



JOB SHADOWING APPLICATION

HRSecretarial@blessinghealthsystem.org

Phone: 217-223-8400 ext. 6850

Fax: 217-223-8539

Name: _____

Address: _____

Phone: (Home): _____ Cell: _____

Email: _____

Emergency Contact: _____ Phone: _____

Are you at least 18 years of age? Yes No

If No, give date of birth _____

Educational Institution: _____

Educational Institution Contact: _____ Phone: _____

Email: _____

Educational Institution Address: _____

Reason for job shadow interest:

Terms of Shadow:

_____ Career development

_____ Start Date

_____ Mandatory requirement

_____ End Date

_____ Career interest

_____ Number of hours

Department Reporting To: _____

Department Contact: _____

HR USE ONLY

_____ I CARE Standards

_____ Immunizations (MMR, Hep. B, Current TB, Flu) _____

_____ Code of Conduct

TB test needs to be less than 90 days old

_____ Department Contacted

_____ Confidentiality Agreement



Consent to Participate

I, the undersigned, for and in consideration of the benefit to be derived by the participation of the career observations, do hereby release and forever discharge the Blessing Health System, it's agents, servants, representatives and staff from and against any and all liability and responsibility for any injury, illness or sickness which may result from the participation in the career observation, and do hereby further agree to indemnify and hold harmless the Blessing Health System, it's agents, servants, representatives and staff, from any and all liability in such regard.

Parent signature is required if participant is under the age of 18 years old.

HIPAA and Confidentiality Statement

1. **(HIPAA) Health Insurance Portability and Accountability Act** – The HIPAA Privacy Rule ensures privacy and confidentiality of patient information by limiting the ways health plans, pharmacies, hospitals and other covered entities can use a patient's protected health information. These regulations protect medical records and other individually identifiable health information, whether it's on paper, in computers or communicated orally. HIPAA gives patients control over their health information because it established a list of rights afforded to them in relation to their protected health information. You may not access your own patient information or that of friends or relatives. You may not share information you learn as a result of this career observation with others (i.e. church members, family, friends, or the media) who are not part of the patient's care. Treat patient information as you would want your own information treated.

2. **Confidentiality and Security** – I understand that information concerning patients, their illness or their families is confidential. I preserve this right to confidentiality by not discussing this information in public settings or with individuals not required to have access to this information based upon law and job functions. I understand that I do not have the right to access my own or family members' medical information.

I understand that the Blessing Health System is not held responsible for any accident or injury that may occur on its premises while shadowing. In addition, I am to leave valuables at home and realize it is my responsibility that these items are secured prior to shadowing.

Participant's Signature

Date

Parent/Guardian Signature

Date

I Initiative:

- I will continue to learn and seek knowledge to enhance my skills and ability to serve.
- I will continually evaluate the way we work and make suggestions for improvement whenever possible.
- I will be willing to embrace and act on change when performing my day-to-day work.

C Communication:

- I will introduce myself to customers and explain my role in the organization.
- I will find answers to questions posed to me.
- I will work directly with co-workers to resolve issues and find solutions.
- I recognize I am the positive voice of the Blessing Health System in the community.

A Accountability:

- I will put the needs and desires of the customer first and approach every situation with an “I can” attitude.
- I will work to ensure a clean and safe environment for everyone.
- I will answer the phone in a professional manner by identifying who I am and my location.
- I will follow through in a timely manner on commitments and requests, or seek assistance.
- I will be responsible for the privacy of others, by keeping care and information confidential.

R Respect:

- I will embrace the diversity of background, gender, ideas and other differences people bring to my team and daily work efforts.
- I will not discuss internal issues in front of patients, their families, or the public.
- I will be considerate by regulating the volume and content of my conversations and will not engage in or listen to negativity or gossip.
- I will make eye contact, smile, and greet everyone I meet, offering help to those who appear to need assistance.
- I will give customers priority in hallways, elevators, and parking areas.
- I will be respectful of the feelings, privacy, property, dignity, and rights of all customers.

E Exceed Expectations:

- I will anticipate needs and look for ways to exceed customer expectations.
- I will give 100% of my attention when interacting to customers.
- I will provide extra comfort and reassurance to my customers.

I have read and received a copy of the employee standards of behavior. I understand it is the expectation that I will uphold these standards at all times and I will hold others accountable to these standards.

Signature

Printed Name

Date

Employee #

Department

Code of Conduct Acknowledgment Form

_____ (organization name) requires compliance with the Code of Conduct. Each employee's responsibilities as they relate to the Code contribute to the organization's effectiveness to prevent and detect instances of misconduct.

I have received, read, understand and will abide by the Code of Conduct.

Employee Name (Please Print)

Employee Signature

Date

Employee #

Department

Are you a contract employee?

Yes No

If yes, which company/agency?

NOTE: If you wish to have a question or concern addressed before signing the above acknowledgment, please explain below. A member of the Compliance Office will contact you to discuss your questions or concern:

Betty J. Kasparie
Compliance Officer
Blessing Corporate Services, Inc.
Phone: 217-223-8400, Ext. 6808
Fax: 217-223-6891

This form shall be maintained in the Personnel Department.

Found on "I" drive under: I:\Policies-Procedures-Plans\Corporate\Forms – for BCS Policies\BCS100-1800 Code of Conduct Acknowledgment Form

BLESSING HEALTH SYSTEM

CONFIDENTIALITY AND INFORMATION ACCESS AGREEMENT

The Blessing Health System is dedicated to safeguarding and maintaining the confidentiality, integrity, and availability of our patient, employee, and organizational information (collectively "Confidential Information"). Patient information includes protected health information determined through observation, conversation with a patient or medical staff, and/or information which is created and/or stored in any information system. The confidentiality, integrity, and availability of protected health information must be maintained at all times.

This Confidentiality and Information Access Agreement ("Agreement") is required to be read, signed, and complied with by all users that access any of BHS's information systems as a condition of access to any information system. The information system user signing this Agreement may only access, use, and disclose Confidential Information in any medium as needed to perform his/her job responsibilities as allowed by law and BHS policies and procedures.

1. I understand and agree that I must safeguard and maintain the confidentiality, integrity, and availability of all Confidential Information I use, disclose, and/or access at all times, whether or not I am at work and regardless of how it was accessed.	12. I will never connect to unauthorized networks through BHS systems or devices.
2. I will only access, use, and/or disclose the minimum necessary Confidential Information needed to perform my assigned duties and disclose it to other individuals/organizations who need it to perform their assigned duties or as allowed by law. Protected health information is specifically protected, by law, from further disclosures without prior authorization.	13. I understand that I have neither ownership interest nor expectation of privacy in any information accessed or created by me during my relationship with the BHS. BHS may audit, log, access, review, and otherwise utilize information stored on or passing through its systems for many reasons, including to maintain the confidentiality, security, and availability of Confidential Information.
3. I will not access my own, or my family's, record in any information system without prior Authorization (unless required to perform your job responsibilities).	14. I will not use BHS information systems to transmit, retrieve, nor store any communications consisting of discriminatory, harassing, obscene, solicitation, or criminal information.
4. I will not disclose any Confidential Information with others who do not have a need to know it.	15. I understand that my User Login ID(s), password(s) are used to control access to BHS information systems and an electronic signature(s) is the equivalent to my legal signature. I will not disclose them to anyone nor allow anyone to access any information system using my User Login ID(s) and password(s) for any reason.
5. I will not in any way divulge, copy, release, sell, loan, alter, or destroy any Confidential Information except as properly authorized.	16. I understand that I will be held accountable for all inquiries, entries, and changes made to any BHS information system using my User Login ID(s) and password(s).
6. I will not download any Confidential Information off BHS information systems to store or use it on any other system or computer diskettes, compact discs, digital video discs, zip discs, other portable media, etc. or removable storage devices such as removable USB flash discs, except in situations whereby explicit approval to do so has been granted by Health Information Management with prior review by the Department Director or the Privacy Officer. If I received this approval to download data I will assume sole and absolute responsibility to manage and protect it based upon standards listed in this Agreement and according to the law.	17. I will only use my officially assigned, personal User Login ID(s) and password(s).
7. I will not download any software program onto BHS equipment without prior written approval from the IT Department.	18. I will immediately notify the Information Security Officer and my immediate supervisor if my password has been seen, disclosed, or otherwise compromised.
8. I understand that access to all BHS Information Systems including Email and Internet are intended for business usage.	19. I will immediately report to the Privacy Officer and/or my Department Director any activity that violates this agreement, Confidential Information laws, or any other incident that could have any adverse impact on Confidential Information.
9. I will practice secure electronic communications by transmitting Confidential Information only to authorized entities, in accordance with approved privacy and security standards.	20. Upon completion and/or termination of access to BHS information systems, Administration and/or Department Directors/Supervisors notifies the IT Department to delete Users access to information systems/applications; Department directors notify for non-workforce members.

