



Kennesaw State University

The following Annual Education Training Packet includes:

- Confidentiality Agreement
- Dress Code Acknowledgment
- Code of Conduct Policy
- Social Media Policy
- Camera and Video Surveillance
- Workplace Violence and OSHA
- Personal Cell Phone and Electronics use Guidelines
- Smoking Policy
- Hospital Emergency Codes
- Workplace Harassment
- Abuse, Neglect and Exploitation
- HIPAA Policy
- Incident Reporting
- Patient Rights/Patient Advocate
- Infection Control
- Handwashing

I _____, acknowledge that I have received the above
(PRINT NAME)

documents and I have reviewed the information, and understand my role and responsibilities.

Signature

Date

Department

Confidentiality Agreement

This Agreement is made between _____ ("Employee") and ("Ridgeview Institute – SMYRNA) on _____ 20__.

Employee will perform services for Ridgeview Institute - Smyrna which may require RIDGEVIEW INSTITUTE - Smyrna to disclose confidential and proprietary information ("Confidential Information") to Employee. (Confidential Information is any information of any kind, nature, or description concerning any matters affecting or relating to Employee's services for RIDGEVIEW INSTITUTE - Smyrna, the business, or operations of RIDGEVIEW INSTITUTE - Smyrna, and/or the products, program services, policies, plans, processes, or other data of RIDGEVIEW INSTITUTE - SMYRNA. Accordingly, to protect RIDGEVIEW INSTITUTE - Smyrna Confidential Information that will be disclosed to Employee, the Employee agrees as follows:

- A. Employee will hold the Confidential Information received from RIDGEVIEW INSTITUTE - Smyrna in strict confidence and shall exercise a reasonable degree of care to prevent disclosure to others.
- B. Employee will not disclose or divulge either directly or indirectly the Confidential Information to others unless first authorized to do so in writing by RIDGEVIEW INSTITUTE - SMYRNA.
- C. Employee will not reproduce the Confidential Information nor use this information commercially or for any purpose other than the performance of his/her duties for RIDGEVIEW INSTITUTE – SMYRNA.
- D. Employee will, upon the request or upon termination of his/her relationship with RIDGEVIEW INSTITUTE - SMYRNA deliver to RIDGEVIEW INSTITUTE - SMYRNA any notes, documents, equipment, and materials received from RIDGEVIEW INSTITUTE - SMYRNA or originating from its activities for RIDGEVIEW INSTITUTE - SMYRNA.
- E. RIDGEVIEW INSTITUTE - SMYRNA shall have the sole right to determine the treatment of any information **that is part or program specifically** received from Employee, including the right to keep the same as a trade secret, to use and disclose the same without prior patent applications, to file copyright registrations in its own name or to follow any other procedure as RIDGEVIEW INSTITUTE - SMYRNA may deem appropriate.
- F. RIDGEVIEW INSTITUTE - SMYRNA reserves the right to take disciplinary action, up to and including termination for violations of this agreement.

The employee represents and warrants that it is not under any preexisting obligations inconsistent with the provisions of this Agreement.

Signing below signifies that the Employee agrees to the terms and conditions of the agreement stated above.

Employee Signature

HR Rep Signature



EMPLOYEE ACKNOWLEDGEMENT: DRESS CODE GUIDELINES

I have read, understand, and agree to abide by the Ridgeview Institute Smyrna Dress Code guidelines. I also agree to abide by any additional guidelines specific to my individual work area/department.

I understand if my attire is deemed inappropriate, I will be sent home without pay and may receive a disciplinary write-up for my employee file.

Date

Employee Signature

Employee's PRINTED Name

Department Head/Supervisor
Signature

Department Head/Supervisor
Printed Name

Please forward completed acknowledgement to the HUMAN RESOURCES DEPARTMENT.

RIDGVIEW INSTITUTE – SMYRNA DRESS CODE GUIDELINES

	MEN	WOMEN
ID BADGE	Must be worn at all times.	Must be worn at all times.
HAIR	<p>YES: A neat, natural haircut. Neatly groomed; if hair worn loose, should not extend below the shirt collar. If worn longer, should be tied back and should not extend below the shoulders.</p> <p>Employees in work areas subject to specific codes, such as health department standards, will follow prescribed regulations or codes.</p> <p>NO: Extreme hair styling (mohawks, etc.) and unnatural colors (blue, green, purple, bright red, etc.)</p>	<p>YES: Should be neatly combed and arranged in a conservative style.</p> <p>Employees in work areas subject to specific codes, such as health department standards, will follow prescribed regulations or codes.</p> <p>NO: Extreme hair styling (mohawks, etc.) and unnatural colors (blue, green, purple, bright red, etc.)</p>
BEARDS/ MUSTACHES	Must be neatly trimmed and conform to face.	Not applicable.
FINGERNAILS	Should be neat, clean and trimmed to avoid harm to patients, visitors and employees.	<p>YES: Should be neat, clean and trimmed to avoid harm to patients, visitors and employees. If polish is used, it should compliment attire, and in professional good taste.</p> <p>NO: Excessively long nails. Extreme styles or unnatural colors, decals, jewels.</p>
COLOGNE/ PERFUME	May not be worn in patient care areas. Only very light scents in other areas.	May not be worn in patient care areas. Only very light scents in other areas.
JEWELRY	YES: A simple and professional appearance. Patient care employees should ensure that rings are small, not have jagged points that could endanger patients or reduce the integrity of safety gloves. No more than one stud-type earring.	YES: A simple and professional appearance. Patient care employees should ensure that rings are small, not have jagged points that could endanger patients or reduce the integrity of safety gloves. No more than two earrings in each ear.

	<p>NO: Excessive jewelry such as dangling or heavy chains and bracelets. Rings or studs in any body part that is visible (ears, nose, tongue, face, lip, eyebrow, neck, etc).</p> <p>In clinical areas, any jewelry that creates a safety hazard is discouraged.</p>	<p>NO: Excessive jewelry such as dangling or heavy chains and bracelets. Large, dangling or ornate earrings. Rings or studs in any other body part that is visible (nose, tongue, face, lip, eyebrow, neck, etc.)</p> <p>In clinical areas, any jewelry that creates a safety hazard is discouraged.</p>
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TATTOOS	Every effort should be made to cover visible tattoos.	Every effort should be made to cover visible tattoos.
UNDERGARMENTS	Undergarments should be supportive; styles should be selected so as to not show through the clothing.	Undergarments should be supportive; styles should be selected so as to not show through the clothing.
BLOUSES, SHIRTS AND TOPS	<p>YES: Dress shirts (with or without ties) or collared casual shirts. Collared shirts with Ridgeview Institute logo.</p> <p>Shirts with distinct tails are to be tucked in. Straight-cut shirts must hang no lower than 8 inches below the waist.</p> <p>NO: Tee-shirts, sleeveless shirts, tank tops, camouflage shirts, denim shirts or shirts with logos or advertising. Scrub tops of any type.</p>	<p>YES: Modest, professional dress blouses/shirts/ tops, loose fitting turtlenecks and sweaters. Sleeveless tops and blouses must be modest and professional in style so undergarments are not revealed. Collared shirts with Ridgeview Institute logo.</p> <p>Shirts with distinct tails are to be tucked in. All shirts must cover the stomach and back when arms are raised.</p> <p>NO: Tee-shirts, tank tops, camouflage shirts, denim shirts, spaghetti straps, or shirts with logos or advertising. Shirts with low cut necklines and tops that have sheer or clingy material. Scrub tops of any type.</p>

