

# CLINICAL AFFILIATION AGREEMENT APPLICATION

**Note:** This document is intended for individuals affiliated with an institution with a current agreement with Decatur Morgan Hospital or HH Health System.

<b>Participant Name</b> (Please Print)	
<b>Institution</b>	
<b>Institution Address</b>	<b>Program of Study</b>
<b>Assignment Start Date</b>	<b>Assignment End Date</b>
<b>Preferred Phone #:</b>	<b>Email:</b>
<input type="checkbox"/> <b>I have previously arranged a preceptor with the following DMH employee:</b> Preceptor: _____ Phone #: _____ Email: _____	
I am currently employed, or have been employed in the past by Decatur Morgan Hospital: <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>Institution Attestation:</b>
<input type="checkbox"/> Clear Background check
<input type="checkbox"/> Negative drug screen results
<input type="checkbox"/> Current BCLS certification
<input type="checkbox"/> Current Liability insurance
<input type="checkbox"/> Evidence of Measles, Rubella immunity
<input type="checkbox"/> Evidence of Hepatitis B vaccination, immunity or declination
<input type="checkbox"/> Documentation of flu shot or declination between October – March (attach documentation)
<input type="checkbox"/> Negative TB skin test within past 12 months (attach documentation)
<i>Signature below verifies that information above is accurate.</i>
<b>Institution Representative's Name:</b> _____ <b>Date:</b> _____
<b>Institution Representative's Signature:</b> _____
<b>Institution Representative's Phone #:</b> _____

<b>Badge:</b> <i>Participants are required to wear their school badge at all times during their approved time.          Participants must be escorted and wear their badge at all times on campus.</i>
<b>Parking:</b> <i>If you are a participant on the Decatur Morgan Hospital campus, please park in visitor parking.</i>

I have read and understand the cover letter and application information  
*(Signature verifies that the participant has read the above statement & understands that the information provided is accurate.)*

**Participant Signature:** \_\_\_\_\_ **Date Submitted:** \_\_\_\_\_

Please return application and supporting documents to the Education Department.

[Cheryl.burton@dmhnet.org](mailto:Cheryl.burton@dmhnet.org)

Fax: 256.973.2121

Phone: 256.973.3030 or 256.973.3145



**Participant Name:** \_\_\_\_\_

FOR INTERNAL USE ONLY		
<input type="checkbox"/> Contract reviewed and current		
<input type="checkbox"/> Completed application and documents		
<input type="checkbox"/> Badge instructions		
<input type="checkbox"/> Verification of a Negative Tuberculosis Test (or negative chest x-ray) received TB Skin Test Expires: ____/____/____		
<input type="checkbox"/> Verification of identity		
<input type="checkbox"/> Verification ____/____/____ OR <input type="checkbox"/> Declination of flu vaccine		
<input type="checkbox"/> Confidentiality Statement		
<input type="checkbox"/> HIPAA Test		
<input type="checkbox"/> Affirmation Statement and Waiver		
<input type="checkbox"/> Dress code		
<input type="checkbox"/> <b>Approval:</b>		
<b>By:</b> _____		
<b>Signature and Title</b>	<b>Date</b>	
Start Date ____/____/____	<input type="checkbox"/> Badge # _____	<input type="checkbox"/> Entered in spreadsheet



**HIPAA Fundamentals Training****Introduction**

- Federal Law protects the privacy and security of patient information, known as the “HIPAA” regulations.
- Decatur Morgan Hospital depends on patient trust in order to receive information needed to provide patient care.

**Protected Health Information**

- Protected Health Information (PHI) is any information collected from or about the patient for the purpose of providing patient treatment or billing for that treatment.
- HIPAA protects all patient information – whether it is spoken, written, or on the computer.
- PHI includes medical information as well as demographic and financial information. Any information in the patient’s record must be considered PHI.
- Patient information may only be shared for the purposes of patient treatment, billing for payment of that treatment and operations of the hospital.

**Need to Know**

- Before disclosing protected information to any other person as yourself the following question: “Do I or others need this information to take care of the patient?”
- Sometimes you may inadvertently hear or see information that you don’t need to know. NEVER share information you gained from the hospital with anyone outside the hospital.

**Dispose of PHI Properly**

- Trash and garbage bins are another place that might contain PHI. Be sure to dispose of patient lists and other documents that contain PHI in non-public areas.
- If you see PHI in the trash in public areas, notify the supervisor immediately.
- If you transport PHI, make sure it is secure. Never leave patient information visible in a locked car.

**The Privacy Officer:** At DMH we have a person responsible for insuring that privacy is maintained – The Privacy Officer. However, no one person can know if we have a possible threat in every area of such a large organization.

- Each of us must do our part to protect patient information. You should always report possible privacy problems to the manager in your area or to the Privacy Officer.

**Co-Workers, Friends, and Family**

**Situation:** *You hear about a friend that has had surgery, so you call a nurse on that floor to find out the details.*

- Friends and co-workers deserve the right to privacy just like any other patient. You cannot seek or share patient information for personal reasons. You may only obtain/share information that you need to know to do your job.
- Should you recognize a patient you know you may acknowledge them, but do not ask him or her about their health. Assume health matters are private unless the patient offers information about their condition or treatment. Do not speak of your encounter away from the hospital.
- **Do not ask patients if you can share their information.** That puts you at risk for misunderstanding the patient’s answer, and may exert undue pressure on the patient.