10. I will only access or use the systems or devices that I am being authorized to access and agree not to demonstrate the operation or function of any of BHS information systems or devices to unauthorized individuals.	21. I affirm that I will maintain the confidentiality, integrity, and availability of all Confidential Information even after termination, completion, cancellation, expiration, or other conclusion of access to BHS information systems.
11. I will never use tools or techniques to break/exploit security measures.	22. I understand that violation of this Agreement may result in disciplinary action, up to and including termination of employment or business relationship, suspension and loss of privileges, termination of authorization to work within the BHS as well as legal actions.

Refer any questions related to this Agreement to the
Information Security Officer or the Privacy Officer.

By signing this Agreement, I acknowledge that I am aware of, understand the policies regarding the security of personal health information, and agree to comply with its terms and conditions. Failure to read this Agreement is not an excuse for violating it. Access to BHS information systems will be denied if this Agreement is not returned signed and dated.

Signature

Date

Printed Name

Employee #

Requestor's Immediate Supervisor Signature

Date

Association: Employee Resident Board Member
 Volunteer Student Clergy
 Medical Staff Contract employee Other
 Allied Health Professional Consultant / Vendor (Define: _____)

- **This form shall be maintained in the Blessing Hospital Personnel Department for Blessing Hospital, Blessing Corporate Services and Denman employees.**
- **Illini Community Hospital Personnel Department will keep forms from Illini Community Hospital employees.**
- **Medical Staff/Allied Health Professionals personnel from Blessing Hospital will be kept in the Blessing Hospital Medical Staff Services Department.**
- **Medical Staff/Allied Health Professionals personnel from Illini Community Hospital will be kept in the Illini Community Hospital Administration Department.**
- **Volunteer forms will be retained in Volunteer Services.**
- **Consultant/Vendor Agreements shall be kept in the original contract file.**
- **Student forms will be maintained in the school's student file.**

Found in the "Administrative Policy & Procedure Manual" on the Blessing Health System Intranet and form called "Confidentiality and Information Access Agreement".

BCS100/1700ps
/lmh

Policy Title:		CODE OF CONDUCT
Administrative Responsibility: Vice President, Corporate Compliance		Blessing Corporate Services
Original Effective Date: 1/10/2003	Effective Date: 1/8/2016	Policy Type: Administrative

Policy Statement:

All employees, medical staff members, volunteers, students and Boards of Trustees/Directors are expected to be guided by the commitment of the organization to the highest standards of ethics and compliance. This policy applies to employees generally and only to the non-employees where specifically stated. Employees are responsible for knowing and following the Code of Conduct. In addition, professionals must follow the ethical standards dictated by their respective professional organizations. All employees will sign the Standards of Behavior at time of hire and receive a copy of the Code of Conduct within 30 days of hire; Board members and physicians will receive a copy at orientation. It is the responsibility of supervisors to see that staff in their areas receive adequate information and training to permit full compliance and to monitor compliance.

Standards of Conduct:

A. Personal Conduct

1. We are honest in our communications and business relationships.

Actions are a reflection upon the organization. You are expected to be honest in your communications with patients and families, attorneys, customers, staff members, auditors, Trustees, payers, vendors, suppliers, consultants, Governmental representatives and all of those with whom we do business. This means that no misleading statements may be made about our services or products or those of our competitors. It also means that you do not copy materials in violation of copyright laws or use confidential business information obtained from a competitor.

Employees of the Health System may not solicit personal gifts, business courtesies, or services from any patient, visitor, vendor, or contractor. Employees are to discourage receiving gifts. They should tell the patient, visitor, vendor, or contractor thank you, but inform them it is the BHS policy not to accept gifts. Gifts of cash or cash equivalents are never permissible (inclusive of gift cards and/or certificates). Refer to BCS policy, Employee Gifts, Gratuities, Business Courtesies, and Consultant Relationships.

You are expected to be honest in documentation of services provided, coding for services rendered, filing claims for reimbursement, in seeking payment for services, and filing reports whether for regulatory or accrediting purposes.

2. We respect confidentiality and privacy.

In the course of your job, you may have access to confidential information about patients and families, your coworkers or business practices. All information and records pertaining to patients, as well as proprietary information, are private and confidential and only authorized persons who must refer to them as a business necessity shall have access to them. You are expected to keep this information confidential and not discuss it with anyone without prior authorization. You are not to discuss internal issues in front of patients, their families or the public. You are not to engage in, or listen to, negativity

Employees of the Health System may not solicit personal gifts, business courtesies, or services from any patient, visitor, vendor, or contractor. Employees are to discourage receiving gifts. They should tell the patient, visitor, vendor, or contractor thank you, but inform them it is the BHS policy not to accept gifts. Gifts of cash or cash equivalents are never permissible (inclusive of gift cards and/or certificates). Refer to BCS policy BCshr.004 Gifts, Gratuities, Business Courtesies, and Consultant Relationships.

You are expected to be honest in documentation of services provided, coding for services rendered, filing claims for reimbursement, in seeking payment for services, and filing reports whether for regulatory or accrediting purposes.

2. We respect confidentiality and privacy.

In the course of your job, you may have access to confidential information about patients and families, your coworkers or business practices. All information and records pertaining to patients, as well as proprietary information are private and confidential and only authorized persons who must refer to them as a business necessity shall have access to them. You are expected to keep this information confidential and not discuss it with anyone without prior authorization. You are not to discuss internal issues in front of patients, their families or the public. You are not to engage in, or listen to, negativity or gossip. Listening without acting to stop it is the same as participating. You are to be respectful of the feelings, privacy, property, dignity, and rights of all customers. HIPAA policies provide guidelines to you related to the privacy of patient information. Employees, physicians, volunteers and students are expected to take steps to safeguard the Blessing entity's intellectual property, patient/client/customer information, trademarks, copyrights and other proprietary information, and to respect the intellectual property rights of others.

3. We will be respectful of each other.

You are expected to be respectful of other's time and work – remembering they are just as busy and important. Respect each other's privacy by keeping their care and information confidential. Respect your place of work by keeping areas clean. It is your responsibility to regulate the volume and content of your conversations, showing respect to the individuals involved in the conversation. You are expected to embrace the diversity of background, gender, ideas and other differences people bring to your team and daily work efforts.

4. We will be responsive, caring, concerned, friendly and respectful.

It is important all employees, medical staff, volunteers and students follow the standards of behavior of always identifying yourself and your role, respecting the individual's privacy, explaining what you are doing, helping others find their way, being courteous and responding quickly. It is important you make contact and greet everyone you meet and answer phones in a professional manner, identifying yourself and your location. It is expected you will give customers and visitors priority in hallways, elevators and parking areas. Personally escort individuals to their destinations when they are lost. These caring expectations should help employees and physicians improve the quality and effectiveness of their relationships and encounters with the public. You are expected to refrain from disruptive behavior because it may negatively impact the quality and safety of care, intimidate staff, affect morale, lead to turnovers or patients' choosing another provider. The following types of behaviors are considered disruptive: rude language, inappropriate gestures, threatening manners or statements, physical or verbal abuse, name calling, employees consistently arriving late for a meeting, and physicians arriving late to appointments or to begin clinical procedures or tests.

