



GFC-Specialty Center
3000 15th Avenue South
Great Falls, MT 59405
406-454-2171

Clinic Cancer Care
3000 15th Avenue South
Great Falls, MT 59405
406-454-2171

GFC-Immediate Care Center
1400 29th Street South
Great Falls, MT 59405
406-454-2171

GFC-Marketplace
2012 14th Street Southwest
Great Falls, MT 59404
406-727-7171

GFC-Northwest Clinic
1600 Division Road
Great Falls, MT 59404
406-268-1600

GFC-Choteau Clinic
914 4th Street NW
Choteau, MT 59422
406-466-5255

GFC-Fairfield Clinic
324 Central Ave.
Fairfield, MT 59436
406-467-2304

Helena Physicians' Clinic
3330 Parmigan Lane
Helena, MT 59602
406-442-3570

Helena Physicians' Clinic Vision Center
1005 Partridge Place
Suite 6
Helena, MT 59604
406-444-5180



Great Falls Clinic, LLP
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SALLY CALLERY
HUMAN RESOURCE MANAGER

Office 406-771-3574
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E-mail sally.callery@gfclinic.com

Welcome!

Enclosed are the forms that you and/or your parent(s), if a minor, will need to complete and sign to participate in the Great Falls Clinic Student Job Shadow program.

To gain the most from your experience you should be prepared to abide by the following guidelines (if applicable):

- Adhere to Clinic work hours, policies, procedures, and rules governing professional staff behavior as directed by your Supervisor. Policies you should familiarize yourself with are enclosed.
- Adhere to Clinic and professional ethics governing the handling of confidential information and the observation of confidentiality.
- Assume personal and professional responsibility for his/her actions and activities.
- Maintain professional relationships with Clinic employees, clients, and customers, both internal and external.
- Approach established Clinic policies and procedures with an open mind, and an honest desire for improvement.
- Work on applying knowledge acquired in the classroom to real- world business situations.
- Develop a self-awareness of attitudes, values, and behavior patterns that influence the work environment.
- Prepare for and utilize learning opportunities such as training, meetings, or conferences offered by the company.
- Complete work assignments in a thorough, consistent, and punctual manner.
- Provide the faculty coordinator with periodic progress reports.

We look forward to having you and hope your job shadowing experience is second to none.

Sincerely,

Human Resources
Great Falls Clinic

Great Falls Clinic, LLP
Student-Intern
Nondisclosure and Confidentiality Agreement

This Nondisclosure and Confidentiality Agreement ("Agreement") is made and is effective when fully executed below between the Great Falls Clinic, LLP ("Clinic") and _____, a student or intern receiving training in affiliation with Clinic ("Student-Intern").

WHEREAS, Student-Intern is engaged in a training program in affiliation with Clinic and will participate in or observe, or otherwise be involved with certain aspects of Clinic operations, including patient care ("Purposes"); and

WHEREAS, Student-Intern may be exposed to different types, forms, and formats of information as the result of receiving training in affiliation with Clinic; and

WHEREAS, it is contemplated that the information disclosed may include, but not necessarily be limited to, information constituting Protected Health Information ("PHI") as defined by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), and information of a business nature that is proprietary to Clinic ("Confidential Information").

NOW THEREFORE, in consideration of the mutual promises and other good and valuable consideration, the parties agree as follows:

1. Confidential Information may be used by Student-Intern only in connection with the Purposes identified above.
2. Student-Intern will not use the Confidential Information in any fashion, form, or manner, except in furtherance of the Purposes described above.
3. Student-Intern will keep and protect the Confidential Information in strict confidence and will not remove it from Clinic premises or give it to another to remove from Clinic premises without Clinic's express written consent.
4. Confidential Information may only be copied or reproduced by Student-Intern in furtherance of the Purposes described above.
5. In the course of carrying out the Purposes, Student-Intern agrees to abide by Clinic's privacy and security policies and procedures, to attend orientation training on these same policies and procedures, and to seek the guidance and assistance of Clinic administrative personnel in the event that Student-Intern has any questions as to the implementation of Clinic privacy and security policies and procedures, or their applicability to the Purposes.
6. This Agreement shall not apply to:
 - a. Information which is known to Student-Intern prior to the time such information is acquired from Clinic;
 - b. Information which at the time of disclosure is in the public domain or subsequently becomes part of the public domain, through publication or otherwise, other than by a breach of this Agreement;
 - c. Information which is acquired, at any time, by Student-Intern in the ordinary course of business, in good faith, from a third party not under an obligation of confidentiality; and
 - d. Information which is independently developed by Student-Intern not in reliance upon any Confidential Information disclosed or obtained pursuant to this Agreement.
7. It is further understood and agreed that any breach of this Agreement could cause harm to Clinic and that money damages might not be a sufficient remedy for any breach. In the event of any breach of this Agreement, Clinic shall be entitled to specific performance and injunctive or other equitable relief as a remedy for any such breach.

8. In the event Student-Intern receives a subpoena or other administrative or judicial process demanding Confidential Information, Student-Intern shall promptly notify Clinic so that a protective order to nullify or narrow the disclosure required may be sought. In no case does Student-Intern have independent authority to release or otherwise disclose Confidential Information pursuant to a subpoena or other administrative or judicial process.

9. This Agreement shall be governed by and construed in accordance with the laws of the State of Montana, without giving effect to the principles of conflict of laws thereof.

10. If any provision of this Agreement or the application of any such provision to any person or circumstance is held invalid, illegal, or unenforceable for any reason whatsoever, the remaining provisions of the Agreement and the application of such provisions to other persons or circumstances shall not be affected thereby. To the fullest extent possible, the court finding such provision invalid, illegal, or unenforceable shall modify and construe the provision to render it valid and enforceable as against all persons or entities and to give the maximum possible protection to the parties hereto and their officers, directors, employees, agents, advisors, and controlling persons within the bounds of validity, legality, and enforceability.

11. This Agreement shall remain in effect after the term of Student-Intern's tenure/performance at Clinic, and Student-Intern shall continue to be bound by the restrictions and obligations of this Agreement as to Confidential Information disclosed to him or her pursuant to this Agreement.

