Cleveland Clinic

Mercy Hospital

A Catholic hospital sponsored by
The Sisters of Charity of St. Augustine

School of Diagnostic Medical Sonography

Policy & Procedure Manual

Policies of Cleveland Clinic Mercy Hospital
School of Diagnostic Medical Sonography

APPENDIX--RELEVENT CLEVELAND CLINIC POLICIES

Criminal Records Background check policy
Disability Accommodation in Education Policy
Equal Employment Opportunity/Workforce Diversity and Inclusion
Identification Badges Policy
General Information Security Policy
Non-Discrimination, Harassment or Retaliation Policy
Non-Employee Bloodborne Pathogen Exposure Standard Operating Procedure
Non-Employee Visitation and Onboarding Standard Operating Procedure
Non-Smoking Policy
Parking Services - Parking Enforcement Standard Operating Procedure
Professional Conduct Policy
Social Media Use Policy
Student Anti-Hazing Policy
STUDENT APPEAL PROCESS
STUDENT GRIEVANCE PROCEDURE
Student Immunization Policy
Telephone and Cellular Phone Use Policy
Weapons and Contraband Policy

Cleveland Clinic Mission

Caring for life, researching for health, educating those who serve.

Cleveland Clinic Vision

Our vision for Cleveland Clinic is to be the best place for care anywhere and the best place to work in healthcare.

Values

Mission Statement of Cleveland Clinic Mercy Hospital, School of Diagnostic Medical Sonography

The School of Diagnostic Medical Sonography at Cleveland Clinic Mercy Hospital strives to prepare the student for an entry-level position in the field of Ultrasound as a Sonographer. The graduating student is eligible to apply for the exam given by the American Registry of Diagnostic Medical Sonography. The school strives to prepare competent entry-level abdominal, OB and gyn sonographers in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains. The school strives to ensure that our graduates are prepared to assume responsible positions on the healthcare team and continue Christ's healing ministry by providing quality, compassionate, affordable and accessible care for the whole person.

Cleveland Clinic Mercy Hospital
School of Diagnostic Medical Sonography

Program Goals & Objectives

1. Prepare competent entry-level abdominal, obstetric and gynecologic sonographers in cognitive (knowledge), psychomotor (skills) and affective (behavior) learning domains.

2. Upon graduation the student shall be able to:
    - Obtain, review, and integrate pertinent patient history and supporting clinical data to facilitate optimum diagnostic results;
    - Perform appropriate procedures and record anatomic, pathologic, and/or physiologic data for interpretation by a physician;
    - Record, analyze, and process diagnostic data and other pertinent observations made during the procedure for presentation to the interpreting physician;
    - Exercise discretion and judgment in the performance of sonographic and/or other diagnostic services;
    - Demonstrate appropriate communication skills with patients and colleagues;
    - Act in a professional and ethical manner
    - Facilitate communication and education to elicit patient cooperation and understanding of expectations, and responds to questions regarding sonographic examination.
        - Adapted from CAAHEP Standards & Guidelines 2020

Technical Standards for Sonography Students

Skills:

- Organizational
- Verbal
- Interpersonal
- Customer Relations
- Mathematical
- Analytical
- Read/Comprehend written instructions
- Ability to receive and respond to instructions in clinical settings

Mental and Emotional Requirements:

- Manage stress appropriately
- Make decisions under pressure
- Handle multiple priorities
- Work in areas that are confined and/or crowded

Physical Requirements:

MEDIUM WORK: Exert up to 50-lbs. force occasionally, and/or up to 20 lbs. frequently, and/or up to 10 lbs. constantly

- Ability to perform work in a stationary position for extended periods
- Ability to travel through the hospital system
- Ability to perform repetitive tasks/motions
- Ability to distinguish colors
- Ability to detect anatomy and pathology on the ultrasound screen
- Ability to respond to alarms, telephone, normal speaking voice
- Ability to operate sonography equipment

ACCREDITATION AND SPONSORSHIP

The School of Diagnostic Medical Sonography is sponsored by:
Cleveland Clinic Mercy Hospital
1320 MERCY DRIVE, NW
CANTON, OHIO 44708

Bruce Stefancik, CRA, RT(R)
Administrative Director of Radiology
330-489-1070

Cleveland Clinic Mercy Hospital is Joint Commission accredited
The Joint Commission
One Renaissance Blvd.
Oakbrook Terrace, IL 60181
Phone: 630-792-5000
Web site: www.jointcommission.org

Christine Gialousis, M.Ed., RT (R) (M) (CT) (MR), MRSO (MRSC™)
Program Director of the School of Radiography
Cleveland Clinic Mercy Hospital

School of Radiography is JRC-ERT accredited

JRCERT
20 N. Wacker Drive, Suite 900
Chicago, IL 60606-2901
Web site: www.JRCERT.org

Susan Bielanski, BS, RDMS
Program Director of the School of Diagnostic Medical Sonography

The Ultrasound Department is ACR accredited
ACR
1891 Preston White Drive
Reston, VA 20191-4397
Phone- (703) 648-8900
Web site: www.acr.org

The School of Diagnostic Medical Sonography is CAAHEP accredited
CAAHEP
9355 - 113th St. N, #7709
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P:727-210-2350
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Cleveland Clinic Mercy Hospital
School of Diagnostic Medical Sonography
Canton, OH

SPONSOR'S RESPONSIBILITIES

The following goals have been set out by management of Cleveland Clinic Mercy Hospital and approved by the Board of Trustees as a guide to orderly growth, development, and improvement of health services provided by Cleveland Clinic Mercy Hospital.

The goals exist because of our belief and commitment to the concept that Cleveland Clinic Mercy Hospital exists to insure a healthier community both in body and mind. This concept encompasses a responsibility to require the students and faculty to be of good moral character and use sound judgment and professional ethics in all facets of their work while attending this institution. Furthermore, students and faculty must realize that their behavior outside of this hospital will also reflect the values of this hospital and the school.

Cleveland Clinic Mercy Hospital shall develop, operate, manage, and conduct medical education programs; including, but not limited to, undergraduate and post-graduate programs for students and physicians.

Cleveland Clinic Mercy Hospital
School of Diagnostic Medical Sonography
Canton, OH

DESCRIPTION OF PROFESSION
From CAAHEP Standards & Guidelines 2020

The diagnostic medical sonographer is an individual who provides patient care services using ultrasound and related diagnostic procedures. The diagnostic medical sonographer must be educationally prepared and clinically competent as a prerequisite to professional practice. Demonstration and maintenance of competency through certification by a nationally recognized sonography credentialing organization is the standard of practice in sonography, and maintenance of certification in all areas of practice is endorsed.

The diagnostic medical sonographer functions as a delegated agent of the physician and does not practice independently.

Diagnostic medical sonographers are committed to enhanced patient care and continuous quality improvement that increases knowledge and technical competence. Diagnostic medical sonographers use independent, professional and ethical judgment, and critical thinking to safely perform diagnostic sonographic procedures.

The sonographer is generally able to perform the following:

- Obtain, review, and integrate pertinent patient history and supporting clinical data to facilitate optimum diagnostic results;
- Perform appropriate procedures and record anatomic, pathologic, and/or physiologic data for interpretation by a physician;
- Record, analyze, and process diagnostic data and other pertinent observations made during the procedure for presentation to the interpreting physician;
- Exercise discretion and judgment in the performance of sonographic and/or other diagnostic services;
- Demonstrate appropriate communication skills with patients and colleagues;
- Act in a professional and ethical manner
- Facilitate communication and education to elicit patient cooperation and understanding of expectations, and responds to questions regarding sonographic examination.

Cleveland Clinic Mercy Hospital
School of Diagnostic Medical Sonography
Canton, OH

PROGRAM DESCRIPTION

The School of Diagnostic Medical Sonography at Cleveland Clinic Mercy Hospital offers a 12-month, CAAHEP accredited program which qualifies the graduate, to apply for the ARDMS abdomen and ob/gyn examinations.

Full time enrollment consists of up to forty (40) hours per week attendance. Students attend 7:00am-3:30pm Monday through Friday. This includes both classroom and clinical experience. Part time enrollment and distance education are not available.

Cleveland Clinic Mercy Hospital
School of Diagnostic Medical Sonography
Canton, OH

PROGRAM ORGANIZATION

The School of Diagnostic Medical Sonography at Cleveland Clinic Mercy Hospital is directed in consultation with the Medical Director. The Program Director has line authority from and accountability to the Radiology Department through the Administrative Director, Radiology Services and The Radiology Schools Manager.

An Advisory Committee is organized for the purpose of establishing policies and giving general direction. The Committee insures that all persons involved in and affected by the program are fairly represented in all major decisions.

Cleveland Clinic Mercy Hospital
School of Diagnostic Medical Sonography
Canton, OH

GENERAL INSTRUCTIONAL FACILITIES

All instructional facilities for the School of Diagnostic Medical Sonography are on the campus of Cleveland Clinic Mercy Hospital. The students are not required to commute to other locations for any portion of their classroom instruction.

CLASSROOM

The MRI conference room is used for most classes. Other conference rooms are located throughout the hospital and may be used occasionally. All rooms seat 10 students easily.

OFFICES

The Program Director's office is located within the Ultrasound Department. Other faculty not having private offices can use the Program Director's office for their own planning, research, counseling, etc. as needed.

Cleveland Clinic Mercy Hospital
School of Diagnostic Medical Sonography
Canton, OH

CLINICAL FACILITIES

The School of Diagnostic Medical Sonography uses the facilities of the Ultrasound Department at Cleveland Clinic Mercy Hospital. The Department equipment consists of Acuson Sequoia units.

Quality Assurance is performed on all equipment on a regular basis by staff, service technicians and the medical physicist.

Cleveland Clinic Mercy Hospital
School of Diagnostic Medical Sonography
Canton, OH

LABORATORY FACILITIES

General Ultrasound rooms in the department are used by students and faculty to conduct experiments and to practice ultrasound procedures. The students are provided with scan lab experience for most exams before they attempt them in the Ultrasound Department on patients.

Cleveland Clinic Mercy Hospital
School of Diagnostic Medical Sonography
Canton, OH

LIBRARY FACILITIES

The technical library for the School of Diagnostic Medical Sonography is located in the Program Director's Office. There are also books for reference kept in the Ultrasound department.

Students and staff may borrow books from the Medical Library as well. The Medical Library keeps Ultrasound resources on reference and in circulation. The Medical Library is accessible by badge swipe system 24-hours a day, 7 days a week. There are several computers available there with internet access.

Students may also take advantage of "Ohio Link" through the medical library in order to obtain texts and other resources that may not be available in our own Medical Library.

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

POLICY:			**POLICY NUMBER:**
Competency-based Criteria			3.111
EFFECTIVE DATE:	**REVISED:**	**AUTHORIZED BY:**	**PREPARED BY:**
NOV. 1, 1999	May, 2000 Oct., 2000	Advisory Committee	S.Black, R.D.M.S.

Minimum acceptable levels of performance have been established for clinical education. These address both quantitative and qualitative standards.

QUANTITATIVE:

Minimum numbers and types of procedures are required for each quarterly grading period. Completion of these competencies is necessary to receive a passing grade. The student must successfully complete a minimum of 2 similar, “practice” exams with the clinical instructor, program director or their designee prior to receiving a competency in an exam.

All failed competency forms must be turned in to the program director. After 3 failed attempts at competency, the student will be given additional lab instruction/clinical assistance before another attempt for that competency can be made. Two additional “signed practices” must be documented prior to re- attempting that exam for a competency.

QUALITATIVE:

Minimum acceptable performance standards for procedures have been established. In order to be considered competent in performing the procedure, the student must receive an 80% or higher grade. This is the minimum acceptable standard.

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE:	POLICY NUMBER:
Required Clinical Competencies & Lab Assessments	3.112

EFFECTIVE DATE:	REVISED:	AUTHORIZED BY:	PREPARED BY:
November, 1999	May, 2000 April 2008 April 2009 October 2015 May 2016 Feb 2021	Advisory Committee	S. Bielanski, BS, RDMS

During the 12-month education, the student must prove to be competent in performing the some of the following procedures and have knowledge of the following equipment:

Achilles tendon*
Aorta
Liver
Gallbladder/biliary
Pancreas
Renals
Spleen
Pelvis
Transvaginal
Breast
Bladder
Abdomen Limited
Abdomen Complete
OB 1st, 2nd and 3rd trimester
Biophysical profiles
Thorax
Thyroid
Testicle
Abdomen Doppler
Knee
GI/Appendix*
Lesions
Biopsy/Needle procedure
3D imaging
ARFI
Pylorus
Renal Doppler*
Mesenteric Doppler*
Non-cardiac chest

Equipment Comps:

Sequoia
Doppler
3D*

*=lab assessment

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE:	**POLICY NUMBER:**
Competency & Lab Assessment time limit policy	3.113

EFFECTIVE DATE:	**REVISED:**	**AUTHORIZED BY:**	**PREPARED BY:**
October 4, 2010	October 2015 May 2016 Feb 2021	Advisory Committee	S. Bielanski, BS, RDMS

In order to ensure that patients receive care in a timely manner and that students are given an adequate amount of time to complete a competency exam, a time limit will be placed on the competency.

The student will be given 50% of time over the appointment time.

For exams scheduled as a 30-minute appointment, the student will be given 45 minutes of scan time to complete the competency.

For 60 minute exams the student will be given 90 minutes to complete the competency.

If the student does NOT complete the exam in the allotted time, it will be considered an automatic failure.

<u>30 minute exams include:</u>

gallbladder	liver	pancreas	spleen	renals
aorta	pelvis	transvaginal	BPP	thyroid
testicles	breast	knee	lesion/mass	fetal position
OB targeted	ARFI	1st trimester OB	ABD limited/RUQ	
Bladder	GI/Appendix	non-cardiac chest		

<u>60 minute exams include:</u>

Fetal Age (2nd and 3rd trimester OB) ABD complete ABD Doppler
Renal Doppler Mesenteric Doppler

Biopsy/Needle Procedure competencies have no time limit, as it is mainly dependent upon the Radiologist and patient condition.

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE:	**POLICY NUMBER:**
Proof of Competency in Performing Procedures	3.12

EFFECTIVE DATE:	**REVISED:**	**AUTHORIZED BY:**	**PREPARED BY:**
November 1999	May 2000 April 2008	Advisory Committee	S.Black R.D.M.S.

Under no circumstances will any student be permitted to perform any procedure without immediate supervision prior to being evaluated for competency for that procedure. Competency checks will be performed by a registered staff sonographer or the Program Director. Any competencies given by a “registry ready” sonographer must be performed under supervision of, checked and undersigned by the program director.

Competencies and lab assessments may only be performed during normally scheduled clinical hours. (No afternoons or weekends)

A list shall be posted in the Department indicating all procedures for which a student has been competency checked. This list will be updated on an ongoing basis by the Program Director.

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE:			**POLICY NUMBER:**
Overtime Compensation			3.130
EFFECTIVE DATE:	**REVISED:**	**AUTHORIZED BY:**	**PREPARED BY:**
November 1999	Sept. 2002 May 2000	Advisory Committee	S. Black R.D.M.S.

All justified overtime will be documented on the student's Attendance Record. This time will be reviewed on a regular basis and the student will be advised as to his/her available time.

Compensatory/Overtime time may not be used to obtain early graduation or to miss scheduled classes. Compensatory time may be applied toward sick time, professional days or personal business.

Compensatory time will be granted at the discretion of the Program Director. Permission or denial will be based on the policies concerning academic standing, sick time, and class schedule. Refer to Policies #4.230, #4.231, #4.232, #4.3, #7.421 and #7.43.

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Scheduling - Total Time Allowed			**POLICY NUMBER:** 3.131
EFFECTIVE DATE: November,1999	**REVISED:** May 2000	**AUTHORIZED BY:** Advisory Committee	**PREPARED BY:** S. Black R.D.M.S.

The total number of hours a student spends in the training program shall not exceed forty (40) hours per week. This will include classroom instruction and clinical experience. No averaging of variable hours or weeks will be permitted.

To insure quality patient care, a student will be permitted to remain past the normal shift ending time All overtime compensation must be taken according to Policy #3.130.

Make up time falls under a different ruling. Please refer to policy # 7.48

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Clinical Rotation Schedules			**POLICY NUMBER:** 3.132
EFFECTIVE DATE: November, 1999	**REVISED:** Feb 2021	**AUTHORIZED BY:** Advisory Committee	**PREPARED BY:** S. Bielanski, BS, RDMS

The clinical rotation schedules are posted in advance. Every effort is made to assure that all students will have equal opportunity to experience all possible clinical learning situations.

*NOTE: No changes will be made in the rotation schedule without permission from the Program Director, Clinical Coordinator or designate.

Students that have completed all required clinical competencies for the current quarter may request a rotation through another area for educational purposes. These areas include, but are not limited to:

-radiologist	- vascular lab	- cardiac lab	-ultrasound off-site
-radiology	- MRI	-CT	- nuclear medicine
- mammography	-specials	- radiation therapy	-ultrasound off-shifts

The program director will coordinate with other areas to schedule the student's rotation and will inform the student of the scheduled time. Allowed time length of each rotation will be based on the student's clinical performance and the educational value of the rotation. Every effort will be made to accommodate reasonable requests.

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Daily Shift Assignments			**POLICY NUMBER:** 3.133
EFFECTIVE DATE: November, 1999	**REVISED:**	**AUTHORIZED BY:** Advisory Committee	**PREPARED BY:** S. Black, R.D.M.S.

Students will be scheduled forty (40) hours a week. This will include weekdays only and will encompass both clinical time and classes.

**NOTE: No changes will be made in the schedule without permission from faculty of the School.

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Distribution of Clinical Experience			**POLICY NUMBER:** 3.14
EFFECTIVE DATE: November 1999	**REVISED:** January 2006 October 2015 Feb 2021	**AUTHORIZED BY:** Advisory Committee	**PREPARED BY:** S. Bielanski, R.D.M.S.

Clinical assignments include the following approximates for types of clinical experience and are subject to change based on student needs:

Abdomen	44.6%
Obstetrical/GYN	35.9%
Superficial Structures	19.2%
MSK	0.3%

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE:	**POLICY NUMBER:**
Validation of Clinical Competency Requirements	3.15

EFFECTIVE DATE:	**REVISED:**	**AUTHORIZED BY:**	**PREPARED BY:**
November, 1999	Feb. 2021	Advisory Committee	S. Bielanski, R.D.M.S.

The required clinical competencies listed in Policy #3.122 will be reviewed annually by the Program Director and appropriate faculty. The following criteria should be used in updating clinical requirements:

-Availability of Procedures in Ultrasound Department
-Availability of Clinical Assignments for each Student
-Difficulty Level of Required Procedures
-Time Constraints of Training Process
-Requirements of Potential Employees
-CAAHEP standards and guidelines

*NOTE: The Program Director is responsible for conducting external validation studies of the Program and reporting to the advisory committee. The program director may seek advice from other personnel either internally or externally.

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE:	**POLICY NUMBER:**
Clinical Supervision	3.2

EFFECTIVE DATE:	**REVISED:**	**AUTHORIZED BY:**	**PREPARED BY:**
November, 1999	May 2000 April 2008 Feb 2021	Advisory Committee	S. Bielanski, BS, RDMS

A Registered Sonographer shall be present on the premises in the Ultrasound Department at all times for assistance when students are performing exams. This includes exams for which the student has proved competent.

Students must have a Sonographer present when performing an exam for which competency has not been proven.

In order for students to gain confidence and independence, the students may perform a procedure without the sonographer constantly in the room if all of the following exists:

(1) Student has proven competent to perform exam
(2) The student is performing a 3rd or 4th quarter exam
(3) A qualified Sonographer reviews exam/rescans before patient is dismissed and is immediately available if the student requires assistance.

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Clinical Coordinator			**POLICY NUMBER:** 3.3
EFFECTIVE DATE: November, 1999	**REVISED:** Feb 2021	**AUTHORIZED BY:** Advisory Committee	**PREPARED BY:** S. Bielanski, BS, RDMS

The Clinical Coordinator, School of Diagnostic Medical Sonography, shall have the primary responsibility for evaluating student performance in diagnostic sonography.

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Student Capacity			**POLICY NUMBER:** 3.41
EFFECTIVE DATE: November, 1999	**REVISED:**	**AUTHORIZED BY:** Advisory Committee	**PREPARED BY:** S. Black, R.D.M.S.

The number of students enrolled in the Program shall not exceed recommendations of the JRC-DMS. The JRC-DMS must be notified if a change in capacity of students is requested.

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE:			**POLICY NUMBER:**
Attrition Rate			3.42
EFFECTIVE DATE:	**REVISED:**	**AUTHORIZED BY:**	**PREPARED BY:**
November, 1999	Feb 2021	Advisory Committee	S. Bielanski, BS, RDMS

The Program Director will be responsible for conducting attrition studies and exit interviews on a regular basis to help identify reasons for attrition. The Program Director also may seek advice from personnel within the Department of Ultrasound, Radiology or from personnel within the hospital.

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Didactic Curriculum - Content			**POLICY NUMBER:** 4.11
EFFECTIVE DATE: November, 1999	**REVISED:**	**AUTHORIZED BY:** Advisory Committee	**PREPARED BY:** S. Black, R.D.M.S.

A file shall be maintained for all updated course objectives and outlines. This file is open for review by all students and members of the faculty and staff.

The Program Director shall keep copies of all tests, exams, and evaluations in a locked file. These are to be open to authorized faculty for their use only.

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Class Attendance			**POLICY NUMBER:** 4.21
EFFECTIVE DATE: November, 1999	**REVISED:** May 2000	**AUTHORIZED BY:** Advisory Committee	**PREPARED BY:** S. Black, R.D.M.S.

All scheduled classes must be attended.

It is the student's responsibility to arrange for make-up of any classes or exams missed due to illness. Any exams not made up within two days of the student's return will be automatic "Fs. Arrangements may be made with the Program Director.

Classes missed due to unexcused absences cannot be made up.

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE:	**POLICY NUMBER:**
Computation of Grades	4.220

EFFECTIVE DATE:	**REVISED:** Feb 2021	**AUTHORIZED BY:**	**PREPARED BY:**
November, 1999		Advisory Committee	S. Bielanski, BS, RDMS

Grades are computed on a quarterly basis for each course based upon the following grading system:

A	(4.0) = Excellent	(100%-93%)
B	(3.0) = Good	(92%-84%)
C	(2.0) = Average	(83%-75%)
D	(1.0) = Poor	(74%-69%)
F	(0.0) = Failing	(68% & below)
I	incomplete	

GPA Grading Legend

A = 4.0	C+ = 2.3
A- = 3.7	C = 2.0
B+ = 3.3	C- = 1.7
B = 3.0	D+ = 1.3
B- = 2.7	D = 1.0

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Incomplete Credit			**POLICY NUMBER:** 4.211
EFFECTIVE DATE: November, 1999	**REVISED:**	**AUTHORIZED BY:** Advisory Committee	**PREPARED BY:** S. Black, R.D.M.S.

An "I" (Incomplete) may be given at the instructor's discretion if course material is not completed on time.

The "I" must be replaced with a valid grade no later than six weeks following the end of the quarter.

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE:			**POLICY NUMBER:**
Transfer Credit			4.222
EFFECTIVE DATE:	**REVISED:**	**AUTHORIZED BY:**	**PREPARED BY:**
November, 1999	April 2008	Advisory Committee	S. Black, R.D.M.S.

To maintain the Program standards of excellence both clinically and academically, transfer credits will not be accepted for courses included in the curriculum for the sonography school.

No student will be granted "advanced placement".

No credit is given for work experience.

*Prerequisites degrees and classes will accepted from appropriately accredited institutions.

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Credit Hours			**POLICY NUMBER:** 4.223
EFFECTIVE DATE: November, 1999	**REVISED:** March 2021	**AUTHORIZED BY:** Advisory Committee	**PREPARED BY:** S. Bielanski, BS, RDMS

Credit hours are assigned to each course based upon the following guidelines:

1.0 credit = 12 clock/contact hours
1.0 credit = 75 clinical clock hours

Below are the course credits required to complete the program:

FIRST QUARTER- July —October	Contact Hours	Credit Hours
Introduction to Ultrasound	22	1.5
Abdomen	58	4.5
Sectional Anatomy	57.5	4.5
Lab	32	-
Clinical I	310.5	4.0
SECOND QUARTER- October- December		
Gyn/OB 1	28.5	2.0
Obstetric 2/3	72.5	6.0
Lab	24	-
Clinical II	355	4.5
THIRD QUARTER- January- March		
Superficial Structures	37	3.0
Ultrasound Physics	75	6.0
Lab	12	-
Registry Review (physics portion)	26	4th quarter grade
Clinical III	330	4.0
FOURTH QUARTER- April - June		
Pediatric and Miscellaneous	50.5	4.0
Registry Review (Abd & OB/Gyn)	72 (+physics review)	6.0
Lab	10	-
Clinical IV	347.5	4.5
TOTAL	**1920**	**54.5**

Course schedule may be subject to change.

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Scholastic Standing			**POLICY NUMBER:** 4.230
EFFECTIVE DATE: November, 1999	**REVISED:**	**AUTHORIZED BY:** Advisory Committee	**PREPARED BY:** S. Black, R.D.M.S.

Scholastic standing shall be defined by the following criteria:

(1) Good Standing: The student is progressing in a satisfactory manner, maintaining at least a 2.0 cumulative GPA, and a passing grade for each class offered.
(2) Academic Probation: The student is not performing satisfactorily.
    (a) Failure to maintain a 2.0 GPA
    (b) Failure to pass any course in the curriculum, including clinical
(3) Disciplinary Probation: The student exhibits unacceptable behavior patterns. Refer to Student Conduct Policy #7.6.

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE:			**POLICY NUMBER:**
Clinical Grades			4.231
EFFECTIVE DATE: November, 1999	**REVISED:** June 12, 2001 Feb 2021	**AUTHORIZED BY:** Advisory Committee	**PREPARED BY:** S. Bielanski, BS, RDMS

The student is expected to complete the required competencies and lab assessments by the end of the clinical quarter. Satisfactory levels of clinical performance must be maintained throughout the four (4) quarters to remain in good standing.

Clinical grade is computed as an average of all pass and failed clinical competencies and lab assessments +/- any merits or demerits for that quarter.

The clinical grade is based on the merit/demerit system (policy #7.6). the clinical grading scale is as follows:

100- 93%- A
92-84%- B
83-75%- C
74-69%- D
Below 68%- F

Clinical performance is reviewed quarterly. Any student performing below minimum standards shall be placed on probation. Refer to Policy #4.230, Section (2).

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Course Failure			**POLICY NUMBER:** 4.232
EFFECTIVE DATE: November, 1999	**REVISED:**	**AUTHORIZED BY:** Advisory Committee	**PREPARED BY:** S. Black, R.D.M.S.

In the event a student fails a course, either clinical or didactic, the following will occur:

The student is placed on probation for three (3) months. At the end of the probationary quarter, all courses must be successfully completed to prevent dismissal.

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE:	POLICY NUMBER:
Academic or Clinical Probation	4.24

EFFECTIVE DATE:	REVISED:	AUTHORIZED BY:	PREPARED BY:
November, 1999	May 2000 Feb 2021	Advisory Committee	S. Bielanski, BS, RDMS

Any student not maintaining at least the minimum acceptable grade average in both didactic and or in the clinical will be placed on probation.

Probationary period is defined as three (3) months in length. At the end of the probation, the student will be re-evaluated to determine whether sufficient progress has been made to prevent dismissal.

Any student having more than one probationary period during training will be automatically terminated.

Probationary status at the end of the fourth quarter will disqualify a student from graduating/graduating on time.

The Advisory Committee reserves the right to place any student on probation who does not meet requirements of the hospital either didactically or clinically.

Minimum acceptable course grade is a C. although D's are given they are considered unsatisfactory and will lead to probationary status.

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Class Schedules			**POLICY NUMBER:** 4.3
EFFECTIVE DATE: November, 1999	**REVISED:** October 2015 Feb 2021	**AUTHORIZED BY:** Advisory Committee	**PREPARED BY:** S. Bielanski, BS, RDMS

The master class schedule shall be planned in advance for the school year and provided to all students at orientation.

Clinical rotation schedules will be posted at least one month in advance.

Quarterly class schedules for tests and assignments will be given to the students in the course syllabus. It is the student's responsibility to attend all scheduled classes.

No classes shall be scheduled on weekends, evenings, or on days when students are routinely scheduled off. Students requesting days off when classes are scheduled are responsible to make prior arrangements with the Instructor.