5. We do not offer or accept financial inducements.

You should not offer or accept any financial inducement, gift, payoff, kickback or bribe to induce, influence or reward favorable decisions of any government personnel or representative, any customer, physician, contractor or vendor in a commercial transaction, or any person in a position to benefit the organization or other staff in any way. You are strictly prohibited from engaging in any corrupt business practice either directly or indirectly. In accordance with the anti-referral and anti-kickback laws, you shall not make or offer payment or provide any other thing of value to another person with the understanding or intention that such payment or other thing of value is to be used for an unlawful or improper purpose.

6. We work to achieve/maintain a healthy and safe environment for everyone.

We will comply with all safety and health requirements established by the organization as well as federal, state and local laws of accrediting organizations. It is important to promptly report any incidents involving

injury to a patient, employee or visitor. We do not permit possession or consumption of alcohol or unauthorized drugs in the workplace, or reporting to work in an intoxicated manner or under the influence of drugs. Employees, physicians, volunteers and students may not perform work or operate the Blessing entity vehicles or other equipment while under the influence of drugs or alcoholic beverages. Blessing employees must follow the Fitness for Duty policy, BCS Personnel Policy 7-11-1, which speaks to the possession and consumption of alcohol. [Under special circumstances, the BCS CEO may authorize serving of alcoholic beverages at special BCS functions for which the Blessing entity authorizes payment. (BCS CEO may delegate this authorization to Directors, Administrative Directors, Vice Presidents and entity Presidents/CEOs).] Weapons and other dangerous instruments are prohibited on all Blessing properties. Threats of weapons or violence are to be taken seriously and reported to your Manager, Security or to Human Resources. Refer to your specific organization policy on weapons. You are expected to know the disaster plan for your work area such that in the event of a disaster you are prepared to appropriately respond.

Infection Control policies and procedures have been developed for your safety and the safety of the patients and customers we all serve. You are expected to follow these policies related to such areas as handwashing, disposing of hazardous materials, and handling of sharps.

7. We work to achieve a workplace that is free of discrimination or harassment.
You can be expected to be treated fairly without regard to race, color, religion, age, sex, ethnic origin, disability, sexual orientation, or any other protected status. This applies to hiring and other human resource practices and to the way we treat each other on a daily basis. This includes disruptive behavior or threats, derogatory comments or sexual harassment. Discrimination or harassment will not be tolerated. A prompt investigation will be conducted, and BCS will take appropriate corrective action where it is warranted. If you feel you have been subject to such behavior, you should notify your supervisor or Human Resources at 217-223-8400, ext. 6850.
8. We will submit properly incurred business expenses promptly and accurately.
Sometimes the organization may request that you travel or incur other expenses for business purposes. When traveling on business, all expenses will be paid according to BCS Administrative Policy BCSSHR.001. It is expected that the employee will promptly and accurately report all expenses documented with receipts.
9. Practitioners will maintain current licenses.
Practitioners in positions that require professional licenses, certifications or other credentials are responsible for maintaining current status of their credentials which includes maintaining the employee's legal name on all licenses/practice documentation and shall comply at all times with the federal and applicable state requirements for their discipline.
10. We will be accountable for our actions.
We believe accountability is critical to a successful organization and every employee is accountable for their actions or lack of action. You are expected to be a positive voice for Blessing Health System in the community. You are expected to work directly with co-workers to resolve issues and find solutions rather than assign blame or complain. You are expected to put the needs and desires of the customer first and approach every situation with an "I can" attitude.

B. Conduct in Service to Patients/Customers/Family

1. We will respect patient/customer rights.
Each patient/customer will be served on an individual basis and his/her dignity will be respected. Every patient/customer should have the opportunity to understand the reasons for the recommended treatment, how it will be accomplished, if follow-up consultations will be required and what role medications play. It is important to involve family when requested by the patient.

Admissions, transfers and/or discharges of patients from/to Blessing entities are based on the patient's clinical needs, and without regard to age, ancestry, color, disability, national origin, race, religion, sex, sexual orientation, or veteran status. In accordance with the Emergency Medical Treatment and Labor Act (EMTALA), hospitals are committed to providing an appropriate initial screening to anyone requesting it, without regard to their financial situation or insurance coverage.

2. Communications with Patients

Patients, families and/or visitors sometimes seek medical advice or information from an employee. Employees should not offer information about possible cures, remedies, diagnoses, prognoses or any other facts/options, which could be interpreted as medical advice. Refer all such requests to the attending or consulting physician.

3. We are committed to clinical quality and excellence in our service delivery.

It is your responsibility to raise concerns by following the organization's policy for addressing quality issues. It is an expectation you will offer assistance to those who appear to need help. Customers are the reason for all of us being here, not an interruption of our work. You are expected to follow through in a timely manner on questions posed to you and on commitments and requests, or seek assistance.

We are committed to gaining new knowledge and making improvements.

We believe we all need to be in a state of continuous learning and seeking new knowledge to enhance skills and ability to serve. You are responsible to continually evaluate the way you do work and make suggestions for improvement whenever possible. You need to embrace and act on change when performing your day-to-day work.

We are committed to exceeding our customer's expectations.

We will anticipate needs and look for ways to exceed customer expectations. We will give 100% of our attention when interacting with customers. We will provide extra comfort and reassurance to our customers.

C. Conducting Business on Behalf of a BCS Entity

1. We do business in accordance with antitrust laws.

You must not engage in any behavior that might interfere with fair competition. For example, federal and state antitrust laws prohibit price fixing and bid rigging as well as collusion, which includes sharing price or cost data with competitors under most circumstances. Boycotts, certain exclusive dealings and price discrimination agreements against competitors, vendors or purchasers, including bribery, misappropriations of trade secrets, deception, intimidation and similarly unfair practices are also covered by these laws.

2. We behave appropriately for a charitable organization.

As a charitable, tax-exempt organization, we have a legal and ethical obligation to use our resources in a way that promotes the public good rather than the private or personal interests of any individual. Therefore, we avoid compensation arrangements in excess of fair market value, accurately report payments appropriately to taxing authorities, and file all tax and information returns in accordance with applicable laws. It is also important to know that if you contribute to a political campaign, it is as an individual, not as a representative of BCS, and you must use your own personal funds. Both hospitals offer to their communities a community benefit report detailing the activities the hospital provided during the year to deserve its charitable status. (Denman Services, Inc. is not a charitable, tax-exempt organization.)

3. We use the highest ethical business practices in source selection, negotiation, determination of award and in the administration of all purchasing activities.

Any rebates, discounts and allowances that are customary business practices are acceptable so long as they do not constitute unlawful or unethical payments and are given to the Blessing entity. Such payments should be properly documented, be of reasonable value, competitively justified and properly invoiced/credited to the entity originating the agreement. Any payment to employees of BCS is not allowed. If an unsolicited (cash) payment is received, it should be forwarded to the Blessing Foundation office or promptly returned to the giver. Payments made to vendors will be made only for goods and services acquired in accordance with Materials Management policies.

4. We do what is right for the organization when entering into agreements.

A conflict of interest may occur if your outside activities, personal financial interests or other personal interests influence or appear to influence your ability to make objective decisions in the course of your job responsibility. You are obligated to ensure that you remain free of conflicts of interest in the performance of your job. Board members, senior management, and other individuals with decision-making authority

are required to disclose actual and potential conflicts related to decisions that arise during the year. BCS has a policy for handling conflicts of interest, BCS Administrative Policy BCSCGR.014.

Never accept outside employment that may conflict with your position in the absence of prior written approval by an appropriate level of management. It is important you do not use Blessing Health System resources to support your second job, use your position to influence the Blessing Health System doing business with your secondary employer/business or influence patient or customer referrals to your secondary employer/business.

5. We do not knowingly contract with persons or entities ineligible to participate in Federal healthcare programs.

The Federal government has authority to establish certain mandatory and discretionary exclusions for various types of misconduct such as convictions for program-related fraud and patient abuse, licensing board actions and default on Health Education Assistance loans. No payment may be made by Federal healthcare programs for any items or services furnished, ordered or prescribed by an excluded individual or entity.

