



From day one.

Origination:	06/2002
Effective:	06/2021
Last Approved:	06/2021
Last Revised:	06/2021
Next Review:	06/2024
Owner:	<i>Robert Hamilton: Executive Director -Human Resources</i>
Area:	<i>Human Resources</i>
References:	
Applicability:	<i>Community Medical Center</i>

## Dress Code, AD5078

### POLICY:

Community Medical Center strives to assure that all employees, students, and volunteers present a **professional, business-like appearance** that projects competency, inspires confidence, communicates respect to patients and the public, and provides for safety and infection control.

1. All employees: appropriate professional, business-like attire expected at all times.
2. Standardized dress, uniforms or scrubs may be required for certain departments/units or employee types. Refer to department dress code policy or department leader.

### GENERAL GUIDELINES

Clothing shall be of suitable material and heavy enough weight so that the undergarments do not show through. Clothing shall be of adequate size and length that normal body mechanics do not cause exposure; this includes the midriff, cleavage, buttocks, and undergarments.

### SPECIFIC GUIDELINES

1. Good personal hygiene is required of **all** employees.
2. Excessive use of cosmetics, perfumes or aftershaves is inappropriate.
3. Hair and nails should be clean, well groomed and properly trimmed. In nursing units, hair longer than shoulder length must be pulled back, restrained, or braided; and artificial nails (including acrylic) **are not** allowed for **any** direct patient care provider.
4. Facial hair/Beards are permitted but must be kept neat and clean. In the event facial hair/beards prevents compliance with fit testing of required PPE (N95, etc) for safe patient care, an employee will be required to shave. If an employee has a religious reasons for facial hair, the employee is required to bring this to the attention to their manager/director. (updated March 31, 2020)
5. Visible body piercing paraphernalia are not appropriate for the work setting; with the exception of earrings and nose studs (not to exceed 2mm) all of which must be professional in appearance.
6. Visible tattoos should be in good taste, i.e., non-offensive to patients and guests. Examples of offensive tattoos may include tattoos that contain nude images, references to cultural practices and/or foul language. Tattoos deemed offensive by the employee's supervisor will be covered. Employees with extensive tattoos of ANY kind defined as a single tattoo or multiple tattoos covering the majority of the

surface area of a visible body part such as an arm, foot, calf, leg, neck must consult with his/her direct supervisor. The employee may be required to cover any tattoos during work time.

7. Employees are responsible for wearing their Community Medical Center ID badge at all times while on duty. ID badges must be worn at the mid-chest area or higher so that the name and picture are clearly visible. Altering ID badges with pins and/or stickers is not allowed.
8. Clothing/uniforms must be neat, clean, wrinkle-free and in good repair. Uniforms may be dresses, skirts, or scrubs dependent upon the uniform of the department.
9. Dresses and skirts shall be an appropriate length above the knee.
10. Jeans may be worn on Fridays if specific department/unit dress code policies or manager/director allow. Jeans should be in good condition without holes, rips or overly faded/worn
11. Leggings shall be covered by a skirt, dress or long blouse/top meeting the appropriate length guideline.
12. No visible underarms (i.e., sleeveless and cap sleeve shirts, sweaters and dresses); top of shoulders must be covered.
13. While all employees are required to adhere to this Dress Code during their work hours, if an employee attends training, education, or a unit meeting during non-work hours he/she is not required to comply with this dress code. However, the standards of good taste, safety and appropriateness of clothing applies. Denim material of any type or style of clothing is not allowed, except when attending education sessions and meetings that are held off campus or are held during the employee's nonwork hours. At these times, jeans in good repair (no holes, stains, or frays) will be allowed. Supervisors/managers/directors have the authority to send an employee home if his/her clothing is not appropriate.
14. All footwear shall be professional and clean in appearance. Flip-flops are never allowed. Open-heel shoes may be worn only if they have a strap or heel cup. As a rule of thumb, the majority of one's foot should be covered while at work. When working or walking through areas where exposure to blood, body fluids, contaminates, sharps, and where hazardous chemical spills are possible, employees must wear shoes with no holes or openings on the top or sides.
15. Hats are not to be worn in the building when on duty except when required for infection control or health codes. If a hat is deemed necessary by the department director, only hats supplied by CMC with the CMC logo are allowed. Hats will not have any stickers, writing or pins attached. Head coverings that are required for religious purposes are allowed.
16. Stickers, wrist bands, clothing with writing or pins not sanctioned by CMC are not allowed during employees work hours.
17. During the University of Montana football season, "Griz" wear is appropriate on the Friday before home games. However, all Griz wear must comply with our standard of professional attire. Subject to the discretion and approval by the Unit/Departments Director
18. If employees are performing a task that may soil his/her clothes, the department director may authorize those employees to "dress down" while performing such work. However, if the affected employees leave the work area he/she must either cover up any item of clothing that does not adhere to this policy or change clothes.

