

Vendor Access Program

The purpose of this Program is to provide a safe environment for all patients, visitors and staff by monitoring hospital access and sales activities associated with the selling of goods, services or equipment to CHOP. It is important to regulate the presence and movement of Vendor Representatives, Contractor Personnel and Visitors on CHOP premises to provide a secure environment that protects the efficiency and integrity of physicians, other health care providers and employees; supports patient safety, privacy and family-centered care; and maintains the integrity of the procurement process.

There are three classifications of individuals governed by this Program, each of which have different credentialing and badging requirements:

Employees - Employees are members of the Administrative, Support, Medical and Research Staffs of the Hospital. All employees must obtain a permanent CHOP ID badge from the ID Office. Employees shall display the CHOP ID in a visible location above the waist at all times while on CHOP premises.

Visitors – A Visitor is any person on CHOP premises who is not a patient, Vendor Representative, Contractor Personnel, CHOP Employee or Medical Staff Member. Visitors must obtain a Temporary Visitor ID badge from a designated visitor management station. This ID will display the Visitor's photo, name, date, time of entry and destination. The Visitor is limited to the patient care area that is designated on the Temporary Visitor ID and may also access public areas such as the cafeteria and gift shops. Visitors shall display the Temporary Visitor ID in a visible location above the waist at all times while on CHOP premises.

Vendors - A Vendor is any Vendor Representative or Contractor Personnel that have, or are seeking to enter into, a business relationship with CHOP (e.g., to provide any equipment, product, supply, facility, item or service). Vendors must obtain a Vendor ID badge from a designated Security Desk. The Vendor is limited to the patient care area that is designated on the Vendor ID and may also access public areas such as the cafeteria and gift shops. Vendors shall display the Vendor ID badge in a visible location above the waist at all times while on CHOP premises.

Compliance

CHOP's Vendor Access Program streamlines the background check and credentialing process and the management of key information regarding the

regulatory and compliance status of vendors. Through this Program, vendors can electronically provide the information we need to:

- Communicate our unique and most current business policies
- Ensure that we have the most accurate understanding of vendor business, capabilities and contact information
- Screen business partners, vendors and representatives against state and federal sanction lists
- Manage access to our facilities and patient care areas based on backgrounding, immunization, training and compliance status

Vendors are not permitted to use Hospital resources to disseminate information to Hospital personnel or leave any type of printed or handwritten materials, advertisements or signs in patient care areas or public areas in any Hospital facilities.

Vendors are required to check in and receive a Vendor ID badge upon arrival at any of the Hospital facilities that are part of the Main Campus (Main Hospital, Wood Building, Buerger Center, Colket and Abramson Buildings). When visiting an off-site Hospital facility, vendors are required to comply with the check-in procedures established at such locations.

How to register

All vendors and contractors who plan to visit the Main Hospital, Wood Building, Buerger Center, Colket and Abramson Buildings must register as a vendor with CHOP. Please visit [Green Security](#) to register. An annual registration fee will apply to each representative of your company.

A Federal Tax Identification Number (FEIN) is required to complete the initial company registration. Individual representatives will need to register and submit additional credentialing requirements that are determined based on a risk profile criteria assigned by CHOP.

There are three levels of access available:

- **Construction Contractors (Level 2A)** - Do Not Require Access To Patient Care Areas
- **Vendors and Sales Representatives (Level 2B)** - Do Not Require Access To Patient Care Areas

- **Any Vendor or Contractor Requiring Access to Patient Care Areas (Level 3)**

Non-Patient Care Areas: Examples include, but are not limited to: Accounting, Administration, Human Resources, Information Services, Marketing, Security and Supply Chain.

Patient Care Areas: Examples include, but are not limited to: any Patient Floors, Anesthesia, Cardiac Intensive Care Unit, Cardiology, Cath Lab, Clinical Labs, Dental, Dermatology, Dialysis, Emergency Department, Endoscopy, Gastroenterology, Interventional Radiology, Neonatal Intensive Care Unit, Neurology, Nuclear Medicine, Occupational Therapy, Oncology, Operating Room, Ophthalmology, Optometry, Orthopedics, Pediatric Intensive Care Unit, Pharmacy, Physical Therapy, Pulmonary, Radiology, Rehab Medicine, Respiratory and the Sterile Processing Department.

Registration support

For business and technical questions, please contact Green Security at 866-750-3373 or support@greensecurityllc.com.

If you have any related questions or inquiries for the Supply Chain department, send an email to chopsupplieraccess@email.chop.edu.

New product introduction and evaluation

Vendors who wish to present new medical products, devices or equipment to Hospital personnel must be aware that prior to the evaluation or purchase, the appropriate Value Analysis Team must review and approve all items that introduce either new technology or significant change to existing technology to the organization.

This policy applies to all medical devices, disposable products and clinical equipment (approved by the Food and Drug Administration (FDA) or not), including any items that have been approved for use by the Institutional Review Board (IRB).

Please contact the Supply Chain Department to schedule an appointment to detail your company's products, devices and equipment.

 ADMINISTRATIVE POLICY MANUAL	THE CHILDREN'S HOSPITAL OF PHILADELPHIA	No. A-1-05
	Title: COMPLIANCE STANDARDS OF CONDUCT	Page 1 of 20 Effective Date: 10/03/2014

POLICY

The Hospital and its affiliates have adopted these Compliance Standards of Conduct in recognition of our responsibility to our patients, staff, physicians and the community. These Compliance Standards of Conduct affirm our commitment to conduct our activities with ethics, integrity and in compliance with applicable laws, regulations, policies and procedures.

SCOPE

This policy applies to the Trustees and Officers, employees, and Medical and Research Staffs of The Children's Hospital of Philadelphia and entities controlling, controlled by or under common control with The Children's Hospital of Philadelphia, including, without limitation: The Children's Hospital of Philadelphia Foundation; The Children's Hospital of Philadelphia Practice Association; CHOP Clinical Associates; and the CHOPPA Practice Plans (currently Children's Anesthesiology Associates, Children's Health Care Associates, Children's Surgical Associates, and Radiology Associates of Children's Hospital, and their New Jersey counterparts). It also applies to any other persons or entities acting or providing services on behalf of the Hospital.

GUIDELINES

All persons covered by this policy are responsible for following the attached Compliance Standards of Conduct.

RESPONSIBILITY FOR MAINTENANCE OF THIS POLICY:

ASSISTANT VICE PRESIDENT, CHIEF COMPLIANCE AND PRIVACY OFFICER

ATTACHMENTS

Attachment A: Compliance Standards of Conduct | Setting the Standard: Your Compliance Guide

Supersedes 6/06/2014	Approved by:  Madeline Bell, President and Chief Operating Officer
This Administrative Policy is the property of The Children's Hospital of Philadelphia and is protected by U.S. and international copyright laws and may not be used or reproduced without the prior written consent of The Children's Hospital of Philadelphia. This Policy is to be used solely by employees of the Hospital, the Hospital Medical Staff and those acting on the Hospital's behalf either on the premises of the Hospital in connection with Hospital matters or in their Hospital duties involving the care of Hospital patients. This Policy may not be entered into a computer database or otherwise duplicated, in whole or in part in any format. Any personal or other use is strictly prohibited. THE CHILDREN'S HOSPITAL OF PHILADELPHIA © 2014 All Rights Reserved	



THE CHILDREN'S HOSPITAL OF PHILADELPHIA COMPLIANCE STANDARDS OF CONDUCT

**SETTING THE STANDARD:
*Your Compliance Guide***

Revised September 2014



TO: Trustees, Officers, Employees, and Members of the Medical and Research Staff of The Children's Hospital of Philadelphia and its affiliates:

Children's Hospital has always been a place where ethics and integrity guide our mission of quality pediatric medical care, education, and research. Full compliance with applicable laws and regulations is an important component of our philosophy. In support of this effort, The Children's Hospital of Philadelphia publishes these Compliance Standards of Conduct, which have been approved by the Board of Trustees.

Children's Hospital maintains a comprehensive compliance program to help us detect and prevent violations of law and fraud, abuse and waste, as well as to educate everyone regarding key legal and regulatory standards.

These Standards and our commitment to compliance have been embraced by our executive management, department chairs and Trustees. While this Guide is not comprehensive, these Standards summarize key compliance principles. These Standards do not replace or supersede any existing policies.

If you still have questions about particular matters after reviewing this document, please call the Compliance Line at 866-246-7456 or contact Children's Hospital's Chief Compliance Officer at 267-426-6037.

We recognize that getting the job done is not the only thing that counts. It's also about how we achieve our outcomes. Children's Hospital's reputation as an industry leader in pediatric healthcare, education, and research requires us to do the right things and to do them the right way. It actually goes beyond complying with laws, regulations and policies. It means conducting ourselves with integrity in everything we do.

Please take the time to read these Compliance Standards of Conduct, paying particular attention to the sections that apply to your job. For detailed information, refer to specific policies referenced in each section. These detailed policies may be found in Children's Hospital's Administrative Policy Manual, the Patient Care Manual, the Human Resources Policy and Procedure Manual, or specific clinical/departmental policies and procedures that apply to you (e.g., Finance Department, Emergency Department, Operating Room, Blood Bank, Infection Control, Environmental Safety, etc.); some of these policies may be found on Children's Hospital's Intranet site.

With the personal commitment of all employees and Medical and Research Staff members, we can maintain our excellent reputation. Please join us in dedicating your best efforts to our compliance program.

Sincerely,

Steven M. Altschuler, M.D.
Chief Executive Officer
The Children's Hospital of Philadelphia

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APPLICATION OF THIS GUIDE

These Compliance Standards of Conduct apply to the Trustees and Officers, employees, and medical and research staffs of The Children's Hospital of Philadelphia and any entity that is controlled by or under common control with The Children's Hospital of Philadelphia, including: The Children's Hospital of Philadelphia Foundation; The Children's Hospital of Philadelphia Practice Association; CHOP Clinical Associates; and the CHOPPA Practice Plans, currently Children's Anesthesiology Associates, Children's Health Care Associates, Children's Surgical Associates, and Radiology Associates of Children's Hospital, and their New Jersey counterparts. The term "Children's Hospital" in this document refers to all of those entities. These Compliance Standards of Conduct also apply to people or entities acting or providing services on behalf of Children's Hospital.

CODE OF CONDUCT STATEMENT

Ethics, integrity and compliance have always been valued principles at Children's Hospital. Our compliance program has been established to formally educate the Medical Staff and employees about the laws, regulations, policies and procedures governing our activities and to detect and prevent fraud, abuse and waste. By encouraging the identification, communication and correction of compliance issues, our compliance program helps ensure that all our activities are ethical and legally compliant.

Please review the applicable sections of these compliance Standards of Conduct. Children's Hospital expects you to comply with both the letter and spirit of the compliance program.

Our compliance program is intended to be a formal statement of Children's Hospital's approach to compliance matters. However, some situations may arise in which you are unclear whether the conduct is acceptable or not. In those situations, *raise the concern with your supervisor, or the Chief Compliance Officer, or if it is a legal issue, contact the Legal Department.*

Each employee is a valued member of the team, and each has an obligation to see that Children's Hospital maintains its high standards of professional, ethical conduct.

YOUR OBLIGATION TO REPORT

If you encounter any situation that you believe may be in violation of any applicable law or Children's Hospital policy or procedure, you should immediately contact your supervisor, the Compliance Officer or a member of the Legal Department. You may also call the anonymous, toll-free Compliance Line at 866-246-7456, or go to www.mycompliancereport.com (enter "CHOP" for the access ID). Everyone is responsible for promoting compliance.

USING THE COMPLIANCE PROGRAM

Purpose of Our Compliance Standards of Conduct

These Compliance Standards of Conduct provide those of us who work at Children's Hospital with information to help carry out our job responsibilities within appropriate ethical and legal parameters. These obligations apply to all our relationships in connection with Children's Hospital, including relationships with patients, families, physicians, third-party payors, subcontractors, independent contractors, vendors, consultants or each other.

These Standards are a critical component of our overall compliance program, developed to help you meet ethical standards and comply with applicable laws and regulations.

These Compliance Standards of Conduct are not intended to be a comprehensive statement of our duties and obligations. Children's Hospital maintains numerous detailed policies and procedures that govern our activities. In some cases, a subject discussed in this Guide involves such complexity that additional guidance may be needed. In these cases, you should consult the applicable policy or procedure for further information or contact your supervisor, the Legal Department, or the Chief Compliance Officer for additional guidance.

Management's Compliance Obligations

We expect leaders to set the example and be models for their staff members. As the caretakers of our quality and reputation, you must strive to assure that everyone on your team has sufficient information to comply with applicable laws, regulations and policies, as well as the resources to resolve ethical and compliance dilemmas. As leaders, you must help sustain the culture within Children's Hospital that promotes high standards of ethics and compliance. Managers and supervisors are also accountable for appropriately educating their staff about our compliance program.

Disciplinary Action

If you violate applicable laws or Children's Hospital policies or procedures, you may be subject to disciplinary action. The specific action will depend on the nature and severity of the violation (and, where applicable, will be consistent with Children's Hospital's Human Resources Policy and Procedure Manual or other applicable disciplinary standards).