6. We respect the environment.

BCS entities are subject to many legal requirements under a variety of environmental laws concerning the handling, release, transporting and disposal of hazardous materials and waste. If you handle or are responsible for hazardous materials or waste, you must be knowledgeable about these materials and the environmental regulations affecting them.

7. We market only services that are available.

Marketing will be truthful, accurate, complete and sensitive to the health care needs of the public, promoting informed choices about health care services. If you develop or approve marketing materials for the organization, the content must be consistent with the mission and values of the organization. The promotion materials must be data driven and not state or imply a guarantee of successful outcome or of complete patient satisfaction unless there is a basis for making such a claim.

8. Solicitation, canvassing or distribution of literature on the BCS property is restricted

The purpose of this restriction is to prevent disruption in the operation and/or interference with patient care and other business. Guidance is provided by the solicitation and distribution of literature in the Health System Solicitation and Distribution of Literature on Blessing Health System Property Policy No. 7-3.

9. We are committed to compliance and do not put undue pressure to pursue profit over compliance.

We believe it is critical that staff understand the importance of complying with laws and regulations. Staff should not be placed in a position of pursuing profit or meeting a budget requirement by sacrificing legal compliance. Examples might include pushing for a higher level of reimbursement without documentation to support the level assigned or signing contracts that violate Stark regulations to enhance revenue. If you believe you are being put in this position, report it to the Compliance Officer, 223-8400, ext. 6808 or the Compliance Hotline, ext. 5650.

10. Electronic media systems are to be used primarily for business purposes.

Data and information created, collected, aggregated, analyzed, stored and/or reported by or on behalf of a BCS entity are owned by the BCS entity. The electronic media systems are to be used primarily for business purposes, however, limited reasonable personal use of BCS communications systems are permitted. The E-mail and internet systems are not to be used for inappropriate, illicit or offensive communications. E-mail messages are considered to be business records of the BCS entity and therefore may be subject to review by management. Those who abuse the system will be disciplined accordingly. (Refer to BCS policies on Internet and Email Acceptable Use and Monitoring of Electronic Communications for further detail, BCSIMTS.001, BCSIMTS.019 and BCSCGR.019).

11. We do not seek to improperly influence the decisions of our patients, customers or suppliers by offering business courtesies.

A business courtesy is a gift, whether in money, service, perquisites, entertainment or other items provided to a business associate. You should not solicit a business courtesy from a business associate that is inconsistent with common business practices or interferes with your judgment and in the Blessing Health System's best interest. Business courtesies could include meals, conferences, hotels, travel, etc.

12. We do not use hospital funds directly for political purposes.

None of the Blessing entity names, funds or facilities shall be used for political purposes on behalf of candidates seeking political office. The Blessing entity may indirectly support political positions through membership in organizations like the Illinois Hospital Association and/or the American Hospital Association. Employees are encouraged to vote and participate in the political process.

13. We will project a positive image of the Blessing Health System.

As employees, physicians and volunteers, we owe the organization a duty to loyalty. We should be mindful that we represent the Blessing Health System in our day-to-day dealings with outsider contacts and can have significant influence over how our organization is perceived. It is each employee's responsibility to project positive comments about the Blessing Health System, its services, products, management, physicians, etc.

Definitions:

Antitrust – Business practices that are intended to restrain fair competition.

Entity – An organization that has its own distinct corporate structure.

Inducement – To motivate or persuade by incentive, influence or persuasion

Retaliation – To take or cause action to be taken, against an individual(s) as the result of some action against an individual or organization.

Procedure:

1. Employee concerns:

- A. Employees are encouraged to raise questions or concerns with management or the Compliance Officer.
- B. Retaliation against employees who raise concerns in good faith to any member of management will not be tolerated. Retaliation against any employee for proper use of reporting channels is cause for appropriate disciplinary action.
- C. Violations of the Code of Conduct are cause for appropriate corrective action. If disciplinary action is taken, the BCS Human Resources Disciplinary Policy No. 6-3 will be used as the guide.

2. Education Requirements

The Compliance Officer will establish a corporate ethics and business conduct education program designed to ensure that all employees have an awareness of the core principals and the Code of Conduct. At the time of hire, each employee will sign a document indicating receipt of the Code, understanding of the Code, and agreement to live by the Code.

3. Employment Application

As part of the employment application process, a short version of the Code of Conduct entitled, "ICARE Standards" will be distributed for prospective employees to review and sign at time of hire.

4. Evaluation

Each employee's compliance to the Code of Conduct and Standards of Behavior will be evaluated at the time of their annual evaluation.

Summary:

These principles form the basis for our commitment to ethical behavior that complies with all legal and regulatory requirements. However, this document cannot cover every legal or ethical issue that may arise. You must also use your own judgment.

If you have a concern about a legal or ethical issue, please report it to your supervisor. If you do not receive a satisfactory answer in a reasonable amount of time, please raise your concern to senior management or call the Corporate Compliance Officer at 217-223-8400, extension 6808 or call the hotline number at 5650 and leave a detailed message.

Although calls to both the Compliance Officer and the hotline may remain anonymous, please remember that to enable a thorough investigation, you are encouraged to disclose as much information as possible, including names. Reports to Compliance will remain confidential to the fullest extent possible or as permitted by law.

Reference(s): Prescription Drug Benefit Manual (Chapter 9, Part D) -- Program to Control Fraud, Waste and Abuse

Originator(s): Corporate Compliance Department

Collaborator(s): BCS Leadership Council
Blessing Corporate Services Attorney

Distribution: All Blessing entities in the "Scope"

Cross-Reference(s): BCS Gifting Policy, Fitness for Duty Policy

Forms: Code of Conduct Acknowledgment Form (BCS100/1800)
ICARE Standards

Approved By: Blessing Corporate Services Board of Trustees 1-24-03; Reviewed and approved BCS Corporate Leadership Council on 7-16-07 Approved by BCS Board of Trustees on 10-24-07. Revised and approved by BCS Board of Trustees 4-30-08. Reviewed and approved by the BCS Board of Trustees 4-25-12.

Cancellation:

/lmh

Policy Title:		CONFIDENTIALITY
Administrative Responsibility: Vice President, Corporate Compliance		Blessing Corporate Services
Original Effective Date: 01/10/2003	Effective Date: 02/02/2016	Policy Type: Administrative

Policy Statement:

It is the responsibility of every member of the workforce, student and volunteer and physician to assure confidential information is maintained and not shared with unauthorized persons (print, verbal, on-line, etc.).

Although the use of confidential information may be needed for individual job performance, it must not be shared with other members of the workforce or non-members of the workforce unless there is a legitimate need to know. Members of the workforce don't automatically have a right to see or hear confidential patient or business information. To see such information, a member of the workforce must need it to perform his/her job (care delivery, billing, recordkeeping).

It is a violation of this policy to willfully participate in or knowingly permit, either access to, or dissemination of patient, member of the workforce, or business information to unauthorized parties. Violation of these policies may result in immediate discharge for involved members of the workforce or loss of association with the involved Blessing entity for parties involved as well as individual and Blessing civil and criminal penalties.

All employees, students, medical staff, volunteers will sign confidentiality agreements.

Scope:

All entities included now or hereafter on the organizational chart of Blessing Corporate Services, Inc., which individually may be referred to as a "Blessing Entity" or collectively as "Blessing Entities". Such entities presently include Blessing Corporate Services, Inc. ("BCS"), Blessing Hospital ("BH"), The Blessing Foundation, Inc. (the "Foundation"), BlessingCare Corporation d/b/a Illini Community Hospital ("Illini"), Denman Services, Inc. ("Denman"), Blessing Affiliates ("BA"), and Blessing Physician Services ("BPS"). For purposes of this document, the term "Blessing Entities" means all of these organizations. BCS is the parent entity of the other Blessing Entities. These policies are intended to apply to all Blessing Entities unless otherwise stated. "Blessing" or the "Blessing Health System" may be used to refer to these organizations collectively.