12. No failure or delay in exercising any right, power, or privilege under this Agreement shall operate as a waiver thereof. This Agreement may be modified or amended only upon the written agreement of the parties.

For the Great Falls Clinic, LLP:

Signature

Printed name: _____

Title: _____

Date: _____

Agreed to and accepted by Student-Intern:

Signature

Printed name: _____

Date: _____



The Great Falls Clinic strives to comply with all applicable federal, state and local laws, statutes, rules and regulations governing the provision of healthcare services. In so doing, the Clinic encourages an environment of open communication where people feel free to report and discuss compliance issues without fear of retaliation.

What is a Compliance Program?

The Compliance Program is a Clinic-wide, comprehensive process to ensure regulatory compliance at all levels. The Program includes Clinic personnel (partners and employees, vendors, contractors and contractor employees, and other business associates.

What does the Compliance Program consist of?

- + Oversight by Clinic governance
- + Ongoing auditing and monitoring
- + Written policies and procedures
- + Ongoing training and education
- + Systems for reporting/discussing compliance concerns without fear of retaliation
- + Systems for responding to and investigating reports and implementing corrective action
- + Provisions for enforcement and disciplinary action as necessary

Who manages the Compliance Program?

- + Compliance Officer
- + Compliance Committee

What specifically does the Committee review?

- + Billing and coding audits
- + Contracts
- + Documentation accuracy and timeliness issues
- + Stark laws and anti-kickback rules
- + Laboratory regulations and audits
- + Credentialing
- + Ethics
- + Privacy and Security (HIPAA)
- + Research/clinic trials
- + Human resources policies

What is my role as an employee?

- + Know and understand the Clinic's mission, vision and values
- + Work to ensure that policies/procedures, laws and regulations are followed
- + Report any concerns to your supervisor, a Committee member, or the Compliance Officer

Where can I go for more information?

- + Great Falls Clinic Intranet - Compliance Program, and policies and procedures, Hotline
- + Great Falls Clinic Compliance Committee Member
- + Compliance Officer

I acknowledge that I have received and understand the Great Falls Clinic Compliance Facts sheet.

Print Employee Name _____ Employee Signature _____ Date _____



What is Protected Healthcare Information (PHI)?

Individually identifiable information that is recorded electronically or in written form by a covered entity or received by a covered entity that relates to the past, present, or future physical or mental health of an individual, healthcare services, or payment for healthcare. This includes traditional medical records (electronic or paper), as well as a provider’s personal notes and billing information.

Where is this Information Located?

- + Medical Records (Paper and Computer)
- + Billing/Accounting Records
- + Information you gain in the course of your work at the Clinic

Privacy vs. Security

The HIPAA Privacy Rule and Security Rule apply to the use, disclosure, handling and safeguarding of PHI. The Department of Health and Human Services Office for Civil Rights has authority to investigate violations and impose civil fines. Department of Justice may prosecute violations in federal court.

- + **Privacy:** The right of individuals to keep information about themselves from being disclosed to others
- + **Security:** The ability to control access and protect information from accidental or intentional disclosure to unauthorized persons and from alteration, destruction or loss.

How do you know when information is considered private?

- + If you learned it through your job, consider it private

Do Your Part

- + Only access confidential information if you need it to do your job.
- + Protect your computer passwords.
- + Curb human nature and curiosity
- + Be sensitive-how would you want your information treated?
- + Respect the patient’s right to privacy
- + What you learn at work, stays at work!

What does this mean to staff?

- + Do Not access records of family
- + Do Not access your own records
- + Do Not discuss information with anyone who is not involved in the patient’s care and does not have a valid need to know.

Understand the law and the Clinic’s policies.

- + Attend training and education programs.
- + Treat you patient’s information the way you would want your personal information treated.
- + Only release, transfer, access, or divulge PHI to an outside person or entity for permitted reasons including treatment, payment and healthcare operations.
 - + Report problems.

What are the Patients Rights?

- + Access or inspect their health record by making an appointment with the appropriate medical records personnel;
- + Obtain a copy from their healthcare provider by following facility procedures;
- + Request an amendment (clarification or challenge) to their medical record by following the facility procedure;
- + Request a list of when and where their confidential information was released;
- + Request an organization to restrict the use and disclosure (release) of their confidential information by following facility procedure;
- + To receive a notice of privacy practices; and
- + Notification of breach

I acknowledge that I have received and understand the Great Falls Clinic Confidentiality Facts sheet.

Print Employee Name _____ Employee Signature _____ Date _____



Release of Liability

I (print your name) _____ understand I am to participate
in the _____ (henceforth referred to as the
Program).

In consideration of my participation in this Program, I agree as follows:

Despite precautions, accidents and injuries can occur. I understand that I may be injured and/or lose or damage personal property as a result of participation in the Program.

Therefore, I ASSUME ALL RISKS RELATED TO THE ACTIVITIES including, but not limited to:

- Death, injury or illness from accidents of any nature whatsoever, including, but not limited to, bodily injury of any nature, whether severe or not, which may occur as a result of participating in an activity or contact with physical surroundings or other persons; arising from travel by car, bus or any other means; death, injury or illness including food poisoning arising from the provision of food or beverage by restaurants or other service providers.
- Theft, loss or damage of my personal property while in transit or participating in the Program.
- Natural disaster or other disturbances, and alteration or cancellation of the Program due to such causes.

RULES, REGULATIONS AND POLICIES: I agree to obey and comply at all times with all of the rules, regulations, codes and policies of the Great Falls Clinic.

SIGNATURE: I indicate that by my signature below that I have read the terms and conditions of participation and agree to abide by them. I have carefully read this Informed Consent and Assumption of Risk Form and acknowledge that I understand it. My signature below indicates that I have read and freely signed this agreement.

