



capitahealth

**School of Nursing -
Regional Medical Center**

**Student
Handbook
2025 - 2026**

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WELCOME

Welcome to CAPITAL HEALTH SCHOOL OF NURSING of Trenton, New Jersey. Capital Health, Faculty, and Staff welcome the new and the returning students. We look forward to assisting you in all aspects of your nursing education.

This is the official Student Handbook which has been prepared to inform you of existing principles, policies and procedures of the School. We hope this Handbook serves as a guide in the interpretation of our School's principles and policies, and assists you in adjusting to your role as a student in the nursing program at Capital Health. You are expected to be knowledgeable of its contents and adhere to the requirements as written. The Faculty and Staff use the Policies and Procedures as stated in the Handbook in carrying out the program of the School and in making decisions as they pertain to students.

We know your academic program as well as your personal and professional growth will be challenging. We have many resources to help you meet these challenges. Whenever you have a question or concern, please seek assistance without delay. Remember, administration, faculty, and staff are ready to assist you in meeting your goal to become a professional nurse.

Sincerely,

Ana María Catanzaro

Ana Maria Catanzaro, PhD, RN
Dean

ABOUT US

Capital Health School of Nursing – Regional Medical Center

Established 2022

Formerly St. Francis School of Nursing

Established in 1905

832 BRUNSWICK AVENUE TRENTON, NEW JERSEY 08638

MAIN OFFICE (609) 599-5190 STUDENT SERVICES (609) 599-5239 FAX (609) 599-5799

WEB SITE: www.capitalhealth.org/schoolofnursing

INQUIRY EMAIL: CHSON@CapitalHealth.org

... ■ Accreditation

The School of Nursing is accredited by the New Jersey Board of Nursing
P.O. Box 45010, Newark, NJ. 07101; telephone: 973-504-6430

The diploma nursing program at Capital Health-Regional Medical Center located in Trenton, New Jersey is accredited by the: Accreditation Commission for Education in Nursing (ACEN).
3390 Peachtree Road NE, Suite 1400 Atlanta, GA 30326
(404) 975-5000

The most recent accreditation decision made by the ACEN Board of Commissioners for the diploma nursing program is continuing accreditation.

View the public information disclosed by the ACEN regarding this program, it can be found on the ACEN website.

The School is a member of the National Coalition of Hospital Associated Schools and Colleges of Nursing and the Association of Diploma Schools of Professional Nursing. It is certified by the New Jersey Department of Education for the education of veterans.

... ■ Non-Discriminatory Statement

Capital Health School of Nursing - Regional Medical Center does not discriminate on the basis of age, race, creed, color, gender, religion, national or ethnic origin, marital status, civic union, domestic partnership status, sexual orientation, or disability in the administration of its educational policies, admissions policies, scholarship or loan programs, or other school administered programs.

... ■ Notice

Public Disclosure and Consumer Information regarding licensing exam pass rates, student retention, employment of graduates and crime statistics are in sections Public Disclosure Information and Crime Statistics. Complaints regarding the program may be sent to the New Jersey Board of Nursing (P.O. Box 45010, Newark, NJ 07101; telephone: 973-504-6430).

... ■ Disclaimer

The information contained in this handbook is not to be considered an irrevocable contract between a student and the School. Capital Health School of Nursing - Regional Medical Center administration and faculty reserve the privilege of changing policies, curriculum, costs, and practices, at any time.

ABOUT US

... ■ Capital Health School of Nursing - Regional Medical Center Mission Statement

Capital Health School of Nursing – Regional Medical Center (CHSON-RMC) is committed to providing excellence in nursing education. Consistent with Capital Health’s mission, the School of Nursing seeks to educate nurses in an environment dedicated to improving the health and well-being of the populations we serve in urban and suburban communities.

Dedicated to providing nursing education to students in Trenton, New Jersey and the surrounding areas, the nursing program strives to instill the Capital Health values of Integrity, Excellence, Compassion, and Teamwork while preparing nursing students to become integral members of our health care community. We will do this while expecting students to display the Capital Health standards of behavior: by promoting positive behavior through professionalism; communicating effectively with patients, staff, colleagues and faculty; maintaining a professional appearance; and enhancing teamwork, while always exhibiting nursing ethics.

... ■ Capital Health School of Nursing – Regional Medical Center History

Capital Health School of Nursing – Regional Medical Center (formerly St. Francis Medical Center School of Nursing) has been educating nurses for over 115 years. In 1905 when nursing schools were still a brand-new idea in America, the Third Order of the Sisters of St. Francis received a charter from the State of New Jersey to establish a "Training School for Nurses of Saint Francis Hospital."

The School was organized and chartered by the State of New Jersey in 1905. The first class, seven women, graduated in 1908. Miss Anna Cunningham was the first Dean of the School, which was registered by the New Jersey Board of Nursing in 1912. Originally housed in the hospital, the School moved to the educational building on St. Francis Avenue in 1925. Classes were admitted annually except between the years of 1944 and 1948 when there were double class entrances. In 1956, St. Francis School of Nursing became the first School of Nursing in the area to be accredited by the National League for Nursing. The program remained three years in length until 1964 when a two-year program was instituted. The School, became a commuter-only school in 1978. The purchase of college credits for non-nursing courses was initiated in 1980 and provided the graduates with thirty transferable college credits and a diploma in professional nursing. In 1998, the School developed a cooperative nursing agreement with Mercer County Community College.

ABOUT US

... ■ Capital Health School of Nursing - Regional Medical Center Philosophy & Objectives

Capital Health School of Nursing – Regional Medical Center (CHSON-RMC) prepares its graduates to make sound decisions based upon critical thinking and clinical judgment. Graduates are prepared to provide quality care through the integration of current evidence-based practice and clinical expertise. They will exhibit professionalism, teamwork, collaboration, therapeutic communication and safe practice while providing care throughout our patients' lives in a variety of settings.

Our educational program is based on the Capital Health values of Integrity, Excellence, Compassion and Teamwork.

The faculty at Capital Health School of Nursing – Regional Medical Center believes in the commitment to safe practice, teamwork, collaboration, communication, quality care, evidence-based practice, compassion, competency and professionalism across the lifespan and emphasizes this when educating nursing students. The faculty is responsible for developing and implementing a curriculum that meets the mission, philosophy and outcomes of the school of nursing. The nursing education experience at Capital Health School of Nursing – Regional Medical Center aligns its education with the Capital Health mission by serving the urban and suburban communities at all stages of patients' lives.

CHSON-RMC's philosophy recognizes that nursing is an art and a science, a heart and a mind. The heart gives fundamental respect for human dignity and compassionate intuition for a patient's needs. The mind experiences rigorous core learning that allows for complex skills in nursing education, which will be facilitated within this program.

At CHSON-RMC, we believe that nursing education is the incorporation of nursing and education in the pursuit of expanding the knowledge of the nursing student leading to critical thinking and clinical judgement. This educational focus provides a cooperative process that is effective for all learners in this nursing program. In addition, we seek to instill in our students a lifelong commitment to nursing education so they can further their professional development.

ABOUT US

... ■ School Directory

School Email: CHSON@Capitalhealth.org

Title	Full Name	Email
Dean, School of Nursing	Ana Maria Catanzaro	ACatanzaro@CapitalHealth.org
Assistant Dean	Kelly Salvatore	KSalvatore@capitalhealth.org
Librarian / Student Services	Consuelo Hubbuch 609-599-5239 CH 117757	CHubbuch@CapitalHealth.org
<i>RMC Library</i>	609-599-5068 CH 117717	
Office Coordinator	Joleta Ross 609-599-5190 CH 117736	JRoss@CapitalHealth.org
Faculty	Connie Bialoblocki	CBialoblocki@CapitalHealth.org
Faculty	Mary Ann Manchio-Golobek	MManchio-Golobek@CapitalHealth.org
Faculty	Teressa Michelle Medina	TMedina@CapitalHealth.org
Faculty	Gina Monahan	GMonahan@CapitalHealth.org
Faculty	Sandra Nesbitt	SNesbitt@CapitalHealth.org
Faculty	Sandra Rivera	SRivera1@CapitalHealth.org
Faculty	Andrea Schapire	ASchapire@CapitalHealth.org
Faculty	Kau Sloh	KSloh@capitalhealth.org

Important Numbers

Capital Health - RMC	(609) 599-5000	Student Services	(609) 599-5239
Security – Hopewell	(609) 303-4100	School Office	(609) 599-5190
Security - RMC	(609) 394-6100	Librarian	(609) 599-5068
Employee Health Office	(609) 689-5750		

----CareBridge – Assistance Program

CareBridge Assistance Program **800-437-0911**

Students use the access code **HW9KT**

Employees use the access code **TW585**

School of Nursing – Addresses

Mail Office	Classroom and Lab	832 Brunswick Avenue, Trenton NJ 08638
	Classroom and Lab	51 Scotch Road, Ewing NJ 08628

- Students are not to place or receive calls through the business phones, except in an emergency.
- Personal messages will not be taken by the School office, except in extreme emergencies.

ABOUT US

... ■ Administration, Faculty and Staff

School of Nursing Administration

Ana Maria Catanzaro, PhD, RN

Dean, Capital Health School of Nursing – RMC
BSN, LaSalle University
MSN, LaSalle University
MA, St. Charles Borromeo Seminary
PhD, The Catholic University of America
Post Doctorate and MHSc, Duke University

Consuelo Hubbuch, MLIS

Librarian
BS, Washington University in St. Louis
MLIS, University of Pittsburgh

Joleta Ross

Office Coordinator

Kelly Salvatore, Ed.D., MSN, RN, CNE

Assistant Dean, Capital Health School of Nursing – RMC
BSN, Temple University
MSN, LaSalle University
Post-Master's Certificate Nursing Education, LaSalle University
Ed.D., Walden University

School of Nursing Faculty

Constance Bialoblocki, DNP, RN, CCRN

LPN, Monmouth County Vocational
AAS in Nursing, Brookdale Community College
BSN, New Jersey City University
MSN Education, New Jersey City University
DNP Leadership, Monmouth University

Sandra Nesbitt, MSN Ed., RN, CNE

AS, Camden County College
Diploma in Nursing, Helene Fuld
BSN, Colorado Christian University
MSN Ed., Colorado Christian University

Mary Ann Manchio-Golobek, PhD, MSN, RN, CNS, CNE

AAS in Nursing, Luzerne County Community College
BSN, Gwynedd-Mercy University
MSN, Gwynedd-Mercy University
PhD, Kennedy-Western University

Sandra Rivera, DNP, MSN Ed., RN, AGPCNP-BC

AAS, Passaic County Community College
BSN, William Paterson University
MSN Ed., University of Phoenix
Post Masters in Adult and Geriatric Health, UMDNJ
DNP, Fort Hays State University

Teressa Michelle Medina, MSN, RN

AAS in Nursing, Burlington County College
BSN, Walden University
MSN-Ed, Walden University

Andrea Satin Schapire, MSN, RN

Hospital University of Pennsylvania SON
BSN, LaSalle University
MSN, LaSalle University

Gina Monahan, MSN, RN

BSN, Duquesne University
MSN, Holy Family University

Kau Kidau Sloh, MSN, RN, CNE

RN, Mercer County Community College
MSN, Holy Family University
CNE, Holy Family University

ABOUT US

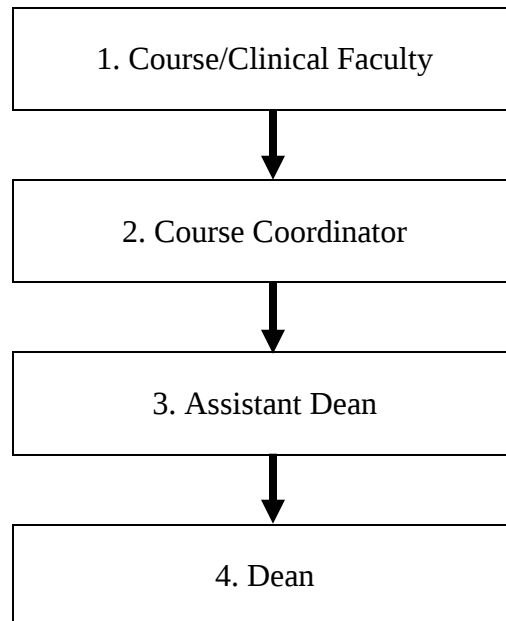
... ■ Chain of Command

PURPOSE: Provides guidance and direction for students to communicate concerns through the chain of command.

POLICY: Communication

If a concern arises during a course, please follow the chain of command to attempt to resolve the concern. For clinical concerns, see the clinical faculty member first. For class concerns, see the faculty member who taught the course material. If the concern is not resolved, make an appointment with the Course Coordinator. After meeting with the course coordinator, if you feel your concern is not resolved, make an appointment with Assistant Dean. If you feel your concern is not resolved after following the entire chain of command, please e-mail the Dean to set-up a meeting.

Chain of Command



ABOUT US

... ■ Security

Any strangers or suspicious looking persons on the premises should be reported immediately to the School Office or Hospital Security – Hopewell 609-303-4100 -or- RMC 609-394-6100; if no answer, dial "O" from a Capital Health phone.

Report any concerns or issues regarding security to the School of Nursing office. Capital Health and the School are committed to providing a safe campus environment. If you ever feel in danger dial "O" from a Capital Health phone immediately. Campus crime statistics are listed on the next page.

... ■ School Facilities and Resources

----Bulletin Boards

School Course information is located on the bulletin board in student lounge at 832 Brunswick Ave. Students are also encouraged to read the bulletin boards in their clinical areas to keep abreast of new developments.

----Cafeteria

The Capital Health Cafeteria is available for meals at the Capital Health Regional Medical Center. The Cafeteria hours are available as posted.

Full uniform or professional attire with identification badge clearly visible is to be worn in the Cafeteria as well as other areas of the Capital Health.

----Student Lounge

The student lounge is located on the second floor of 832 Brunswick Ave, and is open for the convenience of the students. A microwave, coffee maker and refrigerator are available for student use.

----Religious Facilities

Capital Health has an interfaith prayer rooms at each hospital campus. Interfaith prayer rooms are available 24 hours a day, 7 days a week at both campuses, on the 1st floor, near medical records at RMC and on the 2nd floor across from the gold elevators at Hopewell

----Parking

Parking is available for student use. Directions will be provided where to park. When parking on the local streets be very careful to check the posted restrictions for the block where you park. Please do not block driveways, fire hydrants or crosswalks. Be good neighbors. Park in lot across from RMC and parking lot at 51 Scotch Rd. No parking in patient parking areas.

----Transportation

Costs and arrangements for transportation to and from the School of Nursing and clinical affiliations is each student's responsibility.

----Lost and Found

All articles, jewelry, money, books, etc. found should be taken to the School Office. Anyone who has lost money or an article of clothing should report it immediately to the School Office.

----Smoking Regulations

Capital Health is a SMOKE FREE institution. Smoking is permitted only off Campus. Those found to be in violation of this are subject to disciplinary action.

----Fire Regulations

Each student must be familiar with the fire regulations in all Capital Health locations utilized by the School of Nursing. Fire drills will be held periodically, and students are obligated to cooperate.

ABOUT US

----Library Resources

LIBRARY LOCATIONS

School of Nursing Librarian 609.599.5068 Consuelo Hubbuch, MLIS chubbuch@capitalhealth.org	Regional Medical Ctr Library 609.394.6065 Librarian Jennifer S. Kral jskral@capitalhealth.org fuldlibrary@capitalhealth.org Monday – Friday 7:30 am – 3:00 pm Badge access after hours	Hopewell Resource Center 609.303.4125 Library Services Manager Erica S. Moncrief emoncrief@capitalhealth.org mercerlibrary@capitalhealth.org Monday – Friday 7:00 am – 3:30 pm
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- No food or drink is permitted in the library
- An atmosphere of peace and quiet should be maintained in the library at all times. Any necessary conversation should be held in a low tone.
- You are requested to withdraw materials only when a staff member is present.
- A copy of all required books and readings is held on reserve in the library.

Loan periods for materials are as follows:

Reference Books – no circulation

Reserve Books – no circulation

Professional and Technical Books – two weeks

(a renewal will be granted unless another borrower requests the book)

LIBRARY RESOURCES

The School of Nursing library provides access to nursing and allied health literature and bibliographic databases, has print and eBook textbook collections, and subscribes to a number of online journals.

HEALTH SCIENCES LIBRARIES

Access on any Capital Health computer through CapitaLink: <http://capitalink/>

Departments > Library > Health Sciences Libraries Homepage

DATABASES

Consult Librarian for assistance

... ■ Credentials Earned Upon Graduation

- A graduate of Capital Health School of Nursing - Regional Medical Center will earn a **Diploma in Nursing**.
- Students are eligible to sit for the NCLEX-RN upon successful completion of the program and satisfaction of all financial obligations.
- General Education and prerequisite courses may be transferred to an RN to BSN Program for completion of the BSN degree.

ABOUT US

... ■ End of Program Student Learning Outcomes

A graduate of Capital Health School of Nursing - Regional Medical Center will:

- Evaluate nursing care provided to clients and families from diverse backgrounds in a variety of settings to ensure that it is compassionate, age and culturally appropriate with consideration of the client's preferences, values, and needs.
- Integrate the best current evidence and clinical expertise when making clinical decisions in the provisions of patient-centered care.
- Arrange with members of the inter-professional health care team for the management and provision of safe, quality care for clients and families.
- Integrate effective use of strategies to mitigate errors and reduce the risk of harm to clients, self and others in health care, home, and community settings.
- Synthesize communication strategies with clients and families from diverse backgrounds that promote an exchange of information, development of therapeutic relationships.
- Integrate professional standards into patient-centered practices that uphold established regulatory, legal and ethical principles.

... ■ Program Outcomes

- Graduates will demonstrate achievement of end of program student learning outcomes
- Graduate classes will achieve an NCLEX pass rate at or above the national mean.
- 75% of graduates will be employed at 9 months post-graduation.

ABOUT US

... ■ Public Disclosure Information

NATIONAL COUNCIL LICENSING EXAMINATION FOR REGISTERED NURSES

The state licensing examination for registered nurses is the

National Council Licensing Examination for Registered Nurses (NCLEX-RN).

	Generic RN Two Year Program			LPN-RN One Year Program		
NCLEX Year	Passed 1 st Attempt	Total Passed 1 st & 2 nd Attempt	Total Passed 1 st & 2 nd Attempt	Passed 1 st Attempt	Total Passed 1 st & 2 nd Attempt	Total Passed 1 st & 2 nd Attempt
2022	94.74%	18 of 19 Passed	94.74%	83.33%	17 of 18 Passed	94.44%
2023	100.0%	19 of 19 Passed	100.0%	100.0%	9 of 9 Passed	100.0%
2024	75.0%	15 of 16 Passed	93.75%	77.78%	7 of 9 Passed	77.78%

GRADUATION RATES

Generic - RN Two Year Program	Year	Students	Year	Students	Year	Students
Enrolled	2021	25	2022	22	2023	20
Graduated 2 Years		14		13		6
Graduated 3 Years		3		5		pending
Total Graduated	68.0%	17	81.8%	18		pending

LPN to RN One Year Program	Year	Students	Year	Students	Year	Students
Enrolled	2021	16	2022	7	2023	11
Graduated 1 Year		13		7		11
Graduated 2 Years		2		0		0
Total Graduated	93.75%	15	100.0%	7	100.0%	11

GRADUATE EMPLOYMENT PATTERNS

Capital Health graduate rate of employment within twelve months of graduation (percentages are approximate and tabulated from the number of graduates reporting).

Grad Year	Total Employed	Acute Care	Long Term Care	Other
2022 Generic RN	100.0%	100.0%	0%	0%
2022 LPN-RN	100.0%	33.3%	33.3%	33.3%
2023 Generic RN	100.0%	100.0%	0%	0%
2023 LPN-RN	100.0%	80.0%	20.0%	0%
2024 Generic RN	100.0%	91.67%	8.33%	0%
2024 LPN-RN	100.0%	100.0%	0%	0%

Updated 8-11-25

EDUCATIONAL PROGRAM AND CURRICULUM

... ■ The Academic Calendar

Capital Health School of Nursing – Regional Medical Center Academic Calendar 2025-2026

All students are required to participate in all ceremonies such as Commencement.

Other dates and times may be announced later. ALL DATES ARE SUBJECT TO CHANGE.

DATES			DESCRIPTION
Fri	Aug 22	2025	LPNs and Freshmen Orientation 9:00 AM – 3:00 PM (Lunch provided 12:00-1:00) Seniors Orientation 10:00 AM – 12:00 PM
Mon	Aug 25		Semester Officially Begins. See Course Calendar.
Mon	Sep 1		Labor Day – No Classes (School Admin Offices Closed)
Thur	Oct 9		Open House 4:30– 6:30 PM
Fri	Oct 31		“W” Grade Deadline Generic RN Seniors, Refer to MCCC website
Thu	Nov 27		Thanksgiving - No Classes (School Admin Offices Closed)
Fri	Dec 5		Classes End
Mon-Fri	Dec 8 – 12		Clinical Make-up, Final Exams and Standardized Testing
Mon-Fri	Dec 15-19		Workshop (Faculty and Staff)
Mon	Jan 12	2026	Semester Begins Orientation & Skills Testing See Course Calendar
Mon	Jan 19		Martin Luther King Holiday - No Students Scheduled for Classes
Thu	Mar 5		Open House 4:30 – 6:30 PM
Mon-Fri	Mar 16-20		Spring Break Begins [Snow Days Make-up if needed]
Mon	Mar 23		Classes Resume
Tues	Mar 31		“W” Grade Deadline Generic RN Seniors, Refer to MCCC website
Fri	April 24		Classes End
Mon-Fri	April 27-May 1		Clinical Make-up, Final Exams and Standardized Testing
Mon-Wed	May 4-6		Seniors – Mandatory Live Review & Standardized Testing
Fri	May 8		Graduation – Attendance for graduates only
Mon	May 18		NSG 133 & NSG 137 Begin. See course calendar.
Mon	May 25		Memorial Day - No Classes (School Admin Offices Closed)
Thurs	June 18		Class Ends: NSG 133, NSG 137
Fri	June 19		Juneteenth - No Students Scheduled for Classes
Mon-Fri	June 22 – 26		Clinical Make-up, Final Exams and Standardized Testing
Mon-Fri	Jul 13-17		Summer Workshop (Faculty and Staff)
Mon-Fri	Aug 17-21		New Student Orientation (Tentative)
Mon	Aug 24		Semester Begins. See Course Calendar. (Tentative)

EDUCATIONAL PROGRAM AND CURRICULUM

... ■ **Program Completion**

The Generic RN program is a 2 year program. The LPN to RN is a 1 year program. Students are expected to complete all required coursework within the length of the program.

... ■ **Curriculum Plan**

The curriculum is designed to provide for increasing levels of competency requiring courses to be taken in sequence.

Prerequisites consist of courses a student must complete before being permitted to begin the nursing courses.

... ■ **Curriculum Organizing Framework**

The End-of-Program Student Learning Outcomes are used to organize the curriculum, guide the delivery of instruction, direct learning activities, and evaluate student progress. The End-of-Program Learning Outcomes are built on the concepts that are integrated through the curriculum. These concepts include Patient-Centered Care, Evidence-Based Practice, Teamwork and Collaboration, Safety, Communication, and Professionalism.

These curriculum concepts provide the organizing framework and for the development and the simple-to-complex progression of the curriculum and student learning outcomes, course content and learning activities. Course student learning outcomes demonstrate increasing difficulty, complexity, and progression.

EDUCATIONAL PROGRAM AND CURRICULUM

... ■ Program Outline Generic RN Two Year Program

CODE	Pre-Requisite Courses to be completed	CREDITS
1	♦ Anatomy and Physiology I & in person Lab (Minimum grade of C, C+ preferred)	4
2	♦ Anatomy and Physiology II & in person Lab (Minimum grade of C, C+ preferred))	4
3	♦ Microbiology & in person Lab (100 Level or higher) (Min. grade of C, C+ preferred))	4
4	♦ Math Elective - Intermediate Algebra or Statistics 100 level or higher. Need strong Algebraic skills. Only take Stats if you have a very good foundation in Algebra.	3
5	English Composition I	3
6	English Composition II	3
7	Introductory Psychology	3
8	Developmental Psychology Across the Lifespan	3
9	Generic RN Freshmen will take Pharmacology in Spring Semester of 1 st year with their nursing course.	3
10	Ethics or Moral Choices – All students must complete before the end of the program.	3
PRE-REQS TOTAL CREDITS		33

Minimum GPA for application is 2.5

Preferences given to applicants that have all non-nursing courses completed.

♦ **Science and Math courses must be less than 10 years old at the time of enrollment in the School of Nursing.**

Generic RN application must be postmarked by April 30.