**Department leadership has the responsibility and the rights to interpret, monitor, and enforce this policy**, with the Executive Director Human Resources having final authority. More specific dress code guidelines may be found in each department. Employees should consult their manager/director for such polices, as they will determine what is appropriate for the department. Any member of management may

inform an employee that he/she is not in compliance with this dress code at which time the appropriate manager/director will be notified and the employee will be required to clock out and return home to change into appropriate attire. Disciplinary action may result as appropriate.

## Attachments

No Attachments

## Approval Signatures

Step Description	Approver	Date
	Robert Hamilton: Executive Director -Human Resources	06/2021
	Robert Hamilton: Executive Director -Human Resources	06/2021

## Applicability

Community Medical Center

COPY



From day one.

Origination:	05/2009
Effective:	07/2021
Last Approved:	07/2021
Last Revised:	08/2018
Next Review:	07/2024
Owner:	<i>Robert Hamilton: Executive Director -Human Resources</i>
Area:	<i>Human Resources</i>
References:	
Applicability:	<i>Community Medical Center</i>

## Tobacco Free Campus Policy, AD9014

All facilities and campuses shall be tobacco free as of October 1, 2009. Specifically, this means the use of any tobacco products including but not limited to cigarettes, cigars, pipes, vaping (includes tobacco and non-tobacco), smokeless tobacco, as well as any tobacco/nicotine replacement product that is not approved by the FDA will be prohibited in facilities or on properties of Community Medical Center. In addition, the sale or distribution of tobacco products is not permitted at Community Medical Center campus or property.

### Purpose

Tobacco is the number one avoidable cause of death in our society and the most important public health issue of our time. As a health care organization, we are committed to the health and safety of our employees, patients and visitors. It is Community Medical Center's responsibility to take a leadership role on the major public health issue of tobacco usage. This policy demonstrates our commitment to the health and safety of our employees, patients, visitors and the community.

### Scope

This policy is applicable to all employees, medical staff, patients, visitors, students, volunteers, vendors, and contractors of Community Medical Center. "Facilities or properties" includes but is not limited to our hospital, clinics, office buildings, parking lots, private vehicles on facility property and facility vehicles. This policy applies regardless of whether a facility or property is owned, leased or rented and whether or not the owner or other tenants follow similar guidelines.

### Procedure Details

Communication and Signage:

1. The community, patients and visitors is informed of the policy through a variety of communication methods which may include Community Medical Center's newsletters, website, bill inserts, paycheck enclosures, print and electronic media, meetings and other communication materials.
2. "Tobacco Free Campus" signs are posted at all entrances and other areas as needed on Community Medical Center's campus and all associated facilities reminding visitors, patients, employees, volunteers, contractors that Community Medical Center is a tobacco free campus.
3. Community Medical Center's Human Resources will communicate this policy to employees. Candidates for employment will be informed of this policy both during the application process and during the employee orientation process.

## Employees

1. Failure to adhere to this policy will result in progressive disciplinary action - refer to AD5041 Disciplinary Policy
2. Employees will be prohibited from using tobacco or vaping during all paid time including breaks.
3. Employees are not allowed to use tobacco or vaping during unpaid meal times if they remain Community Medical Center's campus or property.
4. During unpaid mealtimes, employees are discouraged from using tobacco or vaping on properties adjacent to Community Medical Center or properties that are not owned, leased or rented by Community Medical Center. Employees wearing a facility name badge while using tobacco products is not permitted.
5. During work time, the odor of smoke or tobacco will not be present on an employee's breath, body, or clothing. Individuals not in compliance will be asked to remedy this situation, which may require the use of unpaid time.
6. Employees will be encouraged to quit tobacco and offered assistance, which may include tobacco cessation medications, education classes, individual assistance, and linkage with additional cessation resources.

## Patients, Residents, and Visitors

1. Respectful communication and enforcement of this policy is the responsibility of all Community Medical Center's employees and medical staff.
2. Tobacco use during any portion of an inpatient's hospitalization or outpatient visit, or resident's stay will not be permitted.
3. All patients and/or residents admitted to Community Medical Center will be screened for tobacco use and dependency during the admission assessment and advised of the policy. Patients identified as current tobacco users will be advised to quit and given the opportunity to receive tobacco cessation information and the various treatment options available to them, including pharmacotherapy.
4. Patients and/or residents will be encouraged to communicate with their treating physicians to request nicotine replacement products or pharmacotherapy.