Discipline may include:

- ◆ General counseling
- ◆ Oral warning
- ◆ Written warning
- ◆ Final Warning in Lieu of Suspension, or Suspension
- ◆ Unpaid Suspension
- ◆ Discharge
- ◆ Medical Staff sanctions (set forth in the Medical Staff Bylaws)

Chief Compliance Officer

Children's Hospital's compliance program demonstrates the Hospital's commitment to high ethical standards, and compliance with applicable laws, regulations, policies and procedures. The Chief Compliance Officer (CCO) assists Children's Hospital with the following activities:

- ◆ Assesses Children's Hospital's compliance activities
- ◆ Monitors implementation of the Hospital's compliance program
- ◆ Provides/facilitates education and training regarding laws and regulations affecting the organization

- ◆ Communicates to senior leaders and the Board of Trustees, including its Audit and Compliance Committee, on the compliance program and presents compliance policies, reports and plans for approval as appropriate
- ◆ Follows up on compliance findings, ensuring that appropriate corrective action has been taken
- ◆ Continuously monitors the effectiveness of compliance activities, including the effectiveness of the compliance program

Reporting Compliance Concerns

It is your duty to report any conduct that you reasonably believe violates our policies or applicable law, to your supervisor, the Office of Compliance and Privacy, a member of the Legal Department, or the Compliance Line. If you wish, you may make an anonymous report to the Compliance Line (866-246-7456 or www.mycompliancereport.com). It is the policy of Children's Hospital not to attempt to learn the identity of persons making anonymous reports to the Compliance Line.

Children's Hospital will not take any action against someone for reporting a compliance violation in good faith. Children's Hospital prohibits intimidation and any retaliation against persons for making good faith compliance reports. If you were a party to the non-compliant activity you reported, your good faith efforts will be considered in assessing whether disciplinary action against you is appropriate.

We're committed to investigating all reports promptly and protecting your confidentiality and anonymity as much as possible. If you contact the Compliance Line anonymously and wish to obtain an update on the status of the matter reported, you will be given a special case number and information about when and how to call back at the time of your initial call. To the extent that is possible and appropriate, an update will be provided to you. Once an investigation is completed, action to address the issue will be taken as soon as practicable.

Employees are protected by federal and state whistleblower statutes, which protect employees who report fraud, waste, or abuse. For additional information on whistleblower actions under the False Claims Act and certain state laws, please refer to the attached Appendix. Whistleblower protection statutes also apply to employees who work on federal grants and contracts. For details on whistleblower actions and protections applicable to federal grants, please refer to the attached Appendix.

Education and Training

Children's Hospital is committed to effectively communicating our standards and procedures to all employees. We provide education and training to develop compliance awareness and commitment. You must attend required compliance training that is applicable to your job function.

We will track your participation in required compliance training and will maintain records of participation in accordance with our compliance training procedures.

Compliance Monitoring

Children's Hospital is committed to responsibly monitoring implementation of the compliance program. Department managers are responsible for monitoring compliance in their areas on an ongoing basis. In addition, the Office of Compliance and Privacy develops annual compliance plans.

RELATIONSHIPS WITH PATIENTS

Patient Care and Rights

In our mission to provide quality healthcare, research, and education, we work hard to treat all patients and their families with respect and dignity and to provide care that is necessary and appropriate. We seek to make no distinctions in the admission, transfer or discharge of patients or in the care we provide based on race, color, national origin, ancestry, religion, sex, sexual orientation, marital status or actual or perceived disability.

Upon admission, each patient/family is given a statement of patient rights and responsibilities, including information about the right to make decisions regarding medical care.

We encourage patient and family involvement in all aspects of care. Children's Hospital's Patient Care policy RI-2-1 provides additional guidance on Patient Rights and Responsibilities. Please refer to this policy if you have any questions regarding this matter.

Emergency Treatment

Children's Hospital provides medical screening and treatment to all patients who come to Children's Hospital seeking treatment for an emergency medical condition, as required by the Emergency Medical Treatment and Labor Act ("EMTALA"). We do not deny emergency treatment to any patient who comes to Children's Hospital based upon inability to pay or lack of insurance. EMTALA establishes detailed requirements on when and how a patient who has an unstabilized emergency medical condition may be transferred to another institution. If you have any questions about EMTALA requirements, please contact the Legal Department.

Charity Care and Discounts

Children's Hospital provides services that are medically necessary to all pediatric patients in our Primary Service Area, regardless of ability to pay, in accordance with our Financial Assistance (formerly Charity Care) policy. For more information, see Financial Assistance policy A-2-03 in the Administrative Policy Manual. Children's Hospital offers prompt payment discounts for the prompt payment of patient/family financial obligations, in accordance with the Prompt Payment policy A-2-04. Children's Hospital does not grant any routine waivers or discounts in other circumstances, and does not extend professional courtesy to patients based on their relationship with CHOP physicians, officers or directors. For more information see Discounts and Reductions in Patient/Family Financial Obligations policy A-2-05.

CONFIDENTIALITY OF PATIENT INFORMATION

Patients and their families trust their healthcare providers with highly personal and sometimes sensitive or embarrassing information regarding their personal and medical history. If patients or families do not feel confident that their providers will keep such information private, they may hesitate to discuss intensely private issues, which could hinder their medical care. In addition, federal, state and local laws provide protection for the confidentiality of patient medical records, and require that only authorized personnel shall have access to that information and that disclosures are limited.

It is critical that healthcare providers protect patient information and patient privacy. Because this protection is one of our highest duties as a healthcare provider, you are expected to understand when disclosures are allowable and/or required and when they are not. These rules are outlined in detail in Children's Hospital's policies related to patient health information. For more information, you can refer to policy A-3-05, Confidentiality of Patient and Institutional Information, and related policies.

RELATIONSHIPS WITH PAYORS

Coding and Billing for Services

Children's Hospital takes great care to assure that there are systems in place for submitting billings to government and private insurance payors that are truthful, accurate and conform to the requirements of federal, state, and local laws and regulations. These laws include the federal False Claims Act as well as laws prohibiting schemes to defraud a healthcare benefit program.

The federal False Claims Act prohibits an individual or organization from knowingly or recklessly submitting a false claim for payment or approval to a federal or state health care program. It also prohibits knowingly or recklessly making, using, or causing to be used a false record or statement to get a false or fraudulent claim paid by the government. Violations may result in civil, criminal and administrative actions and be punishable by substantial monetary penalties, fines, imprisonment and exclusion from federal and state health care programs. We prohibit any employee or agent of Children's Hospital from knowingly presenting or causing claims to be presented for payment or approval that are false, fictitious, intentionally misleading, fraudulent, or in violation of any law. For a further description of the federal false claims laws, please refer to the attached Appendix.

Both Pennsylvania and New Jersey have laws prohibiting persons from knowingly or intentionally submitting false claims or statements in connection with providing services or merchandise under medical assistance, or in connection with applying for or continuing to receive medical assistance benefits or payments. New Jersey's Health Care Claims Fraud Act also prohibits health care practitioners licensed in New Jersey and others from committing health care claims fraud in the course of providing professional services. Violations of these laws may result in criminal actions punishable by imprisonment, substantial monetary penalties, and fines. For a further description of Pennsylvania's and New Jersey's laws, please refer to the attached Appendix.

Children's Hospital uses diligent efforts to maintain systems that result in fair, reasonable and accurate claims submission, including the following specific objectives:

- (1) Billing only for items or services actually rendered;
- (2) Billing only for medically necessary services;
- (3) Preventing upcoding (the practice of using a billing code that provides a higher payment rate than the billing code that actually reflects the service furnished to the patient);
- (4) Submitting accurate cost reports;
- (5) Appropriately bundling or combining services that should be billed together;
- (6) Billing the appropriate per-diem rate for patient transfers to another hospital;
- (7) Creating and maintaining supporting medical record documentation for services billed to patients or payors;
- (8) Billing for the services of teaching physicians only in accordance with applicable laws;
- (9) Avoiding submission of claims arising from impermissible anti-kickback arrangements.

We maintain oversight systems to verify that claims are submitted only for services actually provided and that services are billed as provided. Failure to follow these principles could result in submission of false claims.

Any subcontractors engaged to perform billing or coding services should have the necessary skills, quality assurance processes, systems and appropriate procedures to ensure that all billings for government and private insurance programs are accurate and complete.

It is the obligation of all staff to bring to the attention of your supervisor or the Chief Compliance Officer, or report to the Compliance Hotline if you prefer, any billing practices you observe that are not truthful, accurate, or in conformity with the requirements of federal, state and local laws and regulations.

In addition, the federal False Claims Act allows private persons to bring “whistleblower” actions in the name of the government if they believe the False Claims Act has been violated, and to recover substantial monetary rewards if the action results in a settlement or judgment. The False Claims Act protects the rights of whistleblowers; it is a violation of the Act for an employer to take any action against someone for participating in an action under the False Claims Act, including investigation for, initiation of, testimony for, or assistance in an action under the False Claims Act. Other laws also provide protection of whistleblowers in certain circumstances. We prohibit any individual or agent of Children’s Hospital from violating the non-retaliation provisions of the False Claims Act or any other applicable law.

Certain states also have false claims laws with private enforcement and whistleblower protection provisions comparable to the federal False Claims Act. Of the states in which Children’s Hospital operates or has affiliates, New Jersey and Delaware have such a law, while Pennsylvania does not. New Jersey and Pennsylvania have separate whistleblower protection laws that, along with New Jersey’s and Delaware’s false claims laws, are more fully described in the attached Appendix.

For possible improper practices involving Pennsylvania Medicaid billing you may also choose to contact the Pennsylvania Department of Public Welfare’s Fraud and Abuse Hotline at 1-866-DPW-TIPS.

Excluded Parties

There are restrictions on healthcare providers and other entities employing or entering into contracts with individuals or entities that are (at the time of employment or contract) excluded from participation in federal or state health care programs.

We require individuals applying for employment to disclose in their application any felonies or other crimes or exclusion action. Screening of potential employees and Medical Staff members includes consulting applicable government lists of excluded persons/entities.

We conduct monthly checks of federal and state databases to verify that our employees, Medical Staff members, and certain contractors/vendors are not excluded, unlicensed or uncertified, where applicable. Databases checked include: Office of Inspector General List of Excluded Individuals/Entities; System for Award Management; Pennsylvania Medichex List; New Jersey Treasurer’s exclusions database; New Jersey Division of Consumer Affairs licensure databases; and New Jersey Department of Health and Senior Services licensure database; and other databases as may be added from time to time.

If an employee or member of the Medical Staff is investigated by any government agency for violation of a licensure, certification, or health care law or regulation, the investigation should be reported immediately to the Legal Department and/or the Chief Compliance Officer.

If an employee or member of the Medical Staff is indicted, convicted, debarred or excluded from participation in federal or state healthcare programs while affiliated with Children's Hospital, or receives notice of proposed debarment or exclusion, this fact must be reported in accordance with applicable policies or standards of Children's Hospital and/or its Medical Staff, as applicable.

Credit Balances & Bad Debts

CHOP will treat credit balances and bad debt in compliance with applicable law and regulations.

In some instances, a credit balance will exist in a patient account after payment by both the patient and a federal or state healthcare program. We endeavor to accurately track, report, and refund credit balances.

Cost Reports

Our activities include reimbursement under government programs that require us to submit certain reports of our costs of operation. Children's Hospital will comply with all federal, state, and local laws relating to cost reports. These laws and regulations define what costs are allowable and outline the appropriate methodologies to claim reimbursement for the cost of services provided to program beneficiaries. Given the complexity of these requirements, all issues related to the completion and settlement of cost reports must be communicated through or coordinated with our Finance Department.

RELATIONSHIPS WITH REFERRAL SOURCES

Federal law generally prohibits payments in exchange for the referral of patients or business to other healthcare providers or suppliers. This prohibition is very broad, and applies both to those who offer or make such payments and to those who receive such payments. In addition, a payment may be anything of value, not just cash payments. There may be criminal as well as civil sanctions for violation of this prohibition.

Children's Hospital accepts patient referrals and admissions based on patients' clinical needs and our ability to render the needed services. We do not pay or offer anything of value, directly or indirectly, to anyone for referring patients or business to us.

Similarly, Children's Hospital makes referrals to other healthcare providers or suppliers based on patients' clinical needs, the ability of other providers or suppliers to render needed services, and patient/family preferences. We do not solicit or receive anything of value, directly or indirectly, in exchange for referring patients to any other healthcare provider or supplier.

Federal law also generally prohibits us from giving anything of value to patients or families that we know (or should know) would likely influence their decision to receive services from Children's Hospital. There are permitted exceptions to this general prohibition when the value being offered relates to the promotion of certain preventive care services or involves situations where the patient/family is indigent or in financial need.

Federal law also has prohibitions against a physician referring patients to certain other providers (such as clinical labs) in which the referring physician (or a family member of that physician) has a financial interest or relationship. Violations can result in fines and exclusion from Medicare or Medicaid. The law is complex; it applies only to certain services and has many exceptions. Please contact the Legal Department with questions about these laws or to discuss proposed arrangements with other providers, to be sure those arrangements comply with applicable law.

RELATIONSHIPS WITH COMPETITORS

Antitrust

Antitrust laws are designed to create a level playing field in the marketplace and to promote fair competition. These laws could be violated by discussing Children's Hospital business with a competitor (such as what our prices are or how our prices are set), disclosing the terms of supplier relationships, allocating markets among competitors or agreeing with a competitor to refuse to deal with a supplier. Questions related to these matters should be directed to the Legal Department.

Marketing Our Services

We may use our marketing and advertising activities to educate the public, provide information to the community, increase awareness of our services, and recruit employees. We will present only truthful, fully informative and non-deceptive information in these materials and announcements.

RELATIONSHIPS WITH VENDORS

We select the vendors and contractors with which we do business on the basis of arms-length and appropriate business criteria, and not on the basis of gifts to persons, the existence or amount of other support a vendor or contractor provides to Children's Hospital (except in connection with a legally appropriate discount or rebate), vendor or contractor support of Children's Hospital research, or other inappropriate factors. We endeavor to conduct business with vendors and contractors in a way that maximizes the ability of Children's Hospital to carry out its patient care, research and education missions, and in accordance with legal and ethical standards aimed at preventing conduct that may inappropriately influence purchasing decisions. Please refer to the Interactions with Vendors policy, A-3-07, and related policies for more information.