Signature of Program Participant

Date

Signature of Parent or Legal Guardian
(If student is a minor)

Date

Great Falls Clinic - Tuberculin Skin Test and Hepatitis B Vaccine

Tuberculosis Screening Test

Name: _____ Date of Hire: _____

Department: _____ Ext.: _____

Have you ever had a positive Tuberculin Skin Test? _____

Are you allergic to the PPD solution? _____

Signature Date

Instructions:

- Annual Tuberculin Skin Testing only requires one step testing.
- Two step testing is required for all new hires that have not had a Tuberculin Skin Test (TST) within the past 12 months.
- If the first-step TST is negative the second-step test must be administered 1-3 weeks after the first was read.
- Negatives can be checked and co-signed by properly trained nursing staff.
- ANY REACTION, redness, swelling, etc., must be checked by a Provider.
- This slip must be returned to Human Resources for documentation, and will be filed in Human Resources Employee Health files.

	Date TST Applied	Initials	Site (RA / LA)	Date Read	Induration (mm)	Initials
Step-1	/ /			/ /		
Step-2	/ /			/ /		

Hepatitis B vaccine

Not Required -

The Great Falls Clinic provides the Hepatitis B vaccine to all employees who have potential occupational blood/body fluid exposure as per Appendix A in the Bloodborne Pathogen Exposure Control Plan.

- I have already received the Hepatitis B vaccine series
- Yes I wish to receive the Hepatitis B Vaccine

Signature Date

No I do not wish to receive the Hepatitis B Vaccine. Please complete the separate Hepatitis B Vaccine Declination Form.

Return Slip to Human Resources for Documentation



SAFEGUARDING PROTECTED HEALTH INFORMATION (PHI)

Safeguarding: Discussing PHI

- You never know who may overhear you discussing a patient. The patient or coworker could be the patient's neighbor, best friend, cousin, etc...
 - Remember to talk quietly.
 - When possible, discuss PHI privately, such as behind a closed door.
 - Avoid having discussions in patient waiting rooms, elevators, cafeteria, etc.
 - Avoid dictating in hallways and other public areas.

Safeguarding PHI: Approaching a Coworker

- You need to talk with a coworker, but she is talking with a different patient to schedule his appointment. What should you do?
 - Provide your coworker with the privacy to finish working with that patient and approach her when she is done.

Safeguarding: Seeing a Patient Outside the Great Falls Clinic

- You're walking through the grocery store one day, and see a Great Falls Clinic patient. What should you do?
 - It's ok to say hello but don't ask the patient "how she's doing" or questions about her health. It's ok to listen if she offers to update you on her health.
 - Let the patient approach you first, but don't make it seem like you are trying to avoid her.

Safeguarding: Talking with Friends About Work

- You had a negative encounter with a patient and really need to vent to a friend after work. What can you discuss?
 - Working in health care isn't easy and patient confidentiality **MUST** be maintained at all times: – at work, during non-work hours and after your employment ends with the organization.
- Do not share with family, friends, or anyone else a patient's name, or any other information that may identify him/her, for instance:
 - It would **not** be a good idea to tell your friend that a patient came in to be seen after a severe car accident.
 - Why? Your friend may hear about the car accident on the news and know the person involved.
- Do **not** inform anyone that you know a famous person, or their family members, were seen at this organization.

Safeguarding PHI: Media

- If I am contacted by the media, may I release PHI to them? If I am contacted by an individual offering to pay me for PHI, may I release it to them?
 - **No!** You may not release PHI under either of these circumstances. Both are grounds for disciplinary action.
 - Refer the requestor to the Compliance Officer.

Safeguarding PHI: Delivery

- I need to transport paper records/PHI to another department. Is it ok for me to do this?
 - **Yes**, you may transport documents to another department,
 - Secure them so you don't drop them:
 - Carry them close to you.
 - Carry them in a facility designated bag, box, or container.
 - Ensure no names are visible.
 - Ensure that no records are left unattended.

Safeguarding PHI: Transporting Offsite

- When necessary to transport PHI externally:
 - Place in a **locked** briefcase, closed container, sealed self-addressed interoffice envelope;
 - Place PHI in the trunk of your vehicle, if available, or on the floor behind the front seat;
 - Lock vehicles when PHI is left unattended.
- You may **not** transport patient charts between departments or offsite – unless authorized by the Clinical Manager.

Safeguarding PHI: Interoffice Mail

- Send all PHI in sealed interoffice envelopes.
 - Verify all PHI was removed from the envelope before stuffing it.
 - Address them to the correct individual and department.
 - Confirm you are sending the correct PHI.

Safeguarding PHI: Paper

- Turn over/cover PHI when you leave your desk/cubicle so others cannot read it.
 - If you have an office, you have the option of closing your door instead.
 - Example, when rooming patient's make sure the information on the paper chart is flipped so it cannot be seen.
- Turn over/cover PHI when a coworker approaches you to discuss something other than that PHI.
- Don't leave documents containing PHI unattended in fax machines, printers, or copiers.
- Check your fax machine frequently so documents are not left on the machine.

Safeguarding PHI: Electronic

- Do NOT share your username and passwords with anyone else.
- When leaving a computer, ALWAYS:
 - Log off, OR
 - Lock the computer screen (Ctrl-Alt-Del and select lock).
This prevents other users from using your applications.
- Create strong passwords.
 - Use at least 6-8 characters.
 - Use a minimum of 2 letters and 1 number, and capital and lower case letters.
 - Do not use passwords that may be easily guessed, such as: names (spouse's, pet's, child's, etc.), significant dates, words, favorite team names, etc.
- Protect Your username and passwords
- Memorize your password. Don't post usernames and passwords on your computer, notebook, tablet, under your keyboard, etc.
 - Lock up your username and passwords so they may not be accessed by anyone else.
- If you believe one of your passwords has been compromised, request the IT Department to change it.
- If you think PHI may have been inappropriately accessed, discuss it with the Privacy Officer.
- Do not disable anti-virus software, malware protection, or any other security items unless directed by the IS Department.
- Offsite or remote access is for your use only. Family and friends may not utilize it.