***Patients, residents, and visitors who fail to comply with this policy will be reminded that Community Medical Center is a tobacco free facility and will be advised of resources available to them to assist with compliance while they are on Community Medical Center property. Appropriate follow-up will be conducted with the Manager or Director of the appropriate departments.***

## Attachments

No Attachments

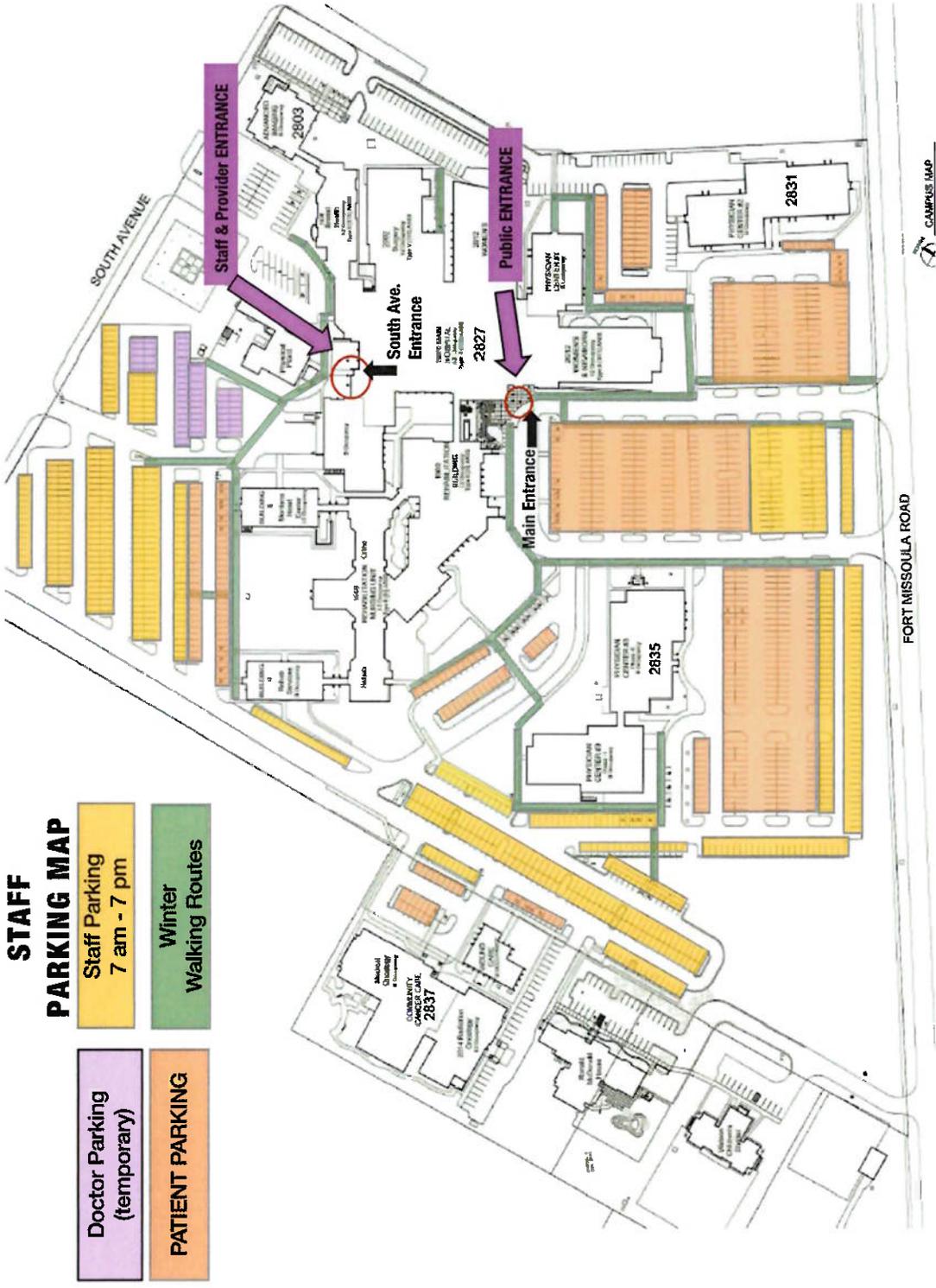
## Approval Signatures

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	Robert Hamilton: Executive Director -Human Resources	07/2021
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## Applicability

Community Medical Center

COPY



**STAFF PARKING MAP**

Doctor Parking (temporary)	Staff Parking 7 am - 7 pm	Winter Walking Routes
PATIENT PARKING		

# Student/Resident Checklist and Orientation Manual



## **Patient Rights and Responsibilities**

### **Patients have the right to exercise their rights, including:**

- Participating in the development and implementation of the plan of care and ability to request or refuse treatment
- Involving family or guardian in care
- Designating a decision maker
- Excluding any or all family members from participating in care decisions

### **Patients have the right to their confidential information, including:**

- Access to their clinical records within a reasonable time frame
- Receipt of an itemized bill within a timely manner for all services provided