RELATIONSHIPS WITH EMPLOYEES AND MEMBERS OF THE MEDICAL STAFF

We use our best efforts to comply with all state and federal laws governing relationships with employees and independent contractors. Children's Hospital maintains policies that address many issues relating to employment at Children's Hospital. For additional guidance on any employee policy or practice, please refer to the Administrative and Human Resources Policy and Procedure Manuals. In particular, please refer to:

- **Equal Employment Opportunities/Affirmative Action – Human Resources policy 2-1**
- **Non-Discrimination and Harassment – Administrative policy A-4-18**
- **Violence in the Workplace – Human Resources policy 6-4**
- **Drug Free Workplace – Administrative policy A-4-23**

Environmental Health and Safety

Children's Hospital is committed to providing a safe work place. You may work in a variety of situations or with a variety of materials, some of which may pose a risk of injury. You are required to comply with our policies and procedures for workplace safety, which have been designed to comply with federal, state and local safety laws and regulations and workplace safety directives. If you have a question about safety, you should seek advice from the Environmental Health and Safety Office.

It is essential that you report any work place injury or any situation presenting a danger of injury so that timely corrective action may be taken. Please refer to relevant Administrative policies such as policy A-5-02 for more details related to chemical hazards.

Background Checks and Credentialing

Children's Hospital endeavors to conduct formal background and credentialing checks on all employees, Medical Staff members, and certain vendors/contractors. Children's Hospital reserves the right to deny employment or continued employment or Medical Staff membership or work/contracts for goods or services to any individual who fails to meet our standards. See also "Excluded Parties," at pages 10-11.

CONFLICTS OF INTEREST

Conflicts of interest are those circumstances in which your personal interests may actually or potentially conflict with those of Children's Hospital or may be perceived as actually or potentially conflicting with those of Children's Hospital. Children's Hospital has adopted a Conflicts of Interest Policy (Administrative policy A-3-01). The policy outlines circumstances in which outside interests or activities, such as accepting gifts, holding ownership interests in companies or engaging in outside activities, may create a potential, perceived or actual conflict of interest. The policy also contains special rules for conflict of interest issues in the research setting.

A potential, perceived or actual conflict of interest situation may arise at any time. The Conflicts of Interest Policy requires that such situations be disclosed promptly, as soon as the existence of the potential, perceived or actual conflict of interest is or should be known, so that you can obtain guidance about the situation at the earliest possible time. If there is any doubt about a situation, it should be fully disclosed so that a determination can be made.

Please refer to Administrative policy A-3-01 and the Compliance intranet site for more information regarding Conflicts of Interest.

INFORMATION AND COMMUNICATION SYSTEMS

You may have access to Hospital technology resources such as computers, electronic mail services, Internet access, communications devices and systems such as telephones and faxes and portable devices such as iPhones, Blackberries, tablets, cellular telephones, and pagers. These technology resources are the property of Children's Hospital and are intended to be used for purposes related to Children's Hospital's business and operations. You should assume that communications using Hospital systems are not private. Children's Hospital has the right to access, monitor, and disclose the contents of our communications systems without notice to the users to the extent allowable by law.

All uses of Children's Hospital technology resources must comply with applicable Hospital policy, including Acceptable Use of Technology Resources, Administrative policy A-3-06. As a general rule, only minimal personal use of Children's Hospital's assets is permitted. Children's Hospital may revoke access to our technology resources or take disciplinary action if you use them in violation of our policies or in violation of any applicable law or regulation.

GOVERNMENT INQUIRIES/INVESTIGATIONS

Children's Hospital expects you to cooperate appropriately in government investigations. However, it is essential that the legal rights of Children's Hospital and our employees, Medical Staff members and patients be protected.

If you receive a subpoena, inquiry, or other document from any government agency regarding Children's Hospital's business or patients, whether at home or in the workplace, notify the Legal Department (with a copy

to the Office of Compliance and Privacy) immediately. Please notify the Health Information Management Department in the case of subpoenas for medical records.

If you are aware of an imminent or ongoing investigation, audit, or examination, you should retain all documents (including computer records) in your custody or control relating to the matter under review.

Any questions regarding government inquiries or investigations should be addressed to the Legal Department.

POLITICAL AND LEGISLATIVE ACTIVITIES

The Hospital, including its affiliates, is exempt from federal income tax pursuant to Section 501(c)(3) of the Internal Revenue Code. In order to maintain this status, the Hospital may not participate in any political campaign on behalf of or in opposition to any candidate for public office. This is an absolute prohibition. In addition, the Hospital cannot engage in more than insubstantial lobbying on legislative issues. Individuals are free to engage in political and legislative activities in their personal capacity on their personal time. Hospital titles, letterhead and resources may not be used for political activities; and they may be used for legislative activities only with the permission of a member of senior management.

APPENDIX

Summary of Federal and State Laws

Federal Laws

a. The False Claims Act

The False Claims Act (“FCA”) provides, in pertinent part, that:

(A) Any person who—

- (1) knowingly presents, or causes to be presented, a false or fraudulent claim for payment or approval;
- (2) knowingly makes, uses, or causes to be made or used, a false record or statement material to a false or fraudulent claim;
- (3) conspires to commit a violation of subparagraph (A), (B), (D), (E), (F), or (G);
- (4) has possession, custody, or control of property or money used, or to be used, by the Government and knowingly delivers, or causes to be delivered, less than all of that money or property;
- (5) is authorized to make or deliver a document certifying receipt of property used, or to be used, by the Government and, intending to defraud the Government, makes or delivers the receipt without completely knowing that the information on the receipt is true;
- (6) knowingly buys, or receives as a pledge of an obligation or debt, public property from an officer or employee of the Government, or a member of the Armed Forces, who lawfully may not sell or pledge property; or
- (7) knowingly makes, uses, or causes to be made or used, a false record or statement material to an obligation to pay or transmit money or property to the Government, or knowingly conceals or knowingly and improperly avoids or decreases an obligation to pay or transmit money or property to the Government,

is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000 . . . plus 3 times the amount of damages which the Government sustains because of the act of that person.

(B) For purposes of this section—

(1) the terms “knowing” and “knowingly”—

(A) mean that a person, with respect to information—

- (i) has actual knowledge of the information;
- (ii) acts in deliberate ignorance of the truth or falsity of the information; or
- (iii) acts in reckless disregard of the truth or falsity of the information; and

(B) require no proof of specific intent to defraud

31 U.S.C. § 3729. While the False Claims Act imposes liability only when the claimant acts “knowingly,” it does not require that the person submitting the claim have actual knowledge that the claim is false. A person who acts in reckless disregard or in deliberate ignorance of the truth or falsity of the information also can be found liable under the Act. 31 U.S.C. § 3729(b).

In sum, the False Claims Act imposes liability on any person who submits a claim to the federal government that he or she knows (or should know) is false. An example may be a physician who submits a bill to Medicare for medical services she knows she has not provided. The False Claims Act also imposes liability on an individual who may knowingly submit a false record in order to obtain payment from the government. An example of this may include a government contractor who submits records that he knows (or should know) are false and that indicate compliance with certain contractual or regulatory requirements. The third area of liability includes those instances in which someone may obtain money from the federal government to which he may not be entitled, and then uses false statements or records in order to retain the money. An example of this so-called “reverse false claim” may include a hospital that obtains interim payments from Medicare throughout the year, and then knowingly files a false cost report at the end of the year in order to avoid making a refund to the Medicare program.

In addition to its substantive provisions, the FCA provides that private parties may bring an action on behalf of the United States. 31 U.S.C. § 3730(b). These private parties, known as “qui tam relators,” may share in a percentage of the proceeds from an FCA action or settlement. Section 3730(d)(1) of the FCA provides, with some exceptions, that a qui tam relator, when the Government has intervened in the lawsuit, shall receive at least 15% but not more than 25% of the proceeds of the FCA action depending upon the extent to which the relator substantially contributed to the prosecution of the action. When the Government does not intervene, section 3730(d)(2) provides that the relator shall receive an amount that the court decides is reasonable and shall be not less than 25% and not more than 30%.

The FCA provides protection to qui tam relators who are discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated against in the terms and conditions of their employment as a result of their furtherance of an action under the FCA. 31 U.S.C. § 3730(h). Remedies include reinstatement with comparable seniority as the qui tam relator would have had but for the discrimination, two times the amount of any back pay, interest on any back pay, and compensation for any special damages sustained as a result of the discrimination, including litigation costs and reasonable attorneys’ fees.

b. The Federal Program Fraud Civil Remedies Act (“PFCRA”)

This federal law makes it illegal for a person or entity to make, present or submit (or cause to be made, presented or submitted) a “claim” (i.e., a request, demand or submission) for property, services, or money to an “authority” (i.e., an executive department of the federal government, e.g., the U.S. Department of Health and Human Services which oversees Medicare and Medicaid programs) when the person or entity “knows or has reason to know” that the claim: (i) is false, fictitious or fraudulent; or (ii) includes or is supported by any written statement which asserts a material fact which is false, fictitious or fraudulent; (iii) includes or is supported by any written statement that omits a material fact, is false, fictitious or fraudulent as a result of such omission and is a statement in which the person or entity has a duty to include such material fact; or (iv) is for the provision of items or services which the person or entity has not provided as claimed. 31 U.S.C. § 3802(a)(1).

In addition, it is illegal to make, present or submit (or cause to be made, presented, or submitted) a written “statement” (i.e., a representation, certification, affirmation, document, record, or accounting or bookkeeping entry made with respect to a claim or to obtain the approval or payment of a claim) if the person or entity “knows or has reason to know” such statement: (i) asserts a material fact which is false or (ii) omits a material fact making the statement false, fictitious or fraudulent because of the omission. 31 U.S.C. § 3802(a)(2).

Similar to the Federal False Claims Act, the PFCRA broadly defines the terms “knows or has reason to know” as (1) having actual knowledge that the claim or statement is false, fictitious, or fraudulent; (2) acting in deliberate ignorance of the truth or falsity of the claim or statement; or (3) acting in reckless disregard of the truth or falsity of the claim or statement. The law specifically provides that a specific intent to defraud is not required in order to prove that the law has been violated. 31 U.S.C. § 3801(a)(5).

The PFCRA provides for civil penalties of up to \$5,000 for each false claim paid by the government, and in certain circumstances, an assessment of twice the amount of each claim.

In addition, if a written statement omits a material fact and is false, fictitious or fraudulent because of the omission and is a statement in which the person or entity has a duty to include such material fact and the statement contains or is accompanied by an express certification or affirmation of the truthfulness and accuracy of the contents of the statement, the law provides for a penalty of up to \$5,000 to be imposed for each such statement.

c. Federal Whistleblower Protections for Employees of Contractors, Subcontractors, and Grantees

The employee whistleblower statute applies to all employees working for contractors, grantees, subcontractors, and subgrantees on federal grants and contracts, and states that such persons “may not be discharged, demoted, or otherwise discriminated against as a reprisal for [whistleblowing].” 41 U.S.C. § 4712(a)(1).

Whistleblowing is defined as making a disclosure “that the employee reasonably believes is evidence of gross mismanagement of a Federal contract or grant, a gross waste of Federal funds, an abuse of authority relating to a Federal contract or grant, a substantial and specific danger to public health or safety, or a violation of law, rule, or regulation related to a Federal contract (including the competition for or negotiation of a contract) or grant.” 41 U.S.C. § 4712(a)(1).

To qualify under the statute, the employee’s disclosure must be made to “(A) a member of Congress or a representative of a committee of Congress; (B) an Inspector General; (C) the Government Accountability Office; (D) a Federal employee responsible for contract or grant oversight or management at the relevant agency; (E) an authorized official of the Department of Justice or other law enforcement agency; (F) a court or grand jury; or (G) a management official or other employee of the contractor, subcontractor, or grantee who has the responsibility to investigate, discover, or address misconduct.” 41 U.S.C. § 4712(a)(2).

Pennsylvania Laws**a. Fraud and Abuse Control under the Public Welfare Code**

This law contains provisions relating to acts prohibited by providers (62 P.S. §1407) and other acts relating to applications for medical assistance or the receipt of benefits under the program (62 P.S. § 1408). Under Pennsylvania law, it is unlawful for providers to: knowingly or intentionally submit false information, or false claims or costs reports for furnishing services or merchandise under the medical assistance program, or claims or cost reports for medically unnecessary services or merchandise, or for the purpose of obtaining greater compensation than that to which the provider is legally entitled; solicit, receive, offer, or pay remuneration, including kickbacks, bribes or rebates in connection with furnishing services or merchandise under the medical assistance program; submit duplicate claims for which the provider has already received or claimed reimbursement; submit a claims for services, supplies or equipment not rendered to a recipient; submit claims which include costs or charges not related to the services, supplies or equipment rendered to the recipient; submit claims for or refer recipients to another provider for unnecessary services, supplies or equipment; submit claims which misrepresent information about such things as the services provided, supplies or equipment provided, date of service, or identify of the practitioner or provider; submit claims for reimbursement higher than the provider’s charge to the general public; submit claim for a service or item without a practitioner’s written order and consent of the recipient (except in emergencies); or render a service or item without making a reasonable effort to verify through a current medical assistance card that the patient is in fact currently eligible (except in emergencies). Violations can result in criminal and civil penalties, including monetary penalties and termination of participation as a provider in the medical assistance program.