<p>DRESSES/SKIRTS/ PANTS/SLACKS</p>	<p>YES: Dress or dress casual (khakis, corduroy, cotton) slacks/pants. Pants must be worn at the waist.</p> <p>NO: Jeans or jean style pants, sweatpants, leggings, yoga pants, pipe pants, cargo pants, camouflage pants, fatigues or extreme styles. Scrub bottoms of any type.</p> <p>Shorts are allowed only for sports or game activities and are not to be worn outside the recreation area.</p> <p>All denim is prohibited.</p>	<p>YES: Dresses and skirts are to be modest in length (no more than 2 inches above the knee) and professional in style. Clothing above the knee must be worn with hose. Sleeveless dresses are to be professional in style and cut so that undergarments cannot be seen.</p> <p>Dress or dress casual (khakis, corduroy, cotton) slacks/pants.</p> <p>NO: Jeans or jean style pants, dresses or skirts. Lycra stretch pants, leggings, sweat pants, jogging suits, capris, shorts, pipe pants, cargo pants, painter/carpenter pants, camouflage pants, fatigues or any pants above the ankle. Mini-skirts, skirts or dresses with extreme slits and tight, form-fitting styles. Scrub bottoms of any type.</p> <p>Shorts are allowed only for sports or game activities and are not to be worn outside the recreation area.</p> <p>All denim is prohibited.</p>
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<p>SHOES/HOSIERY</p>	<p>YES: Dress or dress casual shoes must be worn at all times. In patient care areas, neat and clean athletic shoes may be worn.</p> <p>NO: Sandals, clogs, flip-flops, or shoes without socks.</p> <p>In patient care areas, any shoes that impede ability to run or respond to codes.</p>	<p>YES: Dress or casual shoes, including sandals, must be worn at all times. In patient care areas, neat and clean athletic shoes may be worn.</p> <p>NO: Platform shoes, clogs, flip-flops, or excessively high-heels.</p> <p>In patient care areas, any shoes that impede ability to run or respond to codes.</p>
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<p>ACCESSORIES</p>	<p>YES: Simple accessories, such as pins, belts, ties, etc., as long as they are in good taste and appropriate for the clothing being worn.</p> <p>Hats may be worn if required as part of a uniform, or for safety/protective reasons when working inside or outside the building.</p> <p>NO: Hats, head-coverings, berets, or scarves on head. Decorative items such as fur, sequins, rhinestones, etc.</p> <p>Non-Ridgeview, personal pagers or personal cell phones, unless approved by manager for work-related purposes ONLY.</p>	<p>YES: Simple accessories, such as pins, belt scarves, etc., as long as they are in good taste and appropriate for the clothing being worn.</p> <p>Hats may be worn if required as part of a uniform, or for safety/protective reasons when working inside or outside the building.</p> <p>NO: Hats, head-coverings, berets, or scarves on head. Decorative items such as fur, sequins, rhinestones, etc.</p> <p>Non-Ridgeview, personal pagers or personal cell phones, unless approved by manager for work-related purposes ONLY.</p>
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CASUAL DAY GUIDELINES

Employee Casual Day is every Friday, unless otherwise instructed.

In addition to the general dress code guidelines above, employees may also add:

Denim dresses and skirts, appropriate fit and length.
Solid-colored jeans that are clean, neat and not tight. No holes, frays, bleached, stone-washed, patterned, low rise, hip-huggers, baggies, cargoes, carpenter/painter jeans or overalls.

Tee-shirts with the Ridgeview Institute logo only. No wording or pictures, especially depicting tobacco/ alcohol/drug and music, vacation/college/sports shirts. No wrinkled, faded, tie-dyed, frayed or cut off shirts. NO political slogan shirts or tee shirts.

RIDGEVIEW INSTITUTE SMYRNA POLICY AND PROCEDURE MANUAL

TITLE: DRESS CODE/PERSONAL APPEARANCE **REVISED:** 2/2022
EFFECTIVE DATE: 2/18 **REVIEWED:** 2/2022

I. POLICY:

Each employee of Ridgeview Institute is required to dress in a manner consistent with the mission of Ridgeview and the position held by the employee. Ridgeview expects employees to maintain a professional, neat, and well-groomed appearance at all times. Each employee is acting as a representative of Ridgeview in all work-related activities. Accordingly, the style of appearance, hygiene, and cleanliness of each employee should reflect respect for both clients served by Ridgeview and co-workers. Additionally, certain of the policy provisions are provided to ensure the safety of Ridgeview employees in the performance of their job duties.

Employees must dress in a conservative or “business casual” manner during work hours and while attending workshops or meetings as a representative of Ridgeview. Examples of such attire include: shirts with collars; pressed clean shirts, pants that are pressed clean; and skirts and dresses. Employees should wear shoes appropriate for their work assignments in consideration of their own safety as well as the safety of others.

No Ridgeview employee will be allowed to wear or display:

- Provocative attire of any kind. This includes, but is not limited to: low-cut, spaghetti strap, or strapless tops; skirts/dresses shorter than knee length; transparent clothing; or low-wasted pants.
- Attire with any designs, pictures, or writings which are inconsistent with the mission, philosophy, and teachings of Ridgeview. This includes, but is not limited to, clothing that could be interpreted as gang-affiliated.
- Inappropriate Tattoos.
- Jeans, t-shirts, shorts, or leggings.
- Athletic apparel unless involved in an activity with a Ridgeview patient warranting such attire. This includes, but is not limited to: t-shirts, sweat garments, or baseball hats.
- Fingernails or toenails of excessive length.
- Dangling or excessive amounts of jewelry.
- Nose, body, tongue, or facial rings.
- Flip-flops or thong-style shoes.
- Extreme Hair Styles or Colors

Ridgeview Institute- Smyrna

Associate Acknowledgement – Code of Conduct

I certify by my signature below, that I have received, read and understand Ridgeview Institute Smyrna's Code of Conduct. I understand I have an obligation to help Ridgeview Institute Smyrna prevent and detect fraud, waste and abuse and to comply with all Laws, Rules and Regulations.

I hereby certify my intention to act in complete accordance with the Code of Conduct, Compliance Manual, overall Compliance Program, and all Laws, Rules and Regulations.

I understand that my continued employment, engagement or continued business relationship with Ridgeview Institute Smyrna depends on my full compliance with the Code of Conduct, Compliance Manual, overall Compliance Program, and all Laws, Rules and Regulations.

I agree to report all suspected or actual violations of the Code of Conduct, Laws, Rules and Regulations, Compliance Manual or Compliance Program (including suspected fraud, waste and abuse) to either my immediate supervisor, the CO. Corporate Compliance hotline or Corporate Compliance email

Failure to report questionable conduct or practices, and actual or suspected violations of the Code of Conduct, Laws, Rules and Regulations, Compliance Manual or Compliance Program may lead to discipline, up to and including discharge or termination of any contractual arrangement with Ridgeview Institute Smyrna.

I understand that I can make good faith reports to the immediate supervisor, the CO or the Compliance Hotline without fear of retribution, retaliation or discipline.

Associate Name (printed) Date _____

Associate Name (signature)

RIDGEVIEW INSTITUTE SMYRNA POLICY AND PROCEDURE MANUAL

TITLE: SOCIAL MEDIA

REVISED:

EFFECTIVE DATE: 2/18

REVIEWED: 2/2020

PURPOSE

To provide guidelines outlining how Ridgeview Institute supports institutional communication goals through social media platforms as directed by US Healthvest, LLC or the 'Corporation.'