### **Patients have the right to:**

- Receive respect for their values, philosophy, religion and cultural practices
- Participate in ethical questions including conflict resolution
- Comfort and dignity
- Care at end of life, including palliative care
- Availability of pastoral care, spiritual services and cultural practices

### **Patients have the right to security, personal privacy and a safe setting, including:**

- Freedom from any form of abuse or harassment
- Freedom from restraint and seclusion, unless clinically necessary
- A treatment environment that is physically and emotionally secure
- Information regarding the identity and professional status of individuals providing service
- Information regarding the proper identity of the physician or practitioner primarily responsible for the care
- Access to protective services

### **Patients have the right to be informed of their rights and responsibilities, including:**

- Complaint resolution initiated through any staff member
- A grievance procedure to resolve complaints and conflict in a timely manner
- Information regarding how to report any concerns or complaints regarding abuse, neglect or personal property issues directly to the Facility Licensing Division of the Department of Public Health and Human Services, the Joint Commission and/or the Rehabilitation Accreditation Commission (CARF)
- Other concerns may also be referred to the Mountain Pacific Quality Health Foundation (the Professional Review Community Medical Center)
- Information received in a form, manner and language that can be understood
- Translation or interpretation services

*Community Medical Center embraces the standards of conduct that include ethical business and professional behavior.*

### **Patients and families have the responsibility to communicate information:**

- That is accurate and complete about present complaints, past illnesses, hospitalizations, medications and other matters relating to health
- That tells the physician or nurse of any change in how the patient feels
- That reports unexpected changes in the patient's condition

### **Participates in treatment decisions:**

- Discuss care options with the physician or nurse
- Ask the physician or nurse what to expect regarding care
- Work with the physician or nurse to develop a plan of care
- Request or refuse treatment
- Tell the physician or nurse of any requests regarding care
- Ask for pain medication when pain first begins
- Help the physician and nurses measure pain
- Tell the doctor or nurse if pain is not relieved
- Follow the treatment plan developed with the practitioner
- Accept the consequences of not following the treatment plan or instructions

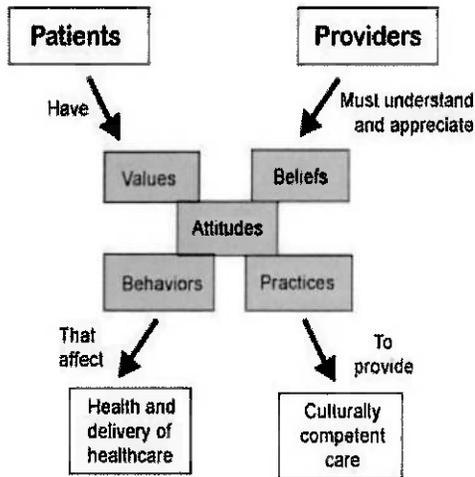
### **Respect Community Medical Center**

- Adhere to Community Medical Center rules and regulations concerning patient care and conduct, as well as personal belongings
- Act with consideration and respect for other patients personnel and property
- Adhere to tobacco-free campus policies
- Satisfy financial obligations

### **Communicate**

- Ask who is taking care of the patient, if they do not identify themselves
- Express concerns
- Inform staff of ways we can improve patient care or our service
- Inform staff of ways we can make family or visitors feel more welcomed

## HIPAA



HIPAA is the United States Health Insurance Portability and Accountability Act of 1996. There are two sections to this Act. HIPAA Title I deals with protecting health insurance coverage for people who lose or change jobs. HIPAA Title II includes an administrative simplification section, which deals with the standardization of healthcare-related information systems. In the information technology industries, this section is what most people mean when they refer to HIPAA. HIPAA establishes mandatory regulations that require extensive changes to the way that health providers conduct business.

HIPAA seeks to establish standardized mechanisms for electronic data interchange, security, and confidentiality of all healthcare-related data. The Act mandates the following:

1. Standardized formats for all patient health, administrative, and financial data.
2. Unique identifiers (ID numbers) for each healthcare entity, including individuals, employers, health plans and health care providers.
3. Security mechanisms to ensure confidentiality and data integrity for any information that identifies an individual.

(SearchDataManagement.com)

## HIPAA PRIVACY, SECURITY and CONFIDENTIALITY AGREEMENT

Information about patients, student/residents or volunteer staff of any of the above Community Medical Center must be treated as confidential. It is the obligation of every student/resident, volunteer, professional staff member or student/resident to maintain confidentiality. Confidential information includes (but is not limited to) patient records and patient-related information, including financial information; student/resident records; any information of a private or sensitive nature; or any information whose unauthorized or indiscreet disclosure could prove harmful to a patient, student/resident, or volunteer at the healthcare Community Medical Center. We require that all interns, student/residents, specified professional staff, volunteers and student/residents must sign the following confidentiality agreement:

1. The student/resident will protect the confidentiality of patient and hospital information.
2. The student/resident will not release unauthorized information to any source.
3. The student/resident will not access or attempt to access information other than that information which the student/resident has authorized access and a need to know in order to complete their job on any given day.
4. The student/resident will not disclose their computer security code to anyone.
5. The student/resident will not use another person's computer security code.
6. The student/resident will not fax patient information outside of the hospital unless required for patient care; required by a third-party payer for ongoing certification of payment of a hospitalized patient; required for placement of patient. No information will be faxed without a Confidentiality Statement.
7. The student/resident will not leave patient information or other information of a confidential nature on answering machines.
8. The student/resident will report breaches of confidentiality to their clinical instructor and the department Director or Supervisor. The student/resident understands that failure to report breaches in confidentiality is an ethical violation and subjects them to disciplinary action.
9. The student/resident understands that any violation on their part of the above conditions could result in disciplinary action to include termination of the student/resident's experience.

### **Conflict of Interest Statement**

A conflict of interest exists anytime your loyalty to Community Medical Center is, or appears to be compromised by an outside interest. Appearances count; for example, if you are a close friend of a vendor who appears to be receiving favorable treatment or pricing, such an appearance of bias may be construed as a conflict of interest, causing other people to lose confidence in Community Medical Center. You may not engage in any personal business or professional activity, nor hold any direct or indirect financial interest, which conflicts with the duties and responsibilities of your position within Community Medical Center. If you have any doubt, treat the situation as if a conflict exists until you have properly disclosed and resolved the potential conflict through your supervisor, quality or risk management or other appropriate channels. You have a duty to disclose actual or potential conflicts.

### **Risk Assessment Occurrence/Event Reporting**

Occurrence/event reports are used to report any incidents, accidents and lost or damaged property, occurring at Community Medical Center involving patients, student/residents, or visitors. An occurrence/event is an event not consistent with the routine operation of the hospital or the care of the patient.

The occurrence report must be an accurate account of details and completed promptly. This serves two purposes:

1. To inform the Administration and the appropriate Safety Committee(s) of the occurrence, provide statistical data which can be used to prevent recurrence of occurrences, and to take corrective actions to improve the quality of care.
2. To alert the Quality and Risk Management Department of the occurrence so that further investigation and/or intervention can be pursued, when appropriate. If you should need to report any incidents, accidents, lost or damaged property, please contact the Quality/Risk Management Department.

### **Injuries**

It is understood and agreed by all parties that in the event of an injury sustained by a student/resident when performing services under the terms of the affiliation agreement, student/residents will be provided first aid and/or emergency care at the expense of the student/resident. It is recommended that all student/residents have personal health insurance. The student/resident's health insurance shall be billed for any necessary treatment and any balance will be billed to the student/resident. The responsibility for follow-up care if needed remain with the student/resident.

### **Background Check Information**

In connection with a student/resident's application for participation in clinical rotations at hereafter referred to as COMMUNITY MEDICAL CENTER, and as a condition of acceptance at these COMMUNITY MEDICAL CENTER for such rotations, the student/resident voluntarily agrees that Community Medical Center, its agents or designees, may request and obtain one or more background checks regarding that student/resident; including criminal background check, exclusion database lists and national sexual offender lists; and the information received from the background checks may be shared between these COMMUNITY MEDICAL CENTER and the student/resident's school. Community Medical Center can also receive and use for its purposes any such background checks from the school. All costs associated with the background checks; including criminal background check, exclusion database lists and national sexual offender lists; is the responsibility of the student/resident and/or school. This includes background checks that may need to be run more than once. All student/residents must fill out the Criminal Background Sexual Offender Check Release Authorization.

The background check; including criminal background check, exclusion database list; national sexual offender registry search (<https://www.nsopw.gov/> or <https://doj.egovmt.com/choprs/>) must cover the past 7 years, and must be run within 6 months prior to the start of the student/resident's program that will require clinical rotations. An initial background check prior to the first year in a program is required and then that background check information can be used until the end of the program, if the student/resident returns in the same program for sequential years.

Telephone facsimile (fax), photographic or digital (pdf) copy of the background release and background check information executed will be as valid as the original.

It is the school's responsibility to verify an approved background check is on file for each student/resident with the school. In some cases the student/resident may submit a background check directly to the clinical site. In this case the background checks will be approved or denied by the clinical site.

The student/resident must report to Community Medical Center designee, within 48 hours, any criminal charges, arrests or indictments that occur at any time during rotations at these COMMUNITY MEDICAL CENTER. The student/resident must also report any criminal charges, arrests or indictments that have occurred after the background check that was cleared to begin the student/resident's training experience. Failure to do so could lead to termination of the relationship. The reported information may be shared with the student/resident's school.

### **Drug Screen**

It is the schools responsibility to verify that the student/resident has successfully completed 10 panel drug screen is no more than **30 days** from the start of the school year and verify that the results show no discrepancies.

