



Contractor Safety Manual

**For Construction Workers Working at
TCHHN Facilities**

Revised 10/3/2017

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Introduction

A commitment to creating and maintaining a safe environment is a core value that is expected from every worker working at The Christ Hospital Health Network (TCHHN) and The Christ Hospital Medical center- Liberty (TCH- Liberty). The commitment can be neither marginal nor negotiable.

This manual has been prepared as a guide for Construction Workers performing work at TCHHN/ TCH-Liberty. The manual is intended to be used for Construction Workers who will be working within our occupied facilities. For work on Greenfield sites, this manual does not apply.

Outlined are the normal procedures, restrictions, and safety regulations that must be followed while working at TCHHN/ TCH-Liberty. It does not cover every situation and it is not intended to do so. The provisions of this handbook are intended to supplement, but not replace, applicable provisions of the Occupational Safety and Health Act, Hospital Project Specifications, state codes, and any other laws or regulations. All workers performing work for TCHHN/ TCH-Liberty should become familiar with this manual and should keep readily accessible for later reference.

The Facilities Construction office is TCHHN's/ TCH-Liberty's contact for all construction workers. Following is a list of TCHHN/ TCH-Liberty department telephone numbers contractors may need to call.

Facilities/ Construction.....	513-585-4130
Maintenance/Engineering.....	513-585-0831
Safety & Security.....	513-585-2222
Receiving Dock.....	513-585-1275
Spill Emergency.....	513-585-2222
To report fire emergency (while on main campus).....	111 Inside phone
To report fire emergency (while on main campus).....	513-585-2222
To report fire or medical emergency (while at off campus location).....	911

*Contractors and Construction Workers receiving this manual are independent contractors. In no event shall this Safety Manual be construed as establishing a partnership, joint venture, employment, or similar relationship between TCHHN and a contractor and/or worker.

Part I: General Information

Definitions:

Commonly used terms and/ or phrases used in this manual are

- TCHHN- is The Christ Hospital Health Network and includes all Christ Hospital facilities both on campus, off campus, and The Christ Hospital- Liberty campus.
- Construction Worker- any worker employed or self-employed who performs work at TCHHN in the building trades field; also includes Low Voltage Cabling contractors and maintenance service vendor employees
- Contractor- any company doing business at TCHHN who employs Construction Workers
- Low Voltage Cabling Contractor employee- any worker employed by a low voltage cabling company or individual installing low voltage cabling including but not limited to data cabling, nurse call cabling, telephone cabling or other types of low voltage cabling
- Greenfield Sites- an undeveloped site owned by TCHHN earmarked for industrial development and/or projects.

Construction Worker Conduct

The highest priority for TCHHN is to provide excellent patient care and service to the community. The level of excellence and quality of care provided depends largely on the competencies and professional conduct of its employees, contractors, and Construction Workers. To ensure that these patient care, services and work environment objectives are met, all Construction Workers are expected to adhere to the rules and policies outlined in this manual, as well as sign acknowledgments of receipt of, and adhere to, TCHHN's Code of Conduct (enclosed Exhibit A). Examples of items considered detrimental to the above include, but are not limited to:

1. Horseplay, disruptive activities, or other forms of disorderly conduct
2. Non-compliance with the requirements of this manual
3. Solicitation, distribution, or posting of provocative, controversial, and/ or inflammatory literature
4. Failure to wear ID Badge
5. Creating unsafe conditions or allowing unsafe conditions to exist
6. Gambling
7. Use of tobacco products
8. HIPPA violations
9. Physical abuse of another individual while on the property
10. Offensive, derogatory, belittling, profane or obscene language or behavior to any patient, visitor, TCH employee, or fellow worker
11. Any illegal conduct
12. Possession of weapons or firearms on site
13. Theft
14. Deliberate destruction of property
15. Use of, possession, sale or distribution of alcohol, illegal narcotics and/ or controlled substances, or other drugs

16. Reporting to the job site with odor of, or under the influence of, alcohol, illegal narcotics, and/ or controlled substances, or other drugs
17. Threatening, intimidating or sexually harassing patients, visitors, staff

Information to be supplied

To ensure the safety of our patients, as well as the safety of the worker, each Construction Worker must submit **through their contractor** the following information:

1. Signed Safety Manual receipt Form
2. Copy of valid Coats Card or equivalent drug screening certification
3. Proof of attendance through a company safety program
4. An OSHA 10 or 30 card (required for an identified lead or supervisory personnel only)
5. Signed Confidentiality and data Security Agreement Form
6. Signed Code of Responsible Conduct Certification Form
7. Copy of Certification Card on Fire Stopping (only required if employee will be performing fire stop activities)

The **contractor will be required** to attest to each construction worker that the worker has received the following:

1. TB Test within the last year
2. Flu Shot within the last year

Badges

All TCHHN Construction Workers must wear a valid TCHHN ID badge. The badge must be worn between the waist line and neck line and must be visible from the front. A copy of the TCHHN badge request form is attached at the end of this booklet.

Information on the process of how to request a badge can be found at the end of this manual. Lost badges are to be reported to Safety Security within 24 hours
The badges are good for 12 months from date of issuance

Parking

All construction workers must park on public streets. Parking in TCHHN parking garages or surface lots is prohibited.

Hospital Amenities

The main hospital has several food establishments that are available to the worker however, in order to maintain an environment that is safe and healthy for our patients and guest, all workers should vacuum off any dust on there clothing or install clean coveralls over there work clothes before traversing the hospital corridors.

Drug Free Work Place

Every contractor is required to have in place a “Drug Free Work Place” policy.” Such policy will be provided to TCHHN by the Contractor upon request. In the event of an accident or an incident involving property damage, any worker involved must submit to a post-accident drug

screen at the employer's expense. Additionally, each contractor is required to abide by TCHHN's Drug Free Workplace policy located in Part VI Appendix A.

Anyone whose test results in a confirmed positive shall be removed from the site and not allowed back onto any phase of any project until approved by Facilities Construction.

Telephone Service

Telephones at TCHHN are for hospital use only.

Cellular phone service is available with restrictions for use in ICU's and critical care areas. Each construction worker should determine signal strength available.

Construction workers requiring telephone service should make arrangements by calling Facilities/ Construction.

Receiving and Storage

Construction workers may use the hospital's main building receiving Dock to receive materials for construction projects located on the main campus.

For smooth flow of materials, the worker will advise the shipping/receiving department of the vendor order, expected delivery dates and the person to contact when the material arrives, hospital personnel will not unload, move or deliver items. It is suggested that the worker identify all goods to be received by job number, company name and where possible, specific superintendent's or foreman's name. Material shipped to the hospital through the shipping/receiving dock must be removed from the dock area in a timely manner to avoid congestion. The hospital has limited space for storage. It is suggested that employees store as much material as possible in their own facilities. No storage shall be allowed in any mechanical rooms or substation areas without prior written approval from Facilities/ Construction..

Elevator usage

The elevators have been designated as passenger and service elevators to permit movement of patients, patient equipment and supplies separate from passenger's traffic. Patient and emergency traffic will be given priority on all service elevators within the hospital. All materials transported by cart must be enclosed in a clean container. Within the Main Hospital all material should be transported on elevator #23 located in the west wing (freight elevator serving floors A through D), elevators #25 located in the north wing (serving floors B through 9), or elevators #49 and #50 located in the Joint & Spine Center. Use of any other elevator should be arranged through Facilities/Construction or Maintenance.

Elevator usage needs at the off site locations need to be arranged with the building owner.

Dust Containment/ Infection Control Permits

Within TCHHN's operation, there is a diverse mix of patient population that are extremely sensitive to dust and other contaminants within the air space above the ceiling and within the wall cavities. Typically when work is performed above ceiling tiles or inside all cavities, this dust and other contaminants are disturbed and often times distributed into the conditioned space. As such, precautions are needed to protect the welfare of these patients from the air borne contaminants.

The hospital had developed a Construction Risk Assessment that weighs the risk of the patient population to that of the required work of the contractor. From these risk assessments, required precaution are developed, that must be adhered to by any worker needing access to these places. A permit is then issued for access to the ceiling space or wall cavity.

All construction workers requiring access to above ceiling or wall cavities within the TCHHN occupied properties are required to obtain a permit from Facilities'/Construction or Maintenance prior to removing any ceiling tile or opening up any partition.

Also see **Fire/ Smoke Walls/ Fire Stopping in Part II below** for information of Fire Stop Requirements.

Working in certain areas may require the use of negative air machines and/or dust containment systems, which are to be provided by contractors. The negative air machines and HEPA Units are to remain running at all times.

Please note that under no circumstance should any above ceiling utility come in contact with the fire suppression system. If noted while working above ceilings, please report it to facilities Construction

Smoking Policy

TCHHN is a tobacco free campus, which means that the use of any tobacco products or E Cigarettes is strictly prohibited on the site. Use of tobacco products or E Cigarettes including chewing tobacco is limited to off-property use only.

Connection into Hospital Systems

All Construction Workers must obtain approval from Facilities/Construction or Maintenance before shutting down any systems which affect areas outside the immediate worksite.

Connections into any systems, such as electrical, piping, or medical gas, must be scheduled through Facilities/Construction or Maintenance. Each worker shall research any such work and submit a completed "Shutdown Request Form" to Facilities/Construction or Maintenance for approval and scheduling.

The "Shutdown Request Form" should be submitted to the hospital a minimum of 5 working days before the requested date of the outage.

On-The-Job Accidents

The Hospital campus maintains a 24 hour seven days a week emergency room which may be used by any worker. If a worker, working within the confines of the Main Hospital building, is injured on the job site and is unable to seek medical attention on his own, a co-worker should advise the nearest nursing station or hospital staff member of the situation and have them evaluate the injury and/or notify the appropriate personnel.

If injuries occur outside the existing campus or while working on projects involving new buildings, a co-worker should notify the local emergency services by dialing 911. The hospital is not in a position to transport or extricate injured persons. All on-the-job injuries should be reported to Facilities/ Construction as soon as possible.

Contractor and Construction Worker Requirements

All Construction Workers and other contractor-provided workers must comply with TCHHN's Vendor and Contractor Requirements form unless otherwise indicated by TCHHN.

All of the following information must be stored with the Contractor so that it is readily available in the event that the hospital needs the information.