I. POLICY

The Corporation offers support of institutional communication goals, as well as provides social computing guidelines for Ridgeview staff engaging in online discourse and identifying themselves with Ridgeview Institute or discussing Ridgeview.

This policy is intended for internet activities that associate or identify a Ridgeview staff member with Ridgeview Institute, use Ridgeview email addresses, or discuss Ridgeview Institute. In keeping with policy, Ridgeview email addresses should not be used in conjunction with unofficial or personal social media accounts and profiles. This policy is not intended to guide online communications when employees do not associate or identify themselves with Ridgeview Institute or discuss Ridgeview.

II. DEFINITIONS

Content Owners, for the purpose of this policy, are those assigned the responsibility of maintaining, monitoring, and moderating a Ridgeview social media platform. Official communications refer to those done in Ridgeview's name, (e.g., Ridgeview Institute's Facebook page).

- A. Content Owner – Vice President responsible for monitoring, maintaining, and overseeing moderation of web content as assigned by the Corporation's CEO.
- B. Moderator – Assigned by Content Owner or by the Corporation CEO as the individual for moderating comments and postings by internal and external users, including deleting comments and postings that do not meet the criteria set forth in this policy.
- C. Social Media Platforms – Technology tools and online spaces for integrating and sharing user-generated content in order to engage constituencies in conversations and allow them to participate in content and community creation. Examples are Facebook, Twitter, LinkedIn, and YouTube.

IV. SPECIFIC INFORMATION

A. Official Institutional Social Media Communications:

1. Because of the evolving nature of social media platforms, these guidelines do not attempt to name every current and emerging platform. Rather, they apply to those cited and any other online platform available and emerging, including social networking sites and sites with user-generated content. Examples include, but are not limited to the following:

- Google
- Yelp
- Facebook
- Twitter
- LinkedIn

Social media content that is hosted internally and protected by Ridgeview ID/Password

2. Institutional representation via online social media platforms can only be initiated and authorized through efforts of the corporate business development department. Any sites or pages existing without prior authorization as required above are subject to review when discovered and may be amended or removed.

3. Content Owners, as named by the Corporation's CEO, are responsible for posting and using content and maintaining compliance with Ridgeview Policies and Procedures, HIPAA (Health Insurance Portability and Accountability Act) and policies related to Conflict of Interest, Privacy, Security, Safety and Human Resources. Content Owners are also required to keep abreast of changes in policies or functionality of the social media platforms in use and maintain compliance with terms of service.

4. Content Owners are responsible for monitoring, maintaining and moderating web content as follows:

a. Content is current and accurate.

b. Content Owners engage in communications that are acceptable in the Ridgeview workplace and respect copyrights and disclosures. Proprietary financial, intellectual property, patient care or similar sensitive or private content may not be revealed.

c. Content Owners are responsible for gaining the expressed consent of all involved parties for the right to distribution or publication of recordings, photos, images, video, text, slideshow presentations, artwork, and advertisements whether those rights are purchased or obtained without compensation.

d. Content Owners are responsible for consistently monitoring postings and comments to social media sites, and for deleting postings that do not adhere to our policies.

5. Content Owners and/or Moderators sign the Participation Guidelines Form, Attachment A of the policy. This form is renewable annually and is monitored by the Vice President responsible for social media and presented to the Corporation CEO for approval.

B. Guidelines for Online Professional or Personal Activity:

Online social media allows staff to engage in professional and personal conversations. These guidelines apply to staff who identify themselves with Ridgeview Institute in social media venues such as professional society blogs, LinkedIn, and/or Facebook, for deliberate professional engagement or casual conversation or discuss Ridgeview.

1. Follow the same Ridgeview Policies and Procedures, HIPAA, Conflict of Interest policy, Privacy and general civil behavior guidelines cited above including respecting copyrights and disclosures, and not revealing proprietary financial, intellectual property, patient care, or similar sensitive or private content.

2. If Ridgeview staff identify themselves as a member of Ridgeview staff in any online forum, staff make it clear that they are not speaking for Ridgeview, and what they say is representative of their individual personal views and opinions and not necessarily the views and opinions of Ridgeview.

3. Ridgeview staff are thoughtful about how they present themselves as a Ridgeview staff member in online networks. By virtue of identifying oneself as a part of Ridgeview in such a network, staff connect themselves to, and reflect upon, Ridgeview colleagues, managers, and even Ridgeview patients and families.

4. Remember that all content contributed on all platforms becomes immediately searchable and can be immediately shared. This content immediately leaves the contributing individual 'staff members' control forever.
5. If someone or some group offers to pay staff for participating in an online forum in their Ridgeview role, offers advertising for pay and/or for endorsement, this could constitute conflict of interest, and Ridgeview policies and guidelines apply.
6. If someone from the media or press contacts faculty or staff about posts made in online forums that relate to Ridgeview in any way, staff alert their manager/leadership and contact the CEO before responding. Ridgeview staff are not permitted to speak to members of media or press.
7. If a patient or family member posts complaints about service or other issues, review and follow the *SOP for Online Reviews*. Content Owners as assigned by the Corporation CEO or Moderators assigned by the Content Owners or by the Corporation CEO are the only staff permitted to respond to posts made by patients or patient's family members.
8. Job postings follow Ridgeview's Human Resources (HR) established policies and procedures. Social Media may not be used in place of HR processes.
9. The Vice President responsible for social media as assigned by the Corporation CEO provide official Ridgeview related information that may be appended to official Ridgeview social media sites.

Participation Guidelines

Thank you for participating with Ridgeview Institutes in social networking communities.

We ask that you treat others with respect, even if disagreements occur.

Ridgeview Institute reserves the right to delete postings, or block users, that it deems to be slanderous, unlawful, obscene, hateful, soliciting, threatening, abusive, harassing or an infringement of another's rights, including but not limited to intellectual property, privacy, or publicity rights. Ridgeview Institute also may remove from discussion threads any comments that are off topic, repetitive or "spam."

Remember that these are public forums and whatever information you share will be viewed by others and may be archived by various third parties. Consider this carefully before posting detailed personal information. Ridgeview Institute has no control over the policies and practices of third parties.

The information provided by Ridgeview Institute on these platforms is intended for educational purposes only. It is not intended as an endorsement or a substitute for professional medical advice, diagnosis, or treatment.

If you are an employee of Ridgeview Institute, all laws and Ridgeview Institute policies apply to your online activity. These include but are not limited to RI's social media policy as well as HIPAA, compliance, conflict of interest, security, and safety. You are responsible for reading and following these policies. Consult your manager if you have questions about your social media activity.

By participating with Ridgeview Institute in social networking communities, you agree to indemnify Ridgeview Institute against any damages, losses, liabilities, judgments, costs, or expenses arising out of a claim by a third party relating to any posts, comments, likes, shares, or other social media activity you have undertaken.

By signing this online participation guideline, I am aware of the policies and procedures related to online participation as a RI employee.

Staff Signature

Date

Staff Printed Name

Date

Camera and Video Surveillance

Ridgeview Institute-Smyrna uses camera and video surveillance in public areas. This excludes bathrooms, patient bedrooms, and exam rooms to monitor safety.