## Cultural Competence and Diversity in the Workplace

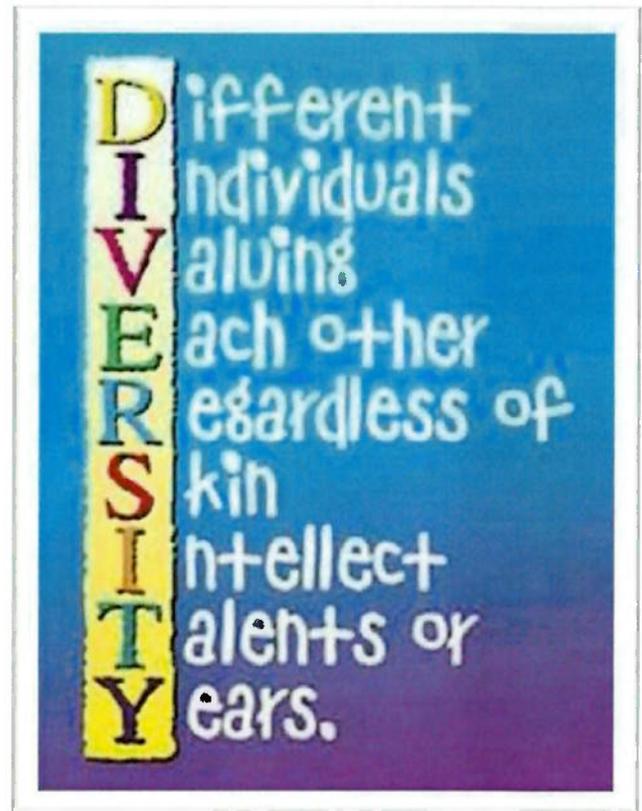
All human beings have more in common than they have differences. That is no more apparent than when a person is being treated in a medical setting. Health care is more than treatment of diseases or bodies. It is also the care of an individual who comes to us with a social, cultural, family, and religious history. Cultural skill entails the ability to collect relevant data regarding the patient's presenting problem, as well as accurately perform a culturally-based assessment in a sensitive manner.

Cultural competence and the understanding of diversity in the workplace are based on several core beliefs:

- Each patient is a unique person
- Individuals are complex
- Cultivating compassion requires that we understand situations from the others' point of view and engage in self-reflection regarding how our actions are affecting the other person
- We can appreciate the similarities as well as the differences among people and acknowledge strengths and weaknesses of each individual

The goals of developing cultural competence and an understanding of diversity in the workplace are to:

- Improve the quality and efficacy of medical care for all patients
- Reduce health inequity, reduce disparity
- Better communication between patient and healthcare provider regarding medical history and symptoms, resulting in more accurate diagnosis and better care
- Increase respect and trust between patient and provider, increasing the likelihood of compliance with recommended treatment



*“As health care workers, we are ethically obligated to the provision of culturally congruent care to all individuals that enter our health care systems and facilities and all clients have the right to such care. The delivery of culturally congruent healthcare presents a challenge for the health care provider. It requires, first, that we open our minds. It required an honest examination of one’s own values and beliefs, a willingness to learn and a great deal of creativity.”*

*Cultural, Ethnic, and Religious Reference Manual for Health Care Providers,  
JAMARDA, Resources, 1995*

## Infection Control and Hand Hygiene

Hand hygiene is the single, most effective method for prevention of infection, for both you and our patients. Community Medical Center abide by the Centers for Disease Control and Prevention Guidelines, which are summarized next.

### **Rationale for hand hygiene**

- Potential risks of transmission of microorganisms to patients
- Potential risks of health-care workers colonization for infection caused by organisms acquired from the patient
- Morbidity, mortality, and costs associated with health-care associated infections

### **Indications for hand hygiene**

- Contact with a patient's intact skin
- Contact with environmental surfaces in the immediate vicinity of patients
- After glove removal

### **Techniques for hand hygiene**

- Amount of hand-hygiene solution
- Duration of hand-hygiene agents
- Selection of hand-hygiene agents
  - Alcohol based hand rubs are the most efficacious agents for reducing the number of bacteria on the hands of personnel
  - Antiseptic soaps and detergents are the next most effective and non-antimicrobial soaps are the least effective. Vigorous rubbing the hands for 15 seconds is recommended.
- Soap and water are required for visibly soiled hands or when caring for patient diagnosed with C.diff. or other spore causing infections.
- Alcohol-based hand rubs are recommended for routine decontamination of hands for all clinical indications (except when hands are visibly soiled) and as one of the options for surgical hand hygiene.
  1. Apply a palm full of the product and cover all surfaces of the hands.
  2. Rub hands until hands are dry.