Under Pennsylvania law, it is also unlawful for other persons to: knowingly or intentionally make false statements or fail to disclose material facts regarding eligibility for themselves or another for medical assistance benefits; fraudulently conceal knowledge of events affecting the person's initial or continued right to receive such benefits; convert benefits to a use other than for himself or the person for whom the benefits were intended; visit multiple providers for the purpose of obtaining excessive services or benefits beyond what is reasonably needed; or borrow or use a medical assistance card without entitlement to do so. Violations can result in criminal and civil penalties, including monetary penalties and restrictions on continued eligibility for medical assistance benefits. (62 P.S. §.1408).

b. Whistleblower Law

Pennsylvania law protects the rights of employees of public bodies, such as state or local governments, who make good faith reports about wrongdoing or waste, or who participate in an investigation, hearing or inquiry. (43 P.S. §§ 1421-1428).

New Jersey Laws

a. New Jersey False Claims Act

The New Jersey False Claims Act (the "New Jersey FCA", N.J. S. 2A:32C-1 to 32C-17 (2008)) is comparable to the federal False Claims Act, making it unlawful for a person to knowingly make false or fraudulent claims, including to: present or cause to be presented to an employee, officer or agent of the State of New Jersey, or any contractor, grantee or other recipient of State funds, a false or fraudulent claim for payment or approval; make, use or cause to be made or used a false record or statement to get a false or fraudulent claim paid or approved by the State; conspire to defraud the State by getting a false or fraudulent claim allowed or paid; or knowingly make, use, or cause to be made or used, a false record or statement to conceal, avoid, increase or decrease an obligation to pay or transmit money or property to the State. Liability under the New Jersey FCA results in a civil penalty equal to the civil penalty under the Federal FCA (currently between \$5,500 and \$11,000) for each act constituting a violation, plus 3 times the amount of the damages sustained by the State (or 2 times the amount of damages if the person committing the violations provides full information and cooperation to the government officials investigating the false claims violations). In addition to its substantive provisions, the New Jersey FCA provides that private parties may bring an action in the name of the State for a violation of the FCA. These private parties may share in a percentage of the proceeds from an action or settlement. With some exceptions, when the government has intervened in the lawsuit, this law provides that the private party shall receive at least 15% but not more than 25% of the proceeds depending upon the extent to which the person substantially contributed to the prosecution of the action. When the government does not intervene, the private party is entitled to receive an amount that the court decides is reasonable, which shall be not less than 25% and not more than 30%.

A civil action under the New Jersey FCA may not be brought on the later of the two following dates: (1) more than 6 years after the date on which the violation is committed; or (2) more than 3 years after the date when facts material to the right of action are known or reasonably should have been known by the New Jersey official charged with responsibility to act in the circumstances. However, in no event may an action be brought under the New Jersey FCA more than 10 years after the date on which the violation is committed. The New Jersey FCA provides protection to private parties who are discharged, demoted, suspended, threatened, harassed, denied promotion or in any other manner discriminated against in the terms and conditions of their employment as a result of their disclosure of information to the State or furtherance of an action under the New Jersey FCA. Remedies include reinstatement with comparable seniority as the party would have had but for the discrimination, two times the amount of any back pay, interest on any back pay, and compensation for any special damages sustained as a result of the discrimination, including litigation costs and reasonable attorneys' fees.

b. New Jersey Medical Assistance and Health Services Act – Criminal Penalties and Civil Remedies

The New Jersey Medical Assistance and Health Services Act contains provisions relating to acts prohibited by persons receiving medical assistance benefits and providers receiving medical assistance payments. The law makes it a crime for a provider to knowingly receive medical assistance payments to which he is not entitled or in a greater amount than entitled. It is also a crime for a provider or other person or entity to knowingly and willfully make materially false statements in applying for payments under the medical assistance program or for use in determining rights to such payment, to conceal or fail to disclose the occurrence of an event affecting the initial or continued right to a payment with the fraudulent intent to secure payments not authorized or in a greater amount than authorized under the law, or to knowingly and willfully convert payments to a use other than the use and benefit of the provider or other person. It is also a crime for a provider or other person to solicit, offer or receive a kickback, rebate or bribe in connection with the receipt of a payment under the Act or the furnishing of items or services for which payment is or may be made or whose cost is or may be reported in order to obtain such payments (except for lawful discounts or price reductions and payments to an employee under a bona fide employment relationship). Finally, it is a crime to knowingly and willingly make or induce, or seek to do so, the making of false statements or representations of material facts with respect to the conditions or operations of an institution or facility in order for it to qualify for certification or recertification of a hospital and thereby entitled to receive medical assistance payments. Violations can result in criminal penalties including fines up to \$10,000 and imprisonment of up to three years. (N.J.S. 30:4D-17 (a)-(d)).

In addition, various civil remedies are available to the government under the Medical Assistance and Health Services Act. Persons or entities committing the crimes described in the previous paragraph are liable for civil penalties (recoverable in an administrative proceeding) including all of the following: interest on the excess payments, three times the amount of the payments unlawfully obtained, and \$2,000 per excessive claim for payments. Persons or entities who obtain medical assistance payments in amounts in excess of that to

which they are entitled, but without intent to violate the Act, may be subject to a civil penalty in the amount of interest on the excess payments. Finally, the director of the Medical Assistance Program has the authority to suspend, debar or disqualify for good cause any provider (or an agent, employee or contractor of one) or other person or entity participating in the Medicaid program. (N.J.S. 30:4D-7.h; 30:4D-17 (e) – (i); 30: 4D-17.1.a).

c. Health Care Claims Fraud Act

This law makes it a crime for licensed health care practitioners and persons who are not practitioners to knowingly or recklessly commit health care claims fraud in the course of providing professional services. Conviction under the Health Care Claims Fraud Act subjects the person to criminal penalties imprisonment of up to ten years, as permitted under New Jersey law, fines of up to five times the pecuniary benefit received or sought, and license or certificate forfeiture. Health care claims fraud includes the making of false or misleading statements in, or omission of material facts from, a record, bill, claim or other document submitted for payment or reimbursement for health care services. (N.J.S. 2C:21-4.2 and 4.3; N.J.S. 2C:51-5).

d. Conscientious Employee Protection Act

This law prohibits retaliation against an employee who discloses to a supervisor or public body an activity, policy or practice by an employer that the employee reasonably believes violates a law, rule or regulation, or is fraudulent or criminal. It also prohibits retaliation against an employee who provides information or testimony to a public body investigating a violation of law, rule or regulation by an employer, or who objects to or refuses to participate in any activity, policy or practice that the employee reasonably believes is in violation of a law, rule or regulation, or is fraudulent, or incompatible with a clear mandate of public policy. The law provides a private right of action for aggrieved employees with available remedies including injunctive relief, reinstatement, lost wages and benefits, and other compensatory damages; a defendant may also be subject to civil fines and punitive damages. An employer may, however, recover attorneys fees and costs if an employee is found to have brought an action without basis in law or fact. (N.J.S. 34:19-1 to 19-14.).

Delaware Law

a. Delaware False Claims and Reporting Act

The Delaware False Claims and Reporting Act (the “Delaware FCRA”, 6 Del. C. 1201-1209) is comparable to the federal False Claims Act, making it unlawful for a person to knowingly: present or cause to be presented to the government of the State of Delaware (including, for example, departments, political subdivisions, state and municipal authorities, and State-funded entities) a false or fraudulent claim for payment or approval; make, use or cause to be made or used a false record or statement to get a false or fraudulent claim paid or approved; conspire to defraud the government by getting a false or fraudulent claim allowed or paid; or knowingly make, use, or cause to be made or used, a false record or statement to conceal, avoid, increase or decrease an obligation to pay or transmit money or property to the government. Liability under the Delaware False Claims and Reporting Act results in a civil penalty of between \$5,500 and \$11,000 for each act constituting a violation, plus 3 times the amount of the damages sustained by the government (or 2 times the amount of damages if the person committing the violations provides full information and cooperation to the government officials investigation the false claims violations). While the Delaware FCRA imposes liability only when the claimant acts “knowingly,” it does not require that the person submitting the claim have actual knowledge that the claim is false. A person who acts in reckless disregard or in deliberate ignorance of the truth or falsity of the information, also can be found liable under the Act.

In addition to its substantive provisions, the Delaware FCRA provides that private parties who are “affected” persons, entities or organizations may bring an action on behalf of the State government for a violation of the FCRA. These private parties may share in a percentage of the proceeds from an action or settlement. With some exceptions, when the government has intervened in the lawsuit, this law provides that the private party shall receive at least 15% but not more than 25% of the proceeds of the Delaware FCRA action depending upon the extent to which the person substantially contributed to the prosecution of the action. When the government does not intervene, the private party is entitled to receive an amount that the court decides is reasonable, which shall be not less than 25% and not more than 30%.

A civil action under the Delaware FCRA may not be brought on the later of the two following dates: (1) more than 6 years after the date on which the violation is committed; or (2) more than 3 years after the date when facts material to the right of action are known or reasonably should have been known by the Delaware official charged with responsibility to act in the circumstances. However, in no event may an action be brought under the Delaware FCRA more than 10 years after the date on which the violation is committed. The Delaware FCRA provides protection to private parties who are discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated against in the terms and conditions of their employment as a result of their furtherance of an action under the Delaware FCRA. Remedies include reinstatement with comparable seniority as the party would have had but for the discrimination, two times the amount of any back pay, interest on any back pay, and compensation for any special damages sustained as a result of the discrimination, including litigation costs and reasonable attorneys’ fees.

New York State Laws

New York State False Claim Laws fall under the jurisdiction of both New York's civil and administrative laws as well as its criminal laws. Some apply to recipient false claims and some apply to provider false claims. The majority of these statutes are specific to healthcare or Medicaid. Yet some of the "common law" crimes apply to areas of interaction with the government and so are applicable to health care fraud and will be listed in this section.

A. CIVIL AND ADMINISTRATIVE LAWS

1) New York False Claims Act (State Finance Law §§187-194)

The New York False Claims Act is similar to the Federal False Claims Act. It imposes penalties and fines upon individuals and entities who knowingly file false or fraudulent claims for payment from any state or local government, including health care programs such as Medicaid. It also has a provision regarding reverse false claims similar to the federal FCA such that a person or entity will be liable in those instances in which the person obtains money from a state or local government to which he may not be entitled, and then uses false statements or records in order to retain the money.

The penalty for filing a false claim is six to twelve thousand dollars per claim plus three times the amount of the damages which the state or local government sustains because of the act of that person. In addition, a person who violates this act is liable for costs, including attorneys' fees, of a civil action brought to recover any such penalty.

The Act allows private individuals to file lawsuits in state court, just as if they were state or local government parties, subject to various possible limitations imposed by the NYS Attorney General or a local government. If the suit eventually concludes with payments back to the government, the person who started the case can recover twenty-five to thirty percent of the proceeds if the government did not participate in the suit, or fifteen to twenty-five percent if the government did participate in the suit.

2) Social Services Law, Section 145-b - False Statements

It is a violation to knowingly obtain or attempt to obtain payment for items or services furnished under any Social Services program, including Medicaid, by use of a false statement, deliberate concealment or other fraudulent scheme or device. The state or the local Social Services district may recover three times the amount incorrectly paid. In addition, the Department of Health may impose a civil penalty of up to ten thousand dollars per violation. If repeat violations occur within five years, a penalty of up to thirty thousand dollars per violation may be imposed if the repeat violations involve more serious violations of Medicaid rules, billing for services not rendered, or providing excessive services.

3) Social Services Law, Section 145-c - Sanctions

If any person applies for or receives public assistance, including Medicaid, by intentionally making a false or misleading statement, or intending to do so, the needs of the individual or that of his family shall not be taken into account for the purpose of determining his or her needs or that of his family for six months if a first offense, for twelve months if a second offense (or if benefits wrongfully received are at least one thousand dollars but not more than three thousand nine hundred dollars), for eighteen months if a third offense (or if benefits wrongfully received are in excess of three thousand nine hundred dollars), and five years for any subsequent occasion of any such offense.

B. CRIMINAL LAWS

1) Social Services Law, Section 145 - Penalties

Any person who submits false statements or deliberately conceals material information in order to receive public assistance, including Medicaid, is guilty of a misdemeanor.

2) Social Services Law, Section 366-b - Penalties for Fraudulent Practices.

- a. Any person who obtains or attempts to obtain, for himself or others, medical assistance by means of a false statement, concealment of material facts, impersonation or other fraudulent means is guilty of a class A misdemeanor.
- b. Any person who, with intent to defraud, presents for payment a false or fraudulent claim for furnishing services, knowingly submits false information to obtain greater Medicaid compensation, or knowingly submits false information in order to obtain authorization to provide items or services is guilty of a class A misdemeanor.

3) Penal Law Article 155 - Larceny

The crime of larceny applies to a person who, with intent to deprive another of his property, obtains, takes or withholds the property by means of trick, embezzlement, false pretense, false promise, including a scheme to defraud, or other similar behavior. This statute has been applied to Medicaid fraud cases.

- a. Fourth degree grand larceny involves property valued over \$1,000. It is a class E felony.
- b. Third degree grand larceny involves property valued over \$3,000. It is a class D felony.
- c. Second degree grand larceny involves property valued over \$50,000. It is a class C felony.

- d. First degree grand larceny involves property valued over \$1 million. It is a class B felony.