Tuberculosis

A two step TB skin test done within the last 12 months will satisfy this requirement- others will be required to perform a QuantiFERON Gold blood test to determine TB status

Influenza Vaccination

Construction Workers must receive annual influenza (flu) vaccinations

I-9 Documentation

Per federal regulations

Background Checks

The contractor shall be responsible for all cost associated with background checks. The contractor is responsible for informing TCHHN of scope of background check performed. Background checks on construction workers working for TCHHN must at a minimum include the following:

1. Social Security Number Validation
2. Criminal Background Check- (all current and previous names need to be checked) County, State, and federal criminal background check (minimum 7 years)
3. Specially Designated Nationals and Blocked Persons
List of individuals/ companies owned or controlled by, or acting for or on behalf of, targeted countries. It also list individuals, groups, and entities, such as terrorists and narcotics traffickers designated under programs, not country specific. Their assets are blocked & US persons are generally PROHIBITED from dealing with them.
4. Excluded Parties List System
Information regarding entities debarred, suspended, proposed for debarment, excluded or disqualified under the non-procurement common rule, or otherwise declared ineligible from receiving Federal contracts, certain subcontracts, and certain Federal assistance and benefits.
This information may include names, addresses, DUNS numbers, Social Security Numbers, Employer Identification Numbers or other Taxpayer Identification Numbers, if available and deemed appropriate and permissible to publish by the agency taking the action. Please be aware that although GSA operates this system,

individual agencies are responsible for the timely reporting, maintenance, and accuracy of their data. Includes last known address

5. Health and Human Services

The OIG under Congressional Mandate, established a program to exclude individuals and

entities affected by various legal authorities contained in section 1128 & 1156 of the Social Security Act and maintain this list of all currently excluded parties (preventing them from participating in federally funded health care programs).

Basis for exclusion includes: convictions for program-related fraud and patient abuse, licensing board actions and default on Health Education Assistance Loans.

Effects of exclusion are: 1) no payment will be made by any Federal health care program for any items/service furnished, ordered, or prescribed by an excluded individual or entity (Medicare, Medicaid), 2) no program payment will be made for anything that an excluded person furnishes, orders, or prescribes. This payment prohibition applies to the excluded person, anyone who employs or contracts with the excluded person, any hospital or other provider where the excluded person provides services, and anyone else. Regardless of who submits the claim. 3) limited exception for provision of certain emergency room items/services NOT provided in hospital ER.

Part II: Safety

Interim Life Safety

As part of the Owners Joint Commission on Accreditation of Health Organizations), the following Interim Life Safety Measures (ILSM) shall be adopted and enforced on all work occurring at TCHHN. Each construction worker shall comply with the following regulations.

- All exits shall provide free and unobstructed egress. Training shall be provided to all personnel if alternate exits must be designated. All work areas must have an escape route at all times. Means of egress in work areas shall be inspected daily.
- Ensure free and unobstructed access to the emergency department and for emergency forces.
- Ensure that fire alarm, detection and suppression systems are not impaired.
- Temporary partitions shall be smoke tight. Doors shall have positive latching and closers. Work areas should be free of combustible or limited combustible materials. Plastic and plywood are not acceptable materials for temporary partitions. Partition shall not contribute to the development or the spread of fire.
- Provide additional fire fighting equipment for which all workers have been trained to use properly
- Smoking is not permitted on TCHHN property. Failure to adhere to this rule will result in the immediate dismissal of the worker and/ or the company.
- Debris shall be removed daily. No stock piling of debris will be permitted.
- Increase and document hazard surveillance of the following area: excavations, field offices, work areas, work storage areas.

- All workers working for TCHHN shall be familiar with the Interim Life Safety Measures

In Case of an Emergency

Facilities/Construction and Maintenance/Engineering are aware of construction workers working within the hospital. Emergency calls can be made through Facilities/Construction during day shift working hours. During evenings, nights, weekends and holidays, the Maintenance/Engineering or Security Department will relay emergency messages. It is necessary for the construction worker to check with Facilities/Construction on a regular basis with information related to where they are working and where their men are expected to be. Job telephone numbers, job offices and tool locations should be given to Facilities/Construction in case of such emergencies.

Fire Alarm System

The Main hospital is protected with a central system that automatically dispatches the Cincinnati Fire Department and our in house maintenance team, should a fire device go into alarm. A coded voice message, through the speaker strobe devices will announce “CODE RED” then followed by the wing and floor.

It is recommended that each construction worker review his operations and notify Facilities/Construction if he feels that his operations will activate an alarm.

IF A FIRE CONDITION IS OBSERVED, MOVE ALL OCCUPANTS TO A SAFE LOCATION, THEN PULL THE MANUAL PULL STATION LOCATED NEXT TO A STAIRWELL DOOR, THEN CALL EXTENSION 111 TO REPORT AND VERIFY THE LOCATION.

Someone should remain in the vicinity, in a safe location, to inform the fire response team and the fire department of the location and cause of the fire. All construction workers should be aware of emergency exits and traffic patterns on the floors where they are working.

While working at off campus locations, some of the sites have a smoke detection system. Coordination of your work needs to be followed in the same format as stated above. To report a fire dial 911 from any office phone within the suite.

Code Alert System

For the Main hospital, code announcements are made over the hospital TV paging system located thru out the building. A copy is attached at the end of this document that lists the various codes. See Appendix C

Fire/ Smoke Walls/ Fire Stopping

Fire walls, smoke walls, fire doors, and ceiling systems within the TCHHN facilities, protect visitors, patients and employees from fires and smoke conditions. The integrity of the assembly must be maintained to provide a safe environment. All work on smoke and fire partitions and smoke and fire doors must not compromise the integrity of the assembly. All breeches must be patched back with products approved by Facilities/ Construction or Maintenance. Drawings indicating the locations and ratings of fire assemblies are available for review in the Facilities/ Construction office. The mechanic performing the work **MUST** be certified to apply the product.

Photos of the fire stop MUST be submitted to Facilities Construction to close out the permit. Existing smoke and fire doors must not be blocked open or shut by any method nor be obstructed to interfere with their closures. Ceiling tile which is used as a smoke barrier must remain in place or be re installed as soon as possible.

Fire Extinguishers

All construction workers are to provide their own fully charged and inspected fire extinguishers and protective equipment as required for the material present. They should become familiar with the type and use of extinguishers needed. Hospital owned extinguishers are to be used only in an emergency. Facilities/ Construction or Safety Security must be notified promptly if any hospital owned extinguisher is discharged, damaged, or relocated.

Fire Exits

The hospital and its off site locations have been designed and built to conform to all life safety and building codes available at the time of construction. It is the responsibility of each construction worker to become familiar with the location of exits that could be used in case of fire or other evacuation emergencies. Materials, equipment and operations must not obstruct access to fire alarm pull boxes, fire extinguishers, fire hose cabinets, stand pipe valves or fire exits unless approved in advance by Facilities/Construction.

Safety Policy

Contractors are required to have a safety program for their workers. It is each Construction Worker's responsibility to become familiar with this plan as established by their company. Documentation of the safety program will be provided to TCHHN upon request.

Personal Attire

All Construction Workers shall wear sturdy work boots, long pants, and shirts with minimum 4" sleeves. Hi-visible vest and/ or shirts with company logo are required while working on site. Hardhats are required per OSHA requirements and/ or company safety policies. Tennis shoes, tattered or torn clothing, shorts, and tank top shirts are not permitted by any Construction Worker working on the site.

Other safety equipment such as gloves, eye and face protection, hearing protection, personal fall arrest systems, respiratory protection, etc. may be required as specific tasks and/or laws and regulations dictate. It is the contractor's responsibility to provide all required personal protective equipment and related training to their workers.

Hot Work Permit

The TCHHN recognizes that during the course of work, certain operations require the use of an open flame. Operations such as welding, soldering, brazing, or any other type of operation that utilizes an open flame will require a "Hot Work Permit." Fire watches, when required, need to be performed for 30 minutes after the hot work is completed. Facilities/Construction or Maintenance will issue a permit to a Construction Worker

based upon a certain task that needs to be completed. The permit must be displayed at the area of the work being done.

Safety Hazards

All Construction Workers must review the worksite to evaluate the possible hazards that may affect people and to make changes as necessary to eliminate or minimize the hazards. Warning signs and/or barricades must be posted in conspicuous locations and along normal paths of travel to notify passerby of such hazards. Only red or green caution tape is permitted to be used on the site.

Radiation Safety

Construction workers shall not work in an area designated with a radiation symbol until approved by Facilities Construction or Maintenance.

Do not proceed with work or handle material if encountered.

Individuals are prohibited from eating or drinking in any areas where radioactive materials maybe located.

Helipad Safety

Prior to working around the helipad, permission must be obtained from Safety Security

Hazardous Areas

Access panels to pipe chases and other areas, such as electrical closets and mechanical equipment rooms, are locked to prevent unauthorized entry. Whenever work is performed in one of these areas, caution should be used to prevent accidental entry by patients, visitors and staff member. All such openings should be closed and locked when unattended.

Lock Out Procedures for Hazardous Energies

TCHHN has developed and implemented a safety plan for a lock out or tag out of energy isolating devices. This policy or a similar policy (if more stringent than TCHHN's policy) shall be followed by all Construction Workers working for TCHHN.

In general, all equipment or lines must be locked out to protect against accidental or inadvertent starting or opening when such action could cause injury to personnel or equipment.

Where several Construction Workers are working on tagged equipment, each shall attach his or her own tag and lock with signature, date and company name. For additional information, consult with Facilities/Construction. Working on electrical circuitry and apparatus while hot is to be done only when approved by Facilities Construction or Maintenance.

Power Cords

All Construction Workers should inspect power cords and powered tools for damaged or defective conditions. TCHHN reserves the right to cut any power cord it believes to be damaged and/or remove any power tool believed to be defective.

Electrical safety

Per OSHA 1926.416 and NFPA 70E, only a qualified individual (approved by Facilities Construction or Maintenance) may work on a live part.

Confined Space Entry

All Construction Workers involved in confined space entry at the site shall comply with their employer's Confined Space Policy in accord with current Occupational Safety and Health Administration Standards.

MRI areas

Facilities construction will coordinate with our Imaging Department for specific training in regards to MRI safety. Only properly trained personnel may perform work around an MRI

Part III: Health

Infectious Waste Plan

The hospital has adopted an infectious waste plan outlining the generation, handling, storage and disposal of hazardous waste.

All Construction workers are prohibited from handling bagged infectious waste. The hospital disposes of infectious waste in RED plastic bags clearly labeled with the biohazard symbol. .

UNDER NO CIRCUMSTANCES SHALL MATERIAL OTHER THAN THAT OUTLINED IN THIS POLICY BE PLACED IN THE CONTAINERS LISTED.