Safeguarding PHI: Disposal

- How should I dispose of confidential paper?
 - Shred or place all confidential paper in the designated confidential paper bins.
 - Does this include Post-it notes, scratch paper, envelopes, and old non-confidential documents we no longer need?
 - No. Please put these in the recycling paper bins!
 - Does this include tissue, paper plates, cardboard, and pizza boxes?
 - No. Please put these items in the regular trash or other appropriate recycling container!
- How should I dispose of electronic media (floppy disk, CD, USB Drive, etc.)?
 - Provide electronic media to the IS Department to dispose it

I acknowledge that I have received read, and understand the Safeguarding Protected Information Fact Sheet.

Please sign here: _____ Date: _____

Please print your name: _____ Dept. _____

Appendix A

Declination of Seasonal Influenza Vaccination

GFC, GFCMC and GFCSC require that I receive influenza vaccination to protect the patients I serve.

I acknowledge that I am aware of the following facts:

- Influenza is a serious respiratory disease that kills an average of 36,000 persons and hospitalizes more than 200,000 persons in the United States each year.

Influenza vaccination is recommended for me and all other healthcare workers to protect our patients from influenza disease, its complications, and death.

- If I contract influenza, I will shed the virus for 24–48 hours before influenza symptoms appear. My shedding the virus can spread influenza disease to patients in this facility.
- If I become infected with influenza, even when my symptoms are mild or non-existent, I can spread severe illness to others.
- I understand that the strains of virus that cause influenza infection change almost every year, which is why a different influenza vaccine is recommended each year.
- I understand that I cannot get influenza from the influenza vaccine.
- The consequences of my refusing to be vaccinated could have life-threatening consequences to my health and the health of those with whom I have contact include
 - My patients and other patients in this healthcare setting
 - My coworkers
 - My family
 - My community

Therefore I acknowledge if I cannot receive flu vaccine due to medical or religious contraindications I will be **required to wear a mask** at all times during influenza season while I am at work.

Required: Despite these facts, I am choosing to decline influenza vaccination right now for the following reasons:

I understand that I can change my mind at any time and accept influenza vaccination, if vaccine is available. I have read and fully understand the information on this declination form.

Signature: _____ Date: _____

Name (print): _____

Department: _____



EMPLOYEE INFLUENZA IMMUNIZATION FOR HEALTH CARE WORKERS

This policy supersedes all previous policies and/or handbooks published by the Clinic.

Cross Reference: **Adherence to Clinic Policies**
 Corrective Action
 Professional Conduct

Purpose

Influenza vaccination is the most effective and important measure for preventing influenza virus infection and its potentially severe complications. Great Falls Clinic (GFC), Great Falls Clinic Medical Center (GFCMC) and the Great Falls Clinic Surgery Center (GFCSC) employees are at high risk for acquiring influenza infection due to their exposure to ill patients as well as their exposure in the community. Patients that are at the greatest risk of developing complications of influenza are exposed to healthcare personnel (HCP) and non-healthcare personnel (N-HCP) in a variety of inpatient and outpatient settings. Annual influenza vaccination for HCP and N-HCP has been recommended by the Centers for Disease Control and Prevention (CDC) since 1981. Vaccination of all employees offers an important method for preventing transmission of influenza to high-risk patients. Evidence supports the fact that influenza vaccine is effective, cost efficient and successful in reducing morbidity and mortality. Requiring influenza vaccination of employees is important to patient safety and quality of care. By increasing vaccination rates, we can protect the health and well being of our patients, families and the community at large.

Definitions

Healthcare personnel (HCP) and Non-Healthcare Personnel (N-HCP) are defined as all persons, paid and unpaid, working in healthcare settings who have the potential for exposure to patients and or to infectious materials, including body substances, contaminated medical supplies and equipment, contaminated environmental surfaces, or contaminated air. These personnel include but are not limited to physicians, nurses, nursing assistants, therapists, technicians, dental personnel, pharmacists, laboratory personnel, students and trainees, contractual personnel, and persons not directly involved in patient care (clerical, dietary, housekeeping, IT, maintenance, records, billing, materials management) but potentially exposed to infectious agents that can be transmitted to and from employees and patients.

Responsibility

1. All Employees (HCP and N-HCP)- with direct or indirect patient contact will receive yearly influenza vaccination or sign an informed declination statement. Employees will receive influenza education.
2. Medical Staff-- with direct or indirect patient contact will receive yearly influenza vaccination or sign an informed declination statement. The vaccine for medical staff may also be provided at the Great Falls Clinic.
3. Pharmacy- Order and store adequate vaccine supply for all employees.
4. Supervisors- Follow-up with employees who have not been vaccinated or have signed an informed declination (Appendix A). If declination signed, enforce use of surgical mask and other infection prevention measures per Infection Prevention Committee recommendations; *a mask is worn at all times while at the workplace and for the duration of the influenza season.*
5. Infection Prevention Coordinator and Medical Director: Review ACIP recommendations for Prevention and Control of Influenza with Vaccines guidelines yearly for recommendations and updates and provide recommendations to employees.

6. Employee Health Service- Provide yearly influenza immunizations and track compliance.
7. Contract Services Staff (Physical therapy, Pharmacy, Radiology, Travelers): with direct or indirect patient contact will show documentation of yearly influenza vaccination or sign an informed declination statement. The Great Falls Clinic is not responsible for administering the vaccine.
8. Students, Vendors: with direct or indirect patient contact will show documentation of yearly influenza vaccination or sign an informed declination statement. The Great Falls Clinic is not responsible for administering the vaccine.

Procedure

1. All employees shall provide annual documentation of influenza vaccination or receive vaccination through Employee Health (free of charge) or sign an informed declination statement acknowledging the facts associated with not receiving the seasonal influenza vaccine (appendix A).
2. Employees who sign a declination will be required to wear a surgical mask while unvaccinated for influenza and in patient care areas. This requirement will be in effect when flu is active in the community and as determined by public health officials and the Infection Prevention Department. See also Obligations of Healthcare Personnel with Direct Patient Contact.
3. Influenza immunization rates will be reported to the Infection Prevention Committee and the administration. Managers will be made aware of unvaccinated staff so infection prevention measures can be monitored and enforced.
4. If after consultation with vaccine suppliers, public health officials, Employee Health and Infection Prevention Department it is concluded that there is a shortage of vaccine such that employees who wish to receive the vaccine cannot, the hospital may suspend the vaccination requirement for a period of time not to exceed one year or until the vaccine is made available.
9. Employees will receive influenza education.