4) Penal Law Article 175 - False Written Statements

Four crimes in this Article relate to filing false information or claims and have been applied in

Medicaid fraud prosecutions:

- a. §175.05 - Falsifying business records involves entering false information, omitting material information or altering an enterprise's business records with the intent to defraud. It is a class A misdemeanor.
- b. §175.10 - Falsifying business records in the first degree includes the elements of the §175.05 offense and includes the intent to commit another crime or conceal its commission. It is a class E felony.
- c. §175.30 - Offering a false instrument for filing in the second degree involves presenting a written instrument, including a claim for payment, to a public office knowing that it contains false information. It is a class A misdemeanor.
- d. §175.35 - Offering a false instrument for filing in the first degree includes the elements of the second degree offense and must include an intent to defraud the state or a political subdivision. It is a class E felony.

5) Penal Law Article 176 - Insurance Fraud

This law applies to claims for insurance payments, including Medicaid or other health insurance, and contains six crimes

- a. Insurance Fraud in the 5th degree involves intentionally filing a health insurance claim knowing that it is false. It is a class A misdemeanor.
- b. Insurance fraud in the 4th degree is filing a false insurance claim for over \$1,000. It is a class E felony.
- c. Insurance fraud in the 3rd degree is filing a false insurance claim for over \$3,000. It is a class D felony.
- d. Insurance fraud in the 2nd degree is filing a false insurance claim for over \$50,000. It is a class C felony.
- e. Insurance fraud in the 1st degree is filing a false insurance claim for over \$1 million. It is a class B felony.
- f. Aggravated insurance fraud is committing insurance fraud more than once. It is a class D felony.

6) Penal Law Article 177 - Health Care Fraud

This statute, enacted in 2006, applies to health care fraud crimes. It was designed to address the specific conduct by health care providers who defraud the system including any publicly or privately funded health insurance or managed care plan or contract, under which any health care item or service is provided. Medicaid is considered to be a single health plan under this statute. This law primarily applies to claims by providers for insurance payment, including Medicaid payment, and it includes six crimes.

- a. Health care fraud in the 5th degree – a person is guilty of this crime when, with intent to defraud a health plan, he or she knowingly and willfully provides materially false information or omits material information for the purpose of requesting payment from a health plan. This is a class A misdemeanor.
- b. Health care fraud in the 4th degree – a person is guilty of this crime upon filing such false claims on more than one occasion and annually receives more than three thousand dollars. This is a class E felony.
- c. Health care fraud in the 3rd degree – a person is guilty of this crime upon filing such false claims on more than one occasion and annually receiving over ten thousand dollars. This is a class D felony.
- d. Health care fraud in the 2nd degree - a person is guilty of this crime upon filing such false claims on more than one occasion and annually receiving over fifty thousand dollars. This is a class C felony.
- e. Health care fraud in the 1st degree - a person is guilty of this crime upon filing such false claims on more than one occasion and annually receiving over one million dollars. This is a class B felony.

New York State False Claim Act (State Finance Law §191)

The New York State False Claim Act also provides protection to qui tam relators (individuals who commence a False Claims action) who are discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated against in the terms and conditions of their employment as a result of their furtherance of an action under the Act. Remedies include reinstatement with comparable seniority as the qui tam relator would have had but for the discrimination, two times the amount of any back pay, interest on any back pay, and compensation for any special damages sustained as a result of the discrimination, including litigation costs and reasonable attorneys' fees.

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Data Protection: It Starts With You!

WHAT'S NEW WITH DATA PROTECTION AWARENESS THIS YEAR

The Ultimate Answer: You!

There are three simple rules you can follow to keep CHOP information private and secure.

Know It!

Do I know what confidential data is in my possession and where all of it is located both paper and electronic? Do I need this information to do my job?



Purge It!

Do I need the information anymore?



Secure It!

Are the paper documents that I'm transporting properly secured to prevent loss, theft or access by unauthorized individuals?



Why is data protection important?

Everyone who touches confidential information at CHOP has a responsibility to keep it safe. Confidential information needs to be protected because:

- We have ethical, moral, and legal obligations that require us to protect certain kinds of information and
- Harm can result to our patients and/or the Hospital if the confidential information is not properly protected.

Nothing is more important than our patients' health and safety. Protecting their information is an important part of keeping them safe.

Why? Because the law says so.

There are several laws governing the protection of patient and consumer information that can impose penalties on organizations who fail to protect it.

HIPAA (The Health Insurance Portability and Accountability Act)

requires that all patient information be kept confidential and only used or shared for certain allowable purposes without patient authorization. It also requires that we use reasonable safeguards to protect data from loss, theft or misuse, such as unauthorized access.

HITECH (The Health Information Technology for Economic and Clinical Health Act)

also protects patient information. Organizations that fail to do so must notify affected patients, the Federal government and in some cases the media.

JOINT COMMISSION

while not really a "law", the Joint Commission accredits all teaching hospitals and requires them to protect patient information.

STATE DATA BREACH LAWS

Pennsylvania and New Jersey along with most states have laws that require organizations who breach the confidentiality of consumer information to notify those individuals.



Data Protection: It Starts With You!

We're in this together.

CHOP's security and privacy efforts are supported by both the Information Security Department and the Privacy Office, with each area working together to identify, prioritize, and reduce risks to the confidentiality, integrity and availability of CHOP data.

Although these offices help CHOP keep data safe, it is ultimately your responsibility to protect data in your daily activities.

Keeping CHOP data **confidential** is important to ensure...

That information is not accessed by or disclosed to unauthorized individuals. This is an essential pillar of maintaining the privacy and security of patient information.

Maintaining the **integrity** of CHOP data is important to ensure...

That information has not been altered or destroyed in an inappropriate or unauthorized manner.

Protecting the **availability** of CHOP data is important to ensure...

That information is accessible and useable upon demand by members of CHOP's workforce in order to perform their jobs.

What information needs to be protected?

CHOP policy governing the type of patient and institutional information that is confidential is found in the Administrative Manual under the title "Confidentiality of Patient and Institutional Information".



Patient information that needs to be protected is any information that may identify an individual patient.

- Demographic information - names, initials, address, e-mail address
- Dates – date of birth, admission, discharge, or date of death
- Numbers
- Social security numbers
- Medical record numbers
- Phone or Fax numbers
- Health plan beneficiary numbers
- Billing account numbers
- Vehicle or device numbers
- Certificate and license numbers
- Unique characteristics - Facial photographs, finger / voice prints, Web URL or Internet Protocol (IP) addresses



Institutional information that is confidential includes information about the Hospital, its research activities and the Hospital workforce.

- An employee's Human Resources record
- Payroll records and salary information
- Non-public Hospital business information (e.g., long range financial plans)
- Non-public research information (e.g., inventions)
- Vendor trade secrets

Data Protection: It Starts With You!



What is a Security Incident?

A Security Incident...

Occurs whenever the confidentiality, integrity, or availability of CHOP data or systems containing CHOP data is compromised.

Can result from a system intrusion (e.g., hacking) or can result from less technical attacks (e.g., phishing) that exploit weaknesses in people, processes, or systems.

Can also be the result of unintentional actions such as human error by members or the CHOP workforce.

A security incident:

May or may not involve a breach of confidentiality of CHOP data

Is always a serious matter and you should always report it here at CHOP.

When such incidents compromise the confidentiality of patient information, patient families often need to be notified so that they can take steps to prevent possible misuse of their information.

Our policies help prevent incidents!

CHOP has policies that govern information security and they are important for you to know and understand.

The ACCESS CONTROL OF INFORMATION SYSTEMS policy is designed to ensure members of the CHOP workforce have appropriate access to Hospital resources and CHOP information in order to perform their job.

What this means for you is that you should have system access that allows you to see the information you need to do your job and no more.

IMPORTANT: Managers are responsible for ensuring that access rights for their staff are matched correctly to their CURRENT job function and role.

You need to inform your manager if you have access to systems or data in systems that you do not need to perform your job.

What are some common places I might find confidential information?

Patient and institutional information that you need to protect is likely found in paper documents and electronic files you access everyday.

Some examples include:

- ✓ Patient schedules
- ✓ Letters to patients
- ✓ Medical charts/records
- ✓ Reports
- ✓ Billing records
- ✓ Research records
- ✓ Handwritten notes
- ✓ Computer print-outs
- ✓ Emails
- ✓ Faxes
- ✓ Electronic files and databases
- ✓ Electronic Medical Record systems (EMR), including Epic

What are some common places I might find confidential information?

- Lost or stolen portable devices such as laptops, flash drives, or other data storage devices
- Paper documents being lost, stolen, or released in error
- Electronic threats, such as phishing (attempts to gain access by tricking a user into providing their User IDs and password)—currently a very frequent threat at CHOP
- Shared or compromised passwords

Use your resources carefully.

ACCEPTABLE

- Using resources for Hospital activities
- Accessing CHOP data only for purposes relating to your job functions
- Using reasonable precautions to protect data and devices from loss, theft, or misuse
- Storing electronic information only on encrypted Hospital-issued portable devices (e.g., CHOP-issued laptops)

UNACCEPTABLE

- Storing, sending, or displaying fraudulent, harassing, or profane material
- Accessing adult websites
- Forwarding chain letters
- Using Hospital resources for personal activities to the extent that the use interferes with the availability of those resources by other members of the CHOP workforce to perform their job functions

We have a policy for that!

The INFORMATION SECURITY INCIDENT MANAGEMENT policy describes how CHOP addresses security incidents relating to our electronic information and systems, including:

- Theft
- Loss
- Unauthorized access
- Unsecure transmission of data
- Modification and/or destruction of data or systems

These policies and standards were written by us for our protection. Get to know them better and practice them. These policies can be found on the intranet in the Administrative Policy Manual.



Reporting: Who Should I Call?

If it's an incident involving electronic information or a device, call the IS Service Desk to report it. Also notify your supervisor, manager, or director.

Call the IS Service Desk

Use the same contact information as that used when you have computer issues.
Call 4-HELP

All other incidents involving patient or institutional information must be reported to the Hospital's Privacy Office directly or anonymously through the Compliance Hotline. You should also notify your supervisor, manager or director so they are aware.

Contact the Privacy Office

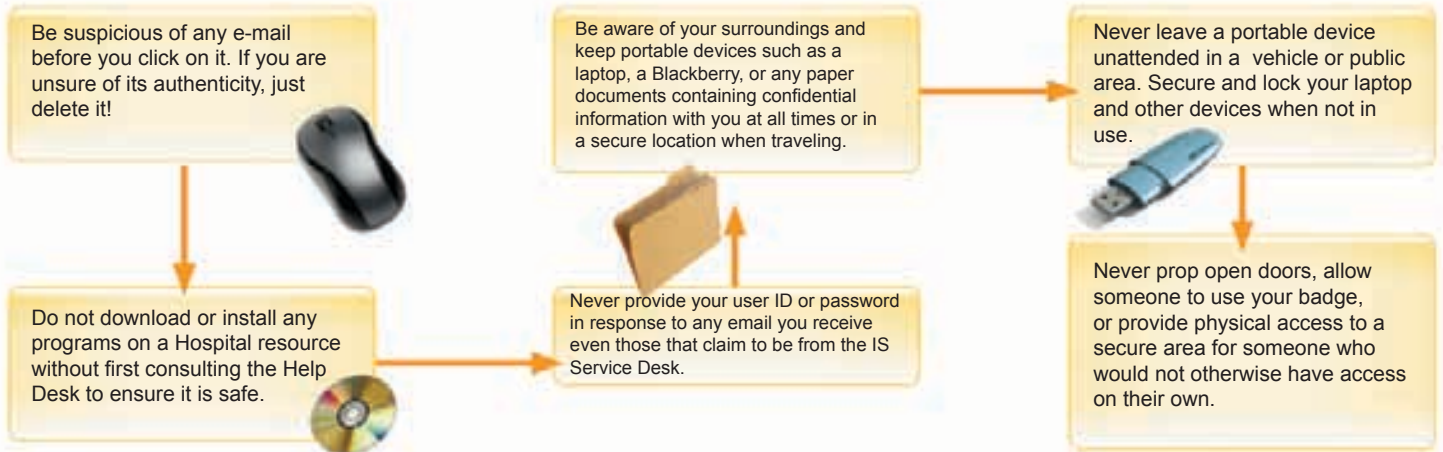
Contact the Privacy Office at (267) 426-6036 or
PrivacyOffice@email.chop.edu

Use the Compliance Hotline
Call the Children's Hospital Compliance Line at 1-866-246-7456
Log on to www.mycompliancereport.com using CHOP as the access ID

You can always find this reporting information by typing "hotline" in the Internet search box.

How can I practice data protection every day?

Here are some things you can do every day to keep CHOP data safe.



How can I choose a strong password?

Remember:

You are responsible for all system activity performed under your unique user ID and password for all applications, databases, servers to which you have access.

A Strong Password...

- Is something that is unique
- Is NOT a common or easy-to-guess word
- Is something you NEVER write down
- Is NEVER shared with anyone



TIP: Try putting two or more words together to form a pass phrase!



TIP: Consider using a special character like a question mark to make it harder to guess!

How can I use confidential CHOP data safely?

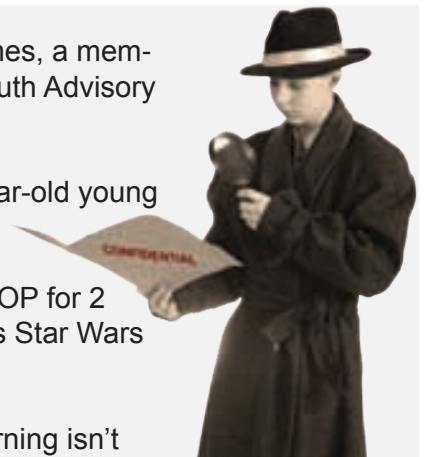
Move confidential CHOP data currently stored on any personally owned device (such as your home PC or laptop) or any portable Hospital issued device that is not encrypted (such as a flash-drive) to a secure CHOP resource.

