

Crawford County Memorial Hospital's Professional Student and Job Shadowing Opportunities

Crawford County Memorial Hospital (CCMH) is pleased to support professional students by offering job shadowing and observation experiences that provide meaningful exposure to real-world healthcare settings. These opportunities are designed to help students explore healthcare careers, gain insight into clinical and non-clinical roles, and better understand hospital operations.

Before participating, please review the following important information and requirements. Once completed, please return all required documents to CCMH by mail or email using the contact information below.

Crawford County Memorial Hospital
Attn: Education Department
100 Medical Parkway
Denison, IA 51442

Email: Dana Neemann, dneemann@ccmhia.com

Required Forms & Information

The following items must be completed prior to participation. Some items are attached forms, while others will be completed directly on this page. All required documents must be reviewed and signed by the student and a parent/guardian, where applicable.

1. **Learning Opportunities Application** *(Please complete and return.)*
Used to track student participation.

2. **HIPAA Confidentiality Statement** *(Please sign and return.)*
Required for all participants.

3. **Policy Review Acknowledgement** *(Please sign and return.)*
Review and acknowledge the following CCMH policies:
 - Identifying and Preventing Abuse
 - Dress Code
 - Code of Conduct
 - Customer Service Standards
 - Healthcare Learning Opportunities
 - Safe Patient Handling Guidelines CCMH

4. **Photo Release Consent** *(Please sign and return.)*
Please complete this section to allow CCMH to use photos or videos for purposes such as internal communications, recruitment, marketing, or educational materials.

Expectations During Rotations

Students will be observing staff in clinical areas where patient care is provided. To maintain professionalism, patient privacy, and a positive learning environment:

- Cell phone use is not permitted during rotations.
- Students are encouraged to engage respectfully with staff, ask appropriate questions, and remain open to learning opportunities.

Attendance & Communication

If a student will be absent or unable to attend a scheduled rotation, please notify Dana Neemann, Director of Education, as soon as possible:

- Email: dneemann@ccmhia.com
- Phone: 712-265-2795

Parking & Building Entry

Students are required to park in the employee parking lot and enter the hospital through the Emergency Department entrance. Please refer to the supplementary photo provided in the below packet for guidance.

Post-Rotation Requirement

At the conclusion of each rotation, students are required to submit an evaluation reflecting on their experience and what they learned in each department.

Important Participation Notice

Submission of this application does not guarantee acceptance or placement in a work-based learning or observation opportunity. All experiences are scheduled based on availability, departmental capacity, and eligibility requirements.

A CCMH representative will contact the student to confirm approval and coordinate a schedule. Students should **not** report to CCMH for a rotation or observation until they have received confirmation and scheduling instructions from CCMH.

We appreciate your interest in learning more about healthcare careers at CCMH and look forward to supporting you during your experience.

Please feel free to contact me with any questions.

Dana Neemann, BSN, RN

Director of Education and Patient Experience
Crawford County Memorial Hospital
dneemann@ccmhia.com
712-265-2795

LEARNING OPPORTUNITIES APPLICATION

Name:		
Last	First	Middle

Address:

City:	State:	Zip:
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Phone:

Email:

In Case Of Emergency Notify:

Phone:

Department Applied For _____

REFERENCES

Employer/Teacher/Personal Reference	Phone
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AUTHORIZATION

I hereby authorize persons, schools, my current employer (if applicable) and previous employers and other organizations to provide this facility and its affiliates with any requested information regarding my application or suitability for this program. I completely release all such persons or entities from any and all liability related to the providing or use of such information.

Student Signature

Date

Department Manager Signature

Date

Name: _____

All students at CCMH are required to complete the following.

**Please complete and return to the education department prior to scheduling hours.*

1. **COVID Vaccination Status:** (This is no longer a CCMH requirement, but we continue to track).

Yes, _____ No, _____

2. **Influenza Vaccination Status:** (CCMH is required to track).

Yes, _____ No, _____

3. **2-Step TB Skin Test** or Interferon Antigen in last 12 months.

Yes, _____ No, _____

4. Verify your school and program you are enrolled in.

School, University, College:

Program:

5. Indicate your licensure or Certificate you are eligible upon completion.

License or Certification: _____

6. **Estimated date of graduation:**



CRAWFORD COUNTY MEMORIAL HOSPITAL

LEARNING OPPORTUNITIES HIPAA CONFIDENTIALITY STATEMENT

HIPAA stands for the “Health Insurance Portability and Accountability Act” of 1996. It was created to protect an individual’s medical records and other personal health information. HIPAA applies to any organization which routinely handles protected health information (PHI). As a result, Crawford County Memorial Hospital requires students to keep protected health information confidential.

During the time you are here, you may learn confidential information during the course of duty. You are responsible for maintaining the confidentiality of our patients, including any information you see, hear, read and/or observe during the course of your educational experience and after it is completed. Any persons’ divulging confidential information regarding patients/residents or internal business operations of the facility that is not on a need-to-know basis may be subject to immediate discharge. If appropriate, your teacher or advisor will be notified of the breach of confidentiality and your school’s affiliation (clinical rotations) with CCMH may be terminated. Any release of personal health information after your experience at the hospital is completed may result in legal action.

Questions concerning confidentiality are to be brought to the attention of the appropriate Department Manager or the Hospital’s Compliance Officer.

**** WHAT YOU HEAR, READ AND/OR OBSERVE HERE, STAYS HERE ****

My signature on this form acknowledges that I am aware of and have read the information regarding Crawford County Memorial Hospital’ Confidentiality Statement and understand that I am personally responsible to keep confidential any protected health information that I may obtain during my affiliation with CCMH and thereafter.

Name:

Date:

Signature:

Witness Signature:



Education Department Receipt and Attestation of Educational Materials:

I attest that I, _____, have reviewed the content for:
{Print Name}

100.72 Identifying and Preventing Abuse in the Hospital
160.03 and 129.35 Dress Code and Code of Conduct Policy
129.74 Customer Service Standards Policy
118.23 Healthcare Learning Opportunities Policy
144.93 Safe Patient Handling Guidelines CCMH

I understand CCMH issued badges must be returned to the Education Department following my clinical rotation. I understand that if I do not return my CCMH issued badge, I will be responsible for the associated cost to replace the badge. I understand my school/college is not responsible for the replacement cost.

I hereby declare the above information was provided to me by the CCMH Education Department. The educational materials provided to me are sited appropriately and acknowledged. This information is used for educational purposes and the advancement of clinical practice. I will not diagnosis patient conditions but use this information as a further assessment and screening tool. I will utilize this information for documentation, assessment, and communication with Advanced Providers and Physicians.

{Signature}

{Date}

{Educator Name}

{Date}

{Educator Signature}

{Date}

Status **Active** PolicyStat ID **19826647**



CRAWFORD COUNTY
MEMORIAL HOSPITAL

Origination 09/2020
Last Approved 02/2026
Effective 02/2026
Last Revised 01/2024
Next Review 02/2027

Owner Erin Muck
Area Administration

100.72 Identifying and Preventing Abuse in the Hospital: Screening, Training, Prevention and Reporting

I. PURPOSE/APPLICABILITY

No patient of Crawford County Memorial Hospital ("CCMH") shall be the victim of mistreatment, neglect or verbal, sexual, physical and mental abuse, corporal punishment, and involuntary seclusion or have their property misappropriated by a member of the hospital staff, other patients, consultants or volunteers, staff of other agencies serving the individual, family members or legal guardians, friends or other individuals. All patients have the right to be free from abuse, neglect, and exploitation, including but not limited to freedom from corporal punishment, involuntary seclusion, and any physical or chemical restraint not required to treat to the patient's medical symptoms.