Definitions:

Workforce: Employees, volunteers, trainees, physicians, and other persons under the direct control of a covered entity, whether or not they are paid by the covered entity. "Workforce" is limited to HIPAA Compliance purposes and non-employees are not otherwise acting as employees or agents of Blessing.

Procedure:

Individuals acting on behalf of a Blessing entity must always use only the minimum amount of information necessary to accomplish the intended purpose of the use, access or disclosure according to HIPAA policies.

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With respect to system access, patient privacy will be supported through authorization and access controls and will be implemented for all systems that contain identifying patient information. Within the permitted access, an individual system user is only to access what is needed to perform his/her job.

The Corporate Privacy Officer has the responsibility of facilitating compliance with these principles in conjunction with the Director of Human Resources and the Director of the involved department.

Inquiries from newspapers, radio and television stations and other sources of public information are to be referred to Public Relations and Communications or Administration.

Inquiries concerning the various departments of the Blessing entity should be referred to the Director of that respective department.

Photographs of patients without their specific written authorization are forbidden. Photographs of minor children require a parental/legal guardian's permission (DCFS custody allows them to be photographed). The person other than the patient or authorized representative asking to take pictures should be referred to Public Relations and Communications or administration.

1. Member of the Workforce Responsibility

- A. The member of the workforce is responsible for knowing and adhering to both general entity and specific department procedures and practices regarding disclosure or use of information in a confidential and legal matter.
- B. Each member of the workforce is to only access minimum necessary information to do their job/role.
- C. The member of the workforce is responsible for recognizing and treating peers obtaining healthcare with the same confidentiality as provided to all other customers.
- D. All Blessing System members of the workforce who use computer systems will be required to obtain a user ID and choose a password the user must keep confidential.
- E. All Blessing System members of the workforce are responsible for protecting the patient's right to privacy and confidentiality. Members of the workforce are not allowed to have visitors either on or off hours in patient care areas or in department locations where protected health information is located (i.e. not allowing children to accompany members of the workforce while rounding on patients, not allowing children or adults to visit department staff during the member of the workforce's normal work hours, etc.)
- F. All members of workforce, volunteers, students, residents and physicians will sign a confidentiality agreement acknowledging their responsibility under this policy and consequences of violation of the policy.

2. Manager's Responsibility

- A. It is the responsibility of every member of the management staff to educate members of the workforce under their direction in the area of confidentiality of information relating to patients, employees and businesses.
- B. It is the responsibility of managers and supervisors for ensuring their members of the workforce comply with this policy.

3. Violations (Breach of Confidentiality)

Any person who willfully discloses or obtains confidential information without proper authorization shall be disciplined according to the provisions of the organization's policy on Disciplinary Procedures. He/she may also be subject to civil or criminal penalties for unauthorized disclosure.

It is also understood that unauthorized access, use or disclosure of such information will result in a disciplinary action up to and including termination of employment/contract/association/privileges, permanent loss of all access to BHS computer systems and networks, and the imposition of fines pursuant to applicable state and federal laws.

Reference(s): Health Insurance Portability and Accountability Act (HIPAA) Standards for Privacy and Individually Identifiable Health Information 45 CFR parts 160 and 164

Cross-Reference(s): General Policy on Maintaining the Privacy of Individually Identifiable Health Information and Definitions for HIPAA (Policy No. BCSHIPUD.001)

Forms: Confidentiality Agreement (BCS100/1700) – updated 1-8-09, 9-30-12, 6-28-13

Approved By: Blessing Corporate Services Corporate Leadership Council 1/29/03, 1/8/09, 6/30/09, 8/30/12, 6/28/13

Cancellation:

lmh



We are happy you chose to Shadow with us.

Welcome to the Blessing Health System shadowing program. We encourage you to choose a health career field and are very happy to offer this opportunity. Please feel free to ask questions during your shadowing experience. We welcome your feedback.

The Blessing Health System is committed to maintaining the confidentiality of all of our patients. Confidentiality information related to the HIPAA regulations are enclosed in your shadowing packet. You may be in clinical areas during patient treatments and maintaining our patient's privacy is extremely important. Please read the Confidentiality information carefully.

All of the requested information must be completed and returned to Human Resources office prior to your shadow experience. At that time you will be issued a temporary name badge and parking tag if necessary.

We hope this experience will be informative and exciting.

HIPAA AWARENESS

(Health Insurance Portability and Accountability Act)

There are three components to Administrative Simplification in the laws related to HIPAA. The three components are Standards for the Privacy of Individually Identifiable Health Information, Standards for Security and Electronic Signature, and Standards for Electronic Transactions and Code Sets.

The first component, “Standards for the Privacy of Individually Identifiable Health Information”, or the “Privacy Rule” is based on the need to protect the privacy of every patient’s personal health information.

The second component, “Standards for Security and Electronic Signature” is also known as the “Security Rule”. It is based on the need to insure the integrity of, and to control access to, health information. It’s designated to protect information from alteration, destruction, loss, and accidental or intentional disclosure to unauthorized persons.

The third component, “Standards for Electronic Transactions and Code Sets” is based on the need for health care entities to be able to communicate efficiently with one another on such basic activities as claims processing, payment, establishing who is and isn’t covered under a health plan, and determining a patient’s level of eligibility for services.

Enforcement of HIPAA is the responsibility of the Department of Health and Human Services, Office for Civil Rights.

This packet focuses on the “Privacy Rule”.

The Privacy Rule

The subject of privacy has been with us for quite some time. The Blessing organization has had policies related to the handling of confidential patient information for a very long time, but under a new national law that went into effect in April 2003, it is illegal to violate the confidentiality of patient information. The Privacy Rule for the first time creates national standards to protect individuals’ medical records and other personal health information.

- It gives patients more control over their health information.
- It sets boundaries on the use and release of health records.
- It establishes appropriate safeguards that health care providers and others must achieve to protect the privacy of health information.
- It holds violators accountable, with civil and criminal penalties that can be imposed if they violate patients’ privacy rights.
- It strikes a balance when public responsibility requires disclosure of some forms of data--for example, to protect public health.

For patients, it means being able to make informed choices when seeking care and reimbursement for care based on how personal health information may be used.

- It enables patients to find out how their information may be used and what disclosures of their information have been made.
- It generally limits release of information to the minimum reasonably needed for the purpose of the disclosure.
- It gives patients the right to examine and obtain a copy of their own health records and request corrections.

When it comes to personal information that moves across hospitals, doctors' offices, insurers or third party payers, and state lines, our country has relied on a patchwork of federal and state laws. Under the current patchwork of laws, personal health information can be distributed, without either notice or consent, for reasons that have nothing to do with a patient's medical treatment or health care reimbursement. Patient information held by a health plan may be passed on to a lender who may then deny the patient's application for a home mortgage or a credit card, or to an employer who may use it in personnel decisions. The Privacy Rule established a federal floor of safeguards to protect the confidentiality of medical information. State laws, which provide stronger privacy protections, will continue to apply over and above the new federal privacy standards.

Health care providers have a strong tradition of safeguarding private health information. But in today's world, the old system of paper records in locked filing cabinets is not enough. With information broadly held and transmitted electronically, the rule provides clear standards for all parties regarding protection of personal health information.

For the average health care provider or health plan, the Privacy Rule requires activities, such as:

- Providing information to patients about their privacy rights and how their information can be used.
- Adopting clear privacy procedures for its practice, hospital, or plan.
- Training employees so that they understand the privacy procedures.
- Designating an individual to be responsible for seeing that the privacy procedures are adopted and followed.
- Securing patient records containing individually identifiable health information so that they are not readily available to those who do not need them.

What is Confidential?

All information about patients is considered private or confidential, whether written on paper, saved on a computer, or spoken aloud. This includes their name, address, age, Social Security number, and any other personal information. It also includes the reason the patient is sick or in the hospital, the treatments and medications he or she receives, caregivers' notes, and information about past health conditions. If you reveal any of this information to someone who does not need to know it, you have violated a patient's confidentiality, and you have broken the law.