If your job requires you to save confidential data to access while at work, make sure to save it on either your CHOP personal share network drive* or for research data on the Storage Area Network (SAN)*.

Meet Josiah Harmes, a member of CHOP's Youth Advisory Council (YAC).

Josiah, is a 14-year-old young man who, in his words, has been treated a lot at CHOP for 2 years. Josiah likes Star Wars Legos and books.

He thinks that learning isn't always fun, but it is useful.



Introduction

Our fire safety program is designed to support the Hospital's mission to be the safest children's hospital in the nation. Our patient's safety is our priority, whether in the clinical or environmental setting.

This module will help you learn about:

- Fire hazards and how to prevent them
- Our fire alarm systems and Condition Red Response Team
- Your responsibilities for fire prevention and fire response as an employee of CHOP and
- How to use a fire extinguisher

Objectives

One of the most significant patient safety hazards we face as a hospital is the threat of fire. The presence of oxygen, which accelerates a fire, and the difficulty of evacuating our sickest patients are two factors that make hospital fires particularly dangerous.

Remember, our patient's safety is our top priority!

To ensure their safety, you must learn to:

- Identify the hazards of fire,
- Recognize ways to prevent fires,
- Follow fire response guidelines (RACE); and,
- Properly discharge a fire extinguisher.

Fire or Fire Drill?

Is this a drill? Are they just testing the system? Did someone burn a bag of popcorn? What should my initial response be? Can I properly use a fire extinguisher?

On average, we experience 12 fire alarms per month. Fortunately, the majority are false alarms caused by testing/maintenance or fire drills. These alarms are disruptive to patient care and to our staff and visitors; however, we should treat each one as a potential threat and know how to properly respond.

Hospital Fires in the News

Over the past year, there have been several hospital fires reported in healthcare and medical research industries...

January 22, 2009 *New York's Mount Sinai Hospital*
Fire originated in a mechanical area and spread quickly to the Emergency department below - 600 patients were evacuated horizontally to another unit
September 1, 2010 *Overton Brooks VA Medical Center on East Stoner Avenue*

The electrical fire at the bottom of the elevator shaft. Smoke filled the shaft and gotten into the hospital. Fewer than a hundred people, mostly staffers, were briefly evacuated.

September 2, 2010 *Promise Regional Medical Center's Heart and Vascular Center*

Fire was limited to an incubator in one of the laboratories. One automatic sprinkler came on and contained the fire until firefighters arrived. There were no injuries and no direct patient care areas were affected.

Fire Contributors

Fire can occur when four conditions exist:

- **Ignition Source** - can be an electrical spark, open flame, smoldering cigarette, electrosurgical instrument and lasers.
- **Oxidizer** - can be oxygen and other medical gases and chemicals.
- **Fuel** - can include ordinary combustibles, such as paper and linen, as well as flammable liquids, such as laboratory solvents, alcohol hand rubs and skin antiseptics.
- **Chain Reaction** - provides the heat necessary to maintain the fire.

Hazards of Fire

- Fire is fast. In as little as three minutes it can grow from a small flame to an all-consuming fire.
- Smoke can kill. Most fire-related deaths are from smoke inhalation, not burns.
- Toxic gases are released in a fire such as carbon monoxide and hydrogen chloride.

Cooking Devices

Cooking devices cause many fire alarm activations and have the potential to cause significant fire.

Staff must be aware of the types of cooking devices that are prohibited (toasters, hot plates, sterno's and electric grills) and to only use approved devices responsibly.

Never walk away from a microwave while it is in operation!

Storage

An important factor in preventing fires and ensuring safety of our patients and staff in the event of a fire is storage. While a clear corridor is tempting to use as a place to store items such as carts and equipment, this presents a serious safety hazard in the event of evacuation.

Storage of materials on shelves should not impede the performance of sprinkler heads. Sprinklers are designed to release water in a specific pattern to suppress a fire. Maintain a minimum of 18 inches from storage in any area where sprinkler heads are located.

Keeping the amount of storage we have to a minimum also reduces the amount of potential fuel for a fire to consume.

Closing and Propping Doors

Keep doors closed. Many doors serve as fire and smoke doors and are designed to prevent the travel of fire and smoke from one area to another.

If your door has a closure device on it, it should not be propped open.

Fire Response Guidelines

All staff in any facility should follow RACE in a fire emergency:

- **Rescue**
- **Alarm**
- **Contain**
- **Evacuate/Extinguish**

RACE - Hospital (Main & CSH)

In our inpatient facilities, evacuating our patients is the last resort; therefore, we defend in place. The building systems in our inpatient facilities are highly sophisticated. We have very early detection of fire or smoke. Our buildings are fully-equipped with sprinklers, which aid in extinguishing a fire quickly.

1. Rescue any affected patients,
2. Alarm by pulling a fire alarm pull station (near exit stairs and Nurses stations),
3. Contain by closing all the doors,
4. Extinguish and prepare to Evacuate if necessary.

Condition Red Response

In the Main Hospital, Wood Center & Seashore House, overhead announcements are made when the fire alarm is activated.

- **Condition Red** is announced during a suspected fire or fire drill.
- **Condition White** is announced during a confirmed fire or smoke event in a specific area and evacuation of that specific area is required.
- **Condition Green** is announced when the situation is given the "All Clear" by the Incident Commander.

The Condition Red Response Team (Security, Facilities and Environmental Health and Safety) are specially trained to respond to fire conditions and respond to every activation in Main, Wood and Seashore.

RACE – Wood and the Pediatric & Adolescent Care Practices

In our outpatient facilities, many of our patients can be evacuated safely with the parents or guardians. For those who are undergoing treatments or procedures, we defend in place:

1. Rescue any affected patients,
2. Alarm by pulling a fire alarm pull station,
3. Contain by closing all doors: and,
4. Prepare to Evacuate if necessary.

RACE - Business (High Rise, Research)

In our high rise occupancies, evacuation must be done in a safe and controlled manner. High rise buildings are required to have emergency voice communications to occupants. High rise buildings use a staged evacuation, three floors at a time in an effort to evacuate those in immediate danger first. Never use an elevator during a fire alarm. Emergency stairs are safe areas of refuge and any handicapped personnel should be assisted to the landing within a stair tower to await Fire Department personnel.

1. Rescue people in immediate danger,
2. Alarm by pulling a fire alarm pull station,
3. Contain by closing all the doors; and,
4. Prepare to Evacuate if necessary.

Listen to the Announcements

The high rise and research buildings we occupy are equipped with automated announcement systems to provide directions when a fire alarm has been activated. Immediate evacuation of the building is not always necessary and in some situations may be more dangerous than just staying in the nearest fire tower.

Fire Plans

Every patient care unit, satellite site and high-rise building has a detailed written fire plan identifying evacuation routes and location of fire safety devices. These plans are located on the Employee Intranet, under the Environmental Health and Safety Department.

Fire Extinguishers

Fire extinguishers should only be used if the fire is small and you have a path of escape.

There are three common types of fire extinguishers:

- **Water**, which can be used for paper, wood, cloth and plastic fires.
- **Dry Chemical**, which can be used on all types of fires.
- **Carbon Dioxide**, which can be used for electrical and flammable liquids fires.

Fire Extinguisher Use

To use a fire extinguisher, follow:

1. Pull the pin,
2. Aim it at the base of the fire,
3. Squeeze the trigger; and,
4. Sweep from side to side.

Save Lives: Clean your hands!

WHAT'S NEW WITH HAND HYGIENE THIS YEAR

CHOP has adopted **The World Health Organization's Five Moments of Hand Hygiene** for teaching employees the most important hand hygiene moments and the key steps for effective cleaning of hands using hand rub or soap and water. Find it on page 2.

You can also learn more at:
www.who.int/gpsc/5may/Hand_Hygiene_Why_How_and_When_Brochure.pdf



Why is hand hygiene important?

Hands are the most common vehicle for transmitting infection causing germs to patients and patient surroundings.

Help CHOP reduce incidents of Healthcare Acquired Infection (HAI) by cleaning your hands at point of care: **before touching patients, after touching patients, and after touching patient surroundings.** You will learn more about these moments in this document.

How are we doing? CHOP has a goal of **90%** hand hygiene compliance. This is measured in observations of hand hygiene performed at the crucial point-of-care moments just described. We are not there yet! Find out how your unit is doing and learn how you can help improve your unit's overall hand hygiene compliance rate.

Over 1.7 million patients are affected by Health Care Acquired Infections



Hand hygiene and use of Personal Protective Equipment are proven to reduce the spread of infection



Health Care Acquired Infections are responsible for 99,000 deaths per year



Improper hand hygiene can be just as dangerous and lack of hand hygiene



Any employee working in patient setting can cause life threatening infection to patients, families and other healthcare workers



Germs survive and multiply on health-care workers' hands

Germs are present on patient skin and surfaces in the patient surroundings



The Five Moments



When should I perform hand hygiene?



Source: World Health Organization

Hand hygiene must be performed at the point-of-care: anytime when a healthcare worker, including non-clinical staff, interacts with the patient or the patient's surroundings.

- **Moment 1** - before you touch a patient
- **Moment 2** - before you apply gloves and before a procedure that requires sterile conditions (aseptic)
- **Moment 3** - after the risk of body fluid exposure - clean with soap and water if your hands are visibly soiled
- **Moment 4** - after you touch a patient
- **Moment 5** - after touching patient surroundings/objects in the patient's environment
- **Beyond the 5 Moments** - clean your hands anytime you think you might have come in contact with germs

The WHO's *Hand Hygiene: Why, How, and When Brochure* provides details on specific tasks that occur at each moment.

www.who.int/gpsc/5may/Hand_Hygiene_Why_How_and_When_Brochure.pdf

When should I wear Personal Protective Equipment?



Masks, N-95 respirators

Gloves - perform hand hygiene first



Gowns - secured

Face protection like goggles



You may already know that Personal Protective Equipment should be used with patients having a known infection requiring **expanded precautions** – there is a sign on the door.

But did you know... PPE should be used in any situation when there is a risk of exposure to blood, body fluids, secretions, excretions, non-intact skin and mucous membranes? These are **standard precautions**. Evaluate your risk prior to entering a patient room.

The following document, located on CHOP's intranet, explains which types of PPE to use when performing certain tasks:

<http://intranet.chop.edu/infectioncontrol/manual/3-03.pdf>

The Steps to Clean Hands



Using Alcohol Based Hand Rub

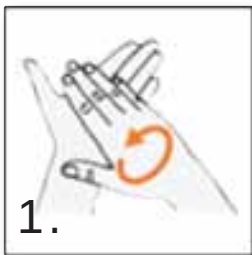
This is the primary method for cleaning your hands in most scenarios. This method takes about **20-30 seconds to complete** and can be done while you continue to work - it should not slow you down! Hand rub is as effective as soap and water if your hands are not visibly soiled. It is also the preferred method because of easier access to hand gel over soap and water.

Using Soap and Water

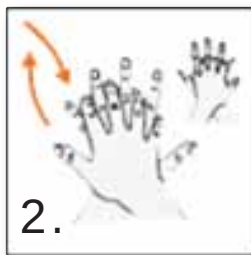
This is the preferred method of cleaning hands if your hands are visible soiled. ***This method is estimated to take 30-60 seconds to complete.***

The steps for cleaning your hands are the same for both methods once you have applied the product - either gel or soap and water. These steps ensure cleaning product is distributed to all parts of the hands where germs can reside.

Please practice these steps now.



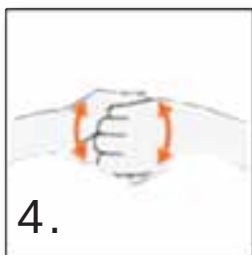
1. palm to palm



2. interlace tops



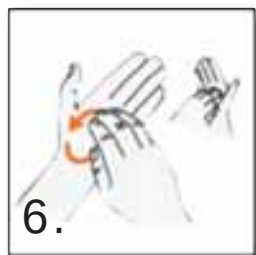
3. interlace palms



4. finger grip rotate



5. thumb grab rotate



6. fingers to palm rotate

BARRIERS - WHY WE DON'T WASH OUR HANDS and SOLUTIONS

- ✓ **Too busy/lack of time** - correct hand hygiene with alcohol rubs takes only 20-30 seconds
- ✓ **Sink location/accessibility** - hand rubs are more accessible than sinks; place at point of care.
- ✓ **Lack of soap or hand rub** - discuss improving the supply and locations of soaps and rubs with your unit leadership
- ✓ **Don't think it is important** - healthcare-associated infections are a high priority patient need
- ✓ **Patient needs come first** - an estimated 2 million patients get infections in hospitals each year... 90,000 will die
- ✓ **Hands irritation/dryness** - hand rubs are more effective and less damaging to skin than soap and water

5 out of 19

Number of units with optimal hand hygiene observed - 1st Quarter, 2011

Meet Josh Lipovetsky, one of CHOP's Youth Advisory Council members.

He is a reminder to all staff that patients and families rely on us to be mindful of infection prevention.

"Don't forget to clean your hands!"



Imagine this...

You are a parent; you have brought your 3 month old baby boy to the hospital emergency room for care due to a high fever. Because of your child's high temperature, your child is required to be admitted on a patient care unit for a few days.

You are in your child's room. The room is clean and everything is going well. Your child's nurse and everyone you meet are very nice and helpful. You notice Security walking the floors which makes you feel even more secure.

With all the waiting and paperwork to fill out, you worked up an appetite. Now that your child is comfortable and fast asleep, you decide to go to the cafeteria to get a bite to eat.