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE:			**POLICY NUMBER:**
Graduation Requirements			4.4
EFFECTIVE DATE: November, 1999	**REVISED:** April 2008 Mar 2005 Feb 2021	**AUTHORIZED BY:** Advisory Committee	**PREPARED BY:** S. Bielanski, BS, RDMS

In order to be eligible for graduation, the student must

- Satisfactorily complete all clinical requirements (Policy #3.112)
- Maintain a satisfactory GPA clinically (Policy #4.231)
- Maintain a satisfactory GPA didactically (Policy #4.232)
- Obtain, review, and integrate pertinent patient history and supporting clinical data to facilitate optimum diagnostic results
- Perform appropriate procedures and record anatomic, pathologic, and/or physiologic data for interpretation by a physician;
- Record, analyze, and process diagnostic data and other pertinent observations made during the procedure for presentation to the interpreting physician;
- Exercise discretion and judgment in the performance of sonographic and/or other diagnostic services;
- Demonstrate appropriate communication skills with patients and colleagues;
- Act in a professional and ethical manner
- Facilitates communication and education to elicit patient cooperation and understanding of expectations and responds to questions regarding sonographic examination.
- Demonstrate an understanding of ultrasound physics and can identify and correct the causes of artifacts
- Complete 12 months of clinical and didactic education
- Complete all make up time over 40 hours
- Have all costs to the program paid in full

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Budget Process			**POLICY NUMBER:** 5.11
EFFECTIVE DATE: Nov. 1999	**REVISED:** Feb 2021	**AUTHORIZED BY:** Advisory Committee	**PREPARED BY:** S. Bielanski, BS, RDMS

The financial needs of the School of Diagnostic Medical Sonography shall be addressed through the regular budget process of the hospital. The Program Director shall submit the School's budgetary needs to the Radiology Administrator.

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE:	**POLICY NUMBER:**
Fees to Students	5.22

EFFECTIVE DATE:	**REVISED:**	**AUTHORIZED BY:**	**PREPARED BY:**
Nov. 1999	April 2008	Advisory Committee	S. Black, R.D.M.S.

Student fees shall include the following:

(a) Application fee (Policy #7.21)

(b) Tuition (Policy #7.22)

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

POLICY:	**POLICY NUMBER:**
Collection of Tuition	5.23

EFFECTIVE DATE:	**REVISED:**	**AUTHORIZED BY:**	**PREPARED BY:**
Nov. 1999	February 2004 October 2015	Advisory Committee	S. Black, R.D.M.S.

The collection of tuition shall be as follows:

(1) Upon acceptance, the student must pay a $100.00 of the tuition which is **non-refundable**.

(2) $800.00 is due the first day of class.

(3) The remainder of the tuition is to be paid prior to graduation if the student is making payments. (see policy 7.22)

Sonography School Tuition:	$14,000.00
- Tuition due upon acceptance (non-refundable)	$100.00
- Tuition due on first day of classes	$800.00
Remaining Tuition=	$13,100.00

Payment Options:

Per Quarter	Monthly
$3275.00	$1091.67

Special arrangements can be made with the Program Director in the event of hardship.

All tuition must be paid in full prior to graduation in order to receive the diploma and approval for registration with the ARDMS.

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE:	**POLICY NUMBER:**
Advertising Materials - Guidelines	5.31

EFFECTIVE DATE:	**REVISED:**	**AUTHORIZED BY:**	**PREPARED BY:**
November, 1999	October 2015	Advisory Committee	S. Black, R.D.M.S.

The web site and other advertising materials must be accurate in the reflection of Program costs. All costs must be fairly and accurately stated. Any references to employment or income prospects must be fair and realistic.

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Advertising Materials - Approval			**POLICY NUMBER:** 5.32
EFFECTIVE DATE:	**REVISED:**	**AUTHORIZED BY:**	**PREPARED BY:**
November, 1999	October 2015 Feb 2021	Advisory Committee	S. Bielanski, BS, RDMS

All materials must be approved by the Advisory Committee prior to publication.

After approval, the materials shall be submitted through regular hospital channels for approval, proofreading and posting.

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE:			**POLICY NUMBER:**
Student Status vs Employee Status			5.41
EFFECTIVE DATE:	**REVISED:**	**AUTHORIZED BY:**	**PREPARED BY:**
November 1999		Advisory Committee	Susan Black, R.D.M.S.

Students may not be employed in the Department of Ultrasound to perform Sonographer's functions nor may students be counted on as primary manpower in the function of the Department of Ultrasound in Radiology.

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE:	POLICY NUMBER;
Program Director - Qualifications	6.11

EFFECTIVE DATE:	REVISED:	AUTHORIZED BY:	PREPARED BY:
November, 1999	April 2008 October 2015 Feb 2021	Advisory Committee	Susan Bielanski, BS, RDMS

The Program Director shall be registered in ABD and OB/Gyn Ultrasound by the American Registry of Diagnostic Medical Sonographers a have a minimum of two years of clinical experience as a registered sonographer. The Program Director shall be a full time employee of the Department of Radiology at Cleveland Clinic Mercy Hospital and have a minimum of a Bachelor Degree.

According to CAAHEP standards the program director must:

1) possess a minimum of a Baccalaureate degree;
2) possess the appropriate credential(s) specific to one or more of the concentration(s) offered;
3) have documented experience in supervision, instruction, evaluation, student guidance and in educational theories and techniques; and
4) have a minimum of two years of clinical experience as a registered sonographer in the professional sonography field.

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Program Director - Responsibilities			**POLICY NUMBER:** 6.12
EFFECTIVE DATE: November, 1999	**REVISED:** Feb 2021	**AUTHORIZED BY:** Advisory Committee	**PREPARED BY:** Susan Bielanski, BS, RDMS

There shall be a specific job description for the Program Director designating primary responsibilities to and for the School of Diagnostic Medical Sonography. The job responsibilities shall include, but not be limited to:

- Structure and daily operation of the program
- the organization, administration, periodic review and evaluation, continued development and effectiveness of program curricula
- maintaining and updating school records and student records required by law
- developing class schedules and clinical rotations
- assisting in student selection process
- developing overall curriculum and objectives
- coordinating faculty and instructional resources
- counseling students
- academic teaching responsibilities
- regularly performing student reviews
- chairs the Advisory Committee

SCHOOL OF RADIOLOGIC TECHNOLOGY
POLICY

TITLE: Change of Program Director			**POLICY NUMBER:** 6.13
EFFECTIVE DATE: November, 1999	**REVISED:**	**AUTHORIZED BY:** Advisory Committee	**PREPARED BY:** Susan Black, R.D.M.S.

If there is a change in the Program Director, notification will be made to the JRC-DMS immediately. Upon notification, the curriculum vitae of the new Program Director will be submitted within thirty (30) days. If the new candidate is not selected within this timeframe, continuity of the Program and progress shall be submitted with notification to the JRC-DMS.

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Medical Advisor Qualifications			**POLICY NUMBER:** 6.21
EFFECTIVE DATE: November, 1999	**REVISED:** Feb 2021	**AUTHORIZED BY:** Advisory Committee	**PREPARED BY**: Susan Bielanski, BS, RDMS

The Medical Advisor shall be the Chairman of the Ultrasound Section of Radiology at Cleveland Clinic Mercy Hospital or a board certified member of the radiology medical staff at Cleveland Clinic Mercy Hospital.

According to CAAHEP:
The medical advisor must be a licensed physician, certified by the American Board of Medical Specialties (ABMS), with relevant experience and knowledge in diagnostic medical sonography.

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Medical Advisor - Responsibilities			**POLICY NUMBER:** 6.22
EFFECTIVE DATE: November, 1999	**REVISED:** 2/6/04 Feb 2021	**AUTHORIZED BY:** Advisory Committee	**PREPARED BY:** Susan Bielanski, BS, RDMS

The Medical Advisor shall:

- work with the Program Director in the development of goals, standards of performance and objectives of the Program
- provide guidance so that the medical components of the didactic and clinical curriculum meet current and acceptable performance standards
- perform, when needed, limited instructional duties
- be responsible for final Program review of all student health records/reports prior to the first day of classes
- serve as Medical/Radiologist representative on the Advisory Committee

SCHOOL OF DIANGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE:			**DATE:**
Change of Medical Advisor			6.23
EFFECTIVE DATE:	**REVISED:**	**AUTHORIZED BY:**	**PREPARED BY:**
November 1999	May 2000	Advisory Committee	S. Black R.D.M.S.

If the Medical Advisor is changed, the Program Director shall notify the JRCDMS. The Program Director shall submit curriculum vitae of the new Medical Advisor within thirty (30) days. If a suitable candidate is not found within that time frame, the Program Director shall notify the JRCDMS to define the problem and express the continuity of the Program.

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE:	**POLICY NUMBER:**
Clinical Coordinator - Qualifications	6.31

EFFECTIVE DATE:	**REVISED:**	**AUTHORIZED BY:**	**PREPARED BY:**
November 1999	October 2015 Feb 2021	Advisory Committee	Susan Bielanski, BS, RDMS

The Clinical Coordinator shall be registered by the American Registry of Diagnostic Medical Sonographers in at least Abdomen and OB/Gyn. The Clinical Coordinator shall be an employee of the Radiology Department at Cleveland Clinic Mercy Hospital and work under the director of the Program Director.

According to CAAHEP standards the clinical coordinator must:

1)possess an academic degree no lower than an Associate degree and at least equal to that for which the graduates are being prepared;
2) possess the appropriate credential(s) specific to the concentration(s) that s/he coordinates;
3) have documented experience in supervision, instruction, evaluation, student guidance and in educational theories and techniques; and
4) have a minimum of two years of clinical experience as a registered sonographer in the professional sonography field.

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE:	**POLICY NUMBER:**
Clinical Coordinator - Responsibilities	6.32

EFFECTIVE DATE:	**REVISED:**	**AUTHORIZED BY:**	**PREPARED BY:**
November, 1999	Feb 2021	Advisory Committee	Susan Bielanski, BS, RDMS

There shall be a specific job description of the Clinical Coordinator detailing responsibilities to the School of Diagnostic Medical Sonography. The job responsibilities may include any or all of the following:

- be responsible for coordinating clinical education with didactic education as assigned by the program director
-evaluate and ensure the effectiveness of clinical experiences for the concentration(s) students are enrolled in
- provide clinical instruction and document the evaluation and progression of clinical performance leading to clinical competence.
-assists students with identifying weaknesses and correcting their clinical performance
-demonstrates and instructs alternative methods of obtaining scans due to patient condition
-assists with development of clinical rotation
-serves as voting member on the Advisory Committee
-assists with development of clinical evaluation tools
-maintains clinical records in good order as prescribed by the JRC-DMS
-has limited academic teaching responsibilities

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Faculty Qualifications			**POLICY NUMBER:** 6.41
EFFECTIVE DATE: November, 1999	**REVISED:**	**AUTHORIZED BY:** Advisory Committee	**PREPARED BY:** S. Black, R.D.M.S.

All members of the faculty shall be registered sonographers, radiologists, nurses, or hold appropriate degrees/certifications to teach assigned subjects.

The faculty members shall demonstrate an ability and willingness to teach assigned course work as stated in Policy #6.44 Faculty Responsibilities.

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Appointment of Faculty			**POLICY NUMBER:** 6.42
EFFECTIVE DATE: November, 1999	**REVISED:** Feb 2021	**AUTHORIZED BY:** Advisory Committee	**PREPARED BY:** Susan Bielanski, BS, RDMS

The Program Director shall see that all areas of the curriculum have qualified instructors to instruct the courses. The Program Director is free to use discretion in recruiting Medical Center personnel both within and outside the Department of Radiology.

The Program Director shall have the primary responsibility for selection of faculty. Financial commitments and resources outside the hospital must have administrative approval except in such cases involving sales or manufacturing representatives providing educational programs as part of their service to the Department of Radiology.

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Faculty Review and Evaluations			**POLICY NUMBER:** 6.43
EFFECTIVE DATE: November, 1999	**REVISED:** October 2015 Feb 2021	**AUTHORIZED BY:** Advisory Committee	**PREPARED BY:** Susan Bielanski, BS, RDMS

Faculty members shall be reviewed by the Program Director annually. Reviews shall include input from the student body using evaluation instruments as approved by the Advisory Committee and/or the annual JRCDMS student evaluation form.

The Program Director and the Medical Advisor are responsible to see that identified areas of weakness are corrected.

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Faculty - Responsibilities			**POLICY NUMBER:** 6.44
EFFECTIVE DATE: November 1999	**REVISED:**	**AUTHORIZED BY:** Advisory Committee	**PREPARED BY:** S. Black R.D.M.S.

Members of faculty shall be responsible for providing quality units of instruction that are well-planned and organized. Course outlines, and objectives should be used. Tests will be specific to course content. Test results shall be reported promptly to the Program Director.

Each member of the faculty is responsible for maintaining current copies of the following:

- -curriculum vitae
- -course outline
- -course objectives
- -evaluation tools

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Faculty - Instructional Loads			**POLICY NUMBER:** 6.45
EFFECTIVE DATE: November, 1999	**REVISED:**	**AUTHORIZED BY:** Advisory Committee	**PREPARED BY:** Susan Black, R.D.M.S.

Instructional loads shall not be so heavy as to prevent the instructors from performing their administrative, technical or medical duties. Faculty members with primary care responsibilities to patients shall normally be limited to no more than four (4) teaching hours per week.

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE:	**POLICY NUMBER:**
Continuing Education	6.50

EFFECTIVE DATE:	**REVISED:**	**AUTHORIZED BY:**	**PREPARED BY:**
November, 1999		Advisory Committee	Susan Black, R.D.M.S.

The Advisory Committee requires continuing education for the instructional staff. Instructional staff is responsible for maintaining their registered status with the ARDMS

SCHOOL OF DIAGNSOTIC MEDICAL SONOGRAPHY
POLICY

TITLE:			**POLICY NUMBER:**
Advisory Committee Composition			6.511
EFFECTIVE DATE:	**REVISED:**	**AUTHORIZED BY:**	**PREPARED BY:**
November 1999	April 2008 November 2017 Feb 2021	Advisory Committee	S. Bielanski R.D.M.S.

The Advisory Committee for the School of Diagnostic Medical Sonography shall have the following representation:

Program:
- Medical Advisor
- Program Director
- Clinical Coordinator

Administration:
- Administrative Director, Radiology services or representative

Department:
- Staff Sonographer/former graduate

Student member:
- Student Liaison

Public:
- Public member

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Appointment of Student Liaison			**POLICY NUMBER:** 6.512
EFFECTIVE DATE: November, 1999	**REVISED:**	**AUTHORIZED BY:** Advisory Committee	**PREPARED BY:** Susan Black, R.D.M.S.

The Student Liaison members of the Advisory Committee shall be elected by the student body each year. The Advisory Committee shall reserve the right to object to nominees selected. This objection shall be based primarily on, but not limited to, unacceptable academic or clinical performance.

SCHOOL OF DIAGNSOTIC MEDICAL SONOGRAPHY
POLICY

TITLE:			**POLICY NUMBER:**
Advisory Committee Functions			6.513
EFFECTIVE DATE:	**REVISED:**	**AUTHORIZED BY:**	**PREPARED BY:**
November 1999	November 2017	Advisory Committee	S. Bielanski R.D.M.S.

The Advisory Committee for the School of Diagnostic Medical Sonography shall have the authority and responsibility to oversee the following activities concerning the School:

a. Make and approve policy changes

b. Make and approve organizational changes

c. Approve all faculty appointments

d. Review faculty effectiveness

e. Approve all changes in curriculum

f. Make appointments to other committees

g. Define functions and set guidelines for other committees

h. Review student progress in the Program

i. Make changes in student status based on performance as needed

SCHOOL OF DIAGNSOTIC MEDICAL SONOGRAPHY
POLICY

TITLE:			**POLICY NUMBER:**
Admissions Committee Composition and Functions			6.511
EFFECTIVE DATE:	**REVISED:**	**AUTHORIZED BY:**	**PREPARED BY:**
November 1999	April 2008 November 2017	Advisory Committee	S. Bielanski R.D.M.S.

The Admissions Committee for the School of Diagnostic Medical Sonography shall be comprised of at least:

- Program Director
- Administrative Director, Radiology services or representative
- Staff Sonographer

The admissions committee will be responsible for selection of the upcoming class of students.

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE:			**POLICY NUMBER:**
Curriculum Committee Composition			6.531
EFFECTIVE DATE:	**REVISED:**	**AUTHORIZED BY:**	**PREPARED BY:**
November, 1999	May 2000 Feb 2021	Advisory Committee	Susan Bielanski, BS, RDMS

The Curriculum Committee for the School of Diagnostic Medical Sonography shall be comprised of the following:

- Medical Advisor
- Staff Sonographer
- Program director
- Graduate Sonographer (if available)

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Curriculum Committee Functions			**POLICY NUMBER:** 6.532
EFFECTIVE DATE: November, 1999	**REVISED:** April 2008	**AUTHORIZED BY:** Advisory Committee	**PREPARED BY:** Susan Black, R.D.M.S.

Duties:

1. Review existing curriculum, goals, objectives and determine validity with regards to:
   a. Registry exam results
   b. Graduate capabilities/weaknesses

2. Develop changes needed in the curriculum based on:
   a. Registry results
   b. ARDMS registry outlines
   c. Graduate capabilities
   d. JRCDMS criteria

3. Give approval to all curriculum and objectives prior to submission to the Advisory Committee

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Non-discrimination Policy			**POLICY NUMBER:** 7.11
EFFECTIVE DATE: November, 1999	**REVISED:** Nov. 2017 Feb 2021, Feb. 2022	**AUTHORIZED BY:** Advisory Committee	**PREPARED BY:** Susan Bielanski, BS,RDMS

Selection of students to the program shall be based on the applicant's ability, preparation, attitude, interest and personal qualities indicating potential to successfully meet the terminal goals of the program.

Cleveland Clinic is committed to providing a working and learning environment in which all individuals are treated with respect and dignity. It is the policy of Cleveland Clinic to ensure that the working and learning environment is free from discrimination or harassment on the basis of race, color, religion, gender, sexual orientation, gender identity, pregnancy, marital status, age, national origin, disability, military status, citizenship, genetic information, or any other characteristic protected by federal, state, or local law. Cleveland Clinic prohibits any such discrimination, harassment, and/or retaliation.

Any participant in a Cleveland Clinic educational program, including any student, trainee or employee, who may have been subject to discrimination on the basis of a protected characteristic is encouraged to make a report.

Reports of discrimination on the basis of sex, gender, sexual orientation, gender identity or gender expression may be made to the Title IX Coordinator. Please visit the Title IX Internet Site for additional information and/or send an email to TitleIX@ccf.org
Reports of discrimination on the basis of a disability, may be made to the Section 504 Coordinator, Main Campus NA31.

Reports of discrimination on the basis of any other protected characteristic may be made to the Office of Educational Equity at EduEquity@ccf.org.
In addition, Cleveland Clinic shall provide reasonable accommodations to any qualified student with a disability in order for the student to have equal access to their program. Students needing a reasonable accommodation in order to apply to or participate in the program should contact the program director as early as possible.

Diversity Statement

The Center for Health Professions Education and Cleveland Clinic are committed to valuing all people through our organization, regardless of background or culture. A diverse and inclusive environment for students and staff and culturally appropriate care for our patients, are essential to fulfilling our vision to be the best place for care anywhere and the best place to work in healthcare. We welcome students from diverse backgrounds and cultures.

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Student Anti-Hazing policy			POLICY NUMBER: 7.112
EFFECTIVE DATE: Feb. 2022	**REVISED:**	**AUTHORIZED BY:** Advisory Committee	**PREPARED BY:** Susan Bielanski, BS, RDMS

Purpose: The purpose of this policy is to prohibit student hazing and to provide for penalties in compliance with applicable state law.

Policy Statement: Cleveland Clinic is committed to maintaining a safe, healthy and efficient working and learning environment for its students, trainees, employees, patients and visitors. Consistent with the spirit and intent of this commitment, Cleveland Clinic prohibits hazing as defined in this policy.

Definitions: Cleveland Clinic United States locations: Includes the main campus, Avon, Euclid, Fairview, Hillcrest, Lutheran, Marymount, Medina, South Pointe, Children's Hospital for Rehabilitation, Cleveland Clinic Florida, Cleveland Clinic Hospital (Weston), Coral Springs Ambulatory Surgery Center, and all Family Health Centers, Physician practice sites, Nevada practice sites, Emergency Departments, Express Care Centers, Urgent Care Centers and Ambulatory Surgical Centers reporting to these facilities.

Cleveland Clinic Premises: All Cleveland Clinic buildings, other buildings where Cleveland Clinic employees work, parking garages, parking lots or other open areas owned or under control of Cleveland Clinic, in any Cleveland Clinic vehicle, or at any other location while on Cleveland Clinic business.

Affiliate School: An educational institution with which Cleveland Clinic has an affiliation agreement through which enrolled students of the institution participate in Cleveland Clinic's educational programs or activities.

Affiliate Student: An affiliate student is a participant in a Cleveland Clinic educational program or activity who is enrolled in an affiliate school.

Educational Program or Activity: Any program or activity offered at Cleveland Clinic or by Cleveland Clinic employees in the scope of their duties that is educational in nature beyond on the-job training, general interest, or routine continuing education programs. Factors in determining whether a program or activity is educational include whether it is structured through a particular course of study; whether participants earn academic credit toward a degree or certificate, or qualify to sit for professional exams; or whether a program provides instructors, exams or other evaluation process. Educational programs and activities include, without limitation, degree- or certificate-granting programs offered by Cleveland Clinic and affiliated colleges and universities; clinical rotations for degree- or certificate-granting programs; medical and other residency programs; research and medical fellowships; internships; and educational programs offered to middle school, high school, college and university students.

Hazing: Doing any act or coercing another, including the victim, to do any act of initiation into any student or other organization or any act to continue or reinstate membership in or affiliation with any student or other organization that causes or creates a substantial risk of causing mental or physical harm to any person, including coercing another to consume alcohol or a drug of abuse.

Program Leadership: For the purposes of this policy, refers to the administrators of a student's educational experience or program. Program leadership includes program directors, education coordinators, preceptors and other Cleveland Clinic employees with the authority to address misconduct in a program/educational experience.

Student: For the purposes of this policy, a student is a person enrolled in a Cleveland Clinic educational program or activity who is not employed by Cleveland Clinic. The term "student" includes affiliate students and trainees who are not employed by Cleveland Clinic.

Policy Implementation

Scope: This policy applies to students as that term is defined in this policy. This policy applies to conduct that takes place on or off Cleveland Clinic premises and that involves two or more people who are affiliated with the Educational Program or Activity. Hazing directed toward or by individuals other than students falls under the

Professional Conduct Policy.

Procedure: Individuals who become aware of any student engaged in hazing shall report the conduct to the student's program leadership. The student's program leadership shall investigate the report, as appropriate, in accordance with the disciplinary process for the program. Where the hazing conduct may constitute a crime, program leadership shall report it to the appropriate law enforcement agency.

Violation of Policy: Any student who is found to be in violation of this policy is subject to disciplinary action up to and including dismissal from their program/educational experience. A student may be suspended from participation in their program/educational experience pending the outcome of an investigation. An affiliate student's program leadership will inform an affiliate school of any actions taken under this policy.

Programs of Education, Prevention, Treatment and Support: Cleveland Clinic shall make anti-hazing education available to students, administrators, faculty members and other caregivers.

Regulatory Requirement/References: Ohio Revised Code Section 3345.19, Anti-hazing policy.

Oversight and Responsibility: Education Institute is responsible to review, revise, update, and operationalize this policy to maintain compliance with regulatory or other requirements. It is the responsibility of each hospital, institute, department, educational program and activity and discipline to implement the policy and to draft and operationalize related procedures to the policy if applicable.

Other Background Information

Issuing Office: Education Institute Approved by: Dr. James K. Stoller, Chairman, Education Institute

Reviewed by: Susan Hastings, Esq., Deputy Chief Legal Officer

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE:			**POLICY NUMBER:**
Criteria for Admission			7.12
EFFECTIVE DATE:	**REVISED:**	**AUTHORIZED BY:**	**PREPARED BY:**
November, 1999	May 2000, 2/4/04, Jan.2006, April 2008, July 2009, August 2010 March 2013	Advisory Committee	Susan Black, R.D.M.S.

The following shall be used for determining the acceptability of a candidate for admission to the Program:

Applicant must be a graduate of a 2-year AMA Allied health education program that is patient care related **OR** a 4-year Bachelors Degree with:

- GPA of at least 2.5
- Documentation of at least 4 hours observation in sonography
- Current BLS certification
- Satisfactory completion of the following prerequisites:

General Physics
Communicating skills /College Composition
Medical Terminology
Human Disease
Algebra 101, or higher level college Math

Human Anatomy and Physiology
Human Anatomy and Physiology II
(or Human Structure & Function or
Human Biology)

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE:	**POLICY NUMBER:**
Application for Admission	7.13

EFFECTIVE DATE:	**REVISED:**	**AUTHORIZED BY:**	**PREPARED BY:**
November, 1999	May 2000, 2/4/04 April 2008	Advisory Committee	Susan Black, R.D.M.S.

The following materials must be received by the School before an application can be considered:

- Completed application form
- Transcripts from colleges attended
- Two completed recommendation forms
- $25.00 non-refundable application fee
- Documentation of 4 hours sonography observation.
- BLS certification
- Degree or certificate of graduation from a 2-year Allied Health Education program **OR** 4-year Bachelors Degree

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE:	**POLICY NUMBER:**
Application Procedure	7.14

EFFECTIVE DATE:	**REVISED:**	**AUTHORIZED BY:**	**PREPARED BY:**
November, 1999	Sept. 2002, 2/4/04	Advisory Committee	Susan Black, R.D.M.S.

One class of students will be admitted in July of each year.

Completed applications must be submitted by April 1 along with the $25.00 application fee.

Four hours of shadowing must be documented.

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE:			**POLICY NUMBER:**
Interview and Acceptance Procedure			7.15
EFFECTIVE DATE:	**REVISED**: April 2008 Jan. 2005 Sept. 2002 May 2000	**AUTHORIZED BY:**	**PREPARED BY:**
November, 1999		Advisory Committee	Susan Black, R.D.M.S.

All applicants interviewed for admission will be informed of the Committee's decision to accept or deny admission.

Interview scores are based on two portions.

- Application score (based on courses taken, grades, degree and healthcare experience)
- Panel Interview (based on average score of panel members on a set of pre-determined questions)

All applicants not meeting requirements shall be notified by telephone or letter.

Final class selection will be made by approximately April 30th of each year.

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Pre-entrance Medical Examination			**POLICY NUMBER:** 7.16
EFFECTIVE DATE: November, 1999	**REVISED:** April 2016	**AUTHORIZED BY:** Advisory Committee	**PREPARED BY:** Susan Black, R.D.M.S.

Accepted students are required to have a physical examination prior to commencement of training. The student's physician must sign the health history sheet as well as the technical standards form to ensure the student is fit for clinical duties. The student is required to submit evidence of immunizations.

A. Health requirements to be completed PRIOR to hospital clinical experience:

1. Health history (including childhood disease history) questionnaire

2. Immunizations:

Tetanus. Although protective for 10 years, tetanus immunization must afford you protection throughout your affiliation.

* Tetanus/Diphtheria**/**Pertussis immunization is STRONGLY RECOMMENDED.

MMR Immunization (2 doses)

* Laboratory evidence of immunity (screen or titer) for Measles, Mumps and Rubella can be substituted for immunization.

Varicella Immunization (2 doses)

Laboratory evidence of Immunity (screen or titer) can be substituted for immunization

Hepatitis B Vaccine

Hepatitis B IgG Antibody Titer or signed declination form assuming the risk of exposure

Influenza Vaccine – required of all students assigned to clinicals during flu season – normally November 1st thru April 1st yearly and is provided by the hospital.

A negative two-step Mantoux test (TB test), QuantiFERON®-TB Gold test, or T-Spot test within 1 year before the start date of the clinical rotation with annual updates while in the clinical portion of training. If positive reactor, a copy of chest X-ray (within one year) must be attached.

The medical reports are reviewed by the Medical Director of the School and placed in the student's file. Reports are retained in the student's permanent file.

Costs incurred to complete the requirements are the responsibility of the student.

*Please also see attached Cleveland Clinic Student Immunization Policy

Cleveland Clinic
Education Institute

Student Immunization Policy

Target Group: Cleveland Clinic health system – Students		**Original Date of Issue:** Not Set	**Version** 3
Approved by: Board of Directors-Main	**Date Last Approved/Reviewed:** 03/11/2020	**Prepared by:** Rachel King (Title IX / 504 Compliance Coordinator)	**Effective Date** 03/11/2020
Avon Hospital: Board approval date: 3/18/2020 Effective Date: 3/18/2020		**Euclid Hospital:** Board approval date: 3/18/2020 Effective Date: 3/18/2020	
Fairview Hospital: Board approval date: 3/18/2020 Effective Date: 3/18/2020		**Hillcrest Hospital:** Board approval date: 3/18/2020 Effective Date: 3/18/2020	
Lutheran Hospital: Board approval date: 3/18/2020 Effective Date: 3/18/2020		**Marymount Hospital:** Board approval date: 3/18/2020 Effective Date: 3/18/2020	
Medina Hospital: Board approval date: 3/18/2020 Effective Date: 3/18/2020		**South Pointe Hospital:** Board approval date: 3/18/2020 Effective Date: 3/18/2020	
CCCHR: MEC approval date: 4/3/2020 Board approval date: 4/3/2020 Effective Date: 4/3/2020			

Purpose
This document outlines the process for annual immunizations of all students.