Asbestos Removal

The hospital has an ongoing program for the abatement of materials containing asbestos. If asbestos is suspected or materials containing asbestos are discovered in the work site, please notify Facilities/ Construction immediately. All work in the area around the suspected material should stop until determination and, if needed, removal of material is completed. The hospital strives to perform a pre-work survey for asbestos in the area that will be having work activities occurring.

Asbestos removal will be performed by licensed contractors contracted by the hospital.

Lead Lined Walls

Only properly trained personnel may perform work involving lead lined walls and all OSHA lead exposure procedures must be followed. Construction Workers must be medically cleared, trained in lead awareness, and respirator fit-tested prior to performing this work. Personal air sampling for lead exposure should be conducted before and after the work.

Hazardous Communication Program

Each contractor is required to have a hazardous communication program, which will be provided to TCHHN upon request. It is the Construction Worker's responsibility to be familiar with this plan as established by their company. In addition, TCHHN's hazardous communication program is available for workers' review.

Safety Data Sheets

Each contractor is required to submit to The Christ Hospital a copy of all Safety Data Sheets pertaining to hazardous materials used at their work site at TCHHN facilities.

During the course of work, if it is necessary to use a hazardous chemical, the hospital must be notified. This will allow time to ensure that the proper safety and health precautions are met and to notify employees working in surrounding departments

When construction workers are working in an area where hazardous chemicals are being used by the hospital, they will be informed of pertinent safety and health information by the hospital

All containers of hazardous materials must be labeled to identify the exact contents and contain information for the appropriate response to an emergency spill. In the event of a spill or release of a hazardous material, contact the hospital Safety and Security department immediately at 585-2222

There are a number of hazardous chemicals in use daily at The Christ Hospital. Each hospital department maintains a Safety Data Sheet (SDS) notebook that contains the following information: the hospital's written policy on hazardous communication, an inventory list of all the chemicals being used in that area, as well as their SDS information. Construction workers have a right to inspect each of these manuals.



CONFIDENTIALITY AND DATA SECURITY AGREEMENT

Contractors and Non-employees

As a contractor or non-employee of *The Christ Hospital Health Network*, you have a legal obligation to protect the rights of patients as defined under the Health Insurance Portability and Accountability Act (HIPAA). You are required to keep “Protected Health Information” and other vital data you may access during the course of your daily work confidential. The following defines this information and provides a series of statements you must review to fully understand your obligations, as well as appropriate use of the Internet at *The Christ Hospital Health Network*. **Please read all sections and sign at the end.**

Description of Protected Health Information (PHI)

PHI includes medical records and financial or billing information relating to a patient’s past, present or future mental or physical condition; or past, present or future provision of healthcare; or past, present or future payment for provision of healthcare and contains any of the following identifiers that may be used to identify the patient:

- Name
- Place of residency (including street address, county, city, ZIP code)
- Telephone/fax numbers
- E-mail addresses
- Social Security number

- Medical record number
- Health plan beneficiary number
- Account numbers
- Birth date, admission date, discharge date, date of death, all ages over 89
- Certificate/license numbers
- Vehicle identifiers and serial numbers including license numbers
- Device identifiers/serial numbers
- Web Universal Resource Locators (URLs, i.e. web page identifiers), Internet Protocol (IP address number)
- Biometric identifiers (voice, finger prints)
- Full face photo image
- Any other unique identifying number, characteristic or code

Description of Other Confidential Information

Confidential information also includes, but is not limited to, combined clinical data, employee records, processes, marketing plans or techniques, product or service plans, strategies, forecasts, customer/patient lists, supplier lists, discoveries, ideas, pricing policies and financial information. This confidential information can be obtained through hearing it, seeing it, viewing the medical record or accessing it in a hospital computer system.

Requirements of All Contractors or Non-Employees of The Christ Hospital Regarding PHI and Confidential Information

The services provided by *The Christ Hospital Health Network* and corresponding PHI are highly confidential and must not be released or discussed with unauthorized personnel either inside or outside of the hospital. There are both federal and state laws which safeguard the privacy of PHI and other confidential information from unauthorized access, use or disclosure.

Contractor or Non-Employee Agreements Regarding Use of PHI, Confidential Information and the Internet

- I agree to abide by *The Christ Hospital Health Network* policies on confidentiality of protected health information (HIPAA policies).

- I agree to access, use, or disclose only PHI for which I am authorized by my job responsibilities (via password) and as complies with *The Christ Hospital Health Network* HIPAA policies. I agree not to invade patient privacy by examining PHI or data for inappropriate review.
- I agree not to discuss PHI in unauthorized areas, such as hallways, elevators, and cafeterias, where it could be overheard.
- I understand unauthorized access or disclosure of PHI may subject *The Christ Hospital Health Network* to federal fines or penalties.
- I agree not to make unauthorized disclosures, copies, or transmissions of PHI in any form including, but not limited to, electronic transfer of PHI to personal devices.
- I understand that any access to PHI for research purposes requires proper documentation and approval according to HIPAA policies.
- I agree to keep my system password(s) confidential and not share it (them) with any individual or allow any individual to access information through my password(s). I understand that giving a password to an unauthorized individual may result in punitive action including, but not limited to, loss of account access, removal from job/job site, and penalties defined under contract.
- I understand my password(s) may identify information that I have accessed, which may be monitored.
- I understand my password(s) will be changed periodically to help maintain the security of *The Christ Hospital Health Network*.
- I understand I must safeguard data at all times – during its origin, entry, processing, distribution, storage, and disposal. This includes data in electronic, paper, film, video or other forms.
- I understand I must safeguard data from unauthorized access (accidental or intentional), modification, destruction, or disclosure.
- I understand data used in business and clinical operations is an asset of *The Christ Hospital Health Network*.
- I understand any e-mail address assigned to me is the property of *The Christ Hospital Health Network* and its member institutions and may be monitored. I further understand that I should have no reasonable expectation of privacy when using *Christ Hospital* e-mail or internet.

- I understand that, should I have access to the internet, it is provided by *The Christ Hospital Health Network* to assist in completion of work assignments (e.g., patient care, research, education). I understand that this access should be considered an extension of my work environment.
- I understand *The Christ Hospital Health Network* may monitor usage or restrict access of the internet.
- I understand the use of unlicensed or unapproved software constitutes a serious risk to *The Christ Hospital* operations.
- I understand that upon my contract termination or end of work with *The Christ Hospital Health Network*, my ability to access *The Christ Hospital Health Network's* information will end. I agree that I will not attempt to access the systems or disclose any confidential information and/or PHI to any person or entity at that time.
- I understand at the termination of my contract or end of work with *The Christ Hospital Health Network*, I will return any confidential information, including PHI that is in my possession, to *The Christ Hospital Health Network* employee overseeing my work.
- I understand that I must continue to honor all of the obligations mentioned above after the end of my working relationship with *The Christ Hospital Health Network*.

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Confidentiality and Data security Agreement Signature Form

I have read this document and understand that my signature constitutes my acceptance of the terms of this agreement and that a violation of it can result in disciplinary action, up to and including termination of my contract or relationship with *The Christ Hospital Health Network*. I also recognize that by signing this agreement, there may be legal, ethical and personal consequences for violating its terms.

Name (Print)

Date of Signature

Signature

Date of Submission or Receipt

Last Four Digits of Social Security Number

TCH ID Badge Number (*issued by Fac/ Constr*)

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Exhibit A



Division of Compliance & Organizational Ethics

CODE OF RESPONSIBLE CONDUCT

Approved by The Christ Hospital Board of Directors

April 2008

THE CHRIST HOSPITAL

CODE OF RESPONSIBLE CONDUCT

Dear Employees & Colleagues:

Our mission is to provide the finest patient experience and improve the health of our community. Our values; excellence, compassion, efficiency, leadership and safety, reflect our shared commitment to our mission and our community.

Our Code of Responsible Conduct (the “Code”) is designed to help all of us understand what is expected of us and to ensure that our work is done in an ethical and legal manner. Specifically, the Code is meant to help us understand the federal, state and local laws, the ethical standards, and The Christ Hospital policies that govern the way we provide care and conduct business, particularly when we are dealing with the Medicare and Medicaid programs and their beneficiaries. It has been developed to help us carry out our daily activities in accordance with those laws, standards, and policies.

We are committed to a corporate culture of honesty and ethical responsibility. We believe that our employees already come to work wanting to do a good and honest job. By this Code, we formally established that philosophy as one of our highest priorities and rededicate ourselves to living and working in accordance with our values. We will not sacrifice compliance nor ethics in the pursuit of business objectives. To this end, we expect each Christ Hospital employee to know, understand, and follow the guidelines and policies described in this Code.

If you have questions regarding this Code or if you encounter any situation that causes you to question actions or conversation, you should immediately consult with your supervisor, a member of the Executive Team, or the Division of Compliance & Organizational Ethics. Please know that it is a violation of The Christ Hospital policy for anyone to retaliate against an employee who, in good faith, asks questions or raises concerns about ethics or compliance, or who reports conduct that may be improper. If, however, you feel uncomfortable about consulting with a supervisor, member of management, or the, you may call the Compliance Hotline anonymously (800) 398-1496.

Thank you for submitting the Code of Conduct Certification Form.

We look to each of you, as valued members of The Christ Hospital team, to help us carry out our mission in an ethical manner reflecting this integrity in all that you do. Living our values makes us who we are.

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- **THE CHRIST HOSPITAL VISION + MISSION + VALUES**

The Christ Hospital’s vision is to be a national leader in clinical excellence and patient experience.

The Christ Hospital will provide the finest patient experience and improve the health of our community.

In order to achieve these goals, The Christ Hospital has identified the following core values: Excellence, Compassion, Efficiency, Leadership, and Safety (ExCELS). These values underscore our important standards of responsible conduct.

- **PURPOSE OF THE CODE OF RESPONSIBLE CONDUCT (CODE)**

The Code, which was adopted by The Christ Hospital Board of Directors, identifies expected behavior The Christ Hospital requires from each employee and care partner in carrying out each job responsibility and in making each business decision. Some of the most important health care laws, rules, and regulations are summarized so that employees and care partners understand the necessity of complying with the Code. The following principles are the foundation for our standards of conduct:

The Christ Hospital is an ethical health care organization which delivers patient and client services according to applicable federal, state and local laws, and all professional standards of business practice.

Patients and families and their diverse needs and beliefs are the center of all The Christ Hospital does and deserve dignity, respect and honesty from every employee, health care provider, and service vendor.