### **Expectations of patient care managers/administrators**

- Written statements regarding the value of, and support for, adherence to recommended hand-hygiene practices
- Role models demonstrating adherence to recommended hand hygiene practices

### **Indications for, and limitations of, glove use**

- Hand contamination may occur as a result of small, undetected holes in examination gloves
- Contamination may occur during glove removal
- Wearing gloves does not replace the need for hand hygiene
- Failure to remove gloves after caring for a patient may lead to transmission of microorganisms from one patient to another

(CDC, 2002)



**Immunization Information:**

<http://www.cdc.gov/>

**Centers for Disease Control and Prevention**

CDC 24/7: Saving Lives. Protecting People. Saving Money through Prevention.™

**Please refer to the website above for any questions pertaining to Infection Control, Hand Hygiene or Immunization information.**

### Immunization Approved Requirements

All student/residents are required to have current immunizations listed below, not only for their safety, but also for the safety of our patients, staff, volunteers and visitors.

#### COVID-19 Vaccine

- 1) Record of two Pfizer or Moderna vaccinations recommended by the CDC  
OR
- 2) Record of one Johnson & Johnson vaccination recommended by the CDC
- 3) All student/residents unvaccinated for COVID-19 are required to wear an N95 mask while in any CMC facility regardless of whether they are in the presence of known or suspected COVID-19 patients

#### MMR (measles, mumps, rubella)

- 1) 2 official records receiving shots (1957 rule for only one MMR no longer applies)  
OR
- 2) Positive results from a titer for each (measles, mumps, rubella) showing immunity.

#### Varicella (chickenpox)

- 1) Record of two vaccinations recommended by the CDC  
OR
- 2) Positive titer results showing immunity  
OR
- 3) Student/resident has recollection of having the disease. The student/resident will need to provide documentation in writing. It must be signed and dated with the approximate date or age the student/resident had the disease. (see page 9) If one of the other two requirements above has been met, this will not need to be filled out.

#### Hepatitis B

- 1) Record of 3 shot vaccination series and titer with reactive or positive results  
OR
- 2) A titer with reactive or positive results if the student/resident has previously received the vaccines  
OR
- 3) Student/resident must have documentation they have **started** the series of 3 shots and a titer.  
OR
- 4) Can be declined but student/resident must sign a declination.

#### Tetanus w/ Pertussis (Tdap)

\*\*\*One record required in the last 10 years\*\*\*

- 1) Required for all nursing student/residents  
\*\*Please note: this must be the Tdap (tetanus w/ pertusis) not td (tetanus diphtheria) vaccination.

#### Record of Flu shot

\*\*\*\*\*Yearly vaccination is required.\*\*\*\*\*

- 1) If student/resident will not be doing clinical during flu season, this shot will not be required
- 2) Keep in mind if shot is not required at the beginning of the rotation, but the rotation carries over into the next flu season, the student/resident will be required to obtain the shot.

If the student/resident is unable to provide records for or flu shot, they will be required to wear a mask during flu season.

#### TB (PPD-tuberculosis)

- 1) Record a negative TB skin test in the last 12 months (If the test is positive, a chest x-ray required.) This only needs to be done at the beginning of a program after that an annual TB questionnaire will need to be filled out. (See below)  
OR
  - 2) Negative Quantiferon TB blood test.  
OR
  - 3) Fill out Positive Responder Form. Ask Community Medical Center for this form if you have a positive test.  
AND
  - 4) Each year a student/resident attends the same program they must fill out a TB questionnaire provided by the COMMUNITY MEDICAL CENTER. This questionnaire will then be sent to Community Medical Center' appropriate department along with a copy of the original negative TB test to be reviewed and a determination will be made by that department if an additional test is necessary based on the risk factors stated in the questionnaire.
- ★ Even if the student/resident chooses to wear a mask for any of the reasons accepted above they must not be sick when they report for clinical rotations.

# Dress Code

## GENERAL GUIDELINES

Clothing shall be of suitable material and heavy enough weight so that the undergarments do not show through. Clothing shall be of adequate size and length that normal body mechanics do not cause exposure; this includes the midriff, cleavage, buttocks, and undergarments.