This Policy applies to all caretakers at CCMH. For purposes of this Policy, "caretakers" means a person who is a staff member of CCMH who provides care, protection, or services to patients voluntarily, by contract, through employment. The term "caretakers" includes, but is not limited to, CCMH Medical Staff, CCMH employees, CCMH volunteers, and CCMH contractors who provide care, protection or services to patients at CCMH.

The purpose of this Policy is to assist CCMH in identifying and preventing incidents of suspected abuse of patients at CCMH, including dependent adult abuse. This policy also outlines training requirements, requirements to report suspected abuse, protocols for the investigation of suspected abuse and processes to follow for the protection of patients.

II. POLICY

A. Definitions:

A "dependent adult" is a person eighteen years of age or older whose ability to perform the

normal activities of daily living or to provide for the person's own care or protection is impaired, either temporarily or permanently. This can include hospital inpatients.

"Dependent adult abuse" means any of the following, as a result of willful misconduct or gross negligence or reckless acts or omissions of a caretaker, taking into account the totality of the circumstances:

- a. A physical injury to, or injury which is at a variance with the history given of the injury, or unreasonable confinement, unreasonable punishment, or assault of a dependent adult which involves a breach of skill, care, and learning ordinarily exercised by a caretaker in similar circumstances.
 - "Assault of a dependent adult" means the commission of any act which is generally intended to cause pain or injury to a dependent adult, or which is generally intended to result in physical contact which would be considered by a reasonable person to be insulting or offensive or any act which is intended to place another in fear of immediate physical contact which will be painful, injurious, insulting, or offensive, coupled with the apparent ability to execute the act.
- b. The commission of a sexual offense with or against a dependent adult.
- c. Exploitation of a dependent adult.
 - "Exploitation" means a caretaker who knowingly obtains, uses, endeavors to obtain to use, or who misappropriates, a dependent adult's funds, assets, medications, or property with the intent to temporarily or permanently deprive a dependent adult of the use, benefit, or possession of the funds, assets, medication, or property for the benefit of someone other than the dependent adult.
- d. Neglect of a dependent adult means the deprivation of the minimum food, shelter, clothing, supervision, physical or mental health care, or other care necessary to maintain a dependent adult's life or physical or mental health.
- e. Sexual exploitation of a dependent adult by a caretaker whether within a facility or program or at a location outside of a facility or program.
 - "Sexual exploitation" means any consensual or nonconsensual sexual conduct with a dependent adult which includes but is not limited to kissing; touching of the clothed or unclothed breast, groin, buttock, anus, pubes, or genitals; or a sex act, as defined in Iowa Code section 702.17. "Sexual exploitation" includes the transmission, display, taking of electronic images of the unclothed breast, groin, buttock, anus, pubes, or genitals of a dependent adult by a caretaker for a purpose not related to treatment or diagnosis or as part of an ongoing investigation. "Sexual exploitation" does not include touching which is part of a necessary examination, treatment, or care by a caretaker acting within the scope of the practice or employment of the caretaker; the exchange of a brief touch or hug between the dependent adult and a caretaker for the purpose of reassurance, comfort, or casual friendship; or touching between spouses or domestic partners in an intimate relationship.

- f. Personal degradation of a dependent adult means a willful act or statement by a caretaker intended to shame, degrade, humiliate, or otherwise harm the personal dignity of a dependent adult, or where the caretaker knew or reasonably should have known the act or statement would cause shame, degradation, humiliation, or harm to the personal dignity of a reasonable person.
- "Personal degradation" includes the taking, transmission, or display of an electronic image of a dependent adult by a caretaker, where the caretaker's actions constitute a willful act or statement intended to shame, degrade, humiliate, or otherwise harm the personal dignity of the dependent adult, or where the caretaker knew or reasonably should have known the act would cause shame, degradation, humiliation, or harm to the personal dignity of a reasonable person. "Personal degradation" does not include the taking, transmission, or display of an electronic image of a dependent adult for the purpose of reporting dependent adult abuse to law enforcement, the department, or other regulatory agency that oversees caretakers or enforces abuse or neglect provisions, or for the purpose of treatment or diagnosis or as part of an ongoing investigation. "Personal degradation" also does not include the taking, transmission, or display of an electronic image by a caretaker in accordance with the facility's or program's confidentiality policy and release of information or consent policies

B. Reporting Suspected Abuse; Suspension Pending Investigation; Non-Retaliation:

1. Any CCMH caretaker who, in the course of service at CCMH, examines, attends, counsels, or treats a patient, including a dependent adult, and reasonably believes the patient has suffered abuse as described in this policy shall **immediately** report such suspected patient abuse immediately to the Director of the applicable Department, the Vice President of Nursing or to the CEO.
2. If the report is made to the Vice President of Nursing or the Department Director, such individual shall be responsible for notifying the CEO as soon as possible.
3. The caretaker making the report will complete a variance report. Documentation will include who committed the suspected abusive act, the nature of the abuse and where and when it occurred.
4. The CEO or the VP of Nursing will notify the Department of Inspections and Appeals (DIA) as soon as the suspected dependent adult abuse is reported, but in no event more than twenty-four (24) hours after receiving the report of abuse. DIA will be notified immediately, but not later than 2 hours, of any suspected abuse of a swing bed patient if there was serious bodily injury, and no later than 24 hours if there were no serious bodily injury. DIA can be contacted at 1-877-686-0027. CCMH will not wait to conduct its own investigation before it reports suspected abuse to DIA.
5. The individual suspected of abuse will be suspended immediately pending the outcome of the investigation of the alleged abuse, to ensure patients are protected.
6. CCMH takes failure to report suspected or actual abuse in the Hospital, including dependent adult abuse, very seriously. Failure to report may result in disciplinary action, including but not limited to termination from CCMH. The failure to report may

also include civil liability and potential criminal liability.

7. CCMH prohibits retaliation against any caretakers who report in good faith suspected instances of abuse, including dependent adult abuse.

C. CCMH Investigation:

1. A team consisting of the CEO, VP of Nursing, Department Director, and the Risk Manager/Compliance Director, if indicated, will investigate the incident (the "Abuse Team"). The investigation will be completed within five (5) working days of the alleged incident.
2. The Abuse Team will document the following:
 - a. When the notification was provided.
 - b. When the report to DIA occurred.
 - c. When the individual suspected of abuse was suspended.
 - d. When the facility's internal investigation was initiated.
 - e. Who conducted the internal investigation.
 - f. Any records of statements and/or interviews with the patient, the suspect (if known), and any witnesses.
 - g. Any relevant documents concerning the incident such as clinical notes detailing the injury and/or treatment.
3. The Abuse Team will determine the root cause of the issue,
4. what corrective action and further reporting is needed, if any, including, but not limited to, informing the applicable state professional licensing authority or other agencies or individuals (e.g., long-term care ombudsman; adult protective services), terminating employment, additional staff training, etc.

D. Determination:

1. If, through the investigation, it is determined that the allegation is founded, the caretaker will be dismissed from providing further services at CCMH.
2. If, through the investigation, it is determined that the allegation is not founded, CCMH will take further action as determined appropriate under the circumstances.
3. If the suspected abuse may have occurred outside the facility, such as by a family member or friend or legal guardian, a report of suspected dependent adult abuse will be filed with the Department of Human Services (DHS) for further investigation, as set forth in the CCMH Policy No. 144.18, or for a child, a report of abuse will be filed with DHS for further investigation, as set forth in the CCMH Policy No. 144.17 .

E. Prevention:

1. CCMH will conduct a background check on all applicants for employment, staff membership/privileges and volunteers, for a history of abuse, including dependent adult abuse.
2. Further, the applicant's references will be checked, the license, registration and/or certification will be verified with the appropriate agency, and a criminal background

check will be done.