1. During the admission process, potential patients are notified of the use of cameras and Ridgeview Institute-Smyrna's video surveillance for safety.
 - a. The consent to treatment includes consent to be photographed (which becomes part of the medical record) for identification purposes. See Patient Identification Picture Procedure for more information.
 - b. The consent to treatment includes consent for video surveillance of all areas excluding bathrooms, patient bedrooms and exam rooms.
2. Bathrooms and patient bedrooms are not under camera or video surveillance. If individuals require monitoring in these areas, monitoring will be provided by the organization's trained employees, such as: MHT's, LPN's or RN's.
3. All video surveillance is treated as protected health information.
4. Patients, visitors and contract workers are not allowed to have or use personal audio or video recording devices of any kind at Ridgeview Institute-Smyrna.
5. Staff, contract staff, interns, students, volunteers, etc. are not allowed to use personal audio or video recording devices of any kind in patient areas.
6. A monitor is located at the nursing station in each inpatient unit that shows live camera views for that unit. The cameras may be viewed intermittently by staff assigned to the unit and as needed by the Charge RN of the unit to aid in milieu management.
7. Designated individuals in the organization (e.g. CEO, CNO, CFO, Risk Manager, IT staff) have access to view live cameras and view recorded videos.
8. Camera/video views are usually retained approximately 3 weeks.

EMPLOYEE ACKNOWLEDGMENT:

Signing below signifies that the Employee has read and understands the terms stated above.

Employee Signature

Date

PRINT NAME

RIDGEVIEW INSTITUTE- SMYRNA HOSPITAL POLICY AND PROCEDURE MANUAL

TITLE: Violence in the Workplace **REVISED:** February 2022

EFFECTIVE DATE: November 2014 **REVIEWED:** March 2023

APPROVED BY: _____ **DATE:** _____
MEDICAL DIRECTOR

I. POLICY

The RIDGEVIEW INSTITUTE- SMYRNA Hospital is committed to providing a safe and secure workplace for employees. It shall be the policy of RIS to provide, to the greatest degree as is possible, a workplace for its employees that is violence free.

II. DEFINITIONS

- A. Workplace violence is any physical assault, threatening behavior, or verbal abuse occurring in the work setting.
- B. A workplace may be any location either permanent or temporary where an employee performs any work-related duty.
 - 1. This includes, but is not limited to, the buildings and the surrounding perimeters, including the parking lots, field locations, clients' homes and traveling to and from work assignments.

III. MANAGEMENT COMMITMENT AND RESPONSIBILITIES

RIDGEVIEW INSTITUTE- SMYRNA shall comply with federal and state statutes, rules, regulations and or guidelines in making reasonable efforts to:

- A. Organizational concern for employee emotional and physical safety and health.
- B. Equal commitment to worker safety and health and patient/client safety.
- C. System of accountability for involved managers and employees.
- D. Create and disseminate a clear policy of zero tolerance for workplace violence.
- E. Ensure no reprisals are taken against employees who report incidents.
- F. Encourage employees to promptly report incidents and suggest ways to reduce or eliminate risks.
- G. Outline a comprehensive plan for maintaining security in the workplace.
- H. Assign responsibility and authority for program to individuals with appropriate training and skills.
- I. Affirm management commitment to worker supportive environment.
- J. Setup company briefings as part of the initial effort to address safety issues.

IV. EMPLOYEE RESPONSIBILITIES

- A. Understand and comply with the workplace violence prevention program and other safety and security measures.
- B. Participate in employee complaints or suggestion procedures covering safety and security concerns.
- C. Prompt and accurate reporting of violent incidents.

V. WORKPLACE ANALYSIS

- A. Step-by-step look at the workplace, to find existing or potential hazards for workplace violence.
- B. A "Threat Assessment Team", Patient Assault Team, or similar task force may assess the vulnerability to workplace violence and determine appropriate actions.
- C. Worksite Analysis Recommended Program
 - 1. Analyzing and tracking records
 - 2. Monitoring trends and analyzing incidents

3. Screening surveys
4. Analyzing workplace security

VI. HAZARD PREVENTION AND CONTROL

- A. Engineering controls and workplace adaptations remove the hazard from the workplace or create a barrier between the worker and the hazard.
- B. Administrative and work practice controls.
- C. Post Incident Response.

VII. TRAINING AND EDUCATION

- A. Ensure that all staff are aware of potential security hazards and ways of protecting themselves.
- B. Employees should understand concept of "Universal Precautions of Violence", i.e., that violence should be expected but can be avoided or mitigated through preparation.
- C. Employees should be instructed to limit physical interventions in workplace altercations unless designated emergency response team or security personnel are available,
- D. Training program should involve all employees, including supervisors and managers.
- E. Workplace violence prevention policy.
- F. Risk factors that cause or contribute to assaults.
- G. Early recognition of escalating behavior or warning signs.
- H. Ways to prevent volatile situations.
- I. Standard response action plan for violent situations.
- J. Location and operation of safety devices

VIII. RECORDKEEPING

- A. Recordkeeping and evaluation of the violence prevention program are necessary to determine overall effectiveness and identify deficiencies or changes that should be made
 1. OSHA Log of Injury and Illness (OSHA 300)
 2. Medical reports of work injuries assaults
 3. Incidents of abuse, verbal attacks, or aggressive behavior
 4. Information on patients with history of violence
 5. Minutes of safety meetings, records of hazard analyses, and corrective actions
 6. Records of all training programs

IX. EVALUATION

- A. Establish uniform violence reporting system and regular review of reports.
- B. Review report of minutes from staff meeting on safety issues.
- C. Analyze trends and rates in illness/injury or fatalities caused by violence.
- D. Measure improvement based on lowering frequency and severity of workplace violence.

X. COMMUNICATION

- A. To maintain a safe, healthy and secure workplace, we must have open communication among employees, including all levels of supervision. The open communication process includes, but is not limited to:
 1. Discussions of violence in the workplace during scheduled safety meetings.
 2. Posting or distributing information on violence in the workplace.
 3. Establish procedures to inform supervisors about violence in the workplace, hazards, or threats of violence.
- B. RIS shall provide an appropriate place for employees to discuss security concerns with assurance that necessary confidences will be maintained.

XI. TRAINING AND EDUCATION

- A. All employees, including all levels of supervision, will have training and instruction on general, job-specific, and work site-specific safety and security practices.
- B. Training and instruction will be on-going.

C. Training will be included as part of orientation of new employees.

D. General violence in the workplace training and instruction shall address at a minimum the following:

1. Explanation of the violence in the workplace policy as established.
2. Measures for reporting any violent acts or threats of violence.
3. Procedures to prevent workplace violence, including procedures for reporting workplace hazards or threats.
4. Ways to defuse hostile or threatening situations.
5. Measures to summon others for assistance.
6. Routes of escapes available to employees.
7. Procedures for notification of law enforcement authorities when a criminal act may have occurred.
8. Procedures for obtaining emergency medical care in the event of a violent act upon an employee.
9. Information on securing post-event trauma counseling for those employees desiring or needing such assistance.

RIDGEVIEW INSTITUTE SMYRNA
Personal Cell Phone and Electronic Use Guidelines

TITLE: Personal Cell Phone and Electronics Use

REVISED: 1/2023

EFFECTIVE DATE: 1/23

REVIEWED: 1/2023

Personal cellular phones usage is prohibited during work hours. Employees may check personal cellular phones **during breaks and meal breaks**. No hospital business is to be sent and/or received through personal electronic devices. This is imperative in order to protect patient confidentiality and HIPAA.

Employees whose job responsibilities include regular driving and accepting business calls are expected to refrain from using their phone while driving. Ridgeview Institute prohibits employee possession or use of cameras in the workplace, including camera phones as a preventative step that is necessary to secure patient and employee privacy.

During your breaks and meal break or if you are required to have a company cellphone it is important to follow proper cell phone *workplace etiquette* to help reduce the chances of you getting these privileges taken away onsite.