When you have finished eating you head back up to the unit. You walk into your child's room, only to realize your child is not there. Thinking maybe the nurse took him for some reason; you find your nurse and ask her where your child is.

She looks at you with a blank stare. Is your child missing?

Objectives

Upon completion of the training module, our patients and colleagues need you to be able to:

- State the different ways a patient can leave the hospital, apart from being discharged.
- State what immediate actions to take when a patient is deemed missing.
- List the possible signs of an elopement.
- List the possible signs abduction.
- Indicate the roles of staff during an Operation Seek.

Definitions

In what ways can a patient leave the hospital? Here are the three ways a patient can leave the hospital.

Elopement is defined as a deliberate attempt by a patient to leave the hospital without physician or parental consent.

Abduction is defined as the non-custodial removal of a child from the Hospital against their will and/or without parental permission.

Against Medical Advice (AMA) is defined as when a parent/legal guardian takes a patient from hospital against medical advice (AMA); it is not considered a patient abduction or an elopement.

General Safety Measures: Identification

All healthcare facility personnel wear a CHOP identification badge at all times.

Parents should not release their child to a person who is not wearing a CHOP identification badge.

Parents and visitors should have appropriate hospital-issued identification. The identification wristbands or parent pass must be worn at all times at the hospital.

The Information Desk will not give a pass to a visitor if no patient name is known or given. Visitors should check in with the Unit Clerk on the patient unit before proceeding to the patient room.

General Safety Measures: Transporting patients

Only persons with appropriate identification (CHOP identification badge or parent wristband) can transport patients.

In cases where a patient needs to be taken for tests in another location, parents should be encouraged to accompany their child if and when possible.

Infants and young children are transported one at a time and are never left in the hallway without direct supervision.

Infants and young children are pushed in an appropriate conveyance for transport, such as bassinet, carriage, or stroller, not carried.

General Safety Measures: Patient Monitoring

Patients under the age of 18 should be accompanied by a staff member, hospital volunteer or an adult family member when off the patient unit.

Hospital staff and parents notify the nurse when leaving patient care area with a patient. Exceptions require planning and discussion with the patient/family and the health care team.

For infants aged birth to three months, a complete physical assessment of the baby is documented in the medical record, including unique physical characteristics or findings, such as birthmarks or skin tags.

In outpatient areas, parents/guardians should not leave children unattended while in the waiting room or relinquish that duty to others.

Elopement

Children and adolescents at risk for elopement include:

- Patients who are angry, anxious or upset.
- Patients who talk about leaving the hospital.
- Patients with a history of running away from home/hospitals/school.
- Patients who lack understanding or insight into the importance of remaining in the hospital.
- Patients with a head injury or neurological disorder who exhibit poor impulse control and/or behavioral outbursts.

Your Role in Elopement Prevention

If a patient verbalizes the desire or intention to leave the hospital, or staff suspects that the patient is considering leaving, staff should:

- Place the patient on Constant Observation.
- Engage the patient in a discussion to determine/assess the level of risk for elopement. Resources to assist with the discussion with the patient include Social Work, the Resident or Attending physician, psychologist or psychiatrist (if involved), nurse manager/nursing supervisor.
- Collaborate with the patient and family to develop a plan to prevent an elopement.
- Notify Security with description of patient and potential for patient elopement.

If a patient attempts to leave the hospital:

- Patient is placed on Constant Observation.
- Staff talks to the patient and provide him/her with age-appropriate direction regarding what to do (e.g. You must go to your room now).
- If the patient continues to attempt to leave the hospital, contact Security.

If the patient is observed leaving a hospital building or the campus without authorization:

- Staff should escort the patient back to the unit and stay as long as necessary to put preventive measures in place.
- The patient is placed on Constant Observation.
- Staff will pursue the patient to the boundaries of hospital property.
- The family and/or appropriate authorities must be contacted.

Abduction Scenario

You are a staff nurse who is caring for a patient. She is in foster care and located on 7 West. The patient has been in your medical care for three days and you have only met the child's foster parents.

Foster parent's physical description:

- Father: White Male, 6' 1", 205 lbs., with brown hair.
- Mother: White Female, 5' 3", 115 lbs., with black hair.
- Patient: 5-year-old White Female, 4' 6", 75 lbs., black hair, wearing green CHOP pajamas.

Upon completion of your routine check of your assigned patients, you are at the nurse's station updating your paperwork. You observe an unidentified, medium-build, white male wearing a white shirt, blue jeans, white sneakers and a green baseball cap holding your patient. The unidentified male seems to be going towards the fire-tower with your patient.

You become curious and attempt to see who the unidentified person is. As you attempt to learn the identity of the individual, he exits into the fire-tower and is believed to be exiting to the ground floor.

What is your immediate course of action?

Abduction Prevention

You should...

- Make a verbal effort to stop the man first.
- Immediately notify the PSR to call Security @ 45500 noting the fire tower and brief description.
- Follow the man, only to maintain a visual until Security arrives. KEEP YOUR DISTANCE!

Abduction

Infants and children at risk for abduction include:

- Infants younger than 6 months of age.
- Patient where parental custody is in dispute.
- Patients awaiting foster placement.
- Patients with social/family issues.

Your Role in Abduction Prevention

- If possible, infants should not be placed in rooms physically located next to stairwells or elevators.
- Children involved with custody or abuse issues should receive greatest priority for this room placement.
- Security and Social Work should be notified of their high-risk status.
- Patient should be placed on constant observation.

Levels of Operation Seek

Level 1: Child is missing

- Staff contacts Security immediately at extension 4-5500.
- Staff can access the Operation Seek Voice-mail (Ext. 4-SEEK or 47335) for more information regarding the event and description of the child.
- Command Center operators will monitor all cameras and alarms.

- A search of the unit/area is conducted by Security and staff from the unit/area.
- The main entrances and exits of all buildings on campus are staffed by Security personnel in an attempt to block an exit.
- Security, in conjunction with the nursing supervisor/area manager will attempt to determine the likelihood of a patient elopement or abduction.
- Staff from the unit/area is interviewed regarding the status of any visitors to the missing patient.

Level 2: Presumed Abduction or Elopement

- An overhead announcement with the patient's description will be made informing staff that Operation Seek is in effect.
- The nursing supervisor/area manager will attempt to contact one or both parents.
- Staff will contact Security if they encounter a child matching the description of the missing child.
- The Nursing Supervisor or Social Worker will contact the Philadelphia Police Department (911) with the necessary specifics.
- The patient room is cordoned off by Security with restricted access to critical personnel only.

Missing Patient Found

If the patient is successfully returned to the unit:

- An appropriate physical and mental health assessment is performed to identify any new patient care issues, such as physical injury or substance use/abuse.
- The health care team will collaborate with the patient and family to develop an appropriate plan for preventing a recurrence. Options include, but are not limited to, maintaining the patient on Constant Observation, discharge, or establishment of a behavioral plan.
- A patient who has eloped should not be allowed off the unit without an escort.

Imagine this...

You are transporting a patient to the recovery room after a surgery. Wheeling the patient down the hall, you notice an unmarked container in the middle of the hall. Not knowing what is in the container and assuming it is secure, you continue down the hall. As you navigate past the container, the wheel chair hits and knocks over the container. The container falls, the top shoots off, spilling the liquid inside. Your eyes begin to tear and you become nauseated. You immediately rush yourself and the patient out of the area, isolate the area and inform security of the incident. Why wasn't the product labeled? Should you have tried to navigate past it? Was this hazardous material properly handled?

Had you reflected on the potential hazard the chemical bottle posed you may have resolved to ensure that you or anyone else would not have knocked it over.

Objectives

Upon completion of the training module, our patients and colleagues need you to be able to:

- Identify the types of hazards chemicals pose at CHOP, Identify the level of health, fire and reactivity risks from a hazard label,
- Demonstrate understanding of what a Material Safety Data Sheet (MSDS) is and how to access them
- Recognize common chemical hazards, such as lack of labeling, improper storage and leaking containers
- Indicate the steps to follow in case of an emergency spill or exposure.

Hazardous Communication

When it comes to chemicals, what you DON'T know can HURT you....and FAST! That's why the Occupational Safety and Health Administration (OSHA) developed the Hazard Communication Standard. The standard guarantees your RIGHT TO KNOW about potential chemical hazards in your workplace.

Hazardous Chemicals

You may not normally think that a hospital is a place where hazardous chemicals are used...but think again! Cleaning chemicals, disinfectants, anesthetic gases, laboratory reagents, chemotherapy drugs and antiseptic wipes all contain hazardous chemicals. It is important to understand the types of chemicals that are present at CHOP to protect YOURSELF and our PATIENTS!

Chemical Exposure

You can be exposed to a chemical by:

- Breathing it (Inhalation)
- Eating it (if you don't wash your hands after handling a chemical)
- Having it go through your skin (Absorption).

Chemical Hazards

Physical hazards include chemicals that can cause a fire, suddenly discharge, cause an unstable reaction or explode.

Health hazards include chemicals that are irritants (causing coughing), corrosives (burns skin), cryogenics (cause freeze burns), reproductive hazards (cause sterility), carcinogens (cause cancer).

Knowing the Risk

Just because you work with a chemical, doesn't mean you are always being overexposed.

Factors such as how much, where and in what form you are using it can increase or reduce your risk of exposure. It also depends on any protective equipment you might be wearing, such as gloves.

For example: using 3% hydrogen peroxide to clean a wound causes no adverse health effects; whereas, using 30% hydrogen peroxide as a disinfectant can cause a skin burn if you aren't wearing the proper gloves.

Reading Labels

Know what chemical hazards you're working with by reading labels. The **Hazard Label** (displayed below) on many chemical containers can provide you with a quick snapshot of any hazards.



Label Key: 0=no hazard to 4=extreme hazard.

Red = Flammability, Blue = Health, Yellow = Reactivity, White = Special (Other hazards)

Flammability (red quadrant):

- 4 - Extremely flammable
- 3 - Ignites at normal temperatures
- 2 - Ignites when moderately heated
- 1 - Must be preheated to burn
- 0 - Will not burn

Health hazard (blue quadrant):

- 4 - Too dangerous to enter - vapor or liquid
- 3 - Extremely hazardous - use full protection
- 2 - Hazardous - use breathing apparatus
- 1 - Slightly hazardous
- 0 - Like ordinary material

Reactivity (yellow quadrant):

- 4 - May detonate - evacuate area if materials are exposed
- 3 - Strong shock or heat may detonate - use monitors
- 2 - Violent chemical change is possible
- 1 - Unstable if heated - use normal precautions
- 0 - Normally stable

Special hazards (white quadrant):

- W or "No water" - indicates a material that is unusually reactive with water (e.g., sodium).
- OX or "Oxidizer" - indicates a material that is an Oxidizer. A material that can cause or enhance the combustion of other materials, usually by providing oxygen.

Material Safety Data Sheet (MSDS)

Another way to know what hazards a particular chemical has is to view the Material Safety Data Sheet (MSDS). An MSDS is a chemical specific information sheet that provides physical and health information to users. The Environmental Health and Safety Department maintains a database of over 5000 chemicals that are used at CHOP. All of CHOP's MSDS can be accessed through the Employee Intranet, under "Employee Resources".

Radiation Safety

Ionizing radiation is a valuable aid in research laboratories and medical practice but also poses a unique health hazard that requires specific safety precautions. Typical occupational exposures throughout our healthcare system are a fraction of the allowed limits set by regulatory agencies. Safety guidelines are established to keep radiation exposure as low as reasonably achievable (ALARA). Employees who work with radioactive materials or x-ray machines must receive additional training with the Environmental Health and Radiation Safety Department from UPENN.

Employees who are pregnant or think they may be pregnant require additional guidance and monitoring to protect the developing fetus. All staff should be aware of the radiation safety symbol and never operate equipment or handle radioactive materials with this symbol unless they've been specifically trained to do so.

Precaution Measures

It may be necessary, depending on the type and volume of chemical, to wear personal protective equipment. This may include gloves, lab coats, goggles or a respirator mask. It is also important to always wash your hands after you remove your gloves to reduce the potential for chemical exposure by ingestion.

Safety Departments

The Environmental Health & Safety, Office of Research Safety and PENN's Radiation Safety Department evaluates and reduces your risk of exposure to hazardous materials at CHOP through personal exposure monitoring, health hazard evaluations, risk assessments, engineering controls and personal protective equipment recommendations.

Responding to Chemical or Radiation Exposures

Knowing how to properly respond to an accidental exposure or chemical spill can reduce your risk of exposure.

In the event of an exposure, rinse the affected area immediately with water (use an eyewash, if needed) and follow-up with the Occupational Health Department.

In the event of a chemical spill, isolate the area and contact Security at ext. 45500.

In the event of a radioactive material spill, contact Security at x45500 and ask for assistance in contacting PENN's Radiation Safety Department. Clear personnel of the area and wash any contaminated skin gently with soap and tepid water.

Contact Information

For additional information, please contact:

- The Environmental Health and Safety Department x43872.
- The Office of Research Safety x62272.
- PENN Radiation Safety 215.898.7187

Additional training specific to Clinical and Research Laboratories and radiation workers is also offered through these departments.

Imagine this...

You're a nurse working the evening shift, when a co-worker asks for your help because they are having trouble drawing blood from a sick child. You insert a butterfly needle and have a successful stick. You then remove the needle, and while applying pressure on the patient's hand to stop any bleeding, you accidentally stick your co-worker with the needle. Reasoning that because the needle has been exposed to air and there was a low risk of contracting any infectious virus like HIV, your colleague decides to wait until the end of the shift to report the needlestick.

- What could you have done differently?
- What is HIV?
- How could this exposure have been prevented?
- What should your colleague have done immediately?