3. Any individual found to have a history of or convicted of abuse, neglect, exploitation, misappropriation of property or mistreatment of a patient will not be hired.

F. Training:

1. CCMH Executive Leadership and other CCMH Leadership will be specifically trained on the Policy as part of their job orientation within 90 days of initiating the new role in CCMH Administration and Leadership, including training on CCMH's policy requiring immediate removal of an alleged abuser from patient care pending investigation.
2. All CCMH caretakers will be trained on this Policy as part of their orientation, not later than 90 days after starting at CCMH.
3. Following initial training upon orientation, all CCMH employees, Medical Staff Members, volunteers and caretakers will be trained on this Policy on at least an annual basis.
4. Training will focus on the following topics:
 - a. Prohibiting and preventing all forms of abuse, neglect, and misappropriation of patient property, and exploitation;
 - b. Identifying what constitutes dependent adult abuse, neglect, exploitation, and misappropriation of property;
 - c. Recognizing signs of dependent adult abuse, neglect, exploitation and misappropriation of property, such as physical or psychosocial indicators;
 - d. Reporting dependent adult abuse, neglect, exploitation, and misappropriation of resident property, including injuries of unknown sources, and to whom and when staff and others must report their knowledge related to any alleged violation without fear of reprisal; and
 - e. Understanding behavioral symptoms of patients that may increase the risk of dependent adult abuse and neglect and how to respond.

III. Resources

State Operations Manual, Critical Access Hospitals, Appendix W.

State Operations Manual, Long Term Care, Appendix PP.

Iowa Code 235E, Dependent Adult Abuse in Facilities (DIA)

Iowa Department of Human Services, Dependent Adult Abuse, A Guide for Mandatory Reporters, available at: <https://dhs.iowa.gov/sites/default/files/comm118.pdf?070920201718>

IV. Cross References to CCMH Policies

144.17 (Child Abuse Reporting Procedure)

144.18 (Dependent Adult Abuse- Mandatory Reporters)

Approval Signatures

Step Description	Approver	Date
Quality & Compliance Approval	Marcy Fink	02/2026
Policy Owner	Erin Muck	02/2026

COPY

Status **Active** PolicyStat ID **16947797**



CRAWFORD COUNTY
MEMORIAL HOSPITAL

Origination 01/2013
Last 10/2024
Approved
Effective 10/2024
Last Revised 01/2013
Next Review 10/2025

Owner Macy Waldemar
Webb: HR
Director
Area Human
Resources

129.35 Dress Code

PURPOSE:

To establish minimum, enforceable expectations of dress for all employees, students and volunteers at Crawford County Memorial Hospital (CCMH).

POLICY:

It is the policy of CCMH to provide patient care in a safe and respectful manner. The professional appearance of all staff is important in promoting trust, confidence and customer service while providing care in a safe and clean environment.

All CCMH employees are required to maintain high standards of personal appearance. This policy applies to all hospital employees, as well as independent contractors, volunteers and students. All CCMH employees are expected to be neat, clean and well-groomed while on the job. All clothing must be consistent with the standards for a professional environment and not attract undue attention or serve as a distraction to others.

This policy is not intended to replace, but should be used in conjunction with, department policies that may address specific dress code needs.

RESPONSIBILITIES:

- A. All employees will adhere to dress code standards as outlined in this policy. Failure to comply with the policy could result in disciplinary action.
- B. Directors and House Supervisors are responsible for ensuring that staff maintain appropriate standards in appearance, as departmental dress code policies will take precedence.

PROCEDURE:

Uniform clothing, if provided by the employer, must be worn by staff in designated positions such as direct care nursing, clinical departments, housekeeping, food service, laundry and maintenance. General office attire will be defined as business casual, such as dress shirts and slacks/suits for men and dress skirts, blouses, dresses and suits for women.

Uniform clothing is not to be worn during off duty hours when an employee is engaged in other work, business or recreational activities. The appearance of uniform clothing is not to be altered or changed. Some duties may require employees to wear/use safety articles, or adhere to stricter and more specific requirements than those set forth in this policy. Department Directors will inform employees who are required to wear uniforms and/or are subject to stricter and more specific requirements.

Department Directors will use discretion in interpreting and enforcing these procedures. Reasonable accommodations for dress or grooming directly related to medical reasons, religion or ethnicity should be discussed with the Human Resources Department.

GENERAL GUIDELINES FOR APPEARANCE:

A. Hair:

Hair must be neatly groomed, clean and appropriate in color and/or highlights. Long hair (below the shoulders) may not obstruct vision nor interfere in any way with the type of job duties performed and must be pulled back and secured when providing direct patient care. Hair restraint, i.e., net, may be required when preparing and serving food. Beards must be trimmed, neatly groomed, clean and must not interfere with work in any way. For safety and infection control reasons, employees working in some areas of the hospital may not be permitted to wear beards.

B. Jewelry and Perfume:

Jewelry worn by employees must be appropriate to the work setting and project a professional image. No visible pierced jewelry other than in the ear is acceptable. If body piercings, other than earrings, cannot be covered, they must be removed during the time of work. Dangling earrings and necklaces should be avoided, as they can be hazardous for staff and patients in certain circumstances.

Rings must be small enough to allow use of gloves, with no risk of tearing the gloves.

Department Directors may request that employees refrain from wearing items that appear to present a risk of injury to the employees, patients or residents.

Mild scents may be worn in moderation, but should be discontinued if patients or co-workers express a concern and/or are sensitive or allergic to chemical fragrances. Due to close contact with other people, the use of an antiperspirant or deodorant is required.

C. Tattoos:

Excessive or offensive tattoos must be covered at all times. Department Directors will be responsible to determine the appropriateness of tattoos revealed by staff.

D. Fingernails:

Fingernails should be kept clean, neat, well-manicured and at a reasonable length. Because of

infection risks, only short, natural fingernails (nail tip may be no longer than a quarter of an inch in length) are allowed when providing patient care or when working with patient care products, food or equipment. Polish colors should be appropriate to the work area. No nail jewelry or sparkling ornaments are allowed. No finger nail polish is allowed for employees in dietary.

E. Clothing:

Clothing worn by staff members must be neat, clean and wrinkle free and must project an image appropriate to a hospital environment. Clothing that is too tight can be provocative as well as uncomfortable. Clothing that is too loose can expose body parts and/or undergarments which should be covered. Clothing must cover the torso. Slacks/pants will be of regular ankle length, or for "Capri" style pants, may be no shorter than mid-calf. Hats are not to be worn indoors by employees who provide direct patient care, unless a religious requirement has been approved. Examples of inappropriate dress not permitted:

- Floor length dresses
- Mini skirts
- Skirts/dresses which extend beyond 2 inches above the knee
- Denim blue jeans
- Faded, tie-dyed, bleached, torn, patched, or un-hemmed clothing
- Tank tops, shorts, cut-offs, or sweat pants
- Halter tops, tank tops, low cut or see-through blouses/shirts, muscle shirts, or shirts that expose the midriff
- Stenciled clothing including caps, jackets, shirts, etc., which advertise commercial products or display messages or pictures which are inappropriate to the treatment setting (for example: clothing with logos for alcoholic beverages, tobacco products or political slogans)
- Flip flops or thong-type sandals
- Wrinkled, torn, stained, dirty, faded or ripped clothing
- Offensive, explicit or graphic buttons, hats or caps
- Undergarments visible through clothing

F. Shoes:

Clean, comfortable shoes should be worn as appropriate to the work area. Heel height must be reasonable for safety purposes; no more than 4 inches high. No open-toed shoes are allowed in direct patient care areas. No flip flops will be allowed.