Obligations of Healthcare Personnel with Direct Patient Contact

An annual influenza vaccine should be required for every health care worker with direct patient care activities, unless a medical contraindication to influenza immunization exists or a religious objection to immunization exists. If, however, health care workers invoke those exceptions, they must still fulfill their ethical obligations to patients and colleagues by not engaging in direct patient care activities if flu-like symptoms are present. In addition, those health care workers who cannot receive flu vaccines due to medical or religious contraindications will be required to *wear a mask* at all times during influenza season in the context of patient care.

Seasonal Influenza Face Mask Protocol

Transmission of influenza to patients from healthcare workers and non-healthcare workers has been documented in nearly every healthcare setting. Multiple studies show that 70 percent or more of healthcare workers (HCW) and non-HCWs continue to work despite being ill with influenza, increasing exposure to patients, co-workers and visitors. Influenza can be transmitted while asymptomatic, allowing employees to spread the infection to patients and other staff before they know they are ill. Fifty percent of employees who have influenza infections are asymptomatic or have only minor symptoms.

Wearing a face mask while unvaccinated during influenza season may serve as a method for source control of infected employees who may have limited or no symptoms yet who still may shed the virus. The mask may also protect unvaccinated HCWs from unrecognized, un-isolated influenza patients.

RESPONSIBILITIES

Management and supervisory personnel are responsible for enforcing this policy. Management and supervisory personnel are to contact Human Resources for employees who do not comply with the current policy.

EXCEPTIONS TO THE POLICY FOR ANNUAL INFLUENZA VACCINATION (Employee must still observe Seasonal Influenza Face Mask Protocol)

1. A medical reason such as Guillian Barre Syndrome
2. Severe egg allergy
3. Religious belief

REFUSAL OF INFLUENZA VACCINATION

1. Employee must wear face mask as described in the Policy.
2. If the employee exhibits any signs or symptoms of the flu (i.e.: chills, body aches, cough, runny nose, headache, fever can occur but not usual) the employee must stay home until cleared by their physician to come back to work.
3. The employee will not be permitted to collect EIB or PTO for leave due to illness from the flu.
4. The employee must maintain a distance of 6 feet distance within other staff members, visitors and others in the facility when not wearing a face mask.
5. The employee must wear a face mask at all times in the presence of patients.
6. If the employee refuses to wear a mask, the employee may be placed in corrective action, which may result in termination.

EQUIPMENT /SUPPLIES

Surgical/Face Masks

PROCEDURE

1. All staff is required to review the "Policy for Annual Employee Influenza Vaccination" and the "Policy for Seasonal Influenza Face Mask" annually.

2. The mask must be replaced when it becomes moist or mechanically compromised (torn).
3. Before putting on the mask, wash your hands thoroughly. Don't touch the outside of the face mask while you're wearing it or when you take it off.
4. The mask must cover your *nose and mouth*.
5. Use disposable face masks only once, then—holding them by the bands or ties, not the front of the mask—throw them in the trash. Don't let the used mask touch anything else.
6. After taking off a face mask, wash your hands thoroughly.
7. If the face mask becomes wet, soiled or is handled in any way between patients, it must be removed and changed.
8. The mandatory masking requirement will extend from the beginning of the influenza season (to be determined by the Infectious Disease Physician, the Infection Preventionist, and or the Infection Prevention Committee to the end of the influenza season ; approximately March 31) or until 2 consecutive weeks have passed without a case of influenza.

References

Infection Control Guidance for the Prevention & Control of Influenza in Acute-Care Facilities www.cdc.gov/flu

ACP (American College of Physicians) Policy on Influenza Vaccination of Health Care Workers; October 2012

Prevention and Control of Seasonal Influenza with Vaccines, Recommendations of the ACIP MMWR 58 (July 31, 2009)

SHEA Position Paper: [Influenza Vaccination of Healthcare Workers](#); October 2010

[CDC Interim Recommendations for Facemask](#); cdc.gov

[ACP Policy On Influenza Vaccination Of Healthcare Workers](#); October 2012

Written by:

Donna C. Lee

Infection Prevention

June 1, 2012

FOR QUESTIONS CONTACT:

Donna C. Lee RN

Dr. Ray Geyer

Vicki Newmiller, C.O.O

216-8027 Great Falls Clinic Medical Center

771-3500 Great Falls Clinic Surgery Center

771-3435 Great Falls Clinic

216-8000 Great Falls Clinic

Appearance Standards

This policy supersedes all previous policies and/or handbooks published by the Clinic.

Cross Reference: **Adherence to Clinic Policies**
 Attention to Duty
 Corrective Action
 Professional Conduct
 Scheduled Time for Changing Into Uniforms

Purpose

The appearance of employees has a great impact on patients' perceptions and, consequently, their impression of the Great Falls Clinic.

The purpose of the policy is to provide employees direction for appropriate appearance. This policy applies to all Clinic employees (regular, temporary and registry). The term "employee" is used throughout the policy to refer to all categories.

Policy

The Clinic expects its employees to maintain a neat, clean, business-like appearance both in the workplace and at functions where the Clinic is represented. Clothing, appearance and behavior will be appropriate for conducting business in an environment that recognizes the importance of superior service, efficiency and professionalism, and should avoid anything that results in criticism of the Clinic, or controversy among employees.

Dress standards and guidelines are intended to maintain the quality and excellence associated with the Great Falls Clinic tradition, to maintain the Clinic's professional image, and to be fair and reasonable.

Employees are to use these guidelines in maintaining a high standard of personal appearance. If employees have questions regarding appropriate attire, they are to discuss the issue with their manager or supervisor.

This Policy is a minimal standard. Departments may establish more stringent guidelines.