CODE	CHSON-RMC GENERIC RN PROGRAM COURSES (Lecture, Lab, Clinical)	CREDITS
FALL		
★NSG-131	Concepts of Nursing I Nursing Fundamentals	6
★NSG-137	Physical Assessment	3
SPRING	Pharmacology in Nursing 3 CR (not a CHSON-RMC Course)	3
★NSG-135	Concepts of Nursing II Medical/Surgical Nursing; Maternal/Infant Nursing	7
SUMMER		
★NSG-133	Concepts of Nursing III Psychiatric/Mental Health Nursing	3
FALL		
★NSG-234	Concepts of Nursing IV Pediatric Nursing; Medical/Surgical Nursing	9
SPRING		
★NSG-232	Concepts of Nursing V Medical/Surgical and Critical Care Nursing	9
CHSON-RMC SON TOTAL CREDITS		37
Pharmacology		3
TOTAL CREDITS		70

★NSG - Courses for Capital Health School of Nursing – Regional Medical Center

➤ **Note: It may be necessary to attend evening or weekend clinical sessions depending on Facility availability.**

EDUCATIONAL PROGRAM AND CURRICULUM

... ■ Program Outline LPN to RN One Year Program

CODE	Pre-Requisite Courses to be completed	CREDITS
1	♦ Anatomy and Physiology I & in person Lab (Minimum grade of C, C+ preferred)	4
2	♦ Anatomy and Physiology II & in person Lab (Minimum grade of C, C+ preferred))	4
3	♦ Microbiology & in person Lab (100 Level or higher) (Min. grade of C, C+ preferred))	4
4	♦ Math Elective - Intermediate Algebra or Statistics 100 level or higher. Need strong Algebraic skills. Only take Stats if you have a very good foundation in Algebra.	3
5	English Composition I	3
6	English Composition II	3
7	Introductory Psychology	3
8	Developmental Psychology Across the Lifespan	3
9	Pharmacology in Nursing must be less than 2 years old at time of enrollment.	3
10	Ethics or Moral Choices – All students must complete before the end of the program.	3
PRE-REQS TOTAL CREDITS		33

Minimum GPA for application is 2.5

LPN-RN applicant must have current licensure as an LPN and one-year clinical experience (acute care, sub-acute, long-term or rehab areas.)

Preferences given to applicants that have all non-nursing courses completed.

♦ **Science and Math courses must be less than 10 years old at the time of enrollment in the School of Nursing.**

LPN-RN application must be postmarked by March 31.

SUMMER	NSG-137 Pre-requisite at SON May/June. Must pass to enroll in LPN to RN Program.
★NSG -137	Physical Assessment 3

CODE	CHSON-RMC LPN-RN PROGRAM COURSES (Lecture, Lab, Clinical)	CREDITS
FALL		
★NSG -136	LPN Transition: Nursing Through the Lifespan	9
16 credits granted for LPN licensure after satisfactory completion of NSG 136		16
SPRING		
★NSG -232	Concepts of Nursing V Medical/Surgical and Critical Care Nursing	9
CHSON-RMC SON TOTAL CREDITS		37
TOTAL CREDITS		70

★NSG - Courses for Capital Health School of Nursing – Regional Medical Center

➤ **Note: It may be necessary to attend evening or weekend clinical sessions depending on Facility availability.**

SCHOOL ADMINISTRATION

... ■ School Administration

The educational philosophy of the School respects each student as a mature adult, responsible for his or her own actions. We expect our students to be serious in the pursuit of their goals and willing to exercise the controls necessary to achieve them.

Students are directed to utilize this Handbook for the purpose of understanding the existing principles, policies and procedures of the School. Each student is **required to sign a statement that he/she has read, understands, and will adhere to the stated policies and principles.**

Administration and faculty reserve the right to develop and distribute new or revised policies and procedures throughout the school year.

The Dean of the School of Nursing is the chief administrative officer for the School. The SON Organization is the official body that develops and approves the School programs and policies. It is composed of the Dean, who serves as chairperson, the entire faculty, and the Support Staff. The standing committees of the SON Organization and their functions are as follows:

Admissions, Progression and Graduation - Develops recruitment programs, formulates admission standards and selection procedures and gives approval for advanced standing. It resolves problems related to admission, advanced standing and transfer credits. Oversees the advisement program and formulates policies for promotion, probation, graduation, leave of absence, dismissal, and withdrawal. It resolves problems related to the educational progress of students and provides assistance to students on referral.

***Curriculum** - Assures the quality of the education in the entire program. Formulates and approves all policies, procedures, and tools which affect the curriculum.

***Grievance** - Provides due process, assuring that the rights of all parties are not infringed upon and that school policies are upheld. Upholds the rights of students to be heard when academic and professional matters of conflict arise that may jeopardize the student's status in the program.

Student representatives are included in the Curriculum and Grievance Committees to facilitate communication between students and faculty.

... ■ Committee Membership

Dean A. Catanzaro – serves as ex-officio member of all standing committees

SON ORGANIZATION Meets monthly – 4th Monday

A. Catanzaro - Chairperson

All Faculty and Staff

GRIEVANCE Meets as needed

S. Rivera – Chairperson

Senior Student Reps - 2

1 – from Generic RN class

1 – from LPN – RN class

Freshman Student Rep – 2

AWARDS

M. Manchio-Golobek – Chairperson

ADMISSIONS, PROGRESSION AND

GRADUATION Meets monthly – 2nd Monday

K. Salvatore – Chairperson

All Faculty

CURRICULUM Meets monthly – 2nd Monday

C. B Bialoblocki – Chairperson

All Faculty

Senior Student LPN-RN Rep

Senior Student Rep

Freshman Student Rep

ADVISOR – YEARBOOK

Consuelo Hubbuch

ADMINISTRATIVE POLICIES AND PROCEDURES

... ■ Leave of Absence

- POLICY:** Leaves of Absence (LOA) may be granted to students that have begun the nursing courses. A student may withdraw from and request a leave of absence at any time during the nursing program of study for personal, medical, and academic reasons. The leave is for a period of up to one year. Only one leave of absence will be allowed during the program. A Leave of Absence does not waive any outstanding financial obligations. The policy for dismissal from the program still applies to students on a Leave of Absence.
- PURPOSE:** Enables a student to maintain matriculation in the School of Nursing when continuation in the normal course sequence is not possible.
- PROCEDURE:**
- A. To Apply for Leave of Absence
 1. The student submits a completed Request for Leave of Absence or Withdrawal form to his/her advisor prior to the requested effective date.
 2. The advisor forwards the request to the Admissions, Progression and Graduation Committee (APG).
 3. The request is reviewed by the APG Committee, which recommends whether or not to grant the Leave of Absence. The APG Committee may require that the student appear before the committee to review the request for a LOA.
 4. Arrangements to meet all outstanding financial obligations to the School must be met before an official leave of absence is granted.
 5. The student will be notified of the status of the request and any conditions attached to the granting of the leave, (e.g. remediation plan if applicable).
 - B. Process for Return to the Program
 1. Students who completed the contract criterion (e.g. remediation plan if applicable) and meet the eligibility requirements may return to the program
 - a) Students will need to submit a letter of request in writing to the Dean of the School of Nursing.
 - b) The Dean forwards the request to the APG Committee which will review the request and recommend whether or not to approve the return from Leave of Absence. The student may be required to appear before the committee.
 - c) The student is notified of the decision regarding return to the program, and any applicable conditions, by the Committee Chair.
 - d) Failure to complete the designated criterion will result in the inability to return to the program.

Ref: FORM Req Leave of Absence or Withdrawal Form

... ■ Withdrawal from Program or Nursing Course

- POLICY:**
1. When a student withdraws from a nursing course prior to the Withdrawal Deadline posted on the school calendar and in the course syllabus, the course coordinator will assign a grade of "W".
 2. When a student withdraws from a nursing course after the Withdrawal Deadline posted on the school calendar and in the course syllabus, the course coordinator will assign a grade of "F".
 3. This policy will apply to both voluntary and involuntary withdrawals.
 4. It is the responsibility of students sponsored or receiving financial aid to report any change in status to the sponsoring agency in a timely manner.
 5. Withdrawal from the Program may be made by a student at any time. A completed Request for Leave of Absence or Withdrawal Form must be submitted to the Dean by the student prior to the effective date of withdrawal.
- PURPOSE:** To ensure that all students withdrawing from nursing courses do so in a consistent manner

ADMINISTRATIVE POLICIES AND PROCEDURES

PROCEDURE:

1. Complete Withdrawal Form and submit it to your advisor. The date the request is received by the Dean will determine which grade is assigned.
2. The grade of **W** or **F** will be assigned to the withdrawing student by the course coordinator according to the policy stated above, and will be officially recorded.
3. A student withdrawing at or after the date posted may petition to receive a **W** instead of an **F** if she/he can document that she/he was unable to continue due to extraordinary circumstances beyond the student's control. The petition must be submitted to the Dean in writing and will be reviewed by the Admissions, Progression and Graduation Committee (APG).
4. Dismissed students must satisfy any outstanding financial obligations to the School of Nursing. Any tuition refund for a dismissed student will be determined in accordance with the established School of Nursing Tuition Refund Policy and the Title IV Student Financial Aid regulations.

Ref: FORM Req Leave of Absence or Withdrawal Form

... ■ Withdrawal from Collegiate Courses

A student who wishes to withdraw from a collegiate course must contact the Student Services Coordinator prior to taking any action. Appropriate paperwork must be completed at the specific college after discussion with the Student Services Coordinator. Refer to the respective college catalog for refund policies. Withdrawal from college courses could necessitate a withdrawal from nursing courses at Capital Health School of Nursing - Regional Medical Center.

... ■ Probation

POLICY: The student is required to demonstrate ongoing growth toward meeting all of the course outcomes. The student is expected to maintain the knowledge and skill level from previous courses. A student may be placed on probation for a predetermined period of time as determined by Admissions, Progression and Graduation Committee (APG).

PURPOSE: The purpose of this policy is to ensure that students achieve the minimum competency in nursing practice and meet course outcomes in order to continue in the program in a safe and effective manner.

PROCEDURE:

- A. The APG Committee will place a student on probation for any of the following:
 1. Student not successful in completing a remediation plan.
 2. A need for a second remediation plan at any time during the program for a different identified infraction.
 3. Violations to classroom/clinical guidelines.
 4. Violation of the School of Nursing Code of Conduct, the ANA Code of Ethics for Nurses, or the New Jersey State Board of Nursing Professionalism Standards.
- B. Documentation and Notification:
 1. The Course Coordinator will refer the student to the APG Chairperson.
 2. The APG Committee will meet to develop an action plan as needed.
 3. The Course Coordinator will notify the APG Chairperson when the student has successfully or unsuccessfully met the requirements of the remediation plan.
 4. The APG Committee will meet to determine the probationary status and length of time of the probation period. The Chairperson will notify the Dean of the committee recommendations.
 5. The APG Committee Chair will notify the student, the Course Coordinator, and the Student's Advisor of his/her final decision.
- C. The student placed on Probation:
 1. Must complete the probationary agreement as signed.
 2. Failure to comply explicitly with the details of the individualized probationary agreement will result in an immediate dismissal from the program.
- D. Students on probation are not entitled to receive awards.

Ref: CHSON-RMC Student Code of Conduct, Professional Guidelines

Website: American Nurses Association - <https://codeofethics.ana.org/provisions>

ADMINISTRATIVE POLICIES AND PROCEDURES

... ■ Dismissal

POLICY: The faculty and administration reserve the right to dismiss any student whose financial standing, scholastic standing, clinical practice, conduct or performance is unacceptable.

PURPOSE: To ensure legitimate rationale(s) for dismissal.

PROCEDURE:

1. A student who fails any two (2) nursing courses, science courses or any combination of these after admission to the program will be dismissed from the program.
2. A student who fails the same course twice after enrollment to the program will be dismissed from the program.
3. A student in need of probation for the second time will be dismissed from the program.
4. The student is aware that failure to comply explicitly with the details of the individualized probationary agreement may result in an immediate dismissal from the program.
5. A student who fails to apply for a Leave of Absence under the Academic Support Program prior to the end of the term in which the student is currently enrolled will be dismissed from the program.
6. Students violating Student Code of Conduct, Professional Guidelines, the ANA Code of Ethics for Nurses; or the New Jersey State Board of Nursing Professionalism Standards are subject to dismissal from the program.
7. Students who fails to meet their financial obligations to the school may be dismissed from the program.
8. Dismissed students must satisfy any outstanding financial obligations to the School of Nursing. Any tuition refund for a dismissed student will be determined in accordance with the established School of Nursing Tuition Refund Policy and the Title IV Student Financial Aid regulations.
9. Dismissed students must return their Capital Health - Regional Medical Center School of Nursing ID card before leaving the School.

Ref: CHSON-RMC Student Code of Conduct, Professional Guidelines

Website: American Nurses Association - <https://codeofethics.ana.org/provisions>

... ■ Student Grievance and Appeal

The Grievance and Appeal Policy includes a Preliminary Process, Committee Process, and an Appeals Process. The Preliminary Process precedes the Committee Process. The objective is to resolve conflicts through discussion. Should conflicts not be resolved by the Preliminary Process, students may request a committee hearing. All committee decisions may be appealed through the Appeals Process.

POLICY: It is the policy of Capital Health Center School of Nursing - Regional Medical Center to recognize the right of students to procedural due process. The Grievance and Appeal Policy provides the process for conflict resolution, while protecting the rights of all parties involved.

PURPOSE: The purpose of this policy is to provide a clear and fair process for students, faculty, and staff to address grievances related to non-academic or personal issues within the nursing school.

SCOPE: This policy applies to all students, faculty, and staff of Capital Health School of Nursing – Regional Medical Center.

DEFINITIONS:

- **Grievance:** A formal complaint raised by a student, faculty, or staff member regarding any aspect of the school's operations, policies, or procedures.
- **Complainant:** The individual who raises the grievance.
- **Respondent:** The individual or entity against whom the grievance is raised.

ADMINISTRATIVE POLICIES AND PROCEDURES

PROCEDURE:

1) FILING A GRIEVANCE REQUEST

- a. The student will first approach the involved person to resolve or remediate the matter.
- b. If the remediation is not reached, the student may then contact the Capital Health School of Nursing - Regional Medical Center Grievance Committee Chairperson within five business days with a written, signed, and dated statement detailing the grievance issue. An email is unacceptable; a scanned document with the student's signature is acceptable.
- c. The Chairperson of the Grievance Committee will respond in writing to the student within five business days of initial receipt of the grievance statement.
- d. All written, signed correspondence is kept on file in the administrative office.
- e. If at the end of the grievance process, a student receives an unsatisfactory outcome, the student is entitled to initiate the appeal process.
- f. The Dean of the School of Nursing will review the signed statement and supporting documentation and render a final decision within five business days. The student will be notified in writing of the decision regarding the appeal.
- g. The grievance should be filed within two weeks of the date the issue occurred, but no later than the end of the semester.

2) CONFIDENTIALITY

All grievances will be handled with the utmost confidentiality. Information will only be shared with individuals directly involved in the resolution process.

3) RETALIATION

Retaliation against any individual who raises a grievance or participates in the investigation process is strictly prohibited and will result in disciplinary action

4) REVIEW AND MONITORING

This policy will be reviewed annually to ensure its effectiveness and compliance with relevant laws and regulations.

... ■ FERPA/Student Records – Inspection and Disclosure

Capital Health School of Nursing, in accordance with the Family Educational Rights and Privacy Act (FERPA) of 1974, as amended, also known as the Buckley Amendment, allows its students to inspect their official education records. These records are maintained by the School and are located in the School offices or a Records Retention Facility. All questions regarding the implementation of the Act should be directed to the Student Services Coordinator or the Dean of the School.

Students' education records contain documents submitted to gain admission to the School, grade transcripts, evaluations, official letters to the student, certifications, forms and others reports as directed by the requirements of the Faculty Organization. The Dean, Assistant Dean, and Student Services Coordinator, faculty and other authorized School of Nursing personnel may have access to these records for the purpose of education and guidance of students and for other legitimate School business.

Students wishing to review their School of Nursing education records must submit a written request to the Dean, which should include the time and date of their desired review. The Dean will forward the request to the Student Services Coordinator. Every effort is made to respond as soon as possible to such requests. In all cases response will be made within 45 days of receipt of the request. The records must be reviewed in the presence of the Dean, Assistant Dean, Student Services Coordinator, or designee. Students may exercise the right to copy documents contained in their records at their own expense. Copies of transcripts received from other educational institutions or agencies are not available from Capital Health School of Nursing. Such documents must be requested by the student from the original source or institution.

Students who believe there is inaccurate or misleading information in their records have the right to appeal for correction and/or deletion of inaccurate information. In such instances, the student must submit a written request for correction, specifying the claimed inaccuracy, to the Dean, who will review the request and forward it to the Student Services Coordinator. Within 15 days following the receipt of this request, the Dean, Assistant Dean, or Student Services Coordinator will arrange a meeting with the student. If the matter cannot be resolved in this manner, the student has the right to request a formal hearing before the Admissions, Progression and Graduation Committee. If, as a result of the

ADMINISTRATIVE POLICIES AND PROCEDURES

hearing, the Admissions, Progression and Graduation Committee decides that the contested information is not inaccurate or misleading, the student has the right to place a statement in the record commenting on the contested information in the record.

Students may waive their right of access to confidential letters of recommendation for admission, honors, awards, career planning and placement. The School does not require students to waive this right. Students will not suffer prejudice in loss of awards, or the receipt of any benefits or services from the School if they chose not to waive this right. If students elect to sign a waiver they may request a list of all persons who submitted confidential reports or statements.

The confidentiality of students' education records is strictly maintained with the exception of "Directory Information" and except as specifically provided for by existing state and federal law. "Directory Information" is specifically defined to include only the following information: student's name, address, telephone number, field of study, dates of attendance, diploma granted, awards, participation in officially recognized activities and photographs. Note that the School will not withhold "Directory Information," including whether or not a diploma was granted, unless the student has previously submitted a specific written request to the Student Services Coordinator instructing that "Directory Information" be withheld.

Release of all other personally identifiable information will only be made upon the specific written and dated request of the student, except as specifically provided for by existing state and federal law. Personally, identifiable information will not be released over the telephone. A record of each such release of personally identifiable information, including the information released and the recipient of the information, will be maintained by the School and is available for review by the student.

The right to inspect and review education records does not extend to applicants, to those denied admission, or to individuals who do not actually enroll in the School. Comments and complaints regarding students' rights under the FERPA may be submitted in writing to: Family Policy Compliance Office, U.S. Department of Education Washington, DC 20202-4605.

ADMINISTRATIVE POLICIES AND PROCEDURES

... ■ Emergency Closings / Delayed Openings

ANNOUNCEMENTS OF SCHOOL CLOSING/DELAYED/VIRTUAL OPENING

- Emergency closings, e.g., snow days will be determined by the Dean.
- Such announcements will be made by 5:30 AM on clinical days and 7:00 AM on class days.
- **Students will be notified electronically, via text or by a phone message.**

POLICY: Protocol for inclement weather or emergencies.

PURPOSE: To keep all faculty & students informed as to School cancellations, virtual openings or delayed openings.

PROCEDURE:

CLINICAL DAYS

1. The Dean or designee is responsible for determining complete School closures. If all School activities are to be virtual or closed, the faculty snow chain will be instituted by 5:30 a.m. A message will also be left on the School voicemail.
2. All faculty are to refer to their copies of the snow/emergency phone tree as to the person *they* are to notify, once they have received a call about a School closure or virtual clinical.
3. In the event the School remains open and an instructor believes that they will not be able to get to clinical because of the weather, the instructor is to call the Dean by 5:30 a.m. At that point a decision will be made as to whether the faculty member should cancel clinical, or if students could attend another clinical to prevent loss of a clinical day.
The instructor is to then notify his/her clinical group of the cancellation or virtual clinical, and any other possible arrangements, if other clinical groups are meeting as scheduled.
4. Students will be required to make up a canceled clinical day. This will be at no charge to the student.

LECTURE DAYS

1. The Dean or designee will determine school closings, delays, or virtual. The Dean or designee will then initialize the phone chain for the faculty.
2. The faculty are to refer to their copies of the emergency/snow phone tree as to who they are supposed to call, once they receive a call regarding closing, virtual or delays at the School.
3. When the entire School does not close, a faculty member with course responsibilities who is unable to make it to work, will notify the Dean by 5:30 a.m. so that other coverage can be arranged or the students in that course can be notified.

ADMINISTRATIVE POLICIES AND PROCEDURES

... ■ Promotion and Graduation

----Promotion

Promotion occurs at the end of each semester. To be promoted the student must have a grade of C or better in all pre-requisite courses that are for the next semester. Students are responsible for submitting copies of official college transcripts of grades from colleges at the end of each semester. **Students may not progress to the next course until prerequisite course grades are submitted**

----Graduation

Traditional symbolic ceremonies such as Commencement continue to have deep meaning for students and alumni of Capital Health School of Nursing - Regional Medical Center and are part of our heritage. Commencement provides an opportunity for families to share in the presentation of each graduating class. All students are required to attend their scheduled ceremonies dressed in appropriate uniform or attire as indicated by administration.

Requirements for graduation include successful completion of all required nursing and non-nursing courses in the curriculum, successful completion of all mentoring and remediation requirements and fulfillment of all financial obligations to the School.

Students must meet the requirements of the N.J. State Board of Nursing to take the licensing exam for registration. Graduation from the School makes the graduate eligible for membership in the Capital Health School of Nursing Alumni Association. State licensure registration initiates eligibility for membership in state and national nursing organizations.

Official transcripts will not be released until all financial obligations have been satisfied, all library books and school owned media have been returned, and any outstanding fees have been paid.

----Academic Honors

Academic Honors notation is made on the Commencement Program for those graduates who have achieved a final cumulative GPA of 3.5 or higher.

ACADEMIC POLICIES AND PROCEDURES

... ■ Academic Standing and Grading System

----Grading

POLICY: Grades for all nursing courses will be assigned according to established percentages.

PURPOSE: To assure standardized grading process.

----Academic Standing and Grade System

Grading System

In order to pass the course an 80% based on exams alone without rounding must be achieved.

The 80% will be calculated prior to other supplement graded assignments.

A	(93 - 100)	=	4.0	Grade points
A-	(90 - 92)	=	3.7	Grade points
B+	(87 - 89)	=	3.4	Grade points
B	(83 - 86)	=	3.0	Grade points
B-	(80 - 82)	=	2.7	Grade points
C	(75-79)	=	2.0	Grade points (Non-progressing)
D	(70-74)	=	1.7	Grade points (Non-progressing)
F	<70	=	0	Grade points (Non-progressing)

- **I** (Incomplete) = Course requirements are incomplete.
Work must be completed within two weeks of the end of the course or at the discretion of course faculty. All incompletes must be resolved (i.e., must have grade) prior to beginning next nursing course.
- **W** (Withdrawal) = Official withdrawal from a nursing course by date posted on the course calendar.
(Note: A grade of "F" will be assigned for a withdrawal after the date posted on the course calendar.)
- **S** (Satisfactory) = Indicates acceptable work in clinical or other non-scored work.
- **U** (Unsatisfactory) = Indicates unacceptable work in clinical or other non-scored work.
- **AU** (Audit) = Indicates approved audit.
- **DP** (Dismissed passing) = Indicates student was dismissed before the end of the course with a passing grade of 80%.
- **DF** (Dismissed failing) = Indicates student was dismissed before the end of the course with a failing grade of less than 80%.
- **B-** or greater is required to pass all nursing courses

Academic Standing

- **S** (Satisfactory) is the acceptable rating for the clinical component for those courses with clinical experience.
- **"D" or "F"** is an unacceptable grade in any course.
A **U** (Unsatisfactory) rating for the clinical nursing component is equivalent to an **"F"**.
- **IN ORDER TO PASS A COURSE, A PASSING GRADE MUST BE ACHIEVED IN BOTH THEORY AND CLINICAL. A NUMERICAL GRADE OF 80 FOR THEORY BY EXAM ONLY IS REQUIRED WITHOUT ROUNDING BEFORE OTHER ASSIGNMENTS ARE CALCULATED INTO THE FINAL GRADE. IN ADDITION, 100% OF THE FINAL EVALUATION OF CLINICAL OUTCOMES/OBJECTIVES MUST BE GRADED AS SATISFACTORY (S).**
- **ANY STUDENT WHO FAILS TWO NURSING COURSES OR SCIENCE COURSES OR A COMBINATION THEREOF, OR FAILS THE SAME COURSE TWICE, AFTER ENROLLMENT TO THE SCHOOL, WILL BE DISMISSED FROM THE PROGRAM.**

ACADEMIC POLICIES AND PROCEDURES

Academic Status Notice

A student who is achieving a nursing course grade average of less than an 80 will receive a notification of academic status by the course coordinator prior to the withdrawal date posted on the course calendar.

Grade Point Average

- The GPA is used to determine honors and final class rank.
- College courses that transfer into our program are not included in the GPA.
- Courses with grades of **I**, **W** and **AU** are not included for purposes of GPA calculation.
- If courses are repeated, the most recent grade will be used with GPA calculation, although any prior grade will also appear on the transcript.