Policy Statement
The Cleveland Clinic strives to protect patients, employees, employees' family members, students and the community through the immunization of all students, clinical instructors and preceptors.

Definitions
Cleveland Clinic health system: Includes the main campus, Avon, Euclid, Fairview, Hillcrest, Lutheran, Marymount, Medina, South Pointe, Children's Hospital for Rehabilitation, and all Family Health Centers, Physician practice sites, Nevada practice sites, Emergency Departments, Express Care Centers, Urgent Care Centers and Ambulatory Surgical Centers reporting to these facilities.

Student: A person enrolled in a Cleveland Clinic educational program, including in a health sciences program or a clinical rotation pursuant to an affiliation agreement with a School. Volunteers who do not receive academic credit for their service are not students.

Visiting Preceptor: A clinical instructor or preceptor who is not a Cleveland Clinic caregiver.

School: A school, college or university with which Cleveland Clinic has an affiliation agreement that provides for students to complete clinical rotations in the Cleveland Clinic health system.

Flu Season: As determined annually by Occupational Health, the period in which the flu is most common. Flu season is typically from November through March.

Policy Implementation
A. Annual Influenza Immunization

1. All students, regardless of age, and visiting preceptors, who are placed in the Cleveland Clinic health system (CChs) for more than 5 days and receive a Cleveland Clinic identification (ID) badge for a planned clinical or educational experience during the flu season are required to receive an influenza vaccination in accordance with this policy.

2. Any student or visiting preceptor who does not comply with this policy will not be allowed to participate in a clinical or educational experience within the CChs during flu season. However, if such a student or visiting preceptor meets all other health and background check requirements, they may be provided a clinical or educational experience outside of flu season if available.

3. Students or visiting preceptors placed in the health system before or after the flu season begins must obtain the annual flu vaccine when it becomes available from their primary care provider (PCP), public clinics, pharmacies, etc. and provide evidence of receiving the flu vaccine to their School, or directly to the CChs employee responsible for student placement.

4. Students or visiting preceptors placed in the health system during the flu season must show evidence of receiving the flu vaccine to their School or CChs employee responsible for student placement before they are on-boarded into CChs.

B. Other Immunizations

1. Every Cleveland Clinic educational program may establish requirements for additional immunizations based on the nature of a student's or visiting preceptor's clinical placement. These requirements will be communicated to Schools, or directly to students and visiting preceptors, as appropriate.

2. Any student or visiting preceptor who does not comply with these additional immunization requirements will not be allowed to participate in a clinical or educational experience within the CChs.

C. Exemptions

1. Medical - Exemption to immunization may be granted for medical contraindications.

2. Religious - Exemption to immunization may be granted for religious beliefs. Exemption requests will be communicated by students, visiting preceptors or Schools to Cleveland Clinic's education representative of the specific education program in which the student or visiting preceptor plans to participate. Generally, such requests will be granted if they would be granted for Cleveland Clinic caregivers.

D. Payment for Immunizations

1. Students and visiting preceptors are not eligible to participate in the Employee Cleveland Clinic Influenza Immunization Program and must obtain all vaccinations at their own (or their School's) cost.

E. Flu Vaccine Documentation

1. Schools will attest to student and visiting preceptor compliance with this policy. Students not affiliated with a School must show evidence that they received all required immunizations to the CChs employee responsible for student placement.

F. Internal Centers for Medicare & Medicaid Service (CMS) Reporting

1. Student Flu Vaccine compliance (CMS data) will be communicated to the Occupational Health Department by Protective Services.
2. Occupational Health is responsible for reporting CChs hospital student and academic instructor or preceptor data to CMS.

Regulatory Requirement/References

Federal Regulations, State and Local Laws, and FDA U.S. Food and Drug Administration
Centers for Disease Control and Prevention (CDC).
Centers for Disease Control and Prevention (CDC). Influenza vaccination of health-care personnel: recommendations of the Health-Care Infection Control Practices Advisory Committee (HICPAC) and the Advisory Committee on Immunization Practices (ACIP).
Centers for Medicare & Medicaid Services (CMS), Conditions of Participation for Hospitals, 42 CFR §482.42 Condition of Participation: Infection Control.

Personnel

NVAC - National Vaccine Advisory Committee, a committee of the Department of Health and Human Services.

The Joint Commission Comprehensive Accreditation Manual for Hospitals, 2012, IC.01.04.01, IC.02.04.01, HR.01.04.01, PI.02.01.01, PI.03.01.01.
U.S. Department of Health & Human Services Action Plan to Prevent Healthcare-Associated Infections: Road Map to Elimination

Oversight and Responsibility
The Education Institute is responsible to review, revise, update, and operationalize this policy to maintain compliance with regulatory or other requirements.
It is the responsibility of each hospital, institute, department and discipline to implement the policy and to draft and operationalize related procedures to the policy if applicable.
Compliance with this policy will be monitored by the students' academic institution or those responsible for student placement and onboarding within the CChs.

Other Background Information

Issuing Office:
Education Institute

Reviewed by:
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Christopher Reardon Talent Acquisition
Jennifer Reinke Volunteer Services
Nedra Starling Community Outreach
Dr. Christine Warren CCLCM
Amy Yamokoski Lerner Research Institute

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Student/ Staff Scanning policy			**Policy Number** **7.161**
EFFECTIVE DATE: June 2000	**REVISED:** March 2021	**AUTHORIZED BY:** Advisory Committee	**PREPARED BY:** S. Bielanski, BS, RDMS

For educational purposes **only**, students shall be permitted to scan staff sonographers, radiologists and fellow students, provided the subject has volunteered.

All students must sign a waiver form prior to scanning others or being scanned. Under no circumstances should a student, sonographer or radiologist be coerced into volunteering. The scan subject shall volunteer of his or her own free will. A student's choice to volunteer or not shall not affect their grades or learning opportunities. Students are strictly prohibited from performing transvaginal, transrectal, breast or testicular scan on other students.

During student scan lab sessions all infection control guidelines must be followed at all times, including but not limited to hand washing, disinfection of probes and disinfection of equipment.

The students must understand that there is a possibility that pathology may be found during the educational exam, and must be aware that it would be in their best interest to contact their personal physician if something unusual is seen. The students must also realize that pathology may be present and may not be discovered during the educational practice sessions.

Students must understand that there is a risk of ultrasound bioeffects, but if ultrasound used properly, the risk is minimal. Students must be aware that even when used properly, the possibility of potential bioeffects still exists.

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Exposure to Infectious Disease			**POLICY NUMBER:** 7.1662
EFFECTIVE DATE: December 1999	**REVISED:** April 2016 March 2020	**AUTHORIZED BY:** Advisory Committee	**PREPARED BY:** Susan Bielanski, BS, RDMS

Student shall visit their personal physician for completion of their pre-entrance medical exam. The Sonography School Medical Director will review the completed form prior to students beginning their clinical rotations.

For their safety and well-being sonography students shall not participate in exams on patients with an active contagious disease requiring the use of N95 masks such as, but not limited to, COVID 19 and TB. Other situations will be evaluated on a case by case basis by the program director or clinical coordinator/instructor

Students of the Sonography program shall follow the Cleveland Clinic Mercy Hospital Infection Control program policies. The applicable student health and exposure policies are located in the Appendix section.

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SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE:			**POLICY NUMBER:**
Withdrawal from Program			7.17
EFFECTIVE DATE:	**REVISED:**	**AUTHORIZED BY:**	**PREPARED BY:**
November, 1999		Advisory Committee	Susan Black, R.D.M.S.

A student planning to withdraw voluntarily should arrange for a conference with the Program Director and submit an official letter of resignation. Students exiting without official notification to the faculty will be dropped from training through the policy of voluntary termination because of non-attendance.

An absence of three consecutive scheduled days without proper notification is considered voluntary termination.

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE:			**POLICY NUMBER:**
Readmission to Program			7.18
EFFECTIVE DATE:	**REVISED:**	**AUTHORIZED BY:**	**PREPARED BY:**
November, 1999	April 2016	Advisory Committee	Susan Black, R.D.M.S.

A former student, who had a valid reason for withdrawing from the Program, may apply for readmission. The student's past performance will be evaluated to determine the potential for success or failure if readmission is granted. No advanced placement will be granted.

Areas that will be evaluated include academic and clinical performance and past behavioral problems.

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE:	**POLICY NUMBER:**
Application Fee	7.21

EFFECTIVE DATE:	**REVISED:**	**AUTHORIZED BY:**	**PREPARED BY:**
November, 1999		Advisory Committee	Susan Black, R.D.M.S.

A $25.00 application fee must accompany the application when submitted. The application fee is non-refundable.

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE:	**POLICY NUMBER:**
Tuition	7.22

EFFECTIVE DATE:	**REVISED:**	**AUTHORIZED BY:**	**PREPARED BY:**
November, 1999	June 12,2001 2/4/04 October 2015	Advisory Committee	S. Black, R.D.M.S.

Tuition for the course in Diagnostic Ultrasound may change and the prospective students will be informed.

$100.00 of the tuition is payable by the candidate upon acceptance. The $100.00 acceptance fee is non-refundable.

$800 will be collected on the first day of class. The student is responsible for payment of the remaining tuition in lump sum or by monthly or quarterly payments. In the event of hardship, every effort will be made to arrange a special payment schedule.

The balance of the tuition is due prior to graduation and is a requirement of graduation.

If a student withdraws from the Program, tuition will be refunded as follows:

Student withdraws during the: 1st quarter- 25% of tuition is due. Refund amount in excess
2nd quarter- 50% of tuition is due. Refund amount in excess
3rd quarter- 75% of tuition is due. Refund amount in excess
4th quarter- 100% of tuition is due. Refund amount in excess

The hospital reserves the right to change tuition after review on an annual basis.

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Fees and Expenses			**POLICY NUMBER:** 7.23
EFFECTIVE DATE: November, 1999	**REVISED:** March 2021	**AUTHORIZED BY:** Advisory Committee	**PREPARED BY:** S. Bielanski, BS, RDMS

Students shall be responsible for paying for the following:

a. Uniforms to meet the dress code.

b. Maintaining uniforms in accordance with the dress code.

c. Textbooks.

d. Notebooks, paper and other school supplies.

e. Housing and living expenses.

f. Registry Exams

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Probationary Period for New Students			**POLICY NUMBER:** 7.25
EFFECTIVE DATE: November, 1999	**REVISED:**	**AUTHORIZED BY:** Advisory Committee	**PREPARED BY:** Susan Black, R.D.M.S.

POLICY:

Every effort is made by the School to carefully screen, select and place the proper candidate for each student position; however, proper placement can only be made by the use of a "trial" or probationary period. During this period, the student and the faculty will communicate on an ongoing basis to assure that continued long-term student status is in the best interest of both the School of Diagnostic Medical Sonography and the student.

PROCEDURE:

1. NEW STUDENTS

A. The first month (30 days) of education shall be considered a probationary period.

B. During the initial probationary period, a student may be subject to termination without notice. If at any point during this period it becomes clear that the student is not suited for the Program or if the faculty is convinced the student is not suited for the Program, either party can terminate the student status immediately.

C. The student will be closely monitored during the probationary period to determine adjustment to Departmental routine and compliance with School policies. The Corrective Action policy will be enforced with students after the probationary period is completed.

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE:	**POLICY NUMBER:**
Pregnancy	7.321

EFFECTIVE DATE:	**REVISED:**	**AUTHORIZED BY:**	**PREPARED BY:**
November, 1999		Advisory Committee	Susan Black, R.D.M.S.

Although a student is not legally required to report her pregnancy, the student is encouraged to inform the Program Director of a suspected pregnancy.

Clinical restrictions will apply to the student technologist the same as they would to the Staff Sonographer. Under no circumstances will a student be dismissed from training due to pregnancy. Should the student need to take a leave of absence, there can be an extension in the length of training.

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE:	**POLICY NUMBER:**
Personal Time, Sick Time	7.411

EFFECTIVE DATE:	**REVISED:**	**AUTHORIZED BY:**	**PREPARED BY:**
November, 1999		Advisory Committee	Susan Black, R.D.M.S.

The student is allotted 5 days (40 hours) of personal time during the education period of 12 months.

* This time can be used for illness, personal appointments, doctor visits, etc.

* Any time used that is beyond the allotted 40 hours will be made up at the student's convenience.

Suspensions:

Any student suspended for either clinical infractions, academic infractions or both Is a standard three-day suspension. These three days must be extracted from the student's vacation time.

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Absence and Tardiness			**POLICY NUMBER:** 7.412
EFFECTIVE DATE: November, 1999	**REVISED:** May, 2000	**AUTHORIZED BY:** Advisory Committee	**PREPARED BY:** Susan Black, R.D.M.S.

Absence and tardiness shall be classified under three (3) categories: Excused, unexcused and excused with permission.

Excused: An absence that is due to a valid reason satisfactory to the Program Director

Example: Illness, jury duty, physician appointments, and military leave.

Unexcused: An absence that is not due to a valid reason satisfactory to the Program Director.

Example: Sleeping in, suspensions.

Absent with Permission: Absences arranged in advance with Program Director. These absences will not be counted toward the student's available sick time.

Examples: Funeral leave and attendance at professional meetings.

Suspensions: Any student suspended for either clinical infractions or academic infractions. It is a standard three day suspension. These three days must be extracted from the student's vacation time and are more severe than a normal absence.

DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE:	**POLICY NUMBER:**
Reporting an Absence	7.413

EFFECTIVE DATE:	**REVISED:**	**AUTHORIZED BY:**	**PREPARED BY:**
November, 1999	March 2021	Advisory Committee	S. Bielanski, BS, RDMS

When reporting an absence, the student must notify program personnel by calling **330-580-4740**. The student may also call or text the program director.

An absence of three (3) consecutive scheduled days without notification shall be considered voluntary termination.

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Excessive Absence and Tardiness			**POLICY NUMBER:** 7.414
EFFECTIVE DATE: January 11, 2010	**REVISED:**	**AUTHORIZED BY:** Advisory Committee	**PREPARED BY:** S. Black, R.D.M.S.

Excessive absence and/or tardiness are grounds for disciplinary action. Excessive absence is defined as three (3) or more incidents within 30 days or five (5) or more incidents within 180days. Consecutive days missed for the same illness constitute one (1) incident.

If the student exceeds the allowable number of incidents within the time period, they will be referred to progressive corrective action. Please see policy # 7.61.

Number of Incidents	**Reason**
½	Forgot Badge/ Forgot to clock in or out
½	Tardy
½	Home early after working at least 4 hours of shift
½	Not clocking in or out
1	Home early without working at least 4 hours of shift
1	Late without working at least 4 hours of shift
1	Call-off within procedure guidelines
1 ½	Late call-off not within procedure guidelines
2	Failure to call-off or appear for shift

Other Related policies
Make up time # 7.48
Class Attendance # 4.21

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE:	POLICY NUMBER:
Return to School Certificate	7.422

EFFECTIVE DATE:	REVISED:	AUTHORIZED BY:	PREPARED BY:
November, 1999		Advisory Committee	Susan Black, R.D.M.S.

The student must obtain a doctor's excuse to return to school after five (5) consecutive days of illness. The note must certify fitness to return to clinical rotation.

If the physician has indicated that the student must be on light duty, then the student will be excused from tasks that are beyond his/her physical capability.

NOTE: The Program Director reserves the right to request a physician's note from a student after two (2) consecutive days of illness.

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE:	**POLICY NUMBER:**
Time Cards	7.44

EFFECTIVE DATE:	**REVISED:**	**AUTHORIZED BY:**	**PREPARED BY:**
November, 1999		Advisory Committee	Susan Black, R.D.M.S.

EARLY CLOCK IN

Students may clock in prior to their scheduled start time however, they will not accrue overtime. Time cards will be edited to reflect the scheduled start time. Also, they are not permitted to perform exams prior to their scheduled start time.

EARLY CLOCKING OUT

Clocking out early without prior approval is considered grounds for progressive corrective action.

RECORDING OVERTIME

All overtime recorded will be evaluated by a faculty member.

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE:	**POLICY NUMBER:**
Leave of Absence	7.45

EFFECTIVE DATE:	**REVISED:**	**AUTHORIZED BY:**	**PREPARED BY:**
November, 1999		Advisory Committee	Susan Black, R.D.M.S.

A student may request a leave of absence for medical reasons if advised by his/her private physician. The maximum single granted amount of time will be thirty (30) days.

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE:	**POLICY NUMBER:**
Make-Up Time	7.48

EFFECTIVE DATE:	**REVISED:**	**AUTHORIZED BY:**	**PREPARED BY:**
November, 1999	May 2000	Advisory Committee	Susan Black, R.D.M.S.

The student must make up all hours exceeding 40 hours sick time during their training. If the student wishes to make up the time prior to graduation, he/she may volunteer for extra hours on day or evening shifts. The program director must approve all make up times and dates prior to the student completing it.

Student will NOT be allowed to attempt competencies during make up time after 3:30pm on weekdays or on weekends because the clinical instructor and program director are not available for supervision or review of the competency.

Suspensions have a different ruling. Please refer to policy 7.411. Suspensions are considered more severe and the days will be taken from the student's vacation time depending on the time of the occurrence.

<u>The following provision is made for extended illness not habitual absenteeism:</u>

An absence of thirty (30) days or more during the twelve (12) month training period will disqualify the student from graduating with the class. The student will be asked to complete an amount of time equivalent to the time missed in excess of the 40 hours sick time before the Program Director will sign for the registry application.

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE:	**POLICY NUMBER:**
Vacations	7.52

EFFECTIVE DATE:	**REVISED:**	**AUTHORIZED BY:**	**PREPARED BY:**
November, 1999	Jan. 2005	Advisory Committee	Susan Black, R.D.M.S.

Students are given two (2) weeks vacation during the one-year Program scheduled one week at a time by the Program Director. The distribution will be as follows:

Five days during December
Five days for Spring Break

*Vacations may not be used to achieve early graduation.

*Vacations may be used to make up previous sick time used.

* Scheduling of vacation is at the discretion of the scheduler.

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE:	**POLICY NUMBER:**
Discounts for Students/ Student Benefits	7.54

EFFECTIVE DATE:	**REVISED:**	**AUTHORIZED BY:**	**PREPARED BY:**
November 1999	March 2021	Advisory Committee	S. Bielanski, BS, RDMS

Discounts:

Students are allowed the same discount on personal prescriptions and cafeteria purchases as the employees of the hospital (requires ID badge).

Availability of this benefit is subject to continuing approval of hospital Administration.

Benefits:

Free flu shot
Free counseling through EAP
Free parking
Resume writing assistance

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE:	**POLICY NUMBER:**
Academic Counseling	7.551

EFFECTIVE DATE:	**REVISED:**	**AUTHORIZED BY:**	**PREPARED BY:**
November, 1999		Advisory Committee	Susan Black, R.D.M.S.

The students shall have their grades reviewed at the end of each grading period by the Program Director. The student's strengths, weaknesses and progress will be evaluated.

Students are encouraged to meet with individual instructors to review progress any time throughout the classes.

Clinical evaluations will be reviewed with the students as soon as possible after they are received.

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE:	**POLICY NUMBER:**
Personal Counseling	7.552

EFFECTIVE DATE:	**REVISED:**	**AUTHORIZED BY:**	**PREPARED BY:**
November, 1999	March 2021	Advisory Committee	S. Bielanski, BS, RDMS

Students are encouraged to discuss any problems affecting their performance in the Program with the Program Director or other faculty personnel.

Students may also request the services of the Employee Assistance Program for help with personal problems. The Program Director may refer the student when it becomes apparent that personal problems are interfering with the student's performance.

Students dealing with domestic violence can be referred to HAVEN or the ED.

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE:			**POLICY NUMBER:**
Merit/Demerit Program			7.6
EFFECTIVE DATE:	**REVISED:**	**AUTHORIZED BY:**	**PREPARED BY:**
November 5, 2001	March 2021	Advisory Committee	S. Bielanski, BS, RDMS

The demerit system was designed to assure that sonography students comply with program and hospital rules and objectives. Demerits can only be issued by the Program Director or the Clinical Instructor. Certain violations, as listed below, will warrant a verbal warning first. If the student violates a second, a demerit will be issued. Other violations, as listed below, will be an automatic demerit with no verbal warning. Any demerit given in a quarter will be a deduction of 2 points off the final clinical grade.

The merit system was designed to reward students for exceeding expectations required by the program. A merit is worth 2 hours of clinical time or plus 2 points on their clinical grade (if it will increase their letter grade). Merits may only be given by the Program Director or the Clinical Instructor.

A **verbal warning** will be issued first followed by a demerit for any further violations for the violations listed below:

1. Dress code violations
2. Neglecting room duties
3. Not participating in exams
4. Leaving clinical area without informing sonographer
5. Not turning in log sheets/clinic forms
5. Taking longer than allotted lunch times
6. Early departure or late return from class
7. Forgetting to clock in or out
8. Tardy

Automatic 2 point demerits:

1. Eating in non-designated areas
2. Not calling off prior to start time for illness
3. Not having images checked by staff
4. Not following professional standards or objectives
5. Not turning in failed competencies
6. Not wearing ID badge

Merits will be given for the following :

1. Perfect attendance in a quarter
2. Written thanks from a physician, staff member, or patient
3. Repeated exceptional competency evaluations, compliments from staff, observed acts of kindness
4. QI slip for an exceptional exam from a Radiologist

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE:	POLICY NUMBER:
Progressive Corrective Action	7.61

EFFECTIVE DATE:	REVISED:	AUTHORIZED BY:	PREPARED BY:
November, 1999		Advisory Committee	Susan Black, R.D.M.S.

The Progressive Correction Action follows in a four-step sequence:

1. Verbal warning
2. Written warning
3. Suspension
4. Dismissal

The Program Director has the option to use any step or to skip steps in the process due to the severity of the infraction.

A student may be dismissed without any other steps for serious violations at the discretion of the Advisory Committee. The student has the right to appeal according to the Appeals Policy #7.7.

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE:	**POLICY NUMBER:**
Dress Code	7.62

EFFECTIVE DATE:	**REVISED:**	**AUTHORIZED BY:**	**PREPARED BY:**
November, 1999	September 26,2001 April 2008 February 2016 October 2019	Advisory Committee	Susan Bielanski, RDMS

Students are expected to dress professionally and conservatively. Good judgment in clothing is expected. Failure to adhere to the dress code may result in Progressive Corrective Action up to and including dismissal. The following is the School dress code:

Hair: Hair should be clean, well-groomed. If shoulder length or longer hair must be pulled back so as not to fall on patients.

Make-up: Cosmetics must be soft or subdued colors, nail color must be neutral or moderate shades.

Beards: Beards or mustaches must be clean and trimmed, otherwise clean shaven.

Cologne: Cologne must be kept to a minimum. Excessive fragrance will not be permitted.

Jewelry: Jewelry will be limited for the safety of the employee and the patient. No visible body piercings are permitted with the exception of earrings (see below)

Earrings: Earrings will be limited to two per ear. No hoop earrings are permitted.

Necklaces: Visible necklaces will not be permitted; however, they may be tucked into clothing.

Bracelets: Bracelets of any type are not permitted.

Watches: A wristwatch may be worn.

Rings: One ring may be worn on each hand.

Pins: Photo ID badges must be worn. Only one seasonal pin will be permitted.

Tattoos: No visible tattoos are permitted.

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Dress Code	**POLICY NUMBER:** 7.62

EFFECTIVE DATE:	**REVISED:**	**AUTHORIZED BY:**	**PREPARED BY:**
November 1999	April 2021 October 2019 February 2016 April 2008 Sept.26,2001	Advisory Committee	S. Bielanski, RDMS

Uniforms: **Uniform scrub pants must be navy in color. Scrub tops and lab coats must be white with no designs.**
Under garments should be chosen so as not to be obvious under the scrubs.
Jeans or sweat pants are not permitted.
Skirts must be knee length or longer.
Opaque white or navy hose will be worn with skirt. Socks over hose are not permitted.

Shoes: Must be white, black, dark blue or gray hospital shoes or tennis shoes. Small bits of color are acceptable. Bright colored shoes are not permitted.

Students not complying with the dress code will be sent home to change. Sick time hours will be used for this purpose.

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE:	**POLICY NUMBER:**
Conduct and Infractions	7.63

EFFECTIVE DATE:	**REVISED:**	**AUTHORIZED BY:**	**PREPARED BY:**
November, 1999	November 2010 March 2021	Advisory Committee	Susan Bielanski, BS, RDMS

The student is expected to observe good standards of conduct and practice. The following violations will result in Progressive Corrective Action up to and including dismissal from the Program:

a. Negligence or inconsiderate treatment of patients, visitors, or employees.
b. Habitual absences or tardiness without cause.
c. Absence of three consecutive days without notification.
d. Willful destruction of property.
e. Insubordination.
f. Possession of, or drinking of, liquor or alcoholic beverages on hospital premises or while representing the hospital off site.
g. Illegal use or possession of a controlled substance.
h. Immoral, rude, or disorderly conduct.
i. Sleeping or loitering while on duty.
j. Willful violation of any hospital policies.
k. Theft.
l. Breech of confidential information.
m. Cheating or plagiarism of any kind.
n. Posting comments or images on social media taken at the hospital or while wearing your badge which are detrimental to the image and values of Cleveland Clinic Mercy Hospital (refer to hospital policy 102.147)
0. Other infractions not addressed by school policy but follow hospital policy.

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE:			**POLICY NUMBER:**
Confidential Information			7.64
EFFECTIVE DATE:	**REVISED: 2/6/04** March 2021	**AUTHORIZED BY:**	**PREPARED BY:**
November, 1999		Advisory Committee	Susan Bielanski, BS, RDMS

The hospital assumes an obligation to keep in confidence all information that pertains to a patient. The responsibility is assumed by every person in any capacity in the hospital.

Whether on or off duty, the student is to refrain from discussing a patient's medical, social, or any other condition.

HIPAA regulations will be followed per hospital policy.

Violation of this policy may subject the student to immediate dismissal and may involve legal proceedings if a suit is presented for disclosing confidential information.

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Program Policies-Scope of Authority			**POLICY NUMBER:** 7.65
EFFECTIVE DATE: November 1999	**REVISED:** March 2021	**AUTHORIZED BY:** Advisory Committee	**PREPARED BY:** S. Black R.D.M.S.

Policies of the School of Diagnostic Medical Sonography supersede the policies of the hospital for all matters concerning students of the program. Cleveland Clinic Mercy Hospital policies apply in all matters not addressed in School Policies.

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE:	POLICY NUMBER:
Appeals and Grievance Policy	7.7

EFFECTIVE DATE:	REVISED:	AUTHORIZED BY:	PREPARED BY:
November, 1999	Sept. 2002	Advisory Committee	Susan Black, R.D.M.S.

Procedure

A student may resolve a grievance through an informal grievance resolution process or a formal grievance review.

Informal Grievance Resolution

If a student feels comfortable doing so, they are advised to discuss their grievance informally with the person who is the subject of the grievance. If the parties resolve the grievance, it is deemed closed. If the grievance is not resolved at this level, the student may request an informal review by their program leader. It is expected that most grievances will be discussed and resolved in a timely fashion informally between the student and the program leader. The program leader shall keep a record of the resolution.

If the response from the program leader is unacceptable to the student, or if the program leader is the subject of the grievance, the student may initiate the formal grievance review.

Formal Grievance Review

A student may initiate a formal grievance review by submitting their grievance to the Center for Health Sciences Education by email. The grievance should include the student's name and program, the name(s) of the Cleveland Clinic employee(s) involved, the specific policy or procedure that may have been violated, and a brief description of the facts giving rise to the grievance. A formal grievance review must be initiated within fifteen (15) business days of the date on which the action giving rise to the grievance is known, whether or not an informal grievance resolution was attempted. This deadline and those set forth below may be extended by the Director, Center for Health Sciences Education when the Director determines there is good reason to do so.

Step 1. Upon receipt of a grievance, the Center for Health Sciences Education shall notify the program leader, unless the program leader is a source of the grievance. If the program leader is a source of the grievance, the Center for Health Sciences Education shall notify the Director, Center for Health Sciences Education who shall designate an individual to fulfill the program leader's role in Step 1 of the formal grievance review.

The program leader shall contact the student who submitted the grievance within 5 business days of receipt of the grievance, and schedule a meeting with the student as soon as possible, but no later than 10 business days of receipt.