Procedure

Employees who report to work inappropriately groomed or attired will be instructed to clock out, return home and correct the dress or appearance concerns before returning to work. Employees are encouraged to visit with their supervisor if they have questions or concerns about the appropriateness of their appearance, and the supervisor's decision will prevail. Failure to follow the Clinic's dress and appearance guidelines will result in corrective action, up to and including termination.

I. Name Badges, Pins, Lapel Buttons and Jewelry

Employees must wear a name badge on their collar, lapel, or on the neck lanyard while on duty. Ornamental jewelry should not attract undue attention to the wearer and should be tasteful, limited in amount and safe for our patients. Pins, lapel buttons, tie clasps, earrings and hair ornaments should be conservative.

II. Dress Standards

Employees must wear clean, neat, pressed and conservative clothing. Shoes will be kept in good condition, and should be appropriate for business. **Appropriate hosiery must be worn at all times.**

ACCEPTABLE DRESS

- Dresses and Skirts (length cannot be more than 3" above the knee)
- Suits, pant suits, ties
- Pants or slacks in business suitable fabrics including corduroy, Khaki or "docker" style pants
- Blouses, shirts, sweaters (undergarments, including bras, sport bras, and tank tops must be fully covered by clothing)
- Blazers and vests
- Any type of business shoes (heels, flats, loafers, etc)
- Scrubs and tennis shoes (for all employees in departments which provide medical patient care)
- Clinical staff electing to wear "street" clothes must wear a lab coat or scrub jacket
- Visible body piercing should be limited to the ears
- Visible tattoo should be in good taste, i.e. non-offensive to the patients and guests
- Clinic or Montana Care logo wear

UNACCEPTABLE DRESS

- Stirrup pants, sweat pants, bib overalls, leggings or pants with "patch pockets"
- Casual shorts/walking shorts, Capri pants or skorts
- Denim pants of any style or color, except on designated Blue Jean Friday's
- *Fragrances with a strong scent should be avoided due to the sensitivity (illness and allergies) of our employees and patients*
- Shirts or dresses made of sheer material or sleeveless
- Midriff exposing tops
- Sweatshirts and tee-shirts
- Logo wear (brand names, sports teams and cartoon characters)
- Scrunch socks or bobby-sox worn on the outside of pants
- Bare legs, ankles, feet or toes
- Hat or head scarves are not to be worn indoors by employees
- Worn out, unpolishable or dirty shoes

III. Grooming and Hygiene

Hair must be clean, neat and well groomed. Personal hygiene must be practiced for health, personal pride and Clinic image.

Mustaches, beards and sideburns must be clean, well groomed and neatly trimmed.

Male employees may let their hair grow to the bottom of the shirt collar.

Employees will respect the need to wear standard undergarments.

Employees must comply with state and/or federal laws regarding head or facial hair restraints.

Equal Opportunity

This policy supersedes all previous policies and/or handbooks published by the Clinic.

Cross Reference: **Adherence to Clinic Policies**
 Corrective Action
 Employment of Minors
 Employment of Relatives
 Employment Verification
 Equal Opportunity
 Hiring Responsibility
 Mutual Respect
 Professional Conduct
 Re-Employment
 Sexual Harassment

Purpose

It is the intent of the Clinic to foster an environment that promotes personal job satisfaction and advancement. The Clinic believes in the principle of Equal Employment Opportunity and recognizes that equal opportunities must be made available to all individuals regardless of sex or sexual orientation, marital status, race, color, creed, religion, national origin, age, medical condition, disability not affecting essential job functions, or veteran status.

Policy

It is the policy of the Clinic to seek and select persons for appointment or employment, and to train, advance, promote, transfer, and compensate such persons on the basis of individual capability, potential or contribution to the programs and goals of the institution. In making these selections and subsequent personnel decisions, the Clinic encourages the recognition, development and optimal use of the capabilities of women, racial minorities, persons with disabilities, and veterans.

The Clinic respects, supports, and observes the laws, directives and regulations of the state and federal government that prohibit discrimination.

A climate of equal opportunity that nurtures and supports the fullest contributions of all is essential to the Clinic's success in patient care and employee development. Creating and sustaining this climate is the responsibility of all who provide service and learn at the Clinic. Leadership is expected to reinforce these principles.

Procedure

Employees who require accommodations for disability or medical condition must promptly notify their supervisor and the Human Resource Department of the disability or medical condition claimed, provide the necessary information and documentation confirming the claim, and specify the accommodation needed.

Harassment is prohibited on any basis, including harassment from providers, supervisors, co-workers, suppliers, consultants, visitors and patients of the Clinic. Incidents of harassment should be reported to the employee's supervisor or the Human Resource Department. Employees do not have to report the incident to their supervisor first if they are uncomfortable with the supervisor, or if they are the alleged harassers. Supervisors who receive a harassment complaint should immediately contact the Human Resource Department.

The Clinic will take appropriate action to ensure that the rights of individuals to file complaints, furnish information or participate in an investigation, public hearing or other activity related to equal employment opportunity law will be respected and not interfered with in any manner. All complaints will be taken seriously and handled sensitively, and decisions related to an employee's concerns will be based upon non-discriminatory criteria.

This policy includes, but is not limited to: work assignments, employment placement, promotion, demotion, or transfer; recruitment and recruitment advertising, referrals; lay-off and recall, termination, training, wages, benefits and job requirements.

A. Job Applicants

The Clinic's policy is included on the employment application. All job applicants are considered based on their ability to perform the essential functions of the position they have applied for. The Clinic does not consider any job in the organization to be the exclusive domain of either sex.

B. Job Posting

Job posting provides Clinic employees an opportunity to apply for open assignments that occur within the operation. The Human Resource Department posts job openings on the Clinic Intranet, the Job Website and through supervisory staff. Employees interested in a posted position, may send a letter of interest and an updated application to Human Resources by the applicable closing date.

C. Recruiting and Hiring

The Clinic informs all recruiting sources and individual applicants of our policy to recruit and hire on a non-discriminatory basis.