Formula

GPA = (Quality Points) / (Attempted Credits)

Quality Points = (Attempted Credits) X (Grade Points)

Attempted Credits = Credit Value of Course(s) in which enrolled

Grade Point Average Example

<u>Course</u>	<u>Attempted</u> <u>Credits</u>		<u>Grade</u> <u>Points</u>		<u>Quality</u> <u>Points</u>
NSG 131	6	x	4 (A)	=	24
English Comp.	3	x	3 (B)	=	9
Psychology	3	x	2 (C)	=	6
TOTALS	12				39

GPA = 39 divided by 12 = 3.25

Grade Reports

- Grade reports are issued at the end of each term.
- Grade reports are delivered directly to the student via the learning management system.
- **Students are responsible for submitting 1 (one) copy of official college transcripts of grades from all colleges at the end of each semester.**
- **Students may not progress to the next course until prerequisite course grades are submitted.**

ACADEMIC POLICIES AND PROCEDURES

... ■ Academic Support Program

POLICY: An academic support program is available to all students and is required for those identified at risk for or having academic difficulty and when returning to the program from a LOA.

PURPOSE: To identify early, those students who are at risk for academic difficulty, provide academic support strategies for students identified at risk throughout their academic program and to promote successful completion of the academic program at Capital Health School of Nursing - Regional Medical Center.

PROCEDURE:

1. Students may be referred to Academic Support if they are identified at risk for failing a course.
2. Student Assigned Academic Support
 - A. Students may be required to complete all work contracted with the Academic Support Faculty during LOA prior to returning to the program.
 - 1) It is required that an educational contract be signed by the student and the Academic Support Faculty within the first 2 weeks of the start date of the LOA or the student must withdraw from the program. The contract will be developed according to the students' educational needs to meet the requirements of the remediation plan/contract.
 - 2) Students are expected to abide by all school and administrative policies when fulfilling the individualized contract.
 - 3) Failure to complete the designated contract criterion for the Academic Support Program will result in the dismissal from the program.

ACADEMIC POLICIES AND PROCEDURES

... ■ Learning and Technology Resources

POLICY: Learning and Technology Resource Policy

PURPOSE: To ensure students can use various CHSON-RMC nursing education program technologies and resources.

PROCEDURE: Students are always expected to follow technology Requirements, Guidelines, and Acceptable Use. **Failure to follow the learning and technology resource policy will result in disciplinary action including dismissal.** This includes on and off-school premises and their affiliations.

A. Key Resources include:

1. Learning Management System: Logging on and off while on school premises and at other locations
2. The Library Resources and links provided by the School of Nursing
3. Capital Health Medical Libraries
4. Wolters Kluwer Resources
5. ExamSoft/Examplify
6. Compliance Tracking and Screening Management System
7. Capital Health network connection
8. Computer labs

B. Requirements:

1. Each student must have minimum computer literacy skills upon enrollment, i.e., the essential knowledge needed to use computers and related technology independently.
2. CHSON-RMC requires all students to have a personal computer (laptop) and use it for specific educational purposes during their program (refer to CHSON-RMC Laptop Requirements).
3. The required device should have a webcam and microphone compatible for web conferencing and proctoring purposes.
4. The required device should have capabilities for strong and secured network connections.
5. Become familiar with how and where to access technology resources.
6. Be responsible for the security and integrity of their systems.
7. Seek help when needed and avoid the risks and consequences of improper technology use.

C. Guidelines and Acceptable Use:

1. Devices and online platforms should be used primarily for educational purposes.
2. Use the technology resources legally following all required authorization.
3. Be respectful and responsible when using technology. This includes refraining from cyberbullying or harassment, using appropriate language and tone in online communication, and not sharing inappropriate or offensive content.
4. Adhere to all school policies related to technology use, including rules for device usage, internet access, and professional behavior.
5. Electronic equipment, computers, and cell phones are not to be used in classes or clinicals, unless necessary for instruction purposes.
6. Respect the intellectual property rights of others, cite sources appropriately, and do not engage in plagiarism.

D. Communication with Students:

1. Students will receive communication via established methods, including but not limited to in-person announcements, emails, brochures, memos, and the Learning Management System.
2. Students will receive technical support services to assist with school technology-related issues. Students who need technical support assistance should consult a faculty member for further guidance.

E. Compliance / Regulations that contributed to this Policy rely, in part, on requirements or concepts from the following:

1. Family Education Rights and Privacy Act 1974 (FERPA)
2. Copyright Act of 1976
3. Computer Fraud and Abuse Act of 1986
4. Computer Security Act of 1987
5. The Health Insurance Portability and Accountability Act of 1996 (HIPAA)
6. Digital Millennium Copyright Act (the "DMCA") of 1998

ACADEMIC POLICIES AND PROCEDURES

... ■ **Minimum Laptop Requirements**

Capital Health School of Nursing – Regional Medical Center students are required to have a personal laptop computer for academic and testing purposes.

Students are not required to buy a new laptop and may use their existing laptop. If you plan to use an existing laptop, please be sure your laptop complies with the requirements listed below, ideally it should be no older than three or four years.

Only Windows or Mac computer systems are supported. Tablets, Chromebooks, Linux devices, etc. are not supported and may not be compatible with software, systems, or resources used at the school.

PC operating systems

Windows 10 (64 bit) and later (only genuine versions of Windows operating systems are supported)

Screen resolution of 1280 x 768 or higher

English (United States) Language Pack must be installed

Mac operating systems

macOS Ventura, Sonoma or Sequoia (only genuine versions of Mac operating systems are supported)

Screen resolution of 1280 x 768 or higher

Processor – Intel Core i5

Hard drive – 256GB or more (needs to have space and not maxed out)

RAM – 8GB minimum, 16GB recommended

Battery Life – Minimum of 6 hours required (8 hours recommended)

Web browsers – Please have 3 of the following installed and up to date:

- Microsoft Edge (PCs)
- Safari (Macs)
- Mozilla Firefox (not compatible with VSIM or CoursePoint+)
- Google Chrome

Note: Edge, Firefox, Safari web browsers are compatible with select applications used by CHSON-RMC. The Google Chrome web browser is compatible with all applications used by CHSON-RMC.

Wireless Connectivity – 802.11 n/ac or higher

Webcam – Built in webcam or external USB camera supported by your operating system

Microphone – Any good quality internal or external microphone

Software:

Examplify / ExamSoft (to be provided)

Reputable virus protection software (Windows Defender included with Windows 11)

FINANCIAL INFORMATION

... ■ Tuition and Fee Payments, Refund Policy, Financial Aid

Tuition and Fee Payments

A non-refundable application fee must be paid with the submission of the application.

A non-refundable tuition deposit fee to hold your seat must be paid upon receipt of your acceptance letter.

Tuition and all other fees must be paid by the Payment Due date on the tuition invoice, which will be prior to the first day of each term.

Tuition due dates are as follows:

- Fall semester – August 15
- Spring semester – January 15
- Summer semester – April 15

If you submit award documentation to the Student Affairs Coordinator that you are eligible to receive Financial Aid, payment will be deferred pending receipt of funds. **However, if you are receiving Financial Aid which does not cover all charges, you are personally responsible for any remaining balance by the payment due date.** Keep in mind, financial aid awards are based on enrollment in 12 credits. Awards will be decreased if you are enrolled in less than 12 credits.

Failure to provide documentation of financial aid or payment arrangements will result in being dropped from the course. A late registration fee of \$100, as well as semester payment in full will be required in order for the student to continue.

ANY STUDENT UNABLE TO PAY HIS / HER TUITION AND FEES IN FULL BY THE PAYMENT DUE DATE, WILL NOT BE PERMITTED TO ATTEND CLASS OR CLINICAL. THE ATTENDANCE POLICY WILL APPLY.

Payment Plans

The School of Nursing affords payment plans to students that need extended time to pay tuition and fees in full. The student must contact the Student Services Coordinator at least 10 days prior to the tuition due date in order to set up their payment plan contract.

- There is a \$30 payment plan fee added to the semester invoice.
- A 30% down payment is due by the tuition due date for the corresponding semester, with the balance of the tuition and fees for that semester divided into 3 equal parts due the 15th of each subsequent month.
- Failure to make timely payments according to the arranged payment plans will void the payment plan contract. The student will then be required to submit full payment in addition to a \$100 late fee.
- The School reserves the right to withhold services and/or impose sanctions in any case where a student has an unpaid balance. This may include prohibiting class and clinical or lab attendance as well as the withholding of transcripts and other certifications.

Late Payment Fees

Late Payment fees will be charged to those students whose tuition and fees are not paid in full by the invoice payment date. The School reserves the right to withhold services and/or impose sanctions in any case where a student has an unpaid balance. This may include prohibiting class and clinical attendance as well as the withholding of transcripts and other certifications.

FINANCIAL INFORMATION

Refund Policy

In order to be eligible for a refund from Capital Health School of Nursing – Regional Medical Center, the student must submit a Request for Leave of Absence or Withdrawal Form. The only exception made to this regulation is in the case of a student who is dismissed by the School. The date of withdrawal is determined after review of the student's request and appropriate attendance records.

A student who withdraws from the School after beginning classes must pay a percentage of the tuition charge for the term. A student who withdraws on or before the first day of classes will receive a refund of 100 percent.

Refunds to students who officially withdraw after the beginning of a regular term are granted according to the following schedule:

- During first calendar week of a term - 75 %
- During second calendar week of a term – 50 %
- During third calendar week of a term - 25 %
- After third week of a term - 0 %

Additional Expenses

Additional Expenses	Estimated Cost	Tuition Waiver
Uniforms – Student purchases Uniform from Website provided. Information provided after acceptance to program.	150.00	Reimbursement with receipt.
White Uniform Shoes or white sneakers with white laces.	Students choice	No reimbursement
Laptop with webcam, webcam capability and necessary specifications. Ref: CHSON-RMC Laptop Requirements with Links	Students choice	No reimbursement
Criminal Background Check and drug screening for 1 st year Generic RN & 1 st year LPN to RN - or - Criminal Background Check and drug screening for 2nd year Generic RN Information provided after acceptance to program. Student uploads to the Compliance Tracking and Screening Mgmt System.	165.00 - or - 100.00	No reimbursement
Entrance Test – TEAS See Appendix CHSON-RMC TEAS	120.00	No reimbursement
TOEFL (for international students) Ref: CHSON-RMC Admission Requirements and App Procedure	225.00	No reimbursement
Liability Insurance – Information provided after acceptance to program.	45.00	No reimbursement
Lab Kit – provided by school, included in tuition.	NA	No reimbursement
Books – Online books provided by school, included in tuition.	NA	No reimbursement
10 prerequisite College courses required. A list of the courses can be found in: CHSON-RMC Admission Requirements and Application Procedures Must have grade C or above to be reimbursed in the tuition waiver program.		Reimbursement with receipt and grade C and above

FINANCIAL INFORMATION

CHSON-RMC Tuition for the Generic-RN Program

GENERIC-RN PROGRAM COURSES	Credits	Tuition/Fee	Semester Total
1st Year/Fall Semester			
NSG131 (Concepts of Nursing I)	6	\$1,920.00	
NSG 137 (Physical Assessment)	3	\$960.00	
SON Lab Kit		\$200.00	
SON Student Services Fee		\$150.00	
Technology Testing Fee		\$1,000.00	
Lab Fee		\$375.00	
Facilities Use Fee		\$200.00	\$4,805.00
1st Year/Spring Semester			
NSG 135 (Concepts of Nursing II)	7	\$2,240.00	
SON Student Services Fee		\$150.00	
Technology Testing Fee		\$1,000.00	
Lab Fee		\$375.00	
Facilities Use Fee		\$200.00	\$3,965.00
1st Year/Summer Semester			
NSG 133 (Concepts of Nursing III)	3	\$960.00	
SON Student Services Fee		\$150.00	
Technology Testing Fee		\$1,000.00	
Lab Fee		\$375.00	
Facilities Use Fee		\$200.00	\$2,685.00
2nd Year/Fall Semester			
NSG234 (Concepts of Nursing IV)	9	\$2,880.00	
SON Student Services Fee		\$150.00	
Technology Testing Fee		\$1,000.00	
Lab Fee		\$375.00	
Facilities Use Fee		\$200.00	\$4,605.00
2nd Year/Spring Semester			
NSG 232 (Concepts of Nursing V)	9	\$2,880.00	
SON Student Services Fee		\$150.00	
Technology Testing Fee		\$1,000.00	
Lab Fee		\$375.00	
Facilities Use Fee		\$200.00	
SON Graduation Fee		\$200.00	\$4,805.00
PROGRAM TOTAL		\$20,865.00	

- Capital Health School of Nursing – Regional Medical Center courses are charged at the rate of \$320.00 per credit
- All costs are subject to change without notice.
- The program total does not include uniforms, screening & compliance, testing fees, liability insurance, or other personal items.
- The costs listed for non-nursing courses at other colleges may vary. These costs are not included in program totals.
- Co-requisite courses must be completed before or within the identified semester.

FINANCIAL INFORMATION

CHSON-RMC Tuition for the LPN-RN Program

LPN to RN PROGRAM COURSES	Credits	Tuition/Fee	Semester Total
Pre-Requisite Course taken at Capital Health School of Nursing, summer prior to Fall enrollment			
NSG 137 (Physical Assessment)	3	\$960.00	
SON Student Services Fee		\$150.00	
Technology Testing Fee		\$300.00	\$1,410.00
Program Outline, not including pre-requisite courses.			
Fall Semester			
NSG 136 (LPN Transition: Nursing through Lifespan)	9	\$2,880.00	
SON Lab Kit		\$200.00	
SON Student Services Fee		\$150.00	
Technology Testing Fee		\$1,000.00	
Lab Fee		\$375.00	
Facilities Use Fee		\$200.00	\$4,805.00
Spring Semester			
NSG 232 (Concepts of Nursing V)	9	\$2,880.00	
SON Student Services Fee		\$150.00	
Technology Testing Fee		\$1,000.00	
Lab Fee		\$375.00	
Facilities Use Fee		\$200.00	
Applied LPN License Credit Earned		\$500.00	
SON Graduation Fee		\$200.00	\$5,305.00
PROGRAM TOTAL		\$11,520.00	

- Capital Health School of Nursing – Regional Medical Center courses are charged at the rate of \$320.00 per credit
- All costs are subject to change without notice.
- The program total does not include uniforms, screening & compliance, testing fees, liability insurance, or other personal items.
- The costs listed for non-nursing courses at other colleges may vary. These costs are not included in program totals.
- Co-requisite courses must be completed before or within the identified semester.

FINANCIAL INFORMATION

... ■ Tuition Waiver Program

- The Capital Health tuition waiver program covers 100% of tuition and fees (except make-up fees), with a 3-year commitment to work Full Time as a Registered Nurse at Capital Health after graduation.
- **To be accepted in the Tuition Waiver Program, students must be eligible for employment at Capital Health.**

Items Covered in the Tuition Waiver Program

Tuition for all CHSON-RMC Classes

- Must pass with a minimum grade of B-.
- LPN to RN Program: Summer Pre-req CHSON-RMC NSG 137 Physical Assessment.
 - Tuition, fees and all other expenses must be paid to CHSON-RMC before beginning the Summer class.
 - Enrollment into the LPN to RN program granted after successful completion of NSG-137.
 - After acceptance into the Tuition Waiver Program, the student will be reimbursed for the NSG-137 class.

Tuition for the 10 Prerequisite Classes

- General education courses and prerequisites completed with a C grade or higher, prior to enrollment in nursing courses will be reimbursed after enrollment in CHSON-RMC nursing program.
- Student must submit Itemized receipt with Classes and Fees listed.
- Student must submit proof of payment for tuition.

Uniforms – Two tops with logo and two pants

- Webstore link will be provided for approved vendor.
- Student must submit receipt with account statement as proof of payment.

Books

- Online books are provided by school and are included in tuition

Lab Kit

- All lab supplies are included in tuition

Items Not Covered in the Tuition Waiver Program

- Application fee of \$50.00 and Acceptance Fee of \$100.00.
- Shoes, Socks, Under Shirts, Jacket with logo and other articles of clothing.
- Laptop, notebook webcam, and other electronic devices.
- Entrance Tests, TOEFL and all other testing.
- Transcripts.
- Insurance.
- Criminal Background Check, Health Screenings, and other Compliance requirements.
- Health clearance requirements.

STUDENT EXPECTATIONS AND PROFESSIONALISM

... ■ Student Health

Each student must accept responsibility for his/her own health, and is expected to maintain high standards of mental, physical, and emotional health.

For the protection of students, clients, and other employees, students are required to provide documentation of immunity to certain communicable diseases that can be prevented by immunization. Medical and physical examinations and immunization records must be uploaded to the Compliance Tracking and Screening Management System prior to starting the nursing program.

All students are required to carry health/hospitalization insurance. Students should check to see if they are covered by family insurance. If not, students are responsible for health/hospitalization insurance. Please visit <https://www.healthcare.gov> or Student Nurse Association website <http://www.nsna.org>.

If the student becomes ill or injured during class or clinical experience, the student should inform the instructor and will be directed to go to the ER. The Dean will be notified by the instructor.

A student who is unable to attend class or clinical due to illness or injury should refer to reporting requirements in the ATTENDANCE POLICY. Any health condition, illness or injury that could affect the student's participation in the program should be reported to the Dean immediately.

----Student Health Records

POLICY: Each student admitted to Capital Health School of Nursing - Regional Medical Center must have a Health History and Physical form submitted prior to deadline

PURPOSE: To assure that each student beginning his/her course of study at Capital Health School of Nursing - Regional Medical Center is cleared by a primary care provider to participate in the program. To promote the health and welfare of students. To satisfy various requirements of clinical affiliates and outside agencies.

PROCEDURE:

1. The student registers for a background check, drug screening and health records management through the Compliance Tracking and Screening Mgmt System.
2. The student is to follow the directions provided by the Compliance Tracking and Screening Mgmt System.
3. No student may begin the course of study in the School of Nursing until his/her Health History and Physical form is complete. Students with any immunization or diagnostic test deficiencies will be evaluated by the Compliance Tracking and Screening Mgmt System.
4. Each student is required to maintain his/her own private health insurance. A certificate of Health Insurance must state both the effective and expiration dates of the policy.
5. Each student is required to have documentation of immunization to communicable diseases and provide the documentation to the Compliance Tracking and Screening Mgmt System.

STUDENT EXPECTATIONS AND PROFESSIONALISM

... ■ Clinical Practicum Regulations

CHSON-RMC Compliance Tracking and Screening Mgmt System

Students are assigned to client care, supervised, and evaluated by the School of Nursing Faculty. There is close cooperation between the Nurse Managers, Deans, and Faculty at Capital Health and at the various affiliation agencies

- Background Checks and Drug Screenings, as well as tracking of other required information is necessary before beginning Capital Health School of Nursing - Regional Medical Center.
- Everything must be done through the Compliance Tracking and Screening Management System. Website and sign-on information will be provided when you accepted into the program.
- No independent background check or drug screen will be honored.

All documents and testing must be completed and uploaded to Compliance Tracking and Screening Management System by August 1. Please to not email or send any of your documents to the school.

----Clinical Assignments and Preparation

It is the student's responsibility to be prepared for client care and pre-conference by researching **prior** to the clinical experience. Preparation deemed inadequate by the clinical instructor may result in dismissal from the clinical unit, an unsatisfactory notation for the clinical experience, and an unexcused absence.

POLICY: Guidelines for student clinical preparation will be included in all course packets. It is the responsibility of the student to be prepared for client care or they will be sent off the unit.

PURPOSE: To assure that all students are prepared for their clinical experience.

PROCEDURE:

1. The student will review the client's chart and complete all relevant information related to the following:
 1. Diagnosis
 2. Pathophysiology of diagnosis
 3. Labs (correlate with patient condition)
 4. Diagnostic tests
 5. Treatment plan
 6. Medications
 7. Patient teaching related to all of the above
2. The student will be prepared to perform procedures related to their assigned client care.
3. The student will be able to correctly calculate drug dosages and IV drip rates prior to medication administration.
4. The student must be prepared to complete a head to toe assessment of the client.
5. The student will formulate a plan of care for each assigned client, using the nursing process
6. Dress code expectations will be adhered to completely.
See Policy: **CHSON-RMC Dress Code**
7. No cell phones are permitted on the clinical unit.
8. Student preparation that does not meet this standard will result in dismissal from the clinical unit, an unsatisfactory notation for the clinical experience and a clinical absence recorded in course records. The student will be required to report to Course Coordinator immediately following dismissal from the unit.
9. Any clinical absences will require clinical make-up as per attendance policy.
10. Failure to comply with any hospital or site policies such as, but not limited to cell phone use, parking, and professional conduct will result in immediate disciplinary action which may include dismissal from the nursing program.

STUDENT EXPECTATIONS AND PROFESSIONALISM

----Supervision

The clinical instructor assumes responsibility for the overall supervision of the students. The student must report **ON** and **OFF** to the instructor and primary care nurse when leaving and returning to the clinical area. This includes lunch and breaks.

----Safety and Conference Reports

The students and faculty will follow the safety report process as defined by Capital Health. Students, through the clinical instructor, must notify the primary care nurse or unit manager immediately of problems that require administrative and/or medical attention, such as accidents that occur to clients or visitors, medication errors, and lost, broken or stolen articles. A safety report must be completed as soon as possible after the occurrence.

If a student is injured while on the clinical unit, the instructor must be notified, a hospital occurrence report is to be completed, and the proper medical attention administered via the Health Office or the Emergency Room. The Dean of the School must be notified. If a clinical faculty member is injured, a hospital occurrence report is to be completed, and the proper medical attention administered via the Health Office or the Emergency Department. The Clinical Coordinator, Course Coordinator, and the Dean are to be notified.

Student illness, injury, medication error, clinical, academic, or other notable occurrence must also be documented on the School of Nursing Safety Report and requires both the instructor's and student's signature.

... ■ Clinical Performance and Evaluation

----Clinical Evaluation

The clinical area provides the student with the opportunity to make direct application of theoretical knowledge. Course objectives are stated in measurable, behavioral terms. The student is evaluated at regularly assigned intervals in each of the clinical nursing courses and is required to complete a self-evaluation. The student must achieve an "S" (Satisfactory) rating in each of the course objectives in order to successfully complete the specific nursing course.

POLICY: Students are required to meet the course objectives and corresponding clinical objectives/outcomes in order to successfully complete each nursing course.

PURPOSE: To ensure that students achieve the minimum competency in nursing practice and meet course objectives and corresponding clinical objectives/outcomes.

PROCEDURE:

1. Course objectives and corresponding clinical objectives are identified by faculty.
2. Self-evaluation must be completed by the student and submitted, to be discussed at the mid-term and final clinical evaluation. Evaluations will not be completed without self-evaluation.
3. Students who are not meeting a clinical objective will receive immediate feedback on the Clinical Documentation Tool. The instructor may require additional lab and/or clinical.
4. The student will be required to meet with the clinical instructor to develop a remediation plan to improve any unsatisfactory objectives/outcomes in order to be able to demonstrate clinical improvement.
5. Students will meet all clinical outcomes by the end of the course in order to successfully pass the clinical experience.
6. A student placed on more than one remediation plan for two different objectives/outcomes will be put on probation.
7. A violation of any policy or demonstrated unsafe practice will result in immediate probation.
8. A student placed on probation for a second time will be dismissed from the program.

STUDENT EXPECTATIONS AND PROFESSIONALISM

---Clinical Remediation

POLICY: The student is required to demonstrate ongoing growth toward meeting all of the Course Student Learning Outcomes (SLOs).

PURPOSE: To ensure that a student who is in jeopardy achieve the minimum competency in nursing practice and meet the required course and/or clinical outcomes.

PROCEDURE:

1. The instructor will identify to the course coordinator the specific outcome(s) that are not being satisfactorily met and what behaviors, skills, knowledge or affect must be demonstrated to meet the outcome(s).
2. The faculty member will prepare a specific plan and list actions necessary to overcome any deficiencies.
3. The faculty member along with the faculty course coordinator will meet with the student to discuss the implementation of the plan.
4. The course coordinator will notify the Admissions, Progression and Graduation Committee (APG) Chairperson of the student in remediation.
5. A time frame for improvement will be identified by the instructor and a follow-up conference date set.
6. The student's progress or lack of progress will be addressed and documented in the follow-up conference.
7. A report will be made to the APG Chairperson for any further action.
8. The remediation plan will be placed in the student's file.
9. A student who does not complete the remediation plan as assigned will be referred to the APG Chairperson for further action.
10. A student placed on a second remediation plan for a different infraction at any time for any reason will be put on probation.

Ref: CHSON-RMC Clinical Remediation Plan and Outcome Form

...■ Examinations

POLICY: Protocol for administering and scoring of exams

PURPOSE: To ensure the consistent administration of all examinations.

PROCEDURE:

I. Administering Exams

- A. All exams will be administered electronically, or in an approved alternate format.
- B. All students are expected to be present for all exams.
- C. Personal items are not permitted while testing, e.g. electronic devices of any kind, cell phones, smart watches, smart eye glasses, iPads, etc.
- D. Exams will begin promptly at the scheduled time.
 1. **Students are required to arrive 15 minutes before the scheduled exam start time.**
 2. **Students are required to be in their seats and logged into their computer by the scheduled start time.**
- E. Exams will be proctored by the faculty.
- F. No one will be permitted to return to the testing area once they have completed the exam.
- G. In an emergency, any student needing to use the restroom is to raise his/her hand.
- H. No questions regarding exam content will be answered during the course of the exam.
- I. School authorized calculators may be used during math quizzes. Scrap paper will be provided for use and collected at the end of the exam.
- J. Students will be allotted 1.5 minutes per question for all exams.