After meeting with the student, the program leader shall meet with the employee(s) who is/are the subject of the grievance and may gather additional information if necessary. The program leader shall render a decision with respect to the grievance as soon as possible, but no later than 10 business days after meeting with the

student. The decision shall include any findings, a determination whether the relevant policy or procedure has been violated, and, if so, any consequences for the violation. The program leader shall provide the decision in writing to the student, the employee(s) involved and the Center for Health Sciences Education.

If the student does not agree with the program leader's resolution, they may appeal the decision to the to the Health Professions' Education Council's Student Appeals Committee (the "SAC") by contacting the Center for Health Sciences Education within 3 working days of receipt of the program leader's decision.

Step 2. Upon receipt of an appeal to Step 2, the Center for Health Sciences Education shall forward the appeal, the grievance, the program leader's decision and any additional information gathered by the program leader to the SAC. The SAC chairperson and two committee members will review the record of the grievance and reach a final decision. The SAC may uphold the program leader's decision, alter the decision or require the program leader to conduct additional investigation. The SAC shall render its decision within ten (10) business days of receipt of the appeal. The SAC's decision is final.

The **Office of Educational Equity** and **Legal Departments** are available, in a consultative capacity, to the program leader, SAC and Director, Center for Health Sciences Education or to the Chairman as it relates to the student's grievance**.**

SCHOOL OF DIAGNSOTIC MEDICAL SONOGRAPHY
POLICY

TITLE:			**POLICY NUMBER:**
Post-Graduation Employment			7.8
EFFECTIVE DATE:	**REVISED:**	**AUTHORIZED BY:**	**PREPARED BY:**
November 1999	Jan 2006 March 2021	Advisory Committee	S. Bielanski, BS, RDMS

If there is a position to be filled in the Department of Ultrasound, graduating students will be considered for the opening. Selection will be based upon scholastic and clinical performance during the one year of education. Graduating students seeking employment by the hospital should submit an application through the hospital's website.

The Department of Radiology and Cleveland Clinic Mercy Hospital do not guarantee graduating students employment.

The hospital employs only registered and registry ready Sonographers

> If a graduating student is hired, it is as "Registry Ready". He/she is given one year to pass the Registry. If he/she fails to do so, he/she is automatically dismissed. If one exam of the registry has been passed, then the employee will be given a 3 month extension. If they are not registered by the deadline, they will be terminated.

The School does not have a formal placement service. All known available jobs are posted.

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE:	**POLICY NUMBER:**
Professional Days	7.81

EFFECTIVE DATE:	**REVISED:**	**AUTHORIZED BY:**	**PREPARED BY:**
November, 1999	March 2021	Advisory Committee	Susan Bielanski, BS, RDMS

Sixteen (16) hours is allotted to each student as "Professional Days". These days are reserved for professional use only (job orientation, interviews).

Students attending continuing education meetings sponsored by a professional sonography organization will be granted clinical hours equivalent to the length of the meeting. The student will be required to bring the CME form or program as proof of attendance.

Students taking an ARDMS registry examination will be granted the day off on the day they are taking the exam. The student must bring a copy of their results to the program director to receive the day off without personal time.

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE:			**POLICY NUMBER:**
Content of Permanent Student File			8.111
EFFECTIVE DATE:	**REVISED:**	**AUTHORIZED BY:**	**PREPARED BY:**
November 1999		Advisory Committee	S. Black R.D.M.S.

Permanent records shall be maintained for each student accepted into the Program. The School of Diagnostic Medical Sonography shall retain the following items for the student's permanent file:

1. Application for admission
2. Interviewing material or sheets
3. Prior Allied Health Program transcripts
4. Record of fees paid
5. Health records of the student
6. Attendance records and sheets
7. Transcripts from training
8. Counseling summaries
9. Anecdotal forms (if any)
10. Date of graduation
12. Student Rules Agreement Sheet

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE:			**POLICY NUMBER:**
Review of Student Files			8.121
EFFECTIVE DATE:	**REVISED:**	**AUTHORIZED BY:**	**PREPARED BY:**
November, 1999		Advisory Committee	Susan Black, R.D.M.S.

Due to the Family Educational Rights Act of 1974, no person can review a student file without the expressed written consent of the student.

Any student wishing to review his/her permanent file may do so by contacting the Program Director.

Any student wishing to obtain information from his/her file; such as transcripts or attendance records, must sign a release of records sheet which may be obtained in the School of Diagnostic Medical Sonography office.

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Record of Curriculum - Maintenance			**POLICY NUMBER:** 8.21
EFFECTIVE DATE: November, 1999	**REVISED:**	**AUTHORIZED BY:** Advisory Committee	**PREPARED BY:** Susan Black, R.D.M.S.

The Program Director is responsible to maintain a complete copy of the curriculum to include:

A. Description of all courses

B. Course outlines for all courses

C. Course objectives for all courses

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Record of Curriculum - Instructor's Duties			**POLICY NUMBER:** 8.22
EFFECTIVE DATE: November, 1999	**REVISED:**	**AUTHORIZED BY:** Advisory Committee	**PREPARED BY:** Susan Black, R.D.M.S.

Each instructor is responsible to submit the following items to the Program Director for each course taught:

1. Course description
2. Course outline
3. Course objectives
4. Evidence that evaluations correlate with the objectives

These items will be reviewed annually and updated as needed.

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Student Handbook			**POLICY NUMBER:** 8.31
EFFECTIVE DATE: November, 1999	**REVISED:**	**AUTHORIZED BY:** Advisory Committee	**PREPARED BY:** Susan Black, R.D.M.S.

A Student Handbook/ policy manual shall be printed that will include:

a. Attendance policies
b. Conduct policies
c. Dress codes
d. Academic standards
e. Graduation requirements
f. Clinical performance standards
g. Probationary policy
h. Employment
i. Student benefits

The Student Handbook will be reviewed the first week of School and the signed Student Rules Agreement will be placed in the student's permanent file.

SCHOOL OF RADIOLOGIC TECHNOLOGY
POLICY

TITLE:			**POLICY NUMBER:**
Periodic Program Evaluation			9.10
EFFECTIVE DATE:	**REVISED:**	**AUTHORIZED BY:**	**PREPARED BY:**
November 1999	2/4/04 March 2011	Advisory Committee	S. Black RDMS

Ongoing Program evaluation will be conducted with the following tools:

- Graduate surveys- -annually
- Employer surveys- annually
- Student surveys- 4th quarter
- Faculty survey- 4th quarter
- Attrition/graduation rates- annually
- ARDMS registry results- annually

The results will be used to gauge the effectiveness of the Program, highlight weaknesses in the Program and act as a mechanism of change for areas of weakness.

APPENDIX

Cleveland Clinic

Human Resources

Criminal Records Background Check Policy

Target Group: Cleveland Clinic health system - Non-Physician Employees, Non-Employees requiring an ID Badge		**Original Date of Issue:** 08/11/2008	**Version** 5
Approved by: Board of Directors-Main, Linda McHugh , Michael Schubert	**Date Last Approved/Reviewed:** 09/25/2019	**Prepared by:** Jill Prendergast (Senior Director Human Resources Services)	**Effective Date** 09/25/2019
Avon Hospital: Board approval date: 10/16/2019 Effective Date: 10/16/2019		**Euclid Hospital:** Board approval date: 10/16/2019 Effective Date: 10/16/2019	
Fairview Hospital: Board approval date: 10/16/2019 Effective Date: 10/16/2019		**Hillcrest Hospital:** Board approval date: 10/16/2019 Effective Date: 10/16/2019	
Lutheran Hospital: Board approval date: 10/16/2019 Effective Date: 10/16/2019		**Marymount Hospital:** Board approval date: 10/16/2019 Effective Date: 10/16/2019	
Medina Hospital: Board approval date: 10/16/2019 Effective Date: 10/16/2019		**South Pointe Hospital:** Board approval date: 10/16/2019 Effective Date: 10/16/2019	
CCCHR: MEC approval date: 10/4/2019 Board approval date: 10/4/2019 Effective Date: 10/4/2019		**Mercy Hospital:** Board approval date: 3/16/2022 Effective Date: 3/20/2022	

Purpose

To provide consistent criteria for the completion of background checks on individuals who seek to be employed by Cleveland Clinic, and those who seek to obtain a Cleveland Clinic identification badge as a contractor, student, or volunteer.

Policy Statement

Cleveland Clinic's ability to protect its patients' safety and to operate in a legal and ethical manner depends in large part on the honesty, character, and integrity of our employees, as well as our contractors and other non-employees.

As a result, Cleveland Clinic will conduct background checks on all applicants under final consideration for employment, as well as all non-employees who seek to obtain an identification badge from Cleveland Clinic. Cleveland Clinic may also conduct periodic background checks on current employees, as may be determined necessary from time to time by management or the Department of Protective Services and/or as required by law.

Definitions

Cleveland Clinic health system: Includes the main campus, Avon, Euclid, Fairview, Hillcrest,
Lutheran, Marymount, Medina, Mercy, South Pointe, Children's Hospital for Rehabilitation, and all Family Health Centers, Physician practice sites, Nevada practice sites, Emergency Departments, Express Care Centers, Urgent Care Centers and Ambulatory Surgical Centers reporting to these facilities.

Policy Implementation

Cleveland Clinic will not knowingly employ or contract with any individual who is listed by a federal agency as excluded, debarred, suspended or otherwise ineligible to participate in federal health care programs; who is excluded from employment under the provisions of Ohio Senate Bill 38, 160, and 203 (or any applicable state or federal law); or who, in the sole judgment of the organization, is not suitable for employment based upon his/her prior criminal activity. Unless otherwise provided by law, conviction of a crime will not automatically disqualify an individual. Rather, determinations of suitability based on prior criminal behavior will be made consistent with this policy and any applicable law or regulations, after an individualized review of the facts and circumstances involved.

If it is determined that an applicant has either intentionally withheld relevant information or provided false information relating to past criminal conduct, such applicant will be disqualified from further employment consideration. If the disclosure or discovery of such concealment or falsification is made following the applicant's hire, the employee

shall be subject to immediate termination due to falsification of an application, regardless of the timing of discovery.

Employees convicted of any felony offense while employed by Cleveland Clinic must notify Human Resources of the conviction within three (3) days of the court entering its Judgment. Managers and/or Supervisors who have been made aware of a conviction have an obligation to notify their Human Resources Representative as soon as possible. Failure to properly report a conviction may result in corrective action, up to and including termination of employment.

Contractors, students, and volunteers convicted of a felony while engaged at Cleveland Clinic must notify Security Administrative Services (216-448-4447), Department of Protective Services, of the conviction within three (3) days of the court entering its Judgment. Failure to properly report a conviction may result in a change of status with Cleveland Clinic.

Criminal Record Background and Compliance Checks

Cleveland Clinic will conduct a background check on all individuals under final consideration for employment, as well as all non-employees seeking a Cleveland Clinic identification badge. In order for the Department of Protective Services to conduct a thorough criminal background check, the employee or non- employee must provide their full legal name, date of birth, social security number and current address to Protective Services.

The criminal records background check will consist of some or all of the following: fingerprinting through the Bureau of Criminal Identification and Investigation (BCII), and where applicable, the Federal Bureau of Investigation (FBI), and/or a criminal background data base search conducted by a third party provider. Searches of U.S. government exclusionary lists including but not limited to the Health and Human Services, Office of Inspector General (HHSOIG) Cumulative Sanctions Report, the General Services Administration (GSA-OIG) List of
Parties Excluded from Federal Procurement and Non-Procurement Programs, and the Office of Foreign Asset Control (OFAC) List will also be conducted as part of this process. Individuals precluded from participating in government contracts shall be subject to the termination of employment, or precluded from doing business with the Cleveland Clinic. Cleveland Clinic conducts exclusionary list checks upon hire, where required, and monthly checks thereafter. All monthly exclusionary list review documents must be retained for 10 years.

Cleveland Clinic shall perform such additional background checks, and follow any additional hiring procedures regarding applicants for particular job positions or other individuals seeking an identification badge from Cleveland Clinic, as may be required by law. Cleveland Clinic may also conduct criminal background checks when an employee

transfers to a new position, or at other times, as determined appropriate by management, and in coordination with Human Resources.

When a background check reveals that an individual may be subject to an exclusion based on their prior criminal history, Cleveland Clinic will evaluate the facts surrounding the employment and the alleged criminal conduct prior to making a final employment determination. A criminal record shall not automatically disqualify an individual from consideration.

Positions Covered Under Ohio Senate Bill 38, 160, or 203

Cleveland Clinic will comply with applicable state laws, including Ohio Senate Bills 38, 160, and 203. Those laws require a fingerprint criminal records check through the Ohio Bureau of Criminal Investigation, and in some cases the Federal Bureau of Investigation, for individuals under final consideration for employment in certain positions. In the home care setting, the checks required for certain positions occur upon hire/transfer and every five (5) years thereafter and include a check of national and state databases in addition to a criminal records check (see Center for Connected Care Criminal Records Background Check Procedure). Cleveland Clinic may, but is not obligated to, hire an individual who has a disqualifying offense that is not considered an absolute bar to employment, and who can be qualified through the application of the Ohio Administrative Code rules and personal character standards. Cleveland Clinic is prohibited under Ohio law from hiring individuals who have a disqualifying offense that is considered an absolute bar to employment. Cleveland Clinic will review background checks required by Ohio law and will act in accordance with state and federal law.

Offers of Employment

All Cleveland Clinic employment offers are conditional upon the satisfactory results of the criminal records background check. Cleveland Clinic will rescind the conditional offer and/or terminate conditional employment upon receiving results that an applicant has been excluded, debarred, suspended, or is otherwise ineligible to participate in federal health care programs. If Cleveland Clinic determines through the background check process that an applicant or new hire previously engaged in criminal activity inconsistent with the position applied for, the individual may be removed from further consideration, or, in the event his/her employment has commenced, may be terminated. Cleveland Clinic will adhere to the criminal records background check provisions of Ohio Senate Bills 38, 160 or 203 for employment of individuals whose positions fall under those guidelines.

Record Keeping

All information obtained in the criminal records background check will be considered confidential. The results will be maintained in the Department of Protective Services. The

information will be shared with only those individuals who have a need to know in situations involving consideration for, denial of, or termination of employment.

Regulatory Requirement/References

Title VII of the Civil Rights Act
Fair Credit Reporting Act
Ohio Revised Code Sections 3701.881, 3712.09, 3721.121
Other applicable Federal or State Law
Talent Acquisition Process Policy
Identification Badges Policy
Corrective Action Policy
Center for Connected Care Background Check Procedure

Oversight and Responsibility

Human Resources, in conjunction with the Cleveland Clinic Department of Protective Services, is responsible for developing and revising this policy, and for ensuring that appropriate background checks (including criminal records checks and searches of exclusionary lists) for all new hires and current employees (where appropriate), including but not limited to designated internal transfers, are managed according to policy.

The Department of Protective Services is responsible for ensuring that appropriate background checks (including criminal records checks and searches of exclusionary lists) for contractors and other non-employees seeking identification badges are managed according to policy. Cleveland Clinic's Department of Protective Services is responsible for conducting all background checks.

Human Resources is responsible to review, revise, update, and operationalize this policy to maintain compliance with regulatory or other requirements.

It is the responsibility of each hospital, institute, department and discipline to implement the policy and to draft and operationalize related procedures to the policy if applicable.

Other Background Information

ISSUING OFFICE: HR Services, Human Resources

Cleveland Clinic

Chief Academic Office

Disability Accommodation in Education Policy

Target Group:		**Original Date of Issue:**	**Version**
Cleveland Clinic United States locations		Not Set	1
Approved by: Board of Directors- Main	**Date Last Approved/Reviewed:** 08/12/2020	**Prepared by:** Rachel King (Title IX 504 Compliance Coordinator)	**Effective Date** 08/12/2020
Avon Hospital: Board approval date: 8/19/2020 Effective Date: 8/19/2020		**Euclid Hospital:** Board approval date: 8/19/2020 Effective Date: 8/19/2020	
Fairview Hospital: Board approval date: 8/19/2020 Effective Date: 8/19/2020		**Hillcrest Hospital:** Board approval date: 8/19/2020 Effective Date: 8/19/2020	
Lutheran Hospital: Board approval date: 8/19/2020 Effective Date: 8/19/2020		**Marymount Hospital:** Board approval date: 8/19/2020 Effective Date: 8/19/2020	
Medina Hospital: Board approval date: 8/19/2020 Effective Date: 8/19/2020		**South Pointe Hospital:** Board approval date: 8/19/2020 Effective Date: 8/19/2020	
CCCHR: MEC approval date: 02/05/2021 Board approval date:02/05/2021 Effective Date: 02/05/2021		**Weston, Florida:** MEC approval date: 9/29/2020 Board approval date: 9/29/2020 Effective Date: 9/29/2020	
Coral Springs, FL ASC/FHC: MEC/CSOC approval date: 9/22/2020 Board approval date: 9/22/2020 Effective Date: 9/22/2020			

Purpose

This policy confirms Cleveland Clinic's commitment to provide access to educational opportunities for qualified students and applicants with disabilities and establishes criteria for the consideration of requests for reasonable accommodation by such students and applicants. This policy reflects Cleveland Clinic's compliance with the Americans with Disabilities Act of 1990, as amended, Section 504 of the Rehabilitation Act of 1973, as amended, and all other relevant federal and state laws and regulations.

Policy Statement

Cleveland Clinic does not discriminate against qualified individuals with disabilities in regard to their application to, or participation in, educational programs or activities. Cleveland Clinic will make, upon the request of a qualified individual with a disability and under the conditions described herein, a reasonable accommodation to permit such individual to participate in an educational program or activity.

Definitions

Cleveland Clinic United States locations: Includes the main campus, Avon, Euclid, Fairview,
Hillcrest, Lutheran, Marymount, Medina, South Pointe, Children's Hospital for Rehabilitation,
Cleveland Clinic Florida, Cleveland Clinic Hospital (Weston), Coral Springs Ambulatory Surgery Center, and all Family Health Centers, Physician practice sites, Nevada practice sites, Emergency Departments, Express Care Centers, Urgent Care Centers and Ambulatory Surgical Centers reporting to these facilities.

Unless otherwise defined by applicable federal, state or local law, terms used in this policy have the following general meanings:

Affiliate School: An educational institution with which Cleveland Clinic has an affiliation agreement to allow its students to participate in Cleveland Clinic's educational programs and activities.

Disability: A physical or mental impairment that substantially limits one or more major life activities of the individual, without taking into account mitigating measures such as medications, medical equipment, or other auxiliary aids.

Educational Program or Activity: Any program or activity offered at Cleveland Clinic or by Cleveland Clinic employees in the scope of their duties that is educational in nature beyond on the-job training, general interest, or routine continuing education programs. Factors in determining whether a program or activity is educational include whether it is structured through a particular course of study; whether participants earn academic credit

toward a degree or certificate, or qualify to sit for professional exams; or whether a program provides instructors, exams or other evaluation process. Educational programs and activities include, without limitation, degree- or certificate-granting programs offered by Cleveland Clinic and affiliated colleges and universities; clinical rotations for degree- or certificate-granting programs; medical and other residency programs; research and medical fellowships; internships; and educational programs offered to middle school, high school, college and university students.

Individual with a disability: A person who has a physical or mental impairment that substantially limits one or more major life activities, has a record of a physical or mental impairment that substantially limited a major life activity, or is regarded as having a physical or mental impairment.

Qualified Individual with a Disability: A qualified individual with a disability is an individual with a disability who, with or without a reasonable accommodation, meets the academic and technical standards requisite for admission to or participation in an educational program or activity.

Reasonable Accommodations: A reasonable accommodation is a modification or adjustment to the practices, procedures or policies of an educational course, program or activity so that a qualified individual with a disability may have equal access to the course, program or activity. Such accommodations may include adjustments to the physical environment of a course or program, modifications to the policies of a course or program that do not alter the fundamental nature of the program, or provision of auxiliary aids. Reasonable accommodations are determined on a case-by-case basis, as well as on a class-by-class (or course, program or activity) basis. Reasonable accommodations do not include those accommodations that would impose an undue burden on Cleveland Clinic's operations or would substantially alter the fundamental nature of the course, program or activity.

Trainee: An employee who also participates in an educational program or activity as a resident, fellow or scholar. Examples of job titles that denote trainees include Resident, Clinical Fellow, Clinical Research Fellow, Research Fellow, Postdoctoral Fellow, Postdoctoral Research Fellow, Postdoctoral Psychology Fellow, Special Fellow, Clinical Scholar, Research Scholar, and Clinical Institute Research Scholar.

Policy Implementation

This policy applies to all applicants to, and non-employee participants in, Cleveland Clinic's educational programs and activities. Accommodations for job applicants, trainees and employees, including members of the Professional Staff, are addressed in the Disability Accommodation in Employment Policy. Accommodations for patients are addressed in the Patient Accommodation Policy (see Florida Patient Accommodation Policy for Weston; does not include Coral Springs).

A qualified individual with a disability who seeks a reasonable accommodation in order to apply to or participate in an educational program or activity must contact the program administrator for that program or activity as early as possible. Upon such notification, Cleveland Clinic will engage in an interactive process to determine if there is an available reasonable accommodation that will allow the qualified individual with a disability to meet the academic and technical standards requisite for admission or participation in the educational program or activity. Qualified individuals with a disability who are enrolled as students in affiliate schools may make this request through their affiliate school. In such cases, Cleveland Clinic will work with the affiliate school to engage in the interactive process.

The Education Institute shall be responsible for engaging in the interactive process and determining the reasonableness of accommodation for non-employee participants in and applicants to the programs and activities operated/coordinated by the Education Institute. Nursing Education shall be responsible for engaging in the interactive process and determining the reasonableness of accommodation for non-employee participants in and applicants to the programs and activities operated by Nursing Education. The Lerner Research Institute shall be responsible for engaging in the interactive process and determining the reasonableness of accommodation for non-employee participants in and applicants to the programs and activities operated by the Lerner Research Institute. For educational programs and activities outside of the Education Institute, Nursing Education and the Lerner Research Institute, responsibility shall fall to the institute, department or hospital offering the educational program or activity.

All individuals requesting reasonable accommodations are required to cooperate with the interactive process by providing required documentation and being willing to consider alternative accommodations when applicable. Cleveland Clinic shall, in most cases, request medical documentation from individuals seeking an accommodation. In such instances, the individual will be responsible for providing the requested medical documentation and for the initial cost of doing so. Cleveland Clinic will bear the cost of a second opinion, if requested. All medical information shall be kept strictly confidential.

The Education Institute, Nursing Education, Lerner Research Institute or relevant other institute, department or hospital will provide to the individual requesting the accommodation written documentation of any reasonable accommodations provided. The Education Institute, Nursing Education, Lerner Research Institute or relevant institute, department or hospital will maintain documentation of the interactive process, including records of any accommodations that were requested but not provided.

Individuals with a disability have the right to appeal the failure to engage in the interactive process, the denial of a request for a reasonable accommodation, or decision to provide an accommodation that the individual does not accept in accordance with Disability Accommodations in Education Appeals Procedure.

Regulatory Requirement/References

Americans with Disabilities Act of 1990, as amended
Section 504 of the Rehabilitation Act of 1973

Oversight and Responsibility

The Chief Academic Office is responsible for the oversight and dissemination of this policy. The Section 504 Coordinator is responsible to review, revise, update and operationalize this policy to maintain compliance with regulatory or other requirements.

It is the responsibility of each hospital, institute, division, department and discipline to implement the policy and to draft and operationalize related procedures to the policy if applicable.

Other Background Information

Issuing Office:
Chief Academic Office

Reviewed by:

Section 504 Working Group

Stephanie Bayer	Ombudsman
Melissa Carignan	Talent Acquisition
Amy Freadling	Caring for Caregivers
Michael Gemberling	Human Resources
Whitney Greene	Talent Acquisition
Susan Hastings	Law Department
Mari Knettle	Center Health Sciences Education
Jill Markowitz	Occupational Health
Kathleen Mau	Nursing Education
Bob Mehosky	Construction and Planning
Christine Moravec	Lerner Research Institute
Lisa Orlando	Law Department
Carmen Roman	Human Resources
Maria Schmitt	Human Resources
Samantha Schrenk	Human Resources
Lori Smith	Graduate Medical Education
Corey Starks	Human Resources
Christine Warren	Cleveland Clinic Lerner College of Medicine
Stephen Webster	Human Resources

Title IX/Section 504 Advisory Team

Roy Anderson	Education Institute

Angela Cain	Community Outreach
Diane DeCamillo	Chief Academic Office
Cheryl Goliath	Cleveland Clinic Akron General
Jeneva Hakman	Florida
Susan Hastings	Law Department
Mari Knettle	Center for Health Sciences Education
Julie Marth	Protective Services
Kathleen Mau	Nursing Education
Christine Moravec	Lerner Research Institute
Lori Smith	Graduate Medical Education
Christine Warren	Cleveland Clinic Lerner College of Medicine
Stephen Webster	Human Resources

Cleveland Clinic

Human Resources

Equal Employment Opportunity/Workforce Diversity and Inclusion

Policy

Target Group:		**Original Date of Issue:**	**Version**
Cleveland Clinic United States locations		08/01/1982	5
Approved by: Board of Directors-Main, BOG/MEC-Main , Linda McHugh	**Date Last Approved/Reviewed:** 11/13/2019	**Prepared by:** Jill Prendergast (Senior Director Human Resources Services)	**Effective Date** 11/13/2019
Avon Hospital: MEC approval date: 11/18/2019 Board approval date: 1/15/2020 Effective Date: 1/15/2020		**Euclid Hospital:** MEC approval date: 12/13/2019 Board approval date: 1/15/2020 Effective Date: 1/15/2020	
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Purpose

To affirm the commitment of Cleveland Clinic to the principles of equal opportunity employment and workforce diversity and inclusion in its human resources policies and practices.

Policy Statement

Cleveland Clinic is an equal opportunity employer. It is the policy of Cleveland Clinic to prohibit discrimination and harassment of all kinds , afford equal employment opportunities to employees and applicants, and to administer all terms and conditions of employment including, but not limited to recruitment, employment, promotion, compensation and salary administration, benefits, transfers, training and education, working conditions and application of policies without regard to race, color, religion, gender, sexual orientation, gender identity, gender expression, pregnancy, marital status, age, nationality, ethnicity, ancestry, disability, military status, genetic information, protected veteran status or any other status protected by applicable federal, state or local law.

The policies and principles of equal employment opportunity also apply to the selection and treatment of and by independent contractors, personnel working on Cleveland Clinic premises who are employed by temporary agencies and any other persons or firms doing business for or with Cleveland Clinic.

Cleveland Clinic also promotes an inclusive organizational culture through diversity education, consultation, and programs that leverage differences to enhance innovation, quality of care, teamwork, and economic impact. Further, it is our policy to encourage all vendors, contractors, and others doing business with Cleveland Clinic to adhere to these same principles.

Definitions

Cleveland Clinic United States locations: Includes the main campus, Avon, Euclid, Fairview,
Hillcrest, Lutheran, Marymount, Medina, Mercy, South Pointe, Children's Hospital for

Rehabilitation, Cleveland Clinic Florida, Cleveland Clinic Hospital (Weston), Coral Springs Ambulatory Surgery Center, and all Family Health Centers, Physician practice sites, Nevada practice sites, Emergency Departments, Express Care Centers, Urgent Care Centers and Ambulatory Surgical Centers reporting to these facilities.

Policy Implementation

Application

This policy applies to all employees/physicians/vendors/third parties/contractors or contracted employees/students/volunteers affiliated with or under contract with Cleveland Clinic. Conduct prohibited by this policy is unacceptable in the workplace or in any work-related setting outside the workplace.

Communication

Federal and state nondiscrimination posters will be displayed in conspicuous locations at all facilities. The Equal Employment Opportunity/Workforce Diversity and Inclusion policy is also addressed in the employee handbook and within the "Major Policies for the Professional Staff".

Complaint Procedure

An individual who has questions or concerns about behavior or actions which may constitute discrimination or harassment under Cleveland Clinic policy or applicable laws, regardless of whether the discrimination or harassment is directed at the person individually or at another person, should communicate these concerns promptly for investigation, follow up and appropriate remedial action.

Questions or concerns may be directed to their manager , Human Resources representative, the
Corporate Compliance Hotline 1-800-826-9294, the Office of Diversity and Inclusion, or the
Law Department, or, if it involves a member of the Professional Staff, report to the Office of
Professional Staff Affairs; if it involves a private physician in a Regional Hospital, report to the President, CMO, Chief of Staff of the Regional Hospital (or according to local policy); if it involves a participant in a Cleveland Clinic educational program, report to the Title IX Coordinator). The Title IX Coordinator will be advised of all reported instances of sex discrimination, sexual harassment, sexual violence and retaliation arising in educational programs regardless of where the report is made.