**“Don’t be Curious”**

**Situation:** *You like to look at the patient directory or surgery schedule daily to see if you know anyone.*

- This is not within the scope of your job at this Hospital.
- You are in violation of HIPAA laws and DMH guidelines.

**Respect the Privacy of Patients**

**Situation:** *You are working in an area where caregivers are discussing health information with a patient, a family member, or another caregiver.*

- You can ask if you need to leave the area.
- You may quickly finish your task and leave.
- You must keep any health information you overhear to yourself.

**Protect information in your Possession**

**Situation:** *During the shadowing/observation process, you use a list that contains patient names and possibly other patient information.*

- You should keep the information in your possession at all times.
- You should make sure that it is protected from others.
- You can turn it over so the information can’t be viewed.
- You should make sure when you are finished with the information that you have disposed of it properly.
- Your supervisor may give you instructions for disposal of PHI.

**HIPAA Fundamentals Test**

This completes the fundamental overview of the HIPAA regulations. You now know and are responsible for what is required of you as an observer at Decatur Morgan Hospital.

- HIPAA laws also require that we keep a record to show that you have been trained in patient privacy. You should now take the HIPAA FUNDAMENTALS TEST.



**Shadowing/Observation Program – HIPAA Fundamentals Test**

Name \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_ 1. HIPAA stands for:

- a. Health Information Protection Agency Association
- b. Human Instinct Protection Association Awareness
- c. Health Insurance Portability and Accountability Act

\_\_\_ 2. PHI stands for:

- a. Patient Health Initiatives
- b. Personal Health Institute
- c. Protected Health Information

\_\_\_ 4. Patient Information is protected when it is:

- a. Spoken
- b. Written
- c. On the computer
- d. All of the above

\_\_\_ 5. If you are in a public area and you see PHI in the trash, you should:

- a. Report this to a supervisor
- b. Dispose of it properly
- c. Show it to a friend
- d. Both a & b

\_\_\_ 6. The Privacy Officer is responsible for:

- a. Checking the trash
- b. Pulling medical records of patients
- c. Making sure Decatur Morgan Hospital protects patient information

\_\_\_ 7. You should ask yourself before you view or share patient information:

- a. Is this a personal friend or a relative not under my care?
- b. Will anyone see me reading this?
- c. Do I need this to do my job at Decatur Morgan Hospital?

\_\_\_ 8. Patient information that I use for my job:

- a. Isn't important to anyone else
- b. Should be protected until I have disposed of it properly
- c. Is the responsibility of my manager

\_\_\_ 9. If I want to know about a friend that I see in the hospital, I should:

- a. Look at their medical record
- b. Ask the nurse
- c. Ask the individual

\_\_\_ 10. If you see another person violating the HIPAA Privacy Laws or the ALH Policies:

- a. You should ask them to stop
- b. Ignore it and mind your own business
- c. Report it to your manager or the privacy office (256.973.2125)



## Affirmation Statement on Security & Privacy of Information

### HIPAA Fundamentals

HIPAA stands for Health Insurance Portability and Accountability Act. HIPAA is a federal law that was enacted in 2003, which protects Protected Health Information or PHI for patients. The law allows for penalties such as fines and/or prison for people caught violating patient privacy.

Protected Health Information, or PHI, is any patient information – whether it is spoken, written, or on the computer. PHI includes health information about patients in the hospital, and it can be as simple as their name. PHI cannot be shared outside of the hospital, even if you see the information in a public area like the trash. If you witness PHI being shared, it needs to be reported to Decatur Morgan Hospital's Privacy Officer at 256.973.2125.

### Affirmation Statement

**I, the undersigned, have read and understand the Decatur Morgan Hospital guideline on confidentiality of protected health information as described in the HIPAA Fundamentals Policy, which is in accordance with applicable state or federal law.**

I also acknowledge that I am aware of and understand the policies of Decatur Morgan Hospital regarding the security of protected health information including the policies relating to the use, collection, disclosure, storage and destruction of protected health information. This protection includes proprietary information.

In consideration of my association with Decatur Morgan Hospital, and as an integral part of the terms and conditions of my association, I hereby agree, pledge and undertake that I will not at any time, during my association with Decatur Morgan Hospital, or after my association ends, access or use protected health information, or reveal or disclose to any persons within or outside Decatur Morgan Hospital, any protected health information except as may be required in the course of my duties and responsibilities and in accordance with applicable legislation and policies governing proper release of information.

I understand that user identification codes and passwords are not to be disclosed (or shared), nor should any attempt be made to learn or use another person's code.

If I am an instructor, I understand that I assume responsibility for the actions of the students under my supervision to comply with the Security and Privacy of Information Policy.

If I am an employer, I understand that I assume responsibility for the actions of my employees to comply with the Security and Privacy of Information Policy.

**Training:** Members of the workforce receive required education concerning security and privacy during new Employee Orientation and during annual required training or upon commencement of the association. Any updates or changes to policies will be communicated via staff meetings, intranet and/or mandatory requirements tests.