STUDENT EXPECTATIONS AND PROFESSIONALISM

- K. Additional time may be added for complex NGEN questions.
- L. A student with an approved 504 Plan will be allocated the prescribed time and reasonable accommodations for testing.
- M. Students are required to have a laptop with webcam capability and all necessary system requirements for all exams.
- N. Students are required to access and download exam file prior to arrival for examination.

II. Lateness and Absences from Exams

- A. Any student who is not seated by the scheduled start time will be dismissed.
- B. Any student who is late a second time for an exam will be required to meet with their advisor.
- C. There are no makeup examinations for unsuccessful attempts.
- D. Failure to attend a scheduled exam without approved documentation will result in a grade of zero. No exceptions will be made.
- E. Make up exams may be in an alternate format. A \$100.00 fee will be charged for all make-up exams.

III. Breach of Academic Integrity

- A. If cheating is *suspected* or *observed* during the course of an examination, the proctor will stop the exam, dismiss the student from the testing area, and an investigation will be conducted.
- B. Sharing exam information in any form or manner is considered a form of cheating.
- C. Any incidence of suspected or observed cheating will be referred to the APG Committee.
- D. Cheating is a serious violation of academic integrity and may result in dismissal from the nursing program.

IV. Exam Reviews

- A. The Faculty will not conduct group reviews of exam content.
- B. Students who score 80% or below are required to meet with their advisor within one week of exam grade posting. Remediation may be assigned.
- C. Students are not permitted to review unit exams or quizzes prior to the final examination.
- D. Students with 2 (two) exam failures will be referred to the Academic support team.

STUDENT EXPECTATIONS AND PROFESSIONALISM

... ■ Math Through Curriculum

- POLICY:** Math instruction and review will be included in nursing courses across the curriculum. Students must pass with an 85% in order to administer medications and meet the clinical objective, which addresses medication administration. Failure to meet the medication clinical objective will result in clinical course failure.
- PURPOSE:** Math tests will be administered in each nursing course that has a clinical component to demonstrate competency for medication administration and to meet medication administration clinical objectives to successfully pass the clinical component and the course.

PROCEDURE:

1. A comprehensive Math Test will be administered each semester. The student will have three attempts to achieve an 85% or >. Once an 85% is achieved, the student does not have to complete an additional Math Test.
2. Students will not be able to administer medications in the clinical setting unless the medication test is passed, and will be assigned remediation by the Course Coordinator.
3. In NSG 131, NSG 136, and NSG 232, two weeks will be given to complete the remediation work.
4. In NSG 133, NSG 135, and NSG 234, one week will be given to complete the remediation work.
5. If the student does not achieve an 85% by the completion of Math Test #3, the student will not meet the objective of the clinical component of the course, and will fail the course (**except NSG 133**).

... ■ Grade Appeal Policy

- POLICY:** Students have the right to appeal a final course grade if they believe it was assigned in error, was the result of unfair treatment, or did not align with the established grading criteria.
- PURPOSE:** The purpose of this policy is to provide nursing students with a structured process for appealing a final grade received in a nursing course. This policy ensures fairness, transparency, and accountability in the evaluation of student performance.
- SCOPE:** This policy applies to all nursing students enrolled in the nursing program at Capital Health School of Nursing - Regional Medical Center.
- DEFINITIONS:**
- **Grievance:** A formal complaint raised by a student, faculty, or staff member
 - **Grade Appeal:** A formal request by a student to review and contest a final grade received in the nursing course.
 - **Final grade:** The grade assigned at the end of a course based on the established grading criteria.
 - **Academic Advisor:** A faculty member assigned to assist students with academic-related issues.

PROCEDURE:

1. **INFORMAL REVIEW**
 - Step 1: Within five (5) business days of receiving the grade, the student should first contact the course instructor to discuss their concerns. The instructor may provide clarification on grading criteria and assessment methods.
 - Step 2: If the student is unsatisfied with the outcome of the discussion, they may seek assistance from their Academic Advisor for further guidance.

STUDENT EXPECTATIONS AND PROFESSIONALISM

... ■ Professional Behavior and Conduct

Professional behavior is to be displayed at all times. This includes avoidance of such activities as discussing private lives with other students or staff in the presence of clients, eating at the desk or other public clinical areas, chewing gum, and argumentative behavior with clients, staff, faculty, or other students. Negative comments related to your education, the School, Capital Health, or any other such issues are not acceptable in any area where others may overhear. This includes any public spaces. Remember, your negative comment can leave a lasting impression regarding you as a professional as well as the School and Capital Health.

Students are to refer to themselves in a professional manner by using an appropriate prefix and last name or first name and last name together. The use of first name alone does not represent you as a professional. Clients are to be addressed by appropriate prefix and last name unless specifically requested to use first name. School and hospital personnel are to be addressed by their title and last name unless specifically requested otherwise.

Students are not permitted to accept, sign, or witness the signing of legal papers for clients. They are also not permitted to write or mail business letters or conduct business for clients.

All breakage of articles or equipment should be reported to the Nurse Manager or the School of Nursing.

Students are not permitted to take medication from the stock supplies on Capital Health units for any purpose except when preparing them for clients on the unit.

Ref: CHSON-RMC Student Code of Conduct Professional Guidelines

----Noise

Students are expected to cooperate with administration in keeping Capital Health units quiet. Loud talking or congregation at the nurse's station should be avoided. Equipment should be handled carefully.

----Privacy and Confidentiality

All information of any client is to be maintained in strict confidence. No discussion of any information about clients is to be held with any persons without need to know and who are not involved in the care. Refrain from discussions with other care givers in the presence of any other persons in such public places as elevators, halls, and cafeteria, public transportation, and restaurants. Access to client information via computer is also to be treated with strictest confidentiality practices. No student is to review charts via computer or via paper on any one not assigned to their care. You will need to read and comply with the Master Policy on Uses and Disclosures of Protected Health Information and the agreement. Your obligations under this agreement will continue after you have left the program at Capital Health.

It is prohibited to enter any information concerning clients, faculty, staff or patient care activities on any type of electronic social media.

A breach of confidentiality may result in dismissal from the program.

See Appendix: FERPA and HIPPA

STUDENT EXPECTATIONS AND PROFESSIONALISM

----Client Interactions

Students may visit relatives and friends who are clients at Capital Health in compliance with visiting regulations of Capital Health. It is considered unprofessional and unethical for students to accept gifts from clients in return for care given and inappropriate to make social engagements with clients. Students are not to remain in the client care area after the hours assigned for clinical practicum.

...■ Attendance Policy

POLICY: All students must meet the attendance requirements in classroom, clinical and lab settings. Student attendance will be recorded and monitored by the faculty. To facilitate student adherence to responsibilities related to attendance.

PROCEDURE:

- A. **Theory Hours** (Lecture, Scheduled Classes, Seminars or Guest Lectures).
 1. Students are required to attend all theory hours.
 2. Students who are absent for any reason are responsible for material covered during the missed hours.
 3. Students should wait until break time to leave the room unless an emergency arises.
 5. Two (2) episodes of lateness equals one (1) absence.
 6. Students with three (3) theory absences in a 15-week course will receive a written warning, if additional absences occur the student will be referred to the APG committee chairperson.
 7. Students with two (2) theory absences in a 6-week course will receive a written warning, if additional absences occur the student will be referred to the APG committee chairperson.
- B. **Clinical and Laboratory Hours**
 1. Students are expected to attend all clinical and laboratory experiences.
 2. Lab make-up must be completed as assigned.
 3. Clinical absences must be made up at the discretion of the clinical faculty team.
 4. Students are required to arrive to the clinical unit 30 minutes prior to the assigned start time. Any student who is late for clinical or lab will be considered absent and will be sent home and charged a lab or clinical make-up fee.
 5. The fee for lab or clinical make-up day is \$200. Make up fee will be added to the student's semester bill and must be paid prior to taking the final at the end of the semester.
 6. It is the responsibility of the student to report all clinical absences to the assigned clinical instructor and course coordinator at least one-half hour prior to the scheduled arrival time. Failure to follow the policy will be considered a no call, no show and will be required to meet with their clinical instructor for conference the following clinical day.
 7. Students enrolled in a 15-week course who miss 2 (two) days of clinical experience will meet with their advisor.
 8. Students enrolled in a fifteen (15) week course who miss three (3) or more days of lab/clinical experience for any reason are required to take a leave of absence from the program.
 9. Students enrolled in a 6-week course who miss one (1) clinical day will meet with their advisor.
 11. Students enrolled in a six (6) week course who miss two (2) days of lab/clinical experience due to any reason are required to take a leave of absence from the program.
 12. Missing two (2) consecutive scheduled clinical days due to illness requires documented medical clearance to return.
 13. If an Instructor is absent, the day will be made up, but it will not count as an absence for the student and there will be no make-up fee.

Excessive absences Theory/Clinical or Lab (cumulative)

1. Students noted to have excessive, or pattern absenteeism in clinical/lab or theory, will be subject to Capital Health School of Nursing-Regional Medical Center disciplinary process. Which can include, written warnings, probation, leave of absence, or dismissal from the program.

STUDENT EXPECTATIONS AND PROFESSIONALISM

... ■ Process for COVID Call Out

POLICY: Faculty are responsible for managing student COVID call outs, as they are for all other student call outs by those who report to them.

Students with COVID symptoms should be directed to complete a home test 24-48 hours after symptom onset.

PROCEDURE:

1. **Negative Test Results**

1. Student follows regular sick call out policy for any further call outs.
2. Student instructed to self-monitor.
3. Student will be able to return to school when fever-free for 24 hours without fever reducing medications and if symptoms have improved.
4. Encourage students to take infection prevention measures such as frequent handwashing and mask wearing while symptomatic.

2. **Positive Test Results**

1. Send proof of positive test with name and date (picture of lab result) to the course coordinator.
2. Ask student for the first date of symptoms.

First day of symptoms is day zero, can return to school on day 5 if the student has been fever-free for 24 hours, symptoms have improved, and the student feels well enough to return to school.

3. Student must adhere to strict mask wearing guidelines and frequent handwashing for 5 calendar days upon return.

Students out of school for COVID illness for more than 3 calendar days AND require medical care from a provider must contact their course coordinator.

Students must follow the CHSON-RMC Attendance Policy.

... ■ Dress Code Policy

POLICY: Dress code for all students to follow while on campus, in the classroom, lab or clinical setting, at ceremonial activities, professional conferences, and representing the school or organization.

PURPOSE: It is imperative that the student maintain a professional image that inspires confidence and credibility. Professional attire, appearance, and manner are of high priority and reflect upon the School as well as the individual.

PROCEDURE:

Students are expected to follow the School dress code at all times. Failure to do so will result in dismissal from the premises or other sanctions deemed necessary by faculty and administration. Student ID badge is to be displayed above the waist at all times on campus for security reasons.

This includes in class, hospital cafeteria, clinical units and lab.

A. **Personal Appearance – Clinical and Lab**

The complete uniform is to be worn at all clinical affiliates when assigned to clinical practice and to labs. The uniform should only be worn in places or functions when the student is representing the School. There are exceptions where specific apparel is worn, and the student will be notified.

Students are expected to comply with the clinical uniform requirements listed below. Any deviation must be corrected upon arrival on the clinical unit, or the student will be marked absent and dismissed from the clinical area.

1. **Under-Garments:**

Any undershirt worn under the uniform must be plain white with no symbols, no writing, and no graphics. Undershirts should have short or $\frac{3}{4}$ sleeves (no long sleeves).

2. **Shoes:**

Standard white or black sneakers are to be worn. All shoes and shoelaces are to be kept clean and in good repair. Sandals, flip-flops, open toes, non-white sneakers, hiking boots, high heels, clogs or platform shoes are **not** permitted. No bare feet or anklets at any time.

STUDENT EXPECTATIONS AND PROFESSIONALISM

3. Identification Badge:

All students must wear an Identification Badge on outer clothing, above the waist, where it will be clearly visible. Your Identification Badge also acts as your name pin and must be kept in view of your clients and faculty.

4. Headgear and Masks:

Shall not be worn outside of special departments, such as OR, unless the student is accompanying a client and it is required.

5. Head-coverings:

Is allowed for religious purposes only, such as "Hijab." They must be tucked into clothing or uniform.

6. Jewelry:

Only a single wedding band may be worn. A maximum of one set of 3mm small post earrings is permitted. No hoop earrings are permitted. No necklaces, bracelets, facial or tongue jewelry are allowed. No gauging or industrial earrings are allowed. Tattoos generally should not be visible. Tattoos must be covered according to the affiliating hospital policies.

7. Fingernails:

Fingernails should be short, clean and well-manicured. Nails may not extend beyond the tip of the finger. Acrylic nails and gels are not allowed.

8. Hair:

Hair must be clean and worn in a controlled style. Hair must be above the collar.

An elastic hairband may be worn.

All facial hair must be neatly trimmed.

Facial hair will need to be removed for Fit Testing.

9. Make-up:

If worn, make-up should be moderately applied. Fragrances (perfume, cologne or after-shave) are not permitted.

10. Good personal hygiene is required.

B. Uniform:

When a School uniform is required, the student wears navy blue slacks with white uniform top.

The school insignia patch is sewn onto the left sleeve of the uniform tops and jackets by the approved vendor. A uniform jacket may be worn with the uniform if necessary, except while providing patient care. Uniforms must be clean and pressed. Uniforms are not to be worn when torn, stained or soiled. Long sleeved shirts are **not** to be worn under the uniform but a white short sleeved or $\frac{3}{4}$ sleeved tee shirt may be worn under the uniform top. Uniforms may not be tight-fitting, low cut, see-through or revealing, or student will be dismissed from the clinical area.

Accessories to the uniform include the ID name badge, stethoscope, bandage scissors, penlight, pen, and a watch with a second hand. ID badge is to be worn above the waist and must be easily visible at all times.

STUDENT EXPECTATIONS AND PROFESSIONALISM

... ■ Cheating and Plagiarism

Students are expected to be honest and present only their own work. ***Any ideas or materials taken from others must be acknowledged, or it is considered plagiarism.*** Students are also expected to cooperate and assist in the prevention of cheating and plagiarism. Both cheating and plagiarism are considered serious offenses and will result in disciplinary action as deemed appropriate. These actions may include a zero for the involved work, suspension, and/or dismissal from the program.

... ■ Written Work

All written work must be the student's own work. AI generated work is not permitted.

Papers are to be written according to the APA format. Papers are expected to be submitted on the assigned dates. Arrangements for any late papers must be made with the instructor prior to the due date and this must be submitted within 3 academic days. Lateness may result in an automatic point/grade deduction as determined by criteria for each written item.

All written work such as care plans and process recordings must be submitted when due; lateness of such clinical work may result in a "0" or a "U" mark and may result in exclusion from clinical practicum until submitted. Repeated failure to meet deadlines may result in referral to the Admissions, Progression and Graduation Committee for time management assistance and/or further action.

All written work must be submitted as directed by the instructor upon completion.

... ■ Study Time

There are no scheduled study periods. Each student is responsible for his/her own study and is expected to spend a minimum of one hour in study out-of-class for each hour of class time.

STUDENT EXPECTATIONS AND PROFESSIONALISM

... ■ Substance Abuse

POLICY: All students must comply with the Substance Abuse policy as a condition of enrollment. This policy follows the Capital Health Policy.

Students suspected of being under the influence of a substance (legal or illegal) that may impair one's ability to behave or function safely in clinical, classroom, or other CHSON event will be dismissed from the activity or event and may be sent for mandatory testing.

1. **Post-Accident/Incident Drug and/or Alcohol Testing**

A student will be removed from Capital Health property after the completion of the drug and/or alcohol tests, until either the student has been medically released to return by the treating physician, or the School receives the test results, whichever occurs first. If the test results are negative, the student will be permitted to return to the School. The School also reserves the right to evaluate the conduct of the student that may have caused or contributed to the accident/incident, to determine if this conduct in and of itself should warrant discipline, up to and including dismissal.

2. **Return-To-School and Follow-Up Drug and/or Alcohol Tests**

Students who receive positive drug and/or alcohol test results who are not dismissed upon their return to the School must submit to return-to-duty drug and/or alcohol tests and must receive negative results. In addition, such students will be subject to unannounced follow-up drug and/or alcohol testing. The number and frequency of such tests shall be directed by the School. Such follow-up testing will be required in addition to all other tests required by this policy.

3. **Notification of Test Results**

Students will be advised of drug test results if the results were verified as positive. In addition, the student will be advised of which drug(s) were verified as positive. Students will be advised of alcohol test results if the results were positive.

4. **Testing Expenses and Compensation for Tests**

The student is responsible for any drug test required. Any test taken at the student's request will be at his or her own expense, including the analysis of the split specimen for drug testing.

5. **Required Notification of Criminal Charges Involving Drug and/or Alcohol Statutes**

Any student arrested for, charged with or convicted of, violation of any criminal drug statute or any alcohol related offense (including DUI), whether in or out of school, must report such activity to the Dean of the School of Nursing or designee 72 hours of the arrest, charge or conviction. The School shall evaluate such information and will determine the appropriate course of action that may include, but is not limited to, follow-up testing, suspension or dismissal. As a condition of continued enrollment, Capital Health School of Nursing may request the student to successfully complete a drug/alcohol assistance or rehabilitation program and upon return to School shall be required to execute an agreement for continued enrollment, which shall include the requirement that the student successfully pass any random or scheduled drug testing. Failure to report such arrest, charge or conviction within the time frame set forth shall result in disciplinary action up to and including dismissal.

6. **Compliance With Policy as Condition of Enrollment**

All students are advised that full compliance with this substance abuse policy shall be a condition of continued enrollment.

See Appendix: Capital Health Non-Discrimination, Anti-Harassment, Anti-Retaliation and Reasonable Accommodation

STUDENT EXPECTATIONS AND PROFESSIONALISM

... ■ Sexual and Other Forms of Harassment

POLICY: Capital Health School of Nursing prohibits any sexual or other forms of harassment.

PURPOSE: To establish guidelines for appropriate behavior and to prohibit inappropriate harassment.

PROCEDURE:

A. Sexual Harassment

1. Sexual Harassment may include repeated offensive or unwelcome sexual advances, verbal comments or innuendo of a sexual nature, words of a sexual nature used to describe a person or depict a situation, or the display of sexually suggestive objects or pictures. Comments, physical touching of another person, or drawings, which are not explicitly sexual in nature, may constitute sexual harassment under the above-mentioned standards. Unwelcome sexual advances, requests or sexual favors and other verbal, physical, or visual conduct of a sexual nature constitute sexual harassment when:
 - a. Submission to such conduct is either an explicit or implicit term or condition of an individual's status at the school.
 - b. Submission or rejection of such conduct is used as a basis for educational decisions affecting the individual; or
 - c. Such conduct has the purpose or effect of substantially interfering with an individual's educational performance, or creating or maintaining an intimidating, hostile or offensive environment.

B. Other forms of Harassment

1. Harassment based on sex, race, religion, color, creed, age, ethnic background, ancestry, sexual orientation, Marital or partnership status, national origin, or disability exists in instances such as the following:
 - Negative verbal or written statements and/or other actions are directed to student because of their sex, race, creed, national origin, age, color, disability, or other protected classification.
 - Verbal or written statements and/or other actions that demean a person or persons because of sex, race, national origin, age, color, disability or other protected classification that are not necessarily directed to a particular student, but occur in the School and are offensive to a student

C. Reporting – Investigation of a Complaint

1. Students should seek resolution of situations which they consider to be sexual or gender harassment by contacting their advisor.
2. If you are a witness to, or believe that you have experienced harassment as defined in this policy, then you should immediately notify one of the above individuals.
3. All reports of harassment will be investigated promptly and thoroughly
4. Students will not be subjected to retaliation, intimidation, or discipline as a result of making a good faith complaint of harassment.
5. Confidentiality will be maintained to the extent possible, while still conducting a complete investigation.
6. A report will be made back to the complainant following the completion of the investigation.
7. If an investigation confirms that harassment or other improper behavior has occurred by any person associated with the School or Capital Health, The School will take timely and appropriate action to resolve the situation.
8. It is encouraged and expected that individuals can obtain appropriate action through internal procedures. If the issue is not satisfactorily resolved within the school, an individual may file a formal complaint through the U.S. Government Equal Employment Opportunity Commission or the New Jersey Division of Civil Rights.

See Appendix: Capital Health Substance Abuse Policy

STUDENT EXPECTATIONS AND PROFESSIONALISM

... ■ Advisor Program

POLICY: All students are assigned a faculty advisor prior to the first nursing course.

PURPOSE: To provide students with a resource for academic and personal support with issues that may affect their progress in the program.

PROCEDURE:

1. A faculty advisor will be assigned to each entering student prior to the first nursing course
2. Students are expected to meet with their advisor each semester, to review transcripts to assure all courses are recorded, and to review courses that still need to be taken. The student is required to meet with their advisor on a regularly scheduled basis.
3. Students are encouraged to utilize their advisor as an additional resource at any time.
4. Students may be referred to their advisor for a number of reasons by Course Coordinators, other faculty or by Committee.
5. After referral, faculty advisors will assist advisees to achieve academic success by assessing academic strengths and weaknesses, assessing any factors that may interfere with learning, assist the student in developing a plan of action for identified problems, and referring student to appropriate resources.
6. The Admissions, Progression and Graduation Committee (APG) will review any student academic or advisement issue which has been referred to it by the advisor, course faculty, Dean or student.

... ■ Student Assistance Program

Carebridge is available to students 24 hours a day, seven days per week by calling 800-437-0911, please use the School of Nursing access code **HW9KT**. CareBridge also maintains a website at www.myliferesouce.com. This program is a system-wide referral service designed to direct individuals with stress related problems to the appropriate resource. Any problem that interferes with scholastic performance, i.e. marital difficulties, parent-child conflicts, school-related stress, substance abuse, depression etc. is referable. Any contact with the Employee/student assistance program is strictly confidential. To access these resources, please enter the School of Nursing access code **HW9KT**. You will create your own access code after your first login.

... ■ Students with Special Needs

Capital Health School of Nursing - Regional Medical Center, in compliance with section 504 of the Rehabilitation Act of 1973, does not restrict admission of any individual on the basis of a disability. All applicants are considered on an individual basis. Acceptance is determined by the persons' ability to perform required nursing functions.

Continuing support for students with documented disabilities is provided. When academic modifications are required, it is the student's responsibility to present the accommodation form to the Dean. Accommodations are intended to provide flexibility and equalize opportunities for success for students with disabilities.

CAPITAL HEALTH POLICIES

... ■ FERPA and HIPPA

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capitalhealth

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Next Review Mar 2028

Owner Laura McGuire:
Chief
Compliance
Officer

Area Corporate
Compliance
Policies

References CCP-HP-001

Use, Access and Disclosure of Protected Health Information

A. PURPOSE

This policy and procedure establishes Capital Health System, Inc. (Capital Health) rules for using, accessing and disclosing its patients' Protected Health Information (PHI).

B. FORMS

Notice of Privacy Practices

C. EQUIPMENT/SUPPLIES

None

D. POLICY

Capital Health maintains the confidentiality and privacy of patient information in accordance with the Federal Health Insurance Portability and Accountability Act of 1996 and its related regulations (HIPAA) or (Rule) and the laws of the State of New Jersey. Capital Health will obtain valid authorizations where it is required.

NOTE: Policy for Disclosure of Protected Health Information for Research Purposes is not included in this policy but can be found in Policy for Disclosure of Protected Health Information for Research Purposes.

E. DEFINITIONS

1. Protected Health Information

"Protected Health Information" is information, in any form or medium (oral, written and electronic), that:

1. Is created by a health plan, healthcare provider, or a healthcare clearinghouse;
2. Relates to an individual's physical or mental health, the provision of healthcare to an individual, or the payment for the provision of healthcare to an individual;
3. Directly identifies, or when combined with other information could be reasonably expected to be used to identify, an individual;
4. Protected Health Information includes everything from a patient's name, address and telephone number to the patient's clinical and billing records;
5. Once a patient has been deceased for more than fifty (50) years such information about them is no longer considered to be Protected Health Information.

2. Use

With respect to individually identifiable health information, the sharing, employment, application, utilization examination or analysis of such information within an entity that maintains such information.

3. Access

Except in certain circumstances, individuals have the right to review and obtain a copy of their PHI in a Covered Entity's "designated record set." The Rule excepts from the right of access the following PHI: psychotherapy notes, information compiled for legal proceedings, laboratory results to which the Clinical Laboratory Improvement Act (CLIA) prohibits access, or information held by certain research laboratories.

4. Disclosure

The release, transfer, provision of access to, or divulging in any manner of information outside the entity holding the information.

5. Covered Entity

Covered Entity means (a) a health plan, (b) a healthcare clearinghouse, or (c) a healthcare provider who transmits health information in electronic form.

6. Designated Record Set

The "designated record set" is that group of records maintained by or for a Covered Entity that is used, in whole or in part, to make decisions about individuals, or that is a provider's medical and billing records about individuals or a health plan's enrollment, payment, claims adjudication, and case or medical management record systems.

F. TRAINING

All Capital Health Personnel (Personnel) receives training at the time of employment with annual updates thereafter or as otherwise needed, regarding Capital Health's HIPAA compliance program and the safeguards discussed in this Policy.