The answers to these questions and others like it are contained within this learning module.

How could this exposure have been prevented?

In the previous scenario, the exposure could have been prevented.

The butterfly device inserted has a safety feature that should have been engaged prior to removing the device from the patient.

Objectives

This learning module covers the use of Standard Precautions and reviews the procedure for exposure to Bloodborne Pathogens. After completing this learning module, our patients and colleagues need you to be able to:

- Define Standard Precautions and how to apply them in practice,
- Describe 4 ways that a bloodborne pathogen can be transmitted,
- Describe bloodborne diseases/pathogens,
- Outline the procedure to follow when you are exposed to a bloodborne pathogen.

Definition of Bloodborne Pathogens

Bloodborne Pathogens is a term that is used to describe germs that may be found in human blood and in some other human bodily fluids (referred to as "other potentially infectious fluids" - OPIF). Occupational exposure to such bloodborne germs can occur through:

- Needlestick injuries,
- Cuts from scalpels, sutures or other sharp objects contaminated with blood,
- Splashes to the eyes, nose or mouth,
- Contact with broken, chapped or cut skin.

Facts about Bloodborne Illness

The most common germs or diseases presenting a risk to people working in a hospital or healthcare facility are bloodborne pathogens such as Hepatitis B, Hepatitis C, and Human Immunodeficiency Virus (HIV). Other less common diseases are listed in CHOP's Bloodborne Pathogens Exposure Control Plan, which will be discussed later.

Some of you are potentially exposed to blood in your daily work - e.g. phlebotomists, surgeons, and lab techs. Others could come into contact with blood accidentally. For example, if a contaminated needle isn't disposed of properly, or someone doesn't clean up a blood spill.

Hepatitis B Virus (HBV)*What is Hepatitis B?*

Hepatitis B is an infection of the liver caused by the hepatitis B virus (HBV). It can lead to serious problems with your liver and may cause liver cancer or chronic liver disease.

How is it spread?

HBV is spread by direct contact with infected blood and body fluids. HBV can survive in dried blood on a counter or other surface up to 7 days.

What are its symptoms?

Many people infected with HBV have no symptoms. Others may have symptoms that include fatigue, poor appetite, fever, vomiting, dark urine or jaundice — a yellowing of the skin and whites of the eyes.

Is there a vaccine?

The Hepatitis B vaccine is a safe, effective series of 3 shots and is recommended for all Health Care Workers who have the risk of coming in contact with blood and bodily fluids. The vaccine is available free of charge through the Occupational Health Department (OHD), ext. 41928.

Hepatitis C Virus (HCV)

What is Hepatitis C?

Hepatitis C is a liver disease caused by infection with the hepatitis C virus (HCV). It can lead to serious problems, such as liver disease and liver failure.

How is it spread?

HCV is spread by direct contact with infected blood and bodily fluids. This occurs most commonly through needle-sticks. The risk of getting HCV is no greater in healthcare workers than in the general population.

What are its symptoms?

The most common symptom of HCV infection is extreme fatigue (tiredness), although many people have no symptoms.

Is there a vaccine? How is it treated?

There is no vaccine to prevent HCV infection.

HIV (AIDS)

What is HIV?

The Human Immunodeficiency Virus (HIV) is the virus that causes Acquired Immunodeficiency Syndrome (AIDS). The virus attacks the body's immune system, eventually leaving it unable to fight infection.

How does HIV spread?

HIV is spread by direct contact with infected blood and body fluids or through sexual intercourse. Babies born to an HIV infected mom can contract HIV during birth or through infected breast milk.

What are its symptoms?

When first infected with HIV, there may be symptoms of fever, headache, fatigue, muscle aches, rash or swollen glands.

Is there a vaccine? How is it treated?

There is no vaccine to prevent HIV infection. However, potent drug therapy has been successful in preventing progression or prolonging the time it takes to develop AIDS.

Preventing Disease Transmission: Standard Precautions

Standard Precautions are a set of infection control practices that healthcare personnel use to reduce transmission of microorganisms in healthcare settings.

Hand hygiene, use of personal protective equipment, engineering controls, and safe work practices help protect you from exposure while on the job. In addition:

- Always be alert to any work activity that may put you at risk of exposure to blood or Other Potentially Infectious Fluids (OPIF).
- Let your supervisor know if you think any changes need to be made to protect you.
- Standard Precautions protect both healthcare personnel and patients from contact with infectious agents.

Practicing Hand Hygiene

Alcohol-Based Hand Rubs (foam and gel)

1. Apply to palm of one hand (the amount used depends on specific hand rub product).
2. Rub hands together, covering all surfaces, focusing in particular on the fingertips and fingernails, until dry. Use enough rub to require at least 15 seconds to dry.

Hand washing

1. Wet hands with water.
2. Apply soap. Rub hands together for at least 15 seconds, covering all surfaces, focusing on fingertips and fingernails.

Don't have a timer? Sing Happy Birthday to yourself twice.
3. Rinse under running water and dry with disposable towel.
4. Use the towel to turn off the faucet.

Personal Protective Equipment (PPE)

Personal protective equipment (PPE) helps you practice Standard Precautions. It includes gowns, gloves, facemasks and eye protective wear. Select these items based on your expected contact to blood and bodily fluids.

Gloves must be worn any time there is even a possibility that your hands may come in contact with blood or other bodily fluids. Never reuse disposable gloves.

Gowns must be worn to protect your skin and prevent soiling of your clothing during work or activities that might cause splashes or sprays of blood and bodily fluids.

Masks and eye protection must be worn to protect the mucous membranes of your eyes, nose and mouth during work or activities that might cause splashes or a spray of blood or bodily fluids.

Engineering Controls

To reduce the risk of infection, certain engineering controls have been introduced at CHOP. The following devices are used at CHOP:

- **Sharps Containers** - Always dispose of sharp items in the rigid sharps containers provided in your work area.
- **Bio-Safety Cabinets** - These cabinets protect users from droplets and aerosols from contaminated specimens. CHOP's Bio-safety Manual on the CHOP intranet provides more detail.
- **Needle-less systems and safety devices** - Safety devices available at CHOP include:
 - o Insyte safety IV catheters
 - o Safety Push Button Butterfly Device
 - o Blood transfer devices
 - o Angel Wing devices
 - o Safety lancets
 - o Safety scalpels

Work Practice Controls

Housekeeping: Should follow proper procedures for cleaning and disinfection using our hospital approved detergent/disinfectant.

Linen: Place soiled linen in a leak-proof bag in a covered hamper.

Infectious waste: Place infectious waste in red bag trash. All items saturated with blood and bodily fluids including bloody diapers and certain waste coming from isolation rooms are classified as infectious waste. Some laboratory waste will need to be autoclaved before disposal.

Spills of blood and bodily fluids: Clean-up as soon as possible using a Hospital approved disinfectant. Major blood spills require a 1:10 dilution of sodium hypochlorite solution for adequate disinfection.

Sharps Containers

- Place all used sharps in a Sharps container. Never leave a used needle on a table, tray, or any other surface where you or a co-worker could be stuck.
- Always engage the safety mechanism on a sharp safety device as soon as you use it.
- New: the BD safety butterfly device should be activated before removing the needle from the patient's vein/artery.
- Always use a safety device when available and use the correct device for the correct procedure.

Risk of Exposure

Your risk of exposure is determined by many factors including:

- How well you adhere to Standard Precautions,
- The types of devices you use for high risk procedures,
- How often you are exposed to blood and bodily fluids,
- What type of fluids you are exposed to.

Bodily fluids that generally do not carry these germs unless mixed with blood are: Sweat, tears, urine, vomit, stool, saliva* and sputum.

* *Saliva can transmit hepatitis B through deep penetrating bites.*

Bodily fluids that may put you at risk are: Semen, vaginal secretions, fluid around a joint, fluid in the sac of the heart and amniotic fluid.

CHOP's Bloodborne Pathogens Exposure Control Plan

The Hospital's Bloodborne Pathogen Exposure Control Plan (ECP) outlines the steps taken at CHOP to eliminate or minimize occupational exposure to bloodborne pathogens. As noted earlier in the lesson, a copy of the plan can be found on the CHOP intranet in the Infection Prevention & Control Manual, on the Occupational Health website under the Forms Library.

CHOP's plan has been developed to meet OSHA's bloodborne Pathogens Standard.

Exposure Control Plan

The purpose of the Bloodborne Pathogen Exposure Control Plan is to:

- Identify employees at risk for exposure to blood and bodily fluids. All employees who are at risk of contacting blood are included, even if you don't routinely handle blood or bloody fluids.
- Describe specific measures that employees can take to reduce the risk while on the job. These include practices like choosing the correct device to draw or transfer blood; making sure you know how to use safety blood drawing devices; using safe zones for contaminated sharps; wearing protective equipment.
- Outline procedures for employees to follow if a blood or bodily fluid exposure event does occur.

Scenario

Jane White, BSN, RN, had only been out of nursing school five months when she experienced her first needle-stick injury. She was inserting an IV line and was following guidelines to protect her by wearing gloves. While inserting the needle, her patient moved and Jane jammed the needle into her left palm.

What should you do if this happens to you?

Act Immediately

No matter what, act immediately upon any kind of contact with a blood-borne pathogen.

Cleanse Area

Wash the injured area immediately with soap and water. For the eyes or the mucous membrane of the nose or mouth flush the area immediately with water or saline.

Report the Incident

Report the incident to your supervisor/manager immediately.

Complete the Necessary Forms

Complete an Employee Occupational Accident or Illness Report form. Be sure to describe how the exposure occurred.

Visit the Occupational Health Department

Visit the Occupational Health Department (x-41928) on the A-level of the main hospital building, Room AW50 Monday through Friday, 7:30 a.m. to 4:00 p.m.

After hours and on weekends and holidays, your manager should contact the nursing supervisor at beeper 10224. If your manager is not available, you can contact the nursing supervisor directly or through the hospital operator.

An Occupational Health Nurse is available 24 hours a day, 7 days a week for consultation when needed. The nursing supervisor or hospital operator can contact the nurse via pager.

When an exposure occurs after OHD business hours, always contact the OHD on the next business day for follow-up.

Testing after a bloodborne pathogen exposure

Testing for HBV, HCV, and HIV will be offered to all employees who have a documented exposure. If the OHD, in conjunction with the Special Immunology Physician, determines that an exposure poses a high risk for HBV or HIV transmission, medication for prevention of transmission will be started promptly.

For the injured (exposed) employee

- Your charge nurse, Occupational Health, or the nursing supervisor will guide you through this process
- You should not be asked to follow up on source testing
- You will receive pre-test HIV counseling
- Your follow up care will be determined by the initial evaluation and will be done per current CDC recommendations
- Lab results will be reported to you as soon as available.
- You will receive written post-exposure notification detailing HBV status and any follow up recommendations.

Confidentiality of HIV-Related Information Act

PA Act 148 (Confidentiality of HIV-Related Information Act) regulates the process for requesting source HIV testing.

For physicians:

- You cannot request source HIV testing until OH or the nursing supervisor has certified the exposure, verified that the employee has consented to baseline testing, and then asks you to obtain consent.
- You cannot ask for source consent if you are the person exposed. Another physician must do this
- You do need to do pre-test counseling about HIV and HIV testing (see attachment to HIV consent form) prior to testing
- If the source patient/family refuses HIV testing, we may be able to run the HIV test on blood drawn prior to the exposure. OH or the nursing supervisor will guide you in this process.

Risk of Infection

The risk of infection after a needle stick injury with an HIV-contaminated needle is approximately 0.3%. That means that if you have needlestick involving a patient who is HIV positive, you have a 1 in 300 risk of becoming HIV positive yourself.

Getting treated with medication (ideally within the first two hours after a needle-stick) may decrease your chance of becoming HIV positive.

The risk of getting infected from a Hepatitis B contaminated needle can vary from 1% to 31% depending on the amount of disease in the source. If the person has active disease, the risk is much higher. But Hepatitis B is completely preventable through vaccination.

The risk of getting Hepatitis C from an infected patient is about 1.8%.

Note: It is very important that all exposures be evaluated promptly.

Exposures at CHOP

In the year 2010, there were 95 exposures to potential bloodborne pathogens at CHOP. Of these:

- 58 were needle-sticks,
- 22 were other sharps,
- 14 were mucous membrane,
- 1 was non-intact skin.

Of those exposed:

27 involved physicians,

36 were nurses,

32 were other healthcare workers (e.g. phlebotomist, techs, students, therapists).

Sharps Injury Prevention at CHOP

The bloodborne Pathogens Exposure Prevention Committee, formerly called the Sharps Injury Prevention Committee, is responsible for evaluating and implementing devices and work practices that decrease the risk of bloodborne pathogen exposures to employees. The committee is chaired by the Occupational Health nurse manager, and has representatives from many departments including direct care providers. The Committee reports to the hospital's Environment of Care Committee.

If employees have any concerns related to devices or practices that contribute to unsafe practice, or if they are interested in being on the committee, they should contact the Occupational Health Department (OHD) manager (x-41938) or any member of the committee.

A complete list of committee members can be found on the OHD website on the CHOP intranet. Employees can also report their concerns to their immediate supervisor for follow up.

Where would you go?

If you sustain a needlestick or blood splash, where can you go to get additional bloodborne pathogen and needlestick information?

To view bloodborne related information, click here to go to the Occupational Health – BBP Needlestick intranet site.

Contacts

If you have any questions, you can contact:

- Mary Cooney, Occupational Health Nurse Manager
cooneym@email.chop.edu
215-590-1938
For immediate responses you can call pager 866-841-6812
- Amanda Scott, Director Environmental Health & Safety
scottam@email.chop.edu
215-590-3872