Most of HIPAA is common sense. Just follow the simple "need to know" rule. If you need to see patient information to perform your job, you are allowed to do so. But not every healthcare worker has the right to look at all the information about every patient. For example, a healthcare worker wanting information about their coworker who just gave birth to a baby. Before looking at a patient's health information, ask yourself one simple question, "Do I need to know this to do my job?" If the answer is no, stop. If the answer is yes, you have nothing to worry about.

Not all information is locked up in a file room or protected by passwords in a computer. As each person goes about doing his or her job, it is likely that you will overhear private health information. As long as you keep it to yourself, you have nothing to worry about. Remember that this information includes the fact that the patient is at the health care facility in the first place. If you see a friend in the waiting room, you might want to tell another friend or family member later, but you must keep it to yourself. The person you saw may not want anyone to know about the visit.

Trashcans can trap you into violating HIPAA. Patient information stored on paper or computer disk should never be thrown into an open trashcan. The reason is simple: No one knows who might end up seeing the trash once it leaves the building. If you see patient information in an open trash

container, tell your supervisor or a supervisor in the area or dispose of the patient information in one of the locked trash receptacles for confidential information disposal.

The privacy officer for Blessing Corporate Services is Betty Kasparie, Vice-President, Corporate Compliance & Operational Planning, Blessing Corporate Services. She is responsible for oversight of our privacy policies.

Opportunity for Individual to Agree or Object

Inpatients and ER patients have the opportunity to object (opt out) to the facility directory and the clergy list. The person registering the patient must ask if the patient would like to opt out. When the patient is a direct admit or the patient has a power of attorney, the nurse will talk to the patient or POA to determine whether the patient chooses to opt out of the directory and/or clergy list. This is then documented on the "Consent for Treatment/Opportunity to Object". The "Consent for Treatment/Opportunity to Object" form does not need to be used for outpatients. If the person chooses to opt out, Patient Registration or the Unit Secretary enters the patient's request in HealthQuest. By placing a value of "N" in the Info Release Indicator field, the patient is ensured their name will not show on the directory (Information Desk Inquiry).

NOTE: **All** employees and students should use the HealthQuest ***Information Desk Inquiry*** function to access the hospital directory when answering questions from visitors as to whether an individual is a patient at Blessing Hospital. **If a patient appears in the directory, information can only be given to a visitor if the patient is asked for by name. If a patient cannot be located in the directory, a statement should be given that neither confirms nor denies the individual is a patient at Blessing Hospital.** Information Desk Inquiry is the **hospital standard** for inquiring about a patient prior to releasing information. This is also the only information that is available to volunteers who staff the front desk at 11th St. If you do not have access to HealthQuest and this information, please have a staff member verify the information before telling a visitor whether a patient is present at Blessing Hospital or not.

If the opportunity to object cannot be practically provided because of the patient's incapacity or due to emergency treatment circumstances, Blessing may disclose some or all of the PHI permitted in the directory, if: the disclosure is consistent with a prior expressed preference of the individual or if it is in the individual's best interest as deemed by Blessing-based professional judgment.

Some Definitions of HIPAA Terms You Need to Know

Protected Health Information (PHI)-any health information that could reveal the identity of a patient, such as name, address, phone number, health insurance number, Social Security number, or any other information by which an individual patient could be identified. PHI does include IHI contained in a covered entity's records maintained in its health care capacity, but does not include employment records maintained by a covered entity in its capacity as an employer.

Individually Identifiable Health Information (IIHI)-any health information that is a subset of health information, including demographic information collected from an individual that:

- relates to past, present, or future physical or mental health condition or payment for the provision of health care to an individual
- identifies the individual, or can be used to identify the individual

Patient Identifiable Information (PII)-identifiers within health information that could be used to identify an individual. Any health information maintained where the individual could, in any possible way, be identified, needs to be treated as individually identifiable health information.

Minimum Necessary-the limiting of the use and disclosure of PHI to the minimum necessary to accomplish the intended or specified purpose.

CONFIDENTIALITY AND INFORMATION SECURITY

For the Blessing Health System Shadowing/Educational Rotation/Internship Programs

As an individual who is participating in the Blessing Health System Shadowing/Educational Rotation/Internship Program, you may be exposed to confidential information. With this trust comes the responsibility and obligation to ensure the information you are exposed to remains confidential. That responsibility is great, for misuse of this information could cause harm to patients, jeopardize Blessing's reputation as a health care provider, impact our Shadowing/Educational Rotation/Internship programs and our employees' ability to do their jobs.

Because our patients and family members place a tremendous amount of trust in us, we face ever increasing scrutiny of the measures we take to ensure confidentiality.

In order to protect that confidentiality, *Personnel Policy & Procedure on Shadowing, Personnel Policy & Procedure 7-4 and the Administrative Policy #179* hold that all information obtained as a result of participation in the Shadowing/Educational Rotation/Internship Programs is confidential. Everyone participating in these programs is asked to sign a form agreeing not to disclose confidential information.

To violate this confidentiality is to destroy the trust of our patients, employees, and the community at large. It could also threaten someone's care, cause hurt or embarrassment, or jeopardize Blessing Hospital's reputation and standing within the community.

There are legal reasons for protecting the hospital's information. These include both federal and state laws that protect a person's right to privacy. As an employee, student, Shadowing Program participant, Intern or volunteer, you are responsible to be sure information is correct and used appropriately.

Information Types

There are many types of information that need to be protected from loss, unauthorized changes, and disclosure - not just that information found on computers.

There are:

- | | |
|---|--|
| <input type="checkbox"/> patient medical records/charts | <input type="checkbox"/> hospital committee communications |
| <input type="checkbox"/> patient medical history | <input type="checkbox"/> hospital financial information |
| <input type="checkbox"/> patient diagnoses and treatment | <input type="checkbox"/> hospital salary information |
| <input type="checkbox"/> patient test results/reports | <input type="checkbox"/> research information |
| <input type="checkbox"/> patient financial information | <input type="checkbox"/> quality assurance information |
| <input type="checkbox"/> information regarding family matters | <input type="checkbox"/> employee personnel file information |
| <input type="checkbox"/> hospital policies | <input type="checkbox"/> employee health file information |

This information may exist in the form of computer based systems or non-computer base written, pictorial, graphic, and spoken form. Information is one of our most valuable assets and needs to be protected from loss, unauthorized changes and disclosure. It appears in many forms including:

- computer records (medical and personal)
- word processing documents
- letters, memos and reports
- diskettes
- microfilm and microfiche
- recorded messages

Significance of Confidentiality Breach

Disclosure of confidential information is not only harmful to patients and the hospital; it will result in disciplinary action up to and including termination of your shadowing/educational rotation/internship experience. The information that you hear or see must be protected. Whether it is a paper record or a computer terminal, or a phone conversation or with patients, you are part of the hospital's information security system. Under no circumstances should patient or any hospital information be divulged or discussed off the hospital premises.

Questions regarding confidentiality or information security should be directed to your preceptor or our Vice President of Corporate Compliance, Betty Kasparie at extension 6808.

Blessing Corporate Services



Policy Title: Appearance Standards	
Administrative Responsibility: VP Human Resources	Policy Type: <input type="checkbox"/> <i>Administrative</i> <input type="checkbox"/> <i>Clinical</i> <input checked="" type="checkbox"/> <i>Human Resources</i> <input type="checkbox"/> <i>Departmental</i>
Original Effective Date: December, 1994	
Effective Date: May, 2015	

Policy Statement:

To present an image in the organization that is positive, and consistent with a professional and business dress. To promote employee safety and comply with regulatory agencies’ standards, as well as reduce the potential for transmission of infections.

The overall impression of the Blessing System is dependent upon the image presented by individual employees. It is the responsibility of each employee to comply with the policy and project a professional and business-like image.

It is the responsibility of the supervisory personnel to serve as role models and enforce these guidelines to achieve the purpose of this policy.

Each Blessing entity may enact an appearance standard addendum with stricter guidelines than stated within this corporate policy, but no entity will be permitted to enact more lenient guidelines. Each entities leadership body is responsible for approving each entities specific addendum.