D. Promotions

All employees will have equal opportunity to participate in Clinic sponsored supervisory and other job-related training and development programs to improve skills and increase their potential for advancement.

E. Follow Through

The Clinic believes equal employment opportunity is a primary responsibility of every supervisor. Supervisors are responsible for implementing and administering this policy. Supervisors receiving formal EEO charges should immediately notify the Human Resource Department.

F. Federal Reporting

The Human Resource Department will complete federally required statistical reporting.

The Human Resources Department is responsible for the investigation and follow-up on all investigations resulting from this policy.

Violations of this policy will result in corrective action, up to and including termination of an employee's employment.

Fraud, Waste and Abuse Reporting

This policy supersedes all previous policies and/or handbooks published by the Clinic.

Cross Reference: **Adherence to Clinic Policies**
 Corrective Action
 Professional Conduct

Purpose

This policy outlines the reporting procedures to be followed when there is a suspicion of fraud, waste or abuse.

Policy

The Great Falls Clinic is committed to eliminating fraud and waste and maintaining a highly ethical environment throughout the organization. **This includes preventing fraud, waste and abuse of Clinic and/or Medicare/Medicaid resources.** It is the responsibility of every employee to report suspected fraud, waste and abuse concerning the operations of the Clinic.

Integrity violations include, but are not limited to:

- Theft or misappropriation of resources;
- Falsification of official documents or reports;
- Corruption or official misconduct, including misuse of information, conflicts of interest, or offering or accepting bribes;
- Personal use of Clinic owned vehicles, equipment or supplies, without authorization;
- Conducting personal business on Clinic time;
- Improper use or spending of Clinic funds;
- Violations of Clinic procurement policy or contract fraud;
- Tampering with Clinic records; and/or
- Obstructing, retaliating against, or tampering with an employee, witness, prospective witness or informant.

Procedure

Any employee having information related to fraud, waste, or abuse of Clinic operations is required to report such information to the Director of Human Resources immediately.

An employee reporting suspected fraud, waste, or abuse of Clinic operations may choose to remain anonymous.

Clinic policy prohibits retaliation against an employee for making a report of suspected fraud, waste, or abuse. Any employee who believes that he or she has experienced such retaliation should report it immediately to their Clinical Manager, Department Director, or to Human Resources.

Professional Conduct

This policy supersedes all previous policies and/or handbooks published by the Clinic.

Cross Reference: All Clinic policies except:
Arrest
Attendance
Daylight Savings Time
Displaced Employees
Employee Orientation
Employee Personnel Records
Employment Status
Exempt-Non Exempt Status
Funeral Leave
Garnishments
Inspections or Inquiries
Jury Duty
Licensing
On-Call and Call Back Time
Outside Employment
Parking
Payroll Processing
Pre-Employment Background Checks
Scheduled Time for Changing Uniforms

Purpose

To establish the Great Falls Clinic's expectations of all employees as it concerns their conduct on and off the job and the principles that should be followed.

Policy

The Clinic believes that an organization must behave ethically, lawfully and as a good corporate citizen to earn the right to continue operating. The Clinic also believes that an organization is more than a legal entity — it is people. The Clinic's reputation depends on the moral, ethical and legal behavior of its employees. Every employee must understand and adhere to the principles outlined in this policy.

Although it is impossible to state a rule for every situation or course of conduct, violations of accepted, common sense rules will not be tolerated.

Procedure

Employees should expect termination for theft, cheating, dishonesty, falsifying records or reports, insubordination, and unlawful conduct.

Employees should expect corrective action, including suspension without pay or termination for the following examples of misconduct:

- Excessive absenteeism or tardiness.
- Failure to notify supervisor of absence.
- Unsatisfactory job performance, including:
 - Sleeping.
 - Loafing.
 - Inefficiency.
 - Refusing to perform assigned duties as required.
- Soliciting gratuities for any work done for the Clinic.
- Accepting or offering bribes of any kind.
- Any activity which affects the goodwill or reputation of the Clinic.
- Willful and deliberate destruction or damage to Clinic equipment, buildings or property.
- Failure to report equipment damage.
- Use of Clinic equipment by unauthorized employees or unauthorized use of any Clinic equipment, supplies or telephones.
- Using or selling intoxicants, narcotics or hallucinogens while on duty or reporting for work under the influence or while in possession of intoxicants, narcotics, hallucinogens or alcohol.
- Fighting or disorderly conduct on Clinic premises.
- Gambling on Clinic premises.
- Having dangerous weapons on Clinic premises.
- Violating safety practices by contributing to unsanitary or unsafe conditions.
- Inappropriate, immoral or indecent conduct while on Clinic premises.
- Leaving Clinic premises or department without supervisor permission when on duty.
- Unauthorized quitting early or abusing lunch and break periods.
- Negligence through failure to follow established procedures, careless or willful acts that could result in injury to self, co-workers or patients.
- Smoking or using smokeless tobacco is prohibited.
- Checks written to the Clinic for non-sufficient funds.
- Failure to report injuries or accidents immediately to the supervisor.

- Belligerent, hostile or inflammatory remarks or behavior. Displaying a poor attitude, inability to get along with others, speaking negatively about the Clinic or failing to cooperate with co-workers.
- Conflict of interest.
- Distributing unauthorized literature as described by the solicitation policy.
- Entering restricted areas without permission.
- Using another department's equipment without the supervisor's approval.
- Using Clinic facilities, equipment and materials for the purpose of performing work for personal use or gain.
- Using racial epithets, or making derogatory comments, remarks or jokes on Clinic property to or about other people or groups of people in regards to race, color, religion, sex, national origin, age, disability or sexual orientation. Such remarks or comments may be verbal, written, graphic or by physical gesture.
- Participation in any activity which could or does lead to the disruption of proper care to patients.
- Medication errors.
- Imposition of personal, social, religious or political beliefs upon patients, visitors or other employees.
- Making time entries for a co-worker or requesting others make entries for you.
- Altering or making entries on another employee's attendance record.
- Any act that jeopardizes the safety of patients or other employees.
- Violations of patient, employee or business confidentiality.
- Any act that brings discredit to the Great Falls Clinic.