G. Identification Badges:

Employees are required to wear their photo identification badge with the name and photograph facing outward, clearly visible and unobstructed at all times. I.D. badges must be worn above the waist. Name badges are not to be compromised in a manner that prevents clear display of the name or picture ID.

GUIDANCE:

Special permission may be granted by Administration to make exceptions to dress code standards for special outings or events, such as business casual day, picnics or off-campus activities; however, dress must be appropriate and project a professional image.

Each department will be responsible for monitoring the dress code. CCMH is confident that each employee will use their best judgment when maintaining appropriate attire and appearance. Management reserves the right to determine appropriateness and may make the decision to send an employee home to change clothing if dressed inappropriately, without pay.

Specific infractions requiring disciplinary action will be handled by the Department Director in accordance with standard hospital disciplinary procedures and must be consistently enforced throughout the hospital.

Upon termination from employment all uniforms, name badge and safety equipment issued by the employer will be returned to the individual's supervisor.

Approval Signatures

Step Description	Approver	Date
Quality & Compliance Approval	Marcy Fink	10/2024
Policy Owner	Macy Waldemar: HR Manager	10/2024

Status **Active** PolicyStat ID **14831405**



CRAWFORD COUNTY
MEMORIAL HOSPITAL

Origination 11/2012
Last 12/2023
Approved
Effective 12/2023
Last Revised 10/2022
Next Review 12/2024

Owner Heather Rasmussen
Area Compliance

160.03 Code of Conduct

INTRODUCTION

Crawford County Memorial Hospital (CCMH) is committed to ensuring that all employees and the Board of Trustees share in the responsibility for keeping CCMH in full compliance with all laws and regulations governing ethical business practices. This Code of Conduct explains the expected behaviors and conduct of all Trustees, employees, volunteers, and business associates. This Code of Conduct is a broad guideline which is reinforced in greater detail by the various policies and procedures utilized throughout the organization. It is the responsibility of every Trustee, employee, volunteer, and business associate to act in a manner consistent with this Code, the values and behaviors it expresses, and its supporting policies and procedures.

This Code of Conduct addresses various issues including the following:

- Quality patient care
- Confidentiality
- Coding and billing integrity
- Workplace safety and conduct
- Healthcare fraud and abuse, the Referral Statutes, political activities
- Gifts and gratuities
- Protection of assets
- Conflicts of Interest
- Compliance with laws and regulations

QUALITY PATIENT CARE

Providing quality care, while respecting the rights of patients, should be the driving force behind

decisions and actions. We are committed to providing services that meet and exceed patient expectations. CCMH will deliver services with compassion, dignity, and respect for everyone in their care. Steps shall be taken so that each patient understands his or her treatment needs, options, and expected outcomes. All patients will be respected, with their needs and desires considered as health care decisions are made. CCMH will provide services in a manner that does not discriminate against any person because of age, race, religion, gender, sexual orientation, national origin, disability, ability to pay, or for any other reason prohibited by Federal and State laws and regulations.

CONFIDENTIALITY

CCMH is committed to maintaining the confidentiality of patient, personnel, financial, and other protected information in accordance with applicable legal and ethical standards. Any use or disclosure of any patient information that is not in compliance with Federal and State laws, regulations, and CCMH's policies and procedures is strictly prohibited.

CODING AND BILLING INTEGRITY

It is imperative that CCMH report accurate and truthful information to governmental entities and other third parties. It is essential that every Trustee, employee, volunteer and business associate accurately and clearly report the relevant and true facts. No one shall knowingly or with reckless disregard for the truth make any false or misleading statements on any form, patient record, or to another person. All patient records must meet the documentation standards required for quality care and reimbursement regulations. All coding and billing practices must comply with all Federal and State laws and regulations. Any identified coding, billing, or payment issues or concerns will be resolved appropriately and in a timely manner. Activities that are prohibited include, but are not limited to:

- Knowingly submitting a claim or bill for services that were not rendered;
- Submitting a claim for payment for medically unnecessary services;
- Upcoding or unbundling services to receive higher payment;
- Duplicate billing;
- Documenting false information on a patient record;
- Not obtaining an Advance Beneficiary Notice for services that Medicare will not cover.

WORKPLACE SAFETY AND CONDUCT

CCMH is committed to training employees to carry out their work in a manner that is safe and effective for them, their coworkers, and patients they serve. CCMH will comply with all applicable Federal and State laws designed to improve workplace safety. CCMH shall ensure high quality healthcare through educational training and teaching for all employees.

CCMH is dedicated to a caring and positive workplace environment in which all employees are treated fairly. It is CCMH policy not to discriminate on the basis of age, race, religion, gender, sexual orientation, national origin, or disability in relation to employment practices. CCMH will not tolerate harassment of any form of its employees by Trustees, medical staff, managers, coworkers, patients, or business

associates.

HEALTHCARE FRAUD AND ABUSE, THE REFERRAL STATUTES, POLITICAL ACTIVITIES

All CCMH Trustees, employees, volunteers and business associates are required to comply with any and all laws and regulations which prohibit healthcare fraud and abuse. CCMH shall not engage in any illegal or unethical business practices. Contractual and financial arrangements with physicians, vendors, third party payers, managed care organizations, or other sources will be structured to ensure compliance with all applicable Federal and State laws and regulations and will be in the best interest of CCMH.

CCMH expects Trustees and employees to refrain from conduct that violates the Referral Statutes: The Physician Self-Referral Law (the Stark Law) and the Federal Anti-Kickback Statute. CCMH does not pay for referrals or unlawfully attempt to induce referrals to CCMH.

All political activities relating to CCMH shall be conducted in full compliance with applicable Federal and State laws and regulations. While CCMH supports participation in the political process, Trustees and employees are not permitted to use positions at CCMH to try to influence the personal decisions of others to contribute or otherwise support political parties or candidates. CCMH funds or resources will not be used to contribute to political campaigns or contributions.

GIFTS AND GRATUITIES

CCMH Trustees and employees are prohibited from accepting or soliciting tips, gratuities, or gifts from patients, visitors, business associates, or other third parties. Trustees and employees may, however, accept unsolicited non-monetary gratuities or gifts of a nominal value if the gratuity or gift would not influence, or reasonably appear to others to be capable of influencing the employee's business judgment. Any monetary or monetary equivalent (i.e. gift cards) gratuities or gifts should be directed to the Hospital Foundation of Crawford County. Trustees and employees shall not offer or give money, services, or other items of value with the expectation of influencing judgment or decision making process of any person.

PROTECTION OF ASSETS

CCMH Trustees and employees are responsible for protecting and preserving CCMH's assets and resources by following procedures to prevent their loss, theft, or unauthorized use. Employees must make every effort possible to ensure the property of patients is safeguarded. CCMH will protect all aspects of its information systems. All persons with access to CCMH's computerized information system shall abide by CCMH's policies and procedures, including the protection of confidential user-ids and passwords. All computers, PDA's, pagers, communication systems, electronic mail, fax, networks (including internet access) and voicemail are the property of CCMH and are to be used for business purposes only. CCMH shall ensure the assets are used properly and in a manner that supports the best interest of CCMH and its patients.

CONFLICTS OF INTEREST

It is the policy of CCMH to prohibit its Trustees, employees and other associates from engaging in any activity, practice, or act which conflicts with, or appears to conflict with, the interests of CCMH or its patients. Trustees and employees are expected to conduct business to the best of their ability and for the benefit of CCMH and its patients. Trustees and employees must be careful not to create any conflicts of interest (actual or perceived). The policy requires Trustees, employees, and other individuals as appropriate to disclose any potential conflict of interest they or their immediate family may have, including any interest or relationship with any individual or organization that does business with CCMH or competes with CCMH. CCMH manages its vendors and contractor relationships in a fair and reasonable manner, consistent with all applicable Federal and State laws and regulations. CCMH's selection of vendors and contractors are made on the basis of objective criteria and not on personal relationships and friendships.