Policy Violations

Violations of this policy, whether or not a law has been violated, are in direct conflict with the mission and values set by the organization, interfere with our ability to cultivate and retain diverse talent, and will not be tolerated. Responsive action may include training, referral to counseling, reassignment, and/or corrective action up to and including discharge.

Knowingly false and malicious allegations of harassment, discrimination, or retaliation may also be subject to appropriate corrective action.

Statement of Non-Retaliation

Cleveland Clinic forbids retaliation against any individual who communicates concerns of discrimination or harassment, or who assists in the investigation of such concerns, whether internal or as part of an external process or other matter.

Regulatory Requirement/References

Age Discrimination in Employment Act of 1967, as amended
Americans with Disabilities Act of 1990, as amended
Section 504 of the Rehabilitation Act of 1973
Title VII of the Civil Rights Act of 1965, as amended
Title IX of the Education Amendments of 1972
Florida Statutes, Chapter 760
Nevada Revised Statutes, Title 53, Chapter
613 Ohio Revised Code, Title 41, Chapter
4112:
City of Cleveland, Ohio Code of Ordinances, Part Six, Title 5
Cuyahoga County, Ohio Code, Title 15
Non-Discrimination, Harassment, Retaliation Policy
Corrective Action Policy
Sexual Misconduct in Education Policy

Oversight and Responsibility

Human Resources, the Office of Professional Staff Affairs, the Title IX Coordinator and/or the
Law Department, as appropriate, in collaboration with the Office of Diversity and Inclusion, are responsible to review, revise, update, and operationalize this policy to maintain compliance with regulatory or other requirements.

Our Executive Leaders, Administrators, Directors, Managers, and Supervisors are responsible for implementing equal opportunity practices within each department and maintaining a work environment that allows every employee to develop talent and

contribute to his or her fullest potential. This responsibility includes the absolute necessity to immediately report to Human Resources, or, if the matter involves a member of the Professional Staff, report to the Office of
Professional Staff Affairs; if it involves a private physician in a Regional Hospital, report to the President, CMO, Chief of Staff of the Regional Hospital (or according to local policy); if it involves a participant in a Cleveland Clinic educational program, report to the Title IX Coordinator) any apparent acts of discrimination, harassment, or retaliation either directly witnessed or brought to their attention by another individual.

Employees are responsible for reporting perceived violations of this policy, regardless of the offender's identity or position.

It is the responsibility of each hospital, institute, department and discipline to implement the policy and to draft and operationalize related procedures to the policy if applicable.

Other Background Information

Issuing Office: HR Services, Human Resources, Office of Diversity and Inclusion, Office of Professional Staff Affairs, Chief Academic Office.

Cleveland Clinic

Human Resources

Identification Badges Policy

Target Group: Cleveland Clinic United States locations		**Original Date of Issue:** 05/01/1981	**Version** 5
Approved by: Donald Corpora	**Date Last Approved/Reviewed:** 11/02/2021	**Prepared by:** Zaid Al Ardah (Director Technical Protective Operations)	**Effective Date** 11/02/2021

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

Purpose

Identification badges (ID) are issued to provide employees and non-employees with a means of identification, to promote safety and security on Cleveland Clinic property, to be used for access controls, parking, timekeeping, payroll deductions, and to assist in emergency ID as necessary. ID badges ensure Cleveland Clinic patients, visitors, and coworkers have the ability to identify employees and non-employees.

Policy Statement

It is the policy of Cleveland Clinic to provide employees and other individuals who require regular, unescorted, access to the interior of Cleveland Clinic facilities with an ID badge. Such badges must be worn above the waist at all times while on property owned or leased by Cleveland Clinic. In addition, all volunteers, privileged positions, contractors and consultants must wear ID badges. All ID Badge Holders are required to provide their ID badge to management and/or Protective Services, including the Cleveland Clinic Police Department, hospital and hotel security officer, upon request. Failure to properly display, or present, a valid Cleveland Clinic ID badge can result in the revocation of the badge and/or other appropriate corrective action. Replacement badges may be subject to a fee.

Definitions

Cleveland Clinic United States locations: Includes the main campus, Avon, Euclid, Fairview,
Hillcrest, Lutheran, Marymount, Medina, South Pointe, Children's Hospital for Rehabilitation,
Cleveland Clinic Florida, Cleveland Clinic Hospital (Weston), Coral Springs Ambulatory Surgery Center, and all Family Health Centers, Physician practice sites, Nevada practice sites, Emergency Departments, Express Care Centers, Urgent Care Centers and Ambulatory Surgical Centers reporting to these facilities.

Privileged positions: Non-employed community/Private Practice Physicians, Practitioners and Physician Assistants.

Policy Implementation

The standard information to be included on the badge is:

• ID Badge Holder's Photograph* • First and Last Legal Name • Licensure as required by job description • Certifications required by law

- **Education as required by job description (Master's and above;** if Nursing, Bachelor of Science in Nursing (BSN) and above due to Magnet Status requirement **)**
- Institute or Division/Department (in lieu of institute, approval required)

***Cleveland Clinic will make reasonable accommodations for dress or grooming directly related to an employee's religion, ethnicity, or disability unless such accommodation poses a risk to the safety or health of the individual or others. Head attire can be worn in accordance with an employee's religion, ethnicity or disability and should present neatly and not obscure the face for purpose of clear identification of the ID Badge Holder.

Any variation from the standard format must be reviewed and approved by Human Resources and Protective Services. Requests to delete last names for security reasons must be reviewed and approved by Human Resources in collaboration with Protective Services Administration. Assignments to Emergency Departments and Behavioral Health Units qualify as security-related work locations eligible for consideration to remove the last name from a badge.

Non-employee populations including, but not limited to temporary employees, medical students, healthcare students, and visiting and/or other non-employee physicians and other individuals in privileged positions, as well as consultants and contractors must obtain and wear an ID badge during their Cleveland Clinic assignment. Refer to the Non-Employee Visitation and Onboarding Standard Operating Procedure for details.

Badge types are as follows:

- **White badges -** all Cleveland Clinic employees and privileged positions
- **Pink badges** – Nursing employees authorized to provide direct care to infants (training required)
- **Blue badges** – non-employee
- **Green badges** –volunteers non-employee

ACCESS CONTROL

General facility access levels are pre-assigned. Additional access levels must be authorized by the ID Badge Holder's Supervisor. Badges will deactivated if the badge is not used for door access for ninety (90) days.

An ID badge shall not be used by anyone other than the individual to whom it was issued. Furthermore, an ID badge will not be issued until an appropriate background check, including government debarment checks and criminal record checks, have been initiated and/or completed on the individual. Such background checks shall be completed by Protective Services consistent with applicable policies and procedures. Other onboarding requirements may also apply prior to an ID badge issuance (see Criminal Records Background Check Policy). Protective Services shall facilitate the issuance of all ID badges.

In addition to regular, Cleveland Clinic ID badges, a separate process applies to sales representatives who will be within a Cleveland Clinic facility for one day or less, and who have a previously scheduled appointment. That process, Vendormate, is further described within this policy.

Replacement badges

Badge replacement may be subject to a $30 fee payable via payroll deduction, credit card or cost center (requires supervisor authorization). Report badge issues to the ID Badge Office at badge@ccf.org .

Fee $30
Photo update (elective)
Lost badge
Damaged (negligence)
Failure to return badge upon termination of employment

No Fee
Photo update (every 4 years per industry standard)
Updated education (requires updated Workday profile and if required to printed on badge –
Master's degree and above; if Nursing, BSN and above)

Updated credentials (requires Workday profile updated and if required to be printed on badge)
Name change (must be uploaded in
Workday) Stolen badge (police report
required)

Identification Badge Procedure

Special accommodations will be made for work locations requiring a badge for ID only, i.e., Magnetic Resonance Imaging (MRI).

On-Boarding Requirements

Onboarding requirements are determined by job assignment and patient interaction.

Background checks are completed on employees and non-employees who works directly or indirectly for Cleveland Clinic. Please see the Criminal Records Background Check Policy to review the complete criminal record check procedure.

- Cleveland Clinic employees (white badges, pink badges) must complete pre-employment testing and background check prior to start date. Tuberculosis (TB) testing will be completed on an annual basis thereafter.

- Non-employee must have a background check and TB test prior to their start date. They must also complete assigned online training before badge issuance. These requirements must also be met in order to renew an expiring badge.

    - Construction workers must have a background check and complete Infection Control Risk Assessment (ICRA) class prior to badge issuance and working on a job site. These requirements must also be met in order to renew an expiring badge.

    - Volunteers must have a background check and Tuberculosis (TB) test prior to badge issuance. These requirements must also be met in order to renew an expiring badge.

A Cleveland Clinic ID badge will not be displayed or worn in any forum that would lead a
reasonable observer to believe the activity is Cleveland Clinic sponsored and/or approved and that the individual is representing the organization in an official capacity. The badge may be only worn for its issued, specific purpose within the individual's scope of work performed at Cleveland Clinic.

Vendormate

Vendormate is an online system managed by Protective Services used to accommodate vendors and sales representatives who will be within a Cleveland Clinic facility for a scheduled period of time. These individuals must have an appointment scheduled prior to printing their badge. Vendormate prints valid ID badges at kiosks throughout the health system. The badge is only valid for the date it is printed.

Companies must apply through Supply Chain to be a part of the Vendormate program.

Vendormate Requirements

1. Vendor representative registers and creates a profile in Vendormate.

2. Online training login information is provided to the vendor representative via Vendormate and must be completed before uploads to the system can be made.

3. Vendor must upload photo ID, TB test results (for clinical settings), criminal background attestation, W-9.

4. Vendormate will conduct a criminal background check for all vendors that will visit a Cleveland Clinic facility.

Vendor representative must read and acknowledge all relevant Cleveland Clinic policies and the Supplier Relationship Handbook.

Off-boarding Requirements

When terminating engagements for employees and non-employees, hiring managers and/or event coordinators are responsible for returning badges to the ID Badge Department. Penalties for unreturned badges apply. (See fee structure)

Retiree Valet Benefit

Retired Cleveland Clinic employees who have worked at Cleveland Clinic a minimum of 25 years and are no longer actively employed with Cleveland Clinic, are eligible for the Retiree Valet Benefit. This benefit provides free valet services to eligible retirees at Cleveland Clinic locations where valet services are available. The retiree's years of service from his/her seniority date do not need to be continuous and may include cumulative services interrupted by one or more breaks in service.

Eligible retirees will receive a Retiree Badge via U.S. mail. Retirees will need to present their badge to valet services when leaving Cleveland Clinic premises in order to have their valet fees waived.

Professional Staff retirees should follow the Retired Staff program managed by the Office of Professional Staff Affairs.

Regulatory Requirement/References

Criminal Records Background Check Policy
Corrective Action Policy
Non-Employee Visitation and Onboarding Standard Operating Procedure

Oversight and Responsibility

Human Resources Management in conjunction with the Cleveland Clinic Department of Protective Services, is responsible to review, revise, update and operationalize this policy to maintain compliance with regulatory or other requirements.

It is the responsibility of each Hospital, Institute, Department and discipline to implement the policy and to draft and operationalize related procedures to the policy if applicable.

Other Background Information

Issuing Office: HR Services, Human Resources and Protective Services

General Information Security Policy

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Cleveland Clinic North American locations</td><td>Original Date of Issue:

04/01/2013</td><td>Version

5</td></tr>
<tr><td>Approved by:

Board of Directors-Main, BOG/MEC-Main</td><td>Date Last Approved/Reviewed:

12/22/2021</td><td>Prepared by:

Anna Quelette (Cybersecurity Analyst)</td><td>Effective Date

12/22/2021</td></tr>
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Purpose

The purpose of this policy is to set the direction for Information Security initiatives at Cleveland Clinic.

Policy Statement

The Cleveland Clinic has implemented the following mechanisms to protect all Cleveland Clinic information, in both paper and electronic format, and to prevent its accidental or intentional unauthorized access, use, disclosure, modification, or destruction.

Definitions

Cleveland Clinic North American locations- Includes the main campus, Avon, Euclid, Fairview,
Hillcrest, Lutheran, Marymount, Medina, South Pointe, Children's Hospital for Rehabilitation,
Weston Hospital, Coral Springs Ambulatory Surgery Center, Cleveland Clinic Canada, and all
Family Health Centers, Physician practice sites, Nevada practice sites, Emergency Departments, Express Care Centers, Urgent Care Centers and Ambulatory Surgical Centers reporting to these facilities.

Policy Implementation

The central and critical roles of information systems at Cleveland Clinic require that all information systems and related data be sufficiently designed to protect from loss, damage, or inappropriate access.

This document outlines the responsibilities and expectations for security of information assets managed by Cleveland Clinic or by third parties on behalf of the Cleveland Clinic. The controls described in this policy, subordinated policies, standards, and procedures are collectively known as "Cleveland Clinic's Cybersecurity Management Program", which is designed to:

- Reflect Cleveland Clinic's business objectives
- Prevent the unauthorized use of or access to our information systems
- Maintain the confidentiality, integrity, and availability of information

This policy, subordinated policies, standards, and procedures are guided by security requirements specific to the Cleveland Clinic's operating environment, federal and state laws and regulations that are relevant to Cleveland Clinic, contract obligations, third party regulatory agencies, and Cybersecurity best practices.

These control requirements are documented and consistent with the HITRUST CSF Framework in addition to applicable laws, regulations, and statutes including but not limited to the requirements of the Health Insurance Portability and Accountability Act (HIPAA).

Review the Joint Commission Online Manual for specific elements of performance at: http://intranet.ccf.org/qpsi/accreditation/jcam.asp , under the Joint Commission Webbased Manual.

Scope

Applicability of Assets

The scope of this policy includes all information system assets (electronic, paper, or other) that are owned, leased, licensed or otherwise contracted by/with Cleveland Clinic. Assets include but are not limited to:

- Platforms (i.e. Wintel/Linux Servers, Open Systems, Clusters, AS400, Mainframe) Computer workstations
- Laptops, tablets and accessories
- Smartphones
- Software including operating systems, network services, utilities, and databases
- Applications developed internally, purchased, or shareware/freeware in use
- Network infrastructure, including wired and wireless networks
- Telephone system(s) and accessories
- Data Exchange Systems (router and switch infrastructure)
- Data Centers, Computer Rooms, Main Distribution Frame, or Wiring Closets
- Cleveland Clinic systems and information stored on Cleveland Clinic equipment as well as Cleveland Clinic systems or information stored or handled by third parties on behalf of the Cleveland Clinic, including, without limitation, by providers of any type of cloud-hosted system or service
- Electronic media
- Non-electronic media (paper and other)
- Biomedical and clinical systems and devices, such as radiology systems, point-of-care devices, laboratory systems, bedside monitors, interventional systems, operating room integration equipment, clinical-use servers and workstations, etc.
- Operational technologies, including HVAC systems, environmental control systems, Internet-of-Things devices such as IP cameras and smart TVs, badge readers, and other devices outside the purview of traditional information technology
- Point of Sale Systems- Devices and Software

Applicability to Workforce

Cleveland Clinic Workers are defined as all individuals at Cleveland Clinic, regardless of status, and including full-time and part-time regular employees, intern/temporary workers, volunteers, trainees, contractors, and any other persons working for or under the direct control of Cleveland Clinic and/or using Cleveland Clinic information or information systems.

All Cleveland Clinic Workers must comply with the Cybersecurity policies found in this document and related Cybersecurity and/or privacy policies, standards, procedures, and guidelines.

Applicability to Third Parties

This policy applies to all third parties who use, manage, or support computer and network systems, software, and paper files, including consultants, contractors, temporary workers, and business partners who are acting on behalf of Cleveland Clinic.

Disclosure of data to parties outside of Cleveland Clinic must be authorized by appropriate management and covered by business associate, confidentiality, non-disclosure, or other type of legal agreements that permit the sharing of data.

Cybersecurity Management Program

Purpose

The Cleveland Clinic Cybersecurity Management Program ("CMP" hereafter) identifies and controls information security risks to Cleveland Clinic's infrastructure, applications and data. The CMP is based on the HITRUST CSF Framework, an accepted industry framework that is reviewed and updated as needed.

Cybersecurity Governance

The CMP at Cleveland Clinic is governed by the Cybersecurity Governance Council. The Committee is responsible for establishing policies that provide operational oversight and direction to the CMP. An important function of the Committee includes the review and approval of security policies, and review of proposed exceptions from established policies.

Cleveland Clinic provides the capital planning, investments, and resources needed to implement the CMP and ensures the resources are available for expenditure as planned.

The CMP includes methods and tools to monitor the effectiveness of the implementation of security controls. Cybersecurity leadership will engage third parties to conduct independent reviews of aspects of the CMP to ensure the continuing suitability, adequacy, and effectiveness of the organization's approach to managing information security. The results of such independent CMP reviews will be recorded and reported to the Cybersecurity leadership team and the results must be maintained for no less than three (3) years. If the independent reviews identify that Cleveland Clinic's approach and implementation to managing information security is inadequate, or not compliant with the direction for information security stated within this policy, management will take corrective action.

Cybersecurity Organization and Responsibilities

Cleveland Clinic's security organization is designed as a distributed model with central oversight and governance. The organization consists of both Cybersecurity and physical security elements.

While security is ultimately the responsibility of the Chief Information Security Officer and Chief Integrity Officer, everyone who uses Cleveland Clinic's systems and networks and has access to Cleveland Clinic information shares in the responsibility for its protection.

To be effective, information security requires the participation and support of every Cleveland Clinic worker who deals with information or information systems.

User security roles and responsibilities will be clearly defined and communicated to all employees throughout Cleveland Clinic. Cleveland Clinic management will ensure all workers are briefed on their security roles and responsibilities and conform with the terms and conditions of employment prior to obtaining access to information systems. Workers will be provided guidelines regarding the security expectations for their roles, to ensure they are motivated to comply with security policies, and continue to have the appropriate skills and qualifications.

Cybersecurity Department

The Cybersecurity Department coordinates the CMP for the Cleveland Clinic. Stakeholders within the Information Technology Division (ITD), business IT groups, Law Department, Human Resources, Corporate Compliance, Privacy Office, Internal Audit, Medical Operations, Professional Staff Affairs, Emergency Management, and Protective Services each have responsibility for different aspects of the CMP.

The Cybersecurity Department is the authoritative, centralized source of guidance and direction for information security activities throughout Cleveland Clinic. The department is responsible for establishing and maintaining organization-wide information security policies with regard to the confidentiality, integrity, and availability of both information and the systems that handle it. The department also assists in the creation of information security standards, procedures, and guidelines.

The department acts as a liaison on information security matters between all Cleveland Clinic departments and divisions. It is the focal point for all information security activities throughout Cleveland Clinic.

In addition, the Cybersecurity Department performs risk assessments, prepares action plans, evaluates vendor products, participates on in-house system development projects, assists with control implementations, ensures compliance with internal policies and external regulations, owns and manages security infrastructure, systems, and tools, designs and provisions access to Cleveland Clinic systems, responds to information security incidents, investigates information security breaches, and performs other activities which are necessary to provide a secure information handling environment.

Except for investigations directed by the Law Department, the use of external consultants, computer security response teams, or other outsiders is specifically prohibited unless these have been approved by the Cybersecurity Department.

IT Organizational Structure

At Cleveland Clinic the responsibility for information technology related tasks is distributed between a central Information Technology Division (ITD) and Business IT Units spread throughout the organization that report into specific Institutes, Divisions, or Departments.

IT Owners are groups or individuals across Cleveland Clinic who are primarily responsible for software development, support, and operation of specific IT systems.

Information security responsibilities such as account provisioning for specific systems or administration and support for systems that play a role in the protection of Cleveland Clinic processes and data are managed within these IT groups in collaboration with Cleveland Clinic Cybersecurity Department.

System Security Administrators

System Security Administrator is a generic designation used for the purpose of this policy to designate workers who are responsible for security related tasks that are handled in a decentralized manner at Cleveland Clinic outside of the Cybersecurity Department. Such tasks include provisioning access to various IT systems,

resources, and applications across the organization, managing antivirus, patching, backups, or access to the network and file system.

Physical Security

Cleveland Clinic Protective Services Department has primary responsibility for providing a safe and secure environment for employees and other staff, and works with IT resources and the Cybersecurity Department to ensure that physical access to critical sites such as the data centers, server rooms, and areas that store or process confidential information is controlled.

Data Owners

All Cleveland Clinic information systems or resources have one or more designated Data Owner(s). The Data Owner may delegate responsibilities regarding classification and handling, such as to a third party service provider, but is ultimately responsible for determining that the responsibility has been correctly discharged.

Data Owners are responsible for determining the appropriate classification level for the information contained within the systems or applications under their purview. Data Owners working with the System Security Administrators are also responsible for the design of access roles, for approving access to the systems or applications that they own, and for conducting or coordinating periodic risk-based access reviews.

Internal Audit

Cleveland Clinic Internal Audit Department is authorized by the Audit Committee of the Board of Directors to support the enterprise and its patients by performing effective audits that identify opportunities to enhance financial, operational, research, and information technology operations and safeguard assets.

To understand the risk universe of Cleveland Clinic, Internal Audit conducts an annual risk assessment. The risk assessment includes interviews with Officers, Institute Chairs, Executives, Administrators, and key process owners. Current national health care concerns and past experiences of Internal Audit staff are also used to identify and prioritize areas of focus. Identified risks are evaluated based on impact and likelihood. Higher risk audit areas are then considered for the Department’s annual audit plan.

The risk assessment and resulting audit plan is presented annually to the Audit Committee for review and approval. Time is allocated on the audit plan for working on issues that emerge during the year. The approved audit plan becomes the basis for the following year’s Internal Audit activities.

Data Classification

Classifying information based on its sensitivity and value is at the core of the CMP because it determines how information will be secured and handled.

Cleveland Clinic's strategy is to classify information regardless of medium (paper or electronic) according to its sensitivity and the potential impact of unauthorized access or disclosure. In general, workers are granted access to information only when there is a business need-to-know.

Information must be consistently handled according to its classification level and requirements for confidentiality and disclosure.

The Cybersecurity Department will provide appropriate security technology solutions for electronically stored information should this level of protection be required.

Data Classification Categories

Cleveland Clinic data is classified into four categories. The definitions below are supplemented by the information and definitions in the Data Classification and Protection Policy. The correct classification level is established by the Data Owner.

Public information applies to information made available for public distribution through authorized company channels. Examples would include press releases, marketing materials, public web pages, and other data routinely available to the public

Internal information is information which is intended for use within Cleveland Clinic and must be protected due to proprietary or business considerations, but which is not personally
identifiable or sensitive. Examples include internal policies, work related contact information, or Intranet data that has not been approved for external communication. Internal information is generally available to all workers and other authorized users.

Confidential data is information that is sensitive in nature, and may be proprietary, personally identifiable, or otherwise be sensitive. Unauthorized access, use, or disclosure of the information would be likely to cause financial, legal, or reputational damage to Cleveland Clinic, or result in embarrassment or difficulty for Cleveland Clinic, its patients, vendors, or workers. Confidential data may be protected by statutes, regulations, or contractual requirements. Access is limited to Cleveland Clinic workers on a “need-to-know” basis. Disclosure to parties outside of Cleveland Clinic must be authorized by appropriate management and covered by a binding confidentiality or nondisclosure agreement. Cleveland Clinic classifies Protected Health Information (PHI) at a minimum as Confidential. Another category of data classified as Confidential is Personally Identifiable Information (PII).

Restricted Confidential data may be disclosed internally to individuals on a “need-to know” basis only and must be securely deleted when it is no longer required. Cleveland Clinic considers all information to be "Restricted Confidential" when and if compromised the result would likely be cause for severe financial, legal, regulatory, or reputation damage to Cleveland Clinic, its patients, vendors, and/or workers.

Data Protection and Privacy

The confidentiality and integrity of confidential data at rest will be protected using an encryption method appropriate to the medium where it is stored; where Cleveland Clinic chooses not to encrypt confidential information, a documented rationale for not doing so will be maintained.

Confidential information shall only be retained for as long as it is required and in accordance with the record retention policy. The locations where confidential information is stored will be defined and kept to a minimum.

Guidelines will be issued to all business units on the ownership, classification, retention, storage, handling and disposal of all records and information. Designated senior management within Cleveland Clinic will review and approve the security categorizations and associated guidelines.

Most records with confidential information will be encrypted in transit when transferred to organizations lawfully collecting such information.

Cleveland Clinic has multiple safeguards in place before confidential data can be shared with external parties including but not limited to:

- the data exchange has to be approved by the data owner
- share the minimum necessary and de-identify whenever possible
- all confidential data transmission must be encrypted
- confidential data can only be shared with authorized external parties and based on legal agreements sanctioned by the Cleveland Clinic Law Department
- compliance with the policy requirements above will be verified with periodic audits and monitoring

Approvals will be obtained from the Cybersecurity team by opening a Service Desk ticket prior to using external public services, including instant messaging or file sharing.

Confidential information will not be left unattended or available for unauthorized individuals to access, including on desks, printers, copiers, fax machines, and computer monitors. Confidential information will be protected when using internal or external (e.g., USPS) mail services.

Acceptable Use

Cleveland Clinic's information and computing resources must be used in an approved, ethical, and lawful manner. Workers and vendors must always be alert to actions and activities they may perform that could breach the Acceptable Use of Information Assets Policy which details specific restrictions regarding the Internet, electronic mail, social networking and general use of Cleveland Clinic's computing resources.

Computer and communication systems belonging to Cleveland Clinic are intended to be used for business purposes only. Incidental personal use is permissible if the use does not consume more than a trivial amount of resources that could otherwise be used for business purposes, does not interfere with worker productivity, does not preempt any business activity, and does not cause distress, legal problems, or morale problems for other workers. Managers can decide on the degree of personal use allowed for their subordinates.

Cleveland Clinic workers should not have an expectation of privacy or personal ownership in anything they create, store, send, or receive via the computing environment. Workers will be made aware of the limits that exist for their use of Cleveland Clinic's information assets associated with the information processing facilities and resources; and they are responsible for their use of any of the information resources and any use carried out under their responsibility.

The Acceptable Use of Information Assets Policy describe the user's responsibilities and acceptable behavior for information systems usage, including at minimum, rules for email, Internet, mobile devices, social media, and facility usage. The Acceptable Use Policy also prohibits users from installing unauthorized software, including data and software from external network without prior review and authorization by the Cybersecurity team.

If users have any doubt or queries on the appropriateness of their actions, they should clarify their understanding with their manager or contact GRC@ccf.org for guidance.

Acceptable Use Acknowledgement

All Cleveland Clinic workers are required to complete the required online compliance training that covers their roles related to security and privacy during their first week of work. In addition to any other agreements provided by Human Resources that may be required, acknowledgement of this information security policy and the Acceptable Use of Information Assets policy are part of the terms and conditions of employment with Cleveland Clinic. Acknowledgement (electronically or in writing) is required at the time of initial employment. Violations of this information security policy or the Acceptable Use of Information Assets policy will result in sanctions or disciplinary action.

Security Awareness Training

All Cleveland Clinic workers will be made aware of the limits that exist for their use of the organization's information assets associated with the information processing facilities and resources, their responsibility for their use, and any use carried out under their responsibility.

All new Cleveland Clinic workers are required to complete the Information Security Awareness training before being allowed access to information assets. Workers will also receive annual and ongoing training on their roles related to security and privacy.

The training includes the worker's signoff acknowledging that they have been trained on and agree to comply with the Cleveland Clinic information security policies including the Acceptable Use of Information Assets Policy.

Physical and Environmental Security

Information protection is dependent on adequate physical security. All Cleveland Clinic facilities employ access control measures to ensure that they remain secure.

Cleveland Clinic Protective Services Department and the Cybersecurity Department have responsibility for physical security and work together to investigate incidents that could involve compromise of information.

Access Cards and Secure Areas

Each Cleveland Clinic site is protected by entry controls designed to allow only authorized personnel to obtain site or building access. Each site may have slightly different procedures for entry. Physical access to areas where confidential information is stored will be controlled and restricted to authorized individuals only.

Authorized individuals are issued an employee, contractor, or temporary visitor badge that enables electronic access to exterior doors and authorized internal doors.

Visitors to the Data Center must be issued a badge and must be escorted at all times by Cleveland Clinic personnel. Visitor badges must be surrendered before leaving the facility. Visitors must sign in and out daily on a Visitor's Log located at the site's Reception desk.

Secure Operations

ITD manages the infrastructure and controls for centralized networks, servers, databases, desktop computers, and laptop computers. Users must not disable, uninstall, or modify any security software, settings, encryption, or other protective controls

configured by ITD and installed on devices used for creating, editing, or storing Cleveland Clinic data. Software should only be installed for business reasons after notifying ITD.

Asset Management

Cleveland Clinic will maintain a reliable and comprehensive asset management inventory systems that identify all information system assets.