All Christ Hospital employees and care partners, including physicians, third party payors, contractors, vendors and consultants should conduct patient care and business relationships in a manner demonstrating honesty, fairness, and mutual respect.

- **CULTURE OF RESPONSIBILITY**

Each employee, volunteer and care partner throughout the organization is responsible for performing job responsibilities in compliance with the Code. Any employee can ask a question, raise an issue and report a violation. No one who takes these steps in good faith will be disciplined or be subject to retaliation. Any person who becomes aware of retaliation action by an employee of the organization for reporting an issue or potential violation should call his/her supervisor, administrative manager or the Compliance Officer.

- **CORPORATE COMPLIANCE PROGRAM / COMPONENTS**

Adoption by Board of Directors

The Board of Directors of The Christ Hospital passed a resolution adopting the Corporate Compliance Program (the “Program”). The Program documents the organizational commitment to recognize and establish standards of compliance and ethics. The Program is designed to prevent, detect and resolve potential violations of the federal, state and local laws that govern the way The Christ Hospital provides care and conducts business, particularly with respect to the state and federal health care programs, such as Medicaid and Medicare and their beneficiaries.

Scope of Application

The Corporate Compliance Program applies to all Christ Hospital employees, volunteers, medical staff members, The Christ Hospital Medical Associates (TCHMA), its physicians and offices, and agents/business partners.

Overview of Code

Standards of Conduct, Policies & Procedures

Compliance Officer – Reporting and Enforcement

Cooperation with Investigations

Health Care Laws, Rules and Regulations

- **COMPLIANCE STANDARDS OF CONDUCT, POLICIES & PROCEDURES**

The Christ Hospital and its employees, volunteers, staff, physicians, agents, consultants, and all care partners will comply with all laws, regulations and standards.

It is the policy of The Christ Hospital to conduct its affairs in a lawful and ethical manner. Applicable laws, regulations and standards address many subjects, such as licenses, permits, accreditation, access to treatment, consent to treatment, medical record keeping, access to medical records and confidentiality, patients' rights, terminal care decision-making, medical staff membership and clinical privileges, corporate practice of medicine restrictions, and Medicare and Medicaid regulations.

For a more detailed understanding of these policies and procedures and associated requirements, employees should consult the Compliance policies available on The Christ Hospital web site and Intranet. Any employee who does not have access to The Christ Hospital web site and Intranet may request a copy from the Division of Compliance & Organizational Ethics.

Each employee of The Christ Hospital must submit a Certification Form confirming that they have received a copy of the Code and that they understand the mandatory policies contained in the Code, policies and procedures.

New employees will be required to sign this acknowledgment as a condition of employment following orientation and training on the Code.

Adherence to and support of the Code and participation in related activities and training will be considered in decisions regarding hiring, promotion, and compensation of all employees.

The Christ Hospital employees, medical staff members, providers, and contract service vendors are expected to be knowledgeable about the Code policies and should take reasonable steps to comply with applicable laws, regulations, and standards that affect them.

The Christ Hospital expects its employees, medical staff members, providers, and contract service vendors to exercise good judgment and integrity in all matters, including those involving investigation or reporting of matters described in this Code. The support of all Christ Hospital employees is required so that violations of the Code are brought to the attention of appropriate leaders in the organization. The Christ Hospital encourages employees to address ethical or compliance issues with their supervisors whenever possible and appropriate.

If for any reason an employee is not comfortable or able to speak with his or her supervisor about an ethical or compliance issue, the employee should bring the issue to another member of management or to the Compliance Officer, or may call the Compliance Hotline anonymously at (800) 398-1496.

Concealment of a violation is, in itself, a violation of this Code. Therefore, anyone who is unsure about (1) whether a law, regulation or standard is applicable (to that person or to another), (2) what a law, regulation or standard means, or (3) whether something is a violation of an applicable law, regulation or standard should ask his or her supervisor, a

member of management, and/or the Compliance Officer. In general, it is best to ask about or report any act or omission that makes you uncomfortable or that seems to require excessive rationalization or justification. The fact that “everybody does it” is not an excuse for violation of applicable laws, regulations or standards.

The Christ Hospital will try to keep reports and the identity of any individual confidential if the law permits.

The Christ Hospital will not permit retaliation against any employee, health professional, or volunteer for inquiring about or reporting a suspected violation when done in good faith. But, deliberate false accusations made with the purpose of harming or retaliating against another will result in disciplinary action.

The Christ Hospital Compliance Officer will monitor Code compliance, investigate reports, and identify appropriate corrective actions. All employees are obligated to cooperate in any investigation.

The Christ Hospital is committed to monitoring compliance with the Code and compliance policies. The Internal Audit Division of the Finance Department performs monitoring by routinely conducting internal audits of issues that have regulatory and compliance implications. The Christ Hospital also uses other means of ensuring and demonstrating compliance with applicable laws, standards, and policies.

The Compliance Officer will review each report of a potential violation of the Code, and will initiate an investigation as necessary. The Christ Hospital expects all employees, medical staff members, and privileged practitioners to cooperate with any investigation.

When the inquiry has been completed, the Compliance Officer will review findings with the appropriate Administrative Department and/or outside Legal Counsel to determine if a violation has occurred.

If a violation has occurred, The Christ Hospital will initiate corrective action including, as appropriate, making restitution of overpayments, notifying the appropriate government officials, instituting necessary disciplinary action, and/or implementing systemic changes to prevent similar violations from recurring in the future.

Anyone who violates any provision of the Code will be subject to disciplinary action.

The actual discipline administered will depend on the nature, severity, and frequency of the violation(s).

Disciplinary action for a violation of the Code can include any of the following: verbal warning, written warning, written reprimand, suspension, termination, and/or restitution.

The Christ Hospital and its employees, volunteers, staff and physicians will cooperate with government auditors & investigators.

It is possible for a Christ Hospital employee, medical staff member, or privileged practitioner to receive letters, telephone calls, and/or personal visits from outside individuals asking questions about Christ Hospital activities. Some of those outside individuals could be government investigators from federal or state agencies such as the Department of Health and Human Services, its Office of Inspector General (the "OIG"), the Medicaid Fraud Control Unit, the Federal Bureau of Investigation, various Medicare intermediaries, and state licensing agencies.

During a government audit or investigation, The Christ Hospital, its employees, medical staff members, and privileged practitioners will be courteous to all government inspectors.

The Christ Hospital will take reasonable efforts to provide government inspectors with complete and accurate information that they request and to which they are entitled.

The Christ Hospital will not conceal, destroy, or alter any documents, lie, or make misleading statements to government representatives. Similarly, The Christ Hospital will not attempt to cause others to fail to provide accurate information or obstruct, mislead, or delay the communication of information or records relating to a possible violation of applicable laws, regulations or standards.

You should be aware of your individual rights and privileges, as well as the rights of The Christ Hospital during any investigation. Any Christ Hospital employee, medical staff member, privileged practitioner, or volunteer who receives any communication regarding a possible government audit or investigation should contact a member of the Administration Team and/or the Compliance Officer as soon as possible. The Compliance Officer will evaluate the circumstances and determine the need for any additional action.

If a government auditor or investigator contacts you, The Christ Hospital expects that you will follow these guidelines:

Please contact a member of the Administration Team and/or the Compliance Officer as soon as possible.

You may speak with government auditors and investigators or you may decline to speak with them, as you choose.

You are not obligated to answer any question asked by the auditor or investigator, no matter what he or she says, and no matter what assurances he or she might offer you concerning the information you disclose.

Be courteous and respectful in all interactions.

You should answer all questions completely, accurately, and truthfully. Tell the truth at all times. Do not guess at answers. If you do not know an answer, say that you do not know.

You may inform the auditor or investigator that The Christ Hospital has requested you to notify a member of the Administration Team, the Compliance Officer and/or Legal Counsel and that The Christ Hospital will cooperate with requests and information.

If a government auditor or investigator attempts to interview you at home, you have the right to request that an appointment be scheduled at The Christ Hospital during regular working hours at a convenient time, or that the meeting be scheduled at an alternate time and place of your choosing. The Christ Hospital will make an office on Christ Hospital premises available to you for this purpose and, if you desire, may have the Compliance Officer and/or an attorney attend the interview with you.

During the interview, The Christ Hospital will ask the auditor or investigator for proper identification before any questions are answered. The Christ Hospital recommends that you do not answer questions over the telephone.

Do not provide any Christ Hospital documents to the government auditor or investigator unless first authorized to make such a release by the Administration Team, the Compliance Officer or Christ Hospital Legal Counsel. Take reasonable steps to copy (or if that is not possible to identify in some other manner) all documents (paper or electronic) released to a government auditor or investigator.

- **REGULATORY COMPLIANCE**

The Christ Hospital, its employees, medical staff members, and privileged practitioners are expected to recognize certain fraudulent and abusive practices and activity which result in overcharging or misbilling for health care services delivered to Medicare and Medicaid beneficiaries and MUST NOT participate in any of these activities. Examples of these unethical and illegal activities are listed in this section.

General Information about Medicare and Medicaid

The Christ Hospital participates in the Medicare and Medicaid programs and must be paid for the services and products that it provides in order to continue to provide health care services to the community. The process of requesting reimbursement or payment must be accurate, timely, and in accordance with a number of laws. Failure to obey those laws is unethical and illegal. When such a failure results in an overcharge or misbilling, it can lead to substantial civil and criminal penalties being imposed on The Christ Hospital and/or any individual(s) who were involved. Medicare/Medicaid fraud and abuse can take many forms, some of which might not seem improper unless you keep in mind that special rules govern health care providers who participate in the Medicare/Medicaid programs. Many business practices that are perfectly acceptable in other industries are **not** permitted in health care. Examples of fraud and abuse, all of which are unethical and illegal include, but are not limited to, the following:

Billing for items not provided or services not actually rendered
Billing twice for the same service or item (*i.e.*, double billing)

- Upcoding (*i.e.*, billing for a service at a rate higher than that warranted by the service actually performed and documented)
- Billing for services or items that do not meet Medicare/Medicaid “medical necessity” criteria
- Unbundling (*i.e.*, billing separately for services or items that should be included in a global or composite rate)
- Billing Medicare/Medicaid for services or items that are not reimbursable under those programs
- Billing Medicare patients higher charges than non-Medicare patients
- Submitting false cost reports and cost shifting
- Failing to refund credit balances
- Giving or paying to, or soliciting or accepting from potential referral sources (e.g., physicians, nursing homes, other providers and suppliers) incentives for referrals (this can violate the Anti-Kickback Statute and/or the Stark Laws)

Patient dumping

Any employee, medical staff member, or privileged practitioner who knows or suspects that any of these activities are occurring is obligated to report that to his or her supervisor and/or to the Compliance Officer either directly or through the Compliance Hotline (800) 398-1496. Knowing participation in any fraudulent or abusive activity and/or failure to report any such known or suspected activity will result in disciplinary action up to, and including, termination.