- Be aware of your ringtone. If you work in an area that requires you to answer your cell phone often, you may want to [download a ringtone](#) that sounds professional (no high pitches, isn't too loud, no obnoxious sounds, no profanity, etc.);
- Don't look at your phone during meetings. (**Place your phone on silence**)
- Don't place your phone on your lap;
- Focus on the person that should have your attention i.e., customer, client, coworker, supervisor, etc.
- Keep your personal calls private.
- Keep your phone out of sight.
- Don't engage in arguments over the phone while at work.
- Silence your device
- Earbuds and other devices are prohibited

Staff, contract staff, students and interns are not allowed to use personal audio or video recording of any kind in patient areas.

Violations of our cell phone and camera policy will result in future disciplinary actions up to including termination of employment. If you have any questions on the above information, please discuss it with your supervisor or Human Resources.

Acknowledge & Agreed:

Employee Print Name: _____

Employee Signature: _____ Date: _____

Ridgeview Institute - Smyrna
POLICY AND PROCEDURE MANUAL

TITLE: SMOKING POLICY REVISION: 1/5/22
EFFECTIVE DATE: 12/2018
SPP NUMBER: 1-10 REVIEWED: 1/5/22

POLICY

The Hospital is a non-smoking facility. Due to the acknowledged health and fire hazards, the facility adopts the policy of "Smoke Free Environment". The intention is to restrict smoking for the following reasons:

- To reduce the risks to patients associated with smoking.
- To reduce the risks to non-smoking patients and staff associated with secondhand smoke.
- To reduce the risk of fire in the facility.

PROCEDURE

1. The Hospital is a "Smoke Free Facility". Smoking is not allowed inside the building or in any of the facility transportation vehicles.
2. Patients, visitors, and staff may smoke, Chew of tobacco less products and vape only in designated areas outside the building.
3. Patients who have been approved to smoke by the medical staff will be permitted to smoke in designated smoking areas.
4. Where clinically approved, smoking materials will be managed and stored in designated safe areas and distributed by staff.
5. Staff should not smoke around Patients
6. Adolescent patients are not permitted to smoke.
7. All smoking areas will be located appropriately and may not be located in the direct path of entrances or breezeways into the buildings.
8. Combustible ashtrays or waste receptacles are not to be used in smoking areas and will be fire safety approved. Waste receptacles for smoking materials shall have covers or be enclosed to further reduce the risk of fire.

9. Designated smoking areas will receive increased surveillance and oversight to ensure ash materials and smoking debris are safely and appropriately disposed.



To: All RIS Employees, Contractors, and Interns

From: Shawn Hicks, Safety Officer

Please review below our hospital emergency /disaster management codes, guidelines, and procedures for any threatening calls. It is important for all staff to know and understand our emergency codes and to respond to potential threats.

As a reminder, it is important to always wear your badges at work. On the back of each badge are the hospital emergency codes.

As part of our safety, we have brought back the metal detector to the lobby and the front door lock is being fixed and replaced.

DISASTER PLAN-EMERGENCY CODES

PURPOSE:

Emergency codes define, describe, and communicate an emergency for the Hospital.

GUIDELINES:

1. The Hospital utilizes codes.
2. It is the responsibility of all staff members to know all emergency codes and to respond when indicated.
3. To overhead page a code situation, dial *00; wait for signal, then state the following three times: "Code" _____ (name) and _____ (location).
4. The codes are as follows:

CODE RED Indicates that there is a fire. Refer to event policy in this section (Emergency Management) of the EOC Manual for appropriate procedures.

CODE BLUE Indicates a cardiac, respiratory, or medical emergency. The emergency bag is to be brought to the code site.

CODE 22 Psychiatric Emergency

CODE GREEN Additional therapist support needed to Access or specific area.

Dr. HUSH Show of Force

CODE Yellow

Bioterrorism

CODE ORANGE

BUILDING UNSAFE: Event causing the building to be unsafe such as bomb/gas threat.

CODE 22-R

AWOL/Patient Elopement

CODE GREY

Workplace Violence Threat/Active Shooter

GUIDELINES:

The following procedure is designed to protect the Hospital against a real or potential threats.

When the Hospital is victimized by receipt of a **“bomb threat” “shooting” or “warning”**, our objectives are:

1. Maintain the Safety of patients and staff.
2. Prevent panic.
3. To have the facility searched and the situation eliminated as soon as possible.
4. To prevent/minimize publicity, since publicity could lead to additional crank calls.

The great majority of bomb threats and shooter threats are hoaxes. However, the problem is deciding which is a hoax and which is real. Therefore, each threat, until proven otherwise, must be handled as though it were the real thing.

Receipt of a Threat

The first line of a defense against a threat is the person receiving the threat, which is usually made by telephone. Should a threat be received by mail, the Hospital Administrator should be notified immediately, and document retained.

Should anyone receive a telephone threat, they will follow the procedure outlined below in securing the information from the caller.

The person receiving the threat must **REMAIN CALM**. Much can depend on the information which can be secured even from a short call.

PROCEDURE: for Person Receiving Threatening Calls

1. Be calm, courteous and listen. Do not interrupt the caller. If at all possible, notify another person. This person should call the Police dial 911. Also, if possible, have someone call the telephone company to request a trace of the call.
2. The person receiving the call should prolong the conversation as long as possible. Ask the caller to repeat the message. Note the exact time the call was received.

3. Ask specific question:
 - a. **Ask the caller's name?**
 - b. **Ask for additional information.**
4. Be alert for distinguishing background noises (music, traffic, voices, etc.).
5. Listen closely to the voice to determine sex, race, accent, voice quality.
6. When the caller hangs up, the person receiving the threat will immediately notify the Administrator (or his/her designee), and the Shawn Hicks, Safety Officer.
7. **PUTTING POTENTIAL THREAT PLAN INTO ACTION.**
 - A. Notify the Administration Office, Safety Officer, Administrator and/or Administrator on call (AOC).
 - B. Pass all information that was received in reference to the threat to the Administration Office
 - C. Remember to state only the facts and details of the call to the Administration Office
8. The person receiving the threat will write a complete report of the conversation.

PROCEDURE:

- A. During Business Hours, the Administrator will designate someone to immediately notify each Program Administrator and Leaders of the situation. During off-shift hours, the Nursing Supervisor will notify all staff of the situation.
- B. The Administrator or AOC in charge will assign someone to meet the Police Department upon arrival and direct them to the Administration Offices, and/or the person in charge. During regular business hours, the Director of Risk/PI (Shalette Lawton) will be the point person.
- C. Do not divulge to patients that a threat has been received.
- D. Wait for specific instructions from Administration, AOC, or Nurse Supervisor if threat is deemed a credible threat.
- E. When the "all clear" is given, return to normal operations.



Should you have any additional questions or concerns with the DISASTER PLAN-Guidelines, Procedures and the EMERGENCY CODES you can reach me directly at my office **extension 4011**.

Thank you for your cooperation and attention to this matter.

Acknowledge and Understand

Print Name _____

Signature _____

Date _____

Department _____



Unlawful Harassment

It is the policy of Ridgeview Institute that, as an employee, you and your work environment shall be free from all forms of unlawful harassment.

Conduct prohibited by this policy includes any conduct that denigrates or shows hostility toward another because of race, color, religion, sex, national origin, citizenship, age, disability, sexual orientation, veteran status, ancestry, marital status, victim of sexual or domestic violence, genetic information, and any category covered by applicable federal, state, or local law.