G. PROCEDURES

1. General Rules for Using, Accessing and Disclosing Health Information

1. Use, Access and Disclosure of Protected Health Information for Treatment, Payment and Healthcare Operations

PHI may not be used, accessed or disclosed except as permitted by this, or other Capital Health policy governing the use, access and disclosure of PHI.

Personnel uses, accesses and discloses PHI for the purpose of treating patients ("Treatment"), obtaining payment for services provided ("Payment"), and for operation of the system ("Operations"). Use of PHI will be consistent with Capital Health's Notice of Privacy Practices. It is not necessary to obtain a patient's prior written consent or authorization to Use, Access and Disclose PHI for these purposes. For the purpose of using, accessing and disclosing PHI, Treatment, Payment and Health Care Operations have the following meanings:

- a. Treatment: the provision, coordination, and/or management of healthcare and related services by one or more healthcare providers, including:
 - i. The coordination or management of healthcare by a healthcare provider with a third party;
 - ii. A consultation between healthcare providers relating to a patient; or
 - iii. The referral of a patient for healthcare.
- b. Payment: the activities undertaken by Capital Health to obtain reimbursement for the provision of healthcare services, including:
 - i. Determinations of eligibility or coverage;
 - ii. Billing, claims management, collection activities and related data processing;
 - iii. Review of healthcare services with respect to medical necessity, coverage under a health plan, appropriateness of care, or justification of charges;
 - iv. Utilization review activities (including pre-certification, pre-authorization of services, appeals/denials); and
 - v. Disclosures to consumer reporting agencies for collection purposes of any of the following information of a patient: address, date of birth, social security number, payment history, or account number.

- c. Healthcare operations include any of the following types of activities:
 - i. Conducting quality assessment and improvement activities;
 - ii. Credentialing, training, certification or licensing;
 - iii. Conducting or arranging for medical review, legal services, and auditing functions;
 - a. Business planning and development; and
 - b. Business management and general administrative activities.

2. Restrictions on the Use, Access and Disclosure of Protected Health Information

Patients may request that Capital Health place reasonable restrictions on the use of the patient's PHI. For example, a patient may request that their health information not be shared with student nurses or residents. All such requests will be handled in accordance with Capital Health's policy Request for Limitation on the Use and Disclosure of Protected Health Information.

3. Other Uses and Disclosures of Protected Health Information

Capital Health does not use, access or disclose its patients' PHI for purposes other than Treatment, Payment and Operations, unless the use, access or disclosure meets one of the following exceptions:

- a. Disclosures to Patients. Capital Health may disclose PHI to the patient (See Access to Individual Information and the Right to Amend Individual Records).
- b. Disclosures to other healthcare providers for treatment purposes. Capital Health may disclose PHI for treatment activities of another healthcare provider (e.g., Capital Health can provide PHI to a physician in order to assist the physician in treating a patient).
- c. Disclosure to other healthcare providers for payment. Capital Health may disclose PHI to another Covered Entity or healthcare provider for its payment activities (e.g., to an ambulance company so that the ambulance company can submit an insurance claim for services it provided).
- d. Disclosure to other healthcare providers for healthcare operations purposes. Where Capital Health and another Covered Entity or healthcare provider have a relationship with a patient, Capital Health may disclose PHI related to that relationship to the Covered Entity or healthcare provider for the following healthcare operations purposes of the Covered Entity or healthcare provider:
 - i. Quality assurance activities, process improvement, or case management;
 - ii. Population-based activities relating to improving health or reducing healthcare costs,
 - iii. Protocol development,
 - iv. Contacts with healthcare providers and patients about treatment alternatives and related activities;
 - v. Training programs, accreditation, licensure, credentialing;

vi. Fraud and abuse compliance.

- e. Use, Access and Disclosures Pursuant to an Authorization. Capital Health uses, accesses and discloses PHI for reasons other than Treatment, Payment or healthcare Operations, when it obtains a valid HIPAA authorization from the patient, or patient's personal representative, (Section IX, or when another exception referenced in this policy applies).
- f. Disclosures to Business Associates. Capital Health may disclose PHI to any entity designated a "Business Associate", pursuant to the Capital Health's policy on Business Associates. A "Business Associate" is an individual or entity that receives PHI from Capital Health for the purpose of performing a service on Capital Health's behalf. (Policy: Business Associates).
- g. Disclosures to the United States Department of Health and Human Services. Capital Health will disclose PHI to the Department of Health and Human Services in connection with compliance reviews and investigations, subject to the requirements of applicable law.
- h. Disclosure to Individuals Involved in a patient's care. Capital Health may disclose PHI to a patient's family, friends and personal representatives as described in Capital Health's policy regarding these disclosures (Section X).
- i. Judicial and Administrative Proceedings. Capital Health uses or discloses PHI in response to court orders related to Judicial and Administrative proceedings (Policy: Use And Disclosure of Protected Health Information for Judicial and Administrative Proceedings).
- j. Health Oversight and Public Health Purposes. Capital Health discloses PHI to health oversight agencies such as a Medicare carrier, fiscal intermediary or Quality Improvement Organization (QIO) for oversight activities. Capital Health discloses PHI to prevent or control disease, to report child abuse or neglect or to report adverse events to the Federal Drug Agency (FDA) or for other public health purposes (Policy: Use, Access and Disclosure of Health Information in Response to a Request from Health Oversight Agencies, Public Health Authorities or to Meet Capital Health's Other Public Health Obligations; Disclosures Required by Law).
- k. Law Enforcement. Capital Health discloses limited amounts of PHI in response to requests from law enforcement agencies and for national security purposes (Section XI).
- l. Fundraising. Capital Health uses, accesses, or discloses PHI to raise funds for Capital Health (Policy: Use, Access and Disclosure of Protected Health Information for Fundraising Purposes).
- m. Marketing. Capital Health uses, accesses, or discloses PHI for marketing purposes (Policy: Use, Access and Disclosure of Protected Health Information for Marketing Purposes).
- n. De-identified data and Limited Data Sets. Capital Health uses, accesses, or discloses de-identified health information without restriction (Policy: De-Identifying Health Information). Capital Health may use or disclose a limited data set, if Capital Health enters into a data use agreement with the limited data set recipient (Policy: Use of

Limited Data Set for Research Purposes).

- o. Research. Capital Health uses, accesses and discloses PHI for clinical trials and research studies. (Policy: Disclosure of Protected Health Information for Research Purposes).
- p. Incidental Uses, Accesses and Disclosures. Capital Health is permitted to make incidental uses, accesses or disclosures of PHI which occur as a by-product of an otherwise permitted or required use, access or disclosure.
- q. Uses, Access or Disclosures Permitted or Required by HIPAA Regulations. Capital Health uses, accesses, or discloses PHI as otherwise specifically permitted or required by the HIPAA regulations.
- r. Disaster Relief Efforts. Capital Health uses, accesses, or discloses PHI in to a public or private entity authorized by law or by its charter to assist in disaster relief efforts.

4. Capital Health's Privacy Notice

Capital Health provides patients with a copy of a Notice of Privacy Practice (NPP) which describes Capital Health's uses, access and disclosures of PHI, the patient's privacy rights and the procedure for making complaints. In addition, Capital Health makes a good faith effort to obtain each patient's written acknowledgment of receipt of the privacy notice. If Capital Health is unable to do so, it will document the attempts that were made and why such attempts were unsuccessful.

2. Remuneration for Protected Health Information

- 1. Except as listed below, if Capital Health receives remuneration for PHI, Capital Health does not disclose PHI for any purpose unless it has obtained the patient's authorization. Capital Health discloses PHI for the following purposes even if it is receiving direct or indirect remuneration in exchange for disclosing PHI:
 - a. Public health activities;
 - b. Research purposes as long as the remuneration received is reasonable cost-based fee to cover the cost to prepare and transmit the information for research purposes;
 - c. Treatment and payment purposes;
 - d. Sale, transfer, merger, or consolidation of all or any part of Capital Health and for related due diligence;
 - e. Services rendered by a business associate at the specific request of Capital Health;
 - f. To a patient or their personal representative when requested; or
 - g. Otherwise required by law permitted under the privacy regulations.

H. AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

1. Patient Authorization Required

If Capital Health intends to use, access or disclose PHI for purposes other than treatment, payment or healthcare operations, and when the use, access or disclosure is not otherwise authorized under Capital Health policy, Capital Health obtains a valid written and signed authorization from the patient or his or her personal representative. When Capital Health receives a valid patient authorization, all uses and disclosures pursuant to the authorization are consistent with its terms.

2. Who Can Execute an Authorization

The following individuals are authorized to sign an authorization:

1. The patient;
2. A personal representative with the legal authority to make medical decisions for an incapacitated patient, such as a court appointed guardian authorized to make medical decisions, healthcare agent, surrogate, parent, or other person acting *in loco parentis* that has the legal authority to make medical decisions on behalf of a minor subject to Capital Health's policy and procedure regarding personal representatives. The patient's caregiver may receive PHI regarding patient's health but is not allowed to authorize treatment of patient;
3. A person, executor or administrator of a deceased patient who has the authority to act on behalf of a deceased patient or the patient's estate. If there is no one listed with authority, the authority goes to the next of kin.

3. Documentation

Capital Health retains a written, signed copy of all authorizations in the patient's medical record for six (6) years from the date of the authorization's execution or the date when the authorization was last in effect, whichever is later.

4. Compound and Conditional Authorizations

1. Except as indicated in this Section, Capital Health does not condition a patient's treatment or payment on the patient's providing an authorization.
 - a. Capital Health requires the authorization if the purpose of providing the healthcare is to disclose the PHI to a third party. For example, if a hospital has a contract with an employer to provide fitness-for-duty exams to its employees, a hospital can refuse to conduct the exam if the employee refuses to provide an authorization to disclose the exam results to the employer.
 - b. Capital Health also conditions the provision of research-related treatment on the provision of an authorization.
2. Generally, an authorization for the use or disclosure of PHI will not be combined with any other

document. Any type of authorization may, however, be combined with any other type of authorization, with the following exceptions and conditions:

- a. An authorization for a use or disclosure of psychotherapy notes can **only** be combined with another psychotherapy note authorization.
- b. An authorization for a research study may be combined with any other type of written permission for the same or another research study, including consent to participate in such research.
- c. An authorization for a research study that conditions the provision of research-related treatment on the provision of the authorization may be combined with an authorization for other research activities that are not conditioned upon the provision of the authorization, if the compound authorization clearly differentiates between the conditioned and unconditioned research components and provides the individual with an opportunity to separately opt into (or not opt into) the research activities that are not conditioned upon authorization. For additional information regarding the use of research authorizations refer to Capital Health's research policy.
- d. Except for authorizations regarding conditioned research related treatment and unconditioned research, authorizations that condition the provision of treatment or payment cannot be combined with other authorizations.

5. Revocations

An individual can revoke his or her authorization, in writing, at any time, unless Capital Health has relied upon the authorization.

6. Specific Authorizations.

1. **Authorizations for Psychotherapy Notes.** There are special rules regarding release of psychotherapy notes. Capital Health obtains an authorization prior to using or disclosing a patient's psychotherapy notes for any purpose, except those listed below. **Psychotherapy notes are the notes of a mental health professional that document or analyze conversations during a counseling session and are separated from the rest of the patient's medical record.** Psychotherapy notes do not include medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of diagnosis, functional status, treatment plan, symptoms, prognosis and progress to date.

An authorization will not be required when the psychotherapy notes will be used or disclosed for the following purposes:

- a. Use by the originator of the psychotherapy notes for treatment;
- b. Use or disclosure by Capital Health for its own mental health training programs;
- c. Use, access and disclosure by Capital Health to defend itself in a legal action or other proceeding brought by the patient;
- d. Disclosures to New Jersey's Department of Health and Senior Services to investigate Capital Health's compliance with the law;

- e. Uses and disclosures required by the law, if the use or disclosure complies with and is limited to the relevant requirements of such law;
- f. Disclosures to a health oversight agency in connection with the oversight of the originator of the psychotherapy notes;
- g. Disclosures to coroners or medical examiners for the purpose of identifying a deceased person, determining the cause of death or other duties as authorized by law; or
- h. Consistent with applicable law and standards of ethical conduct, uses and disclosures which are based on a good faith belief of Capital Health that such uses or disclosures are necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and such uses or disclosures are to a person or persons who may reasonably be able to prevent or lessen the threat.

7. Use of Authorizations

Capital Health will obtain a signed authorization from patients to use and disclose their health information. A copy of the completed authorization form will be provided to the patient.

1. Who May Sign an Authorization

- a. Competent patients that are at least 18 years old.
- b. A person with the legal authority to make medical decisions for an incapacitated patient such as a court appointed guardian, a person defined as a surrogate decision maker in Administrative Policy - *Informed Consent*, or a health care agent.
- c. An executor or administrator of a deceased patient's estate.
- d. A parent, legal guardian, personal representative, or other person acting *in loco parentis* that has the legal authority to make decisions on behalf of a minor.
 - i. Capital Health does not treat a person as a personal representative of a patient, if Capital Health reasonably believes that:
 - a. The patient has been or may be subject to domestic violence, abuse or neglect by such person; or
 - b. Treating such person as a personal representative could endanger the patient.

2. Documentation of Authorization

Capital Health retains a written, signed copy of the authorization.

3. Valid Authorization

Capital Health uses its standard Authorization Form any time that an Authorization is required. Changing the standard Capital Health Authorization Form, or customizing the form for a special need, requires the prior written approval of the Chief Privacy Officer. All authorization forms must be in plain language and contain the following elements:

- a. A meaningful description of the information to be used or disclosed;

- b. The name or other specific identification of the person(s), or classes of persons, authorized to make the requested use or disclosure;
- c. The name or other specific identification of the person(s), or class of persons, to whom Capital Health may make the requested use or disclosure;
- d. A description of each purpose of the requested use or disclosure;
- e. The date that the authorization will expire, or an event that will trigger the expiration of the authorization;
- f. The individual's signature (or the signature of the individual's personal representative). If signed by an individual's personal representative a description of the representative's authority to act for the individual must be documented.
- g. The date the Authorization form was completed.
- h. A description of the individual's right to revoke the authorization in writing.

4. Revocation of Authorization

An individual may revoke an authorization at any time by submitting a written request to revoke the authorization. When the patient's PHI has already been used or disclosed based on the authorization, the authorization may only be revoked for future uses and disclosures. Past uses and disclosures will be unaffected by the revocation.

5. Defective Authorizations

Capital Health does not accept an authorization if:

- a. The authorization's expiration date has passed or the expiration event is known by Capital to have occurred;
- b. The authorization has not been filled out completely;
- c. The authorization form contains material information known by Capital Health to be false;
- d. The authorization form has been revoked;
- e. The authorization form is improperly combined with another authorization or consent form (as discussed in Section 6 below).

6. Compound and Conditional Authorizations

a. Compound Authorizations

Capital does not combine an authorization for the use or disclosure of patient information with any other document except for the following:

- i. An authorization for disclosure of PHI for a research study may be combined with any other type of written permission for the same research study.
- ii. An authorization for disclosure of PHI may be combined with any other valid authorization with the following exceptions:
 - a. Authorizations that are for the release of psychotherapy notes;

or

b. Conditional authorizations (see below)

b. Prohibition on Conditioning of Authorizations

Capital Health may not condition a patient's treatment on the patient providing an authorization unless one of the following exceptions apply:

- i. The provision of health care services may be conditioned on the patient providing an authorization for the disclosure of information when the health care services provided are solely for the purpose of creating health information for disclosure to a third party and the authorization for disclosure of information is to such third party. For example, Occupational Health has contracts with an employer to provide fitness-for-duty exams to its employees. Capital Health can refuse to conduct the exam if the employee refuses to provide an authorization to disclose the exam results to the employer.
- ii. Capital Health also conditions the provision of research-related treatment on the provision of an authorization.

7. Authorizations for Psychotherapy Notes

Generally, Capital Health obtains an authorization prior to using or disclosing a patient's psychotherapy notes¹. An authorization is not required, however, when the psychotherapy notes will be used or disclosed:

- a. By the originator of the psychotherapy notes for treatment;
- b. By Capital Health for its own training programs in which students, trainees, or practitioners in mental health learn under supervision to improve their skills in group, joint, family, or individual counseling;
- c. By Capital Health to defend a legal action or other procedure brought by the patient;
- d. By the Secretary of Health and Human Services to investigate Capital Health's compliance with the law;
- e. As otherwise required by the law, if the use or disclosure complies with and is limited to the relevant requirements of such law;
- f. By a health oversight agency in connection with the oversight of the originator of the psychotherapy notes; or
- g. Based on the good faith belief of Capital Health, to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

I. RESPONDING TO PUBLIC INQUIRY ABOUT PATIENTS

Capital Health limits the amount of information that it releases to the public concerning individuals in an inpatient status at Capital Health hospitals as required by 45 CFR Section 510 (a). Capital Health

provides patients with the option of having no information about them released in response to inquiries made about them.

1. Responding To Public Inquiries Concerning Individuals in an Inpatient Status

Where a member of the public, either by telephone, in person or through any other means, inquires about a patient using the patient's first and last name, Capital Health may:

1. Acknowledge the patient's presence in the hospital;
2. Disclose the patient's location in the hospital; and
3. Provide a one-word description of the patient's condition using the following terms:
 - a. Critical
 - b. Serious
 - c. Fair
 - d. Stable
 - e. Good

If the individual making the inquiry is unable to correctly provide the patient's first and last names, Capital Health does not release any information about the patient.

2. Patients Who Opt Out of Capital Health's Directory

1. Capital Health, through its Notice of Privacy Practices, informs patients of their option to have no information about them released in response to inquiries.
2. Where a patient exercises his or her option to not have information released, Capital Health refrains from acknowledging the patient's presence in the hospital, or from releasing any other information regarding the patient in response to public inquiries.

J. DISCLOSURE OF PROTECTED HEALTH INFORMATION TO PERSONS INVOLVED IN PATIENT'S CARE

Patients often have spouses, family members, friends or other significant individuals who take an active role in the care of the patient by providing emotional support, helping the patient make decisions about their care, picking-up prescriptions, medical supplies, radiological test results or by assisting in the payment of the patient's care. Capital Health limits the disclosure of its patients' PHI to its patients' spouses, family members, friends or other significant individuals in accordance with this policy.

Additionally, it is often necessary or appropriate to notify a spouse, family member, friend or other significant individual of the patient's presence in the hospital, their general condition or their death.

Capital Health exercises professional judgment in using or disclosing the patient's PHI for purposes of notifying such individuals.

Capital Health's staff continues to disclose such information after the patient's death, unless such disclosure is inconsistent with any prior expressed preferences of the decedent.

Where the patient is awake, alert and oriented, the patient will decide who their PHI can be released to and who can make medical decisions for them. Patient should be consulted on who visits them while in the hospital, including the Emergency Room.

1. Disclosures In The Presence Of the Patient

1. Where the patient is present and has the capacity to make health care decisions, before discussing patient information in the presence of others Capital Health Personnel will:
 - a. Ask for the patient's permission to discuss his or her information with others present;
 - b. Give the patient an opportunity to object to discussing his or her information with others present and only discuss the information if the patient does not object; or
 - c. Exercise professional judgment in determining whether the patient would object to discussing his or her information with others present;

2. Disclosures Outside The Presence Of The Patient; Incapacity Or Emergency

Where the patient is awake, alert and oriented, the patient will decide who their Protected Health Information can be released to and who can make medical decisions for them.

1. Disclosures Where the Patient is not Present or is Incapacitated or In Emergencies

Where the patient is not present, or if the patient is incapacitated or in emergency circumstances, Capital Health personnel will:

- a. Exercise professional judgment to determine whether the disclosure is in the best interests of the patient; and
- b. Exercise professional judgment to limit the disclosure to information that is directly relevant to the individual's role in the patient's care.

2. Release of Radiology Films, Prescriptions and Medical Supplies

Capital Health Personnel may release prescriptions, medical supplies, X-rays, or other similar forms of patient information to a person acting on behalf of the patient when in the exercise of professional judgment it is in the patient's best interests.

3. Notification

In certain circumstances it may be necessary or appropriate to notify a patient's spouse family member, friend, or other significant individual of the patient's location, general condition or death. For example,

when a minor patient is admitted to the emergency room, it may be appropriate to notify the minor's parents. Or, when an elderly patient who has no spouse dies, it may be appropriate to notify the patient's children.

Capital Health Personnel uses or discloses patient information to notify, or assist in the notification of (including identifying or locating), of individuals who are responsible for the care of the patient under the following circumstances:

1. Where the patient is present and has the capacity to make health care decisions, Capital Health Personnel uses the patient's PHI for notification purposes where the patient has agreed to the notification.
2. Where the patient is incapacitated or there is an emergency and the patient is unable to agree to the notification, Capital Health Personnel exercises professional judgment in determining whether the disclosure is in the best interests of the patient.

4. Release Of Prescriptions, Medical Supplies, Radiological Diagnostic Test Results, Copies Of Medical Records Or Other Similar Forms Of Patient Information

Capital Health Personnel uses professional judgment to make reasonable inferences regarding the patient's best interests when allowing a person to act on behalf of the patient to pick-up filled prescriptions, medical supplies, radiological diagnostic test results, copies of medical records or other similar forms of patient information.

5. Rights of Personal Representatives

Capital Health treats a patient's personal representative as if he/she were the patient for purposes of making uses and disclosures of patient information to the personal representative and allowing the personal representative to exercise the patient's available privacy rights (including the right to access and request amendments to patient information).

1. **Identification of Personal Representatives**
 - a. **Adults and Emancipated Minors**

If, under applicable law, a person has the authority to act on behalf of an adult or emancipated minor patient in making health care decisions, Capital Health treats such person as a personal representative of the patient. Examples of legal representatives include: health care agents, and guardians legally appointed pursuant to applicable legal proceedings.

In addition, for deceased patients, if an executor, administrator, or other person has authority under applicable law to act on behalf of the patient or the patient's estate, Capital Health treats such person as the patient's personal representative.

b. Unemancipated Minors

If under New Jersey law, a parent, guardian or other person acting *in loco parentis* for an unemancipated minor has the authority to act on behalf of the minor patient in making health care decisions, Capital Health treats such person as a personal representative with respect to the patient information relevant to such person's authority.²

2. Limitations

- a. Even though a person may otherwise be considered a personal representative of a patient, Capital Health may elect not to treat such person as the personal representative if Capital Health has a reasonable belief that:
 - i. The patient has been or may be subjected to domestic violence, abuse, or neglect by such person; or
 - ii. Treating such person as the personal representative could endanger the patient; and Capital Health, in the exercise of professional judgment, decides that it is not in the best interest of the patient to treat the person as the patient's personal representative
- b. A parent, guardian or other person acting *in loco parentis* for an unemancipated minor may not be treated as a personal representative with respect to the minor's health information in the following situations:
 - i. The minor consents to a health care service, no other consent to such health care service is required by law (regardless of whether the consent of another person has also been obtained), and the minor has not requested that such person be treated as a personal representative;
 - ii. The minor may lawfully obtain a health care service without the consent of a parent, guardian, or other person acting *in loco parentis*, and the minor, a court, or another person authorized by law consents to such health care service; or
 - iii. A parent, guardian or other person acting *in loco parentis* assents to an agreement of confidentiality between a covered health care provider and the minor with respect to a health care service.

Notwithstanding the foregoing, Capital Health complies with state law in allowing access to patient information in regard to an unemancipated minor.

Finally, when a parent, guardian or other person acting *in loco parentis* is not a personal representative (as defined in paragraph B, above) and no applicable provision under New Jersey State or other law (including case law) grants access to the health information of an unemancipated minor, a Covered Entity may provide or deny access to such individual if the decision is consistent with New Jersey State or other applicable law, provided that the decision is made by a licensed health care professional exercising professional judgment.

K. DISCLOSURE OF PROTECTIVE HEALTH INFORMATION RELATED TO REPRODUCTIVE HEALTH CARE IN RESPONSE TO REQUESTS FROM HEALTH OVERSIGHT ACTIVITIES, LAW ENFORCEMENT, CORONERS' OFFICE/MEDICAL EXAMINER, JUDICIAL/ADMINISTRATIVE PROCEEDINGS

Capital Health is committed to remaining in compliance with established HIPAA privacy regulations and applicable state law by protecting the privacy of PHI, including reproductive health care.

1. Disclosures to Law Enforcement, Health Oversight Activities, Coroner's Office/Medical Examiner, Judicial/Administrative Proceedings.

1. Permitted Use and Disclosure

1. Capital Health will not use or disclose PHI related to reproductive health care for purposes of investigating or imposing liability for seeking, obtaining, providing, or facilitating care that is lawful in the state in which health care is provided without a legal authorization or specific consent.

2. Authorized Disclosures

1. PHI disclosures to Law Enforcement, Health Oversight Activities, Coroner's Office/Medical Examiner, Judicial/Administrative Proceedings require a signed attestation affirming the disclosure is not for the following prohibited purposes:
 - a. To conduct a criminal, civil, or administrative investigation into any person for the mere act of seeking, obtaining, providing, or facilitating lawful reproductive health care.
 - b. To impose criminal, civil, or administrative liability on any person for the mere act of seeking, obtaining, providing, or facilitating lawful reproductive health care.
 - c. To identify any person for any purpose described above in (a) or (b).