**Corporate Compliance:** It is the responsibility of all those associated with Decatur Morgan Hospital to uphold all applicable laws and regulations. All shadowing/observation program participants must develop an awareness of the legal requirements and restrictions applicable to their respective positions and duties. The hospital has a corporate compliance program to further such awareness and to monitor and promote compliance with such laws and regulations. I am not aware of any violations of applicable laws or regulations and agree to report any violations to the Corporate Compliance Officer. Any questions about the legality or propriety of actions undertaken on or behalf of the Hospital should be referred immediately to the appropriate supervisory personnel, or to the Corporate Compliance Officer.

**Excluded Party Status:** I affirm that I am not an excluded party from participating in Federal health programs, nor am I under investigation which may lead to such sanctions.

**Computer Applications:** I further understand that I may be provided access to certain hardware and software applications, some of which may be proprietary to their respective vendors. I agree to keep the hardware and software applications confidential, to not disclose to third parties, and to use such hardware and software applications only for the benefit of Decatur Morgan Hospital.

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**I understand that violation of this affirmation statement could result in disciplinary action up to and including termination of employment/contract/ association/appointment, the imposition of fines pursuant to HIPAA, and a report to my professional regulatory body.**

PRINT NAME: \_\_\_\_\_

School or Organization Name (if applicable): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



**The Healthcare Authority of the City of Huntsville d/b/a Decatur Morgan Hospital****WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT**

1. In consideration for receiving permission to participate in Decatur Morgan Hospital's Shadowing, Medical Venturing, or Internship or other Healthcare Observation Program (hereafter referred to as "the Program"), I hereby release, waive, discharge and covenant not to sue Decatur Morgan Hospital, its officers, servants, agents and employees (hereinafter referred to as "releasees") from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or relating to any loss, damage or injury, including death, that may be sustained by me, or to any property belonging to me, whether caused by the negligence of the releasees, or otherwise, while participating in the Program, or while in, on or upon the premises where the Program is being conducted, while in transit to or from the premises, or in any place or places connected with the Program.
2. I am fully aware of risks and hazards connected with being on the premises and participating in the Program, and I am fully aware that there may be risks and hazards unknown to me connected with being on the premises and participating in the Program, and I hereby elect to voluntarily participate in the Program, to enter upon the above named premises and engage in activities knowing that conditions may be hazardous, or may become hazardous or dangerous to me and my property. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including death, that may be sustained by me, or any loss or damage to property owned by me, as a result of my being a participant in the Program, whether caused by the negligence of releasees or otherwise.
3. I further hereby agree to indemnify and save and hold harmless the releasees and each of them, from any loss, liability, damage or costs they may incur due to my participation in the Program, whether caused by the negligence of any or all of the releasees, or otherwise.
4. It is my express intent that this Release shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a Release, Waiver, Discharge and Covenant Not to Sue the above named releasees.

In signing this release, I acknowledge and represent that:

- A. I have read the foregoing release, understand it, and sign it voluntarily as my own free act and deed;
- B. No oral representation, statements or inducements, apart from the foregoing written agreement, have been made;
- C. I, my parent or guardian is at least eighteen (18) years of age and fully competent;
- D. I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

**In witness whereof, I have hereunto set my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_**

**Participant Signature:** \_\_\_\_\_

**Name Printed:** \_\_\_\_\_



**Confidentiality:**

I agree that any disclosures of, unauthorized use of and/or unauthorized access to Confidentiality Information which could cause harm to the Hospital, including harm to its reputation, is a violation of hospital policy and may result in disciplinary action, including termination of agreement/contract, depending on the circumstances.

1. To use Confidential Information for the sole purpose of performing the duties for which my agreement/contract designates.
2. Not to disclose any Confidential Information to any person whatsoever, except in direct connection with the performance of the designated terms of the agreement/contract.
3. Not to copy or reproduce, or permit any other person to copy or reproduce, in whole or in part, any Confidential Information other than in the regular course of the services I am authorized and requested to perform for the hospital.
4. To comply strictly with all hospital policies regarding security of the Confidential Information.
5. To report immediately to the Hospital any unauthorized use, duplication, disclosure, and/or dissemination of confidential information by any person including myself.

I agree upon termination of my agreement/contract with the Hospital for any reason, I will immediately return any documents of other media containing any Confidential Information to the Hospital, and I will certify in writing that all such documents and other media have been returned to the Hospital.

I understand that disclosure of any Confidential Information may cause the Hospital irreparable harm, for which monetary compensation may not be an adequate remedy, and that the Hospital may seek injunctive relief if I breach or attempt to breach the Agreement.

Further, I agree to indemnify the Hospital fully for any and all damages, including legal fees, the Hospital may incur as a result of my breach of this Agreement.

I agree that all my obligations under this Confidentiality Agreement shall survive termination of my agreement/contract with the Hospital, regardless of the reason for such termination.

**Medical Treatment:**

I understand that it is my responsibility to assume financial responsibility for expenses associated with any personal accident or injury that may occur while at Decatur Morgan Hospital, and that any illness or injury shall be reported immediately to my preceptor.

**Hospital Guidelines:**

I agree to conform to and comply with all of Decatur Morgan Hospital's policies and procedures, including those relating to safety, patient care and non-discrimination. I agree to wear identification at all times during the participation period.