Prohibited behavior may include, but is not limited to, epithets, slurs, jokes, abusive language, negative stereotyping, intimidating or hostile acts, display or circulation of written or graphic material (including through e-mail), or any other verbal or physical conduct that relates to the protected characteristics covered by federal, state or local law. Conduct is also prohibited if it is based on a protected characteristic and has the purpose or effect of creating an intimidating, hostile or offensive work environment; has the purpose or effect of unreasonably interfering with an individual's work performance; or otherwise adversely affects an individual's employment opportunities. Unwanted verbal and physical conduct of a sexual nature by any employee, supervisor, manager or vendor, including sexual advances, requests for sexual favors or other such conduct is illegal and strictly prohibited.

What is Sexual Harassment?

Sexual Harassment refers to behavior that is not welcome, that is personally offensive, that fails to respect the rights of others, and therefore, interferes with our work effectiveness.

Sexual harassment is unwelcome sexual advances, request for sexual favors and other verbal or physical conduct of a sexual nature that either implies or clearly states that your employment is dependent on submission to such conduct or behavior. It also includes employment decisions that are made concerning you based on your submission to or rejection of such conduct and conduct that has the purpose or effect to create sexually intimidating, hostile or offensive work environment.

Sexual harassment may be overt or subtle. Whatever form it takes – verbal, non-verbal, or physical – sexual harassment is insulting and demeaning to the recipient and will not be tolerated in the workplace. The prohibition against sexual harassment applies not only to the workplace during normal business hours but also to all work-related social functions, whether on company property or not, and to business-related travel.



Examples of prohibited conduct:

- Unwanted touching
- Sexual innuendos, comments and remarks
- The use of profanity
- Unwanted comments or compliments about one's appearance or body
- Pictures, posters and gestures of a sexual nature

Reporting:

It is imperative that you be aware of the avenues for reporting harassment that are available to you. If you feel you are being subjected to sexual harassment in the workplace by a co-worker, manager, supervisor or other individual (whether employed by the Company or not), or if you believe your employment is being adversely affected by such conduct, you should report the alleged act immediately to your supervisor or Human Resources. Ridgeview Institute Ethics Line is also available to you as a reporting resource if you are uncomfortable raising the issue within Ridgeview Institute.

Investigation Process:

All complaints will be handled in a timely and confidential manner to the extent of practical in order to protect you, encourage the reporting of any incidents of sexual harassment, and protect the reputation of any employee wrongfully charged with sexual harassment.

All employees, managers and supervisors are expected to comply with this policy and cooperate in any investigation surrounding allegations of sexual harassment. Investigation of a complaint normally includes conferring with the parties involved and any named or apparent witnesses. You will not be subject to coercion, intimidation, retaliation, interference or discrimination for filing a complaint or assisting in an investigation.

Disciplinary Action:

Appropriate disciplinary action, up to and including termination, will be taken based on the outcome of the investigation and the seriousness of the offense.

ABUSE AND NEGLECT TEST

Employee Name _____

Date _____

Score _____

MATCHING:

- _____ 1. Emotional/Psychological Abuse
- _____ 2. Physical Abuse
- _____ 3. Sexual Abuse
- _____ 4. Self-Neglect
- _____ 5. Neglect
- _____ 6. Financial Exploitation
- _____ 7. Domestic Violence
- _____ 8. Abandonment

- A. Using physical force that may result in injury, pain, or impairment
- B. Non-consensual sexual contact of any kind
- C. Infliction of distress through verbal/non-verbal acts
- D. Failure of caretaker to provide the goods, services, or care necessary to maintain health and safety of a child/vulnerable adult
- E. Behavior by a person that jeopardizes his/her own well-being and threatens health or safety
- F. Improper/Illegal use of funds, property, or assets, typically by family, friend, or caregiver
- G. Desertion of child/vulnerable adult by someone who is responsible for care or physical custody
- H. Control of one partner of the other in a dating, marital, or live-in relationship

MULTIPLE CHOICE:

- _____ 9. Which of these is not possibly physical abuse?
 - A. An act or failure to act, which caused or may have caused physical injury.
 - B. Excessive force or corporal punishment
 - C. Using chemical or bodily restraints not in compliance with federal and state laws and regulations.
 - D. Using an approved restraint hold.

- _____ 10. Which of these are examples of sexual abuse of a patient?
 - A. Allowing coercive peer sexual interactions.
 - B. Flirting and sexual harassment.
 - C. Kissing and inappropriate touching of patients.
 - D. All are examples of sexual abuse of a patient.

- _____ 11. Withholding patient's food or not opening a bathroom for them because you are too busy charting, is an example of neglect:
 - A. True
 - B. False

- _____ 12. Which instance described below is either abuse or neglect?
- A. An employee forces a patient to clean several bathrooms as a punishment for cursing.
 - B. An employee uses an approved CPI technique to restrain a patient and the patient strains her elbow.
 - C. An employee shoves a patient out of the way causing the patient to bump his shoulder in the hallway.
 - D. An employee fails to complete documented 15-minute checks – as per policy.
 - E. A, C and D.
- _____ 13. The State Agency that is contacted regarding suspected abuse or neglect of a minor in a psychiatric hospital is:
- A. Department of Child Services.
 - B. The Attorney General's Office
 - C. Department of Social and Health Services
 - D. None of the above.
- _____ 14. Within what time frame should abuse and neglect be reported to a Supervisor?
- A. 3 Hours
 - B. Immediately
 - C. Doesn't matter, as long as it is reported.
 - D. 24 Hours
- _____ 15. If a patient reports abuse, but you do not believe them, when should you tell your supervisor?
- A. 3 Hours
 - B. Immediately
 - C. Doesn't matter, as long as it is reported.
 - D. 24 Hours
- _____ 16. Which of the actions below are not considered abuse?
- A. Proper use of restraint or seclusion, including CPI.
 - B. Actions taken in accordance with the hospital policies.
 - C. Approved behavior management plans written and signed by the physician.
 - D. All of the above.
- _____ 17. Acting or failing to act in such a way that leads to physical or emotional harm is an example of:
- A. Exploitation
 - B. Negligence
 - C. Sexual Abuse
 - D. None of the above
- _____ 18. Which is not abuse or neglect?
- A. Shoving and pushing a patient or using excessive force.
 - B. Cursing and name-calling directed towards a patient.
 - C. Failing to supervise patients as per policy (15-minute checks, etc.)
 - D. All are types of abuse and neglect.

_____ 19. Which one is not an example of an indicator of possible abuse or neglect?

- A. Verbal allegations.
- B. Bruises or burns in an unusual pattern.
- C. Injuries that the person cannot explain.
- D. All the above are indicators of possible abuse or neglect.

_____ 20. Incident reports are written:

- A. When abuse or neglect allegations are made by a patient or other person.
- B. When an unusual situation occurs in the milieu or during therapy activities.
- C. When a patient is transferred out of the hospital unexpectedly due to medical issues.
- D. For the purpose of tracking and learning from the situations to improve patient care.
- E. All the above.