L. DISCLOSURE OF PROTECTED HEALTH INFORMATION IN RESPONSE TO REQUESTS

FROM LAW ENFORCEMENT AGENCIES

Capital Health discloses PHI in response to requests from law enforcement agencies in compliance with limitations established by the HIPAA privacy regulations and applicable state law.

1. Disclosures to Law Enforcement Agencies that are Required by Law

1. Reporting Wounds or Physical Injuries

State law requires Capital Health to disclose PHI to certain law enforcement agencies when individuals seek treatment for certain kinds of wounds. Capital Health complies with this requirement by reporting these cases through its Emergency Departments.

Emergency Department personnel report to the police when an individual presents to the Emergency Department seeking treatment for a wound that likely resulted from:

- a. A firearm;
- b. Destructive Device;
- c. Explosive; or
- d. Other weapon.

When contacting the police department, limit the report to the following information:

- a. Identity of Patient (name, address and telephone number);
- b. Date and time the individual sought treatment;
- c. Nature of wound (gunshot, stabbing, contusion, etc.);
- d. Extent of injury;

Record the disclosure of information in the patient's Medical Record.

Reports are made to the police department with jurisdiction over the location where the individual suffered the injury.

2. Responding to Legal Process Issued by a Law Enforcement Agency

- a. Capital Health discloses PHI to a law enforcement official in compliance with and as limited by the requirements of:
 - i. A court ordered subpoena or summons issued by a judge;
 - ii. A grand jury subpoena; or
 - iii. An administrative request, including a subpoena or summons from an administrative agency, an investigative demand from an authorized body, or similar process authorized under law, provided that all three of the following requirements are met:

- a. The information sought is relevant and material to a legitimate law enforcement inquiry;
 - b. The request is specific and limited in scope to the extent practicable in light of the purpose for which the information is sought; and
 - c. De-identified information could not reasonably be used to fulfill the request.
- b. Responses to these requests are processed by the Health Information Management Department (HIM). Forward all legal process described in this Section to the Director of HIM for processing. When received, the Director of HIM:
- i. Provides a copy of the document to the Chief Legal Officer;
 - ii. Reviews the document to determine whether it is valid;
 - a. If there is a question as to the validity of the document, forward the document to the Chief Legal Officer.
 - iii. Determines whether the document complies with the requirements described above at sections i, ii, and iii.
 - a. Where the document does not comply with these standards forward the request to the Privacy Officer.
 - b. Where the document complies with standards i, ii, and iii, above, the Director of HIM coordinates disclosure of the information in a time and manner that complies with the requirements of the document.
 - 1. Strictly limit information disclosed to the actual information requested in the document.
 - iv. Maintains a copy of the document and Capital Health's response to the document in the patient's Medical Record.

2. Responding to a Law Enforcement Official's Verbal Request for Protected Health Information

Direct law enforcement agents who either present on Capital Health property or contact Capital Health via telephone or electronic mail, and request information about a patient to the Security Department. The Security Department facilitates Capital Health's response to the request in accordance with the terms of this policy. Follow the procedure outlined below, when a law enforcement officer makes a request for PHI for one of the purposes addressed in this section.

1. Direct law enforcement agents who request information about a patient (in person or by telephone/fax/e-mail) to the Security Department. The Security Department facilitates Capital Health's response to the request in accordance with the terms of this policy.

Note: This procedure applies only where the law enforcement official is requesting that Capital Health provide information directly to the law enforcement officer/law enforcement agency. If

the law enforcement officer asks to speak with a patient, the officer's request should be handled under Capital Health Policy - Visitor Control. In applying this policy the law enforcement officer should be treated as a visitor.

Step 1: Verify the identity of the requestor and the nature of the request.

- A. If the request is made by a law enforcement officer that presents at a Capital Health facility:
 - a. Ask the law enforcement officer to provide his or her official credentials (badge, photo identification);
 - b. Record the Officer's identity on the "Law Enforcement Request for Patient Information" form.
 - c. Ask the law enforcement officer to complete Section 1 and 2 of "Law Enforcement Request for Patient Information" form.
 - d. Ask the law enforcement officer to sign and date the form, where indicated.
- B. If the request is made by telephone, fax the "Law Enforcement Request for Patient Information" form to the Requestor.
 - a. Instruct the Requestor to complete the form and return it by Facsimile.
- C. Refer the request to one of the following individuals:
Trauma Program Manager;
Unit Management;
Administrative Coordinator.

Step 2. Identify the Purpose of the Request (Trauma Program Manager, Unit Manager, Administrative Coordinator).

- A. Review the request form to determine the purpose of the request.
 - a. Contact the law enforcement officer (requestor) if necessary to obtain additional information;
 - b. Document any additional information obtained from this conversation;
 - c. If the purpose of the request is for the purpose to locate a suspect, fugitive, material witness, or missing person, proceed under Step 3, below;
 - d. If the purpose of the request is to obtain information about the victim of a crime proceed under Step 4, below.
 - e. If the purpose of the request is to obtain information about an individual that committed a crime that occurred on Capital Health property, proceed to Step 5, below.
 - f. If the purpose of the request is to obtain information about an individual that committed a crime that did not occur on Capital Health property, proceed to Step 6, below.

Step 3: Disclosures to assist in identifying a suspect, fugitive, material witness or missing person.

- A. Where the request is for the purpose of identifying a suspect, fugitive, material witness or a missing person, you may disclose the information listed below. Limit disclosures to only the actual information requested by the law enforcement agent:
- a. Name and address;
 - b. Date and place of birth;
 - c. Social security number;
 - d. ABO blood type and Rh factor;
 - e. Type of injury;
 - f. Date and time of treatment
 - g. Date and time of death, if applicable, and
 - h. A description of distinguishing physical characteristics, including height, weight, gender, race, hair and eye color, presence or absence facial hair, scars and tattoos.
 - i. Disclosure of Genetic Information: Capital Health does not disclose any information related to an individual's DNA or DNA analysis, dental records or typing, samples or analysis of body fluids or tissue for purposes of locating or identifying a suspect.
- B. Document the disclosure in the patient's Medical Record and forward the completed "Law Enforcement Request for Patient Information" form to the Compliance Office.

Step 4: Requests for Information About the Victim of a Crime.

- A. Where the request is about the victim of a crime, determine whether the patient is awake, alert, oriented and able to make decisions regarding his or her own treatment:
1. If the patient is awake alert and oriented and able to make decisions regarding his or her own treatment:
 - a. Refer the law enforcement officer to the patient, and allow the patient to decide whether to disclose information.
 - b. The law enforcement officer should be treated as a visitor under *Policy - Visitor Control*.
 - c. Request that clinical staff present document the encounter in the patient's medical record.
 - d. Forward the completed "Law Enforcement Request for Patient Information" form to the Compliance Office.
 2. If the patient is not awake alert and oriented and able to make decisions regarding his or her own treatment:

- a. Review the information provided by the law enforcement officer on form "Law Enforcement Request for Patient Information".
- b. Make sure that all four boxes in Section 2, Requests for Information: Patient Believed to be a Victim of Crime are checked. If all four boxes are completed, you may disclose only the following information:
 1. The nature and extent of the patient's injury;
 2. The patient's current condition; and
 3. The patient's prognosis

*Example: "Stabbing to L Chest – pneumothorax/
pulmonary Contusion/on vent – patient critical/
prognosis unclear as of yet"*

- c. If all four boxes in Section 2 are not checked, inform the law enforcement officer that Capital Health policy prohibits disclosure in these circumstances. Refer the law enforcement officer to Director of Security or the Privacy Officer for additional information.
- d. Document the encounter in the patient's Medical Record.
- e. Forward the completed "Law Enforcement Request for Patient Information" to the Compliance Office.

2. Disclosures Requested by a Law Enforcement Official

State and Federal law permits Capital Health to disclose information in response to the request of a law enforcement official, when the request is for certain law enforcement purposes. This section identifies when Capital Health may disclose PHI at the request of a law enforcement official and what information may be disclosed.

a. Locating a Suspect, Fugitive, Material Witness, or Missing Person.

Capital Health discloses Protected Health Information to a law enforcement official, in response to that official's request for information for the purpose of identifying or locating a suspect, fugitive, material witness or missing person. For these purposes, Capital Health only discloses the following information:

1. Name and address;
2. Date and place of birth;
3. Social security number;
4. ABO blood type and Rh factor;
5. Type of injury;
6. Date and time of treatment
7. Date and time of death, if applicable, and

8. A description of distinguishing physical characteristics, including height, weight, gender, race, hair and eye color, presence or absence of facial hair, scars and tattoos.

Disclosure of Genetic Information

Capital Health will not disclose any information related to an individual's DNA or DNA analysis, dental records or typing, samples or analysis of body fluids or tissue for purposes of locating or identifying a suspect.

b. Requests For Information About a Patient Believed to be a Victim of a Crime

Capital Health discloses information to a law enforcement official in response to that official's request about an individual who is, or is suspected to be, a victim of a crime only when:

1. The individual agrees to the disclosure; or
2. Capital Health cannot obtain the individual's agreement because of incapacity or other emergency circumstances; and
 - i. The law enforcement official states that the information requested is needed to determine whether a person other than the individual-victim violated the law, and that the information is not intended to be used against the individual-victim;
 - ii. The law enforcement official states that an immediate law enforcement activity would be materially and adversely affected by waiting until the individual-victim gains sufficient capacity to agree; and
 - iii. The disclosure is in the best interest of the individual-victim.

3. Evidence of a Crime on the Premises

State and Federal law permit Capital Health to disclose Protected Health Information to a law enforcement official when it appears that the Protected Health Information constitutes evidence of criminal conduct that occurred on Capital Health premises.

- a. Staff believes that a crime has been committed on Capital Health property report the incident to the Capital Health Security Department.
- b. The Director of Capital Health Security, or his Designee, determines whether to report the incident to a law enforcement official. In determining whether to report a crime committed on Capital Health property, and the extent of information that is necessary to be disclosed, the Director of Security considers:
 - i. The desires of the victim, if any;
 - ii. The extent to which individuals or property were harmed, or could have been harmed, in the commission of the suspected criminal act;
 - iii. The extent to which the crime or the individual present a risk to Capital Health, its employees, patients or the community at large;

- iv. The effect that not reporting the suspected criminal act will have on Capital Health, its employees, patients or the community at large; and
 - v. Any other relevant factors.
- c. Disclosures of Protected Health Information related to crimes committed on Capital Health Property are limited to information directly related to the incident. Such disclosures are limited to the following information:
- i. Identity of the individual(s) who committed the act which is the subject of the report;
 - ii. A description of the events that constitute the suspected illegal act;
 - iii. Only disclose whether the individual that is the suspect of the criminal act is a Capital Health patient only when necessary. Do not disclose the medical service or treatment which the individual sought or received without authorization of the Privacy Officer.

Additional information is only reported at the authorization of the Privacy Officer. Capital Health will disclose the minimum amount of information necessary to report the conduct and to remove, to the extent practicable, the risk of future harm to Capital Health, its employees and the community.

3. Other Disclosures to Law Enforcement Agencies

1. Medical Emergency

Capital Health discloses Protected Health Information to a law enforcement official when Capital Health is providing emergency health care services in response to a medical emergency and the disclosure of the Protected Health Information is necessary to alert law enforcement officials to:

- a. The commission and nature of a crime;
- b. The location of the crime or victims of the crime; and
- c. The identity, description and location of the perpetrator of the crime.

2. Medical Emergencies Involving Abuse, Neglect or Domestic Violence

Where an medical emergency is the result of abuse, neglect, or domestic violence, any disclosure to law enforcement officials for law enforcement purposes must be made in compliance with Capital Health rules on reporting abuse, neglect and domestic violence (Policy - Use Disclosure Protected Health Information in Response To a Request from Health Oversight Agencies, Authorities to Meet Capital Health Obligations).

3. Disclosures to avert a Serious Threat to Health or Safety

Capital Health discloses Protected Health Information to law enforcement official where it appears that the disclosure is necessary for law enforcement authorities to apprehend or identify an individual:

- a. Who appears to have escaped from a correctional institution or from lawful custody; or
- b. Who has admitted participating in a violent crime that may have caused serious physical harm to the victim, if such disclosure is limited to the contents of the individual's statement and provides only:
 - i. Name and address;
 - ii. Date and place of birth;
 - iii. Social security number;
 - iv. ABO blood type and Rh factor;
 - v. Type of injury;
 - vi. Date and time of treatment;
 - vii. Date and time of death, if applicable, and
 - viii. A description of distinguishing physical characteristics, including height, weight, gender, race, hair and eye color, presence or absence of facial hair, scars and tattoos.

Capital Health does not use or disclose Protected Health Information that was obtained in the course of treating the individual's tendency to engage in the criminal conduct that is the subject of the disclosure, or by means of a request by the individual to be treated or referred for treatment, counseling or therapy for such condition.

Disclosures to law enforcement regarding patient elopements or to locate or identify a medical decision maker, are disclosures for treatment purposes. Capital Health's general rules for using and disclosing PHI for treatment purpose govern such disclosures.

4. Disclosures to Correctional Institutions and Other Custodial Agents

Capital Health discloses PHI to a correctional institution or law enforcement official, if the correctional institution or law enforcement official represents that the information concerns an individual who is an inmate or is in custody and the information is necessary for:

- a. The provision of health care to such individuals;
- b. The health and safety of such individual or other inmates;
- c. The health and safety of the officers or employees of or others at the correctional institution;
- d. The health and safety of such individuals and officers or other persons responsible for the transporting of inmates or their transfer from one institution, hospital, or setting to another;
- e. Law enforcement on the premises of the correctional institution; and
- f. The administration and maintenance of the safety, security, and good order of the

correctional institution.

4. Requests For National Security Purposes

Capital Health uses and discloses PHI in response to requests from the military or a government agency engaged in national security activities in compliance with limitations established by the HIPAA privacy regulations and applicable State law.

1. Disclosures To The Military Or A Government Agency Engaged In National Security Activities

a. Use and Disclosure for Military and Veteran Activities

i. The Armed Forces

Capital Health discloses Protected Health Information concerning Armed Forces personnel for activities deemed necessary by an appropriate military authority to assure proper execution of its military mission where:

- a. The military authority published notice in the Federal Register containing the appropriate military command authorities and the purposes for which the Protected Health Information may be used or disclosed.

b. Foreign Military Personnel

Capital Health discloses Protected Health Information concerning foreign military personnel in response to a request from an appropriate foreign military authority for activities deemed necessary by an appropriate military authority to assure proper execution of its military mission.

b. Disclosure for National Security and Intelligence Activities

Capital Health discloses an individual's Protected Health Information to authorized federal officials for the performance of lawful intelligence, counter-intelligence, and other national security activities authorized by the National Security Act (50 U.S.C. 401, et seq.) and implementing authority (e.g., Executive Order 12333).

c. Disclosure for Protective Services for the President and Others

Capital Health discloses an individual's Protected Health Information to authorized federal officials for the provision of protective services to the President or other persons authorized by 18 U.S.C. 3056; to foreign heads of state or other persons authorized by 22 U.S.C. 2709(a)(3); or for the conduct of investigations authorized by 18 U.S.C. 871 and 879.

d. Processing of Requests

All requests governed by this policy should be directed to Capital Health's Chief Privacy Officer.

M. REFERENCES

42 CFR §164.530
45 CFR §§ 164.530(d)
45 CFR §§ 164.530(e)
45 CFR §§ 160.103
45 CFR §§ 164.508
45 CFR §§ 164.510
45 CFR §§ 164.512
45 CFR §§ 164.411 (a)
45 CFR § 164.502(g)
45 CFR §§ 164.512
45 CFR §§ 164.502(b)
45 CFR §§ 164.514(d)(1)
45 CFR §§ 164.539(c)(1)

United States Department of Health and Human Service, Office of Inspector General's Supplemental Compliance Guidance to Hospital, January 27, 2005, 70 F.R. 4858

United States Department of Health and Human Service, Office of Inspector General's Compliance Guidance to Hospital, February 23, 1998, 63 F.R. 8987

Federal Sentencing Guidelines, Sentencing Manual, Chapter 8, Sentencing Organizations, U.S.S.G. §8, Updated 2018

¹ Psychotherapy notes are those notes recorded by a mental health professional documenting or analyzing the contents of conversation during a counseling session. Psychotherapy notes must be separate from the rest of the patient's medical record.

² **Note:** Under New Jersey State Law there are various legal requirements for parental or guardian access to the patient information of minors and such laws should be considered when determining access to a minor's information.

APPENDIX A

NOTICE OF PRIVACY PRACTICE

A. JOINT PRIVACY NOTICE

THIS JOINT NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

INTRODUCTION

This Joint Notice is being provided to you on behalf of Capital Health System, Inc. ("**Capital Health**") and the practitioners with clinical privileges that work at Capital Health's facilities (collectively referred to herein as "We" or "Our").

We understand that your medical information is private and confidential. Further, we are required by law to maintain the privacy of "protected health information." "Protected health information" or PHI includes any individually identifiable information that we obtain from you or others that relates to your past, present or future physical or mental health, the health care you have received, or payment for your health care. We will share protected health information with one another, as necessary, to carry out treatment, payment or health care operations relating to the services to be rendered at Hospital facilities.

As required by law, this notice provides you with information about your rights and our legal duties and privacy practices with respect to the privacy of protected health information. This notice also discusses the uses and disclosures we will make of your protected health information. We must comply with the provisions of this notice as currently in effect, although we reserve the right to change the terms of this notice from time to time and to make the revised notice effective for all protected health information we maintain. You can always request a written copy of our most current privacy notice from Capital Health's Chief Privacy Officer as described at the end of this notice or you can access it on our website at www.Capitalhealth.org.

A. Understanding Your Health Record/Information

Each time you visit a Capital Health facility we make a record of your visit. Most often, this record contains notes about your symptoms, results of physical examinations and tests, diagnosis, treatment, and plans for future care or treatment. This information, sometimes referred to as your health or medical record, serves as a:

- basis for planning your care and treatment
- means of communication to other health professionals who may care for you
- legal document telling about the care you received
- means by which you or a third party payer (insurer or others legally responsible to pay for your medical care) can be sure that services billed were actually given to you
- a tool for educating health care givers (for example: doctors, nurses, dieticians)
- a source of data for medical research (data is not identified with you)
- a source of information for public health officials charged with improving the health of the public
- a source of data for hospital planning and marketing (in a format that does not specifically identify you)
- a tool with which we can use to improve the care we give and the results we achieve

Understanding what information is in your medical records and how your health information is used helps you to:

- Make sure it is correct;
- Better understand who, what, where and why others may see and use your health information;
- Make informed choices when you permit others to see your personal health information;

PERMITTED USES AND DISCLOSURES

We can use or disclose your protected health information for purposes of *treatment, payment and health care operations*. For each of these categories of uses and disclosures, we have provided a description and an example below. However, not every particular use or disclosure in every category will be listed.

- **Treatment** means the provision, coordination or management of your health care, including consultations between health care providers relating to your care and referrals for health care from one health care provider to another. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to contact a physical therapist to create the exercise regimen appropriate for your treatment.
- **Payment** means the activities we undertake to obtain reimbursement for the health care provided to you, including billing, collections, claims management, determinations of eligibility and coverage and other utilization review activities. For example, we may need to provide PHI to your Third Party Payor to determine whether the proposed course of treatment will be covered or if necessary to obtain payment. Federal or State law may require us to obtain a written release from you prior to disclosing certain specially protected health information for payment purposes, and we will ask you to sign a release when necessary under applicable law.
- **Health care operations** means the support functions of the Hospital, related to *treatment and payment*, such as quality assurance activities, case management, receiving and responding to patient comments and complaints, physician reviews, compliance programs, audits, business planning, development, management and administrative activities. For example, we may use your protected health information to evaluate the performance of our staff when caring for you. We may also combine health information about many patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose PHI for review and learning purposes. In addition, we may remove information that identifies you so that others can use the de-identified information to study health care and health care delivery without learning who you are.

OTHER USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

In addition to using and disclosing your information for treatment, payment and health care operations, we may use your protected health information in the following ways:

- We may contact you to provide appointment reminders for your treatment or medical care.
- We may contact you to tell you about or recommend possible treatment alternatives or other health-related benefits and services that may be of interest to you.
- We may disclose to your family or friends or any other individual identified by you protected

health information directly related to such person's involvement in your care or the payment for your care. We may use or disclose your protected health information to notify, or assist in the notification of, a family member, a personal representative, or another person responsible for your care, of your location, general condition or death. If you are present or otherwise available, we will give you an opportunity to object to these disclosures, and we will not make these disclosures if you object. If you are not present or otherwise available, we will determine whether a disclosure to your family or friends is in your best interest, taking into account the circumstances and based upon our professional judgment.

- We may include certain limited information about you in the hospital directory while you are a patient at the Hospital. This information may include your name, location in the Hospital and your religious affiliation. The directory information, except for your religious affiliation, may be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they do not ask for you by name. This will allow your family, friends, and clergy to visit you in the Hospital. You may request that your information not be listed in the directory.
- When permitted by law, we may coordinate our uses and disclosures of protected health information with public or private entities authorized by law or by charter to assist in disaster relief efforts.
- We will allow your family and friends to act on your behalf to pick-up filled prescriptions, medical supplies, X-rays, and similar forms of protected health information, when we determine, in our professional judgment that it is in your best interest to make such disclosures.
- We may contact you as part of our fund-raising and marketing efforts as permitted by applicable law.
- We may use or disclose your protected health information for research purposes, subject to the requirements of applicable law. For example, a research project may involve comparisons of the health and recovery of all patients who received a particular medication. All research projects are subject to a special approval process which balances research needs with a patient's need for privacy. When required, we will obtain a written authorization from you prior to using your health information for research.
- We will use or disclose protected health information about you when required to do so by applicable law.

NOTE: IN ACCORDANCE WITH APPLICABLE LAW, WE MAY DISCLOSE YOUR PROTECTED HEALTH INFORMATION TO YOUR EMPLOYER IF WE ARE RETAINED TO CONDUCT AN EVALUATION RELATING TO MEDICAL SURVEILLANCE OF YOUR WORKPLACE OR TO EVALUATE WHETHER YOU HAVE A WORK-RELATED ILLNESS OR INJURY. YOU WILL BE NOTIFIED OF THESE DISCLOSURES BY YOUR EMPLOYER OR THE HOSPITAL AS REQUIRED BY APPLICABLE LAW.

Note: incidental uses and disclosures of PHI sometimes occur and are not considered to be a violation of your rights. Incidental uses and disclosures are by-products of otherwise permitted uses or disclosures which are limited in nature and cannot be reasonably prevented.

SPECIAL SITUATIONS

Subject to the requirements of applicable law, we will make the following uses and disclosures of your

protected health information:

- **Organ and Tissue Donation.** If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- **Military and Veterans.** If you are a member of the Armed Forces, we may release health information about you as required by military command authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority.
- **Worker's Compensation.** We may release health information about you for programs that provide benefits for work-related injuries or illnesses.
- **Public Health Activities.** We may disclose health information about you for public health activities, including disclosures:
 - to prevent or control disease, injury or disability;
 - to report births and deaths;
 - to report child abuse or neglect;
 - to persons subject to the jurisdiction of the Food and Drug Administration (FDA) for activities related to the quality, safety, or effectiveness of FDA-regulated products or services and to report reactions to medications or problems with products;
 - to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
 - to notify the appropriate government authority if we believe that an adult patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if the patient agrees or when required or authorized by law.
- **Health Oversight Activities.** We may disclose health information to Federal or State agencies that oversee our activities. These activities are necessary for the government to monitor the health care system, government benefit programs, and compliance with civil rights laws or regulatory program standards.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose health information subject to certain limitations.
- **Law Enforcement.** We may release health information if asked to do so by a law enforcement official:
 - In response to a court order, subpoena, warrant, summons or similar process;
 - To identify or locate a suspect, fugitive, material witness, or missing person;
 - About the victim of a crime under certain limited circumstances;
 - About a death we believe may be the result of criminal conduct;
 - About criminal conduct on our premises; and
 - In emergency circumstances, to report a crime, the location of the crime or the victims, or the identity, description or location of the person who committed the crime.
- **Coroners, Medical Examiners and Funeral Directors.** We may release health information to a

coroner or medical examiner. Such disclosures may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information about patients to funeral directors as necessary to carry out their duties.

- **National Security and Intelligence Activities.** We may release health information about you to authorized Federal officials for intelligence, counterintelligence, other national security activities authorized by law or to authorized Federal officials so they may provide protection to the President or foreign heads of state.
- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.
- **Serious Threats.** As permitted by applicable law and standards of ethical conduct, we may use and disclose protected health information if we, in good faith, believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public or is necessary for law enforcement authorities to identify or apprehend an individual.

HIV-RELATED INFORMATION, GENETIC INFORMATION, ALCOHOL AND/OR SUBSTANCE ABUSE RECORDS, MENTAL HEALTH RECORDS AND OTHER SPECIALLY PROTECTED HEALTH INFORMATION MAY ENJOY CERTAIN SPECIAL CONFIDENTIALITY PROTECTIONS UNDER APPLICABLE STATE AND FEDERAL LAW. ANY DISCLOSURES OF THESE TYPES OF RECORDS WILL BE SUBJECT TO THESE SPECIAL PROTECTIONS.