Proactively, The Christ Hospital will make every reasonable effort to ensure that its billings to government and private insurance payors are accurate and conform to applicable laws and regulations.

The Christ Hospital prohibits its employees and agents from knowingly or recklessly presenting or causing to be presented any false, fictitious, or fraudulent claim for payment or approval.

The Christ Hospital will take reasonable steps to verify that claims are submitted only for services that are actually provided and that those services are billed as provided. Critical to such verification is complete and accurate documentation of services provided.

Contact the Compliance Officer with questions concerning proper Medicare/Medicaid billing.

Christ Hospital employees and health professionals are responsible for maintaining current, complete, and accurate medical records.

The Christ Hospital will take reasonable steps to make sure that any subcontractor it engages to perform coding or billing services have appropriate skills, quality assurance processes, systems and procedures to bill government and commercial insurance programs accurately and appropriately.

The Christ Hospital prefers to contract with entities that have adopted their own compliance programs.

The Compliance Officer or Legal Counsel should be consulted before third party billing entities, contractors, or vendors are engaged to perform coding or billing services for The Christ Hospital.

Summary of Applicable Laws and Additional Standards of Conduct

The Medicare/Medicaid fraud and abuse laws which most Christ Hospital employees, medical staff members, and privileged practitioners need to be knowledgeable about are the following statutes: (1) the federal **False Claims Act** (“FCA”); (2) the **Medicare/Medicaid Anti-Kickback Statute** (“AKS”); (3) the **Stark Laws** (Stark); (4) the **Health Insurance Portability and Accountability Act** (“HIPAA”); (5) the **Civil Monetary Penalties Statute** (“CMP”); (6) the **Exclusionary Statute**; (7) the **Mail Fraud and Wire Fraud Statute**; (8) **Program Fraud Civil Remedies Act**; (9) the **Emergency Treatment & Active Labor Act (EMTALA)**; and (10) state **Medicaid Fraud Laws**. Together, these laws prohibit intentional false billing and other forms of fraud and abuse. These health care statutes, rules, and regulations are specifically identified in the OIG Compliance Program Guidance (2/23/98) and the OIG Supplemental Compliance Program Guidance for Hospitals (1/31/05). The OIG recommendations are available for review in the Division of Compliance & Organizational Ethics and can be accessed through the OIG website: <http://oig.hhs.gov>.

A summary description of these important fraud and abuse laws follows. More information about any of these statutes may be obtained from the Risk and Compliance Division or from the Compliance Officer.

The False Claims Act (FCA)

Under the False Claims Act, it is a felony to make or present a claim for payment to the United States or any United States agency when you know (or should know) that the claim is false, fictitious, or fraudulent. “Knowingly” means acting with actual knowledge or with reckless disregard or deliberate indifference to the truth or falsity of information. The FCA prohibits:

Knowingly presenting/causing to be present a false claim to the federal government for payment/approval;
Knowingly making/using or causing to be made/used, a false record or statement to the government for payment/approval of a false claim;
Conspiring to defraud the government by having a false/fraudulent paid or approved; and
Knowingly making/using a false record/statement to conceal, avoid, or lower an obligation to pay or transmit money or property to the government.

Violations of the FCA are punishable by prison terms of up to five years and substantial criminal fines. Civil damage suits may also be brought by the government under the FCA and can result in penalties including three times the amount of overpayment and between \$5,500 – to \$11,000 per claim plus attorneys’ fees. “Whistleblower” claims may also be filed by individuals under the FCA; the government can intervene in these cases.

False, fictitious, or fraudulent claims made in the course of seeking Medicare or Medicaid reimbursement are punishable under the False Claims Act.

The Medicare Program is made up of two parts: Medicare Part A and Medicare Part B. Medicare Part A pays for certain inpatient hospital services and certain post-hospital services. Claims for Part A reimbursement are submitted to the hospital fiscal intermediary for review and payment. Medicare Part B pays for certain physician services and certain outpatient services. Claims for Part B reimbursement are sent to the local Medicare carrier. Many complex rules govern when it is appropriate to submit a claim for reimbursement to a Medicare fiscal intermediary or a Medicare carrier. The rules are so numerous and complex that even intermediaries and carriers often need help in interpreting and applying the rules. To assist the intermediaries and carriers, the Center for Medicare/Medicaid Services publishes the Medicare Intermediary’s Manual and the Medicare Carrier’s Manual. These manuals provide the basic operating instructions for intermediaries and carriers and are a source of guidance with respect to appropriate Medicare reimbursement.

Standard of Conduct

Any claim for Medicare reimbursement that is rejected by a Medicare intermediary or carrier should be reviewed carefully because this rejection can lead to an allegation that the claim was false, fraudulent, or fictitious in violation of the False Claims Act.

The Medicare/Medicaid Anti-Kickback Statute (AKS)

Because The Christ Hospital and many of its medical staff members and privileged practitioners are participating providers in the Medicare/Medicaid programs, it is subject to the Medicare/Medicaid Anti-Kickback Statute and the Stark Laws (Stark).

Under the AKS, no person (an individual or entity) may offer, pay, solicit, or receive anything of value (in cash or in kind) directly or indirectly for referrals of Medicare/Medicaid business. This prohibition is very broad and covers all situations in which something is provided either free of charge or at a reduced cost to any potential referral source (e.g., physicians, DME or other suppliers, nursing homes, other providers).

A “thing of value” includes, but is not limited to, the following items or services when provided free of charge or at a discount:

equipment (e.g., microscopes, centrifuges, computers)

office space
personnel (*e.g.*, nurses, phlebotomists, secretaries, *et.*, *al.*)
CME (or other educational programs)
recruitment incentives (*e.g.*, payment of moving expenses)
health benefits; and/or
many other goods or services

There are some exceptions to the AKS general rule which are called “safe harbors”. For example, it is permissible for a hospital, laboratory, or group practice to sell or lease something to a physician or other potential referral source, IF the physician (or other referral source) pays FAIR MARKET VALUE (“FMV”) for the thing and the sale or lease is documented in a written agreement between the parties. FMV is a difficult concept to define. In general, it means the cost of the thing as negotiated between parties at arm’s-length, without accounting for the value or volume of any Medicare or Medicaid business between the parties. Often, a financial consultant must perform a market analysis to document that a negotiated price is in fact “fair market value”.

These exceptions, however, are narrow in scope and require detailed legal and financial analysis to apply correctly to a proposed transaction. No one should enter into a proposed arrangement unless the Compliance Officer and/or Legal Counsel has reviewed the arrangement and determined that an exception applies.

Persons (individuals or entities) who violate the AKS are subject to criminal penalties including fines of up to \$25,000 per violation, exclusion from the Medicare/Medicaid programs, and/or prison terms of up to five years. The penalties apply to all parties involved in a prohibited transaction (*e.g.*, a hospital, laboratory, or group practice on one hand, and the physician or other potential referral source on the other).

Standard of Conduct

The Christ Hospital shall not enter into any arrangement where anything is offered, given, or paid to, or solicited or accepted from, any physician or other potential referral source for less than FMV.

The Stark Laws (Stark)

The Stark Laws were named after their sponsor, Representative Fortney “Pete” Stark D-Calif.). Stark prohibits physicians from referring Medicare/Medicaid patients for “designated health services” (as defined below) to an entity; (i) in which the physician or a family member of the physician has an ownership/investment interest, or (ii) with which the physician or a family member of the physician has a compensation arrangement (*e.g.*, an employment relationship, a personal services agreement, a lease agreement) unless the ownership/investment interest or compensation arrangement qualifies for one of the Stark exceptions discussed below.

For purposes of Stark, the term “designated health services” includes the following:

clinical laboratory services
physical therapy services
occupational therapy services
radiology or other diagnostic services
radiation therapy services
durable medical equipment
parenteral and enteral nutrients, equipment and supplies
prosthetics, orthotics and prosthetic devices

home health services
outpatient prescription drugs
inpatient and outpatient hospital services

If a physician or a physician's family member has an ownership/investment in or a compensation arrangement with an entity that does not qualify for an applicable exception, the physician may **NOT** refer Medicare/Medicaid patients to that entity for any of these designated health services. If the physician does make such a referral, it is an **AUTOMATIC** violation of Stark.

Whenever a referral is made in violation of Stark, the entity receiving that referral (e.g., a hospital, laboratory, physician group) may **NOT** bill Medicare/Medicaid, the patient, or any third-party payor for the services provided pursuant to the referral. If the entity does bill for those services, the entity also has violated Stark.

There are a number of narrow exceptions to Stark. Some of the exceptions apply only to ownership/investment interests that a physician or a physician's family member has with an entity (e.g., certain ownership/investment interests in publicly traded securities and mutual funds), and some apply only to compensation arrangements that a physician or a physician's family member has with an entity (e.g., certain bona fide employment arrangements, and certain isolated transactions that meet defined criteria). A few apply to both. The exceptions that apply to both ownership/investment interests and compensation arrangements include certain physician services provided in a group practice setting which meets defined criteria, and certain in-office ancillary services that meet defined criteria. All of the exceptions, however, are narrow in scope and require detailed legal and financial analysis to be applied correctly to a proposed transaction. No one should enter into a proposed arrangement unless the Compliance Officer or Legal Counsel has reviewed the arrangement and determined that an exception applies.

Violations of Stark can lead to civil monetary penalties of up to \$15,000 per claim submitted, and up to \$100,000 for schemes designed to get around the laws, as well as exclusion from the Medicare/Medicaid programs for up to five years.

Standard of Conduct

Physician may not refer Medicare/Medicaid patients for any designated health service to an entity in which the physician or family member of the physician has a financial interest. The Christ Hospital and its entities will make every effort not to participate in a prohibited referral. In the event a prohibited referral occurs, no Christ Hospital entity will bill for any services provided pursuant to that prohibited referral.

The Health Insurance Portability & Accountability Act (HIPAA)

The Health Insurance Portability & Accountability Act makes it a federal crime to engage in certain types of fraudulent or abusive activities that involve **any** payor of health care benefits whether public or private. HIPAA applies not only to providers who deal with government-funded health care payors and programs such as Medicare and Medicaid, but also to providers who deal with private, commercial payors and programs.

