

2022

**Heritage Valley Kennedy
School of Nursing
Annual Safety and Security Report
Title IX
(A review of 2021)**



Valerie Gaydosh
Heritage Valley Kennedy
10/1/2022



HERITAGE VALLEY
KENNEDY
SCHOOL OF NURSING

I.	Introduction	2
	Campus Safety and Security / Cleary Act Title IX	
II.	The Campus: Heritage Valley Kennedy School of Nursing.....	2
III.	Campus Safety and Security / Cleary Act and Title IX Personnel.....	3
IV.	Reporting Occurrences /Emergency Alert System.....	4
V.	Fire Safety	6
VI.	Title IX Coordinator	6
VII.	School and Governing Agency Policies	6
	Heritage Valley Health System Policies	6
	A. HVHS Nondiscrimination Policy.....	6
	B. Workplace Harassment (HR 102)	6
	C. Code of Ethics (1.01)	8
	D. Regulatory Compliance Code of Conduct (1.22).....	9
	E. Organizational Behaviors – Code of Conduct (1.47).....	10
	F. Weapons (3.03)	12
	G. Authority of Safety Officer (3.16).....	13
	H. Workplace Violence Prevention (3.21)	14
	Training.....	15
	I. Incident Response (3.23).....	15
	J. Internal Fire Response Drill (Code Red) (3.25).....	16
	K. Bomb Threat Procedure (Code Green) (3.29).....	17
	L. Code Amber Child Abduction(3.31)	18
	M. Code Silver (3.36)	22
	N. Active Shooter / Armed Assailant (3.41).....	25
	O. Non-discrimination (5.03).....	27
	P. Event Reporting (5.05).....	29
	Q. Victims of Suspected Abuse or Neglect (Domestic Abuse) (5.06).....	32
	School of Nursing Guidebook Policies	34
	R. Substance Abuse	34
	S. Notice Of Nondiscrimination	35
	T. Campus Crime And Security Policies	35
	U. Fire Safety	36
	V. Reporting Criminal Actions And/or Emergencies	36
	W. Safety And Security	36
	X. Sexual Harassment.....	36
VIII.	Education for staff and students	37
IX.	Three (3) Years of Cleary Act Statistics	38
X.	Definitions	39
XI.	Quick references resources.....	42
XII.	Reference.....	42

I. INTRODUCTION

The Crime Awareness and Campus Security Act of 1990 was enacted by the U.S. Department of Education for any postsecondary education entity that receives Title IV (federal financial aid) funding. The Act functions to advance the goals of education institutions to provide a safe environment in which to learn, and to keep students, parents, and the public well informed about campus security. The Act, generally referred to as the Clery Act (named after a Lehigh University student who was a victim of violent campus crime in 1986) requires each Title IV institution to report annually a compilation of campus crime statistics covering a three-year period. These statistics are recorded via a web-based data collection tool and are available to the public at: <https://ope.ed.gov/campussafety/#/>.

Along with the annual online report of campus crime statistics, the Clery Act expanded the original Crime Awareness and Campus Security Act to include the disclosure of educational programming, campus disciplinary processes, and victim rights regarding sexual violence complaints. In 2013, the Clery Act expanded to include the Campus SaVE Act (sexual violence elimination), which broadened the disclosure and education to include all incidences of sexual violence.

The annual disclosure required by the Clery Act is produced yearly by Title IV institutions and must be distributed to the organization. It is to be available on the institution's website and upon verbal request. These documents range in title from Annual Safety and Security Report, to Clery Act Reports, to Title IX Reports, as the documents have come to include anti-discriminatory policies required of Title IX. Title IX, or the educational Amendment of 1972, prohibits discrimination in any educational program or activity receiving federal financial support.

The Heritage Valley Kennedy School of Nursing October 2022 Annual Safety and Security Report is a review of the 2021 policies and programs in place. 2021 was the first year for Heritage Valley Kennedy School of Nursing, and the affiliate hospital to be completely integrated into the Heritage Valley Health System (HVHS). As of July 1, 2020, Ohio Valley Hospital School of Nursing formally became Heritage Valley Kennedy School of Nursing, however, the complete transition of policies and procedures continued into the summer of 2021. The following report represents the completed transition reviewing Heritage Valley Kennedy (HVK) and the HVK School of Nursing policies and processes as part of the Heritage Valley Health System (HVHS).

II. THE CAMPUS: HERITAGE VALLEY KENNEDY SCHOOL OF NURSING

The Heritage Valley Kennedy School of Nursing (HVK SON) is a non-profit hospital associated nursing school established in 1901 as part of the original McKees Rocks General Hospital and functioned for over 100 years as part of the Ohio Valley General Hospital. In July of 2020, it became part of the Heritage Valley Health System (HVHS), maintaining its Kennedy Township location along with its governing hospital, renamed Heritage Valley Kennedy (HVK). The School of Nursing offers a 20-month, ACEN accredited, State approved, Diploma program. The school is located approximately seven miles northwest of the city of Pittsburgh, Pennsylvania in the town of McKees Rocks, Kennedy Township.

The Campus Safety and Security / Clery Act requires defining the three areas of campus: on campus, public property, and non-campus buildings or properties for the purpose of annual crime statistic reports. Those areas are:

On Campus:

The W. Laird Davis Center of Learning (School of Nursing)
Heritage Valley Kennedy Hospital
Sidewalks around and between the school and hospital buildings
And to and from the parking areas bordering Heckel Road
The Willows Parking (Student parking) adjacent to the campus

The Heritage Valley Kennedy School of Nursing ‘campus’ consists solely of the Heritage Valley Kennedy W. Laird Davis Center of Learning. This building houses the School of Nursing: classrooms, faculty offices, labs, and student areas, on the first and second floors. The third and fourth floors are assigned to Health System Information Technology and the Finance Department. Additionally, the Heritage Valley Kennedy Hospital, “*a building or property... within the same reasonably contiguous geographic area and used by the institution in direct support of... the institution’s educational purposes*” (U. S. Department of Education, 2016) would also be considered part of the HVK SON campus for reports and statistics. The adjacent Willows parking lot, designated for student parking by the parent organization and adjacent to the campus, separated by the public road, is considered campus property per the U. S. Department of Education (2016) “*...if your institution has a written agreement giving it use of the parking lot, include the lot in your on-campus geography, not your public property geography*”. The sidewalks along the public road (Heckel) in front of the hospital, per the Township police, belong to the Health System and therefore are also part of the campus.

Public Property: Heckel Road (solely the section separating the hospital entrance and Willows parking)
 Bus stops on Heckel Road

Under the Clery Act, *public property encompasses all public property, including thoroughfares, streets, sidewalks, and parking facilities, within the campus, or immediately adjacent to and accessible from the campus* (U. S. Department of Education, 2016).

Non-campus: None

The HVK SON utilizes various clinical sites for training. A large percentage of clinical activity outside of the Heritage Valley Kennedy hospital location is scheduled within the other Heritage Valley Health System locations, with a small percentage scheduled in the surrounding communities. The program utilizes the other health system and community locations for the program and not the physical space. Because the school has no control of the physical space, these locations are not included in the crime report data. “*...because the school does not own or control these sites, because the written agreement to use the space is for the program and not the use of the physical space, and because the school does not have control of the location), crime statistics for these clinical experience locations are not required*” (U. S. Department of Education, 2016).

III. CAMPUS SAFETY AND SECURITY / CLEARY ACT AND TITLE IX PERSONNEL

The HVK SON is protected by the Heritage Valley Health System Safety and Security Department. The Heritage Valley Kennedy campus has security officers assigned to the campus 24 hours a day. The HVK Security Director oversees all the HVHS security personnel. The Director of Security maintains the HVK SON Campus Daily Crime Log as required by the Clery Act. This log records all criminal and alleged criminal incidents within the designated Clery geographic area, which are reported to the security department. The log is available to the public by request to the Security Department HVK, or the Title IX Coordinator.

Along with a dedicated HVHS Head of Safety and Security, HVK also has an assigned Title IX Coordinator. These individuals along with personnel in the Security Office are the front line for the reporting of any crimes or emergencies. However, the Clery Act designates additional individuals, referred to as Campus Security Authorities (CSAs), as additional personnel to whom crimes and emergencies may be reported. These individuals are defined as “*an official of an institution who has significant responsibility for student and campus activities, including but not limited to student discipline and campus judicial proceedings*” (U. S. Department of Education, 2016). CSAs are responsible to report any alleged crime to

the Security Department of the hospital who collect, maintain, and investigate the reports. Hearsay is not considered reportable, and campus ministry and professional counselors are exempt from required reporting. The following list defines the individuals and CSA's within the HVHS to whom crimes and emergencies may be reported:

Director of Security	Dennis Damazo	ddamazo@hvhs.org	412-777-6134
Title IX Coordinator	Valerie Gaydosh	vgaydosh@hvhs.orh	412-777-6266
Campus Security Authorities:			
Security Office Staff			412-777-6139
School of Nursing Faculty			412-777-6204
Director, School of Nursing	Valerie Gaydosh	vgaydosh@hvhs.orh	412-777-6266
HVK Employee Health Director	Barb Steen	bsteen@hvhs.org	412-777-6514

IV. REPORTING OCCURRENCES

The Campus Safety and Security/Clery Act requires reporting of all offenses (on campus and on associated public property as listed above) in these four general categories of crime:

- **Criminal Offenses**¹—Criminal Homicide, including Murder and Non-negligent Manslaughter, and Manslaughter by Negligence; Sexual Assault,² including Rape, Fondling, Incest and Statutory Rape; Robbery; Aggravated Assault; Burglary; Motor Vehicle Theft; and Arson.
- **Hate Crimes**—Any of the above-mentioned offenses, and any incidents of Larceny-Theft, Simple Assault, Intimidation, or Destruction/Damage/ Vandalism of Property that were motivated by bias;
- **VAWA Offenses**—Any incidents of Domestic Violence, Dating Violence and Stalking. (Note that Sexual Assault is also a VAWA Offense but is included in the Criminal Offenses category for *Clery Act* reporting purposes); and
- **Arrests and Referrals for Disciplinary Action** for Weapons—Carrying, Possessing, Etc. Law Violations, Drug Abuse Violations and Liquor Law Violations.

These reported offenses are documented on the daily crime log by Campus Security Authorities. The compilation of these reports and local police reports are made available on the School's public website and reported annually via the US Department of Education website: <https://ope.ed.gov/campusafety/#/>.

If on public property or on non-campus institutional sites, any individual or groups of individuals who either witness or are a subject of any of the above documented crimes are encouraged to call 911, or contact the institutions security department, depending on the location. If within the campus limits, depending on the urgency, individuals may report an event by calling 911, campus security, or reporting the discretion to the Title IX Coordinator or other Campus Security Authorities. Reporting should be in a timely manner. This is especially important so the institution may notify necessary personnel and implement necessary actions if needed.

In the event of a campus wide emergency, the emergency alert system will notify via the overhead system of the nature of the alert. The following codes identify the alerts to the staff, students and employees:

<u>Code:</u>	<u>Call:</u>	<u>Alert:</u>
Code Blue	3333	Cardiac / Respiratory Arrest
Code Orange	7174	Internal Violent Situation
Code Silver	1563	Missing Person (18+) (altered mental state)
Code Amber	4888	Missing Child
Code Gun	4888	Active Shooter, Armed Assailant
Condition H	4888	Patient Concern
Rapid Response Team	7174	Deteriorating Patient
Behavioral Rapid Response Team	1563	Behavioral Crisis
Medical Response	4888	Medical Emergency (Outpatients, Visitors, staff, etc.

The W. Laird Davis Center of Learning building, which contains the School of Nursing, is on 24-7 lock down and accessible only by HVHS identification badge which has been approved for entrance and coded to work the security system. In the event of a potentially dangerous situation on campus, the Security Department of the governing organization is notified by whomever has witnessed an event or suspects a potential event. They, or the local police department – if needed, will immediately investigate and determine the significance of the situation at hand. Once the situation is investigated, Security personnel (or local police) will determine the areas to which expand notification, the areas to secure, the areas that do not need to remain secure, and the information contained in the communication to those areas. Only in the event that immediate notification would compromise efforts to assist a victim; contain the emergency; respond to the emergency; or otherwise mitigate the emergency would security or local police not immediately issue a notification for a confirmed emergency or dangerous situation.

Depending on the nature of the concern, an “all clear” will be announced by security personnel when the campus is secure. Even so, an “all clear” does not affect the policy of 24-hour lock down of the School of Nursing building.

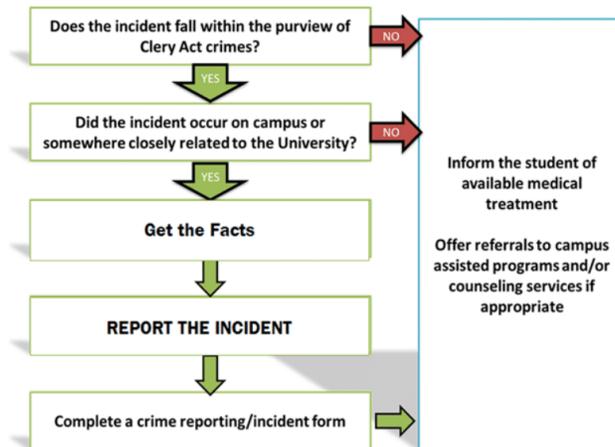
For general safety, all School of Nursing classrooms and labs, by policy, are locked during all educational experiences for the purpose of the protection of the students within.

Student Guidebook Policy: VI. Academic Policies D. Classroom Policies

2. Faculty will close and lock (for the safety and security of all) the classroom door at the beginning of class and will not permit late students to enter until break.

See Section VII. School and Governing Agency Policies page 8 for the Emergency Response and Evacuation Procedures policy

An overview of the process of reporting Clery Act crimes is diagrammed below:



Reporters must be made aware that in reporting a Clery or Title IX crime, confidentiality cannot be guaranteed. All reported crimes are required to be investigated and logged on a Daily Crime Log. After the completion of the investigation, the school must notify the victim of the outcome and of any punishments enforced which are associated with the victim.

The processes for reporting offenses on campus or surrounding public property is defined in the **VIOLENT OR POTENTIALLY VIOLENT SITUATION** policy. (See Section VII. School and Governing Agency Policies, page 12).

Students and staff are informed of other, less immediate threats such as viral outbreaks or severe weather conditions via the Classroom notification platform, which is set up to send email notifications for immediate, non-emergent alerts.

V. FIRE SAFETY

Fire alerts may be initiated by anyone who witnesses fire. Fire alarms are situated on the walls throughout the school and noted on floor maps, posted on each floor, distinguishing: stairwells, exits, alarms, extinguishers and hoses. Laird Education Building employees participate in an unannounced fire drill/evacuation process at a minimum of twice a year. The drill is planned, recorded, and carried out by the Environmental Safety Department of the governing organization.

See Section VII. School and Governing Agency Policies page 9 for associated Fire Safety Policies

VI. THE TITLE IX COORDINATOR

The Title IX coordinator is responsible for coordinating a school's efforts to comply with and carry out its Title IX responsibilities. Title IX coordinators:

- Provide oversight and monitor Title IX Compliance
- Provide education, communication and training for students, staff, and faculty.
- Review complainant forms for sexual misconduct
- Review investigation findings and police reports
- Attend Sexual Misconduct Hearings
- Assess campus climate and address reported concerns

Beginning Fall of 2020 with the merger of the Ohio Valley Hospital School of Nursing with the HVHS, School of Nursing Director, Valerie Gaydosh, was named to oversee the Title IX Coordinator responsibilities.

VII. SCHOOL AND GOVERNING AGENCY POLICIES

HERITAGE VALLEY HEALTH SYSTEM HOSPITAL POLICIES

A. HVHS NONDISCRIMINATION POLICY

HERITAGE VALLEY HEALTH SYSTEM PUBLIC NOTICE OF NONDISCRIMINATION

Heritage Valley Health System is committed to a policy of nondiscrimination for patients, employees, visitors and members of the medical staff. Unlawful discrimination is prohibited and is inconsistent with the mission and philosophy of the hospitals. The hospitals comply with the provisions of Title VI of the Federal Civil Rights Act of 1964 and the Pennsylvania Human Relations Act to the end that no person shall be excluded from participation in, be denied benefits of, or otherwise be subjected to discrimination in the provision of any care or service on the grounds of race, color, national origin (including limited English proficiency), ancestry, age, sex, religion, handicap, disability, or other legally protected basis.

Applicants to the medical staff and allied health professional staff shall not be denied membership or particular clinical privileges/duties on the basis of race, color, national origin (including limited English Proficiency), ancestry, religion or sex. Age, handicap, or disability will be considered only when the efficient delivery of patient care at the generally recognized professional level of quality will be compromised and suitable accommodation is not possible.

B. WORKPLACE HARASSMENT (HR 102)

It is the policy of Heritage Valley Health System (Heritage Valley) that employees have the right to work in an environment that is free from all forms of unlawful harassment, including sexual

harassment. Heritage Valley does not tolerate sexual or other unlawful harassment and will take steps to prevent it, to fully investigate complaints and to remedy policy violations. There will be no retaliation or threats against an employee who files a good-faith complaint or who participates in an investigation related to a complaint. Federal and state equal employment opportunity laws protect employees from discrimination based on race, color, gender, national origin, ancestry, age, citizenship status, disability, military or veteran status, marital status, religion, sexual orientation, place of birth, gender identity or expression, familial status, use of a guide or support animal because of blindness, deafness or physical disability, genetic information, pregnancy, lactation/breastfeeding status, and whether an individual has a GED. Harassment based on any of these classifications is also unlawful. Definition of Sexual Harassment Sexual harassment is a violation of Title VII of the Civil Rights Act of 1964 and state law. Sexual harassment is any unwelcome sexual advance, request for sexual favors, or other verbal or physical conduct of a sexual nature when:

- Submission to such conduct is an explicit or implicit term or condition of employment (e.g. hiring, promotion, training, etc.); or
- Submission to or rejection of the conduct is used as the basis for employment decisions; or
- The conduct has the purpose or effect of unreasonably interfering with an individual's work performance, or creating an intimidating, hostile or offensive work environment. Subject: Workplace Harassment Policy No. HR-102 Page 2 of 5 Sexual harassment includes, among other things:
- Threats or insinuations by a supervisor that an employee's refusal to submit to sexual advances will adversely affect the employee's work status, evaluation, wages, promotions, duties, work schedules or any other condition of employment or career development.
- Sexual relations or conduct with a supervisor or co-worker that an employee does not want and to which the employee has not fully agreed, including unnecessary touching, patting or pinching, the constant brushing against another person's body and physical assault.
- Verbal harassment or abuse of a sexual nature such as sexually degrading words to describe an individual; offensive and unwelcome sexual flirtations and advances, jokes, tricks and persistent remarks about another person's clothing, body or sexual activities.
- Display in the workplace of sexually suggestive objects or pictures.
- Engaging in indecent exposure.
- Displaying, storing, or transmitting inappropriate, threatening, obscene, harassing or sexually oriented materials using system equipment (as referenced in HR Policy – 135; Internet and Electronic Communication Usage) or facilities.

Sexual harassment can involve males or females being harassed by members of either sex. Other Forms of Harassment Workplace harassment can take many forms including, but not limited to, threats, insults, slurs, intimidation, hostile acts, unsolicited remarks, jokes, gestures, physical contact, display or circulation of derogatory or inappropriate written or other physical materials or pictures. Equal employment opportunity regulations and Heritage Valley employment policies require that personnel practices and decisions are made without regard to race, color, age, national origin, religion or disability. Harassment on any of these bases is also prohibited. This would include derogatory remarks, racial, ethnic or other slurs or actions motivated by an employee's race, age, national origin, color, religion or disability which create an intimidating, hostile or offensive work environment. Harassing behavior, whatever form it may take, can occur between supervisors and employees, or between co-workers, as well as between employees and third parties who deal with the organization. Reporting Harassment Employees who believe that they have been subject to any form of unlawful harassment should, if possible, make their concerns or complaints known to the person involved. If this is not possible, they should report the harassment in any one of the following ways:

- Report it promptly to their supervisor or manager.
- Report it promptly to the Vice President or Manager of Human Resources. Subject: Workplace Harassment Policy No. HR-102 Page 3 of 5
- Report it to the administrator-on-call after hours or if no other person can be reached. The administrator-on-call is available by calling the switchboard at either hospital campus and asking that the administrator-on-call be paged.

Harassment Investigations Harassment investigations will begin as soon as practicable once a complaint or concern has been raised, but no later than three working days from the date of the complaint. The process and scope for harassment investigations will be determined in consultation with the Vice President or Manager of Human Resources the department manager and the administrator responsible for the department/area. Harassment investigations will be completed within 15 working days of the commencement of the investigation, unless unusual circumstances prevent its completion by that target date. To the extent possible, the investigation will be conducted in a manner designed to minimize suspicion and protect privacy towards all parties. After review of the results of the investigation, a determination will be made as to whether the complaint is substantiated and what corrective or other remedial action will be taken. Appropriate disciplinary action will be taken against any employee who violates this policy. Based on the seriousness of the offense, disciplinary action may range from verbal counseling up to and including suspension and termination of employment. Given the nature of this type of subject matter, Heritage Valley recognizes that false accusations of harassment can be made and have a serious effect on an innocent individual. Therefore appropriate disciplinary action up to and including termination of employment will occur if a false complaint is filed. Violations of this policy by non-employees (e.g., patients, physicians, visitors, volunteers, and students) will subject the harasser to appropriate action, which may result in loss of access, revocation of privileges, or restriction of assignment. If the alleged harasser is a physician or other such practitioner with Medical Staff privileges, the Chief Medical Officer shall be notified of the complaint. If the complaint against such physician or practitioner is deemed valid, further action will occur, consistent with Medical Staff Bylaws, which may include, but not necessarily be limited to, suspension or revocation of privileges. Supervisor Role Supervisors are to deal promptly with allegations of harassment and circumstances that indicate that harassment is occurring. Supervisors are expected to conduct themselves in a manner that demonstrates ‘zero tolerance’ of harassing conduct. Supervisors are to promptly seek advice and assistance from Human Resources in handling complaints.

C. CODE OF ETHICS (1.01)

SUBJECT: Code of Ethics

SPONSOR: Corporate Compliance

POLICY: It is the policy of Heritage Valley Health System (HVHS) to recognize the organization’s responsibility to act in an ethical manner in dealing with patients, staff, physicians, vendors, and the community. It is the responsibility of every member of the HVHS organization to adhere to high ethical standards, and to promote ethical behavior. Individuals whose behavior violates ethical standards or this policy will be appropriately disciplined. All state and federal laws governing ethical responsibility and behavior will be strictly followed. This policy is integral in the support of HVHS Vision, Mission, and Values. **PURPOSE:** To clearly define standards for ethical behavior.

SCOPE: Governing board members, administration, medical staff, vendors, and employees.

DEFINITION: Not Applicable

GUIDELINES: Industry Standards

PROCEDURE:

1. Patients, visitors, employees, and physicians are treated with respect and dignity.
2. HVHS services are fairly and accurately represented to the public. Health services offered emphasize prevention, diagnosis, and treatment of illness.
3. Services provided are determined to be medically necessary and based on individual medical needs.
4. Medical care is provided based upon the needs of the patient without regard to ability to pay or any other factor that is substantially unrelated to patient care.
5. HVHS respects each patient’s right to make informed decisions and expects patients and those they designate to be involved in decisions regarding care. Policy No: Adm. 1.01 Page 2 of 3 Print Date: Per Administrative Policy # Adm.6.05, “Patient Rights and Responsibilities”, HVHS staff informs patients about risks, benefits, and therapeutic alternatives for treatment.

6. HVHS treats patients in a manner, which respects background, religion, culture, heritage, and values. HVHS accepts the professional responsibility for providing care, within its capability and mission and within applicable laws and regulations, to a patient who requests or presents for treatment or service, even when doing so is in conflict with the recommendations of an external entity doing utilization review employees, or the governors of the organization. In cases where mutual satisfaction cannot be achieved, appropriate patient-care advocates (administrators, physicians, and others as necessary to offer second opinions) will be involved as needed to pursue a mutually satisfactory resolution.
7. In situations where there is disagreement regarding clinical care and treatment between or among providers and the patient, an ethics committee is available to discuss and recommend alternatives for consideration. Ethics consults are initiated per Administrative Policy # Adm.6.09, "Ethics Consults".
8. HVHS personnel and vendors are required to adhere to the behaviors identified in Administrative Policy # Adm.1.19, "Conflict of Interest".
9. HVHS bills patients or third parties for medically necessary services, per the Administrative Policy # Adm.1.22, "Regulatory Compliance Code of Conduct". HVHS provides assistance to patients seeking to understand the costs of their care.
10. HVHS recognizes the need to maintain patient and other information in a confidential manner. All personnel and vendors are required to adhere to the confidentiality standards.
11. HVHS complies with applicable laws relating to child and adult protective services, and will promote the patient's right to access appropriate advocacy services.
12. HVHS considers the needs of the community in determining its mission and services.
13. HVHS complies with all applicable federal and state laws, regulations, and private accreditation standards in the provision of healthcare services.
14. HVHS expects personnel and vendors to report any violation of this Code to their supervisor or Administration.
15. This policy is available upon request to patients, personnel, and vendors

D. REGULATORY COMPLIANCE CODE OF CONDUCT (1.22)

SUBJECT: Regulatory Compliance Code of Conduct

SPONSOR: Corporate Compliance

POLICY: It is the policy of the hospitals of Heritage Valley Health System (HVHS) to adhere to applicable federal and state law and the program requirements of federal, state, and private health plans. The Corporate Compliance Program (CCP) establishes internal controls that promote this adherence. The Code of Conduct describes the basic principles which directors, administrators, employees, consultants, and vendors must follow. This Code applies to both operations and individuals. **PURPOSE:** This document supplements HVHS's CCP. It is intended to be an adjunct to safety, anti-discrimination, harassment, confidentiality, and the organization's Mission, Vision, and Virtues.

SCOPE: This Code is distributed to persons identified above and establishes ethical standards for operations. **DEFINITIONS:** Not Applicable

GUIDELINES: Federal and state rules and regulations governing health systems.

PROCEDURE:

1. Personnel are required to act in compliance with the requirements of applicable laws, regulations, and this Code when conducting business, operations, and providing patient care.
2. Management is responsible to use reasonable efforts to ensure staff they supervise are acting ethically and in compliance with applicable law, requirements, and this Code.
3. Staff is responsible for acquiring the knowledge needed to recognize potential compliance issues, which relate to their position, and for appropriately reporting such issues. Policy No: Adm. 1.22 Page 2 of 4 Print Date:
4. HVHS and its personnel will cooperate appropriately with recognized authorities investigating possible civil and criminal violations of the law. Personnel who participate in government interviews will give answers that are truthful.

5. No information is knowingly recorded or submitted for payment that is not accurate.
6. Personnel will maintain the confidentiality of HVHS medical and business information in accordance with established Administrative and Human Resources (HR) policies, as well as all applicable state, federal, and private health plan regulations and requirements.
7. Personnel will not offer or accept any bribe. Personnel will not receive any gift of more than nominal value without management approval. For example, any gift given or accepted with the intent to induce referrals, purchase of services, or as a reward for referrals is not acceptable.
8. As consistent with HVHS conflict of interest policies, personnel will not have a financial or other compensation arrangement with any of its vendors, suppliers, providers, or customers, except as appropriately disclosed and addressed under Administrative Policy Adm.1.19, "Conflict of Interest".
9. Business transactions are completed in accordance with generally accepted accounting standards or other applicable standards. Transactions, payments, receipts, accounts, and assets are completely and accurately recorded on HVHS books and records as required by regulatory requirements.
10. Financial and medical records are created, maintained, retained, AND destroyed in accordance with HVHS record management policies.
11. HVHS personnel comply with applicable antitrust laws.
12. Personnel will participate in annual corporate compliance training as required by HVHS policy.
13. All employees, management, and providers will review this Code of Conduct annually as part of the annual corporate compliance education. Attestation will be recorded electronically through the learning module system (LMS). If electronic education is not completed, the learner will review a hardcopy of the Code and sign the attached form. The hardcopy attestation statement will be kept in the employee's personnel file.
14. Illegal activity, or suspected illegal activity, must be promptly reported to a supervisor, the Chief Executive Officer, or the Corporate Compliance Officer. Anonymous reports can be left on the HVHS hotline by calling (724) 773-3473. To the extent Policy No: Adm. 1.22 Page 3 of 4 Print Date: permitted by law, and as consistent with good practices, HVHS will take precautions to maintain the confidentiality of the individual(s) who reported the alleged improper activity.
15. It is a violation of this Code to punish personnel who reported potential illegal activity, or cooperated in the investigation of alleged misconduct or violations of this Code.
16. Personnel who violate this Code by committing a crime or failing to report misconduct, or suspected misconduct, are subject to disciplinary action up to and including dismissal as described in HR Policy 112, "Corrective Action and Involuntary Termination of Position".
17. HVHS's policy is to promptly and thoroughly investigate reports of illegal activity and violations of this Code. Personnel must cooperate fully with these investigations. Actions to prevent, hinder, or delay an investigation of illegal, or potentially illegal activity, are in violation of this Code. Note: Policies related to areas identified as having increased vulnerability to state, federal, and private health plan regulations and requirements are located in those specific departments. Note: The CCP and this Code are not intended to and will not be deemed or construed to provide rights, contractual or otherwise, to any personnel or to any third parties.

E. ORGANIZATIONAL BEHAVIORS – CODE OF CONDUCT (1.47)

SUBJECT: Organizational Behaviors – Code of Conduct

SPONSOR: Human Resources Policy: Heritage Valley Health System (Heritage Valley) is committed to promoting a mutually respectful work environment where every individual within its facilities is treated with courtesy, respect, and dignity. All employees, medical staff members and other individuals shall conduct themselves in a professional and cooperative manner by following identified customer service standards including demonstration of Personal Responsibility in Delivering Excellence (PRIDE). Disruptive and/or inappropriate behavior that intimidates others and affects morale or staff turnover can be harmful to patient care and will not be tolerated. There is a formal process established whereby the conduct or condition of an employee, physician, or other individuals which could compromise relations delivery of quality patient care and/or patient satisfaction, is identified, reviewed, and resolved. Upon hire or during the initial appointment

process, employees, physicians and other Heritage Valley affiliates (contracted staff, volunteer or student) will sign an Attestation Statement signifying their commitment to professional conduct. Physicians will sign a new Attestation Statement as part of the reappointment process handled by the Heritage Valley Medical Staff office. It is the expectation that all employees, medical staff members and other individuals demonstrate behavior consistent with Heritage Valley values (ethical behavior, responsibility, collaboration, compassion, proficiency, and service excellence) while avoiding disruptive behaviors that may include but are not limited to:

- Sexual harassment or other forms of unlawful harassment
- Racial, economic, religious or ethnic slurs
- Retaliating against an employee for filing a workplace complaint or an employee who participated in an investigation into a workplace complaint or an employee who is supportive of an employee who filed a workplace complaint.
- Participation in practical jokes, horseplay, harassing, abusive or similar behaviors which interfere with work, create risk of injury or is unduly offensive to others
- Foul, threatening or disrespectful language, including excessive profanity
- Inappropriate comments or illustrations made within patient medical records or other official documents
- Verbal or physical attacks that are personal or go beyond the bounds of fair professional conduct including name calling
- Nonverbal behavior such as facial expressions or related manners Policy No: Adm. 1.47 Page 2 of 7
- Use of intimidating or threatening physical contact including throwing of instruments, charts and other objects
- Making public derogatory comments about other staff or quality of care including nonconstructive criticism addressed to its recipient in a manner that intimidates, undermines the confidence of, belittles or otherwise harasses
- Personal violence, unauthorized possession of weapons or other disorderly conduct on Heritage Valley premises
- Any negligent, careless or willful act which results or may result in personal injury, property damage or loss of revenue to Heritage Valley
- Immoral or illegal conduct on the job or related to the performance of job duties
- Suspected neglect, abuse, or misappropriation of property
- Engaging in any conduct which creates a safety or health hazard. Violation of expected behaviors may necessitate corrective action up to and including termination of employment or affiliation based on the circumstances involved with each situation. In the case of Physicians or other such practitioners with Medical Staff privileges, suspension or revocation of privileges may occur. Retaliation against an individual coming forward with information or participating in an investigation regarding possible violation of conduct or work rules is strictly prohibited and may also be subject to corrective action. Purpose: To establish guidelines for acceptable behavior when dealing with all levels as described above. Procedure: A. Attestation At the time of hire or during the initial appointment process, each employee, medical staff member and others (i.e., volunteers, contracted staff) affiliated with Heritage Valley will be required to sign an Attestation Statement agreeing to abide by a "Code of Conduct" incorporating the principles expressed in this policy. B. Guidelines for Responding to Disruptive Behavior

- Attempt to de-escalate the situation
- Move the conflict away from patient care/public areas
- Move closer to other staff and call a manager/supervisor if behavior feels threatening
- Report the incident C. Reporting All hospital staff, medical staff members and other affiliated with Heritage Valley shall receive education and training on the hospital's code of conduct, including the definition of disruptive behavior and the process for handling and reporting disruptive behavior. Any individual may report disruptive or potentially disruptive conduct by an employee, patient or visitor. The behavior should be reported in a timely manner following the event by using the Disruptive

Staff Member Incident Report Form found as an attachment to this policy. Information regarding the event should include at a minimum, the following information: Policy No: Adm. 1.47 Page 3 of 7

- Date and time of event
 - Name of person exhibiting the behavior
 - Name of patient (if the behavior involved or affected a patient in any manner)
 - Description of circumstances that precipitated the behavior
 - Description of the behavior, limited to factual, objective language to the extent possible
 - Description of the consequences, if any, of the behavior as it relates to patient care or hospital operations
 - Description of any action taken to remedy the situation, including place, action, and name(s) of those intervening
 - Names of witnesses
- The report shall be submitted to the respective management representative or through the medical staff process. D. Follow-up to Disruptive Behavior reports
 - The responsible manager/director will conduct an investigation into the event.
 - Investigations will begin as soon as practicable once a complaint or concern has been raised, but no later than 3 working days from the date of the complaint. Investigations should be completed within 15 working days of the commencement of the investigation, unless unusual circumstances prevent its completion by the target date. The process and scope for the investigations will be determined in consultation with the human resources vice president or director, the manager and the administrator responsible for the department/area.
 - To the extent possible, the investigation will be conducted in a manner designed to minimize suspicion and protect privacy of all parties. After review of the results of the investigation, a determination will be made as to whether or not the complaint is substantiated and what corrective or other remedial action will be taken. Appropriate disciplinary action will be taken against any employee who violates this policy. Based on the seriousness of the offense, disciplinary action may range from verbal counseling up to and including suspension and termination of employment.
 - Violations of this policy by non-employees (e.g., patients, visitors, volunteer, and students) will subject them to appropriate action, which may result in loss of access or restriction of assignment.
 - The individual filing the complaint shall be made aware that follow-up has been completed (although specific details will not be reviewed) in order to provide closure to the incident. The individual is encouraged to report any subsequent disruptive behavior. References: In addition, Heritage Valley has other related policies dealing with conduct including:

F. WEAPONS (3.03)

SUBJECT: Weapons

SPONSOR: Security

POLICY: It is the policy of the hospitals of Heritage Valley Health System (HVHS), Heritage Valley Beaver (HVB) and Heritage Valley Sewickley (HVS), to prohibit unauthorized weapons within its properties. Weapon refers to any firearm, knife, or device that could cause bodily harm or injury. Patients and visitors will be instructed to surrender all weapons to security and are not permitted access to the hospital for visitation or treatment if they do not surrender their weapon. Physicians and employees are not to carry weapons or bring them onto the premises at any time. Violation of this policy will result in immediate action as appropriate for the violating party. Law enforcement officials who carry weapons will not be requested to relinquish their weapons when coming to the facilities on routine business (except for conditions when they are performing police functions on the Psychiatric Unit or in the Psychiatric Holding Rooms of the Emergency Department). Plainclothes law enforcement officials must keep their weapons concealed. **INSTRUCTIONS:** Process:

1. If a patient or visitor volunteers that he/she is in possession of a weapon, instruct the person to wait outside the immediate patient care area and call Security. Security will take possession of the

weapon until the patient/visitor leaves the hospital. The weapon will be secured in the security office safe.

2. If a weapon is found on a patient in the Emergency Department (ED) during the process of disrobing for treatment, Security will be called to take possession of the weapon and return it to the patient upon discharge. 3. If a patient/visitor/employee/physician is found to have a weapon, or staff has a strong suspicion that the person may be in possession of a weapon, and may be unwilling to surrender it, Security should be called immediately.

a. After being adequately briefed by the summoning staff, the responding Security Officer will advise the person of this policy. Policy No: Adm.3.03 Page 2 of 3 Print Date:

b. If the person refuses to relinquish a weapon, he/she will be asked to leave the premises immediately.

c. If the person refuses to leave the hospital premises, Security will summon outside police authorities to remove the person from the property. If the individual is an employee, his/her department director will be advised. If the individual is a physician, the President of the Medical Staff will be advised.

d. Satellite facilities will have policies to cover their special situations.

4. Staff should notify security if a knife, or device that could cause bodily harm, is found. Security will secure the weapon in a locked cabinet in the Security Office with the patient's name attached to the weapon. Depending on the weapon type, Security will use their judgment on whether or not to notify local authorities or to return the weapon upon discharge. If Security feels it is unsafe to hand the weapon back over to the patient/visitor, the weapon will be relinquished to the area Police Department. The police will then determine if they wish to hand the weapon back to the individual.

5. Special Notes:

a. If a firearm is found on a mental health patient in the ED during a metal detector scan, Security will secure the firearm in the ED lockbox and keep the key. Local authorities will be notified of the firearm regardless of whether a valid firearm carrying permit is produced by the individual. Local authorities will instruct security regarding what to do with the firearm.

b. If a relinquished weapon is a handgun, the owner will be asked to produce a license to carry the weapon. If a license cannot be produced, the local police will be notified and the weapon will be retained.

c. In the event a weapons violation occurs, police response is warranted, or Security relinquishes a weapon to the area Police Department due to safety concerns, the Security Shift Supervisor will file an Incident Report and notify the Security Site Supervisor and the Security Director.

G. AUTHORITY OF SAFETY OFFICER (3.16)

POLICY: It is the policy of the hospitals of Heritage Valley Health System (HVHS) that the HVHS EOC Safety Officer has the authority to carry out responsibilities assigned to the specific position through the EOC Safety Management Program and the Board of Directors. It is expected that all members of the hospitals of HVHS will cooperate in the administration of the above program.

PURPOSE: This policy assures that the EOC Safety Officer is authorized to take any appropriate action necessary to correct unsafe acts or conditions that may pose an immediate threat to safety within the areas of responsibility. **SCOPE:** Patients, Visitors and Employees of the HVHS hospitals.

PROCEDURE:

A. The EOC Safety Officer can initiate corrective actions to remove or reduce unsafe acts or conditions that are observed during routine inspections. Codes, standards, accepted practices and practical experience of the members of the EOC Safety Committee will be used as a basis for initiating corrective actions.

B. The Safety Officer will confer with the Administrative chain of command to correct any unusual or reoccurring safety hazards.

- C. The Safety Officer will consult with all appropriate in-house resources, if at all possible, prior to instituting control measures or special studies.
- D. The EOC Safety Officer will monitor and evaluate all instituted measures for appropriateness and effectiveness, making recommendations and changes when necessary. Reports will be communicated and reviewed by management and the Governing Body through the Risk and Corporate Compliance Committee of the Board of Directors

H. WORKPLACE VIOLENCE PREVENTION (3.21)

It is Heritage Valley Health System’s intent to provide a non-violent workplace by providing a process for reporting and responding to workplace violence incidents. Heritage Valley Health System strictly prohibits any threats or acts of violence by or directed toward any persons connected to Heritage Valley Health System. This includes all employees of any category, including contract and temporary agency employees, students and instructors, service persons, contractors, etc.

PURPOSE: The purpose of this policy is to:

- Identify and eliminate or minimize the risk of violence within the workplace;
- Educate and train employees to identify risks, take actions to minimize risks and appropriate interventions;
- Comply with recommendations and/or regulations of federal, state, and other applicable agencies.

SCOPE: All Heritage Valley Health System facilities.

PROCESS: A. Definitions: Workplace violence includes a wide range of violent behaviors and threats of violence as well as any conduct that may result in injury, property damage, induce a sense of fear or otherwise impede the normal course of work. Types of Workplace Violence:

1. Criminal Intent – Violent acts by current or former employees, persons with no other connection with the workplace but enter the premises to commit robbery, theft, bodily harm or another crime.
2. Customer/Client – Violence is directed at employees by customers, clients, patients, students or any other group of persons for whom the organization provides services.
3. Worker-On-Worker – Violence committed against co-workers, supervisors or managers by a present or former employee.

Policy No: Adm.3.21 Page 2 of 3 4. Personal Relationship – Violence that is committed in the workplace by someone who has or had a personal relationship with an employee, such as an abusive spouse or domestic partner. Note – It is important to note that both Worker-On-Worker and Personal Relationship types of workplace violence are much more likely to present warning signs. Employees or those with reason to be on HVHS premises who witness unusual behavior should immediately report it to their supervisor or Security. Never underestimate the potential for a co-worker to act out violently. Being proactive can only help the situation and ultimately prevent it from occurring.

Procedure: Any employee (as defined under “POLICY”) who is involved in or witnesses an incident of workplace violence must report the incident to their immediate supervisor or Security immediately. Specific examples of workplace violence are as follows:

- Physical conduct or the threat of physical contact in an intimidating, malicious or harassing manner.
- Placing any employee, person, group or organization in fear of harm either by threat or intimidation.
- The destruction, vandalism or theft of property or threatening to do these things.
- Phone calls, text messages, letters, packages, social media postings, blogs, emails or communication of any form that is harassing, intimidating or threatening in nature.
- Surveillance, watching or monitoring of a threatening or harassing nature, or stalking.
- Domestic violence which affects employee safety or any individual within Heritage Valley Health System.
- Bringing weapons or any device which could be used as a weapon onto Heritage Valley property. The supervisor receiving the report will notify Security. Security, in conjunction with the supervisor, will determine if immediate further action is necessary. In cases where immediate action is required

the appropriate chain of command should be notified and consulted. In all cases, any staff member who witnesses or is involved in an incident of workplace violence must file a detailed written report by utilizing the online “Event Reporting System” and by following the reporting guidelines outlined in Admin Policy #5.05, “Event Reporting.” Reports will be automatically forwarded to members of Senior Management, Human Resources and the Security Director for discussion and disposition. When not sure whether an incident is reportable, report it.

Any employee who becomes aware of an incident of workplace violence should report it immediately. Failure to do so may be considered a violation of this policy and may result in disciplinary action.

Disciplinary Action

Recognizing varying degrees of workplace violence can occur, managers are expected to manage situations and take appropriate steps as necessary. For example, an unruly situation may require immediate suspension of the individuals involved. It is important to maintain the orderly operation of the department. Workplace violence or threats of violence on the part of employees is viewed as serious workplace misconduct. Such conduct should be reported to the department’s Vice President and Human Resources immediately as applicable.

TRAINING

All employees, students, and contracted staff receive initial orientation and annual education on workplace violence sponsored by Human Resources via the learning portal. In addition, instructor led training is provided as needed to staff of the Emergency Department, Psychiatric Unit, and Security.

I. INCIDENT RESPONSE (3.23)

POLICY: It is the policy of the hospitals of Heritage Valley Health System to report and implement an incident response procedure for any accident, untoward, or unusual event that occurs in the hospital or on hospital grounds. The incident response procedure is used to protect the well-being of the victim while assisting hospital staff in gathering as much accurate data as possible relative to the scene and cause of the incident, as well as determining the condition and disposition of any injuries.

PROCEDURE: Employees witnessing or made aware of an unusual event or incident involving an outpatient or visitor will immediately notify Security and their direct supervisor or manager.

Incidents may be classified as: Assaults Auto accidents Bomb threats Burglary/theft Dangerous conditions Disruptive patients or visitors Domestic violence Falls of visitor, volunteer or patient (in public places) Harassment Missing patients Obscene phone calls Suspicious persons Vandalism (THIS LIST IS NOT MEANT TO BE ALL INCLUSIVE. IF SOMETHING JUST DOESN’T LOOK OR FEEL RIGHT – CALL SECURITY)

1. Employees witnessing or made aware of an unusual event involving outpatient or visitor a. If it is safe, stay with the victim(s) until Security arrives. Observe physical conditions, activity in the immediate area, and get the name of the victim(s)/witness(s). Instruct the victim(s) to remain still until help arrives and institute emergency medical response procedures if applicable. Policy No: Adm.3.23 Page 2 of 2 Print Date: b. When Security arrives, give your name and assigned work area and return to duty unless requested to assist at the scene. c. Complete an incident report. (See Administrative Policy # Adm.5.05, “Event Reporting”).

2. Security Personnel

a. Report to the scene of the alleged incident as soon as possible and secure the area.

b. Observe the scene and, if possible, speak with the victim and any witnesses to obtain, in their view, the what, where, when, why, and how of the incident.

c. Obtain name, address, and phone numbers of victim(s)/witnesses (s).

d. Arrange for applicable emergency care/transport. Take photographs of area, if warranted (unsafe conditions) and make arrangements to have the area cleared/cleaned for safety.

Please note if an incident or injury occurs outside of the hospital building, 911 should be called for emergency care and transport even though the incident is on hospital grounds.

e. Complete a security report utilizing the online Solutions Patient Safety Event Reporting System. Photos of the incident will be scanned and attached to the report.

J. INTERNAL FIRE RESPONSE DRILL (CODE RED) (3.25)

POLICY: It is the policy of the hospitals of Heritage Valley Health System (HVHS) to provide a safe environment for all patients, visitors, and employees in the event of an internal disaster.

PURPOSE: To ensure that fire drills are conducted in adherence with the mandates of The Joint Commission and the Pennsylvania Department of Health. **SCOPE:** Heritage Valley Health System

GUIDELINES: The Joint Commission and Pennsylvania Department of Health **PROCEDURE:** On activation of a fire alarm/fire situation, it shall be the responsibility of Engineering staff and other assigned fire responders to proceed to the scene of the alarm/fire. Upon arrival at the scene, if a fire or smoke situation exists, fire responders will assist in patient evacuation, extinguishing, and containing the fire. Fire responders shall assist firefighters in securing the building. Engineering staff shall advise firefighters on the location and operation of the various building systems, i.e., fire protection systems, electrical distribution and HVAC systems. Procedurally, there shall be no distinction between the response to an actual fire and a fire drill except that patients will not be evacuated nor will fire extinguishers be discharged during a drill. In both an actual and a drill situation, all staff shall follow the R.A.C.E. plan. Rescue – Remove all patients and/or personnel from immediate danger. Close all patient doors and stand by for further instructions related to possible evacuation. Should an evacuation be necessary, close all doors to patient rooms and the fire area. Policy No: Adm. 3.25 Page 2 of 4 Print Date: Alarm – In either a drill or actual situation, activate the nearest fire alarm pull station and either you or someone you direct reports the situation to Communications/telephone operator by dialing 4888 for both Heritage Valley Beaver (HVB) and Heritage Valley Sewickley (HVS). When reporting the situation, speak clearly giving your name, the exact location (campus, floor, room number or area) and a brief description of the situation. The telephone operators shall make the following announcement three times, CODE RED followed by the location/zone code of the fire; see the following section on Alarm Interpretation. Contain – Close all doors in the fire area to confine the movement of smoke, fire, and heat. **TURN ON ALL LIGHTS IN THE FIRE AREA.** Extinguish – Use portable fire extinguishers or other applicable methods (i.e. blankets) to put out or smother small fires or to facilitate escape from larger fires. When using a fire extinguisher, use the P.A.S.S. method: Pull the pin Aim the extinguisher nozzle at the base of the fire Squeeze the trigger Sweep the extinguisher discharge across the base of the flame In a fire situation, all patients should be alerted that the fire alarm system has been activated, that the situation is being investigated, and they should be reassured and asked to remain calm. Staff should control the movement of visitors and other persons in the area. To the maximum extent possible, restrict movement through smoke doors. Ask visitors to remain with patients or in lobby areas until the situation is resolved. Elevators are not to be used except by the fire department and for emergency transport of patients, depending on fire location. Areas not directly involved with the fire emergency must also take the following actions:

1. Upon hearing the fire chimes or the “CODE RED” announcement, those preassigned personnel not already in the fire area shall immediately report to the fire area.
2. All other staff will (to control smoke and eliminate any draft conditions that may feed air to the fire) close all doors and any windows that may be open but will then continue their normal work schedule/assignments while remaining in a heightened state of alert for further instructions and/or to observe a deteriorating situation.
3. **DO NOT CALL THE HOSPITAL SWITCHBOARD DURING A FIRE SITUATION.** 4. Control the movement of visitors and other personnel in the area. Policy No: Adm. 3.25 Page 3 of 4 Print Date: **INTERPRETATION OF FIRE ALARM CODES:**

1. The fire alarm serves two basic purposes:
 - Alert staff that a fire situation is in progress
 - Alert the fire department for their immediate response to the situation.

2. The internal audible alarm utilizes a coded signal to alert all staff to the location of the alarm. This signal or fire code consists of the following three parts with a brief pause between each part:

- Part 1 = Level/floor of activation (HVB & HVS)
- Part 2 = Zone of activation (HVB & HVS)
- Part 3 = Device that activated the alarm (at HVS) Sub-zone or specific area of the building

(at HVB) 1. COMMUNICATION OPERATOR'S RESPONSIBILITY: The Communications operator functions as the key link in communicating the fire emergency to all hospital personnel and the local fire department. The operator will:

- Determine the exact location of the fire,
- Instruct the caller to pull the fire alarm pull station closest to the fire,
- Use overhead paging to alert all staff to the location of the fire,
- Confirm the fire alarm with either Engineering or Security staff,
- Proceed with standard operating procedures for the emergency
- Upon notification by specifically authorized staff as coordinated with the local fire chief, announce three times "Code Red All Clear".

2. RESPONSIBILITIES OF STAFF WITHIN THE FIRE AREA: Staff in the involved area are responsible for implementing the general fire response, as outlined in this policy, as well as department-specific fire response plans, as appropriate. In most cases, Engineering and other staff will be at the scene within minutes to assist in implementing the fire response. However, staff in the involved area will have primary responsibility for implementation of department specific fire response plans. Staff in clinical areas have responsibility for informing the person in charge of responding, Engineering, and other staff of any special considerations regarding their Policy No: Adm. 3.25 Page 4 of 4 Print Date: patients including any special considerations that might be required prior to relocating patients. In the event of an actual fire situation with patients on oxygen, Engineering and nursing staff shall, when possible, jointly decide on the need to shut-off the oxygen zone control valve. If the local Fire Chief is on scene, he or she shall make the decision; nursing input should be provided.

3. FIRE DEPARTMENT RESPONSIBILITIES: The fire department will respond to the scene of the fire alarm, extinguish the fire, and advise the staff person in charge of the fire scene and/or the Communications operator whether evacuation must be initiated. Upon their arrival at the scene, the senior firefighter will have complete authority and command of the situation.

4. FIRE DRILL RESPONSE: THERE IS TO BE NO DISTINCTION BETWEEN THE ACTIONS TO BE FOLLOWED DURING A REAL DISASTER AND AN INTERNAL DISASTER DRILL. (Exception: Do not evacuate patients during drills unless special drills are being conducted.) Further disaster information is contained in the Hospital's Disaster Manual.

K. BOMB THREAT PROCEDURE (CODE GREEN) (3.29)

POLICY: It is the policy of the hospitals of Heritage Valley Health System (HVHS) that the Security Department must immediately be notified of any bomb threat. The manner in which the threat is handled will be predicated on the information contained in the threat. Final decisions on actions to be taken shall include input from administration and the Director of Security. The purpose of this policy is to establish firm guidelines for reporting the threat and the process to be used to facilitate a swift, intelligent, and calculated approach to resolving the situation.

PROCEDURE:

A. Upon receiving a bomb threat over the telephone, it is critical that the recipient of the call remain calm and attempt to get as much information from the caller as possible by utilizing the "Bomb Threat Checklist" which is located on the inner cover of the Heritage Valley Emergency Response Procedures. The person receiving the call should also attempt to signal a coworker, while remaining on the call to notify hospital personnel as per Section C of this procedure. The "Bomb Threat Checklist" is designed to provide law enforcement authorities with information which could assist in the apprehension of the person making the threat. Therefore, it is essential that as much information as possible be gathered. (See attachment for Bomb Threat Checklist.)

B. An individual who receives a bomb threat through the mail, email or a note found within the hospital will immediately make notifications as described in Section C.

C. The following persons will be notified immediately through the hospital operator:

1. On-Duty Security Officers
2. On-Duty Police Officer(s)
3. Administrator On-Call
4. Director of Security
5. Director of Engineering
6. Nursing Clinical Supervisors

D. Any and all decisions concerning a possible search, and its extent will be made by one, or any combination of those identified in 1, 2, 3, 4, 5 or 6 above. Administrative Policies and Procedures Page 2 of 5 Policy No: Adm.3.29 Note: If a bomb or anything that appears to be an explosive device is located, the procedure outlined below is to be followed – with absolutely no exceptions.

E. If it is determined a search is to be conducted, an individual who is familiar with the area will do it.

F. A bomb can take any shape or size. Therefore, persons searching any area for a bomb should be especially conscious of any item which may appear out of place, items which may be smoking or emitting an odor. If any such item is located, the procedure outlined below is to be followed with no exceptions.

G. DO NOT TOUCH THE SUSPECTED BOMB OR THE CONTAINER IN WHICH IT MAY BE LOCATED.

H. If it is determined a search is to be conducted, an individual who is familiar with the area will do it.

I. If a bomb or anything that appears to be an explosive device is located, **DO NOT TOUCH IT. DO NOT USE CELL PHONES OR RADIOS IN PROXIMITY TO THE POSSIBLE DEVICE.**

J. Report any unusual object or unfamiliar package to the Director of Security who will contact the local Police and the Allegheny County Bomb Squad.

ALLEGHENY COUNTY BOMB SQUAD 24-hour service – Emergency Number Phone: 412-472-5500 This phone number answers in the Allegheny County Police Office at the Pittsburgh International Airport. Provide the person who answers the phone with all known details of the situation at hand, including a request for their bomb removal services. Response time will be from thirty (30) minutes to two (2) hours, depending on the hour of the day and whether bomb removal experts are at the airport or must be summoned from their homes.

ALLEGHENY COUNTY POLICE HEADQUARTERS If no answer at the above number for the bomb squad, call 412-473-3000, which is the Allegheny County Police Headquarters.

SPECIAL NOTE: No order to implement evacuation procedures will be made without proper communication with administration, or the Director of Security. Page 3 of 5 Policy No: Adm.3.29 Approved: July 1980 Reviewed: October 2003; September 2005

L. CODE AMBER INFANT AND CHILD SECURITY AND ABDUCTION RESPONSE PROCEDURE

POLICY: It is the policy of the hospitals of Heritage Valley Health System to implement the procedure outlined herein in an attempt to protect against and/or immediately respond to the abduction of an infant/child. Heritage Valley is committed to following procedures and utilizing systems that “harden the target” of potential abductors.

(Section A refers to newborns in the hospitals’ Maternal – Child Units)

RESPONSE TO A MISSING CHILD:

1. All security officers, upon being made aware of the missing child, will immediately begin to move toward the location of the potential abduction.
 - a. Upon reaching the location of the potential abduction, security officers will work with nursing personnel in an attempt to “POSITIVELY” identify the missing child.

RESPONSE TO SUSPECTED ABDUCTION:

In any situation where responding security and nursing personnel are unable to specifically identify the event which caused the infant alarm to activate (HVB/HVS) or an alert that a child is unaccounted for, the following procedure MUST be implemented without exception.

RESPONSIBILITIES:

1. Nursing Personnel
 - a. Nursing personnel will IMMEDIATELY implement a pre-planned process intended to determine, by actual headcount of all infants or children, whether any are missing from the unit. The results of this headcount will determine all future courses of action relative to the incident being addressed.
2. Security Officers
 - a. The security officer will IMMEDIATELY place a phone call to 911 (Beaver County/ Sewickley Police Dispatch Centers). Upon reaching the police dispatcher, the security officer will state: “THIS IS HERITAGE VALLEY BEAVER (HVB) SECURITY **OR** HERITAGE VALLEY SEWICKLEY (HVS) HOSPITAL SECURITY OR HERITAGE VALLEY KENNEDY. WE HAVE A CODE AMBER IN PROGRESS”.

(Police in Brighton Township, Beaver, Bridgewater, Vanport, Sewickley, or Kennedy Township will implement a pre-planned procedure that will result in roadblocks being established at pre-designated locations.)
 - b. All other security personnel will begin the process of conducting an immediate search –in an attempt to locate an infant or child who, under the then existing circumstances, must be presumed to be missing from the original admitting unit or last known location.

ALL INFANTS OR CHILDREN ACCOUNTED FOR:

1. The security officer will place a second call to the 911-dispatch operator for the purpose of informing the Police that they can discontinue their roadblocks due to the fact that the infants or children have been accounted for.
2. All other security personnel will be advised to discontinue the search.

RESPONSE TO CONFIRMED ABDUCTION:

Immediately following confirmation that infants or children are missing from any unit or department, the following notifications must be made:

RESPONSIBILITIES:

1. Hospital employees in department from which child is missing:
 - a. The person who is aware of the missing child must notify the hospital operator at ext. 4888 that a Code Amber is in progress. The person notifying the operator is to include location and age of child.
 - b. Follow and/or attempt to detain the abductor, if possible and applicable, depending on the existing conditions.
 - c. Notify the unit nursing supervisor and department manager.
 - d. The nursing supervisor will work with staff to prepare a description of the abductor, if observed, and the infant or child.
 - (1) The description of the abductor will include sex, race, estimated height, weight, age, clothing worn, and any distinguishing characteristics.
 - (2) The description of the infant or child will include date of birth, sex, weight, race, clothing worn, any distinguishing marks and last known location.
 - e. All available employees will assist in a room-to-room search of the immediate area from which the infant/child was taken. Pediatrics will expand search to other areas of the hospital as needed. Care will be taken to leave areas of suspicion undisturbed to preserve any possible evidence.
 - f. Maternal Child Health Staff (HVB/HVS): All infants in the nursery will be identified and accounted for by matching the number on their respective umbilical cord clamps to the number on the crib card. Mothers and infants will be reunited for reassurance.
 - g. All pediatric patients will be identified and accounted for.
 - h. Maternal Child Health Staff (HVB.HVS): Infants in their mother's room will be identified by comparing the infant's Identaband to that of the mother. (Nursery only.)
 - i. The mother of the missing infant/child, and any other available relatives of the missing infant, will be placed in a private room with a member of the nursing staff and a social worker. Their combined functions will be to offer support and to screen telephone calls.
 - j. Nursery only (HVB/HVS):
 - (1) If infant has been photographed upon admission to the nursery, obtain the picture from the clinical access portal and/or the EMR.
 - (2) If the infant has been photographed, contact the picture service to have the digital photo of the infant electronically transmitted to the facility. When received, Heritage Valley will arrange distribution of the photos to the news media and law enforcement authorities.

- k. If no hospital photos are available, request that any photos of the infant or child, taken by the family, be made available for use by the news media and law enforcement officials.
 - l. With the exception of the need to exchange information which may be important to the search for the possible return of the abducted infant or child, all Heritage Valley employees will not otherwise discuss the event among themselves, members of the general public, or with any news media representatives. They will communicate their knowledge of the event to law enforcement authorities, security department representatives, and members of the hospital administration only. Representatives of the Public Relations Department will arrange all releases of information by Heritage Valley to the news media.
2. Security
- a. Security staff will communicate with 911 Police Dispatch.
3. All other Hospital Employees
- a. All hospital personnel should observe any visitors in their work areas and report any suspicious behavior to the hospital communications operator.
 - c. All other departments should assist in observing exterior doors. If any employee finds another employee already stationed at an entrance, that employee should proceed to another exit to assist in the search.
 - (1) Observes for suspicious activity, e.g. infant's being carried, persons carrying large bags, or presence of small children.
 - (2) Reports suspicious persons or activity by calling the hospital emergency number.
 - (3) Observes individual(s) in question as long as possible until security staff arrives.
4. Communications
- a. Upon receiving a confirmed infant/child abduction, the communications operator will notify the following persons/departments:
 - (1) Page overhead 3 times "Code Amber Missing Child" and the location, age, gender, and description of the missing individual. Example: "Code Amber Missing Child," Outpatient Surgery, 9 year old, male, wearing red Nike t-shirt, khaki shorts, baseball hat, and eyeglasses.
 - (2) Nursing Administration/ House Clinical Supervisor (HVS/HVK) or CCU Supervisor (HVB) who will notify Administrator on Call if indicated.
 - (3) Administrator-On-Call will notify Public Relations, Case Management and Risk Management if indicated.

- b. Any incoming calls received by the communications operator seeking information relative to the report of the infant/child abduction should be forwarded to the Public Relations Department.
 - c. Any incoming calls originating from any law enforcement agency should be forwarded to the Security Department unless the caller specifies otherwise.
 - d. After direction from Security, the communications operator will page “All clear Code Amber”.
5. Nursing Administration
- a. Nursing Administration personnel (nursing supervisors during off-shifts) will immediately report to the scene of the abduction and assist in the coordination of all procedures outlined herein.
6. Administrator On-Call
- a. The Administrator On-Call, after being informed of the then existing situation by way of the initial telephone contact, will report to HVB, HVK or HVS as soon as possible for purposes of overseeing all subsequent involvement related to the infant or child abduction.

E. UPON RETURN OF INFANT/CHILD (IF RETURNED TO THE HOSPITAL):

- 1. Provide immediate evaluation of infant’s/child’s physical status.
- 2. Notify key individuals immediately (parents, patient’s physician)
- 3. Obtain orders to admit child to appropriate unit for potential care.
- 4. Continue to provide care or discharge child.

F. POST-INCIDENT PROCEDURE:

- 1. Risk Management/Security to coordinate follow-up investigation.
- 2. Provide opportunity for stress debriefing within 24-48 hours post-incident.
- 3. Provide additional in-service education to staff, recognizing efforts at prevention.

M. CODE SILVER (3.36)

POLICY:

It is the policy of Heritage Valley Health System that all inpatients will be assessed on an on-going basis for risk of elopement. Digital Photos will be taken on all patients on admission unless refused in order to aid in identification and search should a patient be found to be missing. A “Code Silver” alert will be implemented to aid in the coordinated search of a patient with altered mental status.

PROCEDURE:

In the event a person (age 18 years or older) is identified as missing, the following response will occur (many of which will occur simultaneously):

A. When a person is identified as missing, the Registered Nurse /or Nurse Management or Designee will **IMMEDIATELY:**

- * Call Extension 4888 and notify the Hospital Communication Center/Switchboard Operator and state your name and instructions to announce “**CODE SILVER MISSING ADULT**”. Provide a brief description of the missing individual that includes the **AGE and GENDER** and a brief description of what they were wearing when last seen, the originating department (i.e. Level C3 or Level 0) and the individual’s **FIRST and LAST NAME**.
- * The CEO, or the appropriate Vice President on-site, will establish a command center if the patient is not located in order to coordinate activities and is the designated Commander of the center until relieved or an ‘all clear’ is called. The command center will be opened in the HVB, HVK and HVS boardrooms respectively. All direction to staff will originate from the command center. The on-site Nursing Supervisor will assume the duties in their absence.

B. **The Hospital Switchboard Operator will then:**

- * Announce via the overhead paging system 3 times: “**Attention please, CODE SILVER MISSING ADULT**”.
- * Announce OVERHEAD, the DESCRIPTION OF THE PATIENT INCLUDING AGE, GENDER, APPAREL, DEPARTMENT LAST SEEN AND THEIR FIRST AND LAST NAME.
- * Notify the Security Department via radio of the CODE SILVER, the originating department and the patients name and description. Also notify the Engineering/Maintenance and Housekeeping/Environmental Services Departments.
- * **Notify Nursing Administration/House Clinical Supervisor (HVS/HVK) or CCU Supervisor (HVB), who will notify the Administrator on Call if indicated.**
- * The Administrator on Call will confer with security regarding the need to contact local authorities and will contact the originating unit/department and speak with whoever is in charge.

- * Call the Admissions Department and notify them of the CODE SILVER, the full name of the individual missing and request that a photo of the individual be email broadcast to OLG and HVB, HVK, or HVS Employees as applicable to the campus. Admissions will also print hard copies of the photo for security.

C. Once the CODE SILVER is announced, **each unit/department will:**

- * The Security and Housekeeping/Environmental Service Departments will be responsible for searching the interior and exterior of the hospital. Security will also be responsible for checking any alarms for breeches.
- * The Switchboard will identify any door alarms activated (HVS only) and notify Security of the door locations that were alarmed to get additional personnel to that specific area of the hospital (internal and external to the hospital). In addition Hospital personnel working in the designated areas of building exits should ensure an assigned individual is positioned at these locations until the all clear has been paged:

Admissions – Main Lobby
 Coffee Shop – Coffee Shop Area
 Nursing Unit(s) – Respective Nursing Unit(s)

All other departments should assist in observing exterior doors. If any employee finds another employee already stationed at an entrance, that employee should proceed to another exit to assist in the search.

- * If elopement occurs on an off shift, the primary focus of employees will be protecting exterior doors. Security will evaluate the door alarm report and will report immediately to the alarmed door and area adjacent to the door.
- * If the individual meeting the description of the CODE SILVER is seen, address him/her by name. Patients with dementia may be dressed in a designated colored gown and wristband.
- * If the individual responds in an affirming manner to his/her name, attempt to escort the individual to the nearest phone or summon another employee to dial the hospital operator to notify the operator of your location.
- * Remain in the area with the individual.
- * The operator will summon security to assist in escorting the individual back to the area from which he/she was reported missing.
- * When individual returns to the nursing unit, the patient will be assessed for injuries, vital signs taken and the individual's physician will be contacted for guidance on additional care needs.

- * Security will notify the operator that the individual has been returned to the individual's area.
- * The telephone operator will then announce overhead **“CODE SILVER ALL CLEAR.” Staff is to continue observing exits, stairwells, and hallways until a “CODE SILVER ALL CLEAR” is announced.**

NOTE: At no time should the employee place themselves in a position where they may be injured. The key is to observe and report.

- D. If the lost individual is a **visitor** and not a patient, the **Operator will contact the hospital's Security Department** first before calling a CODE SILVER on the overhead paging system.

N. ACTIVE SHOOTER / ARMED ASSAILANT (3.41)

POLICY: It is the policy of Heritage Valley Health System (HVHS) to provide and maintain a safe and secure healthcare environment. This policy establishes guidelines for responding to an immediate life-threatening situation involving an active shooter or armed assailant. **SCOPE:** This policy is applicable to all employees, physicians, visitors, students, vendors and contractors working in Heritage Valley Health System facilities and establishes policy and procedure on this subject.

DEFINITIONS:

1. Active Shooter – An active shooter is an individual actively engaged in killing or attempting to kill people in a confined and populated area; in most cases, active shooters use firearms and there is no pattern or method to their selection of victims. (Department of Homeland Security definition.)
2. Armed Assailant– A person that enters the facility unwarranted and carrying weapons that can be used to cause bodily harm (e.g. firearm, knife, etc.) to unsuspecting bystanders.

PROCEDURE: The active shooter/armed assailant plan (Code Gun) will be initiated immediately when a hostile person(s) with weapon(s) has entered the campus and has made threats of violence or has actively began shooting persons in the hospital or on the hospital campus. Please note that although the logistics may differ between the Heritage Valley Health System hospitals and its satellite facilities, the general guidelines are valid and should be followed in the event of an incident of this type.

A. The first person to identify an active shooter situation should:

Notify the Communications Operator immediately by dialing “4888” after getting to a safe location. The following information should be relayed:

- a. Description of the active shooter/armed assailant.
- b. Type of weapon.
- c. Shooter's identity (if known).
- d. Location of active shooter/armed assailant. Policy No: Adm. 3.41 Page 2 of 5 Print Date:

B. The hospital operator, upon notification, will:

1. Overhead page, “Code Gun” and the location. Repeat the announcement three (3) times.
2. Contact local law enforcement by calling “911.” Supply all pertinent information.
3. Secure the Communications area or evacuate to a safe location if possible.

C. Security Officers will not attempt to intercede with the active shooter. They will, however, respond to a safe distance in order to:

1. Gather information to relay to responding law enforcement.
2. Assist in the evacuation of staff, visitors and patients if it is safe to do so.
3. Attempt to locate the active shooter on camera and monitor his/her movements and locations in order to assist law enforcement authorities, if it is safe to do so.

D. Hospital Staff Response – Have a plan and be prepared to respond. Remember “RHF”. Run, Hide, Fight Run If it is safe to do so, the first course of action that should be taken is to run. Individuals

should be trained to run out of the facility or away from the area under attack and move as far away as possible until they are in a safe location. Simply exiting the building and going to an evacuation site via practiced fire drill routes may put individuals at risk. Despite the complexity of this situation, personnel, patients and visitors who can evacuate safely should do so. Recent research shows the best method to reduce loss of life in an active shooter incident is for people to immediately evacuate or be evacuated from the area where an active shooter may be located or attempting to enter. Staff should be trained to:

- Leave personal belongings behind.
- Visualize possible escape routes, including physically accessible routes for patients, visitors, or staff with disabilities and others with access and functional needs.
- Avoid escalators and elevators.
- Take others with them but not stay behind because others will not go.
- Call 911 when safe to do so. Because employees may scatter, they should be given directions on who they should contact in order to account for all employees. Policy No: Adm. 3.41 Page 3 of 5 Print Date: Hide If running is not a safe option, staff should be trained to hide in as safe a place as possible where the walls might be thicker and have fewer windows. Likewise, for patients that cannot “run” because of mobility issues (e.g., they are unable to leave their bed) hiding may be their only option. In addition:
- Lock the doors if door locks are available.
- Barricade the doors with heavy furniture or wedge items under the door.
- Those in a specialty care unit should secure the unit entrance(s) by locking the doors and/or securing the doors by any means available (e.g., furniture, cabinets, bed, equipment).
- Close and lock windows and close blinds or cover windows.
- Turn off lights.
- Silence all electronic devices.
- Remain silent.
- Look for other avenues of escape.
- Identify ad-hoc weapons.
- When safe to do so, use strategies to silently communicate with first responders, if possible (e.g., in rooms with exterior windows, make signs to silently signal law enforcement and emergency responders to indicate the status of the room’s occupants).
- Hide along the wall closest to the exit but out of view from the hallway (which would allow the best option for ambushing the shooter and for possible escape if the shooter enters or passes by the room).
- Remain in place until given an all clear by identifiable law enforcement.

Consider these additional actions:

- Barricade areas where patients, visitors, and/or staff are located.
- Transport patients in wheelchairs or on stretchers or carry them to a safe location.
- Identify a safe location in each unit before an incident occurs where staff, patients, and visitors may safely barricade themselves during an event.
- Train people in how to lock down an area and secure the unit, including providing a checklist of instructions on the back of doors and by phones.
- Ensure emergency numbers are available at all phone locations.

Fight if neither running nor hiding is a safe option, as a last resort and when confronted by the shooter, adults in immediate danger should consider trying to disrupt or incapacitate the shooter by using aggressive force and items in their environment, such as fire extinguishers, chairs, etc. Research shows the strength in numbers as indicated in the earlier-mentioned study where the potential victims themselves disrupted 17 of 51 active shooter incidents before law enforcement arrived. Policy No: Adm. 3.41 Page 4 of 5 Print Date: Speaking with staff about confronting a shooter may be daunting and upsetting for some staff, but great comfort can come from the knowledge that their actions could save lives. To be clear, confronting an active shooter should never

be a requirement of any health care provider's job; how each individual chooses to respond if directly confronted by an active shooter is up to him or her.

E. Recovery Operations – After the active shooter has been taken into custody or incapacitated by law enforcement and is no longer a threat, the goal is to normalize the environment as quickly as possible. Post incident operations will continue for an extended time. Areas where violence occurred will be considered a crime scene and will be secured and restricted. However, post incident activities must begin, to include:

1. Account for all individuals: present, missing and injured.
 - a. Supervisors must account for all employees.
 - b. All patients must be accounted for.
 - c. Attempts should be made to account for visitors.
2. The delivery of a coordinated message is essential. The following message should be used to inform patients and visitors following an active shooter/armed assailant incident: “The hospital is currently operating under emergency conditions. We have policies and procedures in place to ensure the safety and security of our patients, visitors and staff during an active shooter or armed assailant incident. We will continue to provide care for patients and maintain operations throughout this emergency. Additional information will be provided as it becomes available.”
3. Station a staff member at the telephone in your area to receive incoming instructions and pass on information. A log should be kept detailing who, what, when and where of each phone call.
4. Remove items blocking doors and hallways to ensure free access to emergency personnel.
5. Identify and fill any critical personnel or operational gaps left in the organization as a result of the active shooter/armed assailant.
6. Assess the physical and psychological state of individuals at the scene and refer them to health care specialists accordingly. Individuals will recover from an active shooter/armed assailant incident differently and, therefore, some staff may not be able to maintain their normal level of functioning.

F. Incident Command – As soon as it is reasonably safe to do so, the Incident Command Center should be activated in order to direct recovery efforts as well as routine hospital operations. Policy No: Adm. 3.41 Page 5 of 5 Print Date: While the crime scene will be managed by law enforcement authorities, the operations of the hospital will be directed as prescribed in the emergency plan. A Law Enforcement Liaison Officer should be requested in order to keep the Incident Command Center updated in regards to police operations. G. Active Shooter/Armed Assailant Preparedness:

1. All managers will discuss this policy with their staff and ensure that they are aware of the procedures outlined within.
2. A “Safe Room” will be identified in all areas by the respective managers and their staff. These rooms should be:
 - a. Lockable or easily barricaded.
 - b. Within close proximity to the work area.
 - c. Be large enough to accommodate numerous people.
3. Escape routes should be discussed as well as gathering areas outside of the hospital campus.

Several options should be discussed and employed depending on the specifics of the incident.

O. **NON-DISCRIMINATION** (5.03)

POLICY: Heritage Valley Health System is committed to a policy of nondiscrimination for patients, employees, visitors, members of the medical staff and vendors. Unlawful discrimination is prohibited and is inconsistent with the mission and philosophy of the Heritage Valley Health System. Heritage Valley Health System complies with the provisions of Title VI of the Federal Civil Rights Act of 1964 and the Pennsylvania Human Relations Act to the end that no person shall be excluded from participation in, be denied benefits of, or otherwise be subjected to discrimination in the provision of

any care or service, or in connection with any other interaction with Heritage Valley Health System, on the grounds of race, color, national origin (including limited English proficiency), ancestry, age, sex, religion, gender identity, sexual orientation, handicap, disability or other legally protected basis. PURPOSE: To provide a non-discriminatory environment for patients, employees, medical staff, visitors and vendors.

SCOPE: Heritage Valley Health System (including inpatients and outpatients).

GUIDELINES: Title VI Civil Rights Act of 1964 (42 U.S.C.A. §§ 2000e-2000e-17) Pennsylvania Human Relations Act (43 P.S. §§ 951-962.2) CMS Condition of Participation (42 CFR 482.13(h)(3))

PROCEDURE:

A. Specifically, this policy shall include but not be limited to the following:

1. Inpatient/outpatient admission or care - Patients will have access to and receive care in the inpatient and outpatient areas of the hospital according to their individual health care needs.
2. Room Assignment - Inpatients will be assigned to rooms, units, floors, sections and special units in accordance with their medical needs.
3. Roommate Preference - No patient will be asked about roommate preference.
4. Assignment of Caregivers - Employees will be given patient care assignments without regard to the race, color, national origin (including limited English proficiency), ancestry, age, sex, religion, gender identity, sexual orientation, handicap or disability of either the patient or the employee. Policy No: Adm. 5.03 Page 2 of 3 Print Date:
5. Care of unassigned patients (i.e. patients who do not express a desire for the medical services of a particular medical staff member) and requests for consultation will be carried out in a way that is nondiscriminatory for medical staff and patients.
6. Staff membership and privileges for professionally qualified personnel - Applicants to the medical staff and allied health professional staff shall not be denied membership or particular clinical privileges/duties on the basis of race, color, national origin (including limited English proficiency), ancestry, religion, sex, gender identity, sexual orientation, disability or other legally protected basis. Age, handicap, or disability will be considered only when the efficient delivery of patient care at the generally recognized professional level of quality will be compromised and suitable accommodation is not possible.
7. All facilities of Heritage Valley Health System will be utilized in the best interests of patient care.
8. Transfers from Rooms - A patient will not be transferred from the room assigned for other than valid medical reasons. A patient may request to upgrade the room assigned for any reason provided the room requested is available and the patient is willing and financially able to pay the difference in room rate.
9. At discharge, patients will be referred only to those skilled nursing or intermediate care facilities, personal care facilities, or foster homes that are known to be in compliance with the provisions of federal and state nondiscrimination laws. Post-hospital discriminatory practices experienced by patients referred by the hospital will be reported to the Compliance Officer of the Department of Health when such practices are brought to the attention of the hospital.
10. The hospital will ensure that staff physicians are aware of its policies to serve patients on a nondiscriminatory basis.
11. Heritage Valley will post its nondiscriminatory policy in locations accessible to the employees and general public.
12. Any patient who believes he/she is the focus of a discriminatory act should communicate with the supervisory person in the area, or with the administrative office. A written notification may be directed to the administrative office in addition to or in place of communication with an area supervisor.
13. Patient visitors shall not be denied visitation rights on the basis of race, color, national origin (including limited English proficiency), ancestry, age, sex, religion, gender identity, sexual orientation, handicap or disability or other legally protected basis.

14. Vendors shall not be subjected to discrimination on the basis of race, color, national origin (including limited English proficiency), ancestry, age, sex, religion, gender identity, sexual orientation, handicap, disability or other legally protected basis.

Policy No: Adm. 5.03 Page 3 of 3 Print Date: In addition, any individual who believes he/she has been discriminated against may file a complaint with any of the following: Bureau of Equal Opportunity Office of Civil Rights Department of Public Welfare Dept of Health & Human Services Room 223, Health & Welfare Building Office of Civil Rights Region III P. O. Box 2675 Suite 372, Public Ledger Building Harrisburg, PA 17105-2675 150 South Independence Mall West Philadelphia, PA 19106-9111 PA Human Relations Commission Bureau of Equal Opportunity Pittsburgh Regional Office Department of Public Welfare 301 Fifth Avenue Western Regional Office Suite 390, Piatt Place 301 Fifth Avenue Pittsburgh, PA 15222 Suite 410, Piatt Place Pittsburgh, PA 15222

P. **EVENT REPORTING (5.05)**

POLICY: It is the policy of Heritage Valley Health System (HVHS) that any event in a Medical Facility, which meets the definitions below, will be documented and reported in a systematic manner as described below. The event report will be completed by any employee who discovers, witnesses, or becomes aware of circumstances indicative of an event. Information from event reports is integrated into the Quality/Risk Management/Patient Safety functions through the Patient Safety Committee and the Quality Management/Medical Affairs Committee of the Board. Certain events are also reported to the appropriate state authority, as required by law.

DEFINITIONS:

Medical Facility: Heritage Valley Sewickley, Heritage Valley Kennedy and Heritage Valley Beaver, including all inpatients and outpatients

Unusual Event: Any event not consistent with the routine operation of the Medical Facility that involves visitors, employees, volunteers, physicians may be considered an unusual event. This category also includes an occurrence involving a patient when there is no physical harm. If an event occurs that is unrelated to provision of care or the environment of patient care it would be classified as an unusual event.

- Examples include: lost belongings, visitor falls, and contraband.

Incident: An event, occurrence or situation involving the clinical care of a patient in a Medical Facility, which could have injured the patient but did not either cause an unanticipated injury or require the delivery of additional health care services to the patient. The term does not include Serious Event.

To be considered an “incident”, the event, occurrence, or situation must meet all of the following criteria:

- Involved in the clinical care of a patient in a Medical Facility

- Could have injured the patient
- Did not cause an unanticipated injury requiring additional healthcare services to the patient

Serious Event: An event, occurrence or situation involving the clinical care of a patient in a Medical Facility that results in death or compromises patient safety and results in an unanticipated injury and requiring the delivery of additional health care services to the patient. The term does not include an Incident. Disclosure of serious events is communicated to the involved patient and/or family as required by law.

To be considered a “serious event” the event, occurrence, or situation must meet all of the criteria under Column A or all of the criteria under Column B:

- | Column A | OR | Column B |
|---|----|---|
| <ul style="list-style-type: none"> • Involved the clinical care of a patient in a Medical Facility • Resulted in the death of the patient | | <ul style="list-style-type: none"> • Involved the clinical care of a patient in a Medical Facility • Compromised patient safety • Resulted in an unanticipated injury requiring additional healthcare services |

Infrastructure Failure: An undesirable or unintended event, occurrence or situation involving the infrastructure of a Medical Facility or the discontinuation or significant disruption of a service which could seriously compromise patient safety. Furthermore, “infrastructure “ refers to structures related to the physical plant and service delivery systems necessary for the provision of health care services in a Medical Facility.

“Infrastructure is defined in 40 P.S. 1301.302, as “related to the physical plant and service delivery systems necessary for the provision of health care services in a Medical Facility.” Only events seriously compromising patient care, as noted above, would be included in this category.

Sentinel Event: As defined by The Joint Commission is a patient safety event (not primarily related to the natural course of the patient’s illness or underlying condition) that reaches a patient and results in any of the following:

- Death
- Permanent harm
- Severe temporary harm

Health Care Acquired Infection (Nosocomial Infection): Health Care Acquired Infections are reported through NHSN (National Healthcare Safety Network) per PA ACT 52. The Infection Control Committee of the Medical Staffs are responsible for the surveillance, review, analysis, prevention, and corrective action for healthcare-acquired (nosocomial) infections. Each case is evaluated individually.

GUIDELINES:

Heritage Valley Health System has a system for Healthcare workers in all of its Medical Facilities to report events twenty-four hours a day, seven days a week through RL Solutions, the Hospital’s Event Reporting System. In the event of an unanticipated downtime, staff will be notified of the downtime and will be instructed to:

1. Notify the Supervisor/Manager of all event types, and;
2. Immediately notify the Supervisor/Manager, Senior Management Member, and Patient Safety Officer of any possible Serious Event, Infrastructure Failure or Sentinel Event.

Employees are encouraged to report potential unsafe situations in all aspects of care. A patient safety hotline has been established and is available 24 hours a day for all customers who wish to report patient safety issues or voice concerns at HVB (724.773.2015), HVS (412.749.7492) and HVK (412.777.6482). Anonymous reporting can be made directly to the Patient Safety Authority by accessing the following website patientsafety.pa.gov.

As part of HVHS culture of safety, any staff member who has concerns about the safety or quality of care provided by the organization may report these concerns to The Joint Commission at www.jointcommission.org using the "Report a Patient Safety Concern" link. Concerns can also be reported by mail by clicking on the "Download the form for reporting a patient safety concern by mail" link. The organization supports the staff member's right to report these concerns and will take no disciplinary or retaliatory action against the staff member for reporting the safety or quality of care concern to the Joint Commission.

Retaliation against any health care worker who reports a serious event or incident within the HVHS policies and procedures for reporting is strictly prohibited. Any person engaging in acts that could be determined to be retaliatory will be disciplined per HVHS policies.

Physician-related occurrences will be handled in accordance with the Professional Practice Evaluation Policy.

PROCEDURE:

A. **RL Solutions Entry:** Complete General Event Information including the classification of person affected, the event type, if injury occurred and if equipment was involved or malfunctioned. The category of event is selected from one of the following; Provision of Care, Safety/Security, Skin Tissue, Fall, Surgery/Procedure, Medication/Fluid, IV/Vascular Access Device, Facilities, Lab/Specimen, Diagnosis/Treatment, Equipment/Medical Device, Healthcare IT, Maternal/Childbirth, Medication/Fluid, Patient ID/Documentation/Consent, Professional Conduct, Adverse Drug Reaction, Restraints, Airway Management, Blood Product, Diagnostic

Imaging, Tube/Drain and Physician Office. Specific event details are indicated on each report and is completed by the person completing the report.

B. **Manager Follow Up:**

1. Completion of the Process Improvements along with appropriate follow up should occur within 5 business days. This is the responsibility of the Department Director/Manager.
2. In limited circumstances, 5 days may not be enough time for proper follow up of an event. The Patient Safety Officer should be notified if additional time is required for follow up.

D. **Confidentiality**

All reports will be handled with confidentiality. No statements will be made to patient(s) or any other person not employed by the hospital and involved in follow up of the event. Discussion of the event with the insurance carrier will be at the discretion of the VP Enterprise Risk Management.

Q. VICTIMS OF SUSPECTED ABUSE OR NEGLECT (DOMESTIC ABUSE) (5.06)

POLICY: It is the policy of Heritage Valley Health System to assess and attempt to identify those persons who may be victims of suspected abuse or neglect.

PURPOSE: These individuals may be identified and assessed through various settings or services. Criteria focusing on objective, observable evidence can be used to assist in identifying possible victims of abuse. (See attachment) Case Management social workers are available to inpatient and ambulatory care departments to assist and supplement the efforts of professional staff through consultation and/or direct referrals related to the identification of individuals who may be victims of abuse.

SCOPE/ DEFINITION: Because the needs of the elderly and children are protected within the Commonwealth of Pennsylvania by special Protective Services Agencies, and rape or sexual molestation is a criminal offense, separate policies address the needs of these populations and crimes.

Categories of Abuse Domestic Violence This is abuse that occurs within a close personal or family relationship and may take the form of physical, verbal, emotional, or sexual abuse, with victims in most cases being women. Policy No: Adm. 5.06 Page 2 of 9 Print Date: Physical Abuse Victims of domestic violence may present for care for their injuries but the explanation of how the injuries occurred may not seem plausible, or delay in seeking medical care is evident.

Among the common types of injury are:

- Contusions, abrasions, and minor lacerations
- Fractures or sprains
- Injury to the head, neck, chest, breasts and abdomen
- Injuries during pregnancy
- Multiple sites of injury
- Repeated or chronic injuries

Verbal and/or Emotional Abuse This does not refer only to verbal arguments. It often includes acts that are similar to brainwashing such as sleep deprivation, verbal battering to undermine the victim's sense of self-worth, threats of harm and death, isolating the victim from other family or friends.

Sexual Abuse This form of abuse refers to any forced sexual act including unwanted touching, rape, and marital rape. Sexual abuse often occurs during or after a battering incident where other types of physical violence are used. Sexual abuse is a violent crime, which is illegal in Pennsylvania.

Destruction of Property or Pets Destroying or harming a person's cherished possessions or pets is another way of inflicting abuse and exercising control over the victim. It is also a method of expressing threats of similar personal harm to the victim. **Economic Abuse** Maintaining absolute control over the victim's use of personal, marital, or otherwise shared financial resources is another method of controlling behavior as well as ability to leave the abusive situation. Economic abuse can limit – even prevent – the victim's access to medical care, transportation, social relationships, and assistance from other individuals and agencies.

GUIDELINES: REQUIRED REPORTING Some forms of abuse have statutory reporting requirements. Most adult abuse victims, however, must seek their own protection within the legal and social systems.

Policy No: Adm. 5.06 Page 3 of 9 Print Date:

REPORTING PROCEDURE FOR INJURY CAUSING DEATH OR SERIOUS BODILY INJURY/INJURY INFLICTED BY DEADLY WEAPON/INJURY INFLICTED BY CRIMINAL ACT Except as provided below, any person suffering from any wound or injury inflicted by such person's own act or by the act of another

- (a) which causes death or serious bodily injury or
- (b) is inflicted by means of a deadly weapon or

(c) is inflicted in violation of any criminal law must be immediately reported both by telephone and in writing to the chief of police or other head of the police department of the local government or to the Pennsylvania State police. The report shall state the name of the injured person,

if known, the injured person's whereabouts and the character and extent of the person's injuries. Reporting is NOT required if all of the following apply:

- (a) the victim of the bodily injury is an adult;
- (b) the injury was inflicted by an individual who is
 - (i) the current or former spouse of the victim; or
 - (ii) is a current or former sexual or intimate partner of the victim;
 - (iii) shares biological parenthood with the victim or
 - (iv) is or has been living as a spouse of the victim; AND
- (c) the victim has been informed of the duty to report and that reporting cannot be made without the victim's consent; AND
- (d) the victim does not consent; AND
- (e) the victim has been provided with a referral to the appropriate victim service agency such as a domestic violence or sexual assault program

Sexual Assault - When the patient is the victim of sexual assault, the professional staff must determine whether the victim wishes to have the evidence collected by the county rape team. (Refer to emergency department policy "Treatment of Suspected Victims of Sexual Assault".)

Child Abuse When a suspected child abuse case is identified, a verbal report will be made immediately by calling Child Line at 800-932-0313. A written report to the appropriate Children and Youth Services Office will be forwarded by Case Management within 48 hours of the verbal report. (Refer to administrative policy #5.08, "Suspected Child Abuse".)

Elder Abuse When there is reason to believe that an older adult (60 years of age or older) needs protective services, the professional may initiate a verbal report to the Area Adult Protective Services. (Refer to Policy No: Adm. 5.06 Page 4 of 9 Print Date: administrative policy #5.07, "Suspected Abuse or Neglect Among Older Adults".)

Coroner Deaths occurring as a result of violence or trauma must be reported to the Coroner. (Refer to administrative policy #5.09, "Autopsy/Coroner's Cases/Unclaimed Bodies".)

PROCEDURE: If reporting is required, the reporting requirements should be followed. See above for reporting for injury causing death or serious bodily injury, injury inflicted by deadly weapon or injury inflicted by a criminal act. Refer to the other applicable policies for child abuse or elder abuse. When there is a reason to suspect that a patient is a victim of domestic violence, or when a patient alleges he/she is a victim of domestic violence, and application of observable criteria supports the suspicion, professionals will act as patient advocates directly or by calling upon Case Management social workers to assess individual situations and determine whether the person is receptive to intervention. Case Management maintains a list of private and public community agencies that may be called upon to assist individuals determined to be victims of abuse or neglect. The social worker will provide information regarding agencies that can assist the individual in finding a safe environment. When a patient suspected to be the victim of abuse or neglect is incapacitated, or lacks sufficient capacity to make or communicate responsible decisions, the social worker will attempt to locate an appropriate person to consent on behalf of the patient. The county Mental Health/Mental Retardation Base Service Unit may be consulted when the patient suspected to be the victim of abuse or neglect is mentally disabled. The medical record is to include documentation of the factual information gathered to identify the patient as a victim of abuse or neglect. Where required by law or by hospital policy, consent from the patient, parent, legal guardian, or other responsible person authorized by law or hospital policy to consent on behalf of the patient will be obtained and documented within the medical record. The medical and professional staffs are responsible for collecting and safeguarding evidence. The medical record will include Policy No: Adm. 5.06 Page 5 of 9 Print Date: documentation of evidence gathered and appropriate consents and receipts for its release. Medical records will be released only with patient consent unless Pennsylvania law requires otherwise, or upon receipt of a subpoena or court order. (Refer to administrative policy #Adm. 4.05, "Release of Confidential Patient Information".)

SCHOOL OF NURSING STUDENT GUIDEBOOK POLICIES

R. SUBSTANCE ABUSE

Consistent with the Heritage Valley Health System's commitment to a drug-free environment and to the safety and the well-being of its patients, the School of Nursing (as governed by the Hospital) strictly prohibits the following during any school activity or while representing HVK SON:

- The presence of students in class, clinical setting, and/or school related community event while under the influence of alcohol, intoxicants, drugs, or any other controlled substance.
- The use, possession, transfer, sale or purchase of alcohol, intoxicants, illegal drugs, or controlled substances in any amount, in any manner, or at any time, on the hospital and/or school premises or in a community setting or while conducting Hospital and/or School business.
- The use of school/hospital property, including school/hospital telephones, or any student's position within the school/hospital to make, transfer, sell or purchase alcohol, intoxicants, illegal drugs, or controlled substances.
- Any other use, possession, sale or purchase of alcohol, intoxicants, illegal drugs or controlled substances in a manner which has adverse impact on the Hospital and/or School of Nursing.

If there is reasonable suspicion on the part of the School and/or Hospital that a student is under the influence of, impaired by, alcohol or drugs, or is in the possession of or control of alcohol, drugs, or equipment, products, and material that are used and/or designed for use with such substances, the School or Hospital may search any School or Hospital property or the student's personal property, the student may be requested to submit to a search by the School's representative of his or her person and/or property.

Heritage Valley Kennedy School of Nursing in affiliation with Heritage Valley Health System is committed to assist any student with any type of substance abuse or addiction. Students may request, or if found to be under the influences of illegal substances, will be offered the opportunity to be counseled through the Employee Assistance Program at Heritage Valley Health System.

Prescribed Medication

- Any student who is under prescribed medication or taking any drug which may cause adverse side effects which would prohibit the ability to perform or operate in a safe and productive manner, must report such use to the Director, School of Nursing immediately. Management of the School and/or Hospital will determine if the student will remain at school, be restricted in duties, or sent home.
- If, the amount of prescribed drug taken by a student is over the therapeutic range, and could interfere with school (in class and/or clinical performance), the student will be asked to take a blood test. Any student who refuses to take a blood test will be considered impaired and will be terminated from the school.
- Before being tested, the student should list, on a confidential form that accompanies the sample, any prescribed or non-prescribed medications that could affect the test.

Testing

- Drug tests will be conducted as a routine part of the student's entrance requirements.
- Any student may be requested to undergo drug and/or alcohol tests via blood, urinalysis, breathalyzer test or other diagnostic tests if just cause is determined. "Just cause" is determined by the completion of a formal HVHS approved checklist of observed behaviors.
- The Medical Review Officer (MRO) will be responsible for discussing the test results (both positive and negative) with the student and notifying the Director, School of Nursing of the final report.

Reporting

- A faculty or staff member who suspects possible substance abuse by a student will report the suspicious behavior to the Director, School of Nursing. Any faculty member with evidence that an

enrolled student has engaged in clinical care of patients and families or participated in class room work while impaired will also report their observations to the Director, School of Nursing.

- A student who suspects possible substance abuse or a violation of this policy by another student has the responsibility to report this information. A report can be made to the student's faculty advisor and/or the Director, School of Nursing. The identity of the individual making the report will be kept confidential to the greatest extent possible consistent with the need to investigate the report and subject to legal requirements.
- Any student convicted of any criminal drug statute occurring while attending the Heritage Valley Kennedy School of Nursing or while engaged in Hospital and/or School business must notify the School within three (3) days after such conviction. The student will be terminated from the program.
- Notification to law enforcement agencies will be made, at the discretion of the Hospital and/or School, regarding violations of this policy as appropriate and/or necessary.

Financial Responsibility

The School and/or Hospital will cover the financial cost of any initial admission drug test and "Just cause" test it administers. Any further testing required as a result of a preliminary positive is at the cost of the student.

Termination

- Any violation of this policy, including the refusal to immediately submit to a requested search or test, or a positive test result of such test(s) will result in immediate termination from the school.
- Executive management of the governing organization will be consulted prior to disciplinary action taken.

Admission/Enrollment Status

- Heritage Valley Kennedy Hospital School of Nursing reserves the right to rescind admission status to the nursing education program should the results of a newly enrolled student's pre-entrance or post enrollment drug test prove to be positive for illegal drug use.
- Any student with a positive drug screen while enrolled in the School will be terminated from the educational program and will not be granted re-enrollment status. If the student was in the School of Nursing on an HVK Foundation scholarship, the student automatically forfeits the right to this benefit when found to be non-compliant with this policy.

S. NOTICE OF NONDISCRIMINATION

It is the policy of the Heritage Valley Kennedy School of Nursing not to discriminate in student selection for the educational program on the basis of age, race, color, creed, sex, national origin or disability. This policy adheres to the regulations and provisions of the Department of Health, Education, and Welfare Rehabilitation Act of 1973, Section 504; the Civil Rights Act of 1964; the Pennsylvania Human Relations Act of October 27, 1955, P.L. 744, as amended February 28, 1961, P.L. 47; and the Internal Revenue Procedure 75-50, Section 4.03-1.

T. CAMPUS CRIME AND SECURITY POLICIES

Campus Security

Students are encouraged to act in a safe manner and be responsible for their own security.

The School of Nursing provides lockers to students. Security (locks) of the lockers are the students'

responsibility.

Hospital grounds are under 24/7 continuous camera surveillance.

Hospital property is patrolled 24/7 by security personnel.

Appropriate escort service by security personnel is available upon request.

Hospital security officials report directly to the Hospital Senior Vice-President.

The Hospital Senior Vice-President reports to local law enforcement officials.

Students are encouraged to practice crime prevention.

U. FIRE SAFETY

Students are oriented to the HVK Fire Safety Program annually via Health Stream training.

HVHS training teaches the RACE acronym to help remember the steps for what to do in a fire emergency. These steps are summarized here:

R – Rescue – Remove anyone from immediate danger posed by the fire if safe to do so.

A – Alarm – Pull the fire alarm. Notify faculty, staff, or security of the location of the fire. The emergency number, 111, can be used to report the fire.

C – Contain – Ensure fire doors are closed to help prevent the spread of the fire.

E – Extinguish – If safe to do so, an attempt can be made to extinguish the fire. This should be attempted only if there is knowledge of the source of the fire, whether there is a compatible fire extinguisher available, and there is knowledge of how to operate the extinguisher.

Fire extinguisher operation is covered during the Fire Safety Program training.

V. REPORTING CRIMINAL ACTIONS AND/OR EMERGENCIES

Students who identify a criminal action and/or emergency should notify the Heritage Valley Kennedy Safety and Security Department immediately. The Hospital Security Department will investigate and report the incident to determine the course of action to be taken.

All police reports are forwarded to the Director, School of Nursing, who will follow up jointly with the Chief of the Safety and Security Department

W. SAFETY AND SECURITY

The Heritage Valley Kennedy Hospital School of Nursing has policies and procedures to ensure the safety and security of students and employees. The Hospital Security Department is located on the first floor of the hospital, and is responsible for the safety and security of the buildings and grounds of the Heritage Valley Kennedy campus.

Statistical reports are maintained in accordance with the Crime Awareness and Campus Security Act of 1990. While attending classes at the School of Nursing, students are subject to the security policies of the hospital. Security policies, procedures, and reports of the School of Nursing may be reviewed by submitting a request to the Director, School of Nursing, or the campus Security Department.

X. SEXUAL HARASSMENT

It is the policy of the Heritage Valley Kennedy School of Nursing to provide an educational environment free from any form of sexual harassment.

Sexual harassment shall be defined as:

Unwelcome sexual advances

Requests for sexual favors

Other verbal or physical conduct of a sexual nature

These types of activities will not be tolerated by any individual, including, but not limited to the

following: Heritage Valley Kennedy School of Nursing faculty and staff, affiliated college faculty, Heritage Valley Health System healthcare workplace employees, affiliated healthcare workplace employees, student peers, volunteers, visitors, or patients. Should any student have a complaint related to this policy, they should contact the Director of the School of Nursing immediately. Fact-finding and documentation activities will commence immediately so as to resolve the complaint as soon as possible. All complaints will be handled in a confidential manner and no retaliation will be sought by any member of Heritage Valley Kennedy School of Nursing faculty and staff, affiliated college faculty, Heritage Valley Health System healthcare workplace employees, affiliated healthcare workplace employees, student peers, or volunteers.

VIII. EDUCATION FOR STAFF AND STUDENTS

The School of Nursing practices institutional required education as a means to promote awareness of Health System Security practices and policies and to promote crime prevention. Incoming students complete the same courses in August prior to the beginning of the program and 10 months later in July. The program concludes the following May so the education is essentially completed yearly.

As part of the Program Orientation presented to all incoming students the week prior to the start of class, an introduction to Title IX and Campus Safety and Security is presented by the Title IX Coordinator (and Director of the School of Nursing). The policies in Section VII are reviewed including a specific focused overview of campus security, the process to report crimes, anti-discrimination and required Title IX education. All incoming students are given time to complete these modules prior to the start of classes in August and again the following summer prior to the start of their second and final year. Faculty complete these modules as part of their yearly competencies assigned by the education department of the Heritage Valley Health System.

For the purpose of satisfying Title IX / Clery Act requirements, through an online platform of purchased and institutionally developed courses, the following educational modules are assigned and completed yearly by all School of Nursing students, faculty and staff:

- **Workplace Environment** – This module includes information on recognizing acts which constitute discrimination or bias on the basis of gender, race, and culture. It includes recognizing workplace harassment of all types.
- **Emergency Codes** - This module defines all the facility wide overhead code announcements for all emergency situations along with an abbreviated description of the response based on policy.
- **School of Nursing Department Safety** – This module reviews general safety precautions in place for fire, escape and materials protection specific to the School of Nursing W. Laird Davis Center of Learning
- **Abuse – Assessment, Documentation, and Reporting** – This module includes the reporting of abuse, including assessment and documentation of it. It encompasses domestic violence, abuse, sexual assault and rape.
- **General Safety and Crisis Management** - This module includes managing and reporting non-violent crisis prevention and diffusion techniques.
- **Fire, Oxygen, and Electrical Safety** - This module includes fire safety education and training programs provided to the students and employees.
- **Dating Violence and Stalking** - This module includes a description of dating violence and stalking and directs students and staff in the recognition, response and reporting of such events.
- **Workplace Violence / Active Shooter** – This module discusses the Health System’s policy on Workplace Violence. It includes the requirement to report witnessed violence and the process associated with recording the event in the “Event Reporting System”.

IX. THREE (3) YEARS OF CLERY ACT STATISTICS

Offense	2021**		2020		2019	
	On Campus Property	Public* Property	On Campus Property	Public Property	On Campus Property	Public Property
Criminal Offenses						
Murder/Non-Negligent Manslaughter	0	N/A	0	0	0	0
Manslaughter By Negligence	0	N/A	0	0	0	0
Rape	0	N/A	0	0	0	0
Fondling	0	N/A	0	0	0	0
Incest	0	N/A	0	0	0	0
Statutory Rape	0	N/A	0	0	0	0
Robbery	0	N/A	0	0	0	0
Aggravated Assault	0	N/A	0	0	0	0
Burglary	0	N/A	0	0	0	0
Motor Vehicle Theft	0	N/A	0	0	0	0
Arson	0	N/A	0	0	0	0
Violence Against Women Offenses						
Domestic Violence	0	N/A	0	0	0	0
Dating Violence	0	N/A	0	0	0	0
Stalking	0	N/A	0	0	0	0
Arrests And Disciplinary Referrals						
Arrests: Weapons: Carrying, Possessing, Etc.	0	N/A	0	0	0	0
Disciplinary Referrals: Weapons: Carrying, Possessing, Etc.	0	N/A	0	0	0	0
Arrests: Drug Abuse Violations	0	N/A	0	0	0	0
Disciplinary Referrals: Drug Abuse Violations	0	N/A	0	0	0	0
Arrests: Liquor Law Violations	0	N/A	0	0	0	0
Disciplinary Referrals: Liquor Law Violations	0	N/A	0	0	0	0

**Per Anthony Bruno, Chief of Police, Kennedy Township Police Department (9-21-22), crime data, per police department records, is not disaggregated to specifically identify occurrences within the 'public property' areas as defined in the Clery act and specifically identified on page 3 of this report.*

***The required three (3) year history of crime statistics are included in the annual report due each October. Therefore the current year is not completed and not reported until the following year's report.*

X. DEFINITIONS

Extracted from: The [Code of Federal Regulations \(CFR\) annual edition](#) . A codification of the general and permanent rules published in the FEDERAL REGISTER by the departments and agencies of the Federal Government.

https://www.ecfr.gov/cgi-bin/text-idx?SID=1cc3e4c120e2c4e56825140269d2a717&mc=true&node=se34.3.668_146&rgn=div8

Title 34: Education

[PART 668—STUDENT ASSISTANCE GENERAL PROVISIONS](#)

[Subpart D—Institutional and Financial Assistance Information for Students](#)

§668.46 Institutional security policies and crime statistics.

Campus.

(i) Any building or property owned or controlled by an institution within the same reasonably contiguous geographic area and used by the institution in direct support of, or in a manner related to, the institution's educational purposes, including residence halls; and

(ii) Any building or property that is within or reasonably contiguous to the area identified in paragraph (i) of this definition, that is owned by the institution but controlled by another person, is frequently used by students, and supports institutional purposes (such as a food or other retail vendor).

Campus security authority.

(i) A campus police department or a campus security department of an institution.

(ii) Any individual or individuals who have responsibility for campus security but who do not constitute a campus police department or a campus security department under paragraph (i) of this definition, such as an individual who is responsible for monitoring entrance into institutional property.

(iii) Any individual or organization specified in an institution's statement of campus security policy as an individual or organization to which students and employees should report criminal offenses.

(iv) An official of an institution who has significant responsibility for student and campus activities, including, but not limited to, student housing, student discipline, and campus judicial proceedings. If such an official is a pastoral or professional counselor as defined below, the official is not considered a campus security authority when acting as a pastoral or professional counselor.

Clery geography.

(i) For the purposes of collecting statistics on the crimes listed in paragraph (c) of this section for submission to the Department and inclusion in an institution's annual security report, Clery geography includes—

(A) Buildings and property that are part of the institution's campus;

(B) The institution's noncampus buildings and property; and

(C) Public property within or immediately adjacent to and accessible from the campus.

(ii) For the purposes of maintaining the crime log required in paragraph (f) of this section, Clery geography includes, in addition to the locations in paragraph (i) of this definition, areas within the patrol jurisdiction of the campus police or the campus security department.

Dating violence.

Violence committed by a person who is or has been in a social relationship of a romantic or intimate nature with the victim.

(i) The existence of such a relationship shall be determined based on the reporting party's statement and with consideration of the length of the relationship, the type of relationship, and the frequency of interaction between the persons involved in the relationship.

(ii) For the purposes of this definition—

- (A) Dating violence includes, but is not limited to, sexual or physical abuse or the threat of such abuse.
- (B) Dating violence does not include acts covered under the definition of domestic violence.
- (iii) For the purposes of complying with the requirements of this section and §668.41, any incident meeting this definition is considered a crime for the purposes of Clery Act reporting.

Domestic violence.

- (i) A felony or misdemeanor crime of violence committed—
 - (A) By a current or former spouse or intimate partner of the victim;
 - (B) By a person with whom the victim shares a child in common;
 - (C) By a person who is cohabitating with, or has cohabitated with, the victim as a spouse or intimate partner;
 - (D) By a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction in which the crime of violence occurred, or
 - (E) By any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction in which the crime of violence occurred.
- (ii) For the purposes of complying with the requirements of this section and §668.41, any incident meeting this definition is considered a crime for the purposes of Clery Act reporting.

Federal Bureau of Investigation's (FBI) Uniform Crime Reporting (UCR) program.

A nationwide, cooperative statistical effort in which city, university and college, county, State, Tribal, and federal law enforcement agencies voluntarily report data on crimes brought to their attention. The UCR program also serves as the basis for the definitions of crimes in Appendix A to this subpart and the requirements for classifying crimes in this subpart.

Hate crime.

A crime reported to local police agencies or to a campus security authority that manifests evidence that the victim was intentionally selected because of the perpetrator's bias against the victim. For the purposes of this section, the categories of bias include the victim's actual or perceived race, religion, gender, gender identity, sexual orientation, ethnicity, national origin, and disability.

Hierarchy Rule.

A requirement in the FBI's UCR program that, for purposes of reporting crimes in that system, when more than one criminal offense was committed during a single incident, only the most serious offense be counted.

Noncampus building or property.

- (i) Any building or property owned or controlled by a student organization that is officially recognized by the institution; or
- (ii) Any building or property owned or controlled by an institution that is used in direct support of, or in relation to, the institution's educational purposes, is frequently used by students, and is not within the same reasonably contiguous geographic area of the institution.

Pastoral counselor. A person who is associated with a religious order or denomination, is recognized by that religious order or denomination as someone who provides confidential counseling, and is functioning within the scope of that recognition as a pastoral counselor.

Professional counselor. A person whose official responsibilities include providing mental health counseling to members of the institution's community and who is functioning within the scope of the counselor's license or certification.

Programs to prevent dating violence, domestic violence, sexual assault, and stalking.

(i) Comprehensive, intentional, and integrated programming, initiatives, strategies, and campaigns intended to end dating violence, domestic violence, sexual assault, and stalking that—

(A) Are culturally relevant, inclusive of diverse communities and identities, sustainable, responsive to community needs, and informed by research or assessed for value, effectiveness, or outcome; and

(B) Consider environmental risk and protective factors as they occur on the individual, relationship, institutional, community, and societal levels.

(ii) Programs to prevent dating violence, domestic violence, sexual assault, and stalking include both primary prevention and awareness programs directed at incoming students and new employees and ongoing prevention and awareness campaigns directed at students and employees, as defined in paragraph (j)(2) of this section.

Public property.

All public property, including thoroughfares, streets, sidewalks, and parking facilities, that is within the campus, or immediately adjacent to and accessible from the campus.

Referred for campus disciplinary action.

The referral of any person to any campus official who initiates a disciplinary action of which a record is kept and which may result in the imposition of a sanction.

Sexual assault.

An offense that meets the definition of rape, fondling, incest, or statutory rape as used in the FBI's UCR program and included in Appendix A of this subpart.

Stalking.

(i) Engaging in a course of conduct directed at a specific person that would cause a reasonable person to—

(A) Fear for the person's safety or the safety of others; or

(B) Suffer substantial emotional distress.

(ii) For the purposes of this definition—

(A) *Course of conduct* means two or more acts, including, but not limited to, acts in which the stalker directly, indirectly, or through third parties, by any action, method, device, or means, follows, monitors, observes, surveils, threatens, or communicates to or about a person, or interferes with a person's property.

(B) *Reasonable person* means a reasonable person under similar circumstances and with similar identities to the victim.

(C) *Substantial emotional distress* means significant mental suffering or anguish that may, but does not necessarily, require medical or other professional treatment or counseling.

(iii) For the purposes of complying with the requirements of this section and section 668.41, any incident meeting this definition is considered a crime for the purposes of Clery Act reporting.

Test.

Regularly scheduled drills, exercises, and appropriate follow-through activities, designed for assessment and evaluation of emergency plans and capabilities.

XI. QUICK REFERENCE / RESOURCES

Director of Security 6134	Dennis Damazo	ddamazo@hvhs.org	412-777-
Title IX Coordinator	Valerie Gaydosh	vgaydosh@hvhs.orh	412-777-6266
Campus Security Authorities: Security Office Staff			412-777-6139
School of Nursing faculty			412-777-6204
Director, School of Nursing	Valerie Gaydosh	vgaydosh@hvhs.orh	412-777-6266
HVK Employee Health Director	Barb Steen	bsteen@hvhs.org	412-777-6514

XII. REFERENCE

- U. S. Department of Education. (2016). *The Handbook for Campus Safety and Security Reporting 2016 Edition*. Retrieved https://www.nccpsafety.org/assets/files/library/2016_SafetySecurityHandbook_ED.pdf