COMPLIANCE WITH LAWS AND REGULATIONS

CCMH is subject to numerous Federal, State, and local laws and regulations pertaining to all aspects of its operation. All Trustees and employees are required to understand and abide by those laws, regulations, and CCMH policies and procedures which are applicable to them in the performance of their duties. All Trustees and employees will deal with accrediting and regulatory governing bodies in a direct, open, and honest manner. It is the responsibility of every Trustee and employee to immediately report any violations or suspected violations of any legal requirements or ethical standards to their supervisor, department director, a member of the Compliance Steering Committee, Compliance Officer, or anonymously to the CCMH Compliance Hotline at (712)265-2525. Retaliation or retribution against any Trustee or employee for voicing a concern is strictly prohibited. Any Trustee or employee participating in any form of retaliation or retribution against another employee will be subject to disciplinary action in accordance with the CCMH disciplinary process.

ADDITIONAL REQUIREMENTS FOR THE BOARD OF TRUSTEES

All Trustees must comply with the provisions set forth in the Amended and Restated Bylaws of the CCMH Board of Trustees ("Trustee Bylaws"). All Trustees must observe and follow the fiduciary duties of an acting Trustee, which includes the duty of care, duty of loyalty, and duty of obedience. Any violation of this Code of Conduct Policy or of any of the provisions of the Trustee Bylaws, may result in the Trustee's removal from the Board as set forth in Article II, Section 11 of the Trustee Bylaws.

Attachments

 [Crawford County Memorial Hospital Code of Conduct](#)

Approval Signatures

Step Description	Approver	Date
Quality & Compliance Approval	Marcy Fink	12/2023
Policy Owner	Heather Rasmussen	12/2023

COPY



CRAWFORD COUNTY
MEMORIAL HOSPITAL

Origination 04/2021
Last Approved 03/2024
Effective 03/2024
Last Revised 04/2021
Next Review 03/2025

Owner Macy Waldemar
Webb: HR Director
Area Human Resources

129.74 Customer Service Standards

DEFINITION:

Customers are defined as patients, patients' families, visitors, the community at large, physicians, and employees of Crawford County Memorial Hospital.

PURPOSE:

- A. To provide standards for expected behaviors for Crawford County Memorial Hospital employees in their interactions with their internal and external customers.
- B. To promote and support a philosophy that is customer centered and driven.

PROCEDURES / STANDARDS:

- A. Break the Ice
 - Make eye contact
 - Smile
 - Introduce yourself by name and job function when and where appropriate
 - Acknowledge people using name if appropriate and always maintaining confidentiality
 - Exchange greeting
 - Be warm, friendly, and courteous
 - Wear your name tag in an easily visible location within plain view
- B. Stop and offer help
 - If someone looks confused, try to get the person back on track

- Stop and try to help by offering statements such as "can I help you find..." or "let me show you..."
- Direct or take customers to where they need to go
- When directing people walk them part of the way, then point the rest of the way, verifying their understanding of the directions, or ask a passing coworker to show them the way
- Be sure that you know your way around the facility

C. Show courtesy

- Treat others as you would like to be treated
- Use kind gestures and polite words to make people feel special
- Use please and thank you
- Take the time to stop and help someone
- Apologize for delays
- Respond to requests in a timely, cooperative, and respectful manner
- Be sensitive to other cultures
- Offer choices where possible
- Don't assume- find out what customers really want

D. Explain what you are doing

- Keep people informed; let them know what's happening and why. Remember that people coming to the hospital are often anxious and frightened. Let customers know what to expect.
- Explain in easy to understand terms what is expected of the individual (in filling out forms, doing a procedure, or directing them in some way)
- Have the customer repeat back to you their understanding. Be patient if you need to clarify, repeat, or review the information given.
- Keep coworkers informed.

E. Anticipate needs

- Offer before being asked; try to anticipate needs.
- Pay attention to the "little things," the small touches that let a customer know that you want them to be comfortable (offer an extra pillow, point out restrooms, waiting areas, coffee, etc)
- Invite and answer questions regarding policies, procedures, and interactions before being asked
- Update patients or visitors regarding delays, changes, or expectations; offer them something to help occupy their time
- Go the extra mile; recognize the needs of others

F. Protect privacy and confidentiality

- Be aware of what you say, where you say it, and to whom you say it.
- Show respect; for example, knock before entering a patient's room, and close the curtain before examining the patient.
- Access information only as needed for your job. Patient information belongs to them, and is available only on a "need to know" basis.

G. Handle with care

- Slow down. Handle customers gently when moving or touching them.
- Treat others how you would like to be treated.
- Don't talk down to customers or use jargon.

H. Preserve dignity

- Treat a patient as you would a family member
- See the person, not their diagnosis
- Respect patient autonomy, respect their choices

I. Take initiative

- Just because a task is not your job doesn't mean you can't help or find someone who can help
- Pitch in- make suggestions and follow through on them
- Take the initiative to improve service
- Take responsibility for making your hospital work better
- Be a great example of customer service

J. Communicate with patients appropriately

- Your words and tone should not be insulting
- Listen, really listen to what customers are saying
- When possible, sit down when speaking with patients
- Don't be defensive about a customer complaint; try to learn from it.

K. Help each other

- Offer to help colleagues, staff, and physicians; you will ultimately help a patient
- Say thank you often, and mean what you say

L. Keep it quiet and maintain a Customer Friendly environment

- Be aware of excessive noise to show respect to patients and coworkers
- Keep your environment clean and free from clutter. Pick up trash. Report environmental problems.

M. Look professional and act in a professional manner

- Be professional in all conversations, including on the phone. Put a smile in your voice.

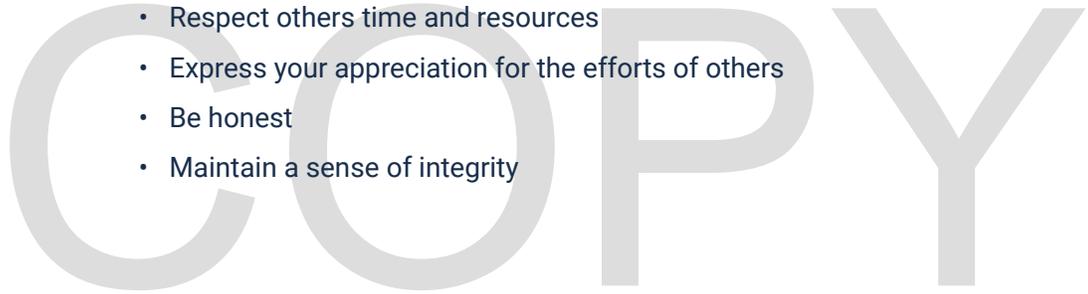
- Maintain a professional dress and appearance.
- Take pride in personal hygiene.

N. Follow up and follow through

- Work to solve problems and complaints
- Let customers know what you can and can't do
- When you can't help, find someone who can
- Get back to customers in a timely manner
- Be accountable for results

O. Be a Team Player

- Help a coworker
- Spread confidence and positivity in the team
- Advocate on behalf of the organization
- Stay informed
- Don't spread rumors
- Respect others time and resources
- Express your appreciation for the efforts of others
- Be honest
- Maintain a sense of integrity



Approval Signatures

Step Description	Approver	Date
Quality & Compliance Approval	Marcy Fink	03/2024
Policy Owner	Macy Waldemar: HR Manager	03/2024



CRAWFORD COUNTY
MEMORIAL HOSPITAL

Origination 09/2012
Last 03/2025
Approved
Effective 03/2025
Last Revised 03/2025
Next Review 03/2026

Owner Dana Neemann
Area Education

118.24 Healthcare Learning Opportunities

PURPOSE:

To provide clinical/learning opportunities for individuals/students in various areas of healthcare.