**Term:**

I agree that participation for approved clerkship(s) shall take place on the dates set forth above. Notwithstanding the foregoing, Decatur Morgan Hospital may terminate participation at any time, without disclosing the reason for such termination.

IN WITNESS WHEREOF, the parties have executed this Visiting Student Participation Agreement effective as of the date written above.

**Attestation for Self-Study Orientation:**

**I have read and understood the information contained in the attached Self Study Orientation packet which includes but is not limited to: confidentiality, Hospital guidelines dress code, liability and HIPAA.**

**By signing below, I acknowledge that I have read and understand the above information and agree to all of the terms and conditions as described. I further acknowledge that I have received a copy of the Self Study Orientation packet.**

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_



# Student Orientation

This set of documents applies to students in the following categories:

- ❖ Category I: Students enrolled in health care related professional programs
- ❖ Category II: Students completing “Observation” or “Job Shadowing” experiences as a pre-requisite to enrollment or application to a professional program of study.
- ❖ Category III: Students requesting to “job shadow” a health care professional for the purpose of learning more about health care opportunities.

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## **Message from the President of Decatur Morgan Hospital**

Thank you for your interest in learning more about health care professions at Decatur Morgan Hospital. Excellence in health care education is a very important goal of the Hospital. As a student, you represent the future of health care in our community. Our mission at Decatur Morgan Hospital is to provide quality care that improves the health of those we serve. I hope you experience the pride that is reflected in the professionalism and dedication of the employees and Medical Staff who make Decatur Morgan Hospital a great place to be a patient and a health care professional.

Patient Safety is very important. Therefore, please take time to familiarize yourself with this packet of information. It is designed with you in mind: to provide you with a rich learning experience that protects the safety of our patients, employees and our community.

Nathaniel Richardson Jr., President  
*Student Handbook*

## **Introduction to the Hospital**

Decatur Morgan Hospital is a community hospital serving all of Morgan County as well as surrounding areas. The Hospital operates three inpatient hospitals and an outpatient facility specializing in rehabilitation services. One of the inpatient hospitals is a free standing behavioral health facility providing inpatient and outpatient psychiatric care for all age groups. With a medical staff comprised of more than 200 physicians and 1300 employees, it is one of the largest employers in the county. Decatur Morgan Hospital is part of the Huntsville Hospital Health System. Huntsville Hospital, the second largest hospital in Alabama, is a 941-bed hospital that serves as the regional referral center for north Alabama and southern Tennessee. In recent years, the hospital has expanded its service throughout the region with the development of Huntsville Hospital Health System, making it the fifth largest publicly owned hospital system in the nation with more than 1,800 beds and 12,000 employees.

As a community hospital, Decatur Morgan Hospital is committed to serving the needs of Morgan County and the surrounding areas. The Mission of the Hospital is “To Provide quality care that improves the health of those we serve.” The Vision of the Hospital is “To be one of the best healthcare providers in our regional and consistently strive to provide clinical and service excellence.” To accomplish that goal the Hospital provides these values: Compassion, Accountability, Excellence, Integrity and Innovation.

## **Hospital Values**

Decatur Morgan Hospital has adopted a set of values: integrity, excellence, innovation, accountability, compassion and safety. Integrity and honesty directs our dealings with people outside the Hospital, including patients, families, businesses and government agencies. Decatur Morgan Hospital is required to comply with all Federal and state laws, especially those focused on preventing fraud and abuse and to report any behavior that may be considered illegal or unethical. Corporate Compliance is the method to ensure that each of us does what is right and trustworthy every time we deal with anyone. As a student, you have been granted the opportunity and privilege to experience the real life of a community hospital. Therefore, while you are here, you are considered a representative of Decatur Morgan Hospital. You have responsibility to adopt and exhibit the same values expected of our employees: honesty, integrity and the responsibility for reporting concerns about possible violations of rules and policies.

## Patient Confidentiality, Patient Privacy (HIPAA) and Corporate Compliance

The Federal government has extensive laws designed to protect patient privacy. The Hospital has many policies and practices to ensure patient privacy; not just to follow the rules, but also because it is the right thing to do. Decatur Morgan Hospital relies heavily on patients trusting us with their health care. We provide the best care when the Hospital learns as much as possible about their current and past health history. For *Category I* students, the Hospital has a contract with your college or university that addresses how patient information is used for education purposes. As a *Category II* or *Category III* student, you may never use or share patient information with anyone outside the Hospital. This means that you do not make a record or copies of any information in the patient's record. You may not discuss the patient or the case outside of the Hospital. All information in the patient's record is considered private: not just the information about their diagnosis and treatment. This includes information about their insurance, contact information, financial records or any other information collected and recorded by hospital employees.

Federal regulations protecting patient information are commonly known as "HIPAA". Information about the patient is Protected Health Information, or PHI. PHI is information stored or used in any format: verbal, written, dictated, paper, electronic files, video and audio recordings, without regard to whether it is part of the permanent record. Information used by the hospital is Protected Information. Please note that protection of patient information is overseen by the Office of Civil Rights.

There are extensive Federal and State of Alabama regulations that determine how the Hospital operates and bills for services. Listed below are examples of violations of Federal and state regulations that should be reported to a responsible person at Decatur Morgan Hospital, such as a member of the Hospital's management team or administration.