The five types of activities prohibited by HIPAA are: (i) knowingly or willfully defrauding a health care program or plan, or obtaining payment from a health care program or plan by using false or fraudulent pretenses; (ii) engaging in theft or embezzlement; (iii) making false statements; (iv) obstructing an investigation into health care fraud; and/or (v) money laundering related to health care programs or plans.

HIPAA also governs the use and disclosure of patient health information. Employees are expected to comply with The Christ Hospital's HIPAA policies and procedures. The Christ Hospital Privacy Officer furnishes guidance about these policies and procedures.

Violations of HIPAA can result in prison terms of up to ten years, criminal fines, or both. HIPAA also authorizes the Government to impose civil monetary penalties on entities or individuals who engage in a pattern or practice of presenting claims that are based on a code that the person/entity knows or should know will result in more reimbursement than is appropriate, or that are for services or items that are not medically necessary.

Standard of Conduct

Any false, fictitious, or fraudulent claim made in the course of seeking reimbursement from any health care payor or program (government or private) is punishable as a federal crime under HIPAA.

Civil Monetary Penalties Law (CMP)

Among the activities prohibited by the Civil Monetary Penalties Law are: (a) knowingly presenting or causing to be presented false claims (specifically upcoded claims); (b) knowingly presenting or causing to be presented claims for services that are not medically necessary (as defined by Medicare); (c) knowingly presenting or causing to be presented claims that violate a benefits assignment; (d) offering or giving remuneration to Medicare or Medicaid patients as an incentive for them to receive services from the entity or individual giving the remuneration; and (e) contracting with or employing individuals or entities excluded from participating in a federal health care program.

Standard of Conduct

Any false claim, claim for unnecessary services, or claim for services ordered or provided by an excluded entity or individual can give rise to Civil Monetary Penalties. Offering or providing anything of value to Medicare/Medicaid patients as an incentive for them to receive services from the entity or individual making the offer or gift also can give rise to Civil Monetary Penalties.

Exclusionary Statute

The Exclusionary Statute prohibits providers from: (a) submitting claims for unnecessary services or for excessive charges; and (b) failing to furnish medically necessary services. Providers who engage in these prohibited activities may be excluded from participating in federal health care programs. Providers who have been convicted of certain types of health care fraud or have been disciplined by state/federal agencies may also be excluded from state or federal health care programs.

As required by law, it is the policy of The Christ Hospital to take reasonable steps not to employ, grant medical staff membership or clinical privileges to, or otherwise do business with, any individual or entity named on the Office of Inspector General's list of individuals and entities who are excluded, debarred, suspended, or otherwise ineligible to participate in federal or state health care programs.

Each Christ Hospital employee, each medical staff member and allied health professional affiliated with The Christ Hospital, and any other person who does business with The Christ Hospital will be required to affirm that he or she is not currently excluded, debarred, suspended, or otherwise ineligible to participate in federal or state health care programs. All such persons shall also affirm that they

have never been excluded, debarred, suspended, or otherwise ineligible to participate in federal or state health care programs, and that they have never been convicted of any criminal offense involving or otherwise related to any government health care program. Further, as a condition of employment, receiving and maintaining medical staff membership and privileges at The Christ Hospital or doing business with The Christ Hospital, all such persons are required to immediately inform the Compliance Division, if they receive notice or otherwise become aware that they have been excluded, debarred, suspended, or otherwise ineligible to participate in federal or state health care programs for any reason.

Standard of Conduct

The Christ Hospital will not employ, grant medical staff membership or clinical privileges to, or otherwise do business with, any individual or entity named on the Office of Inspector General's list of individuals and entities who are excluded, debarred, suspended, or otherwise ineligible to participate in federal or state health care programs.

Mail Fraud and Wire Fraud Statutes

The Mail Fraud and Wire Fraud Statutes are used by the Government to prosecute Medicare/Medicaid fraud and abuse. Any misrepresentation that is a part of a scheme to obtain money or property by use of the mail system or a wire system (*e.g.*, phones, computers) violates these laws. For example, each claim for reimbursement that The Christ Hospital mails to Medicare/Medicaid or that The Christ Hospital submits to Medicare/Medicaid electronically could be subject to these laws. In addition, any time a Christ Hospital employee, medical staff member, or privileged practitioner speaks by phone with a Medicare/Medicaid representative, that conversation could be subject to these laws. As a result, it is critical that The Christ Hospital's claims and its statements be accurate and correct whenever The Christ Hospital communicates with Medicare/Medicaid representatives, and whenever The Christ Hospital seeks reimbursement from Medicare/Medicaid.

Violations of the Mail and Wire Fraud Statutes can lead to criminal penalties, including imprisonment and fines.

Standard of Conduct

Conduct that violates the False Claims Act, the Medicare/Medicaid Anti-Kickback Statute, the Stark Laws and/or the HIPAA, and if done using the mail system or a wire system, could also violate the Mail and/or Wire Fraud Statutes.

Emergency Treatment & Active Labor Act (EMTALA)

The Christ Hospital abides by the rules and regulations of the Emergency Treatment and Active Labor Act in providing emergency medical treatment to all patients regardless of their ability to pay. The Christ Hospital does not admit or discharge patients based solely on their ability to pay. Any patient who presents to The Christ Hospital seeking emergency care will be screened to determine whether he or she has an emergency medical condition, or if she is in active labor. If so, the patient will be treated to stabilize the condition and either will be admitted, or once stabilized, will be discharged or transferred as is appropriate. Transfers of unstabilized patients will occur only when requested in writing by the patient (or patient's family), or when a physician certifies in writing that the medical benefits of the transfer outweigh the risks. Unstabilized patients will be transferred to the closest hospital that provides the services needed by the patient,

that has available beds and staff, and that accepts the transfer. Unstabilized patients will be transferred via qualified personnel and equipment including the use of medically appropriate life support measures if necessary.

Standard of Conduct

The Christ Hospital will evaluate all patients who come to the hospital seeking treatment for an emergency condition and will provide a medical screening examination to determine whether the patient has an emergency medical condition. If so, the patient may not be transferred or discharged from the hospital until his or her emergency medical condition has been stabilized, unless one of the applicable exceptions for proper transfers of unstabilized patients applies. It is illegal to delay a medical screening exam and stabilizing treatment to inquire about a patient's financial status, insurance coverage, or ability to pay.

Program Fraud Civil Remedies Act of 1986 (PFCRA)

The Program Fraud Civil Remedies Act of 1986, 31 U.S.C. Chapter 38, authorizes federal agencies to investigate alleged false claims or statements made to them and to assess penalties if the allegations are accurate. An individual may violate PFCRA by knowingly making, presenting, submitting, or causing to be made, presented or submitted, a claim or statement that is:

False, fictitious or fraudulent;

Supported by or includes a written statement containing a false, fictitious or fraudulent material fact;

Supported by or includes a written statement omitting a material fact which renders the statement false, fictitious, or fraudulent where the person making/submitting the statement has a duty to include the material fact, and

Payment for property/services which have not been provided.

The agency may assess twice the amount of claimed damages and a civil penalty of up to \$5,500 for each false claim. The United States Attorney General has exclusive enforcement authority for assessments and penalties in federal court.

State Laws

Ohio has statutes which prohibit illegal and fraudulent practices by health care providers; these laws are similar to some of the federal statutes described previously and includes laws authorizing the investigation and discipline of a provider's license to practice. This section will outline the most important statutes:

Medicaid Fraud. Ohio Revised Code (ORC) 2913.40: This is a criminal statute which prohibits the use of false, misleading statements to obtain Medicaid reimbursement and makes the soliciting/accepting/receipt of property, money or other consideration in addition to the reimbursement an illegal "kickback". The law also imposes a six-year requirement for record retention and prohibits the alteration, falsification, and destruction of records necessary to substantiate a claim. Penalties vary depending on the amount of the fraudulent reimbursement, and can involve restitution and the payment of costs for investigation and prosecution of the fraud case by the government agency.

Medicaid Eligibility Fraud. ORC 2913.401: This law makes it a crime to fraudulently make a false or misleading statement or to conceal interests in property when

applying for Medicaid benefits. Penalties involve restitution of benefit payments plus interest.

Falsification. ORC 2921.13: This statute prohibits verbal and written false statements made to mislead officials in order to obtain benefits administered by a government agency, such as Medicaid benefits or a Medicaid provider agreement administered by the Ohio Department of Job and Family Services. Penalties involve restitution and can involve attorney fees.

Provider Offenses. ORC 5111.03: This law prohibits Medicaid providers from using “deception” to obtain/receive payments. Examples include falsification of reports and claims, withholding information, and providing misleading information which enables the provider to receive Medicaid reimbursement. This law permits civil and criminal penalties of \$5,000 to \$10,000 per claim, three times the amount of illegal reimbursement received, costs of enforcement, and possible exclusion from the Medicaid program.

Disciplinary Actions. ORC 4731.22: This law prohibits physicians, osteopaths, and podiatrists from using fraudulent misrepresentation to obtain “money or anything of value” in the course of practice. It also prohibits physicians from waiving deductibles or co-payments as an enticement to keep the patient coming back for care, unless the waiver is approved in writing by the payor. This law enables the Ohio Medical Board to investigate and discipline a physician’s license.

Prohibiting Referrals for Designated Health Services. ORC 4731.66: This statute authorizes the Ohio Medical Board to investigate and discipline a physician, osteopath, or podiatrist for referring patients for designated health services to persons or entities when the provider or a member of the provider’s immediate family has an ownership/investment interest or a compensation arrangement with the person/entity unless the arrangement falls under certain exceptions listed in ORC 4731.67. Hospital and physician relationships are complex and arrangements must be reviewed by the Compliance Officer and/or Legal Counsel prior to the acceptance of such referrals.

Medicaid Payments Exceed \$5 Million. ORC 5111.101: This law requires entities receiving Medicaid payments of \$5 million or more to provide written information to its employees, contractors and agents about the federal and state laws which govern false claims, fraud and waste, and information about “whistleblower” protections available to employees for preventing and detecting fraud, waste, and abuse.

Fraud, Waste & Abuse Prevention & Detection

The Christ Hospital has written policies which are part of the Code of Responsible Conduct and the Corporate Compliance Program which acknowledges the role of each employee and contractors and agents in preventing and reporting fraud, waste, and abuse in health care programs.

“Whistleblower” Protection

The Christ Hospital encourages the identification, investigation, and prevention of any action which may violate any of the fraud, waste, and abuse statutes and laws governing health care providers cited in this Program. If any employee suspects that activity violating the laws is taking place, or has taken place, the individual should contact his/her

immediate supervisor and/or the Compliance Officer. Anonymous reporting can be made through the Hotline (800) 398-1496).