POLICY:

Crawford County Memorial Hospital(CCMH) encourages education regarding healthcare careers by providing opportunities through clinical rotations, practicums, and internships.

Opportunities for clinical rotations, practicums, and internships in patient care delivery, technical support and service areas will be considered on a preapproved basis. Students enrolled in formal health care academic programs may be considered for clinical rotations and practicums in all areas, if preapproval has been met.

Acceptance and approval of students at CCMH is at the discretion of the Education Director and Department Director. This includes all advanced students such as, MSN, NP, DNP, FNP, D-PT, MD, DO, and PA students, RN, LPN, Radiology, Laboratory, etc. In the event a student (or designee) contacts a provider or department directly the student must be redirected to the Director of Education or designee. The Education Director or designee will work with the Department Director and Provider/Department Director to determine clinical availability. **All students entering CCMH must follow the same process.**

Clinical rotations and practicums allow the student/individual to observe and assist in regular job duties while meeting the enrolled program requirements/skills check off.

Director of Education or designee must verify with Administration the hospital has a current contract and liability binder on file from the institution requesting a clinical rotation, practicum or internship. Requests must be made by the institution a minimum of four (4) weeks prior to the requested rotation date. Once a Department Director or Provider has agreed to host, the Director of Education or designee should notify CCMH Directors of the clinical/intern schedule.

Clinical, practicum students or interns will not receive compensation.

SCHEDULING:

1. Scheduling for students/individuals will be coordinated with the Director of Education or designee and the program/clinical coordinator.
2. Individual instructors from approved institutions may contact the Director of Education or designee to request specific clinical rotation dates for students. Department Director makes the final decision as to whether their department can accommodate student(s).
3. Department Director to provide schedule weekly or monthly to Director of Education or Designee if coordinated by department.

GUIDELINES:

1. Per CCMH policy 129.35, all students are expected to be dressed appropriately. Clothing and hair should be neat, tidy and clean. Blue jeans, excessive jewelry and open toed shoes are not allowed. Students are required to review the policy on, or prior to their first day of observation or clinical rotation. Students in violation of the dress code may be asked to leave.
2. All students are expected to sign a Confidentiality Statement on, or prior to, their first day of observation or clinical rotation. Breach of confidentiality will not be tolerated and the student may be asked to leave and, if applicable, the appropriate advisor or institution will be notified.
3. All students are expected to wear a hospital identification badge or an identification badge from their institution while at the hospital or clinic.
4. Cell phone use is not permitted during job shadowing or clinical rotations.
5. All students are expected to behave in a courteous and respectful manner; review Code of Conduct policy 160.03. If at any time that behavior is inappropriate, the hospital reserves the right to ask the student(s) to leave the facility.
6. All students are expected to operate within the guidelines/scope of practice established by the hospital and their institution while completing their rotation. Students must be supervised by CCMH licensed personnel at all times and patients are to be notified and must grant permission to allow the student to assist in the patient's care. A patient consent form will be obtained.
7. Those involved in a job shadowing experience will complete a "Learning Opportunity Application" available through the Education Department/Designee.
8. Students who will be in the facility longer than one day will be required to be shown the following safety procedures by the Department Director or assigned CCMH personnel:
 - A. Review all alarm codes and instruct on proper procedure to follow.
 - B. Locate fire alarm pull stations, fire extinguishers, and emergency exits in work area.
 - C. Review importance of confidentiality and HIPAA.
 - D. Review specific guidelines for department.
9. The manager of the area will be responsible for providing orientation, ensuring that confidentiality statements are completed, and directly supervising the individual.

10. All students/interns will be required to complete the following:
 - A. Complete Learning Opportunities Application
 - B. Policy 118.24, Review and Sign Attestation
 - C. Code of Conduct Policy 160.03, Review and Sign Attestation
 - D. HIPAA Confidentiality Statement (Learning Opportunities Confidentiality Statement)
 - E. Policy 100.72 with designated leadership Review and Sign Attestation
11. The organization/school will provide copies of the following upon request:
 - A. Vaccine Verification Required:
 - a. MMR (two MMR vaccines, a positive titer, or declination statement)
 - b. Varicella (two Varicella vaccines, a positive titer, or declination statement)
 - c. Hepatitis B (three Hepatitis B vaccines, a positive titer, or declination statement)
 - d. Tdap (suggested, not required)
 - B. TB Screening
 - a. Complete a 2-Step TB Skin Test (must have one negative read before attending) **or**
 - b. Have a negative TB Interferon Antigen within the last year **or**
 - c. Have a negative chest x-ray within the last year
 - C. Drug screen
12. Dress code:
 - A. The student will review dress code with Department Director or Designee upon arrival to department. The student must be in compliance with their school's dress code policy.
13. Those involved in patient care will review Safe Patient Handling Policy 144.93 with designated staff, prior to assisting with patient care and/or transferring of patients.
14. Students are asked to complete an Evaluation of Healthcare Learning Opportunity Experience
15. Department Directors or Designee are asked to complete Evaluation of Healthcare Learning Opportunity Experience Form
16. All paperwork will be processed through the Director of Education or Designee
17. All clinical hours/rotations will be documented in the student file for future reference.
18. Human Resources will scan and secure documentation.

Please see the attached file Learning Opportunities Application

Please see the attached file Learning Opportunities HIPAA Confidentiality Statement

Please see the attached file Healthcare Learning Opportunities Flow Chart for Supervised Students Providing Treatment or Services

Please see the attached file Documentation / Evaluation of Healthcare Learning Opportunity Form

Please see the attached file Evaluation of Healthcare Learning Opportunity Experience Form

Attachments

[!\[\]\(c60ce5f1586b7dcb9ed6bccf6949cf15_img.jpg\) Documentation / Evaluation of Healthcare Learning Opportunity Form](#)

[!\[\]\(57c18b879714b128ac3cf0d79c251988_img.jpg\) Evaluation of Healthcare Learning Opportunity Experience Form](#)

[!\[\]\(9d1697e409fd6c0a20171c0ed29c9bf3_img.jpg\) Learning Opportunities Application](#)

[!\[\]\(540594218497cab4bac946b0ce928b87_img.jpg\) Learning Opportunities HIPAA Confidentiality Statement](#)

Approval Signatures

Step Description	Approver	Date
Quality & Compliance Approval	Marcy Fink	03/2025
Compliance	Heather Rasmussen	03/2025
Policy Owner	Dana Neemann	02/2025



CRAWFORD COUNTY
MEMORIAL HOSPITAL

Origination 02/2018
Last 03/2025
Approved
Effective 03/2025
Last Revised 03/2025
Next Review 03/2026

Owner Dana Neemann
Area Education

118.23 Healthcare Job Shadow for High School Students

PURPOSE:

To provide opportunities for individuals to be introduced to positions available in healthcare.

POLICY:

Crawford County Memorial Hospital encourages education regarding healthcare careers by providing opportunities through job shadowing.

Opportunities for job shadowing in patient care delivery, technical support and service areas will be considered on a limited basis. High school students will not be able to job shadow in the following area: Surgery.