OTHER USES OF YOUR HEALTH INFORMATION

Certain uses and disclosures of protected health information not covered by this notice or the laws that apply to us will be made only with your permission in a written authorization. You have the right to revoke that authorization at any time, provided that the revocation is in writing, except to the extent that we already have taken action in reliance on your authorization.

YOUR RIGHTS

1. You have the right to request restrictions on our uses and disclosures of protected health information for treatment, payment and health care operations. However, we are not required to agree to your request unless the disclosure is to a health plan in order to receive payment, the PHI pertains solely to your health care items or services for which you have paid the bill in full, and the disclosure is not otherwise required by law. To request a restriction, you must submit a completed Capital Health's Request for Restrictions on Use and Disclosure of PHI form to Capital Health's Health Information Management Department. Copies of the form are available at the CHS' Health Information Management Department.
2. You have the right to reasonably request to receive confidential communications of protected health information by alternative means or at alternative locations. To make such a request you must submit a completed Capital Health Request for Alternate Delivery of PHI form to Capital Health's Patient Access Department. You can obtain a copy of the form from Capital Health's Patient Access Department.

3. You have the right to inspect and copy the protected health information contained in your medical and billing records and in any other Hospital records used by us to make decisions about you, except:
- i. for psychotherapy notes, which are notes that have been recorded by a mental health professional documenting or analyzing the contents of conversations during a private counseling session or a group, joint or family counseling session **and** that have been separated from the rest of your medical record;
 - ii. for information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding;
 - iii. for protected health information involving laboratory tests when your access is restricted by law;
 - iv. if you are a prison inmate, obtaining a copy of your information may be restricted if it would jeopardize your health, safety, security, custody, or rehabilitation or that of other inmates, or the safety of any officer, employee, or other person at the correctional institution or person responsible for transporting you;
 - v. if we obtained or created protected health information as part of a research study, your access to the health information may be restricted for as long as the research is in progress, provided that you agreed to the temporary denial of access when consenting to participate in the research;
 - vi. for protected health information contained in records kept by a Federal agency or contractor when your access is restricted by law; and
 - vii. for protected health information obtained from someone other than us under a promise of confidentiality when the access requested would be reasonably likely to reveal the source of the information.

In order to inspect and copy your health information, you must submit a completed Capital Health PHI Access Request form to Capital Health's Health Information Management Department. Copies of the form are available at Capital Health's Health Information Management Department. If you request a copy of your health information, we may charge you a fee for the costs of copying and mailing your records, as well as other costs associated with your request.

We may also deny a request for access to protected health information under certain circumstances if there is a potential for harm to yourself or others. If we deny a request for access for this purpose, you have the right to have our denial reviewed in accordance with the requirement of applicable law.

4. You have the right to request an amendment to your protected health information, but we may deny your request for amendment, if we determine that the protected health information or record that is the subject of the request:
- i. was not created by us, unless you provide a reasonable basis to believe that the originator of protected health information is no longer available to act on the requested amendment;
 - ii. is not part of your medical or billing records or other records used to make decisions

about you;

- iii. is not available for inspection as set forth above; or
- iv. is accurate and complete.

In any event, any agreed upon amendment will be included as an addition to, and not a replacement of, already existing records. In order to request an amendment to your health information, you must submit a completed Capital Health Request for Amendment to Medical Record form to Capital Health's Health Information Management Department. Copies of the form are available at the Health Information Management Department.

5. You have the right to receive an accounting of disclosures of protected health information made by us to individuals or entities other than to you for the six prior years, except for disclosures:

- i. to carry out treatment, payment and health care operations as provided above;
- ii. incidental to a use or disclosure otherwise permitted or required by applicable law;
- iii. pursuant to a written authorization obtained from you;
- iv. for the Hospital's directory or to persons involved in your care or for other notification purposes as provided by law;
- v. for national security or intelligence purposes as provided by law;
- vi. to correctional institutions or law enforcement officials as provided by law;
- vii. as part of a limited data set as provided by law; or

To request an accounting of disclosures of your health information, you must submit a completed Capital Health request for Accounting form to Capital Health's Health Information Management Department. Copies of the form are available at Capital Health's Health Information Management Department. The first accounting you request within a twelve (12) month period will be free. For additional accountings, we may charge you for the costs of providing the list. We will notify you of the costs involved, and you may choose to withdraw or modify your request at that time before any costs are incurred.

6. You have the right to receive a notification, in the event that there is a breach of your unsecured protected health information, which requires notification under the Privacy Rule.

COMPLAINTS

If you believe that your privacy rights have been violated, you should immediately contact Capital Health's Chief Privacy Officer at 1-877-482-2908 or at (609) 394-6105. We will not take action against you for filing a complaint. You also may file a complaint with the Secretary of United States Department of Health and Human Services. You may also contact Capital Health's Chief Privacy Officer if you have questions or would like further information about this notice.

EFFECTIVE DATE

This notice is effective as of September 23, 201

Approval Signatures

Step Description	Approver	Date
CEO approval	Alireza Maghazehe: Chief Executive Officer	Apr 2025
Chief Compliance Officer approval	Laura McGuire: Chief Compliance Officer	Feb 2025

Standards

No standards are associated with this document

... ■ Capital Health Non-Discrimination, Anti-Harassment, Anti-Retaliation and Reasonable Accommodation

Status **Active** PolicyStat ID **13883242**



capitahealth

Last Approved Apr 2024
Effective Apr 2024
Last Revised Apr 2024
Next Review Apr 2027

Owner Danielle Conroy:
Associate VP
Human
Resources

Area Human Resource
Policies

References 6.9

Non-Discrimination, Anti-Harassment, Anti-Retaliation and Reasonable Accommodation

I. PURPOSE:

This policy applies to all Capital Health officers, managers, supervisors, employees, faculty, applicants, and individuals who provide services to Capital Health. All such individuals are both protected under and restricted by this policy.

Conduct prohibited by this policy is unacceptable in the workplace and in any work-related setting outside the workplace, including without limitation off-site presentations or seminars, business trips, business meetings and Capital Health sponsored social events.

Capital Health will not engage in or tolerate unlawful discrimination (including any form of unlawful harassment) on account of a person's sex, age, race, color, religion, creed, sexual preference or orientation, gender identity, marital status, pregnancy, national origin, ancestry, citizenship, military status, veteran status, handicap or disability or any other protected group or status.

II. FORMS/ATTACHMENTS:

None

III. EQUIPMENT/SUPPLIES:

None

IV. POLICY:

A. Sexual Harassment is Prohibited

Sexual harassment is a form of discrimination and will not be tolerated. The following behaviors are illustrative of prohibited conduct, regardless of the gender or gender identity of the individual(s) involved:

- * To threaten, intimidate or insinuate, expressly or implicitly, that any person is required to submit to sexual advances or to provide sexual favors as a condition of employment, continued employment or any term, condition or benefit of employment, or that a person's refusal to submit to sexual advances or to provide sexual favors will adversely affect the person's employment, continued employment or any term, condition or benefit of employment;
- * To make any employment decision or take any employment action based on a person's submission to or refusal to submit to sexual advances;
- * To engage in unwelcome sexually-oriented conduct which has the purpose or effect of interfering unreasonably with another person's work performance or of creating an intimidating, hostile, abusive, or offensive working environment. This applies equally to those to whom comments or conduct is directed as well as to those who observe or hear of the conduct.

Sexual harassment may include a range of subtle and overt behaviors and may involve individuals of the same or different sex. Depending on the circumstances, these behaviors may include, but are not limited to: unwanted sexual advances or requests for sexual favors; sexual jokes and innuendo; verbal abuse of a sexual nature; commentary about an individual's body, sexual prowess or sexual deficiencies; leering, catcalls or touching; insulting or obscene comments or gestures; display or circulation in the workplace of sexually suggestive objects or pictures; and other physical, verbal or visual conduct of a sexual nature.

It is important to remember that these prohibited actions apply to all types of oral and written communications, including e-mail, voicemail and Internet communications and searches.

It is no defense to inappropriate behavior that the employee had no bad intent, that it was only a joke, that it was welcome or invited based upon prior interactions or that it was not directed at any particular person.

B. Other Forms of Harassment Are Prohibited

Harassment based on any other protected status is equally prohibited and Under this policy, harassment is verbal, written and/or physical conduct that denigrates or shows hostility or aversion toward an individual because of his or her age, race, color, religion, creed, sexual preference or orientation, marital status, gender identity, pregnancy, national origin, ancestry, citizenship, military status, veteran status, handicap or disability or any other characteristic protected by law.

Harassing conduct includes, but is not limited to epithets, slurs, or stereotyping; threatening, intimidating or hostile acts; denigrating jokes and display or circulation in the workplace of written or graphic material that denigrates or shows hostility or aversion toward an individual or group.

It is important to remember that these prohibited actions apply to all types of oral and written communications, including e-mail, voicemail and Internet communications and searches.

It is no defense to inappropriate behavior that the employee had no bad intent, that it was only a joke, that it was welcome or invited based upon prior interactions or that it was not directed at any particular person.

C. Retaliation is Prohibited

Capital Health prohibits retaliation against anyone who makes a good faith report of discrimination or harassment or participates in investigating such reports. Retaliation against an individual for good faith reporting of harassment or discrimination or for participating in an investigation of a claim of harassment or discrimination is a serious violation of this policy and, like harassment or discrimination itself, will not be tolerated and will result in disciplinary action. This means management will neither engage in nor tolerate retaliation against an employee who makes a good faith complaint, serves as a witness, or participates in the investigatory process.

V. PROCEDURE:

A. What Should an Individual Do if They Feel That They Have Been Subjected to Harassment or Retaliation?

In some situations, a person may not realize that his or her behavior is unwelcome and/or offensive to you. Therefore, employees are encouraged to tell the offending party that his or her conduct is unwelcome and/or offensive and request that the conduct stop. If this informal approach proves ineffective, or if it is one with which a person feels uncomfortable, for whatever reason, please follow the procedure set forth below. No employee is required to directly confront the individual who has made him or her uncomfortable. Furthermore, employees are encouraged to report an offensive incident/behavior when it occurs and should not wait for the conduct to become severe or pervasive.

If an employee believes that he or she may have been discriminated against, harassed by, or retaliated against by any officer, manager, supervisor, coworker, agent, or non-employee with regard to any term or condition of employment in violation of this policy, the employee should report the alleged violation immediately, to whomever of the following he or she feels the most comfortable, for whatever reasons: the employee's supervisor, manager, or department director, the department's HR Business Partner, the Human Resources Service Center at INSERT PHONE NUMBER, INSERT HOTLINE INFORMATION.

All complaints will be investigated promptly, and the existence and nature of the complaint (and any corresponding records) will be disclosed only to the extent necessary to make a prompt and thorough investigation or as may be necessary to take appropriate corrective measures.

B. Responsibility of Management

Any director, manager or supervisor who receives a complaint of harassment, discrimination, or retaliation, or who knows that harassment, discrimination, or retaliation has occurred or is occurring to another individual, must report the same to Human Resources. Directors, managers, and supervisors, as appropriate, and as requested by Human Resources, are expected to fully participate in any investigation

into a potential violation of this policy.

C. Sanctions for Violations of This. Policy

Any officer, manager, supervisor, employee, agent, or non-employee who, after appropriate investigation, has been found to have unlawfully discriminated against, harassed, or retaliated against another person, or to have engaged in inappropriate behavior inconsistent with this policy (even if not unlawful), will be subject to appropriate disciplinary and/or corrective action, up to and including termination of his or her employment or other relationship with Capital Health.

Approval Signatures

Step Description	Approver	Date
Chief Executive Officer	Al Maghazehe: Chief Executive Officer	Apr 2024
Chief Human Resources Officer	Audra Farish: Chief Human Resources Officer	Apr 2024
Director	Danielle Conroy: Director Business Partners	Oct 2023

Standards

No standards are associated with this document

... ■ Capital Health Substance Abuse Policy

Status **Active** PolicyStat ID **10027048**



capitahealth

Last Approved Oct 2020
Effective Oct 2020
Last Revised Nov 2014
Next Review Oct 2023

Owner Richard Werner:
Dir HR
Operations
Area Human Resource
Policies
References 6.12

Substance Abuse

I. PURPOSE:

To establish standards and procedures related to pre-employment drug testing and reasonable suspicion drug and alcohol testing. Additionally, to establish a procedure for addressing employees who are convicted of controlled substance-related violations or who plead guilty or "no contest" to such charges.

II. FORMS/ATTACHMENTS:

Applicant Acknowledgment and Consent Form
Reasonable Suspicion of Substance Abuse Checklist
Agreement for Rehabilitation and Conditions for Continued Employment

III. EQUIPMENT/SUPPLIES:

None

IV. POLICY:

Capital Health ("CH") has a vital interest in ensuring a safe, healthy and efficient working environment for employees, visitors and patients. The unlawful or improper presence or use of controlled substances or alcohol by an employee in the workplace or while on work assignments presents an unsafe environment to patients, visitors and other employees. For these reasons, CH has established, as a condition precedent to employment and to continued employment with CH, the following substance abuse policy. Drug and alcohol testing is an integral part of this policy. This policy applies to all applicants and current employees of Capital Health.

Consistent with its fair employment policy, CH maintains a policy of non-discrimination and will endeavor to make reasonable accommodations to assist those recovering from drug or alcohol abuse. CH

encourages employees to seek assistance before their drug and/or alcohol use renders them unable to perform their essential job functions or jeopardizes the health and safety of themselves or others.

The CH policy was designed to protect an individual's right to privacy, to ensure the integrity and reliability of testing procedures, and to protect the confidentiality of individual test results and medical histories. Questions regarding the meaning or application of this policy should be directed to the Human Resources Employee Relations Manager. In the event the Employee Relations Manager is not available, the Director of Human Resources Operations may be contacted.

V. PROCEDURE:

1. DEFINITIONS (See Attachment A)

2. PROHIBITED CONDUCT

A. Prohibited Conduct Concerning Alcohol, Illicit Drugs, and Non-Prescribed Controlled Substances

1. Employees are prohibited from reporting for duty or remaining on duty with a confirmed alcohol concentration of 0.02 or greater.
2. Employees are prohibited from consuming alcohol during working hours, including meal and break periods. This does not include the authorized and legal use of alcoholic beverages at CH sponsored functions or activities.
3. Employees' refusal to submit to any drug or alcohol test required under CH's substance abuse policy will result in their immediate discharge.
4. Employees are prohibited from engaging in the unlawful or unauthorized manufacture, distribution, dissemination, solicitation, sale, transfer, use or possession of controlled substances, illegal drugs, or alcoholic beverages while on CH paid time, on CH premises, in CH vehicles, or while engaged in CH activities. This does not include the authorized and legal distribution or possession of alcoholic beverages at CH-sponsored functions or activities, or for other authorized reasons.
5. Employees are prohibited from reporting for duty or remaining on duty when the employee uses any drugs, except when the use is pursuant to the instructions of a licensed medical practitioner and such use does not result in impairment to an employee's ability to safely perform their job functions or otherwise create a potential danger of injury to the employee or others.
6. Employees are prohibited from continuing to work if they have tested positive for illicit drugs, alcohol, or a controlled substance for which the employee does not have a valid prescription as defined by applicable laws. (Refer to Section V.8, Consequences of Policy Violations and Procedure).

B. Prohibition Against Supervisor Or Manager Permitting an Employee to Work

Any supervisor or manager who has actual knowledge that an employee has

engaged or is engaging in conduct prohibited in Section V.2.A. above, or reasonably believes, based on objective evidence, that the employee poses a direct threat to his/her safety or the safety of others, shall not permit the employee to work. Under such circumstances, the Manager or Supervisor shall immediately contact and seek guidance from the Employee Relations Manager or Director of Human Resources Operations.

3. USE OF PRESCRIPTION AND NON-PRESCRIPTION MEDICATIONS

- A. The appropriate use of legally prescribed or non-prescription medications is not prohibited. However, an employee using such medication has an obligation to disclose whether the substance could impair the employee and pose a direct threat to his or her own safety or the safety of others. If the employee is using a medication that reasonably could pose such a threat, prior to performing any work duties or attending any CH functions, the employee must provide to CH with appropriate written documentation from his/her licensed medical practitioner stating (a) the employee's use of the medication will not pose a direct threat to the employee's safety or the safety of others; or (b) the work restrictions that would eliminate the potential safety threat. CH will comply with all applicable laws and regulations to the extent it is required to accommodate any medically-validated work restrictions.
- B. Notwithstanding the foregoing, if CH has a reasonable, objective basis to believe that the employee's use of medication poses a direct threat to the employee's safety or the safety of others, or if such use prevents the employee from performing the essential functions of their position, CH reserves the right to require the employee to undergo a fitness-for-duty examination by The Corporate Health Center.
- C. An employee who is required to obtain medical documentation from his/her licensed medical provider must present it to Corporate Health and obtain clearance prior to performing any work duties or attending any CH functions. Documentation from the medical provider must include a diagnosis, name of medication, dose and frequency of use, as well as a date to return to a safety-sensitive position. The employee is not required to disclose the identity of the medication or the employee's medical condition to Human Resources or his/her immediate supervisor, only to the Corporate Health Physician.
- D. In instances where the medical documentation is insufficient, communication between the employee's medical provider and The Corporate Health Center may be necessary provided that all applicable HIPAA authorizations are executed by the employee. Refusal by the employee in this regard may result in the delay in the resumption of work duties.
- E. Use of prescribed medications and other substances may result in a Positive test result. Employees will be given the opportunity to explain a Positive test result to the Medical Review Officer ("MRO"). The MRO is the licensed physician who functions between the laboratory and employer as the gatekeeper of work place drug testing results. The MRO shares the responsibility with the laboratory for the review of the drug testing custody and control form to verify they are completed correctly. For each Positive result, the MRO allows the donor (i.e., the person who provided the urine specimen) an opportunity to discuss the results and present an explanation, such as appropriate use of prescription medication.

- F. Depending upon the recommendations of The Corporate Health Center following receipt of valid medical documentation, discussion with the employee's medical provider, and/or the fitness-for-duty examination, the Employee Relations Manager will consider whether safety risk(s) can be eliminated. An employee may not be permitted to perform his or her job duties until such a determination, and/or a reasonable accommodation, if any and as applicable, has been made.

4. REQUIRED TESTS

The requirements provided below apply to all current employees of Capital Health. Additionally, the pre-placement drug testing requirements apply to all applicants.

A. Pre-Placement Drug Testing

All applicants to whom CH has extended a conditional offer of employment must sign an **Applicant Acknowledgment and Consent Form** and submit to pre-placement drug testing and must receive negative test results as a condition precedent to employment. If any candidate has a confirmed positive drug test result, or refuses to submit to the drug testing requirements, the job offer will be revoked and the candidate will not be considered for employment for a period of one year from the date of notification of test results. (Refer to Attachment B for Testing Procedure and Section V.6.B for Notification of Test Results). An applicant must submit appropriate medical documentation to CH MRO for consideration if he or she believes that the positive test result was due to use of a valid prescription. Applicants will be required to submit any such documentation to the MRO within seventy-two (72) hours after the donor is notified of Positive results. If within ten (10) days, the employee is not reachable or does not respond to attempts to contact him/her, the test will be finalized by the MRO and considered a positive test result. Applicants who test positive for marijuana may request a confirmatory retest of the original sample at the applicant's own expense.

B. Reasonable Suspicion Drug and Alcohol Testing

An employee must submit to drug and alcohol testing when a manager or supervisor who is trained in identifying signs and symptoms of substance abuse (by completing the Capital Health's Substance Abuse Training Program) has a reasonable suspicion that the employee is under the influence of alcohol or drugs in the workplace or at a CH function (except as otherwise permitted in Section V.2.A.2.). An employee must also submit to drug testing if CH obtains evidence of improper or illegal possession, disposal, or diversion of drugs or prescriptions. A reasonable suspicion determination must be based on specific, articulable observations, including but not limited to, the employee's appearance, behavior, speech, or body odors, as well as indications of the chronic or withdrawal effects of drugs and alcohol.

1. The alcohol test should be administered within two (2) hours from the reasonable suspicion determination.
2. The supervisor or manager who makes a reasonable suspicion determination will not conduct the drug or alcohol test.
3. The supervisor or manager will accompany the employee to the collection

site for collection of breath and urine samples for reasonable suspicion substance abuse testing along with a fitness for duty exam by the Medical Physician at Corporate Health. During business hours, the collection site is the Corporate Health Center. During the evening, night or weekends (after hours) employees will go to the Emergency Department at the campus at which they are working.

- RMC employees will go to the RMC Emergency Department with their supervisor or manager and go to the Security Desk to sign in. Upon completion of the registration, the employee will have the drug and alcohol testing done.
 - Hopewell employees will go to the Hopewell Emergency Department with their supervisor or manager and go to the Security Desk to sign in. Upon completion of the registration, the employee will have the drug and alcohol testing done.
 - Deborah employees will go to the Deborah Emergency Department with their supervisor or manager and go to the Security Desk to sign in. Upon completion of the registration, the employee will have the drug and alcohol testing done.
 - A CH supervisor or manager will be responsible for making reasonable arrangements for the employee's safe transportation home after specimen collection is completed. If there is no supervisor or manager available, the Nursing House Supervisor or the Administrator on Duty will make reasonable arrangements.
 - When a reasonable suspicion determination has been made involving an employee, and if the appropriate department head is not available, the Nursing House Supervisor or the Administrator on Duty is responsible for notifying the department head.
4. The employee must submit to reasonable suspicion drug and alcohol testing upon request. (Refer to Section V.6.A for Consequences of Policy Violations)
 5. Documentation of the observations leading to a reasonable suspicion drug and alcohol test must be prepared and signed by the supervisor or manager making the observations on the Reasonable Suspicion of Substance Abuse Checklist. This checklist must be forwarded to the Employee Relations Manager and to Corporate Health immediately upon completion.
 6. When an employee is brought over to the Corporate Health Center, he/she will be required to submit to a drug and alcohol test along with seeing the physician for a fitness for duty exam. No employee will be returned to work until all test results have been received and reviewed by the MRO. Post review, employees with negative test results will be returned to work on the next scheduled day of work. The Employee and Employee Relations Manager will be notified by Corporate Health that they are eligible to return

to work. If the result is Positive, the MRO will discuss the positive results with the employee, and Employee Relations will be notified of the positive test result.

7. When reasonable suspicion testing is conducted after hours, the employee is to be suspended without pay until the results are received and reviewed by the MRO. It will be determined by Employee Relations if the employee is required to come to Corporate Health for a fitness for duty exam.
8. The employee will be suspended without pay after completion of the drug and alcohol tests, pending the test results. If the test results are negative, the employee will be compensated for all time lost from work which is directly attributable to the request to take the test. However, no compensation shall be made to an employee who is suspended based upon conduct other than a suspected violation of CH's substance abuse policy. CH also reserves the right to evaluate the conduct of the individual which warranted the reasonable suspicion drug and alcohol test to determine if the conduct in and of itself should warrant discipline, up to and including termination.

5. SELF-DISCLOSURE OF SUBSTANCE ABUSE PROBLEM

Because CH has a vital interest in ensuring a safe, healthy and efficient working environment for employees and patients, CH encourages employees to inform CH if they have an alcohol or drug abuse/dependence problem prior to the occurrence of any issues that could affect the workplace. For the purposes of this section, self-disclosure means informing a supervisor, manager, or Human Resources representative prior to the institution of any investigation into a suspected violation of this policy or being selected for reasonable suspicion testing.

If an employee voluntarily self-discloses that he/she has an alcohol abuse/dependence problem, and the employee requests an accommodation, CH will reasonably accommodate the employee in compliance with Federal and state law. Such accommodation may include referral to the CH Employee Assistance Program and/or the granting of leave to attend an assistance or rehabilitation program. The cost of rehabilitation or treatment shall be solely the employee's responsibility. Any employee returning to work after taking leave will be required to comply with applicable CH return-to-work requirements.

If an employee voluntarily self-discloses that he/she has a drug abuse/dependence problem, and the employee requests assistance, as a condition of continued employment, the employee shall be required to take a leave of absence and attend and satisfactorily complete an appropriate assistance or rehabilitation program at the employee's expense. The cost of rehabilitation or treatment shall be the employee's sole responsibility.

Any employee returning to work after taking leave will be required to comply with applicable CH return-to-work requirements, shall also be required to submit to a drug test and receive a negative result, and will also be required to submit to random drug screenings over a period of time and at a frequency to be determined by the MRO.

6. NOTIFICATION OF CONVICTIONS OR PLEA

Employees who are convicted of alcohol or controlled substance-related violations under state or Federal law or who plead guilty or *nolo contendere* (no contest) to such charges must inform CH within five days of such conviction or plea. Failure to do so will result in disciplinary action up to and including termination of employment for a first offense upon discovery of non-disclosure. Employees convicted or pleading guilty or *nolo contendere* (no contest) to such alcohol or drug-related charges and who voluntarily and timely disclose the conviction or plea must successfully complete an alcohol or drug abuse or similar rehabilitation program, expressly approved by CH, as a condition of continued employment or reemployment.