Standard of Conduct

The Christ Hospital policy and federal/state laws prohibit retaliation against those who report such activity and protect anyone who files a “whistleblower” lawsuit in good faith. If a reporting or filing employee believes he/she has experienced retribution or retaliation, this should be reported to the Compliance Division or call the Hotline (800) 398-1496.

- **RELATIONSHIPS WITH AFFILIATED PHYSICIANS**

Since the mid 1980s, health care has become one of the most heavily regulated industries in the nation. As a result, many transactions that used to be permissible in the health care arena are no longer proper. Relationships between health care providers and physicians have come under substantial scrutiny as part of the increasing regulation of health care. Therefore, The Christ Hospital must carefully structure its business arrangements with physicians to ensure that those arrangements comply with applicable legal requirements. Because most of the laws apply to the physicians involved in these transactions as well as to The Christ Hospital, compliance should benefit them also.

In order to comply with applicable legal and ethical standards regarding referrals and admissions, The Christ Hospital, its employees, health professionals, and volunteers will adhere strictly to the following standard of conduct.

Standard of Conduct

The Christ Hospital does not pay for referrals and does not seek or accept payments for making referrals to health care entities or providers.

The Christ Hospital accepts patient referrals and admissions based solely on a patient’s medical needs and its ability to meet those needs. The Christ Hospital does not pay or offer to pay anyone including, but not necessarily limited to, its employees, physicians, and other health professionals for referrals of patients. That is, The Christ Hospital does not offer or give anything of value (*e.g.*, money, discounts, goods or services), directly or indirectly for patient referrals.

The Christ Hospital, its employees, health professionals, and volunteers may not solicit or receive any money or other item of value, directly or indirectly, in exchange for referring patients to another health care provider or supplier. When The Christ Hospital does make patient referrals to another provider or supplier, it will not consider the volume or value of referrals that that provider or supplier makes or may make to The Christ Hospital.

Violation of this rule could have serious consequences for The Christ Hospital and for the individuals involved in the violation including civil and criminal penalties, as well as possible exclusion from participation in federally funded health care programs. Any Christ Hospital employee or health professional who is contemplating a business arrangement that might implicate this rule must submit the proposed arrangement to the Compliance Division or Legal Counsel for review.

CODE OF CONDUCT CERTIFICATION FORM

This form shall be signed by all employees, medical staff members, and other Covered Persons upon hire and at least annually thereafter.

I certify that I have received, read, understood, and shall abide by The Christ Hospital's Code of Responsible Conduct and that I understand the Code represents mandatory policies of The Christ Hospital.

Signature

Company

Print Name

Date

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Part VI: Appendix

Appendix A



HUMAN RESOURCES POLICIES

POLICY TITLE: DRUG FREE WORKPLACE
APPROVED BY: VICE PRESIDENT, HUMAN RESOURCES
ORIGINATED BY: HUMAN RESOURCES
REVISED/REVIEWED April 2013

I. POLICY

The Christ Hospital is committed to the highest quality of care for our patients, a safe work environment and to the health and well being of its employees and their families. Drug and alcohol abuse jeopardizes the health and welfare of our employees and patients. The Christ Hospital commitment is demonstrated by a clear policy, programs related to the prevention and recognition, and benefits to support treatment of substance abuse. The Christ Hospital policy is to maintain a workplace free from alcohol and illegal drug use.

- It is a violation of this policy to use, possess, manufacture, sell, trade, transfer or offer for sale illegal drugs or alcohol in the workplace or in The Christ Hospital vehicles during working or non-working hours. This includes all parking areas.
- It is a violation of this policy to report to work after the use of illegal drugs or alcohol, including drinking alcohol at lunch, on call or on breaks.
- It is a violation of this policy to use prescription drugs for purposes other than as prescribed. It is also a violation to use prescription drugs prescribed for someone else or to solicit prescriptions from a physician with whom there is no doctor-patient relationship.
- Nothing in this policy prevents the appropriate use of legally prescribed medications that do not impair the ability to work safely.

This policy applies to all employees as a condition of employment. It applies while working as well as to situations where non-working or off-premises conduct impairs work performance or damages the reputation of The Christ Hospital. This policy also applies to applicants for employment, volunteers, educational interns, temporary contract employees and individuals conducting business on The Christ Hospital premises.

Employees must notify The Christ Hospital in writing of any conviction of a violation of a criminal drug statute. This notification must take place no later than five calendar days after such conviction. Violations of this policy will result in disciplinary action up to and including termination.

II. PURPOSE

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- The intent of this policy is to provide help to those who need it while clearly stating that the work-related use of illegal drugs and/or alcohol is incompatible with employment at The Christ Hospital and the need to maintain a safe, productive and drug-free environment.
 - It is The Christ Hospital's expectation that employees report to work free of alcohol and drugs, able to safely and efficiently perform assigned duties. Failure to do so may lead to a determination of being unfit for duty. An employee demonstrating observable behavior that indicates a possible impairment due to the use of alcohol or other drugs (including the smell of alcohol or drugs) is sufficient cause for a supervisor to follow the procedures outlined in this policy.
 - Unfit for duty within this policy means that an employee is demonstrating observable behavior that indicates a possible impairment due to the use of alcohol or other drugs. The smell of alcohol or drugs is sufficient cause for a supervisor to follow the procedures outlined in this policy.

III. PROCEDURE

A. REQUIRED EVALUATION AND TESTING

Evaluations include clinical interviews with medical, mental health or chemical dependency professionals. Tests will screen for commonly abused drugs and alcohol. State and federal laws apply and all tests will be performed according to accepted laboratory procedures. Tests and evaluations may be required for the following reasons:

1. **Candidates for employment** – A negative drug test is a condition for employment. An offer of employment will be withdrawn if the candidate refuses or fails drug and/or alcohol testing.
2. **Reasonable suspicion or “for cause”** – Alcohol and drug testing and evaluation is required when an employee demonstrates a change in performance or personality or exhibits other signs indicating the influence of alcohol or drugs as indicated by the Unusual Behavior Checklist.
3. **Post-incident** – Drug and alcohol testing and evaluation may be required when there is involvement in a work-related incident or injury for which there appears to be no reasonable cause. Testing and evaluation may also be required after a series of unexplained minor accidents.
4. **Random testing** – Random drug and alcohol testing is required for some employees who have a commercial driver's license (CDL). Other employees performing specific job functions may be required to undergo random drug/alcohol testing with the approval of human resources.
5. **Return to Work Agreement** – Employees who are offered a Return to Work Agreement are subject to random alcohol and drug testing following treatment and return to work. Employees are required to participate in testing for the length of employment with any TCH entity. Employees on a Return to Work Agreement are required to demonstrate complete abstinence for the remainder of their employment with any TCH entity and are considered to be on a Decision Making Leave for one year from the date of the Agreement.
6. **Complete abstinence** means no usage to any extent that would result in a measurable amount of alcohol, illicit drugs or wrongful use of prescription drugs being present in an employee's body upon reporting for duty or during any time they are on duty.

B. EVALUATION AND TESTING “FOR CAUSE”

1. Supervisors who observe or receive reports of unusual behavior that may indicate use of drugs or alcohol have the responsibility to consult with human resources at any time of

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2. day or night. Weekend and after hours contact can be made with the assistance of The Christ Hospital operators or on-call pagers.
 3. The employee must be removed from the job and from contact with patients.
 4. The observations or reports, as recorded on the observation checklist for unusual behavior, must be discussed with the employee in a private area with another supervisor observing. If no supervisor is in the facility, another responsible person may serve as witness. The employee is asked for an explanation.
 5. If there is no reasonable explanation, the employee is requested to participate in an evaluation, including alcohol and drug testing. There may be a reasonable explanation that does not indicate an evaluation, but does indicate an employee is not fit for duty.
 6. The employee is suspended until the results of the evaluation are available. The employee may request PTO during this time, if available. If the evaluation and test results are positive, the employee is considered unfit for duty. The employee will remain off work without pay until declared fit for duty and authorized to return to work by human resources. This will include a required referral to EA for assessment and monitoring of compliance with recommended treatment program. The employee may qualify for a Medical Leave of Absence by contacting Disability Management.
 7. If test results are negative, the employee will receive full pay for time off the job.
 8. Human resources will make arrangements for immediate alcohol and drug testing and transportation home after the test.

C. REFUSAL OF ALCOHOL AND/OR DRUG TESTING – Discharge will result from the refusal to permit testing and evaluation under the terms of this policy. Individuals will be notified of this consequence at the time testing is requested.

D. RETURN TO WORK AGREEMENTS

1. A Return to Work Agreement is an alternative to discharge and may be offered to an employee depending on circumstances. For example, drug trafficking on Christ Hospital premises is considered so serious a threat to the work force, patients and the Christ Hospital, that it may make an employee ineligible for a Return to Work Agreement. Employees in their introductory period of employment will not be eligible for a Return to Work Agreement. An employee who participates in a Return to Work Agreement returns to full or modified duty in the Decision Making Leave level of corrective action.
2. The Return to Work Agreement will specify the terms under which the employee may continue employment. These terms will include complete abstinence, random alcohol and drug testing, and work restrictions and accommodations. The Agreement will be created by Human Resources after consultation with the employee's supervisor, the treatment provider, disability management and the employee. The Agreement will be signed by the employee, the supervisor and Human Resources. The Return to Work Agreement is not a guarantee of a specific job or rate of pay.
3. An employee who fails to complete the entire treatment program or fails to comply with the terms of the Return to Work Agreement will be subject to discipline up to and including termination. Human resources, disability management, licensing boards and the supervisor will be notified when an employee on a Return to Work Agreement does not comply. Employee assistance vendor functions as a case manager, not as a treatment provider, for purposes of Return to Work Agreements. Therefore, the normal confidential and voluntary nature of employee assistance does not apply to return to work situations.

E. LICENSING, FEDERAL GRANT AGENCIES AND LAW ENFORCEMENT

The Christ Hospital is required to report employee involvement with drug use or controlled substances to licensing, federal grant agencies and law enforcement agencies. This includes compliance with professional licensing requirements to report a resignation or termination when suspicion of violation of this policy exists and when a conviction for a Christ Hospital-related drug offense occurs. Employee may be suspended without pay while being investigated by one of these agencies.

F. CONFIDENTIALITY OF INFORMATION

All information and records obtained by the Christ Hospital regarding drug test results and treatment will be kept confidential by employee assistance vendor, human resources, disability management and employees' managers, except in the case of non-compliance with a Return to Work Agreement.