Job shadowing is a short-term experience usually not extending over eight (8) hours and allows the individual to observe staff members as they perform their regular job duties. During the experience, consent for the job shadowing student to observe will be obtained from patients. Job shadowing is available to students over 16 years old. High school career exploration, work-based learning, and like programs will follow this policy and may extend greater than eight (8) hours.

Administration must verify that the hospital has a current contract and liability binder on file from the institution requesting. Job shadow requests must be made by the institution a minimum of three (3) weeks prior to the requested rotation date. Once a Department Manager has agreed to host a job shadow student, Director of Education or designee should notify CCMH managers of the job shadow hours.

Job shadowing students will not be compensated.

SCHEDULING:

1. Scheduling for job shadowing students will be coordinated with the Director of Education or designee and the high school instructor.
2. Individual instructors from approved institutions may contact the Education Department to request specific clinical rotation dates for students. Department Managers make the final decision as to whether their department can accommodate job shadow students.

GUIDELINES:

- a. Per CCMH policy 129.35 all students are expected to be dressed appropriately. Clothing and hair should be neat, tidy and clean. Blue jeans, excessive jewelry and open toed shoes are not allowed. Students are required to review the policy on, or prior to their first day of observation or clinical rotation. Students in violation of the dress code may be asked to leave.
- b. All students are expected to sign a Confidentiality Statement on, or prior to, their first day of observation or clinical rotation. Breach of confidentiality will not be tolerated and the student may be asked to leave and, if applicable, the appropriate advisor or institution will be notified.
- c. All students are expected to wear a hospital identification badge or an identification badge from their institution while at the hospital or clinic.
- d. Cell phone use is not permitted during job shadowing or clinical rotations.
- e. All students are expected to behave in a courteous and respectful manner. Review Code of Conduct policy 160.03. If at any time that behavior is inappropriate, the hospital reserves the right to ask the student(s) to leave the facility.
- f. Students are expected to operate within the guidelines established by the hospital and their institution while completing their rotation. Students must be supervised by CCMH licensed personnel at all times and patients are to be notified and must grant permission to allow the student to assist in the patient's care.
- g. Those involved in a job shadowing experience will complete a "Learning Opportunity Application" available through the Education Department.
- h. Students who will be in the facility longer than one day will be required to be shown the following safety procedures by the Department Manager or assigned CCMH personnel:
 - a. Review all alarm codes and instruct on proper procedure to follow.
 - b. Locate fire alarm pull stations, fire extinguishers, and emergency exits in work area.
 - c. Review importance of confidentiality and HIPAA.
 - d. Review specific guidelines for department.
- i. The manager of the area will be responsible for providing orientation, ensuring that confidentiality statements are completed, and directly supervising the individual.
- j. The school/organization will provide copies of the following upon request:
 - A. Vaccine Verification Required (if present at CCMH for more than five hours per week):
 - a. MMR (two MMR vaccines, a positive titer, or declination statement)

- b. Varicella (two Varicella vaccines, a positive titer, or declination statement)
 - c. Hepatitis B (three Hepatitis B vaccines, a positive titer, or declination statement)
 - d. Tdap (suggested, not required)
- B. TB Screening
- a. Complete a 2-Step TB Skin Test (must have one negative read before attending) **or**
 - b. Have a negative TB Interferon Antigen within the last year **or**
 - c. Have a negative chest x-ray within the last year
- C. Confidentiality Statement (signed by parent(s) and student)
- D. Learning Opportunities Application (signed by parent(s) and student)

Please see the attached Learning Opportunities Application

Please see the attached Learning Opportunities HIPAA Confidentiality Statement

Attachments

[!\[\]\(001db52133ab4d4e6f33ee52d8a36710_img.jpg\) Learning Opportunities Application](#)

[!\[\]\(6ef9aa63960241c7f0b6f0f9275edb17_img.jpg\) Learning Opportunities HIPAA Confidentiality Statement](#)

Approval Signatures

Step Description	Approver	Date
Quality & Compliance Approval	Marcy Fink	03/2025
Compliance	Heather Rasmussen	03/2025
Policy Owner	Dana Neemann	02/2025

Status **Active** PolicyStat ID **15361045**



CRAWFORD COUNTY
MEMORIAL HOSPITAL

Origination 08/2016
Last 03/2024
Approved
Effective 03/2024
Last Revised 03/2024
Next Review 03/2025

Owner Theresa Sheer:
CNO
Area Nursing
Administration

144.93 Safe Patient Handling Guidelines – CCMH

It is the policy of Crawford County Memorial Hospital (CCMH) that the manual lifting of patients will be minimized or eliminated whenever possible. This is done to ensure the safety of the patient and caregiver during transfer and repositioning.

Goals:

1. Reduce the injury potential for both the patient and caregiver.
2. Provide objective criteria for determining the safe mobility of patients without compromising their rehabilitation needs.
3. Assure staff competency in the safe use of transfer and mobility related equipment.
4. Maximize safe, functional independence without compromising the patient's dignity and rights.

Objective Criteria:

Each patient will be assessed initially upon admission. Any changes in transfer status will be reassessed on an as needed basis or through quarterly reassessments. The patient's transfer status will be determined by nursing or therapy, based on the following criteria, but nursing has the final decision on the mode of transfer:

1. **Independent:**
 - a. Fully ambulatory. No assistance is needed. Not a fall risk.
2. **Gait Belt Assistance – One Person:**
 - a. Patient is able to stand for at least 5 seconds using mobility equipment if needed (i.e. walker or cane).
 - b. Patient requires supervision or contact assistance when ambulating.

- c. Assistance with sitting to standing may be required by pulling the patient to standing position. At no time will a caregiver "lift" the patient.
 - d. Patient requires assistance with self-care, balance, and hand placement, or guided maneuvering of limbs when standing.
 - e. The second caregiver is only to provide assistance with ADLs or to move equipment.
3. **Gait Belt Assistance – Two Person:**
- a. Patient is able to stand for at least 5 seconds using mobility equipment if needed (i.e. walker or cane).
 - b. Patient requires supervision or contact assistance when ambulating.
 - c. Assistance with sitting to standing may be required by pulling the patient to standing position. At no time will a caregiver "lift" the patient.
 - d. Patient requires assistance with self-care, balance, and hand placement, or guided maneuvering of limbs when standing.
 - e. A second caregiver may be needed to safely assist patient from sitting to standing position only. The second caregiver is present for additional safety and provide assistance with ADLs or move equipment.
4. **Sit to Stand Mechanical Lift (requires 2 caregivers):**
- a. Patient is able to bear weight, but for less than 5 seconds, and is cooperative.
 - b. Patient may be unpredictable with transfer status.
5. **Total Body Lift (requires 2 caregivers):**
- a. Patient is unable to bear weight.
 - b. Patient is unable to participate in transfer process.
 - c. Any other transfer type is excluded due to a medical condition or co-morbidity.

*If the caregiver is required to lift more than 35#, the caregiver will consider the patient dependent and will utilize mechanical equipment. Transfer status will be communicated to other staff prior to breaks or shift change.

Repositioning:

1. If a patient is unable to reposition independently in bed, a friction reducing device will be used. Draw sheets, plastic bags, or chucks are acceptable for repositioning. A friction reducing device specifically designed for repositioning must be used.
2. The friction reducing device will be placed between the draw sheet and the bed.
3. The patient will then boost self in bed, if able. If unable, two caregivers will slide patient into proper position. If the patient weight 250#, at least four (4) caregivers will be utilized repositioning in bed.
4. The friction reducing device will not be left under any patient. Upon completion of repositioning, the friction reducing device will be removed and cleaned.