The ability to identify and validate required security configurations that can be traced to specific hardware or software assets is vital to protecting the enterprise and quantifying the security program's overall effectiveness.

Endpoint Protection

Anti-virus and anti-spyware will be installed, ensure it is operating and updated on all end-user devices to conduct periodic scans of the systems to identify and remove unauthorized software. Server environments for which the server software developer specifically recommends not installing host-based anti-virus and anti-spyware software are addressed via a network-based malware detection solution. Audit logs of the malware scans will be maintained.

Cleveland Clinic will implement and regularly update application-executable code protection, including malware protection. Protection will be based on a "defense in depth" model. Protection is based on malicious code detection and repair software, security awareness, and appropriate system access and change management controls.

Configuration Management

When purchasing new IT equipment (servers, laptops, mobile devices, network devices, etc.) the default configurations delivered with these devices are often geared for ease-of-deployment and ease-of-use, not security.
Because these settings can be exploitable in their default state, modifying configuration settings with effective, standardized security properties will be required before placing the equipment into production or connecting it to the network.

A time-out system (e.g. a screen saver) will pause the session screen after 15 minutes of inactivity, close network sessions after 30 minutes of inactivity, and require the user to reestablish authenticated access once the session has been paused or closed. If the system cannot meet these requirements, a limited form of time-out that clears the screen but does not close down the application or network sessions is used.

Backups

Cleveland Clinic's data is regularly backed up based on defined business requirements for information recovery.

Critical information must be stored on network file servers or production servers to ensure regular and automatic backup and recovery. Critical information should not be stored solely on personal computers or laptops or on any other personally-owned devices. If additional storage space is needed, contact the IT Service Desk for options.

A formal definition of the level of backup required for each system will be defined and documented including how each system will be restored, the scope of data to be imaged, frequency of imaging, and duration of retention based on relevant contractual, legal, regulatory and business requirements.

Backups will be stored in a physically secure remote location, at a sufficient distance to make them reasonably immune from damage to the data at the primary site, and reasonable physical and environmental controls are in place to ensure their protection at the remote location.

Inventory records for the backup copies, including content and current location, will be maintained.

Equipment and Media Security

All lost or stolen devices must be reported to the ITD Service Desk immediately. This includes laptops, tablets, smartphones, or removable storage devices that contained Cleveland Clinic data.

Strict control must be maintained over the internal or external distribution of any media that contains Cleveland Clinic information that is classified as Confidential or Restricted Confidential.
Distribution of such data is limited to authorized users on a need-to-know basis. Confidential and Restricted Confidential Data must not be copied to unencrypted devices, emailed without encryption, sent by any other end user messaging technologies, or printed without adequate physical controls.

The risk of information leakage to unauthorized persons during secure media disposal will be minimized. If collection and disposal services offered by other organizations are used, care is taken in selecting a suitable contractor with adequate controls and experience.

Users must shred or securely dispose of Confidential or Restricted Confidential information (regardless of the type of storage media) in accordance with established retention policies. If secure disposal methods are required, contact the ITD Service Desk. Electronic and physical media containing confidential information shall be

securely sanitized prior to reuse, or if it cannot be sanitized, is destroyed prior to disposal. Disposal methods will be commensurate with the sensitivity of the information contained on the media.

Surplus equipment will be stored securely while not in use and disposed of or sanitized when no longer required.

Contractors or consultants using personal equipment to conduct Cleveland Clinic business are responsible for physically securing equipment in their possession that contains Confidential or Restricted Confidential information. Loss of equipment containing such data, even if the equipment is personally owned, must be reported immediately to the ITD Service Desk.

All portable media (including laptops) will be registered prior to use and include security protections based on the data classification level. The data classification level, documents the reasonable restrictions on how such media may be used, labeled, and provides an appropriate level of physical and logical protection (including encryption) for media containing confidential information until properly destroyed or sanitized.

All Cleveland Clinic laptops and portable media will be encrypted. Any laptops and portable media that contains confidential information and cannot be encrypted, will be inventoried and the status and location of unencrypted confidential information will be maintained and monitored. If it is determined that encryption is not reasonable and appropriate, the rationale and acceptance of risk will be documented and approved by management.

Mobile Devices

All Cleveland Clinic issued mobile devices are monitored on a daily basis and checked for malware and tampering. Cleveland Clinic prohibits the circumvention of built-in security controls on mobile devices such as jailbreaking or rooting.

Telecommuting

Telecommuting activities will only be authorized if security arrangements and controls comply with relevant Cleveland Clinic security policies.

All remote workers working from home offices are required to comply with all applicable policies and procedures for their location or setting.

Security Logging and Monitoring

Logs of key system events and access to confidential information are in place and administered by IT personnel. Systems that provide initial entry / authentication into Cleveland Clinic network and any application or system that processes Confidential or Restricted Confidential information must be configured to capture security audit log data.

Activities of those with privileged accounts (who have a higher level of access on servers or within applications) must also be captured and recorded in security audit logs.

Logs are protected from unauthorized modification or destruction and are retained for a minimum of six months or as required. Access to log management or other audit tools must be protected to prevent any possible misuse or compromise.

System or application administrators must routinely monitor system or application logs for anomalies regarding access to information. Exceptions must be investigated, and appropriate action taken.

Access Provisioning

User registration, at a minimum, will communicate relevant policies to users and require acknowledgement (e.g. signed or captured electronically), check authorization and minimum level of access necessary prior to granting access, ensure access is appropriate to the business and/or clinical needs (consistent with sensitivity/risk and does not violate segregation of duties requirements). Terminations or transfers will be addressed in a timely manner by removing or blocking critical access rights for users who have changed roles or jobs. Default accounts will be removed and/or renamed, and inactive accounts will be automatically removed on a periodic basis. Written user registration and de-registration procedures will formally address establishing, activating, modifying, reviewing, disabling and removing accounts.

Contractors will be provided with minimal system and physical access only after the organization assesses the contractor's ability to comply with its security and confidentiality requirements and the contractor agrees to comply. Physical or logical access will only be given to suppliers for support purposes, when necessary, with management approval, and such access will be monitored.

The access control system for the system components storing, processing or transmitting confidential information shall be set with a default "deny-all" setting.

Access rights from an application to other applications will be controlled. Access rights to applications and application functions will be limited to the minimum necessary. Outputs from application systems handling confidential information shall be limited to the minimum necessary and sent only to authorized terminals/locations.

Where tokens are used for multi-factor authentication, management approval and proper verification of the user shall be required prior to provisioning.

Transfers and Terminations

System Security Administrators will be notified when users' access rights change (e.g., termination, change in position) and modify the user's account accordingly. User access rights will be reviewed and reallocated as necessary when job responsibilities change.

Upon termination or changes in employment for employees, contractors, third-party users or other workforce arrangements, physical and logical access rights and associated materials such as passwords, keycards, keys, documentation that identify them as current workers will be removed or modified to restrict access.

Upon termination or changes in work arrangements for Cleveland Clinic workers, physical and logical access rights and associated materials such as passwords, keycards, keys, documentation that identify them as current Cleveland Clinic workers will be removed or modified to restrict access. Access removal should take place as soon as possible, as a standard within 24 hours. Depending on the evaluation of risk factors by direct management and HR the removal of access rights to information assets and facilities can be immediate.

Access rights to information assets and facilities will be reduced or removed before the employment or other workforce arrangement terminates or changes, depending on the evaluation of risk factors.

Role Based Access

Access to Cleveland Clinic systems and applications is role-based and will be granted to authorized users on a “need-to-know” basis. Users are limited to the system capabilities they need based on job function or role and as authorized by management.

System Security Administrators will maintain access lists with all Cleveland Clinic workers that have access to PHI.

System and User Accounts

System or application user accounts are unique, individually assigned, and may not be shared. Guest accounts must be disabled if a system or application is provided with one. User identities will be verified prior to establishing accounts. Cleveland Clinic Service Desks personnel will require user identification for any transaction that has information security implications.

Unique IDs that can be used to trace activities to the responsible individual will be required for all types of workers. Actions that can be performed without identification and authentication will be permitted by exception.

Vendor-supplied default accounts and passwords must be disabled or changed prior to deployment in a development or production environment.

Group, shared, or generic accounts and passwords (e.g., for first-time log-on) will not be used. Shared/group and generic user IDs will only be used in exceptional circumstances where there is a clear business benefit, when user functions do not need to be traced, additional accountability controls are implemented, and after approval by management.
All other information systems users that are not Cleveland Clinic workers (e.g. patients, external physicians, members of the public) or processes acting on behalf of this type of users will be uniquely identified and authenticated.

Passwords

Access to all systems must require, at a minimum, authentication gained through the use of a combination of user name and password.

Passwords are confidential and must not be shared. Passwords must be changed on first use or if they have been reset for the user by the ITD Service Desk or an administrator. Users will acknowledge receipt of passwords and their responsibility to keep passwords confidential. In order to adequately protect Cleveland Clinic systems and data users are prohibited from using their work email address and passwords for personal non-work related accounts.

The ITD Service Desk and other administrators resetting passwords must verify the identity of all users requesting a password reset prior to performing the reset. Temporary passwords will be unique and not guessable.

The Cleveland Clinic password policy will be enforced on all provisioned mobile devices and will prohibit users from changing the password/PIN length and authentication requirements. Cleveland Clinic provisioned devices will be configured to require an automatic lockout screen. This requirement will be enforced through technical controls. Exceptions to the lockout screen can be granted by the Cybersecurity team in situations where significant patient care impact is anticipated and adequate compensating controls are in place (e.g. Operating Rooms).

Passwords will not be disseminated via third parties or unprotected (clear text) electronic mail messages.

Network Connectivity

ITD manages the Cleveland Clinic's network. All new network connections must be requested by submitting a Service Request. All devices that will be connected to the network must be approved and implemented by ITD.

Remote access users must connect through established VPN gateways to connect to Cleveland Clinic networks from alternate locations. Use of other remote connectivity methods is prohibited. Refer to the Network Security Policy for additional information.

Wireless Security

The installation of unauthorized wireless access points (WAPs) is prohibited, all such installations have to be reviewed and approved by the Network Services team. Cleveland Clinic will monitor for all authorized and unauthorized wireless access to the information system.

Remote Access

With the assistance of the Cleveland Clinic Law Department terms and conditions will be established with any organization owning, operating, and/or maintaining external information systems, allowing authorized individuals to (i) access the information system from external information systems; and (ii) process, store or transmit organization-controlled information using external information systems.

Cryptography will be used to protect the confidentiality and integrity of remote access sessions to the internal network and to external systems. Strong cryptography protocols will be used to safeguard confidential information during transmission over less trusted/open public networks. Stronger levels of authentication will be implemented to control access from publicly accessible networks.

Strong authentication methods that do not leak credentials, allow credential spoofing, or allow credentials cracking will be implemented for all external connections into Cleveland Clinic's network. Multifactor authentication methods are required for remote access to the Cleveland Clinic network and in other specific high risk access scenarios as detailed in the Network Security Policy and the Authentication and Password Management SOP.

Remote access by vendors and business partners (e.g., for remote maintenance) will be disabled/deactivated when not in use. Remote access to business information across public networks will only take place after successful identification and authentication.

Unauthorized remote connections to the information systems will be monitored and reviewed at least quarterly, and appropriate action is taken if an unauthorized connection is discovered. Remote access to Cleveland Clinic systems must be established using software sanctioned by ITD and the Cybersecurity Department.

Copy (including print screen), move, print, and storage of confidential data will be prohibited when accessed remotely without a defined business need.

Encryption Management

Encryption will be used to protect confidential information on mobile/removable media and across communication lines.

Stronger controls will be implemented to protect electronic messages containing confidential data. Electronic messages with this type of data will be protected throughout the duration of its end-to- end transport path using cryptographic mechanisms unless encrypted at the file level.

Confidential information shall be encrypted when stored in non-secure areas and, if not encrypted at rest, the business and IT system owner must work with the Cybersecurity Assurance team (GRC@ccf.org) to document why the encryption implementation is not a reasonable and appropriate safeguard.

Confidential information shall always be encrypted when transmitting through end user messaging technologies to parties outside of the Cleveland Clinic environment.

Systems Development and Change Management

All changes to production systems must follow a formal change management process that includes:

- Documented change requests;
- Stated change request approval cycle;
- Approval for the change by the owners of the systems or applications or network;
- Communication plan to the affected users;
- Applications and operating systems will be successfully tested for usability, security and impact prior to production;
- Fallback procedures will be defined and implemented, including procedures and responsibilities for aborting and recovering from unsuccessful changes and unforeseen events;
- A rollback strategy will be in place before changes are implemented, and an audit log will be maintained of all updates to operational program libraries;
- Use of separate development, test and production environments for business-critical systems;
- Documented outcome of change implementation; and
- Changes to mobile device operating systems, patch levels, and/or applications go through the change management process.

No changes to production systems will be executed without the approval of a Change Approval Board (CAB), including patches. The Change Approval Board must meet regularly to approve or deny any and all requests filed.

Only authorized administrators will be allowed to implement approved upgrades to software, applications, and program libraries, based on business requirements and the security implications of the release.

Managers responsible for application systems will also be responsible for the strict control (security) of the project or support environment and ensure that all proposed system changes are reviewed to check that they do not compromise the security of either the system or the operating environment.

System and application change control is a security issue because unauthorized or accidental changes may impact the integrity and availability of the data. The ability to make changes in production is limited to authorized users. Change Control processes are required to mitigate risk associated with change, minimize the impact of change, and provide a stronger linkage between production problems and the events that caused them.

Software Development Lifecycle

Cleveland Clinic will require developers of information systems, components, and developers or providers of services to identify and document early in the system development life-cycle, the functions ports, protocols, and services intended for organizational use.

Cleveland Clinic software development teams will use configuration management programs to maintain control of all implemented software and its system documentation as well as archive prior versions and associated system documentation.

Applications developed by Cleveland Clinic will be based on secure coding guidelines to prevent common vulnerabilities and will undergo appropriate vulnerability and penetration testing. Procedures, guidelines, and standards for the development of applications will be periodically reviewed, assessed and updated as necessary.

Business Continuity / Disaster Recovery

At the Cleveland Clinic Business Resiliency shall be developed (i) based on identifying events (or sequence of events) that can cause interruptions to the organization's critical business processes (e.g., equipment failure, human errors, theft, fire, natural disasters acts of terrorism); (ii) followed by a risk assessment to determine the probability and impact of such interruptions, in terms of time, damage scale and recovery period; (iii) based on the results of the risk assessment, a business continuity strategy is developed

to identify the overall approach to business continuity; and (iv) once this strategy has been created, endorsement is provided by management, and a plan created and endorsed to implement this strategy.

Cleveland Clinic identifies its critical business processes and integrates the information security management requirements of business continuity with other continuity requirements relating to such aspects as operations, staffing, materials, transport and facilities.

Business Continuity / Disaster Recovery Plans

Business Continuity Plans are departmental plans that describe in detail how business areas will continue functioning in the event of a major system outage or a disaster. The plans also address when the plan will be activated and how information asset availability and security will be maintained. Each business area is responsible for documenting a Business Continuity Plan and designating a Business Recovery Coordinator who will develop and maintain their plan and participate in notification and recovery activities.

The Cleveland Clinic's continuity plan documents address:

1. The conditions for activating the plans which describe the process to be followed (e.g. how to assess the situation, who is to be involved) before each plan is activated;
2. Emergency procedures which describe the actions to be taken following an incident that jeopardizes business operations;
3. Fallback or failback procedures which describe the actions to be taken to move essential business activities or support services to alternative temporary locations, and to bring business processes back into operation in the required time-scales;
4. Resumption procedures which describe the actions to be taken to return to normal business operations;
5. A maintenance schedule which specifies how and when the plan will be tested, and the process for maintaining the plan;
6. Awareness, education, and training activities which are designed to create understanding of the business continuity processes and ensure that the processes continue to be effective;
7. The critical assets and resources needed to be able to perform the emergency, fallback and resumption procedures.

Cleveland Clinic's Business Continuity / Disaster Recovery Plans will address required capacity, identify critical missions and business functions, define recovery objectives and priorities, identify roles and responsibilities, and address a minimal set of information security requirements.
Copies of the business continuity plans will be distributed to key contingency personnel. Disaster recovery plans describe how IT systems and resources will respond to a disaster situation and restore processing to the business, based on Cleveland

Clinic's business objectives and timeframes for recovery of critical applications without deterioration of existing security measures.

The Cybersecurity Department will provide overall coordination and management of disaster recovery planning and periodic testing of such plans.

The timeframe to obtain maintenance support and/or spare parts for defined key information system components (defined in the applicable security plan) are defined within the applicable Recovery Time Objectives (RTO) in the applicable BCP plan.

Any existing emergency procedures (e.g., evacuation plans or fallback arrangements) will be amended as appropriate.

IT Risk Management

The Cybersecurity Assurance team performs enterprise-wide risk assessments on a yearly basis or when there are major changes to the organization's environment. Risk assessments are re- evaluated at least annually, or when there are significant changes in the environment. Risk assessment results are reviewed periodically by Cybersecurity leadership and the Cybersecurity Governance Council.

Periodic risk assessments will ensure that the CMP is cost effective, relevant, and appropriately prepared for any real or recognized risks the organization might face. By determining the amount of risk that exists, Cleveland Clinic is in a better position to determine how much of that risk should be mitigated, and what controls should be used to achieve that mitigation. Without risk assessments, the potential exists that the organization can leverage inappropriate (either too strict or too lax) security controls to protect information systems.

The Cybersecurity Assurance team will work with stakeholders across the organization to mitigates any harmful effect that are known of related to use or disclosure of PHI by the organization or its business associates, in violation of its policies and procedures.

IT risk assessments at Cleveland Clinic include the evaluation of multiple factors that may impact security and are used to identify threats and matching vulnerabilities that could be exploited, and determine the likelihood and impact on confidentiality, integrity, and availability of the target systems and data.

Periodic IT risk assessments are the responsibility of each Institute or IT department. The Cybersecurity Assurance team will coordinate IT risk assessment activities to ensure a common framework is in use and risks identified are centralized into a single Risk Register at the Cleveland Clinic level.

Based on periodic IT risk assessments it is the responsibility of Cleveland Clinic management to address the threats and vulnerabilities identified to a reasonable and appropriate level by implementing adequate security measures.

Third Party Risk Management

Additional security requirements may be required for any third-party service provider that receives, stores, maintains, processes, or otherwise is permitted access to confidential information provided to them by the Cleveland Clinic.

Written Agreements

Whenever selecting and retaining any third-party service provider, the responsible Cleveland Clinic owner must take reasonable steps to confirm that the service provider is capable of maintaining appropriate security measures to protect confidential information consistent with all applicable laws and regulations. The sponsoring business area must require the service provider to contractually agree with Cleveland Clinic to implement and maintain appropriate security measures.

Cleveland Clinic will maintain written agreements (contracts) that include: (i) an acknowledgement that the third-party (e.g., a service provider) is responsible for the security of the data and requirements to address the associated information security risks; and (ii) requirements to address the information security risks associated with information and communications technology services (e.g., cloud computing services) and product supply chain.

Cleveland Clinic will ensure that vendors are aware of their obligations and rights, and accept the responsibilities involved in accessing, processing, communicating, or managing the organization's information and information assets.

Vendor Security Assessments

Cleveland Clinic will address information security and other business considerations when acquiring systems or services; including maintaining security during transitions and continuity following a failure or disaster. The Cybersecurity Third Party Risk Management team (grc@ccf.org) is responsible for conducting a security assessment of any third-party vendor that is entrusted with Cleveland Clinic data or is granted access to data belonging to the Cleveland Clinic and identifying any potential data security risks.

Third Party Access

Access to Cleveland Clinic systems by external parties will not be permitted until such due diligence has been conducted, the appropriate controls have been implemented, and a contract/agreement reflecting specified security requirements has been signed.

Network connections between the Cleveland Clinic environment and third parties must follow agreed-upon security procedures.

Vendors, Business Associates, or other third parties with access to Cleveland Clinic owned or leased equipment or systems housed in the Cleveland Clinic data center are restricted to only the specific equipment and systems they are authorized to maintain or monitor.

Cleveland Clinic will facilitate information sharing with third parties by allowing authorized users to use manual processes or automated mechanisms to make information sharing/collaboration decisions. In such situations the authorized users will follow the specific data handling provisions detailed in the Data Classification Standard.

Procurement Process

A formal acquisition process will be followed for purchased commercial products, and supplier contracts and will include the identified security requirements.

In the event that a potential commercial product does not meet Cleveland Clinic's security requirements, a formal risk mitigation or acceptance must be completed and approved prior to purchasing the product. Where additional functionality is supplied and causes a security risk, the functionality is disabled or mitigated through application of additional controls.

Security Incident Response

The Cybersecurity Department manages the formal Security Incident Response Program that is established to respond, report escalate and treat breaches and reported security events or incidents. Organization-wide standards are specified for system administrators and other personnel to report anomalous events as soon as reasonably possible to the incident handling team, the mechanisms for such reporting, and the kind of information that should be included in the incident notification. This reporting includes notifying internal and external stakeholders, the appropriate community Computer Emergency Response Team, and law enforcement agencies in accordance with all legal or regulatory requirements for involving that organization in computer incidents.

All workers must report suspicious activities that could constitute an information security event or an actual occurrence of any unauthorized activities to their manager, the Cybersecurity Department, Protective Services, Corporate Compliance, Human

Resources, the Law Department and/or the ITD Service Desk, as appropriate. Notification should be made immediately or as soon as reasonably possible.

Activities that should be reported include unauthorized use of accounts or passwords, loss of laptops or other devices, unauthorized access or disclosure of confidential information, virus or malware infections, social engineering attempts, or potential breaches of Cleveland Clinic computer systems and networks.

The parties notified will work together to ensure that the appropriate departments are notified of any potential security events, will complete an Incident Report, and conduct or participate in any investigations that may be required.

Incidents that involve information compromise, such as a data breach or other loss of information, will be handled according to the Cybersecurity Incident Response Policy

Exceptions

In limited circumstances, business needs may occasionally require variance from established information security policies and standards. A particular business function may not be able to be performed safely, effectively, reasonably, or cost-effectively if the policy is followed.

In these instances, the Cybersecurity department must be notified through email at GRC@ccf.org. The supervisor of the individual requesting the variance, must approve the request. The request must briefly state the underlying business problem that exists if there is no variance granted and recommended approaches or acceptable alternatives. Cybersecurity will conduct a risk analysis to determine if the variance should be granted after considering alternatives and any potential risks or problems the alternatives may cause.

Enforcement

Those detecting violations of provisions of this document must immediately report the violation to one or more of the following: their supervisor (or appropriate manager), Corporate Compliance, Cybersecurity, Protective Services, Human Resources, and/or the Law Department, as appropriate. Those departments will work together to investigate the issue and ensure that all appropriate individuals/departments are notified and involved in the investigation. Cleveland Clinic will determine the extent of risk that any non-compliance condition presents and any remediation activities that are required which may include a formal sanctions process for personnel failing to comply with established information security policies and procedures.

Compliance with this document may be considered in all relevant employee performance evaluations. Users who deliberately violate information security policies and procedures

will be subject to disciplinary action, up to and including termination from employment or association with Cleveland Clinic.

Feedback (including requests for changes) related to information security policies, related procedures, or Cleveland Clinic's compliance with its information security policies and procedures should be emailed to GRC@ccf.org. Such feedback will be documented and held in strict confidence.

Regulatory Requirements/References Health Insurance Portability and Accountability Act (HIPAA)

HIPAA Privacy:

45 Code of Federal Regulations (CFR) 160.103 Privacy Definitions
45 CFR 160.302 Definitions
45 CFR 164.502(e) Business Associates
45 CFR 164.504(e) Business
Associates 45 CFR 164.530(c)
Safeguards

HIPAA Security:

45 CFR Section 164.308(a)(1) & (i) Security Management Process
45 CFR Section 164.308(a)(1)(ii)(A) Risk Analysis
45 CFR Section 164.308(a)(1)(ii)(B) Risk Management
45 CFR Section 164.308(a)(1)(ii)(C) Sanction Policy
45 CFR Section 164.308(a)(1)(ii)(D) Information System Activity Review
45 CFR Section 164.308(a)(2) Assigned Security Responsibility
45 CFR Section 164.308(a)(3)(i) Workforce Security
45 CFR Section 164.308(a)(4)(ii)(C) Access Establishment & Modification
45 CFR Section 164.308(a)(5)(i) Security & Awareness Training
45 CFR Section 164.308(a)(5)(ii)(A) Security Reminders
45 CFR Section 164.308(a)(5)(ii)(B) Protection From Malicious Software
45 CFR Section 164.308(a)(5)(ii)(C) Login Monitoring
45 CFR Section 164.308(a)(5)(ii)(D) Password Management
45 CFR Section 164.308(a)(6)(ii) Response & Reporting
45 CFR Section 164.308(a)(7)(i) Contingency Plan
45 CFR Section 164.308(a)(7)(ii)(A) Data Backup Plan
45 CFR Section 164.308(a)(7)(ii)(B) Disaster Recovery Plan
45 CFR Section 164.308(a)(7)(ii)(D) Testing & Revision Procedure
45 CFR Section 164.308(a)(7)(ii)(E) Applications & Data Criticality Analysis
45 CFR Section 164.308(a)(8) Evaluation
45 CFR Section 164.308(b)(1) Business Associate Contracts & Other Arrangements
45 CFR Section 164.308(b)(4) Written Contract or Other Arrangement

45 CFR Section 164.310(d)(2)(i) Disposal
45 CFR Section 164.310(d)(2)(ii) Media Reuse
45 CFR Section 164.312(a)(1) Access Control
45 CFR Section 164.312(a)(2)(i) Unique User Identification 45 CFR Section 164.312(a)(2)(iv) Encryption & Decryption
45 CFR Section 164.312(b) Audit Controls
45 CFR Section 164.312(c)(1) Integrity
45 CFR Section 164.312(e)(2)(i) Integrity Controls
45 CFR Section 164.312(e)(2)(ii) Encryption
45 CFR Section 164.314(a)(1) Business Associate Contracts or Other Arrangements
45 CFR Section 164.314(a)(2)(i) Business Associate Contracts
45 CFR Section 164.314(a)(2)(ii) Other Arrangements
45 CFR Section 164.316(a) Policies & Procedures
45 CFR Section 164.316(b)(1) Documentation
45 CFR Section 164.316(b)(2)(i) Time Limit
45 CFR Section 164.316(b)(2)(ii) Availability
45 CFR Section 164.216(b)(2)(iii) Updates

Payment Card Industry (PCI):

12.1 Cybersecurity Policy
12.3 Usage Policies for Critical Technologies

HITRUST Framework

Related Policies and Procedures

Acceptable Use of Information Assets Policy
Access Control Policy
Data Classification and Protection Policy
Data Classification Standard
Physical Security Policy
Security Awareness Policy
Business Resilience Policy
IT Risk Management Policy
Logging and Monitoring Policy
Network Security Policy
Configuration Management Policy
Cybersecurity Incident Response Policy
System Development, Change, Release, and Testing Policy
Vulnerability Management Policy
Encryption Standard Operating Procedure
Portable Storage Media Standard Operating Procedure

Remote Access Standard Operating Procedure

Oversight and Responsibility

The Cybersecurity Department is responsible to review, revise, update, and operationalize this policy to maintain compliance with regulatory or other requirements. This policy will be reviewed at least annually and updated when applicable in response to significant changes in information security practices at the Cleveland Clinic, changes in the regulatory environment, and to ensure it reflects leading practices.

All changes will be reviewed and approved by Cleveland Clinic leaders responsible for the execution of the functional topics addressed in this policy. Appropriate evidence of this review must be retained for audit purposes.

This document must always present the Chief Information Security Officer's policy direction to be in line with business objectives and demonstrate management's support for, and commitment to, information security across the enterprise.

It is the responsibility of each hospital, institute, department and discipline to implement the applicable topics address in this policy, draft procedures, and operate following such procedures.