Adherence to the appearance standard policy is expected during scheduled work hours. Employees who appear for work inappropriately dressed may be sent home and directed to return to work in appropriate attire. Employees attending staff meetings, etc. during non-work hours may be exempt from the general appearance standard policy. Exceptions include emergencies when staff is called in.

Scope:

All entities included now or hereafter on the organizational chart of Blessing Corporate Services, Inc., which individually may be referred to as a "Blessing Entity" or collectively as "Blessing Entities". Such entities presently include Blessing Corporate Services, Inc. ("BCS"), Blessing Hospital ("BH"), The Blessing Foundation, Inc. (the "Foundation"), BlessingCare Corporation d/b/a Illini Community Hospital ("Illini"), Denman Services, Inc. ("Denman"), Blessing Affiliates, Inc. ("BA"), and Blessing Physician Services ("BPS"). For purposes of this document, the term "Blessing Entities" means all of these organizations. BCS is the parent entity of the other

Blessing Entities. These policies are intended to apply to all Blessing Entities unless otherwise stated. "Blessing" or the "Blessing System" may also be used to refer to these organizations collectively.

Definitions:

N/A

Procedure:

CORPORATE STANDARD

- The practice of good body hygiene is expected.
- Any tattoo that is offensive in nature or has profanity must be covered.
- The use of excessive perfumes, colognes, and make-up is discouraged. Employees choosing to wear such must consider co-worker and customer sensitivity to these products.
- Clothing must be clean, neat, in good repair and adequately pressed.
- Clothing must be of appropriate length and fit to facilitate movement and to convey a professional image.
- Hair length and style must be appropriate to the work environment; consideration must be given to safety and infection control.
- Beards and mustaches must be neatly trimmed and not detrimental to safety or infection control.
- Excessive jewelry is inappropriate. The organization will not assume responsibility for jewelry lost or damaged while on the job.
- Tops, shirts, blouses, etc. must provide appropriate coverage consistent of business and professional dress. The garment must have sleeves and the neckline must be such that it doesn't have excessive exposure.
- The mid-section must be covered thus consideration must be given to the cut of the pant and the length of the top or the style of a dress or skirt.
- Male employees (not regulated by uniform or safety restrictions) are required to wear shirts with a collar and sleeves. Male supervisory employees are not required to wear a tie. Ties are recommended when appropriate for external meetings and community events. Shirt tails must be tucked in at all times.
- Female employees (not regulated by uniform or safety restrictions) may wear skirts or dresses no shorter than 2" from the top of the knee. Dress-cut trousers, gauchos, capris or similar types of fashion must be below the knee and must not be made of a stretch material or form fitting.

- Legging may be worn as long as they are accompanied by a top or dress that is no shorter than 2" from the top of your knee.
- Undergarments will be worn. They must be of proper fit, without design and of appropriate color depending on color of clothes. Undergarments should not be seen through the clothing.
- Shoes will be clean, polished, in good repair, and appropriate to the attire. Socks/hose are required to be worn when appropriate for safety and or infection control.
- Employee name badges will be displayed with picture side face out and worn at chest level or above and are to be visible whether they are on a lanyard or not. Lanyards must be free of logos other than Blessing Health System logos.
- When an employee changes into tennis shoes to walk between campuses for meetings they may be worn throughout the meeting. Dress shoes are recommended when external customers are present at the meetings.
- The wearing of pins is limited to the employee name tags, service award pins, school, and professional service pins. (Employees may wear small, decorative pins and insignia on jackets and shirts to serve as "morale boosters" on holidays or other times of celebration. Examples of appropriate decoration include shamrocks on St. Patrick's Day, National Hospital Week buttons, United Way Fund, Nurse Week recognition ornaments. The wearing of such emblems is to be limited to identified days or weeks of celebration. This type of decoration must be in good taste.) Supervisory personnel have the authority to require employees to remove decorative pins or insignias that are inappropriate.

UNACCEPTABLE ATTIRE

- Sweat pants/shirts
- T-shirts as well as other sport t-shirts.
- Logos (other than Blessing Health System logos) on anything
- Sleeveless shirts and dresses (unless worn with a jacket).
- Flannel shirts/slacks
- Overalls/Bibs (made of any material).
- Denim (exceptions would be Fridays and can be shirts, skirts, jackets and jumpers)
- Flip flops
- Shorts

Jeans and tennis shoes are not acceptable unless an approved dress code is within your department. Exceptions are made for safety purposes, when required by physicians or when moving (i.e. cleaning, moving files, office relocation).

Clothing deemed unacceptable in other areas, may be allowed in special work environments. The type of clothing considered acceptable in these areas will be identified by the department director.

Reference(s):

Cross-Reference(s): **Name Badge
Discipline**

Forms:

Approved By: **Corporate Leadership Council 10/2009,**

Cancellation: **Dress Code 03/2009**

Procedure for:

- **Blessing Hospital**
- **Blessing Corporate Services**
- **Blessing Foundation**

Effective: March, 2014

Procedure:

Blessing Hospital will comply with all the guidelines as outlined in the Blessing Corporate Services Appearance Standards Policy.

In addition to the guidelines in the Blessing Corporate Services Policy, the following guidelines will be enforced for **all employees**:

1. Hair must be of an appropriate color. No blue, pink, purple, orange, etc. hair will be allowed.
2. Tattoos of an inappropriate nature must be covered with clothing
3. Pierced body jewelry should either be removed or covered with a band aid or a clear skin colored retainer. Appropriate consideration should be given to infection control precautions.
4. No more than 2 earrings may be worn per ear.
5. Head coverings (i.e., hats, caps, scarves) must be within the entities appearance standards procedure or meet specific safety, religious, medical or cultural guidelines. Such may not have logos other than Blessing Corporate Services entities.

In addition to the guidelines in the above mentioned policy, the following guidelines will be enforced for **Clinical Uniformed Departments**.

1. On call personnel will wear a uniform or cover clothes with a lab coat when coming into Blessing Hospital. *The exception is personnel who will be changing into hospital provided scrubs.*
2. No hoods, sweatshirts, sweaters, or jackets made of fleece material are to be worn.
3. Uniform pants will be hemmed to prevent dragging. Uniform pants will not be flared to the extent of causing a safety hazard to the employee.
4. Cartoon prints in any color are acceptable on the Pediatric and CAS units only. Uniform pants worn with the cartoon print top are to be in a core color. No other uniformed department is to wear cartoon prints.
5. Four (4) holidays have an exemption to the appearance standards policy during which uniform tops with a holiday themed print and color may be worn, uniform pants are still to be in a core color. The exemption period is 2 weeks before and the day of the holiday. The exempt holidays are 4th of July, Valentine's Day, Halloween,

and Christmas. (The Christmas exemption period is from December 1st through January 2nd).

6. All clinical uniforms or scrubs are to be in the accepted core colors of Royal Blue, Grey, Black, or White.
7. Clinical uniform tops and uniform jackets will be professional in appearance and appropriate to the age of the patient you are serving. The print being subtle (i.e. butterfly, geometric or floral print) and not offensive. Background is to be in the core colors. If no background color, the print is to be predominantly in the core colors.
8. Clinical uniform pants are to be a solid core color.
9. Knit polo style shirts and turtlenecks in the core colors/complimentary colors are acceptable. If a collarless knit shirt is worn, it is to be worn in the core colors under a uniform jacket, vest, or scrub top in core colors/prints.
10. Sweaters (long sleeved button or zippered) may be worn in the core colors.
11. For clinical departments with the option of wearing uniforms or dress clothes with a lab coat, if the staff decides to wear a uniform it must follow the guidelines for Uniformed Departments.
12. Patient gowns/isolation gowns will not be worn by employees.
13. Personnel that provide direct patient care will wear shoes that are soft soled and skid resistant. Shoes must be cleaned and polished with a closed top and toe and professional in appearance. Shoelaces are to be clean and in good repair. No canvas or cloth shoes are to be worn.
14. Patients' and employees' safety and infection control must be taken into consideration at all times when selecting jewelry to be worn while giving direct patient care. Jewelry will be limited to the following in patient care areas except when further restricted by the department.
 - a. Watch
 - b. A ring or wedding band set
 - c. Earrings – no larger than ½” in diameter – no hoops or dangles.
 - d. Neck chains are not encouraged, but if worn are limited to:
 1. One simple silver or gold color chain with one small charm or pendant.
 2. Medical alert tags to be worn inside clothing.
15. Artificial nails or nail enhancements are not to be worn by staff members who perform direct patient care, who are involved in cleaning in patient care areas, or who prepare/handle products for patient use. Natural fingernails should be short to medium length – no longer than ¼ inch long.