7. CONSEQUENCES OF POLICY VIOLATIONS & PROCEDURE

A. CONSEQUENCES

CH has established the following consequences for applicants and employees who refuse to submit to testing requirements, obstruct the testing process in any way, receive positive test results or violate this policy in any other way.

- a. Employees who violate this policy in any way will be subject to disciplinary action, up to and including immediate discharge from employment at CH.
- b. Applicants who violate this policy in any way will not be eligible for employment with CH for a period of one year.

B. PROCEDURE

1. Applicants will be notified of Positive test results by the MRO from The Corporate Health Center. Applicants will be provided with the opportunity to provide The Corporate Health Center with appropriate medical documentation if they believe a positive test result was due to recent or current use of a valid prescription medication. Applicants will be required to submit any such documentation within seventy-two (72) hours of receiving notification of the Positive test result.

If the MRO makes a positive drug test determination, The Corporate Health Center will contact Human Resources to indicate that the applicant will not be cleared for employment at CH.

2. Employee test results will be communicated as follows:
 - a. Positive breath alcohol test results will be reported immediately upon completion of the test to the employee and the Employee Relations Manager;
 - b. Positive (post-MRO review) urine drug test results will be reported to the employee and the Employee Relations Manager;
 - c. For negative results, the employee will return to work with no disciplinary actions or loss of pay attributable to the testing process, unless there are independent reasons related to the employee's conduct which would warrant disciplinary action;
 - d. For positive results, the Designated Employee Representative ("DER"), the Employee Relations Manager, will then consult with the Director of Human Resource Operations or his/her designee

regarding the appropriate course of action. For first-time offenses, employees will be subject to disciplinary action, but will also be given a one-time opportunity to participate in a treatment program. The employee will be placed on a medical leave of absence in accordance with CH policy and applicable Federal, state and local laws (Refer to HR Policy No. 5.5) while such treatment is taking place. The cost of rehabilitation or treatment is the employee's sole responsibility. If the employee refuses to participate in such treatment, he/she will be subject to immediate discharge and will not be considered for future employment with CH for a period of at least one year;

- e. Positive drug test results for marijuana shall be communicated in writing to an employee or applicant and [Who?] shall advise the individual of: (1) the positive drug test results for marijuana; (2) the right to (a) provide a legitimate medical explanation for the positive result or (b) request a confirmatory retest of the original sample at the individual's own expense; and (3) the three-day deadline for providing an explanation or requesting a retest;

In the event of a positive Marijuana test result and the employee has a valid and current Medical Marijuana card the employee must come to Corporate Health and produce the card so the MRO can document and interview employee about job duties (i.e., safety sensitive). The drug test will be declared positive with no safety sensitive job duties;

- f. In order to return to work, the employee must satisfactorily complete any assistance or rehabilitation program and provide satisfactory documentation of such completion. In addition, prior to such employee's return to duty, he or she will be required to execute the Agreement for Rehabilitation and Conditions for Continued Employment, submit to a return-to-work medical examination and a drug and/or alcohol test and receive a negative result. Such employee also will be required to submit to follow-up drug and alcohol testing which may be scheduled randomly in accordance with the terms of the Agreement;
- g. Employees who have already used their "one-time opportunity" to participate in a treatment program, and who subsequently have a second positive drug/alcohol test, will be subject to immediate discharge and will not be considered for future employment with CH for a period of at least one year;
- h. When a [Professionally?] licensed employee has a positive result, CH will report the results in accordance with all state, Federal, licensing board, and regulatory reporting requirements. If an individual's license is suspended or revoked, he/she will not be allowed to return to work until such license is reinstated and

must remain in good standing;

- i. Notwithstanding the employee's one-time opportunity to participate in a treatment program for a Positive test result, if the employee engages in conduct that independently gives rise to discipline, the employee may be subject to discipline, up to and including discharge.

Example: An employee engages in erratic behavior that potentially jeopardizes patient safety. Based on this behavior, a reasonable suspicion drug test is ordered, which comes back positive for illicit drugs. Even if this is the employee's first positive result, the employee may be disciplined, up to and including termination, due to the risk he/she posed to patient safety.

C. TESTING EXPENSES AND COMPENSATION FOR TESTS

CH will pay for all drug and alcohol tests required by CH, including confirmation tests. Any test taken at the applicant's or employee's request will be at his or her own expense.

All time spent providing a breath or urine sample, including travel time to and from the collection site in order to comply with reasonable suspicion and follow-up testing shall be considered as work time and the employee will receive his or her regular compensation, including overtime, if applicable for such time.

D. ACCESS TO RECORDS AND CONFIDENTIALITY OF TEST RESULTS

The Corporate Health Center will maintain records of drug and/or alcohol test results in a secure location with controlled access.

The laboratory may disclose drug test results only to the MRO. The MRO may disclose test results only to the individual tested, the designated CH representatives, and follow up with drug monitoring programs, or to any individual as directed by a court of law.

In addition, an applicant or employee, upon written request, may obtain copies of any records pertaining to the applicant's or employee's drug and alcohol use, including test records. This information shall not be released to any outside party except as required by law or expressly authorized in writing by the employee.

E. COMPLIANCE WITH POLICY AS CONDITION OF EMPLOYMENT

All applicants and employees are advised that full compliance with this substance abuse policy shall be a condition precedent to employment and of continued employment.

This policy represents management guidelines only and should not be interpreted as a contract of employment. Failure to comply with this policy will result in disciplinary action, up to and including immediate termination.

Attachments

- [!\[\]\(ce14a2aede3f9aecd6fbd84c3c2760c6_img.jpg\) A: Definitions](#)
- [!\[\]\(8054e0c7894d72134160946f1bebbf0f_img.jpg\) Agreement for Rehabilitation and Conditions for Continued Employment](#)
- [!\[\]\(4e9c6bb17b863f3a7ab1543e11839524_img.jpg\) Applicant Acknowledgement & Consent Form](#)
- [!\[\]\(0cbdd42382879c59c9801fd9c719b59d_img.jpg\) B: Drug and Alcohol Testing Procedures](#)
- [!\[\]\(905a9ae363340bfd611fb27854c573da_img.jpg\) Reasonable Suspicion of Substance Abuse Checklist](#)

Approval Signatures

Step Description	Approver	Date
COPY		

Standards

No standards are associated with this document

ATTACHMENT A DEFINITIONS

"After-Hours" means all times when the Corporate Health Center is closed, including: Between 5:30 pm and 7:00 am Monday through Friday, All day Saturday and Sunday

"Alcohol" means the intoxicating agent in beverage alcohol, ethyl alcohol or other low molecular weight alcohols including methyl or isopropyl alcohol.

"Alcohol Use" means the consumption of any beverage, mixture or preparation, including any medication, containing alcohol.

"Alcoholic Beverage" means beer, wine and distilled spirits as defined by the Internal Revenue Code of 1954.

"Applicant" means any individual seeking regular, full-time, part-time, temporary, or other employment with Capital Health.

"Breath Alcohol Technician" means an individual who is certified to operate an evidential breath testing device that is approved by the National Highway Traffic Safety Administration (NHTSA).

"Canceled or Invalid Test" is neither a positive nor a negative test. In drug testing, this means a drug test that has been declared invalid by a medical review officer. A specimen that has been rejected for testing by a laboratory is treated the same as a canceled test. In alcohol testing, this means a test is deemed to be invalid under 49 CFR §§ 40.79 and 40.107.

"Certified Laboratory" means a laboratory certified by the United States Department of Health and Human Services ("DHHS") which means the DHHS' "Mandatory Guidelines for Federal Workplace Drug Testing Programs," as amended.

"Chain of Custody" means procedures to assure the integrity of each specimen by tracking its handling and storage from point of specimen collection to final disposition of the specimen. With respect to drug testing, these procedures require that a chain of custody form be used from time of collection to receipt by the laboratory. Upon receipt by the laboratory of the specimen, an appropriate chain of custody form will account for the sample within the laboratory. Chain of custody forms must, at a minimum, include an entry documenting the date the specimen was taken, the purpose of taking the specimen, when a specimen or portion of the specimen is handled or transferred and identifying every individual in the chain of custody.

"Confirmation Test" in drug testing, means a second test of the original specimen to identify the presence of a specific controlled substance or metabolite that is independent of the screening test and that uses a different technique from that of the screening test to ensure reliability and accuracy. CH plans to use gas chromatography/mass spectrometry (GC/MS) or an equally reliable method to ensure reliability and accuracy of test results. For alcohol testing a confirmation test means a second test, following a screening test with a result of 0.02 or greater.

DEFINITIONS

"Controlled Substances" and "Drugs" are used interchangeably in this policy and mean marijuana, cocaine, opiates, amphetamines and phencyclidine (PCP) and their metabolites and any other substance included in Schedules I through V, of the Controlled Substances Act, 21 U.S.C. § 812. The terms "controlled substances" and/or "drugs" include legal substances obtained illegally and/or used in an unauthorized manner, but does not refer to the proper use of substances authorized by law which do not affect job safety or performance.

"Employee" means any individual currently employed by Capital Health.

"Evidential Breath Testing Device or EBT" means a device approved by the National Highway Traffic Safety Administration (NHTSA) for the evidential testing of breath and placed on NHTSA's "Conforming Products List of Evidential Breath Measurement Devices" (CPL), and identified on the CPL as conforming to the model specifications available from the NHTSA's Office of Alcohol and State Programs.

"Licensed Medical Practitioner" means a person who is licensed, certified, and/or registered to prescribe controlled substances and other drugs in accordance with applicable Federal, state, local or foreign laws and regulations.

"Medical Review Officer or MRO" means a licensed physician (medical doctor or doctor of osteopathy) responsible for receiving laboratory results generated by an employer's drug testing program. The MRO must have knowledge of substance abuse disorders and appropriate medical training to interpret and evaluate an individual's confirmed Positive test result, medical history and any other relevant biomedical information.

"Negative Test Result in Drug Testing" means a result, reviewed by an MRO and determined to have no evidence of prohibited drug use.

"Negative Test Result in Alcohol Testing" means an initial and/or confirmation test result of less than 0.02.

"Positive Test Result in Drug Testing" means a drug test result reviewed by an MRO and verified to have evidence of prohibited drug use.

"Positive Test Result in Alcohol Testing" means a confirmation test with result of 0.02 or greater.

"Reasonable Suspicion" means that a manager or supervisor believes, based on specific observations, including but not limited to, the employee's appearance, behavior, speech or body odors, that the employee has violated the prohibitions of this policy concerning alcohol and drugs. These observations may include indications of the chronic or withdrawal effects of drugs and alcohol.

DEFINITIONS

"Refuse to Test" means that the individual (1) fails to provide breath, or an adequate amount of breath, for testing without a valid medical explanation after he/she has received notice of the requirement for alcohol testing in accordance with Capital Health's policy; (2) fails to provide urine or an adequate amount of urine, for drug testing without a valid medical explanation after he/she has received notice of the requirement for urine testing in accordance with Capital Health's policy; (3) engages in conduct that clearly obstructs the testing process; (4) fails to complete the drug and/or alcohol testing forms; or (5) does not report directly to the collection site after notification or delays the collection or testing process.

"Screening or Initial Test For Alcohol" means the initial breath alcohol testing procedure done to determine whether an individual has an alcohol concentration of 0.02 or greater.

"Capital Health Vehicle" means an automobile, truck, van, forklift, conveyor belts and any other power mechanized vehicle.

"Workplace" means a site for the performance of work to be done in connection with Capital Health's business. This includes, but is not limited to, all structures and surrounding properties at which Capital Health conducts its business, any Capital Health vehicles or equipment whether owned, leased, or used, whether or not on CH premises, and any other location in which Capital Health work or business is performed.



**CAPITAL HEALTH
AGREEMENT FOR REHABILITATION AND
CONDITIONS FOR CONTINUED EMPLOYMENT**

1. I promise to fully cooperate and participate in an employee assistance or rehabilitation program in accordance with the instructions and requirements of the substance abuse professional and program administrators. I understand that my unpaid leave will not exceed 12 weeks, unless otherwise authorized by state or federal law.
2. I authorize counseling or rehabilitation representatives to confer with the Capital Health Medical Review Officer or his designated representative regarding my attendance, progress and suitability for continued employment or return to active employment, as the case may be, including the disclosure of medical/psychiatric evaluations for me.
3. I understand and agree that upon my return to duty, I will be required to undergo a return to duty drug and/or alcohol test and must receive a negative result. I understand and agree that my failure to take such test as requested or having a positive test will result in termination of my employment.
4. I understand and agree that upon my return to active employment, I must meet all established standards of conduct and job performance required of any other employee.
5. I understand and agree that I may be required to submit to unannounced drug and/or alcohol testing as a follow-up to the assistance or rehabilitation program. I understand and agree that my failure to take such test(s) as requested, or my testing positive, will result in termination of my employment. I agree that such follow-up testing shall occur as directed by Capital Health in consultation with a substance abuse professional. I agree that follow-up testing will be in addition to all other testing as required by Capital Health's substance abuse policy.
6. I understand and agree that my future employment depends upon my compliance with the terms of this agreement and the substance abuse policy for the entire duration of my continued employment. I understand and agree that failure to comply with the terms of this agreement or the substance abuse policy will result in my termination. I understand and agree that the opportunity to participate in such assistance or rehabilitation program is conditioned accordingly. Such conditions including those above are agreed to in addition to the rules under the substance abuse policy.

EMPLOYEE NAME (Print)

EMPLOYEE SIGNATURE

DATE

DIRECTOR OF HUMAN RESOURCES
or EMPLOYEE RELATIONS MANAGER

DATE



**CAPITAL HEALTH
APPLICANT ACKNOWLEDGEMENT & CONSENT FORM**

I understand and agree that I will be required, as a condition of employment, to submit to a pre-employment drug test and receive a negative result. In addition, if hired, as a condition of continued employment, I must comply with the Capital Health (CH) Substance Abuse Policy (HR:6.12) including satisfactorily completing any required drug and/or alcohol tests.

The substance abuse policy contains information concerning the drug and alcohol testing procedures will allow as much privacy and dignity as possible, describes the method for selecting individuals to be tested, explains how the sample will be analyzed and notifies employees of the consequences of testing positive or refusing to take any required drug and/or alcohol test.

I consent to a pre-employment drug test. I authorize any physician, medical facility, or other agent retained by CH to collect samples as required. I understand that if I receive a positive drug test result, or if I refuse to submit to the drug test, I will be ineligible for employment with CH for a period of one year.

If hired, I consent to any required drug and/or alcohol tests as provided in the substance abuse policy. I understand that if I refuse to submit to the drug and/or alcohol test, my employment will be terminated. I also understand that if I receive a positive drug and/or alcohol test result, I will be given a one-time opportunity for rehabilitation. Any further positive tests will result in my termination. In addition, any other violation of the policy will result in discipline up to and including termination.

I understand the above conditions and hereby agree to comply with them.
(To be signed in the presence of a CH representative.)

FULL NAME (PRINT)

SIGNATURE

DATE

SIGNATURE OF CH REPRESENTATIVE

DATE

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ATTACHMENT B

DRUG AND ALCOHOL TESTING PROCEDURES

Capital Health's drug and alcohol testing procedures are modeled after the Federal Procedures for Transportation Workplace Drug and Alcohol Testing Programs, 49 CFR Part 40, as amended and/or applicable state laws. These procedures ensure the integrity, confidentiality and reliability of the testing process, safeguard the validity of the test results and ensure that these results are attributed to the correct individual. Further, these procedures minimize the impact upon the privacy and dignity of persons undergoing such tests to every extent feasible.

A. Drug Testing Procedures

The drugs specifically being tested for include: marijuana, opiates, amphetamines, cocaine, phencyclidine (PCP) and their metabolites. Capital Health has established a chain of custody procedure for both drug sample collection and testing that will verify the identity of each sample and test result. All drug testing and collection procedures are modeled after the Federal Procedures for Transportation Workplace Drug and Alcohol Testing Programs, 49 CFR Part 40, as amended and/or in compliance with applicable state law requirements. All drug tests conducted pursuant to this policy shall be performed by laboratories which are certified by the United States Department of Health and Human Services.

1. Confirmation and review of drug test results

- (a) All Positive drug test results will be confirmed by gas chromatography and mass spectrometry (GC/MS). All confirmed Positive drug test results will be reviewed by an MRO to determine whether there is any legitimate explanation for the Positive test result. This review may include a medical interview, review of the applicant's or employee's medical history, review of any other relevant biomedical factors or review of all medical records made available by the tested individuals.
- (b) Applicants or employees having a Positive test will be given the opportunity to discuss with the MRO any legitimate explanation for the Positive test result. The MRO may need additional information from the applicant's or employee's medical provider provided all applicable HIPAA authorizations are executed. If the MRO determines that there is a legitimate medical explanation for the confirmed Positive test result and a determination has been made that the applicant or employee is capable of performing his or her job duties, the MRO will report the test result to Capital Health as negative. If the MRO determines that there are no legitimate explanations for the confirmed Positive test result, the MRO will report the test result to Capital Health as positive.
- (c) The MRO may verify a test as positive without having communicated directly with the applicant or employee when:
 - (i) the applicant or employee expressly declines the opportunity to discuss the test;
or

DRUG AND ALCOHOL TESTING PROCEDURES

- (ii) neither the MRO nor the Employee Relations Manager, or his or her designated representative, after making all reasonable efforts, has been able to contact the individual within ten (10) calendar days of the date on which the MRO receives the confirmed positive test result from the laboratory; or
- (iii) The Employee Relations Manager or his or her designated representative has successfully made and documented a contact with the applicant or employee and instructed the applicant or employee to contact the MRO and more than three (3) days or seventy-two (72) hours have passed since the applicant or employee was contacted by the Employee Relations Manager or his or her designated representative and the employee has not contacted the MRO.

2. MRO May Reopen Verification

If a test is verified positive under the circumstances specified in paragraph (c)(ii) or (iii) above, the individual may present to the MRO information documenting that serious illness, injury, or other circumstances unavoidably prevented the individual from being contacted by the MRO, the Employee Relations Manager or his or her designated representative or from contacting the MRO within the times provided above, the MRO may reopen the verification, allowing the individual to present information concerning a legitimate explanation for the confirmed positive test. If the MRO concludes that there is a legitimate explanation, the MRO will declare the test to be negative.

3. Inability to provide adequate amount of urine specimen

The applicant or employee must provide at least 30 milliliters of urine for a drug test. If the individual is unable to provide such a quantity of urine, the individual will be instructed to drink a set amount of fluids (40 ounces) within a three hour period of time. The applicant must again attempt to provide a complete specimen after the three hour period of time. A refusal to drink the fluids as directed or to provide a new urine specimen will constitute a refusal to submit to a test and the applicant will be considered ineligible for employment with Capital Health. A refusal to drink the fluids as directed or to provide a new urine specimen will constitute a refusal to submit to testing and the employee will be terminated. If the employee has not provided a sufficient specimen within a certain time period after the first unsuccessful attempt to provide the specimen, Capital Health will direct the employee to obtain, as soon as possible, a Shy Bladder evaluation from a licensed physician selected by Capital Health. A determination by the physician that no legitimate medical explanation exists for the employee's failure to provide an adequate amount of urine will constitute a refusal to test and the employee will be terminated.

ATTACHMENT B

DRUG AND ALCOHOL TESTING PROCEDURES

4. Altered or substituted urine specimens

Procedures for collecting urine specimens allow an individual privacy unless there is a reason to believe that a particular individual may alter or substitute the specimen. In such cases, a specimen may be obtained under the direct observation of a gender-identified collection site person in accordance with such procedures. Further, any employee who alters or attempts to alter his or her specimen will be terminated. Any applicant who alters or attempts to alter his or her specimen will not be hired.

B. Alcohol Testing Procedures

Capital Health's alcohol testing procedures are modeled after the Federal Procedures for Transportation Workplace Drug and Alcohol Testing Programs, 49 CFR Part 40, as amended and/or applicable state laws. Alcohol screening tests will be performed by a breath alcohol technician (BAT) using an evidential breath testing device ("EBT"). Capital Health ensures that the BATs are proficient in the operation of EBTs. Further, Capital Health uses EBT devices which are on NHSTA's CPL for evidential breath measurement devices.

1. Confirmation of alcohol test results

A confirmation test will be performed using an EBT if the result of the screening test is an alcohol concentration of 0.02 or greater. The confirmation test will be conducted after 15 minutes and within 30 minutes from the end of the screening test. Capital Health shall base any discipline or other action upon the result of the confirmation test.

2. Inability to provide adequate amount of sample for alcohol testing

Capital Health will require an employee to be evaluated by a physician if the employee fails to provide or claims that he or she is unable to provide a sufficient amount of breath sample to permit a valid breath test because of a medical condition. A determination by the physician that the employee's alleged medical condition could not preclude the employee from providing an adequate amount of breath sample will constitute a refusal to test and the employee will be terminated.



**CAPITAL HEALTH
REASONABLE SUSPICION OF
SUBSTANCE ABUSE CHECKLIST**

Employee Name _____	
Job Title _____	Department _____
Does this person have a professional license? ____ Yes * ____ No	
*If yes, Vice President must be notified to complete mandatory reporting requirements	
Observation Date _____	Time: (from _____ am/pm: to _____ am/pm)
Location _____	

This checklist must be completed when an incident has occurred which provides reasonable suspicion that an employee is using or is under the influence of prohibited drugs and/or alcohol. You should note all behavior and physical signs or symptoms which lead you to believe that the employee has recently used or is under the influence of a prohibited substance. Check each applicable item on this form and add any additional facts or circumstances which you have noted.

REASONABLE SUSPICION DETERMINED FOR ALCOHOL ____ DRUGS ____

A. Nature of Incident/Cause for Suspicion
--

- () 1. Observed/reported possession or use of a prohibited substance (including a complaint from a co-worker)
- () 2. Apparent drug or alcohol intoxication
- () 3. Observed abnormal or erratic behavior
- () 4. Arrest or conviction for drug-related and/or driving while intoxicated offense
- () 5. Evidence of tampering on a previous drug and/or alcohol test
- () 6. Other (i.e. flagrant violation of safety or serious misconduct or "near miss," fighting or argumentative/abusive language, refusal of supervisor instruction, unauthorized absence on the job) **(Please specify)**

B. Behavioral Indicators Noted

- () 1. Verbal abusiveness
- () 2. Physical abusiveness
- () 3. Extreme aggressiveness or agitation
- () 4. Withdrawal, depression, tearfulness, unresponsiveness, or lethargic behavior
- () 5. Inappropriate verbal response to questioning or instructions
- () 6. Irritable
- () 7. Inappropriate gaiety
- () 8. Mood swings
- () 9. Other erratic or inappropriate behavior (i.e. hallucinations, disorientated, excessive euphoria, talkativeness, confused) **(Please specify)**

C. Physical Signs or Symptoms

- () 1. Slurred or incoherent speech
- () 2. Unsteady walk or other loss of physical control; poor coordination
- () 3. Dilated or constricted pupils or unusual eye movement
- () 4. Bloodshot or watery eyes
- () 5. Extreme fatigue or sleeping on the job
- () 6. Excessive sweating or clamminess of skin
- () 7. Flushed or very pale face
- () 8. Highly excited or nervous
- () 9. Nausea or vomiting
- () 10. Odor of alcohol
- () 11. Odor of marijuana

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- () 12. Disheveled appearance or out of uniform
- () 13. Dry mouth (frequent swallowing/lip wetting)
- () 14. Dizziness or fainting
- () 15. Shaking hands or body tremors/twitching
- () 16. Breathing irregularity or difficulty breathing
- () 17. Runny nose or sores around nostrils
- () 18. Inappropriate wearing of sunglasses or long sleeve shirts
- () 19. Puncture or track marks.
- () 20. Other observed actions or behavior (state objective evidence supporting suspicion that employee is using or under influence of controlled substances and/or alcohol. Physical evidence should be retained and stored):

- () 21. Indications of the chronic or withdrawal effects of drugs and alcohol

Yes () No () Explain _____

D. Investigation in Connection with Diversion Event

Is the source of the reasonable suspicion wholly, or in part, due to a Diversion Event as determined by the Diversion Response Team? Yes () No (). If YES, Please explain the circumstances.

E. Written Summary

Please summarize the facts and circumstances of the incident, employee response, supervisor actions taken, and any other pertinent information not previously noted. Attach additional sheets as needed.

Supervisor/Manager:

(Signature) (Title) (Date) (Time) am/pm

Witness: (if any)

(Signature) (Title) (Date) (Time) am/pm

Reviewed by Employee Relations Manager:

(Signature) (Title) (Date) (Time) am/pm

An alcohol and/or drug test should be administered within two hours but no later than eight hours following a reasonable suspicion determination. This document must be prepared and signed by the supervisor who made the reasonable suspicion determination before the employee is requested to submit to a reasonable suspicion drug and/or alcohol test.

Date, time and location of alcohol and/or drug test. _____ am/pm
Note if employee refused the test.

Please complete if applicable:

Reasons why alcohol test not performed within two hours of reasonable suspicion determination:

Reasons why alcohol test not performed within eight hours of reasonable suspicion determination:

*****RETURN ORIGINAL OF THIS FORM TO EMPLOYEE RELATIONS MANAGER*****

Rev. 10/2020