Questions related to this policy should be directed to GRC@ccf.org

Cleveland Clinic

Human Resources

Non-Discrimination, Harassment or Retaliation Policy

Target Group:		**Original Date of Issue:**	**Version**
Cleveland Clinic United States locations		04/01/1993	4
Approved by: Board of Directors-Main, BOG/MEC-Main , Linda McHugh	**Date Last Approved/Reviewed:** 11/13/2019	**Prepared by:** Jill Prendergast (Senior Director Human Resources Services)	**Effective Date** 11/13/2019
Avon Hospital: MEC approval date: 11/18/2019 Board approval date: 1/15/2020 Effective Date: 1/15/2020		**Euclid Hospital:** MEC approval date: 12/13/2019 Board approval date: 1/15/2020 Effective Date: 1/15/2020	
Fairview Hospital: MEC approval date: 11/18/2019 Board approval date: 1/15/2020 Effective Date: 1/15/2020		**Hillcrest Hospital:** MEC approval date: 12/11/2019 Board approval date: 1/15/2020 Effective Date: 1/15/2020	
Lutheran Hospital: MEC approval date: 12/12/2019 Board approval date: 1/15/2020 Effective Date: 1/15/2020		**Marymount Hospital:** MEC approval date: 11/25/2019 Board approval date: 1/15/2020 Effective Date: 1/15/2020	
Medina Hospital: MEC approval date: 11/19/2019 Board approval date: 1/15/2020 Effective Date: 1/15/2020		**South Pointe Hospital:** MEC approval date: 11/19/2019 Board approval date: 1/15/2020 Effective Date: 1/15/2020	
CCCHR: MEC approval date: 12/6/2019 Board approval date: 12/6/2019 Effective Date:12/6/2019		**Weston, Florida:** MEC approval date: 12/23/2019 Board approval date: 12/23/2019 Effective Date: 12/23/2019	

Mercy Hospital:	Coral Springs, FL ASC/FHC:
MEC approval date: 12/15/2021	MEC/CSOC approval date: 12/23/2019
Board approval date: 12/15/2021	Board approval date: 12/23/2019
Effective Date: 12/15/2021	Effective Date: 12/23/2019

Purpose

This policy affirms Cleveland Clinic's commitment to provide a work environment that is free from discrimination or harassment, defines the types of prohibited harassment, and provides a process for reporting and investigating complaints of discrimination, harassment, and/or retaliation.

Policy Statement

Cleveland Clinic is committed to providing a work environment in which all individuals are treated with respect and dignity. It is the policy of Cleveland Clinic to ensure that the work environment is free from discrimination or harassment on the basis of race, color, religion, gender, sexual orientation, gender identity, gender expression, pregnancy, marital status, age, national origin, disability, military status, citizenship, genetic information, or any other characteristic protected by federal, state, or local law. Cleveland Clinic prohibits any such discrimination, harassment, and/or retaliation.

This policy applies to all employees/physicians/vendors/third parties/contractors or contracted employees/students/volunteers affiliated with or under contract with Cleveland Clinic. Conduct prohibited by these policies is unacceptable in the workplace or in any work-related setting outside the workplace, such as during business trips or business meetings. Those individuals who engage in acts prohibited by this policy, regardless of status, position or title, will be subject to appropriate action, including but not limited to corrective action up to and including discharge.

Definitions

Cleveland Clinic United States locations Includes the main campus, Avon, Euclid, Fairview,
Hillcrest, Lutheran, Marymount, Medina, Mercy, South Pointe, Children's Hospital for Rehabilitation, Cleveland Clinic Florida, Cleveland Clinic Hospital (Weston), Coral Springs Ambulatory Surgery Center, and all Family Health Centers, Physician practice

sites, Nevada practice sites, Emergency Departments, Express Care Centers, Urgent Care Centers and Ambulatory Surgical Centers reporting to these facilities.

Sexual Harassment constitutes discrimination and for purposes of this policy, is defined, as in the Equal Employment Opportunity Commission Guidelines, as unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature when:

- submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment(sometimes referred to as "quid pro quo" sexual harassment); or
- submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting the individual (sometimes referred to as "quid pro quo" sexual harassment); or
- such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive work environment (sometimes referred to as "hostile work environment" sexual harassment).

Sexual harassment may include a range of subtle and not so subtle behaviors and may involve individuals of the same or different gender. Depending upon 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; whistling; touching; insulting or obscene comments or gestures; display in the workplace of sexually suggestive objects or pictures, offensive images on the computer or email messages; and other physical, verbal or visual conduct of a sexual nature.

Harassment on the basis of any other protected characteristic is also strictly prohibited. Under this policy, harassment is verbal, graphic or physical conduct that denigrates or shows hostility or aversion toward an individual because of his/her race, color, religion, gender, sexual orientation, gender identity, nationality, ethnicity, ancestry, age, disability, marital status, pregnancy, military status, citizenship, genetic information, protected activity (i.e. opposition to prohibited discrimination or participation in the complaint or investigation process) or any other characteristic protected by law that:

- has the purpose or effect of creating an intimidating, hostile or offensive work environment; or
- has the purpose or effect of unreasonably interfering with an individual's work performance; or
- otherwise adversely affects the individual's employment opportunities.

Harassing conduct can be physical, verbal and/or nonverbal/visual in nature and includes, but is not limited to: epithets, slurs or negative stereotyping; threatening, intimidating or hostile acts; denigrating jokes; offensive images on the computer or email messages, and written or graphic material that denigrates or shows hostility or aversion toward an individual or group and that is placed on walls or elsewhere on the employer's premises or circulated in the workplace.

Policy Implementation

Communication of Policy

This policy will be communicated to employees and physicians at the time of hire and periodically throughout their employment with Cleveland Clinic. The other individuals to whom this policy applies will be made aware of it at or around the commencement of their affiliation with Cleveland Clinic.

Reporting an Incident of Harassment, Discrimination, or Retaliation

Cleveland Clinic encourages reporting of all perceived incidents of discrimination, harassment or retaliation, regardless of the offender's identity or position. Individuals who believe that they have been subjected to discrimination, harassment, or retaliation are encouraged to immediately report their concerns to their manager, Human Resources representative, the Corporate Compliance Reporting Line 1-800-826-9294, the Office of Diversity and Inclusion, or the Law
Department (or, if it involves a member of the Professional Staff, report to the Office of Professional Staff Affairs; if it involves a private practice physician in a Regional Hospital, report to the President, CMO, Chief of Staff of the Regional Hospital (or according to local policy); if it involves a participant in a Cleveland Clinic educational program, report to the Title IX Coordinator).

In addition, Cleveland Clinic encourages individuals who believe they are being subjected to such conduct to promptly advise the offender that his or her behavior is unwelcome and request that it be discontinued. Often this action alone will resolve the problem. Cleveland Clinic recognizes, however, that an individual may prefer to pursue the matter through formal complaint procedures.

In determining whether alleged conduct constitutes harassment, discrimination or retaliation, the totality of the circumstances will be thoroughly considered, including the type of conduct and the context in which it allegedly occurred. While no reporting period has been established, early reporting and intervention have proven to be the most effective method of resolving actual or perceived incidents of harassment. To assist in the prompt and thorough investigation of the complaint, employees are encouraged to provide a written summary of the acts complained of providing as much detail as possible including the name, title and department of the alleged harasser; a description of the alleged incidents including dates, locations and the presence of witnesses; and the identity of other employees who may have also been subject to the inappropriate treatment.

Responsibility/Duty to Act

Individuals who receive reports of discrimination, harassment, or retaliation or who observe conduct in violation of this policy should take all such complaints/situations

seriously, no matter how minor, and must contact their Human Resources representative (or, if the matter involves a member of the Professional Staff, contact the Office of Professional Staff Affairs; if the matter involves a private practice physician in a Regional Hospital, contact the President, CMO or Chief of Staff of the Regional Hospital (or according to local policy); if the matter involves a participant in a Cleveland Clinic educational program, contact the Title IX Coordinator immediately for assistance in investigating and responding to these concerns. Supervisors should also take any appropriate action to prevent retaliation or prohibited conduct from recurring both during and after investigation of complaints. Supervisors who knowingly tolerate harassment, discrimination or retaliation are in violation of this policy and are subject to corrective action.

Investigation of Complaints

All reported allegations of harassment, discrimination, or retaliation will be investigated promptly. While the timeline for completion of the investigation will depend upon the facts and circumstances of the specific complaint, the Cleveland Clinic will endeavor to complete the investigation within thirty (30) days. This investigation may include individual interviews with the parties involved and, where necessary, with individuals who may have observed the alleged conduct or may have other relevant knowledge. Reports of sex discrimination, sexual harassment, sexual violence and retaliation in an educational program shall be investigated in accordance with the procedures implementing the Sexual Misconduct in Education Policy.

Corrective Action

Misconduct constituting harassment, discrimination, or retaliation is in direct conflict with the mission and values of the organization and will not be tolerated. Responsive action may include, for example, training, referral to counseling, reassignment and/or corrective action, up to and including discharge, as appropriate under the circumstances.

Confidentiality

Confidentiality will be maintained throughout the investigatory process to the extent consistent with adequate investigation and appropriate corrective action.

The individual(s) reporting the concerns and the individual(s) accused of violating this policy will be apprised when the investigation is complete.

Statement of Non-Retaliation

Cleveland Clinic forbids retaliation against any employee for reporting, testifying, assisting, or participating in any manner in an investigation, proceeding, or hearing conducted by Cleveland Clinic or a federal, state, or local court or enforcement agency or bringing or lodging a complaint of discrimination or harassment or engaging in any other

activity protected by law. Employees should report any incidents of retaliation to their supervisor, to any other manager, to Human Resources, or, if the matter involves a member of the Professional Staff, to the Office of
Professional Staff Affairs immediately; or if the matter involves a private practice physician in a Regional Hospital, the President, CMO or Chief of Staff of the Regional Hospital, or if the matter involves a participant in a Cleveland Clinic educational program, the Title IX
Coordinator. Reports of retaliatory conduct will be objectively and thoroughly investigated in accordance with the procedure outlined above. If a report of retaliation is substantiated, appropriate corrective action, up to and including discharge, will be taken.

Regulatory Requirement/References

Age Discrimination in Employment Act of 1967, as amended
Americans with Disabilities Act of 1990, as amended
Section 504 of the Rehabilitation Act
Title VII of the Civil Rights Act of 1965, as amended
Title IX of the Education Amendments of
1972 Florida Statutes, Title 44, Chapter 613
Ohio Revised Code, Title 41, Chapter 4112:
City of Cleveland, Ohio Code of Ordinances, Part Six, Title 5
Cuyahoga County, Ohio Code, Title 15
Corrective Action Policy
Equal Employment Opportunity/Workforce Diversity and Inclusion Policy
Sexual Misconduct in Education Policy

Oversight and Responsibility

Human Resources is responsible for developing and revising this policy.

Human Resources, the Office of Professional Staff Affairs, and the Title IX Coordinator and/or the Law Department, as appropriate, are responsible for working in collaboration with institute, regional hospital and department management in the investigation of complaints of harassment, discrimination, or retaliation.

Our Executive Leaders, Administrators, Directors, Managers, and Supervisors are responsible for maintaining a work environment that is free from discrimination, harassment, and retaliation and for acting upon or reporting conduct that violates this policy. This responsibility includes the absolute necessity to immediately report to Human Resources (or, if the matter involves a member of the Professional Staff, report to the Office of Professional Staff Affairs; if it involves a private physician in a Regional Hospital, report to the President, CMO, Chief of Staff of the Regional Hospital (or according to local policy); if it involves a participant in a Cleveland Clinic educational program, report to the Title IX Coordinator) any apparent acts of discrimination, harassment, or retaliation either directly witnessed or brought to their attention by another individual.

Employees are responsible for reporting perceived incidents of discrimination, harassment, or retaliation, regardless of the offender's identity or position.

It is the responsibility of each hospital, institute, department and discipline to implement the policy and to draft and operationalize related procedures to the policy if applicable.

Other Background Information

Issuing Office: HR Services, Human Resources, Office of Diversity and Inclusion, Office of Professional Staff Affairs, Chief Academic Office.

Non-Employee Bloodborne Pathogen Exposure Standard Operating Procedure

Target Group: Cleveland Clinic Health System (excludes Nevada)		**Original Date of Issue:** Not Set	**Version** 1
Approved by: Board of Directors-Main, BOG/MEC-Main	**Date Last Approved/Reviewed:** 10/09/2019	**Prepared by:** Zaid Al Ardah (Director Protective Operations)	**Effective Date** 10/09/2019

Euclid Hospital: MEC approval date:10/11/2019 Board approval date: 12/18/2019 Effective Date: 12/18/2019	**Fairview Hospital:** MEC approval date: 10/21/2019 Board approval date: 12/18/2019 Effective Date: 12/18/2019
Hillcrest Hospital: MEC approval date:11/13/2019 Board approval date: 12/18/2019 Effective Date: 12/18/2019	**Avon Hospital:** MEC approval date: 10/21/2019 Board approval date: 12/18/2019 Effective Date: 12/18/2019
Lutheran Hospital: MEC approval date: 10/31/2019 Board approval date: 12/18/2019 Effective Date: 12/18/2019	**Marymount Hospital:** MEC approval date:10/28/2019 Board approval date: 12/18/2019 Effective Date: 12/18/2019
Medina Hospital: MEC approval date: 10/15/2019 Board approval date: 12/18/2019 Effective Date: 12/18/2019	**South Pointe Hospital:** MEC approval date:10/15/2019 Board approval date: 12/18/2019 Effective Date: 12/18/2019
CCCHR: MEC approval date: 1/3/2020 Board approval date: 1/3/2020 Effective Date: 1/3/2020	

Purpose

To outline the process for a non-employee, who experiences an exposure to blood or other potentially infectious materials during the transport of patients to Cleveland Clinic facilities or the performance of duties or training on Cleveland Clinic property.

Definitions

Cleveland Clinic Health System (excludes Nevada practice sites): Includes the Main

Campus, Avon, Euclid, Fairview, Hillcrest, Lutheran, Marymount, Medina, South Pointe, Children's Hospital for Rehabilitation, and all Family Health Centers, Physician practice sites, Emergency Departments, Urgent Care Centers and Ambulatory Surgical Centers reporting to these facilities.

Non-Employee: Individuals who need access to Cleveland Clinic property who do not receive a pay check with a Cleveland Clinic logo on it. Such as Students, Volunteers, Contractors, Vendors, Observers, First Responders, and Licensed Independent Practitioners (LIP).

Students: Includes all students at Cleveland Clinic facilities participating in education programs approved by Cleveland Clinic.

Academic Faculty: Includes all faculty employed by academic institutions who are at Cleveland Clinic facilities and have students participating in education programs approved by Cleveland Clinic.

Independent Contractor: An Independent Contractor is defined as a worker who individually contracts with an organization to provide specialized or requested services on a project or as needed basis. Typically, an Independent Contractor maintains control over "*how*" the work will be done, and has an opportunity for profit/loss based on his or her own performance.

Bloodborne Pathogens: Pathogenic microorganisms that are present in human blood or other potentially infectious materials and may cause disease in humans. These pathogens include human immunodeficiency virus (HIV), hepatitis B virus (HBV) and hepatitis C virus (HCV).

Bloodborne Pathogen Exposure: A puncture, needle stick, or splash to a mucous membrane or non-intact skin contaminated with blood or other potentially infectious material from a source infected with human immunodefiency virus (HIV), hepatitis B virus (HBV), or hepatitis C virus (HCV) that may result during the performance of a non-employee's duties or training.

Blood: Human blood, human blood components, and products made from human blood.

Other Potentially Infectious Materials: Semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, and body fluid that is visibly contaminated with blood. Includes unfixed tissue or organ from a human (living or dead) and blood, organs, or other tissues from experimental animals infected with HIV, HBV, or HCV.

Feces, nasal secretions, saliva, sputum, sweat, tears, urine, vomitus, and breast milk are not considered potentially infectious unless they contain visible blood.
Licensed Independent Practitioner (LIP) – A licensed provider acting within their scope.

Instructions

A non-employee must notify his or her employer or academic program officials (students only) of the bloodborne pathogen exposure and comply with their policies and procedures.

Occupational Health and Infectious Disease work in collaboration to identify potential or known bloodborne pathogen exposures and will participate in the following process where applicable.

Immediate First Aid

Wash:

- For puncture, needle stick or laceration, clean site thoroughly with soap and water.
- For splash to eye(s) or mouth, thoroughly rinse with tap water, normal saline, or use eye wash station.

REPORT THE EXPOSURE – Call 216.445.0742 (24/7 Bloodborne Pathogen Exposure (BBPE) HOTLINE) **This line is used for all hospitals**

No Safety Event Reporting (SERS) report required

Occupational Health Nurse will review the exposure to determine need for source patient testing. If necessary, lab orders will be placed in EPIC to determine HIV, HBV & HCV status.

- Consent for HIV testing is included in the Patient Acknowledgement and Consent Form. Additional consent for post-exposure testing is not required per ORC 3701.242 section E http://codes.ohio.gov/orc/3701.
- If the source patient is alert, the patient's Nurse is recommended to discuss post-exposure testing with the patient.
- There is **no charge** to the source patient for these tests.
- The non-employee will be notified as source patient lab results become available.
- If the source patient is known HIV positive, or the Rapid HIV is positive, the exposed non-employee will be advised to seek an immediate evaluation for HIV

prophylaxis and will be referred to the Emergency Department (ED) if employer or academic program follow-up process unknown.

- Source patient will not be notified unless lab results are positive and the diagnosis was not previously established.
- Occupational Health Nurse will provide written disclosure of source patient lab results to the non-employee when available. The exposed non-employee will be advised to notify their primary care provider of the incident and discuss follow-up tests and treatment.
- The case will be closed after review of the event, disclosure of source patient lab results to the exposed non-employee, and documentation is completed.

Important

Non-employees are expected to have health insurance. Non-employees and/or their insurers are responsible for any medical expenses related to disease or injury incurred during the performance of duties or training on Cleveland Clinic property. This includes initial screening tests or prophylactic medical treatment as a result of an exposure to blood and other potentially infectious body fluids.

Source patient blood work results are confidential. Unauthorized review of test results is considered a breach of patient confidentiality and grounds for corrective action, up to and including termination.

Oversight and Responsibility

Occupational Health, the Education Institute, and Technical Protective Operations Security Administrative Services (SAS) are responsible to review, revise, update, and operationalize this standard operating procedure to maintain compliance with regulatory or other requirements.

Hospitals, Institutes, and Departments are responsible for student participation and student education related to the *Non-Employee Occupational Exposure to Bloodborne Pathogens Standard Operating Procedure.*

Regulatory Requirement/References

The Joint Commission IC.02.02.01

CDC Stacks, September 25, 2013 Updated U.S. Public Health Service guidelines for the management of occupational exposures to HIV and recommendations for post exposure prophylaxis.

National HIV/AIDS Clinicians' Consultation Center (PEP) Line PEP Quick Guide for Occupational Exposures. Updated December 2, 2014.
http://nccc.ucsf.edu/clinicalresourses/pep-resources/pep-quick-guide/

Centers for Disease Control and Prevention, National Center for Infectious Diseases, Division of Healthcare Quality Promotion, and Division of Viral Hepatitis. Exposure to Blood, What Healthcare Personnel Need to Know, Update July 2003.

MMWR Recommendations and Reports, December 20, 2013/62(RR10); 1-19. CDC Guidance for Evaluating Healthcare Personnel for Hepatitis B Virus Protection and for Administering Postexposure Management.
Health Insurance Portability and Accountability Act (HIPPA).
Centers for Disease Control and Prevention. U.S. Public Health Service Guidelines for the
Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Post-exposure Prophylaxis. MMWR Morb Mortal Wkly Rep 2001:50 (RR11); 1-42 June 29, 2001.
https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5011a1.htm

Occupational Health & Safety Administration Bloodborne Pathogen Standard 1910.1300.
https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.1030

Employee Occupational Exposures to Bloodborne Pathogens Policy

Bloodborne Pathogens Post Exposure Procedure

Infection Prevention for Volunteer Services Policy

Non-Employee Onboarding Policy

Other Background Information

This document was created in collaboration with Occupational Health, Infection Prevention, the Education Institute, Technical Protective Operations Security Administrative Services (SAS), and the Law Department.

Cleveland Clinic

Supply Chain, Support Services and Protective Services

Non-Employee Visitation and Onboarding Standard Operating Procedure

Target Group: **Cleveland Clinic US Locations**		**Original Date of Issue:** Not Set	**Version** 1
Approved by: Date Board of Directors-Main, BOG/MEC-Main , Gordon Snow, Simrit Sandhu	**Last Approved/Reviewed:** 03/24/2021	**Prepared by:** Maria Angelica Carrino (PROJECT MANAGER II)	**Effective Date** 03/24/2021
Avon Hospital: MEC approval date: 2/15/2021 Board approval date: 3/17/2021 Effective Date: 3/24/2021		**Euclid Hospital:** MEC approval date: 2/12/2021 Board approval date: 3/17/2021 Effective Date: 3/24/2021	
Fairview Hospital: MEC approval date: 2/15/2021 Board approval date: 3/17/2021 Effective Date: 3/24/2021		**Hillcrest Hospital:** MEC approval date: 2/10/2021 Board approval date: 3/17/2021 Effective Date: 3/24/2021	
Lutheran Hospital: MEC approval date: 2/18/2021 Board approval date:3/17/2021 Effective Date: 3/24/2021		**Marymount Hospital:** MEC approval date: 2/22/2021 Board approval date: 3/17/2021 Effective Date: 3/24/2021	
Medina Hospital: MEC approval date: 2/16/2021 Board approval date:3/17/2021 Effective Date:3/24/2021		**South Pointe Hospital:** MEC approval date: 2/16/2021 Board approval date: 3/17/2021 Effective Date: 3/24/2021	
CCCHR: MEC approval date: Board approval date: Effective Date:		**Weston, Florida:** MEC approval date: 4/26/2021 Board approval date: 4/26/2021 Effective Date: 4/26/2021	
		Coral Springs, FL ASC/FHC: MEC/CSOC approval date: 4/29/2021 Board approval date: 4/29/2021 Effective Date: 4/29/2021	

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Purpose

This standard operating procedure establishes uniform guidelines and onboarding requirements for Supplier Representatives, including: non-employees, vendors, students, volunteers, contractors, construction workers, affiliated medical professionals, observers, etc., who require access to Cleveland Clinic (CC) networks or facilities including: Cleveland Clinic patient care areas (defined as any area that an individual will or may come into contact and/or in the same vicinity with patients of Cleveland Clinic such as hospitals, family health centers, ambulatory surgery centers, physician offices, etc.), administrative buildings, new construction sites, servers, applications, etc. Adherence to this standard operating procedure safeguards proper Supplier Representative vetting and orientation prior to assignment at Cleveland Clinic via a third party and ensures reasonable control and identification of Supplier Representatives to maintain a safe environment for our patients, caregivers, visitors and infrastructure.

This standard operating procedure is applicable to all Cleveland Clinic health system locations, and mandates a centralized system for housing compliance elements in Protective Services in the event of an audit.

Supplier Representatives can play an important role in patient care and the operation of Cleveland Clinic assets and are permitted to be present in Cleveland Clinic (CC) facilities or have access to our network and applications at the request of an appropriate caregiver. To ensure safety for our patients and caregivers, Security Administrative

Services maintains a standardized onboarding process for all Cleveland Clinic health system locations prior to assignment.

Definitions

Cleveland Clinic United States locations - Includes the main campus, Avon, Euclid, Fairview, Hillcrest, Lutheran, Marymount, Medina, South Pointe, Children's Hospital for Rehabilitation,
Cleveland Clinic Florida, Cleveland Clinic Hospital (Weston), Coral Springs Ambulatory
Surgery Center, and all Family Health Centers, Physician practice sites, Nevada practice sites, Emergency Departments, Express Care Centers, Urgent Care Centers and Ambulatory Surgical Centers reporting to these facilities.

Cleveland Clinic Personnel and Facilities – All personnel, whether employed, contracted or affiliated with Cleveland Clinic, including all physicians, health care providers and students of Cleveland Clinic. Cleveland Clinic facilities are defined as all facilities and respective campuses and regional hospitals, whether owned, leased, rented or controlled by Cleveland Clinic.

Supplier – Manufacturers, suppliers, distributors, or providers of products, equipment or services, whether medical or non-medical.

Vendor Representative(s) – Any individual who visits Cleveland Clinic for the purpose of soliciting, marketing or distributing information regarding the use of products or services.

Non-Employee: individuals who need access to Cleveland Clinic property who do not receive a pay check with a Cleveland Clinic logo on it. Examples are students, contractors, observers, etc.
Remote Access Users: An individual who requires access to Cleveland Clinic systems in order to deliver on scope of work or service level agreement.
Department Representative: The Cleveland Clinic employee who is authorizing the nonemployee to be on Cleveland Clinic property. The Department Representative is responsible for the non-employee while they are on Cleveland Clinic property.

Patient Care Area: An area that an individual will or may come into contact and/or in the same vicinity with patients of the Cleveland Clinic. Tuberculosis (TB) tests are required for all non-employee whose primary work location is in a patient care area.
Weapon: Any device that could be carried, possessed or used for the purpose of inflicting physical harm.
Occurrence: a visit to Cleveland Clinic property, regardless of the number of hour's onsite.

Instructions

All non-employees on Cleveland Clinic property must be on boarded/badged through an approved method.

Please use the matrix below to determine if a supplier representative shall be on boarded through the non-employee (i.e. SilkRoad) or Vendor (i.e. Vendormate) process. See below for potential exceptions.

	Non-Employee	**Vendor**
System Utilized	SilkRoad	Vendormate/GHX
Role	Contractors, construction workers, observers, couriers, visiting researchers, students, volunteers	Any individual who visits Cleveland Clinic for the purpose of soliciting, marketing or distributing information regarding the use of products or services.
Location	In clinical/non-clinical areas, patient facing, or a patient care facility (see definition above)	In non-clinical areas (meeting with Supply Chain, physician offices, repairing equipment, etc.) or clinical areas for product trials
Compliance Requirements	Tuberculosis test, flu shot (seasonally), online compliance courses (i.e MyLearning) (annually), and background check	
Background Test Facilator	Cleveland Clinic background check	GHX background check
Badge Type	Hard badge	Sticky badge
Badge Expiration	One year, unless otherwise approved	A new badge must be printed for each visit upon check in. Sign out mandatory.
Initiate Process	Cleveland Clinic personnel submits Onboarding Request Form or Event Coordinator initiates	Sales representative registers in credentialing software (i.e. Vendormate/GHX)
Approval	Cleveland Clinic personnel authorizes non-employee prior to start date	Scheduled appointment with Cleveland Clinic personnel required for every visit

Orientations are the responsibility of the department representative.

If you have any questions please reach out to onboarding support at nonemployeeonboarding@ccf.org or by phone at 216.448.0082.

Potential Exceptions to the onboarding/badging process:

x Supplier representatives on site for a 'vendor fair' x Supplier representatives meeting with Executive level x Supplier representatives demoing a product not in a patient care area

x Supplier representatives participating in a Request for Information (RFI) or Request for Proposal (RFP)

Non-employees without a badge must be escorted by personnel within the department hosting the experience and sign a confidentiality agreement. In order to obtain a confidentiality agreement please reach out to your Supply Chain representative. On boarded / badged construction workers are permitted to be on the job site unescorted due to the nature of work performed. Otherwise, local non-badged, non-employees must coordinate with local Facility Manager prior to coming onsite.

Onboarding Program for Non-Employees

Protective Services manages the non-employee onboarding process and maintains all compliance documentation. Each non-employee is required to complete the onboarding process prior to arrival on Cleveland Clinic property and prior to badge expiration date. All users must adhere to the Security Administrative Services guidelines regarding program access.

All non-employees are responsible for completing the tasks that have been assigned to them as outlined in the Conditions of Use. Violations of the Conditions of Use will be investigated.

Protective Services reserves the right to audit any information submitted to the program with academic institutions or external entities. Upon request of a document, it must be provided to Security Administrative Services within 24 hours.

Data entered into the program is protected by the software provider. The Cleveland Clinic protects the confidentiality, integrity, and availability of all data that it receives, maintains, or transmits.

Security Administrative Services has ultimate program oversight and can inactivate the onboarding process.

Security Administrative Services will report all policy violations to the department representative/sponsor and the contracted leadership.

Non-employee Badging

All non-employee representatives who will be on Cleveland Clinic property in a patient or clinical area, must obtain, display, and renew valid identification badges through the ID Badge Department within Protective Services. The onboarding requirements will be completed prior to receiving an active badge and include the following, or variations of the following:

1. Submit basic information such as name, email, Social Security Number (SSN), Date of Birth (DOB), address used to populate the badge system
2. Complete a background release form
3. Complete a confidentiality agreement
4. Acknowledge Conditions of Use
5. Submit verification of negative TB test if necessary
6. Read and acknowledge enterprise-wide policies
7. Complete online compliance courses (i.e. MyLearning)
8. Register their vehicle for parking
9. Flu shot compliance
10. Department-specific requirements

Requirements are subject to change at any time based on needs of stakeholders, departments, the Cleveland Clinic enterprise, or government regulations. All Cleveland Clinic employees who have oversight of non-employees, contracted companies, affiliated colleges and universities, will adhere to the onboarding process Cleveland Clinic requires as outlined within this standard operating procedure.

Non-Employee Departure

All Cleveland Clinic badge holders must return to the Badging Office upon departure.

It is the department representative's responsibility to communicate to Security Administrative Services when the non-employee no longer requires access to Cleveland Clinic property.

Individuals found to be non-compliant are subject to removal from the property.