- Violating patient privacy (HIPAA)
- Stealing money, property or *anything of value*.
- Receiving pay or documenting time and clinical hours not performed
- Profiting from insider knowledge of the hospital, using your position to influence business or soliciting personal gifts from hospital contractors
- Any dishonest act
- Violation of a state professional licensure or other regulatory agency rules.
- Misuse of electronic, social media or other information outlet that violates hospital policy and/or patient privacy
- Activities that could make up a False Claim for services.

The Hospital has a Privacy Officer who oversees the protection of patient information. The Privacy Officer may be contacted at 256.973.2125. The Hospital also has a Corporate Compliance Program to ensure adherence to state and Federal regulations. Reports or concerns about failure to follow any regulation may be made anonymously to the Corporate Compliance Hotline at 1-800-442-0959.

## Code of Conduct

Decatur Morgan Hospital is a public corporation and relies upon public trust for its success. All members of the work force, including students have a legal and ethical duty to be honest when working with people inside and outside the organization. Students must act in a manner consistent with the values of the Hospital: integrity, excellence, innovation, accountability, compassion and safety.

Decatur Morgan Hospital is committed to maintaining an environment that is **free from harassment** so that employees, students and individuals at every level are able to devote their full attention and best efforts to the job. Harassment, either intentional or unintentional, has no place in the work environment and in many instances is prohibited by law. Accordingly, it is and shall continue to be the policy of Decatur Morgan Hospital that its employees and their work environment shall be free from all forms of inappropriate and/or unlawful harassment and intimidation. **Decatur Morgan Hospital will not tolerate any form of harassment related to employee's race, color, sex, religion, national origin, handicap or disability, age, military service or other legally protected status regardless whether the harassment is caused by a fellow employee, supervisor, manager, contractor, physician, student, patients, or other person.**

## Sexual Harassment

It is to be clearly understood that persons of either sex can be responsible and held accountable for sexual harassment. Proper decorum in speech and interpersonal relationships shall be observed at all times. Sexual harassment is unacceptable conduct and will not be tolerated by the hospital. As a student you are responsible for ensuring that the Hospital is free from all forms of sexual harassment. The Hospital prohibits:

- Unwelcome sexual advances; requests for sexual favors; and all other verbal or physical conduct of a sexual nature or otherwise offensive nature, especially where submission to such conduct is made either explicitly or implicitly a term or condition of employment; submission to or rejection of this conduct is used as the basis for decisions affecting an individual's employment; or the conduct has the purpose or effect of creating an intimidating, hostile, or offensive working environment.
- Offensive comments, jokes, innuendo, and other sexually oriented statements.
- Uninvited touching or other physical contact.

Examples of sexual harassment in violation of this policy include, but are not limited to:

- Threatening adverse employment actions if sexual favors are not granted; Promising preferential treatment in return for sexual favors;
- **Unwanted and unnecessary physical contact;** Excessively offensive remarks, including unwelcome comments about appearance, obscene jokes or other inappropriate use of sexually explicit or offensive language.
- Display in the workplace of sexually suggestive objects or pictures which create an intimidating or hostile work environment; Unwelcome sexual advances by non-employees when these advances are condoned, either explicitly or implicitly by the hospital or its supervisors, managers, or agents;
- Touching in a sexually suggestive manner;
- Uninvited touching, such as placing a hand on one's shoulder or stroking one's hair;
- Requests for sexual favors;
- Repeated requests for dates;

- Using one's position to request a sexual favor or a date in place of an employment reward;
- Violating personal space;
- Sexual assault;
- Lewd or unwelcome jokes, threats, whistling, or slurs;
- Unwanted and offensive letters, pictures, drawings, e-mails, voice mails, texting, or other communications;
- Sexual gestures and advances;
- Gossip or questions regarding one's sex life or body;
- Sitting or gesturing sexually; and
- Obscene language.

### Other Forms of Prohibited Harassment

In addition to sexual harassment, other forms of unlawful harassment are also strictly prohibited. Thus, the prohibitions, remedies, and procedures described in this policy are applicable to all forms of unlawful harassment that may occur in the workplace. **Examples of other forms of harassment covered by this policy include derogatory comments regarding sex, age, race, color, national origin, religion, disability, military service or any other factor protected by law; and any other behavior which tends to create an intimidating, hostile, or offensive work environment and is deemed inappropriate by Decatur Morgan Hospital.**

### Patient Safety

The most important goal every day at Decatur Morgan Hospital is safety: first to our patients, then our members of the Hospital workforce and guests. Everyone has a role in providing a safe environment. Your dedication to patient safety contributes to the safety of our friends, families and community. Your responsibilities as a student in helping the Hospital maintain a safe environment are:

- **Understand and accept your role.** *Category I* students should follow the directions from your instructor or preceptor. You may not act independently without supervision of your clinical preceptor. *Category II* and *Category III* students are limited to that of observing the activities of your professional supervisor, whether that is a member of the medical staff or a hospital employee. Never offer to perform a procedure, or give a medicine in order to "help out". Provide patient assistance only when directly supervised by an employee or physician.
- **Wear your identification (ID) badge** at all times.
- **Patient Identification:**
  - *Category I Students:* Follow the hospital policy on patient identification with every patient contact, regardless of how many times you see the same patient during the same day. Patients are identified using two identifiers: name and date of birth. Before performing any patient procedure, patient transportation or medication administration compare the patient's ID band to a document containing the patient's information.
  - *Category II and Category III Students:* Stay with your supervisor. Do not wander away to other parts of the Hospital, especially other patient care areas.
- **Introduce yourself** and the reason you are at the Hospital. Do not assume employees are patients know why you are at here. State your level of study, such as "I am a high school student working with \_\_\_\_ today."
- **Prevent the spread of infection** to other patients, visitors and the community: Wash your hands, often. Wash your hands before and after coming into contact with a patient and touching anything in a patient's room. Wash your hands before eating. Wash your hands with soap and water before leaving the restroom. Wash your hands upon arrival at the hospital and before

leaving. Washing your hands (“hand hygiene”) is one of the *most effective* ways of spreading infections inside the hospital and out in the community.

- **Patient Education:** Never give advice to a patient. If a patient asks you for more information, or asks for your opinion tell the patient you will ask the patient’s nurse for more information. Even when you know the patient personally, you may not offer advice or opinions about medical information or care providers while at the hospital.
- **General Safety:** Report hazards or concerns to an employee or the person supervising you. That could be something as simple as a wet spot on the floor to something more complex. For your safety as well as hospital safety do not act independently, but do not ignore a possible safety hazard.
- **Fall Prevention:** Avoid walking on wet surfaces whenever possible. Reports spills to a hospital employee: charge nurse or department supervisor. Do not put trash on the floor. Pick up trash and place in receptacle: do not walk over or around trash. Keep corridors, exits and stairwells free of trash and clutter. Never leave supplies or equipment blocking an exit or door.
- **Medical Gases:** Never connect or disconnect a medical gas device in the Hospital. This includes oxygen, air, suction or other gas delivery devices. Never shut off a gas valve. The hospital has employees specifically trained on safe use and shut off of medical gases.
- **Be alert** to your surroundings. Do not use your cell phone or other electronic devices in the Hospital.
- **Safety Resources:** Locate and review the “Red Book” for more information on hospital safety.
  - **Safety Officer:** The Hospital has a Safety Officer who oversees safety issues, including the environment of care. For more information you should ask the person with whom you are working, a department supervisor or call: 256.973.2148.
  - **Patient Safety Officer: The Chief Nursing Officer (CNO)** is the patient safety officer. Contact your preceptor or clinical instructor for more information.
- **Protect patient privacy:** move away from conversations that you should not over hear. Do not make any attempt to record or copy information from the patient’s record. Do not look up information. If you are curious about anything you see or hear, introduce yourself to a hospital employee, explain why you are in the hospital and then ask him or her if there is anything they can share with you about that case. **Category II and Category III Students: Never approach a patient and ask them about their healthcare.**

### Violence in the Work Place

Decatur Morgan Hospital takes measures to secure its buildings and facilities by physical controls such as locks and electronically controlled access as well as employing security guards. While on Decatur Morgan Hospital’s premises, no person may bring a firearm inside any building or facility. Decatur Morgan Hospital will not accept or tolerate any disruptive or violent behavior on the part of any employee, student, physician, contractor, or visitor that could be a threat to anyone on Decatur Morgan Hospital property. Threatening remarks, including verbal or written threats and comments and conduct that are reasonably perceived as threatening constitute grounds for immediate discharge or termination. A safe and secure workplace is a shared responsibility. Disruptive behavior of an employee, patient, visitor, student or contractor must be reported to a supervisor. Disruptive behavior of a physician is to be documented and reported to the Administration. The complete Weapons on DMH Property policy can be located on Decatur Morgan Hospital’s Intranet.

## Drug Free Work Place

Decatur Morgan Hospital is committed to protecting the safety, health and well-being of all employees, patients, and other individuals in the workplace. We recognize that alcohol abuse and drug use may have a negative impact on our standards of performance. Therefore, Decatur Morgan Hospital has established a drug-free workplace program that balances our respect for individuals with the need to maintain an alcohol and drug-free work environment. Any individual who conducts business for Decatur Morgan Hospital or is conducting business on the organization's property is covered by our drug-free workplace policy. This policy includes students in clinical training and those here for observational experiences.

## Dress Code and Personal Appearance

Our employees, students, and contractors have a responsibility *look* the part of a health care professional. Your attire, grooming, and hygiene are important to the Hospital's success. We strive to provide an environment that promotes healing. Therefore, exhibitions of personal expression by clothing, jewelry or hairstyles are limited. Clothing must fit, be clean, neat and appropriate for your size. No part of your clothing may drag the floor. The policy on personal appearance not only contributes to a professional environment, but it helps ensure your safety. We require that you observe the following standards of appearance while at the Hospital.

