



New Employee Orientation

Reference Materials

2020



SHARP AGENDA



San Diego's Health Care Leader™

NEW EMPLOYEE ORIENTATION AGENDA

MORNING

8:00 – 9:00	Welcome Onboarding paperwork
9:00 – 9:20	Introductions NEO Facilitators: Allyson Alexander, Katie Beardsley, Anita Caro, Justin Dorow, Denise Phan, Rachelle Rhodes, Ingrid Salazar, Lorraine Vargas, Kala Waddington
9:20 – 9:30	Organizational Overview History, Facilities & Organizational Structure
9:30 – 9:40	Mission, Vision, Values and Philosophy
9:40 – 10:45	Sharp Experience Pillars of Excellence, Five Must Haves, Behavioral Standards, AIDET, Principles and Performance Target Goals <u>Video: Sharp Experience Documentary</u>
10:45 – 10:55	Morning Break
10:55 – 11:35	Clinical Effectiveness and Quality Speaker: Samantha Crandall, Cheryl Dailey, Lisa Kelley, Alexandra Perreiter, Diana Schultz, Jeanine Wagner-Woods Patient Safety and Quality Improvement, Quality Vision, Goals and Aims, RL Solutions, Six Sigma
11:35 – 12:20	Benefits Speaker: Curtis Carter, Jennifer Corrington, Kathy Materiale, Renada Peters Benefit Coverage - Medical, Dental, Insurance, PTO, ESI, Employee Assistance, Intranet – Benefits, Sharp Saver Retirement Plan, Tax Deferred Annuity Program, Credit Union
12:20 – 1:00	Lunch & Employee Badges

AFTERNOON

1:00 – 1:20

Infection Control

Breaking the Chain, Hand Hygiene, Universal/Standard Precautions, TB- controlling the spread, Water and Bio-Hazardous Waste Disposal, Isolation Precautions

1:20 – 1:30

Code of Conduct

Compliance Program, Code of Conduct Booklet, Employee Responsibilities and Guidelines

1:30 – 1:55

Health Insurance Portability and Accountability Act (HIPAA)

Responsibility and Prevention
Reporting Privacy Breaches

1:55 – 2:15

Safety

Environmental Health-Safety Structure, Workplace Hazard Communication, SDS, Electrical/Radiation Safety, Waste Stream Management, Disaster (Earthquake, Fire) Manual, Emergency, Triage and Fire Codes, Workers' Compensation

Complete and turn in the following paperwork:

- New Employee Orientation Checklist
- Certification form (from the Code of Conduct booklet)

*** Complete and turn in the NEO Evaluation form when the session ends at 4:30 pm.*

2:15 – 2:35

Security

Speaker: Kenneth Jolly, Howard Labore

Workplace Violence Prevention, Hospital/Clinic Security

2:35 – 2:45

Afternoon Break

2:45 – 3:00

Information Systems

Speaker: Tim Fruitman, Starla Rivers, RJ Stevens

3:00 – 3:10

Patient's Rights and Services

Patient's Bill of Rights and Responsibilities, Advance Directives, Organ/Tissue Donation, Senior Resources, Mandatory Staff Reporting and Domestic Violence Screening

3:10 – 3:40

Human Resources

Equal Employment Opportunity, Unlawful Harassment, Appearance Standards, Primary Language, Workplace Violence Prevention, Clinical Reassignment, Attendance Guidelines, Employee Performance and Appraisals

3:40 – 4:30

Payroll

Pay Periods, Rest and Meal Periods

Thank you for choosing Sharp HealthCare! We wish you the best!



ENVIRONMENT OF CARE



Employees' Role in Healthcare Safety

Sharp HealthCare is committed to providing a safe, secure and healthy environment for its patients, visitors, staff, physicians and volunteers. Employees are responsible for their own safety as well as the safety of coworkers and patients. Being knowledgeable of hospital practices regarding emergency response and general safety is an important part of your role at Sharp HealthCare.

General Safety

Awareness is a key component of personal safety. Give each task your full attention. Be alert to potential hazards such as spills, broken equipment or frayed electrical cords. Promptly bring environmental hazards to the attention of your Manager, the Administrative Liaison or to the hospital Safety Officer. Other options available for employees to report safety concerns include:

- Worker Identified Safety Hazard (WISH) report to identify an unsafe condition or to offer suggestions to make the work environment safer. A WISH form can be submitted anonymously. For more information on submitting a WISH report, refer to Policy & Procedure #18604.99 *WISH: Worker Identified Safety Hazard Reports*.
- Safety Form: an online form to report a safety concern, a great idea or to recognize a job well done. The Safety Form can be found on the Safety page on SharpNET.
- Work Order Request: an online form to request Engineering or Maintenance assistance in resolving an issue with the physical environment, equipment, etc. Work Order Requests can be accessed on SharpNET.

Entity	Safety Officer	Telephone	Patient Safety Officer	Telephone
Sharp Coronado Hospital	Cameron Milbrandt	(619) 522-3635	Kim Mueller	(619) 522-3677
Sharp Chula Vista Medical Center	Kathy Muth	(619) 502-3486	Karen Simpson	(619) 502-5348
Sharp Grossmont Hospital	Joe Burdenski	(619) 740-4722	Tametha Stroh	619) 740-5120
	Kevin Gubbe	(619) 740-4585		
Sharp HealthCare Corporate Sharp Health Plan		(858) 499-5238	Cheryl Dailey	(858) 499-3110
Sharp Memorial Metropolitan Campus (SMMC)				
Sharp Memorial Hospital Sharp Mary Birch Hospital for Women and Newborns Sharp Home Health Sharp Outpatient Pavilion Senior Health Centers Sharp Mesa Vista Hospital Sharp McDonald Center Sharp Senior Center	Renee Grand Pre Gerry Vizcocho Mark Clark	(858) 939-3345 (858) 939- 3132 or (858) 499- 5238 (858) 939-3526	Patricia Atkins	(858) 939-3797 (858)-499-3525

For more information on safety, refer to Policy & Procedure #18612.99 *Safety - Safe Workplace Guidelines*.

Injury Prevention and Reporting

Sharp has implemented a comprehensive Injury and Illness Prevention Program (IIPP) designed to prevent and/or reduce the severity of workplace accidents, injuries and illnesses. Implementation of Sharp's IIPP requires the participation of everyone, and its success is based on each team member performing his/her function as required and contributing to the provision of a healthy and safe work environment. Questions should be addressed to your entity specific Safety Officer. Additionally, employee responsibilities include:

- Completing assigned education and training with regard to health and safety procedures
- Identifying minor workplace hazards and attempting to correct when safe to do so (such as water or coffee spills on floors).

- Reporting any environmental condition or hazard, which may, or is perceived, to negatively affect the health and/or well-being of the building occupants (excluding emergency conditions). These may include odors, noise, ventilation, or unaccounted for medical symptoms, which may indicate the potential for an unhealthful exposure or safety hazard. Reference: *Environmental Complaint #18607.99*. To report anonymously, use the WISH form (P&P #18604.99).
- Reporting any accident, injury/illness or near miss to your supervisor immediately.
- Participating in safe work practices by monitoring your work environment for hazards and by using personal protective equipment (PPE) appropriate to the task being performed.

Employees who are injured, regardless of severity, are expected to report the injury immediately and no later than the end of the shift in which the injury occurred. Employees are strongly encouraged to report near misses as a means of preventing future injuries. For more information, refer to Policy & Procedure *Injury and Illness Prevention Program #18603.00*.

- SHC employees requiring medical care should go to the nearest Employee Occupational Health Department (EOHD) for all non-emergent occupational injuries, including blood/body fluid exposures.
- Sharp Rees-Stealy (SRS) employees should go to the nearest Occupational Medicine Department.
- SCOR employees should go to SCOR Emergency Department for medical care.
- After hours or weekends, all injured employees should go to the nearest SRS Urgent Care or SHC Emergency Department.

Blood/Body Fluid Exposures:

All employees are expected to actively participate in the prevention of blood/body fluid exposures, sharps injuries and splash exposures, including the safe handling of sharps and use of personal protective equipment to minimize the potential for exposure. Prevention practices include:

- Standard precautions shall be observed to prevent contact with blood or other potentially infectious materials.
- Wear PPE appropriate to the task being performed.
- Facial protection shall be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious material may be generated and eye, nose, or mouth contamination can be reasonably anticipated.
- Adherence with safe needle/sharps practices.

Employees who sustain a blood/body fluid exposure should report to EOHD for medical evaluation within 2 hours of the exposure. EOHD administers post exposure protocols for employees who sustain a blood or body fluid exposure (see policy #05100.00 for *Blood & Body Fluid Exposure Control Plan*). When EOHD is closed, the Emergency Department will initiate exposure procedures for employees.

Safe Patient Mobilization:

Sharp HealthCare recognizes the critical role that mobility has in a patient's healing process. We also recognize the value of each of our patient caregivers and the potential life-changing consequences related to injuries caused by unsafe patient mobilizations. Safe patient mobilization programs have been implemented in all areas of this organization. Your use of the mobility equipment will help assure your safety and increase our patient's mobility. Refer to Safe Patient Mobilization P&P #18618.

Security

All employees are reminded to wear their Sharp badge at all times when on SHC property. The badge should have the employee photo visible and be physically displayed between the neck and the waistline.

Other Security practices include:

- Securing all personal belongings or leave them at home.
- Being alert to potential theft or vandalism on hospital property.
- Not allowing another car or person to follow you through a secure gate or door, called "tailgating" or "piggybacking". This is one of the most common security breaches in health care and holds the potential to cause personal violence, physical damage or breaches of PII/HPI.
- If you see someone without a badge, politely ask him or her to display it and thank him or her for making Sharp a safer place to work, practice medicine and receive care. If an individual does not have a badge, escort that person to the security desk or call security for assistance.

If you see a situation that warrants assistance, do not intervene, contact Security by calling Customer Information Center (CIC, formerly called PBX) by dialing "0" or * * * if it is urgent. You may request a Security escort to your car 24/7 by contacting CIC. For offsite locations check with your supervisor for site-specific protocols.

Hazardous Materials

As required by regulations including the California Hazardous Substances and Training Act, employees have the "Right to Know" that hazardous chemicals exist in the workplace and that SHC has a written Hazard Communication Program designed to inform and educate employees regarding risks associated with the use and exposure to hazardous substances in the work environment. Informing staff of hazards associated with hazardous chemicals will also help to ensure the safety of employees, patients, and visitors. Communication of information about the hazards associated with their use will be provided by way of proper identification, inventories, labeling, Safety Data Sheets (SDS), personal protective equipment, and training of employees who routinely work with them and to those whom exposure is possible.

Product labels are the key to personal protection. All products containing hazardous materials must have manufacturer labels containing appropriate hazard warnings on them. Safety Data Sheets also provide an important source of information on how to safely use, handle, store and dispose of hazardous waste. SDS are available electronically through *SharpNET* (selecting *SDS*) or by calling the 3E Company at 1(800) 451-8346. If there is a hazardous material spill, dial * * * and request assistance immediately. (For Sharp Mesa Vista Hospital: between the hours of 10:30pm and 7am contact a staff member through emergency paging.) For offsite locations check with your supervisor for site specific protocols.

Proper segregation of wastes, including biohazardous and pharmaceutical waste, is required by various regulatory agencies and is important for the safety of our patients and staff. For specific guidance on proper segregation and disposal of waste, please contact your supervisor or refer to Sharp HealthCare's *Medical/Pharmaceutical Waste Stream Summary* located as an attachment to Policy & Procedure #18306.99. For more information on the proper handling of chemicals, refer to Policy & Procedure #18309.99 *Hazard Communication* and #18308.01 *Chemical Spill Response*.

Fire Safety (Life Safety)

Fire doors designed to contain a fire for a minimum of one hour are present throughout the hospital. Fire doors with magnetic latches will close automatically during activation of the fire alarm system and are never to be blocked or propped open.

Fire drills are conducted to evaluate our employee's state-of-readiness and to educate our employees on fire prevention and response. Each drill will be critiqued by a Facilities Engineering Manager for performance of staff and fire safety equipment to determine if correct actions were taken and if fire safety equipment and systems operated as designed. Trained staff on any patient care unit is empowered to turn off unit based utilities, including medical gases, if contributing to a fire, giving appropriate consideration to the effect that shutting off the utility may have on the patients.

"Code Red" is the overhead announcement used to inform staff of a fire-related event at all Sharp HealthCare facilities. You should listen for the location of the fire. If the fire is at or near your location, follow the directions of the nursing lead/manager; otherwise continue caring for your patients. Upon activation of a Code Red close all doors and windows to patient rooms; patient care can continue. Remain alert for instructions via overhead paging.

In the event of a fire in your area, follow the **R.A.C.E.**

R **Rescue** anyone from immediate danger

A Sound the **alarm** by pulling the nearest fire alarm (where available) and then dialing *** to report a Code Red.

(For Sharp Mesa Vista Hospital: between the hours of 10:30pm and 7:00am contact a staff member for emergency paging). Give the Operator your name, the exact location, size and type of fire.

C **Contain** the fire by closing doors and windows. Remove in-use items from corridors.

E **Evacuate** or **Extinguish** the fire.

Employees can attempt to extinguish a fire when it is in its incipient stage and it is small and controllable. To use a fire extinguisher for incipient fires remember the acronym **P.A.S.S.**:

P **Pull** the pin

A **Aim** at base of fire

S **Squeeze** the handle

S **Sweep** from side to side

All staff should be familiar with evacuation routes and fire alarm pull box and fire extinguisher locations. Evacuate to an adjacent area behind the closest set of fire doors if you are in immediate danger or if you are requested to do so by the Administrative Liaison or Nursing Lead/Manager. Typical evacuation process includes:

- Immediate Room /Area Evacuation (Horizontal): Evacuate all people from the immediate fire area first.

- Intermediate Evacuation: Patients and staff who are in direct danger shall be relocated into an adjacent smoke/fire compartment.
- Extended Evacuation: Staff will escort visitors, ambulatory patients and wheel chair patients to an adjacent smoke/fire compartment (on the other side of the corridor smoke/fire barrier doors, which separate smoke/fire compartments) if that area is accessible and safe.

Do not use elevators during an evacuation.

“Code Red Return to Duty” will be announced overhead once the fire danger has passed. At that time, all procedures return to normal. For more information, refer to Policy & Procedure #02200.00 Fire Plan and #02216.00 Fire Response Team Plan.

Emergency Codes – Hospitals ONLY

Codes are called any time an incident necessitates a predetermined response from trained individuals anywhere in the hospital. To report an incident, dial * * * and report the appropriate code and its exact location.

Code	Event	Response
Code Red	Fire	Support staff responds by following the procedures under Fire Safety described above.
Code Blue	Cardiac arrest	Trained medical personnel respond. Available physicians assist as applicable.
Code Green	Disturbance with potential violence	Trained staff members only respond. Leave the area if possible.
Code Yellow	Intruder with a weapon or hostage situation	Authorized staff members only respond. Leave the area if possible.
Code Triage	Internal or external disaster	Follow the procedures described below under disasters.
Code Purple	Infant abduction	Key staff members respond. Report suspicious activity to security.
Code Pink	Infant cardiac arrest	Used primarily at facilities with Maternal/Infant Services.

Note: For System and off site locations, dial 9-911. Sites may have site-specific codes in addition to the ones listed above.

Emergency Preparedness and Disaster (Code Triage):

Sharp HealthCare’s emergency management plan follows the principles of the Incident Command System (ICS) used by County, State and local emergency responders. The Hospital Incident Command System (HICS) is based on ICS and is customized for hospital use. HICS is standard operating procedure upon activation of the disaster plan.

As there are many different threats or hazards, SHC follows an “all hazards” approach to emergency management. The probability that a specific hazard will impact an organization is hard to determine so it is important to consider many different threats and hazards and the likelihood they will occur. In developing an all hazards preparedness plan, potential hazards are identified, vulnerabilities assessed and potential impacts analyzed. The assessment identifies threats or hazards and opportunities for prevention and mitigation.

- Each facility has an Emergency Operations Plan (EOP) that is used to identify actions that may be implemented in reaction to a wide range of natural and manmade events that may disrupt normal operations. The EOP guides our response actions to ensure they are timely, integrated, and coordinated. SHC has an app, MyEOP that is available for download. This app provides information applicable to work and home. Information is also available on the Emergency Preparedness page on SharpNET.
- Each facility develops a site specific Hazard Vulnerability Analysis (HVA) that is used to evaluate potential risks for a facility. The HVA provides a systematic approach to recognizing hazards that may affect demand for the hospitals services or its ability to provide those services. The risks associated with each hazard are analyzed to prioritize planning, mitigation, response and recovery activities. The HVA is reviewed annually and as needed throughout the year based on events.

- Each facility participates in drills/exercises to test its response to a variety of events. Some of the exercises involve community resources including other healthcare organizations, County Public Health Preparedness and Response, Office of Emergency Services, as well as local fire and law enforcement.
- A disaster may be called when the Emergency Department is unable to handle a large influx of patients, or when hospital systems or infrastructure are no longer able to provide uncompromised care for the patients in-house.
- Disasters may be internal (such as fire or power outage) or external (such as a major accident, earthquake, wildfire) or an event in a neighboring community.
- Employee roles and responsibilities during a disaster may include:
 - On duty staff is to report to their department and await further instructions from their Supervisor.
 - Reassure and communicate with patients/residents and visitors.
 - Prepare to receive victims from the event.
- The hospital operator will notify staff of the disaster by announcing "Code Triage".
- Each hospital has a cache of supplies and equipment for use in responding to events as well as food and water.
- In addition to normal communications (e.g. telephone landlines, email, etc.) each facility has secondary (redundant) forms of communication for use in an event where normal telephone landlines are inoperable. These may include satellite phones, hand-held radios, GETS cards, etc.
- Should the scope of an event make it dangerous for patients, visitors, or employees to leave the facility, shelter-in-place procedures may be implemented. Likewise, should an event be of a scope that the facility is declared unsafe, evacuation plans will be implemented.
- Sharp HealthCare has an emergency notification system, Sharp ENS, which can be used to notify employees of an event in real time. Sharp ENS will contact employees through the contact information they provide in Lawson. Disaster phone and Sharp email are required contact methods, but you can choose additional notification methods such as a text to your cell phone, a voice message to your landline, or an email to your personal email address. You can add these additional contact methods by updating your Disaster Contact information in Lawson on SharpNET. **Please note that if you choose not to provide additional contact methods, emergency notifications will only be sent to your sharp.com email address.**
- During a catastrophic incident, employees can get information via the Employee Crisis Information Line (858/499-LINK), SharpNET, or from KOGO 600 AM radio for announcements.
- Report to the Medical or Non-Medical labor pool if you are an off-duty employee arriving to assist in the "Code Triage". Hospital identification badges will be required to gain access to the facility.
- For more information on emergency preparedness refer to the Emergency Preparedness page on SharpNET, or contact your site specific Safety Officer or Sharp HealthCare's Director of Emergency Preparedness, Sharon Carlson, at 858-499-5144. You can also stay connected during events through the following sites:
 - Sharp.com
 - Sharp HealthCare Facebook page: www.facebook.com/sharphealthcare
 - Sharp's Twitter feed: www.twitter.com/sharphealthcare

Equipment Safety:

All electrical equipment brought into the hospitals, including loaner, patient-supplied, and physician owned devices, must be safety tested and approved by Biomedical Engineering (medical equipment) or Facilities Engineering (all other electrical equipment) prior to use in the hospital. Report known or suspected defective or malfunctioning medical equipment or devices to your Manager, the Administrative Liaison, or Patient Safety Officer immediately regardless of ownership. Remove the defective device from service including all equipment and supplies attached to the device and any/all packaging, and sequester the item. **Do not change any settings, remove disposables, or attempt to repair the device. Never release the device to BioMed or the vendor for repair or, if the device is physician owned or patient-supplied, allow the device to be removed from the facility. For more information contact your site Patient Safety Officer.** Refer to Policy & Procedure #06010.99 Defective Medical Device (Equipment/Product/Supplies).

Except in limited circumstances, patient supplied medical devices are excluded from Sharp HealthCare facilities during a patient's hospitalization. Refer to Patient-Supplied Medical Device Policy #18006.99 for information on types of devices allowed and criteria for use.

The use of cellular phones is not recommended, and the use of two-way radios is restricted (except in a life-threatening event or failure of the telephone communication system) in the following areas:

- Intensive Care Units
- Telemetry Units
- Labor & Delivery
- Surgical areas, including OR and PACU
- Endoscopy

- Emergency/Trauma Departments
- MRI / CT / Imaging
- Interventional Radiology and Cardiac Cath Labs

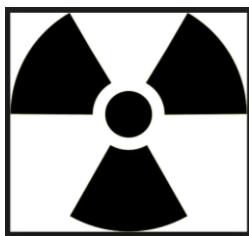
Cordless phones approved and issued by Sharp HealthCare may be used in all areas without restriction. For information on the types of electrical equipment allowed in the facilities, refer to Policy & Procedure #18611 *Electrical & Appliance Safety*.

Utilities:

Red electrical outlets are designated for use during loss of normal power. Critical medical equipment should be plugged into red electrical outlets whenever possible. In the event of a power loss, staff will verify that critical devices are plugged into an emergency outlet and if needed, unplug device and re-plug into emergency outlet. Each unit has staff that has been trained and is authorized to shut off medical gas during an event.

The Hospitals have System Failure plans detailing what to expect and how to respond to a variety of system failures including electricity, water and sewer.

Radiation and Laser Safety:



Radiation Trefoil

It is your responsibility when performing procedures involving radiation to minimize exposure to yourself and your patient. Follow the three Radiation Safety principles for protection: Time, Distance and Shielding when in areas where radiation producing equipment or radioactive materials are used. If your job responsibilities routinely expose you to radiation, you may request a Personal Record Dosimeter (PRD) from the department manager or the Radiation Safety Officer (PSO). For problems or questions concerning radiation safety, call your hospital's Radiation Safety Officer or for facilities without an RSO, your site's Medical Director of Radiology. A Radiation Trefoil marks areas where radiation is used.

Laser Safety:

LASER is an acronym, which stands for Light Amplification by Stimulated Emission of Radiation. The laser produces an intense and directional beam of light. The human body is vulnerable to the output of medical lasers, and under certain circumstances, exposure can result in damage to the eye or skin. Medical lasers are used in SHC Surgical Suites and in select SHC imaging areas. Appropriate personal protective devices must be used during all surgical laser procedures. Eye protection is required. It is your responsibility to adhere to the laser safety precautions identified in the Sharp HealthCare Laser policies and to use all personal protective devices required during medical laser procedures. If you have questions or concerns regarding laser safety, contact your facility Laser Safety Officer, or the SHC System Laser Safety Officer.

MRI Safety:

Magnetic resonance imaging (MRI) is a medical imaging technique used in Imaging to visualize detailed internal structures. The MRI machine uses a powerful magnetic field and radio frequency fields to produce images. The powerful magnetic field of the MRI imaging system can attract certain metallic objects known as 'ferromagnetic' objects, causing them to move suddenly and with great force towards the center of the MRI imaging system. This may pose a risk to the patient or anyone in the way of the object. Screening will be conducted by MRI Imaging staff prior to entering MRI/ Imaging room. Staff will assure that you remove all metallic objects before entering. This will include watches, jewelry, and items of clothing that have metallic threads or fasteners. If you have questions or concerns regarding MRI safety, contact your facility MRI Manager. Remember, the magnet is ALWAYS on.

Infection Prevention:

Take appropriate precautions when handling needles or sharps of any type. Surgical procedures utilize a safe passing zone for sharps for your protection and for the protection of all surgical staff. Approved sharps containers are to be used for disposing of all needles or sharps. Safety devices, when available, are to be used.

Standard Precautions – Standard precautions are a set of practices used to prevent transmission of diseases that can be acquired by contact with blood, body fluids, non-intact skin (including rashes), and mucous membranes. Use these measures when providing care to all individuals. Whenever blood or body fluids present the potential for exposure, use of appropriate precautions, including personal protective equipment/clothing, to protect yourself are required.

Follow Transmission-Based precautions for any patient with known or suspected infections listed below (Signage is shown in "quotes"):

- “Airborne” Precautions - (TB, chickenpox, measles, novel or unknown aerosol transmissible diseases). Respirator masks (N95 mask or Powered Air Purifying Respirator (PAPR)) required upon entry to room. Physician needs approval of the County Department of Public Health at time of discharge to assure continuity of treatment for TB.
- “Contact” Precautions - (lice, scabies, zoster, C. difficile, MRSA, VRE, ESBL, Acinetobacter baumannii or any significant organism as identified per the system Infection Prevention departments) Refer to SHC Policy #05300 Transmission Based Precautions for complete list- requires gown and gloves upon entry (SCOR, SCVMC, SGH), gloves only upon entry, gowns when in contact with patient or patient’s environment, (SMH, SMBHWN).
- “Droplet” Precautions - (Meningococcus, Influenza, Mumps) –requires standard mask upon entry to room.
- “Stop” sign - childhood diseases for which immunity may be present (chickenpox, measles etc.) is posted as a secondary sign, if not immune precautions posted will need to be taken (droplet, airborne).

Prevention of Hospital Associated Infections:

Prevention of central line associated blood stream infections:

- The “central line bundle” has five components:
 - Hand hygiene.
 - Maximal barrier precautions upon insertion.
 - Chlorhexidine skin antisepsis, infant less than 30 wks gestation use Povidone iodine.
 - Optimal catheter site selection (the subclavian vein is the preferred site for non-tunneled catheters in adults. Avoid femoral site).
 - Daily review of line necessity with prompt removal of unnecessary lines.
- Prevention of surgical site infections:
 - Appropriate hair removal.
 - Appropriate antibiotic selection.
 - Prophylactic antibiotic received within one hour prior to surgical incision (2 hours if vancomycin or quinolone).
 - Prophylactic antibiotics discontinued within 24 hours after surgery end time (48 hours for cardiac patients).
 - Postoperative serum glucose control.
- Reducing transmission of multi-drug resistant organisms:
 - Hand hygiene.
 - Decontamination of the environment and equipment.
 - Active surveillance.
 - Contact precautions for infected and colonized patients.
 - Device bundles (central line, Foley catheter and ventilator bundle).

Reminder – Hand hygiene can be achieved either by washing your hands with traditional soap and water (for visibly soiled hands) or with waterless hand sanitizer.

For questions related to infection prevention, please contact your site Infection Preventionist.

For assistance on safety related topics please contact your site Safety Officer.



POLICIES & PROCEDURES



Sharp HealthCare Policies & Procedures

1. Acceptable Use of Information and Information Technology
2. Attendance
3. Clinical Reassignment
4. Compliance Program
5. Dress Code / Appearance Standards
6. Equal Employment Opportunity
7. Harassment, Discrimination, Retaliation and Complaint Procedures
(copies of this policy in alternate languages can be found in SharpNET)
8. Lactation Accommodation
9. Primary Language
10. Reporting Fraud, Misconduct and Non-Retaliation
11. Social Media / Networking Websites
12. Software Code of Ethics - Copyright Laws
13. Violence in the Workplace: Policy and Prevention Plan

Please note: It is always recommended that you go to SharpNET to reference the most current version of the policies.



Current Status: *Active*

PolicyStat ID: 6769492



Origination: 8/1/2001
Effective: 8/9/2019
Last Approved: 8/9/2019
Last Revised: 8/9/2019
Next Review: 8/8/2022
Owner: *Starla Rivers: ITRM PRGM
MGR-GRC*
Policy Area: *Information Systems*
References: *All Sharp HealthCare,
Information Systems, Policy*
Applicability: *Sharp Healthcare System-wide*

Acceptable Use of Information & Information Assets, 13521

I. PURPOSE

To establish requirements and standards for appropriate use of information, data, applications and systems accessible through the use of Sharp's computer network.

II. DEFINITIONS

Bandwidth: The amount of data that can be sent through a network connection; generally measured in bits per second (bps).

Cloud Storage is a model of internet storage where data is stored outside of Sharp HealthCare in data centers hosted by third parties (e.g. DropBox, YouSendIt, iCloud, SkyDrive, OneDrive).

Cracking: Using computer technology to discover someone else's password.

Electronic Media means:

1. Electronic storage material on which data is or may be recorded electronically, including, for example, devices in computers (hard drives) and any removable / transportable media;
 - a. **Removable / transportable media** includes magnetic tape or disk, optical disk, and digital memory cards. Also included are flash memory devices such as smartphones, tablet computers, thumb drives, cameras, MP3 players and PDAs; removable hard drives (including hard drive-based MP3) players; optical disks such as CD and DVD disks; floppy disks and any commercial music and software disks. Any use of such a device is strictly monitored within Sharp and should not be used without proper authorization.
2. Transmission media include, for example, the Internet, extranet or intranet, leased lines, dial-up lines, private networks, and the physical movement of removable / transportable electronic storage media. Certain transmissions, including of paper, via facsimile, and of voice, via telephone, are not considered to be transmission via electronic media if the information being exchanged did not exist in electronic form immediately before the transmission.

Hacking: Gaining, or attempting to gain access to computer resources without authorization.

Information Assets: Generally include Sensitive Information, electronic media, and software (e.g. mission

critical applications and support systems). Information Assets will be protected from unauthorized or inappropriate access, use, disclosure, alteration, destruction, and / or theft.

Information System means an interconnected set of information resources under the same direct management control that shares common functionality. A system normally includes hardware, software, electronic media, information, data, applications, communications, and people.

Personal Device: Any general computing and/or personal mobile device not provided and maintained by Sharp HealthCare. These devices may include, but are not limited to, desktop computers, laptop computers, netbooks, tablets, slates, and smartphones.

Removable / Transportable Media includes magnetic tape or disk, optical disk, and digital memory cards. Also included are flash memory devices such as smartphones, tablet computers, thumb drives, cameras, MP3 players and PDAs; removable hard drives (including hard drive-based MP3) players; optical disks such as CD and DVD disks; floppy disks and any commercial music and software disks. Any use of such a device is strictly monitored within Sharp and should not be used without proper authorization.

Sensitive Data: Any information classified as Restricted or Proprietary, as defined in the Sharp policy #01950.99 Confidentiality of Information.

User: Person eligible and authorized to use electronic information and information assets on the Sharp HealthCare network.

III. TEXT

1. Applicability

This policy applies to all users of Sharp HealthCare information assets (including computers, computer systems, networks and devices), whether affiliated with the organization or not, and to all uses of those information resources, whether on premises or from remote locations. Additional guidelines may be established by ISD to apply to specific computers, computer systems, networks, applications or emerging technologies.

2. Requirements

A. Legal

A user of Sharp HealthCare information technology shall comply with all federal, state, and other applicable laws; all applicable organization rules and policies; and all applicable contracts and licenses. Examples of such laws, rules, policies, contracts, and licenses include, but are not limited to, the laws related to libel, invasion or breach of privacy, copyrights, trademarks, patents, and child pornography; the Electronic Communications Privacy Act and the Computer Fraud and Abuse Act, which prohibit "hacking", "cracking", and similar activities; Sharp Healthcare's Commitment to Principles; the organization's sexual harassment policy; and all applicable software licenses. Users who engage in electronic communications with persons in other states or countries or on other systems or networks should be aware that they may also be subject to the laws of those other states and countries and the rules and policies of those other systems and networks. Users are responsible for ascertaining, understanding, and complying with the laws, rules, policies, contracts, and licenses applicable to their particular uses.

The procurement, installation and use of all information technology shall be coordinated with, reviewed by and approved by the IS department before contractual commitments, purchase and installation occurs. All software shall be procured from IS-approved vendors in accordance with policy #13011.99 "Computer Software Use and Installation".

Information asset expenditures will not be reimbursed from Expense Report forms, unless specifically approved by the SVP/CIO in advance of purchase.

B. Authorized

A user of Sharp HealthCare information assets shall use only those information resources which they are authorized to use and use them only in the manner and to the extent authorized. Ability to access information assets does not, by itself, imply authorization to do so.

Users are responsible for ascertaining what authorizations are necessary and for obtaining them before proceeding. Accounts and passwords may not, under any circumstances, be shared with, or used by, persons other than those to whom they have been assigned by the organization.

Modifications to Sharp workstation configurations or addition of non-standard devices or software to the Sharp network must be pre-authorized by the Information Services Department. Remote access to the network must be through an established gateway and not by individual modem without explicit authorization from the Information Systems Department.

A user of Sharp HealthCare information technology shall respect the privacy of other users and their accounts, regardless of whether those accounts are securely protected. The ability to access other persons' accounts does not, by itself, imply authorization to do so. Users are responsible for ascertaining what authorizations are necessary and for obtaining them before proceeding.

C. Reasonable

A user of Sharp HealthCare information assets shall respect the finite capacity of those resources (including bandwidth, disk space and CPU time) and limit use so as not to consume an unreasonable amount of those resources or to interfere unreasonably with the activity of other users.

D. Personal

A user of Sharp HealthCare information technology shall not use those resources for personal commercial purposes or for personal financial or other gain. Incidental personal use of Sharp HealthCare information technology for other purposes is permitted when the use

1. does not unreasonably consume those resources;
2. does not interfere with the performance of the user's job or other Sharp HealthCare responsibilities;
3. does not consume an unreasonable amount of the user's time;
4. does not expose Sharp Healthcare information technology to known or unreasonable risk of compromise or data loss
5. is otherwise in compliance with this policy.

Personal Devices such as digital music players (e.g. iPods), USB storage devices, and other non-Sharp owned or controlled devices should not be attached to Sharp's information assets.

Further limits may be imposed upon personal use in accordance with normal supervisory oversight. Questions about appropriate use should be addressed to direct supervisor or department management.

E. Web Browsing, E-Mail and Sharp HealthCare Communications

E-Mail and calendar systems are designed to facilitate the communication of business ideas and materials pertinent to the operation of the organization.

Announcements, bulletins, and documents deemed by management to be of value and interest to the well-being of employees may be an integral part of the system. All broadcast e-mail (unsolicited messages sent to more than 50 Sharp HealthCare e-mail addresses across departments) must be submitted to and approved by Corporate Communications. Refer to Sharp policies #04800 Electronic

Communication and #13523 Mass Electronic Communication for more information.

Communications across the Internet, (world wide web) and e-mail systems shall be professional and appropriate for the workplace or group setting. Sharp e-mail may not be used for personal solicitations or advertising. Propagation of e-mail chain letters is specifically prohibited.

Falsifying mail headers or routing information so as to obscure the origins of e-mail or mail routes is forbidden. Altering the content of a message attributed to another is not permitted unless the changes are explicitly noted.

Access to world wide websites from company computers is restricted to sites which are free from content which may be objectionable to other users. Common kinds of inappropriate sites include those containing nudity and sexually explicit material. Others include sites that promote or depict discrimination, violence, profanity, or illegal activities. Humor sites may also be objectionable depending upon subject matter.

Access to individual world wide websites will also be restricted if any such website may pose a security risk to Sharp's information systems. Security risks include but are not limited to the potential of viruses, spyware, worms, Trojan horses, or other harmful features. In addition, any websites that generate levels of traffic sufficient to impede others' ability to use computer resources at Sharp will be prohibited.

F. Representing Sharp HealthCare

A user of Sharp HealthCare information technology shall not state or imply that they speak on behalf of the organization or use Sharp HealthCare trademarks and logos without authorization to do so. Affiliation with the organization does not, by itself, imply authorization to speak on behalf of Sharp HealthCare. Authorization to use Sharp HealthCare trademarks and logos on the organization's information technology may be granted only by Corporate Communications. The use of appropriate disclaimers is encouraged. Adherence to other Sharp policies governing publications that pertain to electronic and computer media is required.

3. Enforcement

Users who violate this policy may be denied access to Sharp HealthCare information assets and may be subject to other penalties and disciplinary action, both within and outside of the organization. Violations will normally be handled through the organization's procedures applicable to the relevant user. However, the organization may temporarily suspend or block access to an account, prior to the initiation or completion of such procedures, when it reasonably appears necessary to do so in order to protect the integrity, security, or functionality of Sharp HealthCare or other information technology or to protect the organization from liability. See Sharp Corrective Action Policy #04306

4. Security

The organization employs various measures to protect the security of its information assets and of their users' accounts. However, the organization cannot guarantee security. Users should therefore learn and engage in "safe computing" practices by establishing appropriate access restrictions for their accounts, keeping the network virus-free, guarding their passwords, and changing them regularly.

5. Expectation of Privacy

Sharp HealthCare information assets are not private. For example, communications made by means of Sharp HealthCare information assets are subject to California's Public Records Law to the same extent as they would be if made on paper. Further, Sharp has the right to routinely access or monitor individual and aggregate usage of its information assets, perform normal operation and maintenance of Sharp HealthCare information technology including the backup and caching of data and communications, the logging of activity, the monitoring of general usage patterns, and other such activities that are necessary for rendering or providing service. In addition, the organization may, without notice, specifically seek out

and access the activity and accounts of individual users of Sharp HealthCare information assets, including but not limited to, all logs and contents of Sharp owned or controlled electronic media, communication applications or record entries when:

- A. The user has voluntarily made them accessible to the public, as by posting to Usenet or a web page;
- B. It is necessary for Sharp HealthCare work and business-related reasons (e.g. a person is on vacation or sick leave and access to files is needed to further institution business);
- C. It reasonably appears necessary to do so to protect the integrity, security, or functionality of Sharp HealthCare or other information technology or to protect the organization from liability;
- D. There is reasonable cause to believe that the user has violated, or is violating, this policy;
- E. An account appears to be engaged in unusual or unusually excessive activity, as indicated by the monitoring of general activity and usage patterns; or
- F. It is otherwise permitted by law.

Any access or monitoring, other than that specified above, required by law, or necessary to respond to perceived emergency situations, shall be authorized in advance by Human Resources, the Chief Information Officer and the head of the unit which employs the individual. The organization, in its discretion, may disclose the results of access or monitoring, including the contents and records of individual communications, to appropriate Sharp HealthCare personnel or law enforcement agencies and may use those results in appropriate disciplinary proceedings.

6. Information Protection

Every authorized user of Sharp's information and computer resources shall be responsible to know basic computing skills and appropriate information management practices, including information transferred from Sharp's computer network to other media (i.e., printers, fax machines, or removable / transportable media). If Sharp information is saved to personally owned laptops, home computers and devices, the devices shall be used and maintained in compliance with regulatory and company standards to preserve information asset confidentiality and integrity in accordance with Sharp policy #13919 Personal Device Policy. Knowledge or evidence of information security breaches shall be reported immediately to Sharp's Information Security department or to the Compliance hotline.

Storage of Sensitive Data in Cloud Storage environments that are not managed or otherwise explicitly approved by the Sharp HealthCare Chief Privacy Officer and / or Chief Information Security Officer is specifically prohibited.

IV. REFERENCES:

- A. The Ohio State University Policy on Responsible Use of University Computing Resources (May 10, 2000)
http://cio.ohio-state.edu/policies/use_policy.html
- B. Oregon Health & Science University Acceptable Use of Computing Resources (March 1, 2001)
http://www.ohsu.edu/policy/chapt_8/8-20-010.htm
- C. Wood, Charles Cresson Information Security Policies Made Easy [8th edition, 2001; Publisher: PentaSafe Security Technologies, Houston, TX, USA

V. ORIGINATOR:

Information Systems Dept.

VI. LEGAL REFERENCES:

Computer Fraud and Abuse Act, Electronic Communications Privacy Act, Confidentiality of Medical Information Act, Health Insurance Portability & Accountability Act (HIPAA)

VII. CROSS-REFERENCES:

- A. 01950.99 Confidentiality of Information
- B. 04306 Corrective Action
- C. 04800 Electronic Communication
- D. 13011.99 Allowed Computer Software Use and Installation
- E. 13919 Personal Device Policy
- F. 13523 Mass Electronic Communication

VIII. ATTACHMENTS:

None

IX. APPROVALS:

- A. System Policy & Procedure Steering Cmte – 08/01
- B. Information Systems Security Advisory Committee - 11/04; 07/05, 02/07; 05/07; 04/10; 07/13; 07/16; 07/19

Note: Reviewed and recommended for adoption by:

- 1. ISD Management,
- 2. HR – Employee & Labor Relations
- 3. Sharp Legal Department
- 4. CEO and Executive Staff

X. REPLACES:

- A. System #13101.99 – "Internet Access"

XI. HISTORY:

System #13521; originally dtd. 08/01

Revised\Reviewed: 11/04, 07/05, 02/07; 05/07; 05/10; 08/13; 08/16; 08/19

Attachments:

No Attachments

Approval Signatures

Step Description	Approver	Date
Administrator	Karen Whitten: POLICY & PROCEDURE COORD	8/9/2019
	Starla Rivers: ITRM PRGM MGR-GRC	8/6/2019

Applicability

Chula Vista, Copley, Coronado, Grossmont, HLA Lab, HealthPlan, Mary Birch, McDonald Center, Memorial, Mesa Vista, Sharp HealthCare, Sharp Rees Stealy, System Services

COPY



Current Status: Active

PolicyStat ID: 3488358



Origination: 4/1/1996
Effective: 1/1/2017
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Next Review: 1/1/2020
Owner: Janet Villalobos: DIR HR-SDHA
Policy Area: Human Resources
References: All Sharp HealthCare, Attendance, policy & procedure, TJC-Human Resources
Applicability: Sharp Healthcare System-wide

Attendance, 04511.99

I. PURPOSE

To provide guidelines for attendance standards and corrective action guidelines for unprotected work absences. Attendance is considered to be part of the employee's overall performance and Unscheduled Absences can affect the Coaching and Corrective Action Process.

Attendance is not considered a separate track in the Coaching and Corrective Action Process. For example: If an employee is in a written warning for other performance issues and incurs 5 Unscheduled Absences, the employee may be moved into a final written warning.

II. DEFINITIONS

- A. **Protected Absences** – Absences protected by law or regulation. Protected Absences are not considered "Unscheduled Absences" nor subject to corrective action or considered when determining below standard performance. (See **Leave of Absence** Policy #04001.)
- B. **Unscheduled Absence** – Failure to report to the department ready to work at the scheduled start time of the shift, leaving prior to the end of the scheduled shift, or returning late from a scheduled break or meal period, or other unexcused interruption of the shift. An Unscheduled Absence can include a full (entire scheduled shift) or partial (portion of scheduled shift) absence from work. Example: Unscheduled partial absences – If an employee takes two hours of Sick Leave and the employee fails to report to work for the agreed upon remainder of their scheduled portion of the shift, the failure to report for the remaining scheduled portion of the shift will be considered one full unscheduled absence and may result in corrective action
- C. **Pattern** – Any noticeable recurring absence from work, scheduled or unscheduled that occurs.
- D. **Occurrence**- Any single day of unscheduled absence, or an unscheduled consecutive number of days uninterrupted by a return to work. Example – A two day unscheduled/unprotected absence would be equal to one occurrence/unscheduled absence.
- E. **Scheduled Absence** – Absence when management has given advance approval of employee's request for time off from work.
- F. **Job Abandonment** – When an employee does not report to work or call in to report an absence for scheduled work hours for **3 consecutive days or shifts**, the employee will be considered to have abandoned the employee's job and is subject to discharge from employment.

- G. **Regular Status Employee** – A full-time or part-time employee who has successfully completed the introductory period.
- H. **Introductory Employee** – An employee that has not completed 90 calendar days of continuous new employment with Sharp HealthCare.
- I. **Per Diem Employee** – An employee who works variable hours and supplements department staffing.
- J. **Human Resources (HR)** – HR will be the administrator to determine the intent of the policy with the inclusion of management. HR will provide interpretation on Protected Absences (see Definitions).

III. TEXT

All employees are expected to report to work as scheduled. When an employee determines he/she is unable to report for his/her scheduled shift, he/she must contact management (or the designated person approved by management) a minimum of two (2) hours prior to the start of the shift, unless otherwise directed by management.

Employees are responsible for requesting time off, sufficiently in advance of their scheduled shift to permit management to consider the request and to accommodate the request where practical.

Each department can establish a specific period of time the request must be made. Generally, time off should be requested during the time period in which a new work schedule is being prepared.

For example, if a work schedule is posted 30 days in advance, a request for time off should be made in advance of the posting of the new schedule.

When unscheduled absences indicate a pattern, management may impose appropriate corrective action, up to and including termination, without following the corrective action guidelines set forth in this Policy.

Legally Protected Absences/Occurrences will not be subject to the corrective action process. There may be circumstances for example, when an employee does not return from a scheduled doctor's appointment in which that absence could qualify for other leave protections such as Family Medical Leave or Americans with Disability Act (ADA). Management should contact HR for guidance.

IV. PROCEDURE

- A. The Informal Corrective Action Process should be utilized prior to the employee reaching the number of Unscheduled Absences that may result in Formal Corrective Action.

The Coaching and Corrective Action Process for below standard attendance performance can begin at any time and should be reviewed on a case by case basis considering:

- The 12-month period,
- Employee's overall work attendance,
- The pattern, frequency and combination of Unscheduled Absences,
- Impact on operations.

1. Introductory Period Employees: Corrective Action Guidelines for any combination of Unscheduled Absences

- 1. Absence: Written Warning
- 2. Absences: Final Written Warning
- 3. Absences: Discharge

The level of corrective action remains in effect once an employee moves to Regular Status.

Example: If an employee has a final written warning and incurs an unscheduled absence, the employee is subject to discharge of employment.

2. Corrective Action Guidelines for Unscheduled Absences: (Please work with your HR department to validate incidents)

3	Verbal Clarification
4	Written Clarification
5	Written Warning
6	Final Written Warning
7	Discharge

B. Failure to Report to Work Advance Notice and Guidelines for Corrective Action:

- First failure to report for scheduled day - **Written Warning**
- Second failure to report for scheduled day – **Final Written Warning**
- Job Abandonment: Three consecutive days away from scheduled work without proper notification - **Discharge**

C. Unacceptable Absence Patterns and Guidelines for Corrective Action

It is the manager's responsibility to monitor absence patterns of all employees. Examples with unacceptable patterns include but are not limited to:

1. A pattern of Unscheduled Absences on Fridays or Mondays or following or proceeding other consecutively scheduled days off.
2. Unscheduled Absence after denial of a request for scheduled time off.
3. A pattern of Unscheduled Absences on the first workday following payday.
4. Unscheduled Absence before/after office closure or approved vacation day.

V. REFERENCES:

None

VI. ORIGINATOR:

Human Resources

VII. LEGAL REFERENCES:

None

VIII. ACCREDITATION:

TJC-HR

IX. CROSS REFERENCES:

- A. Policy #04001 – Leave of Absence

- B. Policy #04002 – Paid Leave
- C. Policy #04306 – Corrective Action

X. APPROVALS

- A. Policy & Procedure Steering Committee – 04/96
- B. Human Resources Division – 09/95, 02/00, 06/02, 06/03; 02/06; 05/06, 07/09, 04/11; 06/14; 01/16; 04/16

XI. REPLACES

- A. System 04511.01, originally dtd. 04/96
- B. SMH #2004, originally dtd. 12/91

XII. HISTORY:

System #04511; originally dtd. 04/96

Reviewed\Revised: 02/00; 06/02-changed to P&P document 04511.99 and included all entities; combined Attendance Guidelines;06/03-revised; 02/06; 05/06; 07/09; 04/11; 06/14; 01/16- Occurrences changed.

Reviewed by Labor Counsel; 04/16 – Occurrence definition added; 01/17 -revised

Attachments:

No Attachments

Applicability

Chula Vista, Copley, Coronado, Grossmont, HLA Lab, HealthPlan, Mary Birch, McDonald Center, Memorial, Mesa Vista, Sharp HealthCare, Sharp Rees Stealy, System Services



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Next Review: 5/31/2020
Owner: Janet Villalobos: DIR HR-SDHA
Policy Area: Human Resources
References: All Sharp HealthCare, Employee Relations, policy & procedure, TJC-Human Resources
Applicability: Sharp Healthcare System-wide

Clinical Reassignment, 04310.99

I. PURPOSE:

To establish guidelines for employees to request a reassignment of clinical duties due to a conflict in beliefs values and practices without detriment to patient care.

II. DEFINITIONS:

Business Necessity - Legitimate business purpose such that the practice is necessary to the safe and efficient operation of the business

Cultural/Religious Beliefs - Established religious or cultural beliefs, values and practices that have, over an extended period of time, identified specific clinical procedures to be in conflict with teachings, philosophies or doctrines held by member of the religion or culture.

Introductory Employee - An employee that has not completed 90 calendar days of continuous new employment with SHC or any new position obtained by transfer, promotion, demotion or reinstatement. Upon successful completion of the new hire introductory period, regular employees will become eligible for benefits.

Per Diem Employee - An employee who is available to work as needed for coverage above and beyond the full and part-time staff. Availability requirements will be established according to business necessity, by job class or classification and/or by departments, units and divisions etc. and will include the number and types of shifts, weekends and holidays.

Regular Employee - A full-time or part-time employee who has successfully completed the introductory period with Sharp HealthCare.

Temporary Employee - An employee whose service is intended to be of limited duration and will be terminated on a specific date or upon completion of a specific assignment. Temporary employees are not eligible for benefits.

III. TEXT:

Sharp HealthCare (SHC) provides all employees with the opportunity to request a reassignment of patient care when the clinical procedure conflicts with the employee's cultural or religious beliefs, values and practices.

Employees are responsible to identify specific clinical procedures that conflict with their cultural or religious beliefs, values and practices. The employee will communicate these conflicts to the Human Resource

Department and Management. Home Care employees will communicate these conflicts to the Administrator/ Director or designee.

Management will be aware of the clinical procedures that are in conflict with an employee and arrange patient care assignments to avoid any detriment to patient care due to a reassignment of staff.

IV. PROCEDURE:

After an employee has been hired by Sharp HealthCare, the employee is to request a meeting with Human Resources to identify clinical procedures that conflict with cultural and religious beliefs, values and practices. Human Resources will facilitate a discussion with management to promote appropriate assignment of patient care procedures.

When an employee is assigned a clinical procedure that conflicts with cultural or religious beliefs, values and practices that has not been previously discussed with management, the employee shall present the issue immediately to management for consideration of reassignment. If reassignment is not possible, contact the Human Resources Department.

Requests for reassignment must be made well in advance of the procedure so that potential impacts to patient care can be managed.

V. REFERENCES:

None

VI. ORIGINATOR:

Human Resources

VII. LEGAL REFERENCES:

None

VIII. ACCREDITATION:

None

IX. CROSS REFERENCES:

- A. 01213 "Ethical Principles in the Provision of Health Care Services"

X. ATTACHMENTS:

None

XI. APPROVALS:

- A. Policy & Procedure Steering Cmte-01/97; 10/04
- B. Human Resources Division-01/97; 2/00; 10/02; 05/03; 01/08; 02/11; 05/14; 06/17
- C. Home Care Quality Council 9/03
- D. Home Care Governing Board 2/04

- E. SMV Executive Committee – 05/06
- F. SMV Medical Executive Committee – 06/06
- G. Home Care P&P Committee & Leadership – 06/11

XII. REPLACES:

Home Care P&P 920 "Staff Rights" eff. 3/03

XIII. HISTORY:

System #04310.99; originally dtd. 01/97

Revised/Reviewed: 06/98 added SMBHW; 12/99-removed SHM; 02/00-(changed pay period to week); 12/02; 05/03; 10/04-added Home Care; 01/08, 02/11-no changes; 05/14-edits to employee definitions; 06/17;

Attachments:

No Attachments

Applicability

Chula Vista, Copley, Coronado, Grossmont, HLA Lab, HealthPlan, Mary Birch, McDonald Center, Memorial, Mesa Vista, Sharp HealthCare, Sharp Rees Stealy, System Services

COPY



Current Status: *Active*

PolicyStat ID: 6063895



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Owner: [Curtis Carlson: HIPAA CONTRACT/POLICY COORD](#)
Policy Area: [Compliance](#)
References: [All Sharp HealthCare, Compliance, HIPAA, Policy](#)
Applicability: [Sharp Healthcare System-wide](#)

Compliance Program, 01509

I. PURPOSE:

To establish a structured program for implementing the Sharp HealthCare Compliance Program in order to effectively prevent, detect, and resolve inappropriate business practices, improper conduct, and/or violations of law, with a further goal to foster an ongoing effort to improve quality of care and operational performance.

II. DEFINITIONS:

None

III. TEXT:

1. The purposes of the Sharp HealthCare Compliance Program are to:

- a. Establish compliance standards and procedures reasonably capable of reducing the prospect of wrongful conduct.
- b. Appoint specific high level individuals with overall responsibility to oversee compliance with such standards and procedures; including a Corporate Compliance Committee and Vice President of Corporate Compliance.
- c. Define the business and professional practice standards of conduct by which all Sharp HealthCare employees and physicians are expected to comply.
- d. Emphasize our commitment to compliance with all statutes, regulations, and guidelines applicable to Federal health care programs and California state laws.
- e. Establish an organizational structure and delineate responsibilities of the compliance efforts throughout the Sharp HealthCare system.
- f. Design and support a confidential disclosure program by which employees may ask questions and report concerns or compliance issues.
- g. Create a process for continuous auditing and monitoring of the operational activities and business practices of Sharp HealthCare.
- h. Ensure consistent enforcement of standards and procedures through prompt response and appropriate corrective action.
- i. Reinforce that all employees of Sharp HealthCare operate in an environment of honesty and

integrity.

2. Objectives of the Compliance Program

Sharp HealthCare is committed to the delivery of high quality care while conducting its business in full compliance with all statutes, regulations and guidelines applicable to Federal health care programs and California state laws. Sharp HealthCare seeks to prevent and detect unlawful and/or improper conduct by its employees, contractors, business associates, and physicians. Sharp HealthCare will implement and maintain an effective compliance program that will reduce improper conduct and/or inappropriate business practices.

3. Sharp HealthCare Compliance Program Organizational Structure

- a. **Sharp HealthCare Board of Directors, President and Chief Executive Officer, Senior Management:** Ultimate responsibility for the Sharp HealthCare Program is vested in the Sharp HealthCare Board of Directors and the President and Chief Executive Officer. The Sharp HealthCare Board responsibilities include ensuring the Compliance Program's objectives are consistent with the Sharp HealthCare corporate mission, receiving reports and otherwise seeing that the compliance objectives are reflected in all governance, risk management, information management, financial and operational activities. In addition, the Board monitors the effectiveness of the Program through the reports received from the Audit Committee provided by the Vice President of Corporate Compliance.
- b. **Vice President of Corporate Compliance:** Sharp HealthCare's corporate compliance efforts will be coordinated under the authority of the SHC Board of Directors, which shall delegate daily oversight authority to the Vice President of Corporate Compliance, also known as the Compliance Officer. The Vice President of Corporate Compliance is the person responsible for the day-to-day operation of the Sharp HealthCare Compliance Program. The Vice President of Corporate Compliance is accountable jointly to the President and Chief Executive Officer and to the Sharp HealthCare Audit Committee concerning matters of business ethics and legal compliance and for the effective operation of the Compliance Program.
- c. **Corporate Compliance Committee:** The Sharp HealthCare **Corporate Compliance Committee** will ensure that the activities of Sharp HealthCare and its employees are consistent with Sharp HealthCare's Compliance Program. The **Corporate Compliance Committee's** charge is to support the Vice President of Corporate Compliance and to endorse compliance activities. The members of the Sharp HealthCare **Corporate Compliance Committee** will be composed of senior management with representation from each of the Sharp HealthCare entities and will assist the Vice President of Corporate Compliance.
- d. **Compliance Department:** The Compliance Department will be responsible for the overall implementation and monitoring of the Sharp HealthCare Compliance Program. The Compliance Department is also responsible for educating the Sharp HealthCare system managers, employees and physicians regarding compliance related matters. The Compliance Department is distinct from operations and reports to the Vice President of Corporate Compliance.
- e. **Entity Compliance Committees:** Each facility will create a separate compliance committee to function as an entity specific committee. These committees will include the appointed compliance liaison who serves on the **Corporate Compliance Committee** and senior executives of each major department, including billing, clinical, human resources, audit, operations, etc. The entity specific compliance committees will be responsible to oversee, implement and facilitate all elements of the Sharp HealthCare Compliance Program at each facility.

- f. **Compliance Subcommittees:** Various subcommittees will be incorporated into the organizational structure of the Sharp HealthCare Compliance Program throughout the Sharp HealthCare system. These subcommittees have either been operational in Sharp HealthCare's ongoing commitment to compliance, or will be created in specifically identified claims processing or ancillary departments. Examples of these subcommittees include departments such as Patient Financial Services, Laboratory, and Health Information Management.
- g. **Internal Audit Services:** The Internal Audit Services Department will work in unison with the Vice President of Corporate Compliance and the **Corporate Compliance Committee** in auditing and monitoring compliance of employees with the requirements of the Compliance Program. On an annual basis, the Audit Services Department shall assist the Vice President of Corporate Compliance with reporting to the President and Chief Executive Officer and the Audit Committee of the Board of Directors the results of their audit and employees' adherence to the Compliance Program.

4. Elements of the Corporate Compliance Program

The Compliance Program shall contain the following elements:

- a. **Vice President of Corporate Compliance:** The Vice President of Corporate Compliance will be responsible for the development, operation, and oversight of the Sharp HealthCare Compliance Program.
- b. **Corporate Compliance Committee:** The **Business Ethics and Compliance Committee** works with the Compliance Officer to implement the Program, educate, monitor, assess results, and develop corrective action.
- c. **Code of Conduct:** The Sharp HealthCare Board of Directors shall adopt and approve a Code of Conduct which shall govern the proper conduct of employees and which requires compliance of all employees, contractors, business associates, and physicians to the ethical and legal standards outlined in the Compliance Program.
- d. **Compliance Standards:** Written standards shall be established, including policies and procedures, in order to guide legal compliance and appropriate conduct:
 - 1. The Vice President of Corporate Compliance, in collaboration with members of the **Business Corporate Compliance Committee** and Internal Audit Services, shall develop a process to identify those areas where there is a significant risk that unlawful or unethical conduct may occur.
 - 2. The Vice President of Corporate Compliance shall ensure the development of compliance policies and procedures aimed at guiding ethical and legal compliance. Such policies and procedures may be developed through appointment of special task force committees assigned to focus on identified risk areas and to formulate appropriate policies and procedures for compliance with ethical and legal standards.
 - 3. The compliance policies shall require promotion of and adherence to compliance as an element of evaluating all employees of the Sharp HealthCare system.
- e. **Evaluation of Business Practices:** The Vice President of Corporate Compliance shall monitor business practices for:
 - 1. Compliance with Sharp HealthCare's policies and procedures.
 - 2. Consistency in the application of policies and procedures with the requirements of the Sharp HealthCare Compliance Program and the implementation of appropriate corrective action.

3. Reasonable response to ethics and/or legal compliance violations, prevention of further similar violations, and consistent discipline violators.
 4. Oversight as appropriate, of investigations of ethics and/or legal compliance policy violations to ensure consistency in the enforcement of Sharp HealthCare policies.
- f. **Effective Education and Training Program to Alert Employees to Their Responsibilities:**
1. The Vice President of Corporate Compliance, with assistance from the **Corporate Compliance Committee**, shall have general responsibility to oversee the development and implementation of employee communications and education programs. This will include:
 - i. New employee orientation (to include coverage of ethics and legal compliance issues);
 - ii. General training and educational programs;
 - iii. Annual review of ethics and legal compliance issues in high-risk departments and specific business practices; and
 - iv. The identification of resources to provide effective compliance educational programs.
 2. Sharp HealthCare employees shall be informed that strict compliance with both the Code of Conduct and the requirements of the Sharp HealthCare Compliance Program are a condition of employment; and that:
 - i. The promotion of and adherence to compliance with the Code of Conduct and the requirements of the Compliance Program are elements of evaluating all employees;
 - ii. Sharp HealthCare has a policy concerning the non-employment or retention of employees who are sanctioned for a violation of either the Code of Conduct or the requirements of the Compliance Program.
- g. **Monitoring and Auditing Compliance:**
1. The Sharp HealthCare Compliance Program includes monitoring and auditing systems designed to detect ethical and legal violations and a reporting system whereby employees may report suspected violations of standards for ethical and legal conduct.
 2. The Compliance Department and Internal Audit Services Department shall, in consultation with the Legal Department if appropriate:
 - i. Identify and conduct audits required to verify adherence to and awareness of ethics and compliance policies and procedures;
 - ii. Review the results of periodic surveys to test awareness of ethics and compliance policies and procedures;
 - iii. Conduct special audits as necessary to verify adherence to Sharp HealthCare's ethics and Code of Conduct as well as federal and California laws and regulations. These audits may include: (1) on-site visits, (2) interviews with personnel, (3) reviews of written materials and documentation, and (4) trend analysis studies; and
 - iv. Monitor compliance with the terms of settlement agreements having system-wide implications, including settlement of government investigations or litigation.
- h. **Effective Reporting and Investigative Processes:**
1. Under the general direction of the Vice President of Corporate Compliance, processes shall be maintained to provide education and guidance for adherence to the Sharp HealthCare Code of

Conduct, compliance policies and procedures, and for reporting and investigation of business practices issues to assure compliance with the requirements of the Sharp HealthCare Compliance Program.

- i. A written procedure shall be developed and available to all employees who may wish advice on certain policies and procedures, or who wish to report actual or perceived violations of law or applicable Sharp HealthCare policies and procedures.
- ii. Each Sharp HealthCare employee shall have responsibility to notify his or her supervisor, other manager, or the Vice President of Corporate Compliance, in a timely manner, of any violations or suspected violations. Employees may be subject to discipline for failing to report a known or suspected violation.
- iii. Employees will not be subject to reprisal for reporting, in good faith, actions that they feel violate the law or established standards.

5. Keeping the Board of Directors Informed Concerning Compliance Standards

The Vice President of Corporate Compliance shall report compliance initiatives, issues and reports, on a quarterly basis, or as required, to the Audit Committee of the Sharp HealthCare Board of Directors and the President and Chief Executive Officer of Sharp HealthCare.

IV. REFERENCES:

N/A

ORIGINATOR:

Corporate Compliance

LEGAL REFERENCES:

Federal Sentencing Guidelines

V. CROSS REFERENCES:

N/A

VI. ATTACHMENTS:

N/A

VII. APPROVALS:

- A. SHC Board of Directors – 1/6/99
- B. Risk Management Dept. – 1/99
- C. Policy & Procedure Steering Committee - 05/99
- D. Compliance Dept - 07/03; 04/05; 09/06; 01/08; 10/09; 11/12; 12/15

VIII. REPLACES:

N/A

IX. HISTORY:

System #01509; originally dtd 10/99

Reviewed/Revised: 10/01, 6/03; 04/05; 09/06; 01/08; 10/09; 11/12; 12/15

Attachments:

No Attachments

Approval Signatures

Step Description	Approver	Date
Administrator	Karen Whitten: POLICY & PROCEDURE COORD	4/26/2019
Director, OPS & Privacy Compliance	Bernadine Flores: DIR OPS & PRIVACY COMPLIANCE	4/24/2019
	Curtis Carlson: HIPAA CONTRACT/POLICY COORD	3/18/2019

Applicability

Chula Vista, Copley, Coronado, Grossmont, HLA Lab, HealthPlan, Mary Birch, McDonald Center, Memorial, Mesa Vista, Sharp HealthCare, Sharp Rees Stealy, System Services



Current Status: Active

PolicyStat ID: 5660880



Origination: 4/1/1995
Effective: 12/19/2018
Last Approved: 12/19/2018
Last Revised: 12/1/2015
Next Review: 12/18/2021
Owner: Janet Villalobos: DIR HR-SDHA
Policy Area: Human Resources
References: Dress Code, Policy, SCOR, SCV, SGH, SMB, SMC, SMH, TJC-Human Resources
Applicability: SCOR SCV SGH SMB SMC SMH SMV

Dress Code / Appearance Standards, 04300

I. PURPOSE

To establish Sharp HealthCare standards for employee dress and grooming that promotes professionalism in the workplace. It is Sharp HealthCare's expectation that all employees' attire and personal grooming will meet these standards. Sharp HealthCare reserves the right, at its sole discretion, to determine what constitutes appropriate attire or appearance.

II. DEFINITIONS

Appropriate attire will usually conform to one of the following defined categories:

Category I - Conservative daytime business fashion, as opposed to evening wear or social occasion style. Styles which create a distraction or draw unusual comments are not acceptable. Clean, polished leather or leather type shoes or sandals must be worn. Male employees who have contact with the public wear ties and dress shirts. Blue jeans or denim fabric are not permitted. At each site, management will determine which category of attire is to be worn at the site or in specific departments. Exceptions to this policy may be made by management to meet special needs or special occasions.

Category II - May include scrubs, uniforms, or pants, skirts or culottes. Blue jeans, denim fabric, T-shirts or sweatshirt material are not permitted. Shoes must be closed toe. At each site, management will determine which category of attire is to be worn at the site or in specific departments. Exceptions to this policy may be made by management to meet special needs or special occasions.

Category III - Conservative street clothing may be worn with or without lab coats. Clean, polished leather or leather type shoes must be worn. In some areas, solid colored T-shirts, denim and sneakers may be permitted. At each site, management will determine which category of attire is to be worn at the site or in specific departments. Exceptions to this policy may be made by management to meet special needs or special occasions.

III. TEXT

Employees of Sharp HealthCare are expected to project a professional image at all times. Clothing and uniforms should be clean, pressed and in good repair. Jewelry must be conservative in style and not present a potential safety hazard when working with patients or equipment. Personal hygiene and grooming, to include

hair, beards and fingernails, must be maintained at acceptable levels. Wearing stockings/socks may be required based on management discretion.

Any styles, makeup or personal grooming practices which draw unusual attention, draw unfavorable comments from the public, or cause discomfort or safety hazards to co-workers or the public are unacceptable. Perfumes, colognes and lotions should be used sparingly so as to be detectable only in the immediate presence of the wearer. In some clinical areas, employees may be requested to not wear any perfumes, colognes and lotions due to patient sensitivities. Management may specify types of clothing in work areas or grooming practices that are a discomfort to staff, patients or the public and therefore not acceptable.

Hair fashions must be neat and clean. Long hair must be contained or held back during work time.

Body piercing that is excessive or does not meet the standards of professional business attire is not permitted. Examples are (but are not limited to):

1. All hoops and bars should be removed while the employee is at work to include tongue, lip, eyebrow and nose piercing.
2. No visible body piercing (i.e. nipples, bellybutton).
3. Moderate number of ear piercing.
4. Visible tattoos that are excessive in design or size should be covered.
5. Recommended length for fingernails is one-quarter inch.

Management will determine the category of work attire and limit body piercing depending on business necessity.

Name badges issued by Sharp HealthCare must be worn at all times while on duty.

REFERENCES:

ORIGINATOR:

Human Resources

LEGAL REFERENCES:

IV. CROSS REFERENCE

- A. Policy #04311 – Dress Code (at Sharp Operations Center-Spectrum Ct., Ruffin Rd. & Corporate Court Facilities, Sharp HealthPlan)

V. APPROVALS

- A. SDHA Executive Team 05/94 Jan Cetti
- B. Policy & Procedure Steering Cmte-4/95
- C. Human Resources Division-4/95; 2/00; 01/03; 01/06; 8/08, 01/11, 02/13; 12/15

VI. REPLACES:

- A. SHC #2022; originally dtd 5/94

VII. HISTORY:

System #04003; originally dtd. 04/95

Revised\Reviewed: 02/00; 01/03; 01/06

Revised 8/08-Stocking/Socks changed – Section III., 1st paragraph;

Reviewed no changes-01/11; 02/13 Grooming update

Revised 12/15

Attachments:

No Attachments

Approval Signatures

Step Description	Approver	Date
Administrator	Karen Whitten: POLICY & PROCEDURE COORD	12/19/2018
V.P. Approval	Anne Davis: VP WORKFORCE SUPPORT SVC	12/18/2018
V.P. Approval	Diane Delaney: VP EE/LBR REL & RECRUIT STRAT	12/4/2018
	Janet Villalobos: DIR HR-SDHA	11/21/2018

Applicability

Chula Vista, Coronado, Grossmont, Mary Birch, McDonald Center, Memorial, Mesa Vista, Sharp HealthCare



Current Status: Active

PolicyStat ID: 3488367



Origination: 4/1/1995
Effective: 2/1/2017
Last Approved: 2/1/2017
Last Revised: 2/1/2017
Next Review: 2/1/2020
Owner: Janet Villalobos: DIR HR-SDHA
Policy Area: Human Resources
References: All Sharp HealthCare, Human Resources, Policy, TJC-Human Resources
Applicability: Sharp Healthcare System-wide

Equal Employment Opportunity, 04500

I. PURPOSE:

To establish Sharp HealthCare policy guidelines providing that all decisions on employment practices are made solely on the individual's qualifications and bona fide occupational qualifications.

II. TEXT:

Sharp HealthCare (SHC) provides equal employment opportunities to all employees and applicants:

- A. SHC forbids discrimination in any aspect of employment, including hiring, firing, pay, job assignments, promotions, layoff, training, fringe benefits, and any other term or condition of employment based on race, color, religion, ancestry, sex, national origin, marital status, gender identity, transgender, sexual orientation, medical condition including cured or rehabilitated cancer, mental or physical disability or perceived disability, pregnancy, or any other category protected by state or federal law.

SHC forbids discrimination in any aspect of employment, including hiring, firing, pay, job assignments, promotions, layoff, training, fringe benefits, and any other term or condition of employment based on an applicant's or employee's family, business, social or other relationships or associations with an individual with a disability.

- B. SHC makes all employment decisions in a manner which will further the principle of equal employment opportunity.
- C. Any applicant or employee who requires an accommodation in order to perform the essential functions of the job should contact the Human Resources Department and request such an accommodation. The individual with the disability should specify what accommodation he or she needs to perform the job. SHC will then conduct an investigation to identify the barriers that make it difficult for the applicant or employee to have an equal opportunity to perform his or her job. SHC will identify possible accommodations, if any, which will help accommodate the limitation. If the accommodation is reasonable and will not impose an undue hardship, SHC will make the accommodation.
- D. Applicants may request an accommodation to enable him or her to interview for a new position or a transfer position in SHC. Please provide 5 days advance notice, if possible. Applicants or employees may contact the general Recruitment number at 858 499-5285 or the entity Human Resources office for assistance.
- E. Applicants are not required to answer medical questions or take a medical exam before being extended a

job offer. It is prohibited to ask job applicants if they have a disability or about the nature or severity of a disability. After a job is offered to an applicant and prior to commencement of employment duties, SHC may require that an applicant take a medical examination if everyone who will be working in the job category must also take the examination. If an applicant is not hired because a medical examination reveals the existence of a disability, the reasons for not hiring the applicant must be job-related and necessary for the conduct of the business. Efforts will be made to find a reasonable accommodation that would have made it possible for the individual to perform the essential job functions. Once an applicant is hired, SHC cannot require a medical examination or ask an employee questions about a disability unless SHC can show that these requirements are job related and necessary to the conduct of SHC's business. .

- F. The Board of Directors, Chief Executive Officer, and all Administrative Officers support this policy in its entirety and expect that all administrative, managerial, supervisory, and other employees of SHC will give their continuing support to its implementation. Human Resources has overall responsibility for implementing this policy and for monitoring and reporting on the implementation thereof.
- G. Any SHC employee who believes he or she has been subjected to conduct that potentially violates this Policy is strongly encouraged to report the matter to any supervisor, manager or Human Resources. If the complaint relates to Human Resources Department staff, provide your complaint to the, Vice-President of Employee/ Labor Relations, Corporate Compliance, or to Sharp Senior Management. Your complaint should be specific and should include the names of the individuals involved and the names of any witnesses. Sharp will immediately undertake an investigation and attempt to resolve the situation. If it is determined that a violation of this policy has occurred, prompt and effective remedial action will be taken.

Appropriate action will also be taken to deter any future discrimination. Whatever action is taken will be made known to the complainant and appropriate steps will be taken to remedy any loss suffered as a result of any violation of this policy.

- H. SHC forbids retaliation against a person for filing a complaint and will not permit retaliation by management, employees or co-workers. No SHC employee will be subjected to an adverse employment action for: making a complaint of conduct that potentially violates this Policy, or cooperating in any administrative investigation or otherwise preventing prohibited practices under this Policy. If it is determined that a violation of this policy has occurred, prompt and effective remedial action will be taken.
- I. California Department of Public Health: Non Discrimination Policy: No person in the State of California shall, solely on the basis of race, color, national origin, religion, sex, disability, sexual orientation, marital status, political affiliation or veteran status, be excluded from participation in, denied the benefit of, or subjected to discrimination or retaliation under any program or activity that is funded directly or indirectly by the California Department of Public Health or receives any financial assistance from the California Department of Public Health.

Additional Information: Chief, Office of Civil Rights, California Department of Public Health, 714 P Street, Room 1050, Sacramento, CA 95814. (916) 657-1411.

EEOC Equal Employment Opportunity Commission, 555 W. Beech St., Suite 504, San Diego, CA, 92101.

III. SCOPE:

This policy applies to all SHC employees.

IV. APPROVALS:

- A. Policy & Procedure Steering Cmte-4/95
- B. Human Resources Division-4/95; 2/00; 01/03; 01/06; 02/09; 03/12, 04/14; 06/14; 12/15; 02/17

REFERENCES:

ORIGINATOR:

Human Resources Division

LEGAL REFERENCES:

Federal Code of Regulations; cal. Administrative Codes; Labor Codes

V. REPLACES:

- A. SHC #2018; originally dtd 01/86; Revised: 12/87 (SMH); 1/91 (SHC); Reviewed: 05/94 (SHC): Revised 02/17 (SHC)

VI. HISTORY:

System #04500; originally dtd. 4/95

Revised/Reviewed: 02/00-(Dept of Health Services: Policy Non-Discrimination); 01/03-Revised/Reviewed; 01/06; 02/09; 03/12, 04/14-add request for accommodation: selection process; 06/14 – added terms gender identity and sexual orientation; 12/15-added transgender; 2/17-reviewed/revised;

Attachments:

No Attachments

Applicability

Chula Vista, Copley, Coronado, Grossmont, HLA Lab, HealthPlan, Mary Birch, McDonald Center, Memorial, Mesa Vista, Sharp HealthCare, Sharp Rees Stealy, System Services



Current Status: Active

PolicyStat ID: 7027028



Origination: 4/1/1995
Effective: 2/24/2020
Last Approved: 2/24/2020
Last Revised: 2/24/2020
Next Review: 2/23/2023
Owner: Janet Villalobos: DIR HR-SDHA
Policy Area: Human Resources
References: All Sharp HealthCare, Harassment, Policy, TJC-Human Resources
Applicability: Sharp Healthcare System-wide

Harassment, Discrimination Retaliation & Complaint Procedures, 04302

I. PURPOSE:

Sharp HealthCare is committed to providing a work environment free of all forms of harassment, discrimination or retaliation. In keeping with this commitment the intent is to establish expectations to provide a working environment that is both productive and professional based on mutual respect and the highest level of ethical and lawful conduct.

II. DEFINITIONS:

Unlawful Discrimination - Adverse actions or decisions affecting the terms or conditions of employment which are based upon a protected characteristic such as age, ancestry, citizenship, color, creed, gender, gender identity, gender expression, genetic information, pregnancy, child birth or related medical conditions, breastfeeding, family care or medical leave status, race, religion, national origin, physical or mental disability, medical condition (unrelated to the person's ability to perform the job), marital status, sexual orientation, veteran or military status, or any other characteristic protected by the State or Federal employment discrimination laws

Unlawful Harassment - Behavior outside of the scope of job duties which is directed at a person based on age, ancestry, citizenship, color, creed, gender, gender identity, gender expression, genetic information, pregnancy, child birth or related medical conditions, breastfeeding, family care or medical leave status, race, religion, national origin, physical or mental disability, medical condition (unrelated to the person's ability to perform the job), marital status, sexual orientation, veteran or military status, or any other characteristic protected by the State or Federal employment discrimination laws and which has the purpose or effect of substantially interfering with an individual's work performance, or creating an intimidating, hostile or offensive work environment. This includes verbal, visual and physical harassment.

Sexual Harassment- Includes, but is not limited to, unwanted sexual advances, requests for sexual favors, and other verbal, visual or physical conduct of a sexual nature where either (1) submission to such conduct is made an explicit or implicit term or condition of employment, promotion or work assignment, (2) submission to or rejection of such conduct by an individual is used as a basis for employment decisions affecting such individuals, or (3) such conduct has the purpose or effect of substantially interfering with an individual's work performance or creating an intimidating, hostile or offensive working environment. This includes verbal, physical or visual harassment.

Supervisory Position - An employee having the authority, in the interest of the employer, to hire, transfer, suspend, lay off, recall, promote, discharge, assign, reward, or discipline other employees, or responsibly to direct them, or to adjust their grievances, or effectively to recommend such action, if in connection with the foregoing the exercise of such authority is not of a merely routine or clerical nature, but requires the use of independent discretion and judgment.

Retaliation – Adverse action(s) against an individual because he or she has either (1) opposed an unlawful employment practice OR (2) made a charge, testified, assisted or participated in an investigation, proceeding or hearing involving employment discrimination, harassment or other unlawful conduct.

III. TEXT:

This policy applies to all agents and employees of the company, including supervisors and non-supervisory employees, and prohibits all forms of harassment, discrimination, or retaliation against employees in the workplace by any person, including non-employees. It also extends to unlawful harassment /discrimination against or by vendors, independent contractors, interns, volunteers and others doing business with the company, or retaliation against or by vendors, independent contractors, and others doing business with the company. This policy prohibits unlawful/sexual harassment in any form, including verbal, physical, and visual harassment. It also prohibits retaliation of any kind against individuals who make complaints in good faith or who assist in a company investigation of such conduct.

Unlawful Harassment and Sexual Harassment may take many forms including:

- Verbal Conduct, such as epithets, derogatory jokes or comments, slurs or unwanted sexual advances, invitations or comments, jokes based on a protected characteristic (whether actual, perceived or by association), negative stereotyping,
- Visual Conduct, such as derogatory or sexually-oriented posters or written material that shows hostility or prejudice, cartoons, drawings or gestures, leering, whistling, suggestive or insulting sounds,
- Physical Conduct of a sexual nature such as assault, pinching, hitting, blocking, or impeding normal movement or interference with work directed at you because of your sex or other protected characteristic.
- Use of Computers, including the Internet and the e-mail system, to transmit, communicate or receive sexually-suggestive, pornographic or sexually explicit pictures, messages or material.
- Actual or implied Threats or Demands to submit to sexual requests in order to keep your job or avoid some other loss, and offers of job benefits in return for sexual favors.
- Abusive conduct or bullying which may include repeated infliction of verbal abuse, such as the use of derogatory remarks, insults, and epithets. Severe and egregious verbal or physical conduct that a reasonable person would find threatening intimidating or humiliating, or the gratuitous sabotage or undermining of a person's work performance.
- Retaliation for having reported the unlawful harassment.

This policy applies to all phases of the employment relationship, including recruitment, testing, hiring, upgrading, promotion, demotion, transfer, layoff, termination, rates of pay, benefits, and selection for training.

COMPLAINT PROCEDURES:

Complaint Reporting

Any employee who believes he/she has been subject to, has witnessed or has knowledge of any incidents of harassment, , discrimination, or retaliation by an employee or non-employee, is to **report the facts of the incident and names of persons involved immediately to his/her manager or to Human Resources**. The

employee is not required to use the usual process of communicating with their immediate supervisor or manager, but may contact senior management or Human Resources directly. It is the responsibility of each employee to immediately report any violation or suspected violation of this policy to one or more of the individuals identified above. In addition, employees may go directly to the Department of Fair Employment and Housing (DFEH) or the Equal Employment Opportunity Commission (EEOC) as an additional avenue to file a formal complaint.

Managers and Supervisor Employees must report all incidents of harassment, discrimination, or retaliation to Human Resources immediately. A supervisory employee who learns of unlawful discrimination, harassment or retaliation and does not report the incident may be subject to disciplinary action up to and including termination of employment.

Reports of false accusations of harassment or discrimination can have a detrimental effect in the workplace and on innocent employees. It is the expectation that in order to maintain a working environment free harassment and discrimination, employees will report responsibly and accurately.

Retaliation

No employee may be subjected to retaliatory treatment for reporting actual or perceived unlawful conduct. Any employee who engages in retaliation, may be subjected to disciplinary action up to and including immediate termination of employment.

While supervisory employees must continue to enforce workplace rules and undertake corrective action where appropriate, supervisory employees must be sensitive to and aware that an employee who has made a report of misconduct may perceive any subsequent corrective action as related to their report, and therefore retaliatory. Supervisory employees should consult with Human Resources on any corrective action imposed after a report or complaint of misconduct has been submitted before addressing the employee.

Complaint Investigation

Reported incidents of harassment, discrimination or retaliation will be promptly, thoroughly, and fairly investigated. Human Resources is responsible for investigating complaints and reporting findings to the appropriate level of management. Information relating to an harassment, retaliation, or discrimination complaint will be handled confidentially. However, due to the requirement that the complaint be investigated and witnesses interviewed, complete confidentiality cannot be assured. All persons involved in an investigation should advised not to discuss the matter with other employees, both to protect confidentiality, and to avoid tainting or influencing the statements or recollections of others. All employees are responsible for assisting and cooperating in an investigation.

Absent unusual circumstances, Human Resources will contact the complainant within three business days of receiving a complaint of unlawful conduct. If the complaint involves conduct that threatens the safety or wellbeing of an individual, Human Resources will respond immediately. The investigator will secure copies of all relevant documentation and obtain the names of all witnesses. The complaining individual should be informed of the progress of the investigation, and the outcome of the investigation. The complaining employee's input on remedial action should be requested, documented and taken into consideration. Employee privacy for all involved employees should be protected, however, the complaining employee should be provided with sufficient information to understand whether disciplinary or corrective action was taken, and if not, the reason for the decision(s). The investigation should be concluded within 3 weeks, absent unusual circumstances.

Disciplinary Outcomes

Corrective action commensurate with the severity of the offense will be taken, which may include discharge

from employment, **even for a first offense.**

Staff Training

Sharp HealthCare staff level employees are required to complete a one-hour Harassment Training course within 30 days of their hire date. Incumbent employees are required to complete the training requirement every two years.

Management Training

All Sharp HealthCare supervisory employees are required to complete two-hours of Harassment Training within 6 months of their hire date or promotion to a supervisory position. All incumbent leaders are required to attend the Harassment Training provided at the Leadership Development Session every two years. Leaders that do not receive the training must attend makeup sessions by the end of the renewal year. Leaders unable to attend a makeup session may purchase and complete an alternate training course approved by Human Resources. Educational reimbursement is dependent upon meeting the eligibility criteria. Sharp will not reimburse classes that do not meet educational reimbursement eligibility as Sharp provides various in-class opportunities throughout the year.

Failure to comply with the training requirement may result in an unpaid administrative leave. An employee placed on unpaid administrative leave will be given a maximum of thirty (30) days to complete the training. If it is not completed within thirty (30) days, employment with Sharp HealthCare is terminated.

IV. REFERENCES:

None

V. ORIGINATOR:

Human Resources

VI. LEGAL REFERENCES:

None

VII. ACCREDITATION:

TJC - Management of Human Resources

VIII. CROSS REFERENCES:

None

IX. APPROVALS:

- A. SDHA Executive Team 5/94
- B. Policy & Procedure Steering Cmte-4/95
- C. Human Resources Division-4/95; 2/00; 01/03; 01/06; 07/07; 03/09; 10/12; 08/13; 10/14; 03/16; 06/16; 10/17

X. REPLACES:

A. SMH #2038; originally dated 8/81

XI. HISTORY:

System #04302; originally dated 04/95

Revised\Reviewed: 02/00; 01/03; 01/06, 07/07-revised; 03/09 revised; 09/10-added witness to Complaint Reporting; added Section IV re Management Training Requirement ; 10/12, 08/13 updated;10/14 added abusive conduct/bullying AB 2053; 03/16-revised,10/17; 04/19; 02/20

A. Attachments

Attachments

[DFEH_SexualHarassmentPamphlet.pdf](#)

[Spanish Policy 04302 Translation](#)

[Tagalog Policy 04302 Translation](#)

Approval Signatures

Step Description	Approver	Date
Administrator	Karen Whitten: POLICY & PROCEDURE COORD	2/24/2020
V.P. Approval	Anne Davis: VP WORKFORCE SUPPORT SVC [KW]	2/24/2020
	Janet Villalobos: DIR HR-SDHA	2/19/2020

Applicability

Chula Vista, Copley, Coronado, Grossmont, HLA Lab, HealthPlan, Mary Birch, McDonald Center, Memorial, Mesa Vista, Sharp HealthCare, Sharp Rees Stealy, SharpCare, System Services



Current Status: Active

PolicyStat ID: 7421077



Origination: 1/1/2020
Effective: 1/1/2020
Last Approved: 1/23/2020
Last Revised: 1/23/2020
Next Review: 1/22/2023
Owner: Janet Villalobos: DIR HR-SDHA
Policy Area: Human Resources
References: All Sharp HealthCare, Policy
Applicability: Sharp Healthcare System-wide

Lactation Accommodation Policy

I. PURPOSE

To provide lactation accommodation to employees who wish to express milk while at work.

II. DEFINITIONS

California Labor Code: Collection of civil law statutes for the State of California

Management: Lead and Above

SB142: Expanded law related to lactation accommodations

III. TEXT

Sharp HealthCare provides a reasonable amount of break time to accommodate an employee's right to request the need to express breast milk while at work. The company will make a reasonable effort to provide the employee with the use of a room or other location in close proximity to the employee's work area for the employee to express milk in private. Such space will meet the requirements of the California Labor Code including a surface to place a breast pump and personal items, a place to sit, access to electricity, access to a sink with running water, and a refrigerator for storing breast milk.

An employee needing a lactation accommodation should make their request to their direct management. Management will assist the employee by providing information as to the lactation location at the entity and coordination of the break periods. Human Resources may be contacted for assistance or questions regarding lactation accommodations.

The requested break time should be taken concurrently with other scheduled break periods. Nonexempt employees must clock out for any lactation breaks that do not run concurrently with normally scheduled rest periods. Any such breaks will generally be unpaid or may be coded as paid time off (PTO).

The codes that may be used in the time and attendance system are CS/FLEX REQ UNP, if the employee is taking the time unpaid. The code CS/FLEX PTO should be entered, if the employee would like to use PTO. A note should be entered into the API calendar by the employee that this time is for a lactation break.

The scheduling of the additional time past the scheduled break periods must be mutually acceptable to both the employee and management.

SB142 makes failure to comply with the provision to express milk a break violation under the California Labor

Code, which entitles an employee to one hour of pay at their regular rate of pay.

The company reserves the right to deny, in writing, an employee's request for a lactation break if the additional break time will seriously disrupt operations.

Employees have the right to file a complaint with the labor commissioner for any violation of rights provided under the California Labor Code related to lactation accommodations.

IV. REFERENCES

SB 142 Labor Code 1031, 1031, 1033, 1034

V. ORIGINATOR

Human Resources

VI. ACCREDITATION

None

VII. CROSS REFERENCES

None

VIII. LEGAL REFERENCES

None

IX. ATTACHMENTS

A. Entity Lactation Rooms

X. APPROVALS

Andrea Ohanian, HR Operations Project Manager: 01/20

Anne Davis, VP HR: 01/20

Hospital CNO's: 01/20

Legal: 01/20

XI. REPLACES

None

XII. HISTORY

None

Attachments:

[Entity Lactation Rooms](#)

Approval Signatures

Step Description	Approver	Date
Administrator	Karen Whitten: POLICY & PROCEDURE COORD [TW]	1/23/2020
V.P. Approval	Anne Davis: VP WORKFORCE SUPPORT SVC [TW]	1/23/2020
	Janet Villalobos: DIR HR-SDHA	1/2/2020

Applicability

Chula Vista, Copley, Coronado, Grossmont, HLA Lab, HealthPlan, Mary Birch, McDonald Center, Memorial, Mesa Vista, Sharp HealthCare, Sharp Rees Stealy, System Services

COPY



Current Status: *Active*

PolicyStat ID: 4673362



Origination: 4/1/1995
Effective: 4/4/2018
Last Approved: 4/4/2018
Last Revised: 3/1/2015
Next Review: 4/3/2021
Owner: *Janet Villalobos: DIR HR-SDHA*
Policy Area: *Human Resources*
References: *Administrative / Organizational, All Sharp HealthCare, Policy, TJC-Human Resources*
Applicability: *Sharp Healthcare System-wide*

Primary Language, 04301

I. PURPOSE

To establish Sharp HealthCare policy guidelines regarding the language to be spoken while on duty. English must be used as the primary language, both orally and in writing, while acting within the course and scope of employment.

II. TEXT

While on duty, English must be used as the spoken language in patient care areas, corridors, waiting rooms, offices or other work areas where conversations may be overheard by patients, visitors, co-workers or others.

While off duty, on rest breaks or meal periods, and/or in employee lounges, cafeterias and other non-work areas not listed above, any language may be spoken. Discretion should be used when conversing in a language other than English in the presence of co-workers, visitors or others who do not understand that language.

Exceptions to this policy may be granted by management when employees are asked to interpret a language other than English, or when patient care or other company business may be facilitated by the use of a language other than English.

III. APPROVALS:

- A. SHC Executive Team-5/94
- B. Policy & Procedure Steering Cmte-4/95
- C. Human Resources Division-4/95; 2/00; 12/02; 01/06; 02/09, 01/12; 03/15

IV. REPLACES:

SHC #2027; originally dtd 5/94

V. HISTORY:

System #04301; originally dtd. 04/95

Revised/Reviewed: 02/00; 12/02; 01/06; 02/09, 01/12; 03/15

REFERENCES:**ORIGINATOR:**

Human Resources Division

LEGAL REFERENCES:

California Labor Code

Attachments:

No Attachments

Approval Signatures

Step Description	Approver	Date
Administrator	Karen Whitten: POLICY & PROCEDURE COORD	4/4/2018
V.P. Approval	Anne Davis: VP WORKFORCE SUPPORT SVC	3/30/2018
V.P. Approval	Diane Delaney: VP EE/LBR REL & RECRUIT STRAT [AO]	3/30/2018
V.P. Approval	Anne Davis: VP WORKFORCE SUPPORT SVC	3/6/2018
	Janet Villalobos: DIR HR-SDHA	3/5/2018

Applicability

Chula Vista, Copley, Coronado, Grossmont, HLA Lab, HealthPlan, Mary Birch, McDonald Center, Memorial, Mesa Vista, Sharp HealthCare, Sharp Rees Stealy, System Services



Current Status: Active

PolicyStat ID: 6261577



Origination: 2/1/2014
Effective: 4/26/2019
Last Approved: 4/26/2019
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Next Review: 4/25/2022

Owner: *Curtis Carlson: HIPAA
CONTRACT/POLICY COORD*

Policy Area: *Compliance*

References: *All Sharp HealthCare,
Compliance, HIPAA, policy &
procedure, TJC-Information
Management*

Applicability: *Sharp Healthcare System-wide*

Reporting Fraud, Misconduct & Non-Retaliation, 01536.99

I. PURPOSE:

Sharp HealthCare ("Sharp") has a strong commitment to the highest legal, ethical and moral standards. The purpose of this policy is to provide information on reporting potential fraud and/or misconduct. Sharp investigates reports of fraud and misconduct in compliance with federal and California laws and strictly enforces a non-retaliation policy for individuals who report suspected violations in good faith.

II. RELEVANT FEDERAL AND STATE LAWS:

False Claims Act ("FCA"): The FCA imposes civil penalties on people and entities that "knowingly" submit a false claim to the government for payment.

- **Federal:** 31 U.S.C. § 3729 FCA
- **California:** Cal. Govt. Code §§ 12650-1265.3

Unlawful Retaliation: The law and Sharp's policy prohibits retaliation against individuals who make good faith reports on suspected fraud or misconduct.

- **Federal:** 31 U.S.C. § 3730(h) FCA
- **California:** Cal. Govt. Code § 12653

III. DEFINITIONS

For the purposes of this policy:

- A. **Fraud:** any act characterized by deceit, concealment, or trust violation. It is an intentional, knowing, deception made for personal gain and/ or to damage another. Fraud may include, but is not limited to:
- Billing for (unneeded or not provided) services, prescriptions, and supplies
 - Knowingly stealing or other misuse of assets
 - Profiting as a result of inside knowledge of the organization
 - Misstatements and other irregularities in the organization's records

- B. **Good Faith:** good faith means an honest belief a violation occurred.
- C. **Individual(s):** individual(s) may include the following:
- Business Associates
 - Employees
 - Physicians
 - Students
 - Trainees
 - Volunteers
- D. **Misconduct:** Means any improper act(s) that violates Sharp's Code of Conduct, Compliance Program Plan, and/or federal and California laws. Misconduct may include, but is not limited to:
- Accepting or seeking anything of value from third parties in connection with Sharp's business (limits defined in policy)
 - Committing moral misconduct towards others
 - Destroying, removing, or misuse of Sharp's property
 - Disclosing confidential information to outside parties
 - Forgery or other document alterations
 - Similar or related improper conduct
- E. **Retaliation:** Means discharge, demotion, suspension, threats, harassment or any other manner of discrimination because of good faith reporting of suspicious conduct.

IV. TEXT:

- A. **Sharp's Compliance Program:** Sharp's Compliance Program's goal is to detect and prevent Fraud and Misconduct. Sharp investigates all violation reports without regard to the suspected Individual's position or relationship to Sharp.
- B. **Reporting:** Individuals are required to immediately report suspected Fraud and Misconduct. Sharp only requires that you report in Good Faith and provide enough information to allow Sharp to initiate an effective investigation.
- You should not use reporting mechanisms as a means to make false reports or to advance a personal grievance.
 - Any individual who intentionally abuses our reporting mechanisms (by knowingly submitting a false report) will be subject to discipline, up to, and including termination.
- C. **Prohibition Against Retaliation:** Any Individual who reports suspected Fraud or Misconduct in Good Faith is protected from retaliation.
- D. **Enforcement and Discipline:** Any Individual that: (1) violates Sharp's Compliance Program policies; or (2) unreasonably fails to detect Fraud or Misconduct; or (3) fails to respond appropriately to Fraud or Misconduct are subject to disciplinary action, up to, and including termination.

V. PROCEDURE:

PROCEDURE:	RESPONSIBILITY:
<p>A. Deterrence and Detection Duties. Employees with supervisory responsibilities have additional duties to deter and detect suspected Fraud and Misconduct. These duties include:</p> <ul style="list-style-type: none">• Proactively look for possible Fraud and/ or Misconduct risks within their department.• Implementing effective monitoring and control procedures for identified risks.	A. Leads, Supervisors and Above
<p>B. Duty to Report. Individuals are required to immediately report suspected Fraud and Misconduct to any of the following:</p> <ul style="list-style-type: none">• Sharp's Compliance Officer• Your manager, director or VP of the department• Human Resources• Senior management, Compliance or HIPAA Privacy liaison at your entity• Our Sharp Confidential Hotline at 1-800-350-5022• Complete a RL Solutions Report (formerly eQVR)	B. All Individuals
<p>C. Investigation. One or more of these Sharp departments may conduct investigations: (1) Corporate Compliance, (2) Finance, (3) Human Resource, (4) Internal Audits, (5) Legal Affairs. These investigating departments have the authority to access Sharp's records and premises as necessary to conduct the investigation. Investigating departments will:</p> <ul style="list-style-type: none">• Acknowledge receipt of the report• Conduct the investigation promptly• Be thorough and keep investigations confidential (as situations permit)• Take or recommend appropriate action as needed	C. Corporate Compliance, Human Resource, Internal Audit and Legal Affairs
<p>D. Investigation Quarterly Reports. The Audit & Compliance Committee of Sharp's Board of Directors receives quarterly reports regarding investigations of Fraud and Misconduct.</p>	D. Corporate Compliance, Human Resource, Internal Audit and Legal Affairs
<p>E. Investigation Documents. Incident report documents are maintained in various departments and includes the following information:</p> <ul style="list-style-type: none">• A record of each received report• The status of the investigation• An outline of corrective action taken to resolve the issue and prevent its future occurrence	E. Corporate Compliance, Human Resources, Internal Audit and Legal Affairs

VI. REFERENCES:

- A. 31 U.S.C. §§ 3729 and 3730(h)
- B. Cal. Govt. Code §§12650-12653

VII. ORIGINATOR:

Corporate Compliance

VIII. LEGAL REFERENCES:

- A. 31 U.S.C. §§ 3729 and 3730(h)
- B. Cal. Govt. Code §§ 12650-12653

IX. ACCREDITATION:

TJC-IM

X. CROSS REFERENCES:

Sharp's Policies & Procedures

A. #01528	Commitment to Principles (Code of Conduct)
B. #01509	Compliance Program
C. #01507.99	Sharp's Confidential Hotline
D. #01520.99	Conflict of Interest and Conflict to Commitment
E. #01506.99	Compliance: Government Investigations
F. #04306	Corrective Actions

XI. ATTACHMENTS:

None

XII. APPROVALS:

- A. SHC Board of Directors –
- B. Sharp Legal Department—11/13
- C. Sharp Compliance Department – 11/13; 12/17
- D. Sharp Fraud Steering Committee—11/18
- E. System Policy & Procedure Steering Committee – 02/14

XIII. REPLACES:

- A. # 01514.99 Compliance & Privacy Concerns-Reporting, Investigating & Non-Retaliation Requirements

XIV. HISTORY:

System #01536.99; originally dated 2/14
Reviewed/Revised: 01/15; 12/2017

Attachments:

No Attachments

Approval Signatures

Step Description	Approver	Date
Administrator	Karen Whitten: POLICY & PROCEDURE COORD	4/26/2019
Director, OPS & Privacy Compliance	Bernadine Flores: DIR OPS & PRIVACY COMPLIANCE	4/24/2019
	Curtis Carlson: HIPAA CONTRACT/POLICY COORD	4/11/2019

Applicability

Chula Vista, Copley, Coronado, Grossmont, HLA Lab, HealthPlan, Mary Birch, McDonald Center, Memorial, Mesa Vista, Sharp HealthCare, Sharp Rees Stealy, System Services

COPY



Current Status: *Active*

PolicyStat ID: 3489295



Origination: 6/1/2010
Effective: 12/27/2017
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Last Revised: 12/27/2017
Next Review: 12/26/2020
Owner: *Jennifer Balanky: MGR DIGITAL CONTENT*
Policy Area: *Information Systems*
References: *All Sharp HealthCare, Information Systems, Policy*
Applicability: *Sharp Healthcare System-wide*

Social Media / Networking Websites, 13522

I. PURPOSE:

The purpose of this document is to provide guidelines for Sharp HealthCare employees, physicians, volunteers, staff and auxiliary members who participate in social media.

II. DEFINITIONS:

For the purposes of this document, **social media** is any tool or service that facilitates conversations over the Internet. Social media applies not only to traditional big names, such as Facebook, Twitter and LinkedIn, but also to other platforms that include user conversations. Platforms such as YouTube, Flickr, Yelp, Nextdoor, blogs and wikis are all part of social media.

"@sharp.com email account" is used for business purposes and your @sharp.com email account may not be used for external communications and non-SHARP events.

Blog – short for "web log," a blog is an online journal, usually maintained by one or a small number of people that provides readers the ability to add comments and ask questions.

Comment – a response to an article, post or another comment on a web site.

PHI – protected health information.

Post – an entry made by someone on a blog or other social media site such as Facebook or Twitter

Social media – online and mobile communication tools that allow people to generate content and engage in peer-to-peer conversations and social interactions.

Social networking – the act of using social media tools to engage with individuals or businesses online.

Tweet – an entry made by someone on Twitter. Tweets are limited to 280 characters.

Unintended consequences - Failure to comply with these guidelines may lead to revocation of your privilege to participate in social media on behalf of Sharp HealthCare and/or may result in corrective action (in accordance with Sharp's [Coaching and Corrective Action Policy #04306](#)) up to and including termination of employment.

III. TEXT:

The rapid growth of social media technologies combined with their ease of use and pervasiveness make them attractive channels of communication. However, these tools also hold the possibility of a host of unintended consequences. To help you identify and avoid potential issues, we have compiled these guidelines. They are examples of best practices from various sources and are intended to help you understand, from a wide range of perspectives, the implications of participation in social media.

There are two categories of participation that affect Sharp:

- Sharp team members' personal social media activity
- Sharp HealthCare corporate social media activity

Employees whose use of social media and external websites while at work or on the Sharp network must comply with Sharp's Acceptable Use Policy (#13521) and departmental guidelines. Employees are required to sign a written acknowledgement that they have received, read, understood and agreed to comply with the company's social networking policy and any other related policies. In addition, social media sites are not universally available to all Sharp users and on all Sharp computers or devices. Access to social media sites may be limited by Human Resources or department managers; sites are not available on shared clinical workstations; and sites may be restricted if they have malware, viruses or content that is inappropriate or a danger to the Sharp network.

In addition to the reflection it casts on Sharp HealthCare, your use of social media for, on behalf of, or with reference to Sharp could also trigger the reporting policy of Sharp's Corporate Compliance program (#01514.99). If you observe or become aware of any inappropriate use of any social media and/or networking websites by people representing or claiming to represent Sharp, or by people using accounts or equipment associated with Sharp, it is your responsibility to report such use to your entity Compliance Liaison, Corporate Compliance, the Sharp Confidential Hotline, or Human Resources.

Rules for Personal Participation in Social Media Involving Sharp HealthCare

Sharp respects the rights of employees to participate in social media on their personal time outside of Sharp HealthCare.

1. You are personally responsible for what you post.
2. Use your personal email address for personal online activity. Do not use your @sharp.com email address.
3. When discussing Sharp HealthCare, disclose your relationship to Sharp (e.g. employee, affiliated physician or volunteer) and make it clear that your views do not represent those of Sharp HealthCare, fellow employees, affiliated physicians, volunteers, customers, suppliers or people working on behalf of Sharp HealthCare. Express only your personal opinions. Never represent yourself as a spokesperson for Sharp HealthCare (unless designated by senior management). You are welcome to repost, retweet or promote other news and information from Sharp HealthCare's consumer website, www.sharp.com; Sharp HealthCare's news site, www.sharp.com/news; or Sharp HealthCare's public social networks, such as Facebook and Twitter.
4. Readers may interpret your comments differently from how you intended; take care in how you represent information about Sharp.
5. Comply with the rules for use and other terms of service provided by the social media platform.
6. Do not post on personal blogs or social networking sites photographs of other employees without their consent, nor those of patients, clients, vendors or suppliers. Do not post photographs of persons engaged

in company business or at company events.

You are cautioned that you should have no expectation of privacy while using the Internet on company time or with company resources. Your public postings can be reviewed by anyone, including Sharp HealthCare. Sharp reserves the right to monitor comments or discussions about the company, its employees, patients, clients and the industry, including products and competitors, posted on the Internet by anyone, including employees and non-employees. Sharp uses blog-search tools and software to monitor forums such as blogs and other types of personal journals, diaries, personal and business discussion forums, and social networking sites.

Some departments or groups may wish to establish a social media presence to connect with each other outside of work. Participants are expected to protect the privacy of Sharp HealthCare, its employees and its customers, and must refrain from using the site to post confidential or proprietary information about Sharp and its operations in these venues or otherwise act in a manner that would violate Sharp HealthCare's policies. Participation in a social media group is strictly voluntary; Sharp employees are not required to participate in department or group sites that are outside the Sharp HealthCare network (i.e. SharpNet, Sharp.com and other Sharp-managed websites).

IV. Rules for Corporate Participation in Social Media

Sharp HealthCare has an active corporate social media strategy that is managed by the Digital Marketing department in the Marketing Division.

The creation of official accounts in external websites or social networks (e.g. Twitter account, Facebook page or profile, etc.) on behalf of Sharp HealthCare must be approved and coordinated through the Sharp Digital Marketing department. Sharp's Digital Marketing department oversees all social media efforts and Sharp's participation in social media networks.

Sharp HealthCare must ensure that use of these communications maintains Sharp's brand identity, integrity and reputation while minimizing actual or potential legal risks, whether used inside or outside the workplace.

1. All official websites and social networking sites managed on behalf of Sharp must be approved and created by Digital Marketing.
2. Use of external websites for **work-related** purposes (e.g. photo sharing, blog for internal audiences or Facebook page/profile for a department) must be approved by Digital Marketing.
3. You are responsible for what you post or any online activity you do on behalf of Sharp or while using your @sharp.com email account. Protect your login information and password.
4. Identify yourself as a Sharp employee and use your real name. Do not use aliases.
5. Digital Marketing may recruit staff to participate in social media discussions. When participating in this capacity, staff must identify themselves as Sharp employees and represent themselves as speaking on behalf of Sharp.
6. Never comment on Sharp's legal matters, peer review and/or QVR (Quality Variance Review) matters.
7. Do not comment or report on internal communications from Sharp without prior written approval from Digital Marketing. Internal communications – including *Experience Sharp* magazine, Sharp Communications, content from SharpNet (Sharp's intranet), etc. – should not be made public, unless authorized by Digital Marketing.
8. Comments, posts and/or replies made on behalf of Sharp must comply with Sharp's social media protocol, and policies and procedures.

9. Do not share Sharp's proprietary information, intellectual property, or confidential patient information except as permitted by Sharp's policies.
10. Sharp company logos may only be used as profile images for official company pages. Permission for use must be granted by Digital Marketing.
11. Patient confidentiality and privacy must always be protected; patients and employees must sign release forms to be featured on social media sites by Sharp, or for Sharp to use any protected health information (PHI) online.
12. Follow Sharp's Code of Conduct and HIPAA guidelines.
13. Comply with the rules for use and other terms of service provided by the social media platform.
14. Upon termination from Sharp HealthCare, transfer of password control will take place with the employee's manager for all Sharp HealthCare sponsored websites and social media platforms. In addition, passwords must be made known for proprietary department software.

Failure to comply with these guidelines may lead to revocation of your privilege to participate in social media on behalf of Sharp HealthCare and/or may result in corrective action (in accordance with Sharp's Coaching and Corrective Action Policy #04306) up to and including termination of employment. In addition, you may be prosecuted by law and/or held personally liable for HIPAA violations and company confidentiality violations, slanderous remarks and/or defamation of others.

Guidelines for Participation in Social Media

Regardless of whether your social media activity is personal or on behalf of Sharp, follow these guidelines.

1. Write in the first person. "(I like cake.)"
2. Be transparent. Do not impersonate any other person or allow another person to use your identity to post or view comments.
3. Be careful and thoughtful in what you post. Once a comment is posted, it's out for everyone to read. Remember that anything you post may be used against you legally.
4. Do not post any information or rumors that you know to be false about Sharp HealthCare, fellow employees, members, patients, customers, suppliers, people working on behalf of Sharp HealthCare or competitors.
5. Do not post in anger or in defensive mode – it can backfire and display a negative representation of you and of Sharp. Pause and think before responding to a comment – especially in a heated debate.
6. Do not use language that discriminates based on race, religion, age, gender, sexual orientation, sexual identity, disability, or any other protected class.
7. Do not post anything that is obscene, abusive, defamatory, threatening or otherwise illegal.
8. Do not post advertisements, business solicitations or spam.
9. Do not post materials that are copyrighted or trademarked by other organizations/people.
10. Do not discuss individual patients, PHI, or anything that could be reasonably perceived as PHI.

V. REFERENCES:

None

VI. ORIGINATOR:

Information Systems

VII. LEGAL REFERENCES:

None

VIII. ACCREDITATION:

None

IX. CROSS REFERENCES:

- A. Sharp policy #04306 - "Coaching and Corrective Action"

X. ATTACHMENTS:

None

XI. APPROVALS:

- A. Policy & Procedure Steering Committee – 06/10
- B. Compliance Department – 02/10
- C. Legal Department – 04/10
- D. Human Resources – 04/10; 10/12,08/14
- E. Information Systems – 04/10; 10/12; 12/17

XII. REPLACES:

None

XIII. HISTORY:

System #13522; originally dtd 06/10
Reviewed/Revised: 10/12, 08/14; 12/17

Attachments:

No Attachments

Applicability

Chula Vista, Copley, Coronado, Grossmont, HLA Lab, HealthPlan, Mary Birch, McDonald Center, Memorial, Mesa Vista, Sharp HealthCare, Sharp Rees Stealy, System Services



Current Status: *Active*

PolicyStat ID: 6366792



Origination: 4/1/1985
Effective: 6/5/2019
Last Approved: 6/5/2019
Last Revised: 6/5/2019
Next Review: 6/4/2022
Owner: *Kevin Howell: DIR DEVICE ARCHITECT/DEPLOY-IS*
Policy Area: *Information Systems*
References: *All Sharp HealthCare, Policy, Software*
Applicability: *Sharp Healthcare System-wide*

Software Code of Ethics - Copyright Laws, 13150

I. PURPOSE

To establish guidelines, consistent with copyright laws, which prohibit the making and using of unauthorized software copies.

II. DEFINITIONS:

None

III. TEXT

Unauthorized duplication and/or use of copyrighted computer software violates the law and is contrary to Sharp's standards of conduct. Sharp disapproves of such copying and recognizes the following principles as a basis for preventing its occurrence:

- Workforce members will only use software authorized by Sharp management.
- Workforce members will use Sharp standard and approved PC configurations which includes End Point Management software installed by IT which allows Sharp to audit for software compliance. (See policy 13011.99)
- Sharp will neither engage in nor tolerate the making or using of unauthorized software copies under any circumstances.
- Sharp will provide legally acquired software to meet the legitimate software needs in a timely fashion and in sufficient quantities for all our computers.
- Sharp will comply with all licenses or purchase terms regulating the use of any software it acquires or uses.
- Sharp will enforce strong internal controls to prevent the making or using of unauthorized software copies, including effective measures to verify compliance with these standards and appropriate disciplinary measures for violation of these standards.

Sharp licenses the use of proprietary, copyrighted software from a variety of outside vendors. In doing so, the vendor retains ownership of the software. Copyright laws protect the rights of the owners. These laws, in addition to license contracts with vendors, restrict the making and using of software copies. Sharp is committed to fully comply with these laws and the specific terms and conditions in the agreed upon license contracts.

It is management's responsibility to be aware of, and comply with the license contracts for the software used and to inform their employees of their obligation to comply with these license agreements, including restrictions on making and using software copies.

Sharp employees, vendors and contractors who make or use unauthorized software copies will be subject to corrective action, up to and including, discharge.

The making or using of unauthorized software copies, for any reason, could subject Sharp and the individuals involved to litigation, civil damages and criminal penalties, including fines and imprisonment.

It is the responsibility of all Sharp employees who learn of the making or using of unauthorized software copies, under any circumstance, to notify their department manager immediately.

III. REFERENCES:

None

ORIGINATOR:

Information Technology

LEGAL REFERENCES:

Federal Copyright Laws

IV. CROSS REFERENCES:

None

V. ATTACHMENTS:

None

VI. APPROVALS:

- A. SDHA Executive Team - 5/94, 1/07
- B. Information Systems - 04/95; 01/99, 11/01, 1/07;
- C. Information Systems Security Advisory Committee - 11/04, 1/07; 02/10; 04/13; 04/16

VII. REPLACES:

SHC document #6007

VIII. HISTORY:

System #13150: originally dtd 4/95
Reviewed/Revised:06/98 (SMBHW), 01/99; 11/01; 11/04; 02/07; 02/10; 05/13; 05/16

Attachments:

No Attachments

Approval Signatures

Step Description	Approver	Date
Administrator	Karen Whitten: POLICY & PROCEDURE COORD	6/5/2019
	Kevin Howell: DIR DEVICE ARCHITECT/DEPLOY-IS	5/28/2019

Applicability

Chula Vista, Copley, Coronado, Grossmont, HLA Lab, HealthPlan, Mary Birch, McDonald Center, Memorial, Mesa Vista, Sharp HealthCare, Sharp Rees Stealy, System Services

COPY



Current Status: Active

PolicyStat ID: 6736541



Origination: 2/1/1997
Effective: 7/30/2019
Last Approved: 7/30/2019
Last Revised: 7/30/2019
Next Review: 7/29/2020

Owner: Dennis Kaskovich: DIR
 SECURITY & PARKING

Policy Area: Security

References: All Sharp HealthCare, Plan,
 Security, TJC-Environment of
 Care, TJC-Human Resources

Applicability: Sharp Healthcare System-wide

Violence in the Workplace: Policy & Prevention Plan, 18803.00

I. PURPOSE

To describe Sharp HealthCare's Workplace Violence Prevention Plan and identification of responsible individuals and organizational strategies for education, prevention and response to workplace violence.

II. DEFINITIONS

Management - A collective term to mean any level of administrative personnel coordinating or directing staff positions or representing SHC in an administrative capacity.

Threat of Violence - A statement or conduct that causes a person to fear for his or her safety, the safety of others, or the integrity of Sharp facilities and resources, which threat occurs under circumstances in which it is reasonable to conclude that the target of the threat might be physically injured or damaged, and which serves no legitimate purpose.

Sharp HealthCare Team Member - Includes anyone performing work for Sharp or providing care to Sharp patients.

Workplace Violence - Any act of violence or threat of violence that occurs at the work site. The term workplace violence shall not include lawful acts of self-defense or defense of others. The intent of the actual act is not relevant to the reporting process nor does intent mitigate the requirement to report. Workplace violence includes the following:

- A. The threat or use of physical force against any Sharp HealthCare team member that results in, or has a high likelihood of resulting in, injury, psychological trauma, or stress, regardless of whether the employee sustains an injury.
- B. An incident involving the threat or use of a firearm or other dangerous weapon, including the use of common objects as weapons, regardless of whether the Sharp HealthCare team member sustains an injury.
- C. Four workplace violence types:
 1. "Type 1 violence" means workplace violence committed by a person who has no legitimate business at the work site, and includes violent acts by anyone who enters the workplace with the intent to

commit a crime.

2. "Type 2 violence" means workplace violence directed at employees by customers, clients, patients, students, inmates, or any others for whom an organization provides services.
3. "Type 3 violence" means workplace violence against an employee by a present or former employee, supervisor, or manager.
4. "Type 4 violence" means workplace violence committed in the workplace by someone who does not work there, but has or is known to have had a personal relationship with an employee.

Workplace Violence Prevention Plan, or "Plan" – This document, related policies, and associated training and departmental guidance materials developed in relation to preparing the Sharp workforce to anticipate, avoid and respond to incidents of threats or workplace violence

III. TEXT:

Sharp HealthCare is committed to providing a safe and secure environment for the provision of care. Recognizing the potential risks associated with violence in the work environment, Sharp HealthCare investigates all threats to patients, staff and facilities. Appropriate corrective action up to and including termination may be initiated because of the investigation recommendations. Notification of threats must be made to the victim's supervisor or manager as soon as possible.

The level of corrective action will be determined by entity administration, in collaboration with (as may be indicated) Security, Safety, Human Resources, Legal Affairs and clinical/staff representatives, and based on factors including, but not limited to:

- A. The effect of a threat on patients, visitors, employees and/or
- B. The impact on the work environment
- C. Any accusations of workplace violence

Threats, including of workplace violence or otherwise involving elements of intimidation, harassment or coercion, which involve patients, staff, visitors and/or other individuals on the Sharp HealthCare campus, will not be tolerated or permitted. Sharp expressly encourages employees to seek assistance and intervention under the Workplace Violence Protection Plan, including from law enforcement, when a threat or workplace violence incident occurs, and will neither take nor permit punitive or retaliatory action against such employees.

A. AUTHORITY AND RESPONSIBILITY

Sharp HealthCare shall establish rules and behavioral expectations designed to reasonably anticipate and respond to threats and workplace violence. Coordination of Plan components will be the responsibility of the Security Department leadership, with assistance as needed from Safety, Human Resources, and Legal Affairs, and including appropriate input from employees and employee groups. Effective implementation of the Workplace Violence Prevention Plan depends on all staff to refrain from engaging in violent or threatening conduct and assume responsibility for maintaining a safe work environment.

1. **Security Responsibilities** - The Security Department's responsibilities include assessing and suggesting improvements to increase Sharp HealthCare's readiness to workplace violence through:
 - a. Response to and after-action review of threats and incidents of workplace violence, and advising on use of prevention techniques and reaction strategies.
 - b. Developing skills and expertise related to threats and workplace violence.

- c. Establishing liaison with law enforcement, emergency and social services.
 - d. Assisting in the provision of prevention education and training to staff
 - e. Establishing and maintaining policies and procedures for response to threats and workplace violence.
2. **Management Responsibilities** - Management is responsible for keeping their employees knowledgeable of SHC's policies as they relate to workplace violence. They are expected to maintain an environment free from threats and workplace violence through adherence to policy, observation of staff activities and through communication of rules and behavior expectations. Management responsibilities also include:
- a. Be alert to early warning signs of violence and report any occurrence to Security or entity administration, as needed.
 - b. Facilitate each employee's awareness of threats and workplace violence, including how to predict them, potentially avoid them, and to respond appropriately when they occur.
 - c. Provide training and information to staff to clarify responsibilities within the Workplace Violence Prevention Plan.
 - d. Initiate investigation of any reports of threats or violent acts.
 - e. Participate in investigations and response recommendations as required.
 - f. Continue to communicate the Workplace Violence Prevention Plan with Sharp vendors and contractors whose personnel work in or on the same facility, unit or service.
 - g. Report any threats or acts of violence to security or administration, as well as to law enforcement authorities as needed.
 - h. Record known threats or acts of workplace violence in the designated workplace violence log.
 - i. Document noted concerns or potential issues between foreseeably affected shifts and units. (PRV Policy).
3. **Employee Responsibilities** - All employees are responsible for the maintenance of an environment free from threats and violence. Each employee is expected to:
- a. Possess the knowledge and skill to avoid engaging in threats and workplace Violence.
 - b. Participate in training and receive information regarding threats and workplace Violence.
 - c. Understand that engaging in threats or acts of violence will result in disciplinary actions
 - d. Report any threats or acts of violence to management, security or administration, as well as to law enforcement authorities, as needed.
 - e. Actively participate in activities to prevent threats and workplace Violence.
 - f. Not bring any weapon, or any inherently dangerous item or substance, to any workplace or anywhere on Sharp HealthCare property, absent permission from Sharp Management and a work-related purpose.
 - g. Record known threats or acts of workplace violence in the designated workplace violence log.
 - h. **Remain vigilant for Warning Signs of Potential Violence** - Potentially violent persons may not fit a predetermined "profile", but these general signs and symptoms may signal a propensity for violent behavior, including but not limited to:

- i. Increased isolation from the work group or work area.
- ii. Frequent disputes and feelings of being wronged or misunderstood.
- iii. Rationalized, inappropriate behavior.
- iv. Harassment of co-workers.
- v. Preoccupation with retribution.
- vi. Verbal threats, casual or direct.
- vii. Threatening conduct or intimidation.
- viii. Changes in usual behavior, which are more combative, and of concern to others.

i. **Be Knowledgeable of Personal Response to Threat and Workplace Violence:**

- i. Avoid confrontation and retreat to a safe place if possible.
- ii. Notify others, get help as needed. Call Security and/or 911.
- iii. Remain calm. Do not threaten or agitate the offender.
- iv. Isolate the area as much as possible. Wait for assistance.

B. COMMUNICATION

The following programs have been implemented to facilitate communication amongst management and staff regarding workplace violence.

1. New Employee Orientation and subsequent Annual Safety Education provides staff with information regarding workplace violence prevention, avoidance techniques and response expectations.
2. Workplace Violence Prevention and other related education programs provide detailed information to management and staff regarding detection of violent propensities, identification of emergent situations, diffusion of angry individuals, avoidance of violence and response protocols in the event of a violent act.

C. ONGOING ASSESSMENT AND COMPLAINT RESPONSE

1. **Assessment** - The following activities will be conducted to assess the risk of violence:
 - a. The Security Department will conduct annual assessments of each SHC campus and surrounding community to determine the risk level for potentially violent situations.
 - b. Management, Security, Human Resources and Employee Assistance Department will routinely assess personnel as part of day-to-day operations.
 - c. Human Resources, Administration, and others involved by the Plan in investigation and/or recommending responses, as needed and coordinated by Sharp Security, shall seek the active involvement of employees and their representatives in developing and revising training curricula, materials, and conducting training sessions.
 - d. Corrective action for those responsible for the threat or workplace violence, at the discretion of HR and Administration, up to and including suspension or termination
2. **Physical Barriers and Equipment** - In response to concerns identified during the assessment process, physical security barriers may be recommended for fixed workplaces. These may include:
 - a. Posted Security Officers.
 - b. Security glass separations.

- c. Locks, including electronic access controls.
 - d. Alarms.
 - e. Sensor monitoring systems.
 - f. Other equipment as recommended by the assessment.
3. Sharp Response to Threats of Violence - Once a threat of violence has been reported as described in the Plan, the following actions may be implemented:
- a. Security to respond to scene of potential threats and workplace violence as soon as possible, assess situation and act to protect Sharp staff, patients, and visitors, and to investigate concerns as appropriate.
 - b. Incident debriefing will occur after a threat and workplace violence incident.
 - c. Employee Assistance referrals for those affected by threat and workplace violence.
 - d. Immediate suspension and/or other corrective action up to and including termination at the discretion of HR and Administration.
 - e. Notification of local law enforcement..

D. TRAINING AND EDUCATION

1. **All Employees** - All employees, including temporary personnel and, as applicable, contractors, will receive initial and ongoing training regarding the Workplace Violence Prevention Plan, including:
- a. An explanation of the Workplace Violence Prevention Plan, including the general and personal safety measures, how employees may communicate concerns about workplace violence without fear of reprisal, how the employer will address workplace violence incidents, and how the employee can participate in reviewing and revising the plan.
 - b. How to recognize the potential for violence, factors contributing to the escalation of violence and how to counteract them, and when and how to seek assistance to prevent or respond to violence.
 - c. Strategies to avoid physical harm.
 - d. How to report violent incidents to law enforcement.
 - e. Any resources available to employees for coping with incidents of violence, including, but not limited to, critical incident stress debriefing or employee assistance programs.
 - f. An opportunity for interactive questions and answers with a person knowledgeable about the employer's workplace violence prevention plan.
 - g. Additional training shall be provided when new equipment or work practices are introduced or when a new or previously unrecognized workplace violence hazard has been identified. The additional training may be limited to addressing the new equipment or work practice or new workplace hazard.
 - h. Employees performing patient contact activities and those employees' supervisors shall be provided refresher training at least annually to review the topics included in the initial training and the results of the annual review required in subsection (e). Refresher training shall include an opportunity for interactive questions and answers with a person knowledgeable about the employer's workplace violence prevention plan.
2. Employees assigned to respond to alarms or other notifications of violent incidents or whose

assignments involve confronting or controlling persons exhibiting aggressive or violent behavior shall be provided training on the following topics prior to initial assignment and at least annually thereafter. This is in addition to the training required in subsection (1). This additional training shall include:

- a. General and personal safety measures;
 - b. Aggression and violence predicting factors;
 - c. The assault cycle;
 - d. Characteristics of aggressive and violent patients and victims;
 - e. Verbal and physical maneuvers to defuse and prevent violent behavior; Strategies to prevent physical harm;
 - f. Restraining techniques;
 - g. Appropriate use of medications as chemical restraints;
 - h. An opportunity to practice the maneuvers and techniques included in the training with other employees they will work with, including a meeting to debrief the practice session. Problems found shall be corrected.
3. All personnel present in health care facilities, services, and operations shall be trained on the employer's Plan and what to do in the event of an alarm or other notification of emergency. Non-employee personnel who are reasonably anticipated to participate in implementation of the Plan shall be provided with the training required for their specific assignments.

E. RECORD KEEPING AND REPORTING

1. Sharp maintains a designated log that is the repository of all WPV events. Regulatory Affairs shall maintain oversight and final review on submitted events and shall report to Cal OSHA any incident of threat or workplace violence that results in injury, involves the use of a firearm or other dangerous weapon, or present an urgent or emergent threat to the welfare, health or safety of hospital personnel, within 24 hours. All other incidents of violence will be reported within 72 hours.
2. Security will also document the incident in the internal Security incident reporting system as appropriate.
3. This policy assigns responsibility to designated Staff and Supervisors for the submission of any WPV incident report.
4. Reports shall be made regardless of actual injury, and regardless of whether the reporter is the target/victim of an incident of threat or workplace violence, or any other employee.

IV. REFERENCES:

- A. California Penal Code Sections 240, 242
- B. California Health and Safety Code Section 1257.7:
- C. California Code of Regulations Title 8, Section 3342 Violence Prevention in HealthCare
- D. Assembly Bill 508, Signed October 8, 1993, Effective January 1, 1995.
- E. Health and Safety Code, Section §1257.7 and §1257.8
- F. Labor Code §6401.08
- G. Welfare and Institutions Code, Section §14083

H. Cal/OSHA, The Joint Commission

I. California Code of Regulations Title 8, Division 1, Chapter 4, Subchapter 7, Group 2, Article 7 (§§3342-3349).

V. CROSS REFERENCES:

A. SHC Policy and Procedures #18807.99 Reporting of Patient Assaults Against Healthcare Workers

B. SHC Policy and Procedures #18804 Use of Force Policy

C. SHC Policy and Procedures #18625.99 Risk for Violence Alert Policy

VI. ORIGINATORS:

A. Safety Management Subcommittee

B. Human Resources Division

VII. LEGAL REFERENCES:

A. Assembly Bill 508, Signed October 8, 1993, Effective January 1, 1995.

B. Health and Safety Code, Section 1257.7 and 1257.8

C. Welfare and Institutions Code, Section 14083

D. Cal/OSHA, The Joint Commission

VIII. ACCREDITATION:

A. TJC-HR

B. TJC-EC

IX. APPROVALS

Safety Management Subcommittee	03/97; 04/02; 12/05; 02/09; 06/13; 07/17, 7/18, 07/19
Environmental Health and Safety Steering Committee	02/97 (original document approval only)
Human Resource Division	01/00; 02/02; 12/05; 02/09; 01/11, 11/14; 6/18
Legal	06/17, 6/18; 04/19
Workplace Violence Workgroup	06/17, 6/18; 04/19
System Policy and Procedure Steering Committee	02/97, 6/18
Security Governance Committee	07/17, 7/18; 04/19

X. HISTORY:

System #18803.00; originally dtd 2/97

Revised/Reviewed: 6/98-added SMBHW;1/00-combined Threat/Violence Policy (#04308.99) herein;02/

00-minor typo changes; 12/02;12/05; 02/09; 01/11-added text re: weapons at work; 06/13;11/14; 04/17; 07/17;

07/18; 7/19

Attachments:

No Attachments

Approval Signatures

Step Description	Approver	Date
Administrator	Karen Whitten: POLICY & PROCEDURE COORD	7/30/2019
	Dennis Kaskovich: DIR SECURITY & PARKING [KW]	7/30/2019

Applicability

Chula Vista, Copley, Coronado, Grossmont, HLA Lab, HealthPlan, Mary Birch, McDonald Center, Memorial, Mesa Vista, Sharp HealthCare, Sharp Rees Stealy, System Services

COPY



QUALITY AND PATIENT SAFETY



Quality & Patient Safety

Keeping Patients Safe

Sharp HealthCare's Strategic Plan for Patient Safety

- *Culture*
- *Teamwork/Communication*
- *Technology*
- *Design*

Sharp's High-Reliability Organization (HRO) Model

Patient Safety Resources

Instructions for Reporting Safety Events

Always Events



Keeping Patients Safe

Sharp's mission is to improve the health of those we serve with a commitment to excellence in all that we do. Ensuring that every patient receives the best quality of care in a safe environment is essential to our overall success.

We believe we can enhance patient safety by focusing on why clinical errors occur and how they are handled. When mistakes do take place, we want everyone to feel safe reporting them.

Sharp's Patient Safety Principles

- 1. Create an open learning environment** that broadens our understanding of human error as well as the quality of our everyday decisions.
- 2. Design safe processes and systems** that minimize human error, capture errors before they become critical, and allow for recovery when errors do occur.
- 3. Respond to errors in a fair and consistent manner** by distinguishing human error and at-risk behavior from reckless behavior.
- 4. Openly share lessons learned** to encourage safe patient practices.

A Fair and Open Safety Culture

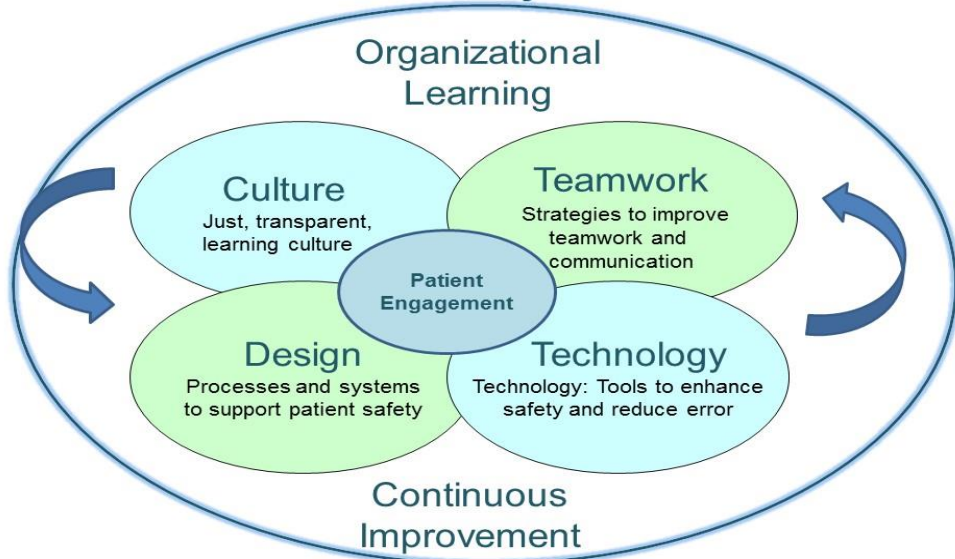
We can all do our part to make the best possible choices and create a safe experience for the patients, staff and physicians at Sharp. It's the right thing to do.

How You Can Help

- Speak up for patient safety and intervene when you sense patient safety is in jeopardy.
- Assess your own behaviors, workarounds and shortcuts for risk and how they could impact patient safety.
- Share safety issues with your manager or department leaders so others can learn from them.
- Work with your department leaders to design safer patient care processes and systems.

For more information about Sharp's commitment to patient safety and to read real-life stories of safety errors and lessons learned, visit <http://sharpnet/patientsafety>.

Sharp HealthCare's Strategic Plan for Patient Safety



NEW EMPLOYEE ORIENTATION Patient Safety

Patient Safety Overview

To Err is Human, 1999

Why Should I Care?

The Institute of Medicine's 1999 report, *To Err is Human*, revealed staggering statistics about the extent of the patient safety problem in the United States.

- As many as 44,000-98,000 patients die from preventable medical errors each year
- Medical errors are the leading cause, followed by surgical mistakes and complications
- More Americans die from medical errors than from breast cancer, AIDS, or car accidents
- 7% of hospital patients experience a serious medication error

Since this study, subsequent studies have revealed that deaths associated/caused by preventable medical errors is closer to **200,000-400,000** deaths each year.

Why Are There So Many Errors in Health Care?

"Errors are made by highly competent, careful and conscientious people for the simple reason that everyone makes mistakes everyday!"

Lucian Leape, Pediatric Surgeon and Leader in Patient Safety

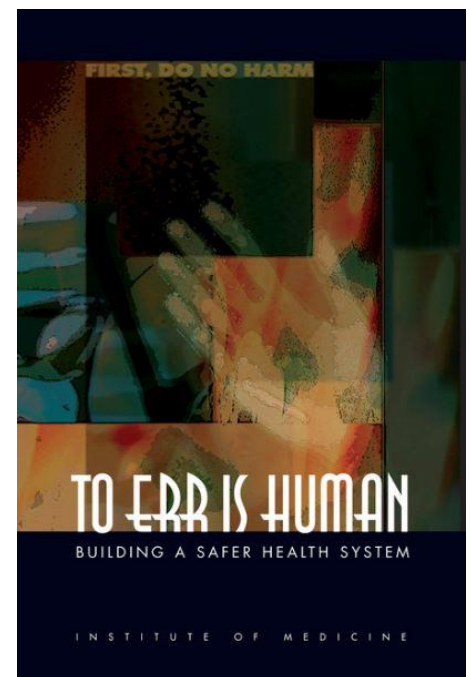
Human Limitations:

- Stress creates tunnel vision/task fixation
- Short-term memory limited to 5-7 items, e.g. phone numbers or computer passwords
- Interruptions, distractions, multi-tasking decrease focus
- Fatigue and other physiological conditions reduce mental processing ability and judgement

Systems Thinking:

Health care is a human-based system, where people, not machines, do most of the important work. In systems thinking, system problems cause most of the errors, but all people are presumed to be capable of experiencing human error. System factors that shape the behaviors of individuals at the "sharp end":

- Structure
- Policy and Protocol
- Culture
- Work Processes
- Technology and Environment



How to Improve Patient Safety through High Reliability:

Adoption of a high reliability mindset in the workplace involves teaching all individuals to critically think about their work and perform reliable behaviors that ensure all our processes are working as intended, consistently over time."

Michael W. Murphy

President and CEO

SHC's High-Reliability Organization (HRO) Commitment

Sharp is committed to ensuring highly reliable systems, structures, processes, and behaviors to achieve zero defects and zero harm to employees, physicians, and patients and their families.

Sharp's HRO Model





Committing to High Reliability Summary Sheet

At Sharp HealthCare, it is our vision to be the best place to work, practice medicine and receive care. We are committed to achieving **zero harm** and **zero defects** to employees, physicians, and patients and their families.

Mutual respect is the cornerstone to ensuring zero harm and zero defects, as reflected in the foundational tools of The Sharp Experience Behavior Standards, Must Haves and AIDET.

I commit every day to:

Practice:

Pay attention to detail

- 1 STAR (Stop, Think, Act, Review)
- 2 Cross-monitoring

Healthcare Performance Improvement (HPI) consultants found that **17.4%** of our Serious Safety Events from 2013-2014 were related to **lack of attention**.

Communicate clearly

- 1 Closed loop communication
- 2 SBAR (Situation, Background, Assessment, Recommendation)

Use critical thinking

- 1 Know why and comply
- 2 A questioning attitude
- 3 Validate and Verify

Healthcare Performance Improvement (HPI) consultants found that **32%** of our Serious Safety Events between 2012 and 2015 were attributed to **failures in critical thinking**.

Speak up for safety and respect

- 1 Making it safe to speak up
- 2 Asking a clarifying question
- 3 CUS (Concerned, Uncomfortable, Stop)

Learn and improve

- 1 Reliability Huddles and Debriefs
- 2 Ownership for reporting issues and offering solutions
- 3 Receiving and giving thoughtful feedback
- 4 Standard Work and process improvement tools

To learn more, visit sharpnet.sharp.com/HRO.

Patient Safety Resources

**Real Learning (RL)
Solutions
Internal electronic
reporting**

<http://sharpnet.sharp.com/patientSafety/Real-Learning-for-Solutions-Formerly-eQVR.cfm>

**Great Catch
Program**

<http://sharpnet.sharp.com/patientSafety/Great-Catch-Award-Winners.cfm>

Patient Safety

<http://sharpnet.sharp.com/patientSafety/index.cfm>

**Safe Medication
Practices**

<http://sharpnet.sharp.com/pharmacy/Safe-Medication-Practices.cfm>

TeamSTEPPS

<http://sharpnet.sharp.com/patientSafety/TeamSTEPPS.cfm>

Lean Six Sigma

<http://sharpnet.sharp.com/sixSigma/index.cfm>

Always Events

<http://sharpnet.sharp.com/patientSafety/Always-Events.cfm>

*Patient safety resources are available at both the system and entity levels. Access the patient safety webpage for contact information.

Each entity has patient safety resources:

- Directors of Quality and Patient Safety
- Managers of Quality and Patient Safety
- Senior Specialists (Patient Safety)
- Safe Medication Pharmacists

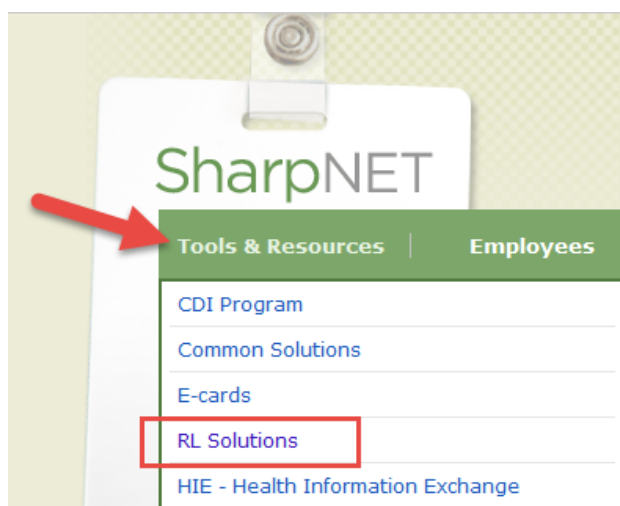
HOW TO REPORT SAFETY EVENTS

We need you to let us know about safety risks and adverse events.

RL Solutions is Sharp HealthCare's online patient safety incident reporting system. This is where users can report patient safety events or hazardous conditions that could impact patient safety. Staff should report events that reach the patient as well as near misses/great catches – events that could have caused harm but were intercepted before reaching the patient. Reporting near misses gives management the opportunity to proactively mitigate risk, and manage safety issues before they reach the patient.

Access to RL can be found on Sharp Intranet and is available for anyone to complete. Follow the instructions below:

From the Sharp Intranet:



Real Learning for Solutions

Use the link below to complete an RL Event. All RL Events at Sharp can be reported anonymously, or with contact information.

[Submit an RL Event \(Formerly eQVR\)](#)

Tools and Resources:

Staff

- [How to submit a RL Event](#)
- [RL Solutions Specific Event Type Picklists](#)
- [RL Risk Icons - Event Type Definitions](#)
- [Quick Facts](#)
- [Peminic to RL Crosswalk](#)

This form does **not** require that you include your name. If you feel more comfortable you can file this report *Anonymously*, without identifying yourself.

What should I report?

- Whenever there is a variance in daily operations
- Whenever a patient is harmed or there is a potential for harm
- An unsafe or hazardous situation that you recognize as a risk for error and potential harm

YOU are a vital part of our patient safety plan Sharp HealthCare. We depend on you to do your part to ensure the safety of our patients!

ALWAYS EVENTS

Always Events...Every Patient, Every Time *Hardwiring Safe Habits for High Reliability*

1. **Patient Identification**: Verify patient ID by using two approved patient identifiers.
2. **Treatment Verification**: Verify the correct treatment for patient against the order or an appropriate document.
3. **Verification of 6 rights of medication administration**: Verify all elements are correct against the order.
4. **Use Alaris Guardrails**: Use Guardrails safety feature for all infusions.
5. **Perform line reconciliation**: Physically trace line and reconcile the solution, pump settings and correct route after each change and with 2 RNs at handoff.
6. **Universal Protocol**: Verify correct patient, procedure and site for every procedure.
7. **Perform Hand Hygiene**: Perform proper hand hygiene practices every time.

Each Always Event has defined standard processes – this is called “standard work”

What is Standard Work and Why is it Important?

A written description of the safest, highest quality, and most efficient way to perform a process or task.

Benefits include:

- Clearly defines specific steps
- Captures best, safest practice
- Reduces variation
- Increases consistency
- Applies to all settings
- Easy to recognize deviation from the norm
- Allows for cross-monitoring

The goal is not to standardize all tasks, but those that directly impact safety or quality.

Take away:

- Identify the Always Events that apply to your position
- Know and apply these standard processes

TEAMWORK AND COMMUNICATION

Team STEPPS Team Training
(Strategies and Tools to Enhance Performance and Patient Safety)



TeamSTEPPS is an evidence-based teamwork system aimed at optimizing patient outcomes by improving communication and other teamwork skills among healthcare professionals. It is rooted in research in high-stress, high risk industries, such as military aviation, not unlike our healthcare settings.

Barriers	Tools and Strategies	Outcomes
<ul style="list-style-type: none"> Inconsistency in team membership Lack of time Lack of information sharing Hierarchy Defensiveness Conventional thinking Complacency Varying communication styles Conflict Lack of coordination and follow-up with co-workers Distractions Fatigue Workload Misinterpretation of cues Lack of role clarity 	<p>Communication</p> <ul style="list-style-type: none"> SBAR Call-out Closed loop communication Handoff <p>Leading Teams</p> <ul style="list-style-type: none"> Brief Huddle Debrief <p>Situation Monitoring</p> <ul style="list-style-type: none"> STEP I'm SAFE <p>Mutual Support</p> <ul style="list-style-type: none"> Task assistance Feedback Assertive statement Two-challenge rule CUS (Concerned, Uncomfortable, Stop) DESC script 	<ul style="list-style-type: none"> Shared mental model Adaptability Team orientation Mutual trust Team performance Patient Safety!

It is essential that any healthcare team member feel empowered and able to speak up when they are concerned about a team member's action or decision. You should advocate for the patient even when your viewpoint is unpopular or in opposition to another person's view. When advocating, assert your viewpoint in a firm and respectful manner. You should also be persistent and persuasive, providing evidence or data for your concerns.

What can YOU do to improve communication and teamwork?

- Cross-monitor team members and **SPEAK UP** when patient safety is in jeopardy
- Perform closed loop communication to verify that you heard a message accurately
- Request closed loop communication if you believe the receiver may not have heard the message
- Use the SBAR format to communicate critical information among team members



Miscellaneous

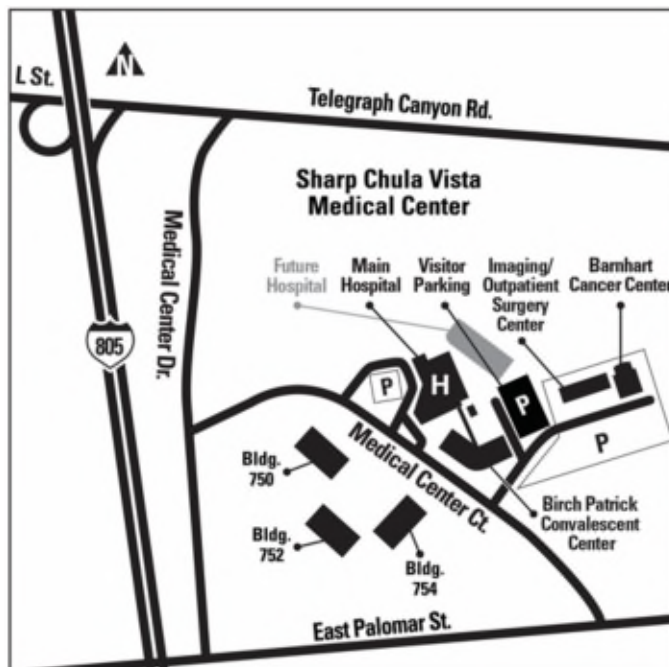
Parking:

- Sharp Chula Vista Medical Center
- Sharp Coronado Hospital
- Sharp Grossmont Hospital
- Sharp Metropolitan Medical Campus
 - Sharp Mary Birch Hospital for Women & Newborns
 - Sharp McDonald Center
 - Sharp Memorial Hospital
 - Sharp Memorial Outpatient Pavilion
 - Sharp Mesa Vista Hospital



Chula Vista Medical Center

SHARP CHULA VISTA MAP AND DIRECTIONS



From I – 805 North

Exit Telegraph Canyon Road and turn right on Medical Center Drive. Turn left on Medical Center Court.

From I – 805 South

Exit Telegraph Canyon Road East and turn right on Medical Center Drive. Turn left on Medical Center Court.

PUBLIC TRANSPORTATION

Location	Bus Stop	Bus Route
Sharp Chula Vista	Medical Center Drive and Medical Center Court	704



SCVMC Parking Structure

Located behind the original hospital tower and adjacent to the new Ocean View Tower, (OVT), and consisting of 718 parking spaces. The structure is open to visitors and staff alike. The structure is accessible from both the north entrance, (off of Telegraph Canyon road), and the South entrance, (off of Palomar road). Both entrances/exits are on 700 Medical center Court, and provide access to both towers of the main Hospital, Birch Patrick Convalescent Center, Outpatient Surgery Center, (MOB), and the Cancer Center.

SCVMC Back Surface Lots

Located south and east of the parking structure, the back surface lots are all accessible from the north and south entrances off of 700 Medical Center Road. Parking restrictions/reserved, such as Handicap, Doctors parking etc., are clearly marked throughout the parking areas. Back surface lots are open to staff, visitors, and patients. Back lots provide ample parking for, both towers of the main Hospital, Birch Patrick Convalescent Center, Outpatient Surgery Center, (MOB), and the Cancer Center.

SCVMC Valet Lot

Valet lot is located just to the north side, off the north entrance, ('Loop road)'. This is a reserved parking lot for valet services only.

SCVMC Emergency Department, (ED) Lot

All parking spaces located adjacent to the Emergency Department, will be designated/reserved for EMS, Fire, and Law Enforcement vehicles only.

SCVMC Front Bi-level Parking Structure

This parking area, in front of the original tower, will be designated/reserved for visitors, and patients for the Emergency Department only. No employee or staff parking will be allowed in this area.

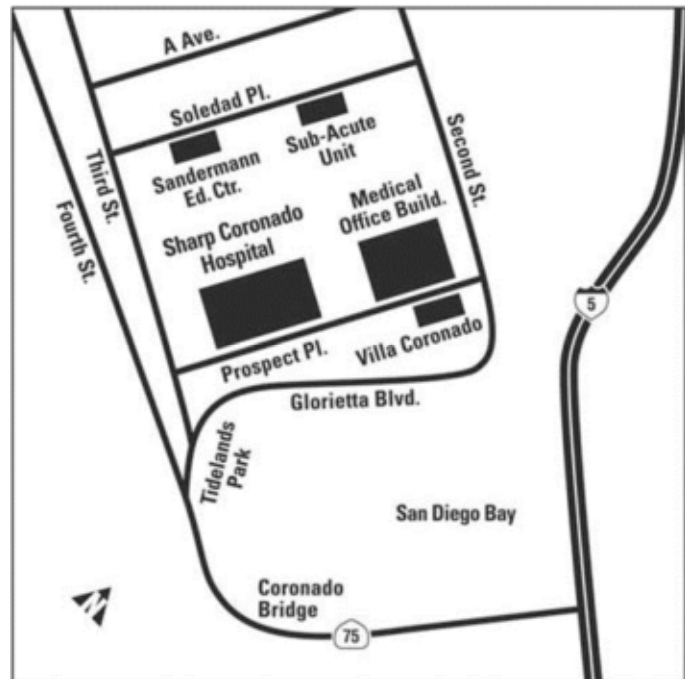
SCVMC General Parking Instructions.

In general all staff parking is located to the rear of the Hospital towers. No employees or staff who work at the main Hospital, Birch Patrick Convalescent Center, Outpatient Surgery Center, (MOB), and or the Cancer Center, are allowed to park anywhere on the west side of 700 Medical Center court. This includes all parking areas surrounding, 750, 752, and 754, Medical center court. All parking areas are patrol and monitored, by Hospital Security.

To contact a member of the Security staff, call 619-502-5800 or ***

Security Manager: Ray Stanley

SHARP CORONADO MAP AND DIRECTIONS



From I-5

- Take I-5 to the Coronado Bridge. Get in the right lane immediately after you exit the bridge and make a right onto Glorietta Boulevard. Go one block and make a left onto Third Street. Turn right on Prospect to Sharp Coronado Hospital. Turn right on Soledad to get to the Sandermann Education Center.

PUBLIC TRANSPORTATION

Location	Bus Stop	Bus Route
Sharp Coronado Hospital	Prospect Place, at Glorietta Blvd and 2 nd Street	901

Parking Photos



Prospect Place

Prospect Place runs between Second and Third Street, and offers direct access to the hospital's main entrance. The parking time limit is 2 hours, from 6 am to 6 pm. Complimentary valet is available for patients and visitors only.



Soledad Place

Soledad Place runs between Second and Third Street, and offers access to the Sandermann Education Center and the Sub-Acute Unit.



Villa Coronado

Sharp's Villa Coronado building has a parking lot, located off of Prospect Place. However, parking in this lot is reserved for patients, physicians, and a limited number of Villa visitors.



Medical Office Building Lot

Located off Prospect Place and not associated with the hospital. The office building parking lot offers parking at a per hour rate for visitors of the medical office building; in addition medical office building physicians and employee parking is available.

SHARP CORONADO EMPLOYEE PARKING

- Street parking is the only location to find a parking space. You can park on the residential streets for up to 72-hours before you are required to move your car.
- During the day, you may have to park 5 to 7 blocks away from the hospital and walk back.
- **Do not park in the shopping parking lot as your car maybe towed**

To contact a member of the Security staff, call 619-522-3600 or ***

Security Manager: Cedric Parish

Security Lead: John Anzalone



5555 Grossmont Center Drive
La Mesa, CA 91942
(619) 740-6000

Map and Directions



Directions From I-8 Eastbound

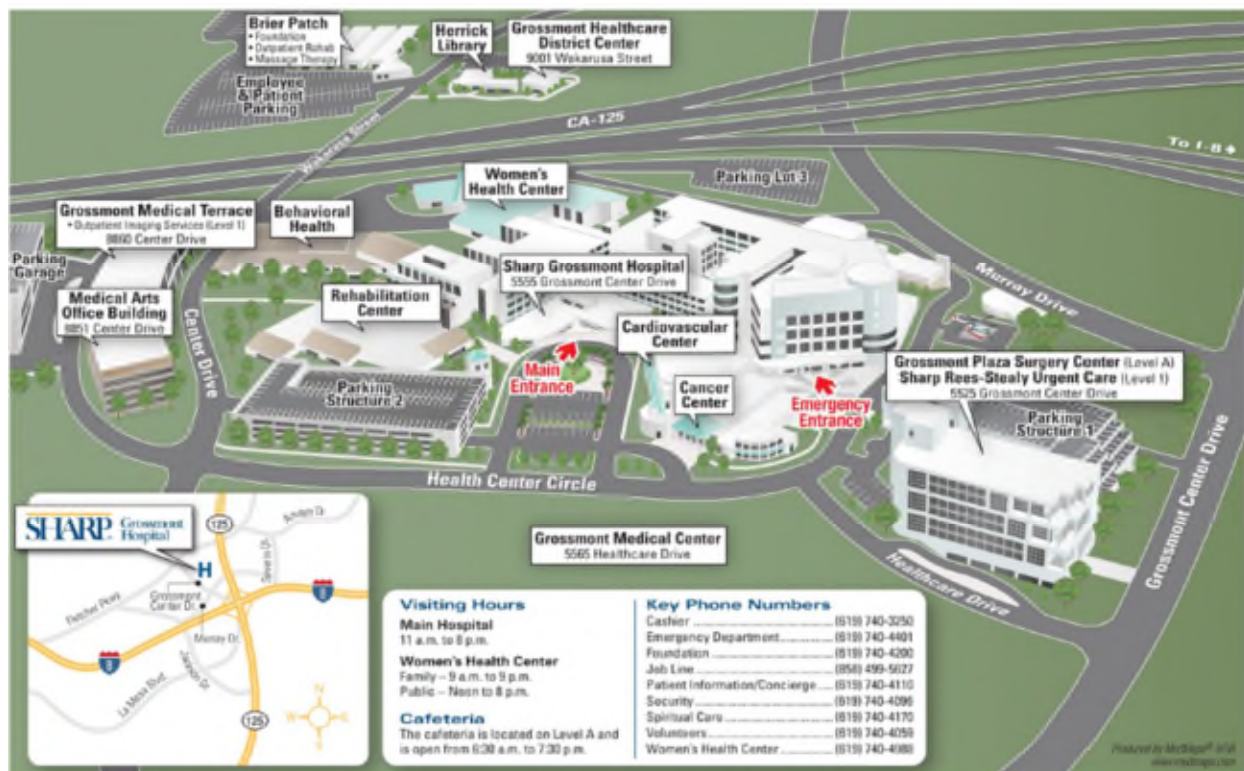
Exit Grossmont Center Drive. Turn left on Grossmont Center Drive. Turn right on Health Care Drive.

Directions From I-8 Westbound

Exit Grossmont Center Drive. Turn right on Grossmont Center Drive. Turn right on Health Care Drive.

Location	Bus Stop	Bus Route
Sharp Grossmont Hospital	Grossmont Center Drive and Healthcare Drive	Bus Route 1 or the Green/Orange Trolley Line

Sharp Grossmont Hospital Campus Map



Parking Photos



Parking Structure #1
Grossmont Medical Plaza



Parking Structure #2
Main



Parking Structure #1
Grossmont Medical Plaza
Chase Bank Entrance
(SRS Employees only)



Parking Lot 4
Grossmont Medical Terrace



Brier Patch Lot

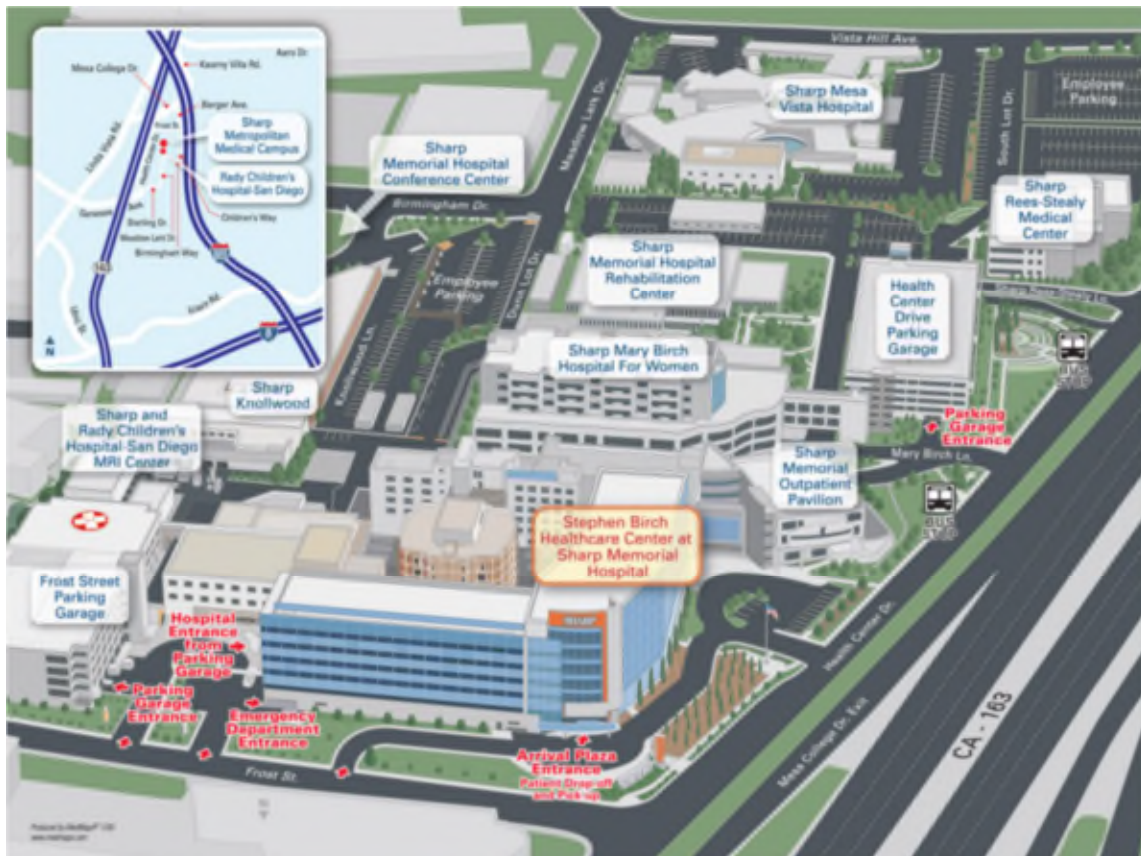
Employee Parking

- ◆ There are 2 locations that you can park your vehicle at 24 hours a day, 7 days a week. They are the Brier Patch lot and parking structure #4 (GMT parking garage).
- ◆ At Brier Patch, do not park in the front part of the lot or the west side as that parking is reserved.
- ◆ During the day (7:30 am to 6:00 pm), do not park in Parking Structure #1 (next to the Urgent Care and across from Emergency Room), unless you are SRS employee or SGH Director. Sharp SRN's working at GMP must park at GMT or Brier Patch. SRS float will be allowed to park in SRS employee parking located on the level 1 of parking structure #1 (Grossmont Medical Plaza Parking).
- ◆ If you are on the PM shift (11:00 am to 12:00 midnight), please park at the Brier Patch lot and use the escort service to and from that lot. Escorts available from Blue Angels shuttle services till 4:00 pm. Security escort after dark, when available.
- ◆ If you are on the night shift (6:00 pm to 7:30 am), you can park in any parking garage above the third floor.
- ◆ Parking is allowed at all garages on holidays, gates are open.

Telephone Numbers	
24-Hour Emergency Services	619-740-4096 or ***

Management Staff	
James Abele	Security Manager
Doug Coyle	Security Supervisor
Celso Rubalcaba	Security Lead (PM shift)
Sterling Davis	Security Lead (NOC shift)

Map of Sharp Metropolitan Medical Campus



The Sharp Metropolitan Medical Campus is located in Serra Mesa off the 163 freeway. The campus includes:

- **Sharp Mary Birch Hospital for Women & Newborns**– services include labor and delivery, perinatal care for high risk pregnancies and women’s medical services.
- **Sharp McDonald Center** – Off site facility, sole service is chemical dependency recovery.
- **Sharp Memorial Hospital** – Services include cardiac, cancer and pulmonary care, rehab and women’s programs.
- **Sharp Memorial Outpatient Pavilion** – The OPP combines outpatient surgery and medical services, health screening, education and health resource services.
- **Sharp Mesa Vista Hospital** – Services focus on psychiatric and chemical dependency programs.

SHARP Mary Birch Hospital for Women & Newborns

3003 Health Center Drive
San Diego, CA 92123
(858) 939-3400



Directions From I - 163 North

Exit at Genesee Avenue East and turn left on Health Center Drive; the hospital will be on your right-hand side. Or, exit on Kearny Villa Road and turn right; turn right on Health Center Drive; the hospital will be on your left side.

Directions From I - 163 South

Exit on Genesee Avenue East and turn left on Health Center Drive; the hospital will be on your right-hand side.

Directions From I - 805 North

Exit on Kearny Villa Road/Mesa College Drive and turn left. Turn left on Health Center Drive; the hospital will be on your left-hand side.

Location	Bus Stop	Bus Route
Sharp Mary Birch Hospital for Women and Newborn	Health Center Drive and Frost St.	25/120



7901 Frost Street
San Diego, CA 92123
(858) 939-3400



Directions From I - 163 North

Exit Mesa College Drive/Kearny Villa Road and turn right; turn right on Health Center Drive; turn left at Frost Street and Sharp Memorial Hospital will be on your right-hand side.

Directions From I - 163 South

Exit on Genesee Avenue East; turn left on Health Center Drive; turn right at Frost Street and Sharp Memorial Hospital will be on your right hand side.

Directions From I - 805 North

Exit on Mesa College Drive and turn left. Turn left on Health Center Drive; turn left at Frost Street and Sharp Memorial Hospital will be on your right side

Location	Bus Stop	Bus Route
Sharp Memorial Hospital	Health Center Drive and Frost St.	25/120

SHARP Memorial Outpatient Pavilion

3075 Health Center Drive
San Diego, CA 92123
(858) 939-3400



Directions From I-163 North

Exit Genesee Avenue East and turn left on Health Center Drive; the Sharp Memorial Outpatient Pavilion will be on your right-hand side. Or, exit on Kearny Villa Road and turn right; turn right on Health Center Drive; the Sharp Memorial Outpatient Pavilion will be on your left-hand side.

Directions From I-163 South

Exit on Genesee Avenue East and turn left on Health Center Drive; the Sharp Memorial Outpatient Pavilion will be on your right-hand side.

Directions From I-805 North

Exit on Kearny Villa Road/Mesa College Drive and turn left. Turn left on Health Center Drive; the Sharp Memorial Outpatient Pavilion will be on your left-hand side.

Location	Bus Stop	Bus Route
Sharp Memorial Outpatient Pavilion	Health Center Drive and Frost St.	25/120



7850 Vista Hill Avenue
San Diego, CA 92123
(858) 836 - 8434



Directions From I-163 South

Exit Genesee Ave and turn left; turn left on Health Center Drive; turn right at Vista Hill Ave and Sharp Mesa Vista will be on your left-hand side.

Directions From I-163 North

Exit Genesee Avenue going east; turn left on Health Center Drive; turn right at Vista Hill Ave and Sharp Mesa Vista will be on your left-hand side.

Location	Bus Stop	Bus Route
Sharp Mesa Vista Hospital	Health Center Drive and Frost St.	25/120

SHARP McDonald Center

7989 Linda Vista Road,
San Diego, CA 92111
(858) 637 – 6920



Directions From I-163 South

Exit Balboa Ave/CA-274 E; turn left at Mercury Street and continue onto Kearny Mesa Road; turn left at Convoy Street and continue onto Linda Vista Road. Make U-turn at Baltic Street and Sharp McDonald Center will be on your right.

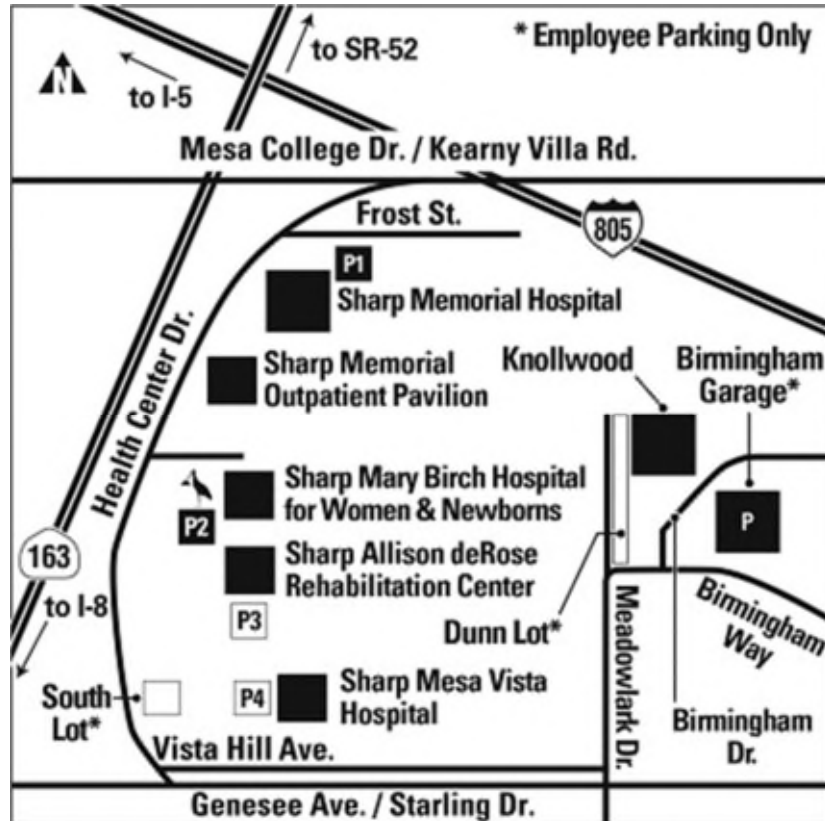
Directions From I-163

Exit Mesa College Drive toward Kearny Villa Road; turn left at Mesa College Drive; turn right at Linda Vista Road and Sharp McDonald Center will be on your right.



Location	Bus Stop	Bus Route
Sharp McDonald Center	Linda Vista Road and Stalmer Street	44

Parking, Maps and Directions



To ensure parking access for our patients and visitors, staff must park in designated areas only. In general, staff should use a badge card to access on campus parking; spots that don't require badge access are reserved for patients and visitors.

Staff that has parking payroll deduction will have access to the Birmingham garage and also the Dunn, South, and Knollwood Lane parking lots.

All staff has access to the Dunn Lot, South lot and Birmingham garage. **There is no employee parking authorized in the Frost Street garage.**

Parking Photos



Birmingham Parking Structure

This structure is located off Birmingham Drive on the southeast side of campus, and is accessible to employee only. There is an entrance/exit on both the north and south sides of the structure.



Health Center Drive Structure

This is located in front and west of Sharp Mary Birch. Parking is available for patients, visitors and physicians.



Frost Parking Structure

This structure is located adjacent to Sharp Memorial Hospital's Emergency Department. Parking is available for patients, visitors and physicians.



Dunn Lot

This is located east of Sharp Mary Birch, and is accessible to employees only. It offers a centralized location for easy access to most Metropolitan Campus buildings.

Parking Photos



Knollwood Lane

This lot is located on the east side of campus, and is accessible to employees only.



South Lot

This lot is located at the southwest corner of campus, and is accessible to employees.

Main Security Office

Location: Knollwood Building
Phone: 858-939-6754

Telephone Numbers	
24-Hour Emergency Services	858-939-3535 or ***

Management Staff	
Joseph Snarponis	Security Manager
Agustin Pimentel	Security Supervisor
Stanley Morales	Security Lead (PM shift)
Glenn Morten	Security Lead (NOC shift)
Howard Minaird	Parking Coordinator
Administrative Staff	
Anthony Razo	Department Secretary

To contact a member of the Security staff, call 858-939-6754.

Sharp Metropolitan Medical Campus Parking

Frequently Asked Questions

Q: What is the pre-paid parking program?

A: To park on campus, full-time employees pay \$2.50 per pay period. Part-time and per diem employees pay \$1.25 per pay period. Employees who have signed up and registered their vehicles with Security will receive a parking decal. Each employee can register up to two vehicles.

Q: Who can park in the Birmingham parking garage, Dunn Lot and South Lot?

A: Employees can park in these areas if they have signed up for the prepaid parking program and registered their vehicles with Security. Employees have access to their vehicles 24 hours a day, seven days a week.

Q: What is the anti-pass-back system?

A: All campus parking garages are equipped with an anti-pass back system, which enables an employee to enter and exit parking areas in sequence using their badge. If an employee swipes his or her badge to enter the garage, the badge will only work again when exiting. If the sequence is broken (for example, if it is swiped twice for entry without an exit in between), the badge may no longer work properly to access parking areas. If this happens, please visit the Security office on campus to reset your badge or call 858-939-3535 if it is after hours.

Q: Where do night-shift employees park?

A: In addition to the Birmingham parking garage, Dunn Lot and South Lot, employees with shifts between 6:00 pm to 5:30 am can use their badge to enter and exit the parking garages on Health Center Drive. Employees are allowed to park on the top two floors only. This policy also applies to employees who work on weekends or major holidays.

Q: Can I park on the street?

A: Street parking is available for employees. Please be mindful of all the signage regulating street parking.

Q: Can Concierge or Security validate a ticket to park in the garages?

A: No. Employees may only park in designated areas.

For more information or questions, call Howard Minaird,
Parking Coordinator at 858-939-6760