It must not be implied that this list contains all the Clinic rules that are or may be in effect; neither should it be believed that any omission from the list implies permission.

Sexual Harassment

This policy supersedes all previous policies and/or handbooks published by the Clinic.

Cross Reference: **Adherence to Clinic Policies**
 Corrective Action
 Customer Service
 Equal Opportunity
 Mutual Respect
 Personal Calls/Cell Phone Use
 Professional Conduct
 Search of Employees
 Weapons
 Workplace Violence

Purpose

Mutual respect, consideration, and courtesy are a tradition at the Great Falls Clinic and are expected of everyone, to include employees, patients and their family members. Clinic employees have the right to pursue their careers without fear of intimidation or harassment from coworkers, organizational superiors, patients, or visitors. Sexual harassment, for purposes of this policy, includes any gender-based harassment.

Policy

Disrespectful behavior of any kind—sexual or any other form, ranging from inappropriate humor and subtle hints to overt acts, threats, or physical contacts—will not be tolerated.

Procedure

An employee who experiences intimidation or harassment or feels threatened around a patient or his/her family members, should take the following steps:

- If providing health care services at the time of the incident, discontinue any health care services at the point at which the patient's health and safety is not jeopardized; and
- Report the incident to the immediate supervisor or Clinic Manager responsible for the area in which the employee is working at the time.
- The supervisor or Clinic Manager should contact the primary care physician and, in consultation with Human Resources and Administration to develop a plan to address the complaint.

An employee, who experiences intimidation or harassment or feels threatened around another Clinic employee, should take the following steps:

- Report the incident to the employee's immediate supervisor or Clinic Manager; and
- The supervisor or Clinic Manager should contact Human Resources to develop a plan to address the complaint.

Workplace Violence

This policy supersedes all previous policies and/or handbooks published by the Clinic.

Cross Reference: Adherence to Clinic Policies
Corrective Action
Mutual Respect
Professional Conduct
Search of Employees
Security and Loss Prevention
Sexual Harassment
Weapons

Purpose

The safety and security of Great Falls Clinic employees, patients, and visitors is crucial. Threats, threatening behavior, acts of violence, or any related conduct which disrupts an employee's work performance or the Clinic's ability to execute its mission will not be tolerated. The Great Falls Clinic recognizes that family violence, violence at work, and any other violence can affect an employee's work performance.

Policy

The Great Falls Clinic is committed to working with its employees to maintain a work environment free from violence, threats of violence, harassment, intimidation, and other disruptive behavior. All reports of incidents will be taken seriously and will be dealt with appropriately. Such behavior can include oral or written statements, gestures, or expressions that communicate a direct or indirect threat of physical harm. Individuals who commit such acts may be removed from the premises during the investigation period and will be subject to corrective action that may include termination of employment.

Definition:

Workplace violence is defined as acts of violence or threats of violence.

- Acts include the use of weapons of any kind and any unwanted physical attack such as hitting, pushing or throwing objects.
- Threats include any expression (speech, conduct, writing, etc.) reasonably designed to frighten, terrorize, or otherwise place a person in fear of bodily injury.

Specific examples of prohibited conduct:

- Hitting or shoving an individual.
- Intentionally harming or threatening to harm an individual or his/her family, friends, associates, or their property through physical means.
- Intentionally destroying or threatening to destroy property owned, operated or controlled by the Great Falls Clinic.
- Making harassing or threatening telephone calls; sending harassing or threatening letters or other forms of written or electronic communications.
- Harassing surveillance, also known as "stalking": the willful, malicious and repeated following of another person and making a credible threat with intent to place the other person in reasonable fear of his or her safety.
- Carrying weapons on Clinic property. A weapon is defined as any device that may be used to inflict bodily harm. Examples include but are not limited to: guns, knives, clubs, bombs or any other items designed to inflict injury. (See Weapons policy.)

This policy is not intended to deal with sexual harassment or interactions that would be more appropriately defined as lacking in mutual respect. See these policies that cover those circumstances: Mutual Respect, Sexual Harassment-Allied Health Staff, and Sexual Harassment-Patients & Families.

Procedure

Reporting:

Anyone who observes or experiences violence by anyone on Clinic premises, whether or not those involved are Clinic employees, should report it immediately to a supervisor. **PLEASE NOTE:** Threats or assaults that require immediate attention should be reported first to the police and then to the proper Clinic authority.

Report allegations of workplace violence to Human Resources as soon as practical. Human Resources will conduct an assessment of the risk to the person(s) threatened and to others at the Clinic and will make recommendations to mitigate the risk.

Human Resources will conduct an investigation to determine the facts and circumstances surrounding the incident and provide results of the investigation, in writing, to the supervisor of the involved parties.

Management of workplace violence incidents requires close coordination between Human Resources and supervisors of the involved parties.

Each employee who receives a protective or restraining order which lists the Great Falls Clinic premises as a protected area is required to provide his/her

supervisor with a copy of the order. The supervisor will provide a copy to Human Resources and will discuss with Human Resources and the employee any accommodations to the work setting that may be necessary and/or action plan should a violation of the protective or restraining order occur.

Action:

The supervisor will take appropriate action based on recommendations of related safety and/or security policies. Action to be taken may include, but is not limited to, no corrective action, education, referral to a medical provider, an apology, documentation (formal or informal), termination of employment, or other corrective action.

If the investigation establishes that the complainant knowingly has made a false claim, the complainant must be informed that false claims of threats of violence will not be tolerated and will be addressed by appropriate corrective action. The wrongly-accused must be assured that the false charges will not affect the terms or conditions of employment.

Employees who have had a complaint addressed by this procedure should immediately make a further complaint should the threat or violence recur.

Retaliation:

Under no circumstances will retaliation or intimidation of a complainant be tolerated. Employees who have had a complaint addressed by this procedure or have participated in an investigation must immediately make a further complaint to their supervisor if they are the subject of retaliation or intimidation, or if the threats or violence recurs.