/Badge#

\_\_\_\_\_  
CHCO Department

\_\_\_\_\_  
Print First & Last Name

\_\_\_\_\_  
Signature

### **SIGN AND RETURN (THIS PAGE ONLY) TO YOUR RESPECTIVE RESPONSIBLE PARTY/DEPARTMENT**

#### **CREDENTIALLED MEDICAL STAFF**

Medical Staff Office  
Interoffice mail at B145 or Fax: 720.777.7342

#### **FACILITIES OPERATIONS/CONSTRUCTION**

Property Planning & Management  
Interoffice mail at B050 or Fax: 720.777.7110

#### **DENTAL RESIDENT/STUDENT**

Dental Clinic  
Interoffice mail at B240 or Fax: 720-777-7239

#### **RESIDENT/MEDICAL STUDENT**

Graduate Medical Education  
Interoffice mail at B158 or Fax: 720.777.7258

#### **ALL OTHER NON-EMPLOYEE STAFF**

Human Resources  
Interoffice mail at B105 or Fax 720-777-8080