G. EMPLOYEE SEARCHES

Searches of Christ Hospital employees or their property such as purses, bags and lunch boxes, may be conducted when there is reasonable suspicion that there is a violation of this policy. The employee will be asked for permission to conduct a search in his or her presence. Refusal to allow a search will result in immediate removal from Christ Hospital grounds and disciplinary action up to and including termination of employment. Searches will be conducted by security officers and a supervisor in the presence of the employee. Searches of Christ Hospital property may be conducted at any time without permission of the employee.

IV. Responsibility

A. Human Resources

- Be available around the clock for consultation regarding employee fit for duty status and drug evaluation and testing.
- Be available and consult with managers regarding compliance with all applicable policies, laws and regulations.
- Approve and advocate for all reasonable accommodations for chemically dependent disabled employees.
- Assess fitness for duty when there is a question regarding legitimate prescription drug use.
- Secure a signed medical consent form through testing vendor for drug/alcohol tests.
- Employ a Medical Review Officer (MRO) who has the responsibility to review test results and to make the final determination of their positive outcome.

B. Employee Assistance Business Partner

- Be available around the clock for consultation with managers and human resources regarding decisions to evaluate and test.
- Make an immediate evaluation of safety at the time of an intervention.
- Make an initial clinical evaluation.
- Secure permission from the employee to release information to human resources, disability management, licensing agencies, treatment providers and the manager.
- Monitor treatment progress and schedule regular follow-up conferences with the employee for the period of the Agreement.

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- Maintain regular contact with human resources regarding the employee's progress and expected return to work date.
 - Notify human resources, licensing agencies and the manager if an employee becomes non-compliant with terms of a Return to Work Agreement.

C. Management

- Remove impaired employees from the workplace.
- Consult with human resources and document observable behavior leading to a decision to evaluate and test.
- Participate in the intervention process leading to evaluation and testing.
- Adjust work schedules and approve leave time in order for employees to participate in treatment programs.
- Make reasonable accommodations when an employee in treatment returns to work. These accommodations may include work restrictions.
- Notify human resources before refusing to make a requested accommodation.

D. Employees

- Promote and contribute to a drug free workplace.
- Seek diagnosis and treatment for alcohol and drug problems. The Christ Hospital encourages early diagnosis and treatment and provides support through educational programs, employee assistance, and time off for treatment and health insurance benefits.
- Contact employee assistance business partner for help in locating appropriate treatment. Employee assistance will provide confidential assessment with referral to appropriate treatment services for employees seeking help voluntarily.
- Employees who seek assistance voluntarily through employee assistance business partner and participate in treatment will not jeopardize their continued employment at the Christ Hospital by doing so.
- Employees who are offered a Return to Work Agreement are required to participate in an EA assessment and recommended treatment as a condition of employment.

DRUG-FREE WORKPLACE

OBSERVATION CHECKLIST FOR UNUSUAL BEHAVIOR

This checklist should be used to record unusual behavior of an employee who has reported for duty. Check all items applicable. One witness should make the observation and sign the form.

Employee observed: _____ Date: _____

Department/site: _____ Time: _____

<i>Walking</i>	<input type="checkbox"/> Stumbling	<input type="checkbox"/> Staggering	<input type="checkbox"/> Unsteady	<input type="checkbox"/> Falling
	<input type="checkbox"/> Holding on	<input type="checkbox"/> Weaving	<input type="checkbox"/> Unable to walk	
<i>Standing</i>	<input type="checkbox"/> Swaying	<input type="checkbox"/> Rigid	<input type="checkbox"/> Feet wide apart	
	<input type="checkbox"/> Staggering	<input type="checkbox"/> Sagging at knees	<input type="checkbox"/> Unable to stand	
<i>Speech</i>	<input type="checkbox"/> Shouting	<input type="checkbox"/> Silent	<input type="checkbox"/> Whispering	
	<input type="checkbox"/> Slow	<input type="checkbox"/> Rambling	<input type="checkbox"/> Slurred	<input type="checkbox"/> Slobbering
<i>Attitude</i>	<input type="checkbox"/> Cooperative	<input type="checkbox"/> Polite	<input type="checkbox"/> Calm	<input type="checkbox"/> Sleepy
	<input type="checkbox"/> Crying	<input type="checkbox"/> Silent	<input type="checkbox"/> Talkative	<input type="checkbox"/> Excited
	<input type="checkbox"/> Sarcastic	<input type="checkbox"/> Aggressive		
<i>Actions</i>	<input type="checkbox"/> Threatening	<input type="checkbox"/> Fighting	<input type="checkbox"/> Refusing to listen	
	<input type="checkbox"/> Calm	<input type="checkbox"/> Drowsy	<input type="checkbox"/> Profanity	
	<input type="checkbox"/> Hyperactive	<input type="checkbox"/> Hostile	<input type="checkbox"/> Erratic	
<i>Eyes</i>	<input type="checkbox"/> Bloodshot	<input type="checkbox"/> Watery	<input type="checkbox"/> Dilated	<input type="checkbox"/> Droopy
	<input type="checkbox"/> Glassy	<input type="checkbox"/> Closed		
<i>Face</i>	<input type="checkbox"/> Flushed	<input type="checkbox"/> Pale	<input type="checkbox"/> Sweaty	
<i>Appearance/ Clothing</i>	<input type="checkbox"/> Have odor			
<i>Breath/Body</i>	<input type="checkbox"/> Odor of alcohol / peculiar odor			
<i>Movements</i>	<input type="checkbox"/> Fumbling	<input type="checkbox"/> Jerky	<input type="checkbox"/> Slow	
	<input type="checkbox"/> Normal	<input type="checkbox"/> Nervous	<input type="checkbox"/> Hyperactive	

Other behavior unusual for this employee: _____

Witness: _____ Date: _____

DRUG-FREE WORKPLACE

MANAGER CHECKLIST for Drug and Alcohol INTERVENTION

1. **Remove the employee from the job and from contact with patients and co-workers.**
2. **Review the *Checklist for Unusual Behavior* in relation to what you're observing or hearing from staff or patients about the employee's performance & conduct. If applicable, review the Pharmacy reports related to suspicious narcotic usage.** For investigations regarding suspicious narcotic usage, contact Security immediately at 585-2222.
3. **Consult with Human Resources right away.** During regular business hour (7:00 am - 6:00 pm), call 585-0895 to be connected with a member of the Employee Relations team. For after hours and weekends, call the hospital operator and they will connect you with the HR representative on call. HR will assist you with the development of an appropriate line of interview questions for the intervention. HR will help guide you through the interview to ensure that all necessary points are addressed.
4. **Discuss the unusual behavior with the employee.** This should be in a private area with another supervisor (or HR) observing. The employee is asked for an explanation regarding the unusual behavior.
5. **If there is no reasonable explanation, the employee is requested to participate in an evaluation.** This includes immediate alcohol and drug testing as well as scheduled clinical interviews and /or licensing or law enforcement interviews.
6. **The employee is suspended without pay pending the outcome of the alcohol and drug testing.** Human Resources will make immediate arrangements for alcohol and drug testing as well as transportation home after the test.

Appendix

Appendix B

The following codes will be activated on the TV paging system thru out the main hospital

CODE RED (Fire)	Code Red will be announced in the event of a for alarm activation
CODE ADAM (Infant Abduction)	Code Adam will be displayed over the TV paging system when an infant abduction occurs. Notify Safety Security at 5-2222 to report an infant abduction
CODE BLACK (Bomb/ Bomb Threat)	Code Black will be activated in the event of a bomb or bomb threat. Notify Safety Security at 5-2222 to report
CODE GRAY (Severe Weather)	Code Gray will be announced over the TV paging system during severe weather that includes tornado watch, tornado warning, and snow emergency
CODE ORANGE (Hazardous Spill/ Release)	Code Orange will be activated in the event of a hazardous spill or release that may pose a threat to human health or the environment. Notify Safety Security at 5-2222 to report a spill or release
CODE BLUE (Medical Emergency)	Code Blue is activated in the event someone experiences a medical emergency that requires the Code Response Team. Call 111 to report a Code Blue
CODE YELLOW (Disaster)	Code yellow will be announced over the TV paging system to alert hospital employees that the hospital emergency plan has been activated
CODE VIOLET (Violent/ Combative Person)	Code Violet will be activated over the TV paging system in the event an out of control person is presenting an immediate danger to oneself or others. Notify Safety Security at 5-2222 to report a Code Violet
CODE SILVER (Person with Weapon/ Hostage Situation)	Code Silver is activated over the TV paging system in the event someone has a weapon or hostage on TCH Property. Notify Safety security at 5-2222 to report a Code Silver
CODE BROWN (Missing Person)	Code Brown is activated on the TV paging system in the event a patient is missing.
CODE GREEN (All Clear)	Code green is activated to advise of a conclusion to an emergency

Appendix

Appendix C Badge Request Form

Badges are valid for 12 months from the date of issuance

This form is required to be filled out by each **Construction Worker and Contractor** and e mailed to the address below a **minimum of 72 Hours** prior to starting work at any of the TCHHN locations

Name _____

Company _____

DOB _____

Badge Renewal ____

New Badge ____

Contractor Attestation

Contractor attest that the above named construction worker has completed the following:

- TB Test results from within 1 year of this request for a badge
- Record of flu shot within the last year

Company name: _____

By: _____ Date: _____

The following documents are required to be submitted with this Badge Request

- Safety Manual Receipt
- Copy of valid Coats Card or equivalent drug screening certification
- Proof of attendance through a company safety program
- Copy of OSHA 10 or 30 card (30 card for leads and supervisory personnel)
- Signed copy of Confidentiality and Data Security Agreement form
- Signed copy of the Code of Conduct Certification form

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Appendix

Appendix D

This is to verify that the undersigned Construction Worker has received a copy of The Christ Hospital Safety Manual and understands the contents.

Company Name _____

Company Address _____

Worker Signature _____ *Date* _____

The following documents need to be attached and submitted along with this form

1. Safety Manual Receipt Form with Signatures
2. Copy of valid Coats Card or equivalent drug screening certification
3. Proof of attendance through a company safety program
4. Copy of OSHA 10 or 30 card for leads and supervisory personnel
5. Confidentiality and Data Security Agreement Signature Form
6. Code of Conduct Certification Form
7. Contractor Attestation Form
8. Appendix C Form
9. Appendix D Form

Please complete the above and return this form to the following e mail address

constructionid@thechristhospital.com