- **Be clean:** no personal odors or scents.
- **Hair** must be clean, groomed, and a natural color (i.e. no pink, orange, blue). Distracting extremes in hair styling, dyeing, bleaching, coloring, and shaving designs into the hair are not permitted. Hair below shoulder length should be tied back or up.
- **Hats, caps and visors** are not permitted unless issued by Decatur Morgan Hospital.
- **Contact lenses** or tinted lenses must not be distracting.
- **Mustaches, beards and goatees** are permitted but must be neatly trimmed and not present a bushy or uncombed appearance. Mustaches must not extend over the lip.
- **Fingernails** are to be kept clean and cannot exceed  $\frac{1}{4}$  inch from the tip of the finger. Basic nail polish is allowed as long as there are no visible chips or cracks. Artificial nails, overlays, "shellac", acrylic nails and nail jewelry are prohibited.
- **Rings, necklaces, bracelets, earrings, and wristwatches** are permitted. A medical alert necklace or bracelet is acceptable at all times. No more than two rings are permitted on each hand. Jewelry may not detract from or disrupt the hospital environment, regardless of size or location. Earrings may not exceed one inch in diameter in length and can be worn only in the ear lobe. Earrings for men are not permitted while at work. Toe rings and ankle bracelets are not permitted.
- **Visible body piercing** (other than earrings) is not permitted. This includes tongue piercing and forking, eyebrow piercing, noticeable spacers in the ear lobe, noticeable nose piercing and any other piercing that may be deemed as distracting.
- **Tattoos** must be covered to the extent possible. Anyone with tattoos offensive to a patient will be removed from the patient care setting.
- **Shirts** must be well-maintained, not faded and have no inappropriate, political or offensive wording or pictures. You may not wear any of the following: hooded sweatshirts, T-shirts as an outer garment, shirt or tops with a revealing or plunging neckline and tops or shirts that reveal the midriff when arms are extended. See-through clothing is not acceptable. Undergarments must be concealed and worn at all times.
- **Sleeves:** Clinical personnel must wear attire with sleeves. Undergarments must be covered at all times.

- **Pants** - Stirrup pants, bike shorts, sweat pants, jogging pants, and skorts are NOT permitted. Leggings may only be worn when under a skirt or dress. Pants must fit and look professional; pant hems must reach at least mid-calf. Shorts, Spandex and parachute material are not permitted except in the Wellness Center and Physical Therapy departments. No blue jeans.
- **Dress and skirt** lengths cannot be shorter than three inches above the top of the knee. The top of the slits or kick pleats in skirts/dresses should not be shorter than five inches above the top of the knee.
- **Shoes** must be worn at all times and should be clean and in good condition. Open-toed shoes are limited to business settings, not patient care areas. “Flip flops” or any type of thong sandal are prohibited.
- **Category I Students** (enrolled in clinical program of study): Wear the dress or uniform as directed by school policy along with school identification.
- **Category II and Category III Student Dress Code:** Students in “shadowing” or observation programs must follow the Shadowing/Observation Program – Dress and Appearance Policy. Shadowers/Observers are to wear a white shirt and khaki skirt or pants.

### Emergency Codes

Decatur Morgan Hospital has a comprehensive safety manual that can be located in each department. In case of an emergency, the operator will announce emergency call codes over the Hospital’s overhead paging system. For your personal safety, as well as our patients and guests, do NOT respond to the location of an emergency *unless accompanied by the employee or physician responsible for you*. If you are not in the immediate vicinity of your preceptor when an emergency code is announced, locate him or her and follow their instructions. The emergency call codes are:

- **Code Red:** Fire, smoke, or the smell of something burning.
- **Code Pink:** An infant or small child has been abducted or the alarm has been activated
- **Code Amber:** Missing patient or visitor
- **Code Green Alert:** Potential emergency situation exists. Emergency operations plan on standby
- **Code Green:** Activation of disaster plan
- **Code Black** - A bomb threat
- **Code Gray:** Need for security personnel (hostage, combative, or civil disturbance)
- **Code 0:** Behavioral emergency or civil disturbance (Decatur West Campus)
- **Code Blue:** Medical emergency
- **CAT** – (Critical Assistance Team): Deterioration of patient condition
- **Code Purple:** Obstetrical emergency
- **Hazardous Spill Event:** Plain language
- **Active Shooter or Person with a Weapon** – Plain language
- **Severe Weather (watches, warnings, and inclement weather)** – Plain language
- **Facility Evacuation** – Plain language
- **IT downtime** – Plain language
- **Earthquake** – Plain language

## Infection Control

Decatur Morgan Hospital has a program designed to limit the exposure and spread of infections to patients, visitors and employees. The program is supervised by an Infection Control Practitioner: Beth Burden, RN. Call 256.973.2231 (3-2231 internally) for the Infection Control Office.

**Hand Washing:** Hand washing is the **single most important procedure for preventing the spread of infection.**

1. **Wash your hands:**
  - a. Before and after patient touching the patient
  - b. After contact with blood, body fluids, mucous membranes or non-intact skin.
  - c. Before putting on or after removing protective gear.
  - d. Before and after your work shift.
  - e. After handling contaminated equipment or articles. *Touching anything in a patient room is the same as touching the patient.*
  - f. After using the toilet, blowing your nose, covering a sneeze, etc.
  - g. Before and after eating, drinking or handling food.
  - h. Whenever your hands become obviously soiled.
2. Antiseptic (alcohol based) hand cleanser is available and can be used unless soap and water is required. Ask the patient's nurse if the patient has a condition that requires use of soap and water before and after patient contact.