Health Information Management / HIPAA Test

Name: _____ Date: _____

1. HIPAA stands for:
 - a. Health Information Portability and Accountability Act
 - b. Health Insurance Portability and Accountability Act

2. PHI stands for
 - a. Protected Health Information
 - b. Personal Health Information

3. A HIPAA violation can lead to civil and/or criminal penalties including fines and jail time.
 - a. True
 - b. False

4. The Notice of Privacy Practices informs patients of their rights to:
 - a. Inspect their medical record
 - b. Request amendments to their medical record
 - c. View a list of disclosures of their medical record
 - d. All of the above

5. Ridgeview Institute is required to make any changes to a medical record requested by a patient.
 - a. True
 - b. False

6. Under HIPAA, which information is protected?
 - a. PHI
 - b. Electronic records
 - c. Medical records
 - d. All of the above

7. The Privacy Officer of Ridgeview Institute is the:
 - a. Chief Nursing Officer
 - b. Director of Plant Operations
 - c. Director of Health information
 - d. Chief Executive Officer

8. Where should you throw away a patient's face sheet?
 - a. Any trash can
 - b. A shred bin

9. Organizations must respond to written requests for records within 30 days if on-site and 60 days if off-site.
 - a. True
 - b. False

10. Patient names, date of birth, social security number, medications are considered part of the individual identifying information.
 - a. True
 - b. False

Update 11/14/22 Score: _____

Name: _____

Date: _____

1. What constitutes an incident?
 - a. Any unexpected event that occurs within the facility or on facility grounds that involves a patient, employee, or visitor.
 - b. A life-threatening event ONLY that involves a patient.
 - c. A fall ONLY that involves a patient and results in injury.
 - d. Any event, based on clinical judgement

2. Incidents can involve:
 - a. Patients
 - b. Employees
 - c. Visitors
 - d. All of the above

3. Why are incident reports important? (Select all that apply)
 - a. Refresh your memory of the event
 - b. Trigger rapid response of staff and leadership
 - c. Facilitate decisions regarding repayment for lost belongings or property
 - d. Helps determine who was at fault

4. Whose responsibility is it to complete an incident report?
 - a. Only the Supervisor
 - b. Only the Nurse
 - c. Everyone's
 - d. Human Resources

5. What should NOT be included in an incident report? (Select all that apply)
 - a. Assumptions
 - b. Blame-Placing
 - c. Opinions
 - d. False Information
 - e. Objective Information and direct patient quotes

MATCHING:

- | | |
|---|--|
| 6. Adverse Drug Reaction Form _____ | A: Completed when a medication order is incorrect. |
| 7. Incident Report – Patients _____ | B: Completed, in addition to an Incident Report, when a patient sustains a fall. |
| 8. Incident Report – Staff/Visitors _____ | C: Completed when a patient suffers an allergic reaction to a medication |
| 9. Medication Incident _____ | D: Completed when an employee is bitten by a patient. |
| 10. Falls Progress Note _____ | E: Completed when a patient injures themselves |

RIDGEVIEW INSTITUTE – SMYRNA

Infection Control Test

Name: _____ Date: _____ Score: _____

1. Personal Protective Equipment (PPE) includes:
 - A. Gloves
 - B. Gown
 - C. Mask
 - D. All of the above

2. For how long should one wash their hands when using soap & water?
 - A. Under 10 seconds
 - B. At least 20 seconds
 - C. 40-60 seconds
 - D. It doesn't matter as long as your hands appear clean

3. What isolation required for MRSA?
 - A. No isolation required
 - B. Contact isolation
 - C. Droplet Isolation
 - D. All of the above

4. The human body is the ideal place for bacteria to thrive.
 - A. True
 - B. False

5. What's your action when you get NEEDLE STICK INJURY?
 - A. Wash the wound using running water and plenty of soap
 - B. Encourage the wound to gently bleed
 - C. Dry the wound and cover it with a waterproof dressing
 - D. Seek urgent medical advice, Report the injury to the House Supervisor
 - E. Complete an incident report
 - F. All of the above

6. Soap and water should be used to wash one's hands after caring for a patient with C. Difficile or other spore-producing bacteria.
 - A. True
 - B. False

Ridgeview Institute
HANDWASHING DEMONSTRATION CHECKLIST

Employee Name Printed: _____

Date: _____

Dept.: _____

Checklist: (all points must be done correctly to pass)

Place checkmark in "Passed" column if step is done correctly:

Handwashing Procedure	Met	Note Met
1. Wet hands and lower forearms under warm water.		
2. With hands lower than elbows, apply soap.		
3. Use friction to clean forearms, wrists, back of hands, palm, fingers, between fingers, under fingernails for at least 10 seconds.		
4. Rinse with fingertips down for at least 10 seconds.		
5. Blot hands dry with paper towel.		
6. Use paper towel to turn off faucet and not touch any surfaces.		
7. Describe use and location of alcohol-based hand rub.		
8. States reason for use of lotion as part of hand skin care.		

Evaluator Signature: _____

Employee Signature: _____

Committed to Quality Care

"Our Patients are Important!"



Rasheedah A.

Patient Advocate

770-434-4567 Ext. 2014

Patient *rights* are the following:

1. To participate in all decisions involving the patient's care or treatment.
2. To be informed about whether the hospital is participating in teaching programs, and to provide informed consent prior to being included in any clinical trials relating to the patient's care.
3. To refuse any drug test, procedure, or treatment and to be informed of the risks and benefits of this action.
4. To care and treatment that is respectful, recognizes a person's dignity, cultural value and religious beliefs, and provides for personal privacy to the extent possible during the course of treatment.
5. To know the names, professional status, and experience of the staff that are providing care or treatment to the patient.
6. To receive, upon request:
 - a. Prior to initiation of care or treatment, the estimated average charge to the patient for non-emergent care.
 - b. The general billing procedure.
 - c. An itemized bill that identifies treatment and services by date.
7. To give informed consent for all treatment and procedures.
8. To register complaints with the hospital and to the Georgia Department of Community Health and to be informed of the procedure for registering complaints including contact information.
9. To be free of abuse and neglect.
10. To be free of the inappropriate use of restraints.
11. Except in emergency situations, patients are only accepted for care and services when the hospital can meet their identified and reasonable anticipated care, treatment and service needs.
12. Care delivered by the health care entity in accordance with the needs of the patient.
13. To confidentiality of medical records.
14. To receive care in a safe setting.
15. To disclosure as to whether referrals to other providers are entities in which the hospital has a financial interest.
16. To formulate advance directives and have the health care entity comply with such directives, as applicable and in compliance with applicable state status.
17. To effective communication. Interpretation services are available. Hearing/vision accessory devices are available. The patient has the right to access people outside the hospital by means of visitors and by verbal or written communication.
18. To be informed of the hospital rules and regulations applicable to the patient's conduct.

Patient *responsibilities* are the following:

1. To provide, to the best of his/her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to the patient's health.
2. To report unexpected changes in his/her condition to the responsible practitioner.
3. To report whether he/she clearly comprehends the proposed treatment course and what the expectations are.
4. To follow the treatment plan.
5. To follow instructions of the nurses and allied health professionals as they carry out the treatment plan, physician's orders, and enforce the applicable hospital rules and regulations.
6. The patient is responsible for the outcomes of refusing treatment or not following the treatment plan.
7. Assuring that the financial obligations of his/her health care are fulfilled as promptly as possible.
8. Following hospital rules and regulations affecting patient care and conduct.
9. Being considerate of the rights of other patients and hospital personnel. The patient is responsible for being respectful of the property of other patients and the hospital.

If you feel as if your rights have been violated there is a process in the hospital for addressing any complaints or concerns. All complaints are taken seriously and a thorough investigation is completed. No retaliation will be taken against a patient for report of any rights violations or complaints.

Complaints within the facility may be directed to: The Patient Advocate
770-434-4568
3995 South Cobb Drive
Smyrna, GA 30080

You may also direct complaints to: Georgia Department of Community Health
Division of Healthcare Facility Regulation
Complaint Intake: 1-800-878-6442
Fax: 404-657-5731
2 Peachtree Street NW
Atlanta, GA 30303

**RIDGEVIEW INSTITUTE-SMYRNA
POLICY AND PROCEDURE MANUAL**

TITLE: Patient Rights
 EFFECTIVE DATE: 1/18
 REVISED: 1/2013
 REVISED: 1/2013

POLICY

It is the policy of Ridgeview Institute-Smyrna to ensure that all patients receive a copy of the Patient's Bill of Rights. This includes, but is not limited to, the right of participation of those rights, both in their primary language and in simple non-technical terms. We will strive to identify and respect all patient rights without regard to race, religion, creed, ethnicity, gender, age, sexual orientation, or health status and shall support and promote the fundamental human and constitutional and statutory rights of the individual patient and recognize and respect personal rights of the patient at all times.

PROCEDURE

1. Prior to admission, each individual shall be provided with a copy of the Patient's Bill of Rights form and a verbal explanation of those rights in their primary language in simple non-technical language. The minor's parent, managing conservator or legal guardian will be given the patient's Bill of Rights form. The information is provided in a manner tailored to the patient's age, language and ability to understand.
2. If the individual's primary language is not English, an interpreter shall be obtained per hospital policy to explain the Patient's Bill of Rights in the patient's primary language. If the patient is hearing impaired, an interpreter shall be obtained per hospital policy to explain the Patient's Bill of Rights in sign language or other appropriate mode of communications.
3. The method used to communicate the information is designed for effective communication, tailored to meet each person's ability to comprehend and respond to any visual or hearing impairment.
4. When the individual receiving services is unable or unwilling to sign the document, which confirms that rights have been orally communicated, a brief explanation of the reason should be entered into that document along with the signatures of the person who explained the rights and a third party witness, preferably by a family member, legal guardian or friend (if available) or by another staff member.
5. A copy of the Patient's Bill of Rights form shall be displayed prominently at all times in each of the following locations: waiting room and lobby areas, cafeteria, dayrooms, recreational rooms, and any other areas frequented by persons receiving services. Copies shall also be available at these locations to anyone requesting a copy.
6. Patient Rights include the following rights:
 - a. to participate in all decisions involving the patient's care or treatment
 - b. to be informed about whether the hospital is participating in teaching programs, and to provide

patient's health

- b. to report unexpected changes in his/her condition to the responsible practitioner
- c. to report whether he/she clearly comprehends the proposed treatment course and what the expectations are
- d. to follow the treatment plan
- e. to follow instructions of the nurses and allied health professionals as they carry out the treatment plan, physician's orders, and enforce the applicable hospital rules and regulations
- f. the patient is responsible for the outcomes of refusing treatment or not following the treatment plan
- g. for assuring that the financial obligations of his/her health care are fulfilled as promptly as possible
- h. for following hospital rules and regulations affecting patient care and conduct, and for being considerate of the rights of other patients and hospital personnel. The patient is responsible for being respectful of the property of other patients and the hospital.
8. The patient shall receive upon admission the patient's rights & responsibilities, when possible.
9. There will be a posting of a clear and unambiguous notice in a public location of the hospital specifying that complaints may be registered at the hospital, the department, and with the appropriate oversight board. Upon request, the hospital will provide the patient and any interested person with contact information for registering complaints.
10. Patient rights are guaranteed. However, under special circumstances certain rights may be limited or restricted as part of emergency and non-emergency interventions. Rights may be limited:
 - a. Only to the extent that the limitation necessary to maintain the patient's physical and/or emotional well-being or to protect another person.
 - b. The physician's order which will specify the right being restricted, clinical justification for the restriction and the time limit for the restriction. The time limit for the restriction:
 - (1) No restriction and able to care for self daily and/or
 - (2) Order for watch requires a minimum of one year
 - (3) Restriction to access to outside care requires a minimum of one year
 - (4) Restriction to personal property, other than:
 - (a) Restriction from having visitors, other than:
 - (1) Any other restriction every other day
 - (2) Any restriction removal must be in writing
 - (5) Any limitation of rights will be included in the patient's Master Treatment Plan
 - c. The patient will be informed of all other applicable policies, forms and forms procedures and
 - d. if a patient has a limitation on rights to be used

- informed consent prior to being included in any clinical trials relating to the patient's care
1. to refuse any drug test, procedure or treatment and to be informed of risks and benefits of the action.
 2. to refuse and to abstain from, respectful recognizes a person's dignity, cultural ration and religious beliefs, and provides for personal privacy to the extent possible during the course of treatment.
 3. to know the names of the staff of the unit and members of the staff that are providing care or treatment to the patient
 4. to receive, upon request:
 - (1) prior to initiation of care or treatment, the estimated average charge to the patient for non-emergent care
 - (2) the general billing procedure
 - (3) an itemized bill that identifies treatment and services by date
 5. to give informed consent for all treatment and procedures
 6. to register complaints with the hospital and to the Georgia Department of Public Health and Environment and to be informed of the procedure for registering complaints including contact information
 7. to be free of abuse and neglect
 8. to be free of the inappropriate use of restraints
 9. except in emergency situations, patients are only accepted for care and services when the hospital can meet their identified and reasonable anticipated care, treatment and service needs
 10. care delivered by the health care entity in accordance with the needs of the patient
 11. confidentiality of medical records
 12. to receive care in a safe setting
 13. disclose as to whether referrals to other providers are entities in which the hospital has a financial interest
 14. to formulate advance directives and have the health care entity comply with such directives, as applicable and in compliance with applicable state status
 15. for effective communication (interpretation services are available. Hearing/vision accessory devices are available. The patient has the right to access to people outside the hospital by means of visitors and by verbal and written communication.)
 16. to be informed of the hospital rules and regulations applicable to the patient's conduct

7. Patient responsibilities include

- a. to provide to the best of his/her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to the
 - (1) a return on commitment or as a means of controlling an individual by instilling fear
 - (2) for the convenience of staff or as a consequence of insufficient staff, or
 - (3) as a substitute for a master treatment plan
- b. The patient's therapist will be responsible (with consent) for notifying the family, guardian (without consent) or a significant other of the restriction, as appropriate
- c. The physician and treatment team must release all restrictions placed on patients
- d. Any limitation or right will not:
 - (1) Deprive an individual of a basic human need (food, clothing, etc.)
 - (2) Use techniques that could result in failure to provide a nutritious, adequate diet. Foods used as edible reinforcement within a behavior intervention program are evaluated by the treatment team, including the dietician and physician, with consideration of the patient's nutritional status, needs and preferences.
- e. Rights which may not be limited:
 - a. The right to have unrestricted visits from attorney, internal doctor, or private physician, with the consent of the patient
 - b. To communicate by mailed mail with the state department, local legal counsel and with any court which has jurisdiction over the patient
 - c. To humane care
 - d. To the extent that the hospital's equipment and personnel are available, the right to medical care and treatment in accordance with accepted medical practice and standards
 - e. To safe and sanitary housing
 - f. To not participate in non-painful tests
 - g. To receive prompt evaluation and care, treatment, and rehabilitation when the patient is informed, conscious, and the patient is capable of understanding
 - h. To be treated with dignity and respect
 - i. To not be the subject of experimental or clinical trials without prior informed consent
 - j. To have access to information with a copy of the records at the patient's own expense
 - k. To be evaluated and treated in the least restrictive environment
 - l. To not be subjected to any medical treatment without consent, unless treatment is provided in an emergency situation
 - m. To a hearing with staff if the patient is not satisfied
 - n. To be free from abuse, neglect and mistreatment
- f. Alleged violation of Patient Rights