## SPECIFIC GUIDELINES

1. Good personal hygiene is required of all student/residents
2. Excessive use of cosmetics, perfumes or aftershaves is inappropriate.
3. Hair and nails should be clean, well groomed and properly trimmed. In nursing units, hair longer than shoulder length must be pulled back, restrained, or braided; and artificial nails (including acrylic) are not allowed for any direct patient care provider.
4. Facial hair/Beards are permitted but must be kept neat and clean. In the event facial hair/beards prevents compliance with fit testing of required PPE (N95, etc) for safe patient care, an student/resident will be required to shave. If an student/resident has a religious reasons for facial hair, the student/resident is required to bring this to the attention to their manager/director. (updated March 31, 2020)
5. Visible body piercing paraphernalia are not appropriate for the work setting; with the exception of earrings and nose studs (not to exceed 2mm) all of which must be professional in appearance.
6. Visible tattoos should be in good taste, i.e., non-offensive to patients and guests. Examples of offensive tattoos may include tattoos that contain nude images, references to cultural practices and/or foul language. Tattoos deemed offensive by the student/resident's supervisor will be covered. Student/residents with extensive tattoos of ANY kind defined as a single tattoo or multiple tattoos covering the majority of the surface area of a visible body part such as an arm, foot, calf, leg, neck must consult with his/her direct supervisor. The student/resident may be required to cover any tattoos during work time.
7. Student/residents are responsible for wearing their Community Medical Center ID badge at all times while on duty. ID badges must be worn at the mid-chest area or higher so that the name and picture are clearly visible. Altering ID badges with pins and/or stickers is not allowed.
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11. Leggings shall be covered by a skirt, dress or long blouse/top meeting the appropriate length guideline.
12. No visible underarms (i.e., sleeveless and cap sleeve shirts, sweaters and dresses); top of shoulders must be covered.
13. While all student/residents are required to adhere to this Dress Code during their work hours, if a student/resident attends training, education, or a unit meeting during non-work hours he/she is not required to comply with this dress code. However, the standards of good taste, safety and appropriateness of clothing applies. Denim material of any type or style of clothing is not allowed, except when attending education sessions and meetings that are held off campus or are held during the student/resident's nonwork hours. At these times, jeans in good repair (no holes, stains, or frays) will be allowed. Supervisors/managers/directors have the authority to send an student/resident home if his/her clothing is not appropriate.

14. All footwear shall be professional and clean in appearance. Flip-flops are never allowed. Open-heel shoes may be worn only if they have a strap or heel cup. As a rule of thumb, the majority of one's foot should be covered while at work. When working or walking through areas where exposure to blood, body fluids, contaminants, sharps, and where hazardous chemical spills are possible, student/residents must wear shoes with no holes or openings on the top or sides.
15. Hats are not to be worn in the building when on duty except when required for infection control or health codes. If a hat is deemed necessary by the department director, only hats supplied by CMC with the CMC logo are allowed. Hats will not have any stickers, writing or pins attached. Head coverings that are required for religious purposes are allowed.
16. Stickers, wrist bands, clothing with writing or pins not sanctioned by CMC are not allowed during student/residents work hours.
17. During the University of Montana football season, "Griz" wear is appropriate on the Friday before home games. However, all Griz wear must comply with our standard of professional attire. Subject to the discretion and approval by the Unit/Departments Director
18. If student/residents are performing a task that may soil his/her clothes, the department director may authorize those student/residents to "dress down" while performing such work. However, if the affected student/residents leave the work area he/she must either cover up any item of clothing that does not adhere to this policy or change clothes.

Department leadership has the responsibility and the rights to interpret, monitor, and enforce this policy, with the Executive Director Human Resources having final authority. More specific dress code guidelines may be found in each department. Student/residents should consult their manager/director for such polices, as they will determine what is appropriate for the department. Any member of management may inform an student/resident that he/she is not in compliance with this dress code at which time the appropriate manager/director will be notified and the student/resident will be required to clock out and return home to change into appropriate attire. Disciplinary action may result as appropriate.

# 2022 Hospital National Patient Safety Goals

The purpose of the National Patient Safety Goals is to improve patient safety. The goals focus on problems in health care safety and how to solve them.

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## Identify patients correctly

NPSG.01.01.01

Use at least two ways to identify patients. For example, use the patient's name *and* date of birth. This is done to make sure that each patient gets the correct medicine and treatment.

## Improve staff communication

NPSG.02.03.01

Get important test results to the right staff person on time.

## Use medicines safely

NPSG.03.04.01

Before a procedure, label medicines that are not labeled. For example, medicines in syringes, cups and basins. Do this in the area where medicines and supplies are set up.

NPSG.03.05.01

Take extra care with patients who take medicines to thin their blood.

NPSG.03.06.01

Record and pass along correct information about a patient's medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Give the patient written information about the medicines they need to take. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.

## Use alarms safely

NPSG.06.01.01

Make improvements to ensure that alarms on medical equipment are heard and responded to on time.

## Prevent infection

NPSG.07.01.01

Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning. Use the goals to improve hand cleaning.

## Identify patient safety risks

NPSG.15.01.01

Reduce the risk for suicide.

## Prevent mistakes in surgery

UP.01.01.01

Make sure that the correct surgery is done on the correct patient and at the correct place on the patient's body.

UP.01.02.01

Mark the correct places on the patient's body where the surgery is to be done.

UP.01.03.01

Pause before the surgery to make sure that a mistake is not being made.



This is an easy-to-read document. It has been created for the public. The exact language of the goals can be found at [www.jointcommission.org](http://www.jointcommission.org).