Lateral Transfers:

1. If a lateral transfer must be completed and the patient is unable to do so independently, a lateral transfer device or friction reducing device will be utilized.
2. Two caregivers will be present for sliding the patient from one surface to another if the resident weighs 250# or less. If the patient weighs more than 250#, at least four (4) caregivers will be utilized during the lateral transfer.
3. The lateral transfer device or friction reducing device will not remain underneath the patient. The device will be removed immediately after the transfer is completed.

Fallen Patient:

1. Medical assessment and treatment is conducted.
2. If patient is medically stable, was previously independent, and can get up on own, a gait belt is placed on the patient to assist with steadying as needed. The caregiver should not use the gait belt to lift the patient from the floor. A chair is brought to the patient for the patient to use to assist with kneeling to standing and for sitting in upon standing.
3. If the patient attempts to get up on own, but is unsuccessful, a total body lift will be used.
4. If the patient is medically stable and is unable to get off of floor on own, a total body lift will be used regardless of prior transfer status.

Training:

Training specific to the safe patient handling policy and all equipment will be provided prior to an employee utilizing any equipment on the unit for transferring a patient. All caregivers will be required to demonstrate competency with use of transfer devices (lifts, stands, gait belt, slider board, etc.) in a controlled environment prior to being permitted to complete these tasks with patients.

Retraining will be completed as noted below:

1. Any injury related to transferring, repositioning, or lateral transfer if the investigation determines proper procedure was not followed.
2. As needed.

Disciplinary Action:

It is expected that the safe patient handling policy be followed at all times. If, for some reason, you feel unable to follow the policy, communication should be held with supervisor prior to completing any task that falls within the scope of this policy. If not, disciplinary action, per disciplinary action policy, will be taken.

Observations:

Periodic unannounced transfer observations will be completed. If the transfer is noted to have deficiencies pertaining to the proper procedure, retraining will be provided immediately prior to the

Caregiver completing additional transfers. Return demonstration of proper procedure will be required. These observations will be documented and forwarded to the education department after review by the safety committee.

Injury Review:

Any injury from transferring, repositioning, or laterally transferring a patient will go through an injury review process. The process is to determine the root cause of the injury and to define corrective action to minimize the risk of another injury of this type occurring again. Any injured employee or witness may be asked to participate in an injury review committee to provide insight, thoughts, and comments to determine how and why this injury or near miss occurred.

Inspection:

All lifts, slings, friction reducing devices, and lateral transfer devices will be visually inspected prior to use. If slings, friction reducing devices, or lateral transfer devices are noted to be ripped, torn, fraying, or have separating seams, they will not be used. The damaged item will be removed from service and tagged at "DO NOT USE".

Any mechanical lift that is noted to not be in proper working condition or have potentially dangerous changes in assembly (i.e., nut/bolt loose on boom or wheel loose) will immediately be marked and tagged and taken out of service. The RN supervisor will be notified and maintenance will be notified as soon as possible. Another mechanical lift will be utilized for the transfer.

Maintenance:

Maintenance is completed on the lifts per manufacturer guidelines to ensure they are in good working order. If it is determined that a lift is not safe to use, the lift will be taken out of service until repaired.

Cleaning:

For infection control purposes, any materials being utilized should have a barrier between the material and the patient's skin. This could be a draw sheet, a hospital gown, or clothing. All lifts, slings, friction reducing devices, and lateral transfer devices will be wiped down following use utilizing disinfectant wipes, unless using a disposable sling, which will be used for one patient throughout their hospitalization and then will be disposed of. If any sling, friction reducing device, or lateral transfer device becomes soiled or wet, it will immediately be put into the laundry for cleaning.

Approval Signatures

Step Description

Approver

Date

Quality & Compliance Approval
Policy Owner

Marcy Fink
Theresa Sheer: CNO

03/2024
03/2024

COPY



CRAWFORD COUNTY MEMORIAL HOSPITAL

Image and Media Release Consent

I hereby give Crawford County Memorial Hospital (“CCMH”) consent to record, videotape and photograph my image and/or voice and/or words to be used, in perpetuity, in the following ways:

1. CCMH intranet accessible by employees only
2. CCMH internet accessible via the World Wide Web to anyone
3. Printed and Electronic employee newsletter
4. Printed and Electronic customer newsletter
5. Printed and Electronic annual report
6. Advertising and marketing (including but not limited to print, written, social media, digital, radio, promotional, etc.)

I understand that participation is voluntary and that I may revoke this consent at any time by providing written notice. I acknowledge that revoking consent will not affect any photos, videos, or materials already used or published prior to the revocation.

I agree to indemnify, defend, and hold CCMH and its personnel harmless from any claims or liability from the use of their name, image, voice, or likeness.

I further understand that no special compensation will be provided to me for use of my image and that I may not be informed in advance of the specific use of my image.

Signature _____ Date _____

Name (Please Print) _____ Date _____

Updated 2/3/2026



Healthcare Learning Opportunity *(Staff to complete)*
Documentation / Evaluation of Healthcare Learning Opportunity Form

PRINT THIS FORM, one for each Healthcare Learning Opportunity Rotation

Applicant's Name: _____ Applicant's Phone Number: _____

Applicant's Email: _____

Evaluator, please score the applicant on the topics below. Once scored, please fill in the blanks regarding the Healthcare Learning Opportunity setting. Comments are welcomed.

Evaluator, check which one best describes the setting for this rotation:

_____ Inpatient job shadowing (i.e. Medical Unit or OB, Acute or Sub-Acute Care, SNF, Medicare Part A)

_____ Outpatient job shadowing (i.e. Medical Clinic, Surgery Department, Emergency Department, Lab, Radiology, Pharmacy, Wellness, Occupational Health, Private Practice, Medicare Part B)

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Dependability: The applicant arrived on time for the scheduled job shadowing.	1	2	3	4	5
Presentation: The applicant used appropriate body language that communicated engaged attention.	1	2	3	4	5
Professionalism: The applicant was dressed in professional attire.	1	2	3	4	5
Cultural Competence: The applicant appeared capable of looking at patients from the full perspective of their humanity (race, religion, sexual orientation, disability, etc.)	1	2	3	4	5
Verbal Professionalism: The applicant was verbally interactive with clinician, staff, and patients.	1	2	3	4	5
Communication: The applicant asked appropriate and medically related questions.	1	2	3	4	5
Motivation: The applicant displayed a positive attitude and interest in their chosen field.	1	2	3	4	5
Recommendation: I recommend this applicant for future employment at CCMH.	1	2	3	4	5
Comments:					
	Date(s)		Hours		
List the date(s) and number of hours the applicant shadowed under your supervision.					

Evaluator's Name: _____

Date: _____

Evaluator's Signature: _____

Phone Number: _____

Evaluator's Email: _____

Healthcare Learning Opportunity *(Student to complete)*
Evaluation of Healthcare Learning Opportunity Experience Form

Applicant's Name: _____ Applicant's Phone Number: _____

Applicant's Email: _____ Applicant's Signature: _____

Please complete the following evaluation based upon your experience.

Ratings Standards: Please mark the appropriate box.	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The healthcare learning opportunity met my expectations.	1	2	3	4	5
The experience was well organized.	1	2	3	4	5
The experience was informative and useful.	1	2	3	4	5
The staff I followed were knowledgeable.	1	2	3	4	5
The staff were helpful and informative.	1	2	3	4	5
I would rate the overall experience as positive.	1	2	3	4	5
Overall Ratings:	Very Poor	Poor	Average	Good	Excellent
Please rate your preceptor's overall performance.	1	2	3	4	5
Please answer the following questions					
What was the best part of this experience?					
What can the preceptor or facility do to improve this experience?					
Other comments or feedback. (Please use additional pages for comments, if necessary)					

Preceptor Name: _____

Date: _____