**Precautions and "Isolation" methods prevents transmission of infection:**

1. **Standard Precautions:** This term is used to describe contact with all patients *regardless of diagnosis*. It also applies when handling blood and body fluids. Wear gloves when you anticipate touching any body fluids or being in contact with a draining wound. Wear a mask when there is a risk of splash in the face or eyes. Follow the nurse's recommendations on reducing the spread of infection to you and the community.
2. **Transmission Based Precautions** (aka "Isolation"): Used for the care of patients known or suspected to be infected by highly transmissible pathogens that requires additional precautions to prevent airborne, droplet or contact transmission. When a patient has a condition requiring Transmission Based Precautions, a sign will be posted on the patient room door alerting employees, students and visitors of the additional requirements to prevent the spread of infection. The patient's diagnosis is never recorded in a public area; only the information required to prevent infection transmission. The categories of Transition Based Precautions are described below:
  - a. *Contact Precautions* are required for any illness spread by direct or indirect contact such as: MRSA (commonly called "marsa"), VRE (vancomycin resistant enterococcus), Clostridium Difficile (commonly called "C. diff")
  - b. *Droplet Precautions* are required for patients known or suspected to be infected by germs that travel in droplets such as: Pertussis, influenza, rubella, bacterial meningitis.
  - c. *Airborne Precautions* are required for patients known or suspected to be infected by airborne diseases such as: measles, varicella ("chicken pox") and tuberculosis (TB)

**Procedures to prevent the spread of infection:**

1. Personal Protective Equipment (PPE): Available on all units. Ask a nursing staff member if you need assistance with locating supplies. Use as indicated to prevent contact with blood/body fluids. Personal protective equipment includes, but is not limited to gloves, masks, eye and face shields. Do not re-use personal protective equipment. Wash hands after removal and disposal.
2. Waste and Soil Disposal
  - a. Use red bags for all biohazard waste. Biohazard waste goes to the soiled utility area and placed in biohazard bin. Do not use red bags or bin for anything other than biohazard waste. More information is available in the soiled utility rooms. Ask a staff member for more information as needed.
  - b. Use transparent bags for regular trash.
3. Linen: Do not use red bags for linen. Linen from all patient rooms is treated as soiled linen and should be placed in soiled linen hampers. Avoid touching used linen to your clothing or unprotected parts of your body.
4. Antibiotic Resistant Organisms: Ask the patient's nurse if the patient has a condition which is "Antibiotic Resistant". The nurse will provide information about appropriate precautions.
5. TB Precautions: Always keep the patient room door closed. This is essential to preventing the spread of disease to members of the community. Use N-95 type respirator mask upon entering the room. Instructions on how to put on the respirator can be found on the side of the box. If you need a different size, ask a member of the nursing staff to get it for you. Masks are for single use only. Do not reuse.
6. Exposure to Blood/Body Fluids: If you have an exposure, clean the area well and notify a charge nurse or hospital employee immediately.

**Sharps Disposal:**

The Hospital has containers to safely dispose of any sharp device that has come into contact with a patient: needles, scalpels or any other device with a sharp edge that could puncture you, an employee or supplies or equipment. Disposal collection containers are located in every patient care area and all other areas where needed. Never attempt to overfill or reach into a sharps collection device. If you do not see a sharps container or if it is full, notify a hospital employee immediately. Never transport a used sharp device outside the patient care area. Reusable sharps devices must be transported in approved receptacles; otherwise do not carry a used sharp, such as a needle, outside the patient treatment area.

## Summary

Thank you for your interest in Decatur Morgan Hospital. We desire a close relationship with all schools who are training the next generation of health care professionals as well as area students who wish to experience “a day in the life” of a health care provider.

By requesting this experience, you voluntarily agree and submit to the requirements of the hospital, which are designed to:

- Protect and improve the health of our patients,
- Adhere to federal and state regulations designed to create a safe environment for the provision of health care,
- Protect the patient’s right to and expectation of privacy. Never share patient information outside the hospital. Never attempt to acquire patient information about a family member, friend or acquaintance.
- Provide a safe and effective environment for Hospital employees, volunteers, members of the medical staff, contractors and students.
- Inform and promote health care as a desirable career for anyone who shares the same values as the hospital: Compassion, Accountability, Excellence, Integrity and Innovation.

Failure to follow the structure, policies and procedures designed to promote a healing and learning environment could result in termination of the student experience. It is our sincere hope that will never happen. So, if you are unsure about appropriate actions or behaviors please consult the physician or hospital employee to whom you are assigned.

Instructions for Completion of the application process for *Category II* and *Category III* Students:

1. Read Decatur Morgan Hospital Policy: “Shadowing Observation Program Policy”
2. Complete the Shadowing/Observation Program application
3. Review the HIPAA Fundamentals Training Program.
4. Complete HIPAA Fundamentals Test. Return with Application Form. Make sure your name is printed and legible at the time of submission.
5. Review and sign Affirmation Statement for Privacy and Compliance
6. Review and sign the Waiver of Liability and Hold Harmless Agreement
7. Submit the application and supporting documents to Community Relations Department.  
Incomplete applications will not be processed.

Instructions for *Category I Students* (Students enrolled in professional education program who are part of clinical rotation organized through your school): Your clinical instructors will give you instructions for completing and submitting the packet.