16. Polished nails should be free of cracks and chips. Clear polish is preferable because dark colors may obscure the space underneath the tip of the nail, reducing the likelihood of careful cleaning.

17. Cloth stethoscope covers are not allowed.

Definitions:

Artificial Nails: Artificial nails, Tips, Wrap, Overlaps, any other addition to a natural nail excluding approved polish.

Reference(s): American Journal of Infection Control June 2002: Banning Artificial Nails from Healthcare Settings
CDC Guideline for Hand Hygiene in Healthcare Settings 10/25/2002

Originator(s): BCS Policy Committee

Collaborator(s): Infection Control Coordinator
Hospital Epidemiologist
Chief Nursing Officer

Distribution: Blessing Hospital
Blessing Corporate Services
Blessing Foundation

Cross-Reference(s): Photo ID Policy

Approved By: Corporate HR Leadership Council 3/21/2014

Cancellation: Dress Code Policy (03/2009)



Procedure for:

- Blessing Physician Services

Effective:

March, 2014

Objective:

The BPS Dress Code Policy allows our employees to work comfortably in the workplace. All BPS employees need to project a professional image for our patients and visitors. Therefore, all providers, clinical, and support staff will adhere to Blessing Corporate Services Dress Code Policy, with the addition of these supplemental guidelines approved for BPS staff only.

For providers:

- Physician, physician assistants and nurse practitioners are permitted to wear scrubs or business attire as noted below for clinical and support staff.

For personnel who provide direct patient care (clinical):

- Scrubs are permitted and should fit appropriately, be clean and in good condition.
- Personnel that provide direct patient care will wear shoes that are soft soled and skid resistant. Shoes must be cleaned and polished with a closed top and toe and professional in appearance. Shoelaces are to be clean and in good repair. No flip flops, canvas or cloth shoes are to be worn
- Fingernails should be short to medium length.
- Cloth stethoscope covers are not allowed.
- Business attire is acceptable to wear when your provider is out of the office, although flip flops, open toe or canvas shoes will not be acceptable.

For personnel not in direct patient care (support):

- Business attire is required. Employees must exert a certain amount of judgment in their choice of clothing to wear to work. Questions about acceptable business attire should be directed to the supervisor.
- Males are not required to wear ties.
- Females are not required to wear hose.
- Low necklines are not allowed at any time.
- Denim jeans of any color are not allowed during normal office hours.

Procedure for:

- **Denman Services, Inc.**

Effective: January 2011 (rev 4)

Procedure:

Denman Services Inc. and Illini Health Services, LLC will comply with all the guidelines as outlined in the Blessing Corporate Services Personnel Policy #7-9, Appearance Standards Policy.

In addition to the guidelines in the Blessing Corporate Services Policy, the following guidelines will be enforced for **all employees:**

1. Employees working in roles who have interaction with customers are expected to be conservative in hair color and style. No blue, pink, purple, orange, etc. hair will be allowed.
2. Visible pierced body jewelry is limited to the ears for those employees working in roles that have interaction with customers.
- 3.. Tennis shoes are not allowed unless identified for special work environments.
Medical Equipment Stores: Customer Service and Respiratory providers, who transport equipment and supplies from warehouse to showroom continually throughout the day, will have the option of wearing black or white leather tennis shoes which will promote a safer working environment. The option of allowing tennis shoes, will be at the discretion of each location's Store Manager and one-up.
4. Scrubs, shorts, jeans and tennis shoes are acceptable attire for those Denman Linen employees, including supervisory staff, who are required to work in the production area of the plant. Medical Equipment stores will allow scrubs as an acceptable option for Respiratory Therapy clinicians providing care in patient's homes. This option of allowing scrubs will be at the discretion of each location's Store Manager and one-up.
5. Maintenance personnel are permitted to wear jeans and are required to wear appropriate shoes as required by safety standards.
6. Warehouse personnel/delivery technicians are permitted to wear jeans and shorts and are required to wear appropriate shoes as required by safety standards.
7. Logo clothing is permitted to be worn during the week by those employees whose roles include marketing or sales activities.
8. For positions allowed to wear hats, hats must be neat and clean. Hats are not allowed to be worn backwards or sideways. Inappropriate wording or graphics are not permitted.

Procedure for:

- Illini Community Hospital

Effective: February, 2013

Procedure:

Illini Community Hospital will comply with all the guidelines as outlined in the Blessing Corporate Services Personnel Policy #7-9, Appearance Standards Policy.

In addition to the guidelines in the Blessing Corporate Services Policy, the following guidelines will be enforced for **all employees**:

1. Hair must be of an appropriate color. No blue, pink, purple, orange, etc. hair will be allowed.
2. Tattoos of an inappropriate nature must be covered with clothing.
3. Pierced body jewelry should either be removed or covered with a band aid or a clear skin colored retainer. Appropriate consideration should be given to infection control precautions.
4. The length of tops must be such that they do not expose the mid section.
5. Head coverings (i.e., hats, caps, scarves) must be within the entities appearance standards procedure or meet specific safety, religious, medical or cultural guidelines. Such may not have logos other than Blessing Corporate Services entities.

In addition to the guidelines in the above mentioned policy, the following guidelines will be enforced for **Clinical Uniformed Departments**.

1. On call personnel will wear a uniform or cover clothes with a lab coat when coming into Illini Community Hospital. *The exception is personnel who will be changing into hospital provided scrubs.*
2. No hoods, sweatshirts, sweaters, or jackets made of fleece material are to be worn.
3. Uniform pants will be hemmed to prevent dragging. Uniform pants will not be flared to the extent of causing a safety hazard to the employee.
4. Patient gowns/isolation gowns will not be worn by employees outside of an isolation environment.
5. Personnel that provide direct patient care will wear shoes that are soft soled and skid resistant. Shoes must be cleaned and polished with a closed top and toe. No canvas or cloth shoes are to be worn. Shoelaces are to be clean and in good repair. Clog style shoes supplied by a uniform company and in the acceptable color are allowed. Operating Room personnel may wear clogs designed for wear in the OR.
6. Patients' and employees' safety and infection control must be taken into consideration at all times when selecting jewelry to be worn while giving direct

patient care. The Hospital will not assume responsibility for jewelry lost or damaged while on the job. Jewelry will be limited to the following in patient care areas except when further restricted by the department.

- a. Watch
 - b. A ring or wedding band set
 - c. Earrings – no larger than ½” in diameter – no hoops or dangles.
 - d. Neck chains are not encouraged, but if worn are limited to:
 1. One simple silver or gold color chain with one small charm or pendant.
 2. Medical alert tags to be worn inside clothing.
7. Fingernails should be short to medium length – no longer than ¼ inch long.
8. . Polished nails should be free of cracks and chips. Clear polish is preferable because dark colors may obscure the space underneath the tip of the nail, reducing the likelihood of careful cleaning.
9. Cloth stethoscope covers are not allowed.

Definitions:

Artificial Nails: Artificial nails, Tips, Wrap, Overlaps, any other addition to a natural nail excluding approved polish.

Reference(s): American Journal of Infection Control June 2002: Banning Artificial Nails from Healthcare Settings
CDC Guideline for Hand Hygiene in Healthcare Settings 10/25/2002

Originator(s): BCS Policy Committee

Collaborator(s): Infection Control Coordinator
Hospital Epidemiologist
Chief Nursing Officer

Distribution: Illini Community Hospital

Cross-Reference(s): Policy 7-8 (Photo ID Policy)

Approved By: Illini Administrative Team

Cancellation: