

Institutional Policies

The policies listed below are CAMC policies that may be of specific interest to residents and fellows.

The CAMC Employee Handbook in its entirety can be found on CAMNET on the Human Resources page. You may also find a searchable database of all CAMC policies in the CAMC Document Management System here: <http://camnet/dms/app/home.aspx>

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Employment Practices

Charleston Area Medical Center (CAMC) is committed to employ, in its judgment, the best qualified candidates while engaging in recruitment and selection practices that are in compliance with all applicable employment laws. The best qualified individuals are selected without regard to race, color, age, religion, national origin, ancestry, sex, sexual orientation, disability, or veteran status. It is the policy of the company to provide equal employment opportunity to all applicants and employees.

CAMC, as an Equal Opportunity Employer, provides equal employment opportunity in compliance with all local, state, and federal laws and regulations and does not discriminate nor tolerate discrimination based on race, color, age, religion, national origin, ancestry, sex, sexual orientation, disability, or veteran status.

Additional information regarding personnel policies and procedures is contained in the CAMC Employee Handbook

Confidential Information and the Health Insurance Portability and Accountability Act (HIPAA)

As a Resident/Fellow, you will have access to information about patients and employees, their illnesses, and other confidential information. In accordance with HIPAA regulations, you must not access or discuss this information with anyone, including other employees, except when necessary for work. Each employee is expected to keep this information confidential. ***Disciplinary action will be taken for violations of confidentiality.***

The Health Insurance Portability and Accountability Act (HIPAA) was enacted in 1996 to protect patients' privacy. Patients' right to privacy and confidentiality must be protected and respected at all times. Patient information should only be accessed if there is a business need-to-know. Patient information should be protected from others by keeping computer screens from public view, keeping any paper charts secured, etc.

Verbal communication regarding patients must be protected. Necessary conversations regarding patient information must occur in private settings, away from the general public. Information about patients must not be discussed on an elevator, in the cafeteria, in waiting rooms or in any other public areas, or with anyone who does not have a right or need to know.

Knowingly accessing Protected Health Information without a business need to know will result in termination. All other breaches of privacy can result in discipline up to and including termination. Criminal penalties can also be imposed on individuals, such as fines and imprisonment by the United States of America for HIPAA violations. Whether on duty or off duty, patient information must always be held in the strictest of confidence.

It is your responsibility to read, understand, and sign an Employee Confidentiality Contract. It is your responsibility to assure that you understand all aspects of the contract and adhere closely to it.

Computer passwords must not be shared under any circumstance. Always log off the computer when your task is complete and before you leave the computer station. Employee breaches of password security will result in discipline up to and including termination. Identification badges must be worn at all times with photo facing outwards. Potential problems or privacy/security breaches of information systems security should be reported immediately to your manager, the Privacy Office at 304-388-3387, or the Speak Up Hotline (1-877-777-0787).

Documentation of Orders

Orders should be in a physician's own **legible handwriting or electronically as allowed by institutional policy.** **All orders should be dated, with the time the order is written.** Verbal orders and telephone orders are discouraged at all times and are acceptable only when physician presence is not possible. When physicians are present, nurses or other health professionals may require written orders by Residents/fellows. If verbal orders are necessary, they must be reduced to writing by nursing personnel and signed by the Resident/Fellow within 24 hours.

An error in writing orders should be marked out with a single line through the error and the word "error" written above, signed, dated and the order given directly to the nurse or unit clerk. Changes may not be made after the nurse signs an order. Any change must be written as a new order.

Resident/Fellow documentation must be provided in legible handwriting. To avoid potential identification issues, Residents/fellows should provide pager numbers as an additional identifier for all required documentation. Handwriting consultation will be available to Residents/fellows who may need assistance in meeting legibility requirements. Residents/fellows may be required to attend special courses or consultation at their own expense.

Informed consent for procedures requires the signature of the attending physician prior to any procedure. Residents/fellows may provide informed consent and document with signature only if they are directly involved in the care of the patient.

Medical Student Orders

Third and fourth year medical students may write orders in the medical record for the care of patients. Orders written by medical students may not be carried out until confirmed (in writing or verbally by the Resident/Fellow and/or the attending physician). Medical Student orders confirmed verbally by either a Resident/Fellow or attending physician must be signed by the Resident/attending within 24 hours. Medical students are not permitted to give verbal or telephone orders.

Medical Records

Completion of medical records is essential to assuring the highest quality of patient care. Therefore, it is imperative to complete medical records immediately. Residents/fellows must comply with medical records policies set forth by the institution which states that *“the patient’s medical records shall be made complete at the time of discharge and include progress notes, final diagnosis, and clinical summary, but regardless of any other circumstances medical records should be made complete within 15 days of discharge or as otherwise specified by CAMC.”* The Resident/Fellow will be notified of any delinquencies and all delinquencies will be reported to the Graduate Medical Education Office and the Residency Program Director. Residents/fellows not in compliance with medical records policies are subject to disciplinary procedures.

Requirement of Chaperone in Patient Examinations

Unless otherwise specified by the program or medical staff department policy, the presence of a chaperone of the patient’s gender is required whenever a Resident/Fellow of either sex examines a female patient’s breasts or any patient’s genitalia. The only exception would be in the event of a true emergency.

Solicitation, Distribution and Employee Merchandising

CAMC and the other entities affiliated with the CAMC Health System (the Company) have adopted the following policy concerning solicitation, distribution, and merchandising to patients, employees, and visitors to prevent disruption of patient care and other operations.

Solicitation and Distribution by Non-Employees

The selling of products or services by vendors or other non-employees is prohibited on Company property without prior authorization from the Purchasing Department. Solicitation or distribution on behalf of any organization by non-employees is prohibited on Company property.

The Company sponsors CAMC Auxiliaries, CAMC Foundation and United Way as approved solicitations.

Solicitation and Distribution by Employees

Employees are prohibited from distributing literature or soliciting employees for membership for any organization in a work area on Company property during working time.

In addition, under no circumstances may a Resident/Fellow solicit any gift or contribution from a vendor or supplier or potential vendor or supplier. Residents/Fellows who are approached by vendors who want to make a philanthropic contribution or an educational grant, travel sponsorship or any other form of a “gift” should contact or refer vendor representatives to the GME office for proper evaluation and referral.

Employee Merchandising

Employees are prohibited from selling or distributing tickets, chances, merchandise or services in a work area on Company property during working time.

Violation of this policy will subject employees to disciplinary action up to and including discharge.

Fire Alarms

The paging operator announces all fire drills and fire alarms as "Code Red." This designation was implemented to standardize announcements at all divisions in compliance with the Fire Safety Policy.

Security

It is the institution's policy to attempt to safeguard everyone and everything associated with CAMC. Uniformed guards are utilized to assist in this work. Residents/Fellows should report to their Program Director, Graduate Medical Education Office or to a security guard any suspicious person or circumstance. In the event a resident/fellow were to feel unsafe within the hospital, CAMC has issued employees a Strongline Panic Button to wear on their badge. Once activated, this button quickly directs security personnel to the scene. Any resident/fellow feeling unsafe and wanting the assistance of a member of the security team can stop by the security desk and request assistance or they may call Security directly with any concerns at 304-388-7200 at General Division; 304-388-5572 at Memorial; and 304-388-2171 at Womens and Children.

Residents/Fellows can also help by observing the rules and regulations of the various departments with regard to the proper securing of company property. CAMC cannot be responsible for loss or damage to personal property or valuables of the Residents.

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Timely Care

It is strongly suggested that residents/fellows reside within the geographic service area of their hospital base, close enough to fulfill their resident/fellow responsibilities and to provide timely care for their patients for the duration of their residency period. Residents/fellows should live close enough to the hospital that a resident/fellow on-call who is requested to return to the hospital can return within thirty minutes of the request.

Paging and On-Call Duties

Each Resident/Fellow is assigned a pager. When a resident/fellow is on duty, they are expected to return all pages within 15 minutes of the page. Those persons assigned to the cardiac arrest call schedule will respond to the 1-2-3 pages immediately.

Residents/Fellows must be prompt in their response to calls. When a call is received from the nursing unit involving an emergency situation, it is imperative that the Resident/Fellow go to the patient area as quickly as possible to see the situation rather than depend on telephone impressions. This is important to protect the welfare of the patient.

On-call duties are considered a residency training as well as clinical responsibility. Residents/Fellows may not at their discretion reassign these responsibilities without permission of the residency program director or their designee. In extenuating circumstances where a change in call schedules would be necessary, Residents/Fellows must follow institutional policies defined by the institution and the program requirements.

Disaster or Emergency Call

In case of disaster or emergency, all Residents/Fellows will be called and will be expected to work as scheduled, until the emergency is under control and declared so by the attending staff. Staff in-house will be notified by audible page (“Emergency Response Plan is now in effect”) and/or by pager with the same message. Off-duty house staff are notified by the Command Center and are to report to the hospital as assigned. Upon notification, all Residents/Fellows on in-house duty are to report to the Emergency Department for assignment to treatment areas. You must have your identification badge with you at all times, but in this instance, it is particularly important.

Extreme Emergency Situation and Substantial Disruptions in Patient Care or Education Policy

CAMC and its training programs must have a policy that addresses administrative support for GME programs and residents/fellows in the event of a disaster or other substantial disruption in patient care.

Definition of a Local Extreme Situation

A local extreme emergent situation is an event that affects resident/fellow education or the work environment but does not rise to the level of an ACGME or other accrediting institution’s declared disaster which could impact an entire community or region for an extended period of time. Activation of the disaster response is at the discretion of CAMC. Example: a hospital-declared disaster for an epidemic. An extreme emergent situation is localized to one sponsoring institution, a participating institution, or another clinical setting.

PROCEDURES

Duties of Residents/Fellows during Local Extreme Emergent Situations

1. Residents/Fellows are first and foremost, physicians, pharmacists or psychologists, whether they are acting under normal circumstances or in extreme emergent situations. Residents/Fellows must be expected to perform according to society’s expectations as professionals and leaders in health care delivery, taking into account their degree of competence, their specialty training, and the context of the specific situation. Many residents/fellows at an advanced level of training may even be fully licensed in the state and therefore they may be able to provide care independent of supervision.
2. Residents/Fellows are trainees. Residents/Fellows should not be first-line responders without appropriate supervision given the clinical situation at hand and their level of training and competence. If a resident/fellow is working under a training license from a state licensing board, they must work under supervision. Resident/Fellow performance in extreme emergent situations should not exceed expectations for their scope of competence as judged by program directors and other supervisors. Residents/Fellows should not be expected to perform beyond the limits of self-confidence in their own abilities. In addition, a resident/fellow must not be expected to perform in any situations outside of the scope of their individual license. Expectations for performance under extreme circumstances must be qualified by the scope of licensure.
3. Decisions regarding a resident/fellow’s involvement in local extreme emergent situations must take into account the following aspects of their multiple roles as a student; a physician, pharmacist or psychologist; and an employee:
 - o The nature of the health care and clinical work that a resident/fellow will be expected to deliver;
 - o The resident/fellow’s level of post-graduate education specifically regarding specialty

- preparedness;
 - o Resident/Fellow safety, considering their level of post-graduate training, associated professional judgment capacity, and the nature of the disaster at hand;
 - o Board certification eligibility during or after a prolonged extreme emergent situation;
 - o Reasonable expectations for duration of engagement in the extreme emergent situation; and,
 - o Self-limitations according to the resident/fellow's maturity to act under significant stress or even duress.
4. In case of local extreme emergent situation or disaster, all Residents/Fellows may be called and will be expected to work as scheduled, until the emergency is under control and declared so by the attending staff. Scheduling during an emergency situation will be done in collaboration with the CAMC Incident Command staff. Staff in-house will be notified by audible page ("Code Triage is now in effect") and/or by pager with the same message. Off-duty house staff are notified by the Command Center and are to report to the hospital as assigned. Upon notification, all Residents/Fellows on in-house duty are to report to the Emergency Department for assignment to treatment areas. You must have your identification badge with you at all times, but in this instance, it is particularly important.

Defined Responsibilities Concerning a Local Extreme Emergent Situation

Responsibilities of the CAMC Designated Institutional Official (DIO)

1. Serve as the point of contact for all Program Directors for answers to questions.
2. The DIO should contact the Executive Director, Institutional Review Committee (ED-IRC) via telephone only if an extreme emergent situation causes serious, extended disruption to resident/fellow assignments, educational infrastructure or clinical operations that might affect CAMC or any of its programs' ability to conduct resident/fellow education in substantial compliance with ACGME or other accrediting bodies Institutional, Common, and individual Program Requirements. On behalf of CAMC, the DIO will provide information to the ED-IRC regarding the extreme emergent situation and status of the educational environment for its accredited programs resulting from the emergency. The DIO will stay in contact with the CAMC Incident Command Center to obtain information on the emergent situation and to continue to monitor the situation during extended situations.
3. At the ED-IRC's request, the DIO will submit a written description of the disruption at the institution and provide details regarding activities undertaken in response. The DIO will provide updates as requested.
4. The DIO will receive electronic confirmation of this communication with the ED-IRC which will include copies to all EDs of Residency Review Committees (RRCs). The DIO will distribute this confirmation to Program Directors.
5. The DIO will notify the ACGME or other accrediting institution when the extreme emergent situation has been resolved.

Responsibilities of the Program Directors:

1. Upon receipt of the electronic confirmation of the correspondence between the DIO and ED-IRC, PDs may contact their respective EDs-RRCs if necessary to discuss any specialty-specific concerns regarding interruptions to resident/fellow education or effect on the educational environment.
2. PDs are expected to follow their institutional disaster policies regarding communication processes to update the DIO on the results of conversations with EDs-RRCs regarding any program specific issues.

Other Responsibilities Related to Local Extreme Emergent Situation

1. The ED-IRC will alert EDs-RRCs when CAMC reports an extreme emergent situation. These communications will be included as interim correspondence in institutional and program files.
2. PDs from affected institutions may communicate directly regarding specialty-specific concerns once local extreme situations have been confirmed through the ED-IRC.
3. After communication between a PD and an ED-RRC, the ED-RRC will notify the ED-IRC if there is a perception of substantive institutional accreditation issues occurring within CAMC during the event.
4. The ED-IRC will notify all EDs-RRCs when institutional extreme emergent situations have been resolved.

Tobacco Use

CAMC is committed to providing a safe and healthy environment for employees, patients, and visitors. In support of this, the use of all tobacco (including but not limited to cigarettes, cigars, pipes, chewing tobacco, and snuff) or tobacco-like products (including but not limited to E-cigarettes or any electronic smoking device designed to be used in a manner similar to the use of a tobacco product) by employees is prohibited on company property or facilities that are owned, leased or maintained by the company, during work time. Work time is defined as any time a resident/fellow is being paid by the company, including rest breaks.

Any resident/fellow who desires to use tobacco or tobacco-like products while at work must use their meal period and leave company property and must have prior authorization from the manager or designee. Residents/fellows are not permitted to use tobacco or tobacco-like products in their vehicles if the vehicle is parked on company property.

Dress Code

For safety considerations and to enhance communication and cultural sensitivity, Residents/Fellows are required to place a high value on personal appearance, including appropriate attire. Patient trust and confidence in the health care provider are essential to successful treatment experiences and outcomes. A professional dress and appearance plays a fundamental role in establishing trust and confidence and in considering the cultural sensitivities of patients and co-workers.

Non-Clinical Assignments

Time in lectures or other activities that do not involve patients, attire should be comfortable and not detracting from the academic atmosphere. When on assignment at any public location, Residents/Fellows should wear neat, clean and professional attire, and avoid dress or attire that could be potentially offensive to the public, your peers, patients, faculty and co-workers. ID badges must be worn at all times while on assignment.

Clinical Assignments

Scrub Suits are to be worn in specified patient care areas only or as required by your program or as defined by CAMC. Shoe covers, masks, and hair covers must be removed before leaving the clinical area. Stained or soiled scrub suits must be changed as soon as possible (source of contamination). The complete policies for Surgical Attire can be found in the DMS on CAMnet.

Residents/Fellows must abide by the dress code outlined in the CAMC Employee Handbook for work in all clinical and non-clinical areas including policies related to general dress, hair, hygiene, jewelry and other dress code requirements.

The program director or hospital administration may at any time prohibit a Resident/Fellow from any location based on appropriate and professional dress code and standards.