Onboarding Program for Vendor Representatives

Protective Services manages the supplier/vendor representative's onboarding process and maintains all compliance documentation. Each representative is required to complete the onboarding process prior to arrival on Cleveland Clinic property.

Security Administrative Services has ultimate program oversight and can inactivate the onboarding process.

Security Administrative Services will report all policy violations to the department representative/sponsor and the contracted leadership.

Vendor Representative Badging

All Vendor Representatives determined who will be on Cleveland Clinic property in a patient or clinical area, must obtain, display, and renew valid identification through Protective Services. The onboarding requirements will be completed prior to entering a patient area and include the following, or variations of the following:

1. Submit basic information such as name, email, Social Security Number (SSN), Date of Birth (DOB) to the vendor credentialing software (i.e. GHX/Vendormate)
2. Complete a background release form
3. Complete a confidentiality agreement
4. Acknowledge Conditions of Use
5. Submit verification of negative TB test if necessary
6. Read and acknowledge enterprise-wide policies
7. Complete online compliance courses (i.e. MyLearning)
8. Flu shot compliance
9. Department-specific requirements (signing in and out of area)

Requirements are subject to change at any time based on needs of stakeholders, departments, the Cleveland Clinic enterprise, or government regulations. All Cleveland Clinic employees who have oversight of representatives, contracted companies, will adhere to the onboarding process Cleveland Clinic requires as outlined within this standard operating procedure.

Visitations:

- A Vendor Representatives must have a badge showing on their person at all time on Cleveland Clinic property. If a Vendor Representative is on Cleveland Clinic property and does not have a badge they are required to sign a Non-Disclosure Agreement (NDA) and be accompanied by a Cleveland Clinic employee at all times.

o If a Vendor Representative is seen without a badge in a clinical area call Protective Services immediately. x Vendor representatives are required to have an appointment, sign-in and sign-out via credentialing software (i.e. GHX/Vendormate) for all visits. Visitation hours must be consistent with normal hours of operation for Cleveland Clinic unless requested by department employee. o Non-contracted vendors require Physician authorization prior to entering into any clinical space.

x Vendor Representative may be present in a patient care area when needed for treatment, payment, or health care operation purposes, for example, providing the support necessary for a physician to utilize the product or device safely or education/training.
  - o A HIPAA authorization is required when the Vendor Representative's presence in the patient care area is not for treatment, payment, or health care operations purposes. (See HIPAA Authorization Policy No. 2066 and HIPAA Privacy Glossary Policy for additional information.)

x When such an authorization is required, prior to the admission of the Vendor Representative into the patient care area, a clinical caregiver must verify that the patient's authorization concerning the Vendor Representative's presence has been obtained and documented in the patient's medical record.

x Vendor Representatives are not permitted to move freely about in areas not pertaining to their specific visit, including but not limited to staff break rooms, other operating suites or physician offices. Unannounced visits and soliciting of promotional activities by Vendor Representatives are strictly prohibited.

x When in any clinical space under no circumstances will a Vendor Representative be permitted to: o Participate in hands-on delivery of patient care (e.g. scrub) o Provide initial training of equipment and/or supplies during a procedure

x Vendor Representatives are required to wear orange scrubs during all participation or observation of a clinical procedure at Cleveland Clinic's main campus.
  - o This scrub color is specific to vendor representatives and is designed to ensure easy identification.
  - o When leaving the surgical or procedure rooms, Vendor Representatives must cover their scrubs with a white, buttoned lab coat while inside the hospital
  - o This attire cannot be worn when traveling to and from work. Vendor Representatives must completely change out of their scrubs with or without a lab coat before leaving the premises.

- If the Vendor Representatives do not comply with these previously stated guidelines they may risk the loss of privileges in clinical areas and all other Cleveland Clinic facilities.

x For all other Cleveland Clinic facilities, the specific location will provide the Vendor Representative with their scrubs.

Contracting and Sales:

x Vendor representatives may only discuss price, or negotiation of price, and/or contract with Supply Chain & Support Services. Under no circumstances shall the Vendor Representative solicit new products and/or technology improvements, services, or contracts in hospital areas other than with Supply Chain & Support Services.

x Cleveland Clinic reserves the right to refuse to pay for any product or service not authorized by Supply Chain Management or the specific department. Contracts must be approved by Supply Chain Management prior to execution. A contract signed by anyone other than an officer, or their delegate, of the respective corporation is not valid.

x Vendor Representatives are not permitted to provide anything of value to a Cleveland Clinic employee that could influence or be perceived as influencing the judgment of the employee in the execution of his/her duties. To this end, no gifts whatsoever, including meals, shall be requested or accepted from vendors. Vendor Representatives and
Cleveland Clinic employees are asked to report any violations of this procedure to the
Law Department. For more information please reference the 'Financial Interest Disclosure Procedure.

x If Cleveland Clinic personnel are employed by vendors as an additional employer, that employee is prohibited from engaging Cleveland Clinic on behalf of the vendor. This includes, but is not limited to, activity on vendors' behalf such as sales calls, emails, visits and patient care.

General Requirements:

x Vendor Representatives m a y not use Cleveland Clinic phones, computers or other equipment for supplier's business or personal use unless devices are issued by department for intended business purpose.

x Vendor Representatives may not distribute or post any type of brochure, advertisements, pens, cups or similar promotional or marketing materials in the OR and/or associated areas or to any personnel.

x Vendor Representatives are not permitted to increase inventory levels in storerooms

and/or clinical areas.

x Vendor Representatives may not distribute or post any type of brochure, advertisements, pens, cups or similar promotional or marketing materials in the OR clinical area/ patient care areas or to any personnel.

Equipment/ Device/ Implant Set x All equipment/device/implant sets to be used by Vendor Representatives must be delivered at least 24 hours before a scheduled procedure to allow for inventory, sterilization, and/or biomedical safety evaluation in accordance with Cleveland Clinic's policies. Cleveland Clinic will not pay for equipment until the day of its use regardless of when it is brought in.

x All new products are subject to review by Supply Chain. A formal process has been established for documentation of product evaluations. Supply Chain Management will provide assistance with the required documents.

x All equipment/device/implant sets must contain a complete inventory checklist plus written cleaning and sterilization instructions. o This includes consigned and loaner instrumentation sets.

- o The inventory list for each kit must be made available in hard copy and electronically in Excel format and be provided to the corresponding department.
- o The inventory list must also be reconciled with the vendor and Cleveland Clinic personnel.

x All equipment and instrument trays must be removed within 48 hours of use.

x Upon completion of the surgical procedure, a complete inventory of any equipment, device, implant sets, or any other products brought into or used must be completed by the clinical staff.

x All instruments and related equipment used in the clinical area must be properly decontaminated prior to removal from Cleveland Clinic in accordance with Cleveland Clinic's policies and procedures.

x All staff training for new equipment, instrumentation or surgical instruments must be coordinated through Cleveland Clinic's clinical leadership at least one week prior to the scheduled surgical procedure. x Under no circumstances will a Vendor Representative be permitted to: o Participate in hands-on delivery of patient care (e.g. scrub) o Provide initial training of equipment and/or supplies during a procedure

- o Independently hand up implants to the field. Implants must be verified by Cleveland Clinic caregivers following the Implant Verification process as outlined

in the 'Universal Protocol Policy and Florida Universal Protocol and Safety Checklist Policy prior to implantation'

Pharmaceutical Representatives:

For information surrounding pharmaceutical vendor representatives please refer to the below policies:

- Pharmaceutical Sales Representative Policy and Florida Pharmaceutical Sales Representatives Policy
- Cleveland Clinic Medical Staff P&T Committee Functions Policy andFlorida Medical Staff P&T Committee Formulary System Policy
- Requests for Formulary Changes Through the Cleveland Clinic United States Medical Staff P&T Committee Policy and Requests for Formulary Changes Through the Cleveland Clinic United States Medical Staff P&T Committee Policy

Vendor Non-Compliance

1. Vendor Representatives who fail to comply with Cleveland Clinic policies will be subject to disciplinary action up to and including permanent loss of business privileges.

2. Continuous infractions or repeated violations to this standard operating procedure by Vendor Representatives may result in suspension, a request to replace company representatives, and possible loss of business privileges at Cleveland Clinic.

3. Violations committed by any one Vendor Representative of a given company may result in disciplinary action against any or all representatives of that company.

4. Disciplinary action may vary depending upon the nature of the infraction and the circumstances surrounding the offense. Supply Chain & Support Services reserves the right to determine the severity of the infraction and will use its discretion when assessing and determining the proper course of disciplinary action. Consequences may vary depending on the severity of the infraction.

5. Supply Chain & Support Services will notify vendor of the violation, the determined level of infraction, and the planned course of disciplinary action.

6. Duration of restriction of all activity and service calls may be 3 months, 6 months, one year, or permanent depending on extent of the infraction. Certain situations may require deviation from the guidelines outlined in this standard operating procedure. Supplier representatives can be banned from Cleveland Clinic permanently regardless of supplier representative's employer.

Resources
Vendor Handbook

Link to *Authorization to Disclose Health Information*:
http://my.clevelandclinic.org/ccf/media/Files/Patients/records-release-form.pdf

Regulatory Requirements/References

Joint Commission ORC.2901.01;
EC.02.01.01 HR.01.02.05
HR.01.04.01
Identification Badges Policy
Vendor Visitation and
Interaction SOP
Weapons and
Contraband Policy

Oversight and Responsibility

Supply Chain & Support Services and Protective Services are responsible to review, revise, update, and operationalize this standard operating procedure to maintain compliance with regulatory or other requirements.

Cleveland Clinic

Human Resources

Non-Smoking Policy

Target Group:		**Original Date of Issue:**	**Version**
Cleveland Clinic United States locations		01/01/1989	3
Approved by: Board of Directors-Main, BOG/MEC-Main , Linda McHugh	**Date Last Approved/Reviewed:** 09/25/2019	**Prepared by:** Jill Prendergast (Senior Director Human Resources Services)	**Effective Date** 09/25/2019

Avon Hospital: MEC approval date: 10/21/2019 Board approval date: 12/18/2019 Effective Date: 12/18/2019	**Euclid Hospital:** MEC approval date: 10/11/2019 Board approval date: 12/18/2019 Effective Date: 12/18/2019
Fairview Hospital: MEC approval date: 10/21/2019 Board approval date: 12/18/2019 Effective Date: 12/18/2019	**Hillcrest Hospital:** MEC approval date: 10/9/2019 Board approval date: 12/18/2019 Effective Date: 12/18/2019
Lutheran Hospital: MEC approval date: 10/31/2019 Board approval date: 12/18/2019 Effective Date: 12/18/2019	**Marymount Hospital:** MEC approval date:9/23/2019 Board approval date: 12/18/2019 Effective Date: 12/18/2019
Medina Hospital: MEC approval date: 10/15/2019 Board approval date: 12/18/2019 Effective Date: 12/18/2019	**South Pointe Hospital:** MEC approval date: 10/15/2019 Board approval date: 12/18/2019 Effective Date: 12/18/2019
CCCHR: MEC approval date: 12/6/2019 Board approval date: 12/6/2019 Effective Date: 12/6/2019	**Weston, Florida:** MEC approval date: 11/25/2019 Board approval date: 11/25/2019 Effective Date: 11/25/2019

Mercy Hospital:	Coral Springs, FL ASC/FHC:
MEC approval date: 10/18/2021	MEC/CSOC approval date: 11/25/2019
Board approval date: 11/17/2021	Board approval date: 11/25/2019
Effective Date: TBD	Effective Date: 11/25/2019

Purpose

To promote the safety, health and wellness of our organization, enhance the quality of life for each other and those we serve, support state laws and local ordinances, and meet The Joint Commission (TJC) standards.

Policy Statement

Cleveland Clinic is committed to providing a safe and healthful environment for all employees, visitors and patients. Therefore, using any smoke-producing products (including but not limited to cigarettes, e-cigarettes, cigars, pipes and vaporizers), or the usage of any tobacco products is prohibited on all Cleveland Clinic owned and leased properties and private property adjacent to the facilities.

No tobacco products will be sold on Cleveland Clinic properties.

Definitions

Cleveland Clinic United States locations- Includes the main campus, Avon, Euclid, Fairview,
Hillcrest, Lutheran, Marymount, Medina, Mercy, South Pointe, Children's Hospital for Rehabilitation, Cleveland Clinic Florida, Cleveland Clinic Hospital (Weston), Coral Springs Ambulatory Surgery Center, and all Family Health Centers, Physician practice sites, Nevada practice sites, Emergency Departments, Express Care Centers, Urgent Care Centers, and Ambulatory Surgical Centers reporting to these facilities.

Licensed Independent Practitioner (LIP): A licensed provider acting within their scope.

Policy Implementation

Employees

Employees who violate this policy will be subject to corrective action in accordance with the Corrective Action policy.

To assist employees, Cleveland Clinic offers smoking cessation resources.

Patients

Patients found in violation of this policy, will be kindly informed about our Non-Smoking policy. Repeated violations may result in confiscation of tobacco products in order to protect the safety of others from fire risk.

Nicotine replacement options may be available, as determined by a physician/licensed independent practitioner (LIP). In addition, smoking cessation information is made available.

Contractors

This Non-Smoking policy applies to all construction areas and contracted work activities. Nonemployees performing work on Cleveland Clinic properties are expected to follow this policy.
Instances of non-compliance should be reported to the contract manager or designated employee representative.

Repeated non-compliance is grounds for removal from the property.

Visitors

Visitors will be discouraged from using any smoke- producing products (including but not limited to cigarettes, e-cigarettes, cigars, pipes and vaporizers) and tobacco products on Cleveland Clinic properties.

Visitors who are in violation of our Non-Smoking policy will be kindly informed about our policy.

Repeated violations may result in confiscation of tobacco products in order to protect the safety of others from the fire risk or removal from the property.

Regulatory Requirement/References

Corrective Action Policy
Joint Commission Standard EC.02.01.03
State Laws and Local Ordinances

Oversight and Responsibility

Human Resource Management is responsible to review, revise, update and operationalize this policy to maintain compliance with regulatory or other requirements. It is the responsibility of each hospital, institute, department and discipline to implement the policy and to draft and operationalize related procedures to the policy if applicable.

A focused enforcement may be delegated to specific departments or individuals on a facility-byfacility basis.

Other Background Information

ISSUING OFFICE: HR Services, Human Resources

Cleveland Clinic

Parking Services

Parking Services - Parking Enforcement Standard Operating Procedure

Target Group:		**Original Date of Issue:**	**Version**
Cleveland Clinic – Main Campus (9500 Euclid Ave)		10/08/2012	5
Approved by:	**Date Last Approved/Reviewed:**	**Prepared by:**	**Effective Date**
William Gillen	05/27/2020	William Gillen (Senior Director Parking Transportation and Fleet)	04/11/2017

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

Purpose

The purpose and intent of this standard is to clearly outline the criteria for parking enforcement at any Cleveland Clinic facility, while ensuring compliance of parking standards related to the local city ordinance and Cleveland Clinic.

Definitions

Cleveland Clinic main campus (9500 Euclid Ave)- Includes main campus, and all Family Health Centers, Physician practice sites, Nevada practice sites, Emergency Departments, Urgent Care Centers and Ambulatory Surgical Centers reporting to this facility.

Parking Fees and Fines *:

Parking in Handicap (ADA) or Fire Lane	As determined by Local City Ordinance
Unsafe Action	Corrective Action
Unauthorized Parking	$10 (per day) and/or tire immobilization (aka "boot") with $50 removal fee; and when applicable, corrective action
Parking to Impede Safety	Towing or other costs
Abuse of Carpool Privileges	Removal of discount for the period observed
Property Damage	Responsible party will reimburse Cleveland Clinic the cost of the equipment damaged

*All parking policy violations are subject to corrective action. In addition, those locations that charge a fee to park, may assess that fee to individuals who park at a location without authorization. The fee will be consistent with the type of services received *(e.g., Parking in a patient reserved location would result in the following fees at the listed sites: Main Campus $10/day and Fairview Hospital $8/day)*..

- **Parking Policy –** The registered owner, permit registrant, or operator shall be held responsible for the indicated fine for any violation of the Parking Policy. Specific fine amount will be listed on violation. All registered parking users consent to the enforcement of parking violations and fines where applicable.

- **Unsafe Action:**
  - Speeding in a parking facility
  - Tailgating a vehicle in or out of a parking facility (i.e. piggy backing)

- **Unauthorized Parking:**
  - Parking in lot or garage to which you are not assigned ○ Parking in an area designated for Patient Parking ○ Parking window permit not displayed (in ungated lots)
  - Early access to evening and weekend parking privileges by pulling a ticket or entering the garage without using an employee's ID card or AVI sticker. (i.e., entering the garage before 6pm Mon to Friday.
  - Unauthorized parking in an area within a parking facility for which you are not authorized: Handicap Space; Staff/Physician Area; Valet Space, Expectant Mother Space; Patient designated & signed area; spaces expressly signed for a particular department; etc.
  - Parking on the lawn, grass or landscaped area ○ Parking in an area not a designated or striped parking space ○ Parking to impede traffic or cause hazard
  - Parking a non-compact car in a compact car designated space ○ Parking in more than one space ○ Blocking Driveway ○ Blocking Crosswalk ○ Parking a Motorcycle inside a facility in a non-motorcycle designated area.
  - Abandoned vehicle
  - Blocking/impeding another vehicle ○ Parking in an Electric Charging space with a non-electric vehicle ○ Sharing parking

permit or RFID pass with another vehicle ○ Other (details printed under Remark 1 and Remark 2 on citation)

- **Parking to Impede Safety:**
  - Blocking a driveway or aisle way
  - Parked in a striped or hashed out area (loading dock, no parking zone)

Instructions

Payment of Violations:

1. City violations: Must be paid to the City of Cleveland (or to the appropriate local municipality).
2. Cleveland Clinic fines shall be paid by check, money order, or credit card at the Parking Services office in the JJN Basement or by calling Parking Services at 216-444-2255 within fifteen calendar days from the date of the ticket. Cash payments cannot be accepted.
3. If a CC employee does not pay a violation within 15 days, the supervisor and department administrator will be notified for department chargeback.

Violation Appeals:

1. City violations: Appeals will follow city guidelines.
2. Cleveland Clinic violations: Must be made within ten calendar days of the violation date. Information regarding violation appeal is located on the Parking Services Intranet homepage, Quick Links.
3. Appeals will be responded to within 10 days of receipt by Parking Services Office.
4. If the appeal is granted, the violation will be waived and no further action will be required by the parker who initiated the appeal. If the appeal is not granted, the violator must pay the fine.

Oversight and Responsibility

Parking Services Program Managers are responsible to review, revise, update, and operationalize this standard operating procedure to maintain compliance with regulatory or other requirements.

Cleveland Clinic

Human Resources

Professional Conduct Policy

Target Group: Cleveland Clinic United States locations		**Original Date of Issue:** 12/22/2008	**Version** 4
Approved by: Board of Directors-Main, BOG/MEC-Main , Donald Corpora	**Date Last Approved/Reviewed:** 03/02/2021	**Prepared by:** Jill Prendergast (Senior Director Human Resources Services)	**Effective Date** 03/02/2021
Avon Hospital: MEC approval date: 5/21/2018 Board approval date: 8/15/2018 Effective Date: 8/15/2018		**Euclid Hospital:** MEC approval date: 6/8/2018 Board approval date: 8/15/2018 Effective Date: 8/15/2018	
Fairview Hospital: MEC approval date: 6/18/2018 Board approval date: 8/15/2018 Effective Date: 8/15/2018		**Hillcrest Hospital:** MEC approval date:7/11/2018 Board approval date: 8/15/2018 Effective Date: 8/15/2018	
Lutheran Hospital: MEC approval date: 6/28/2018 Board approval date: 8/15/2018 Effective Date: 8/15/2018		**Marymount Hospital:** MEC approval date:5/21/2018 Board approval date: 8/15/2018 Effective Date: 8/15/2018	
Medina Hospital: MEC approval date: 6/19/2018 Board approval date: 8/15/2018 Effective Date: 8/15/2018		**South Pointe Hospital:** MEC approval date:6/19/2018 Board approval date: 8/15/2018 Effective Date: 8/15/2018	
CCCHR: MEC approval date:7/13/2018 Board approval date: 7/13/2018 Effective Date:7/13/2018		**Weston, Florida:** MEC approval date: 6/18/18 Board approval date: 6/18/18 Effective Date: 6/18/18	
Mercy Hospital: MEC approval date: 10/18/2021 Board approval date: 11/17/2021 Effective Date: TBD		**Coral Springs, FL ASC/FHC:** MEC/CSOC approval date: Board approval date: Effective Date:	

Purpose

This policy provides criteria for identifying and addressing inappropriate behaviors that undermine a culture of safety, and to resolve concerns and significant workplace conflicts that create an unhealthy work environment or interferes with the orderly conduct of business.

Policy Statement

Cleveland Clinic is committed to providing a professional work environment that promotes teamwork, the free exchange of ideas, and a collaborative approach to problem solving. It is the policy of Cleveland Clinic to address Disruptive Behavior that creates an unhealthy work environment and interferes with the orderly conduct of the hospital business through the provisions of this policy and other applicable policies.

This policy applies to all employees/physicians/vendors/third parties/contractors or contracted employees/students/volunteers affiliated with or under contract with Cleveland Clinic. Conduct prohibited by these policies is unacceptable in the workplace or in any work-related setting outside the workplace such as during business trips or business meetings. Those individuals who engage in acts prohibited by this policy, regardless of status, position or title, will be subject to appropriate action, including but not limited to corrective action up to and including discharge.

Definitions

Cleveland Clinic United States locations - Includes the main campus, Avon, Euclid, Fairview,
Hillcrest, Lutheran, Marymount, Medina, Mercy, South Pointe, Children's Hospital for Rehabilitation, Weston Hospital, Coral Springs Ambulatory Surgery Centers and all Family Health Centers, Physician practice sites, Nevada practice sites, Emergency Departments, Express Care Centers. Urgent Care Centers and Ambulatory Surgical Centers reporting to these facilities.

Disruptive Behavior- For purposes of this policy, is defined as behavior that interferes with the orderly conduct of hospital business, including behavior that interferes with the ability of others to effectively carry out their duties or that undermines a patient's confidence in the hospital or a member of the healthcare team.

For purposes of this policy, Disruptive Behavior may encompass a range of subtle and not so subtle behaviors including but not limited to: profane or disrespectful language; degrading or demeaning comments or behavior, such as name-calling; sexual comments

or innuendo; inappropriate touching, sexual or otherwise; racial or ethnic jokes; outbursts of anger, physical violence (actual or threatened); including throwing instruments; comments or criticisms that undermine a patient's trust in the employees or the hospital; comments that undermine an employee's self-confidence in caring for patients; intimidating behavior that has the effect of suppressing input by other members of the healthcare team; reluctance or refusal to answer questions or return phone calls, emails, or pages; and inappropriate medical record entries concerning the quality of care being provided by the hospital or a team member.

Policy Implementation

Communication of Policy

This policy will be communicated to employees and physicians at the time of hire and reiterated periodically throughout the individual's employment with the Cleveland Clinic. The other individuals to whom this policy applies will be made aware of it at or around the commencement of their affiliation with Cleveland Clinic.

Reporting an Incident of Disruptive Behavior

Where feasible, employees who believe that they have been subjected to Disruptive Behavior are encouraged to initiate a private, non-confrontational conversation regarding the behavior with the offending party. Often this action alone will resolve the problem. Cleveland Clinic recognizes, however, that an individual may prefer to pursue the matter through formal complaint procedures as outlined below

Cleveland Clinic supports the reporting of perceived incidents of Disruptive Behavior, regardless of the offender's identity or position. Individuals who believe that they have been the victim of such conduct or who have witnessed such conduct should report the matter to their supervisor. If the supervisor is the offending party, report the matter to a representative of Human Resources, or, if the matter involves a member of the Professional Staff, report to the Office of Professional Staff Affairs. Reports of Professional Staff behavior should be taken to the direct supervisor, the Department or Program Chair, the Institute Chair, the Office of Professional Staff Affairs, or a member of the Cleveland Clinic Professional Conduct Committee. Reports of Physician behavior at regional hospitals may also be reported to the President, CMO, Chief of Staff, the Medical Executive Committee (MEC), or in accordance with local policy. All employees are encouraged to report incidents of suspected Disruptive Behavior as soon as possible as early reporting and intervention will be the most effective method of resolving such complaints.

ANY ACTS OF VIOLENCE OR IMMINENT THREATS OF VIOLENCE SHALL BE REPORTED IMMEDIATELY BY THE AFFECTED EMPLOYEE OR SUPERVISOR AS FOLLOWS:

- **Main Campus Employees – Call Cleveland Clinic Police at: (216) 444-2222**
- **Regional Hospitals – Contact emergency security phone number at your location**
- **Family Health Centers and Administrative Location Site Employees – Call 911**
- **Employees at All Other Locations – Dial 911**

Responsibility/Duty to Act

Individuals who receive reports of Disruptive Behavior, or who observe conduct in violation of this policy should take all such complaints/situations seriously, no matter how minor, and must contact their Human Resources representative, Office of Professional Staff Affairs representative, or regional president/CMO/Chief of Staff or MEC immediately for assistance in investigating and responding to these concerns. Supervisors should also take any appropriate action to prevent retaliation or prohibited conduct from recurring both during and after investigation of complaints. Supervisors who knowingly tolerate Disruptive Behavior are in violation of this policy and are subject to corrective action.

Investigation of Complaints

All reported allegations of Disruptive Behavior will be promptly and thoroughly investigated. While the timeline for completion of the investigation will depend upon the facts and circumstances of the specific complaint, Cleveland Clinic will endeavor to complete the investigation within thirty (30) days. The investigation may include individual interviews with the parties involved and, where necessary, with individuals who may have observed the alleged conduct or may have other relevant knowledge.

Remedial Action

Disruptive Behavior is in direct conflict with the mission and values of the organization and will not be tolerated. Responsive action may include, for example, training, referral to counseling, to reassignment and/or corrective action up to and including discharge, as appropriate under the circumstances.

Knowingly false and malicious allegations of alleged Disruptive Behavior are taken seriously and may also be subject to appropriate corrective action

Confidentiality

Confidentiality will be maintained throughout the investigatory process to the extent consistent with adequate investigation and appropriate corrective action. The individual(s) reporting the concerns and the individual(s) accused of violating this policy will be apprised when the investigation is completed.

Statement of Non-Retaliation

Cleveland Clinic forbids retaliation against any individual who either files a goodfaith complaint regarding alleged Disruptive Behavior or assists in the investigation of such a complaint.

Regulatory Requirement/References
Joint Commission Standard LD .03.01.01
Corrective Action Policy
Non-Discrimination, Harassment, or Retaliation Policy
Cleveland Clinic Code of Conduct
Major Policies for the Professional Staff
Workplace Violence Policy

Oversight and Responsibility

Human Resources Management, and the Office of Professional Staff Affairs are responsible to review, revise, update, and operationalize this policy to maintain compliance with regulatory or other requirements.

Our Executive Leaders, Administrators, Directors, Managers, and Supervisors, in collaboration with Human Resources or the Office of Professional Staff Affairs, are responsible for maintaining an environment that is free from inappropriate behaviors that undermine a culture of safety, investigating complaints of Disruptive Behavior, and for determining the appropriate remedial and/or corrective action.

Employees and Managers are responsible for reporting incidents of perceived Disruptive Behavior, regardless of the offender's identity or position.

It is the responsibility of each hospital, institute, department and discipline to implement the policy and to draft and operationalize related procedures to the policy if applicable.

Other Background Information

Issuing Office: HR Services, Human Resources and the Office of Professional Staff Affairs

Cleveland Clinic

Human Resources

Social Media Use Policy

Target Group:		**Original Date of Issue:**	**Version**
Cleveland Clinic United States locations, employees, students, volunteers, contractors or vendors who are obligated to comply with Cleveland Clinic policies		10/05/2009	3
Approved by: Board of Directors-Main, BOG/MEC-Main , Donald Corpora	**Date Last Approved/Reviewed:** 02/10/2021	**Prepared by:** Jill Prendergast (Senior Director Human Resources Services)	**Effective Date** 02/10/2021
Avon Hospital: MEC approval date: 2/15/2021 Board approval date: 3/17/2021 Effective Date: 3/17/2021		**Euclid Hospital:** MEC approval date: 2/12/2021 Board approval date: 3/17/2021 Effective Date: 3/17/2021	
Fairview Hospital: MEC approval date: 2/15/2021 Board approval date: 3/17/2021 Effective Date: 3/17/2021		**Hillcrest Hospital:** MEC approval date: 2/10/2021 Board approval date: 3/17/2021 Effective Date: 3/17/2021	
Lutheran Hospital: MEC approval date: 2/18/2021 Board approval date: 3/17/2021 Effective Date: 3/17/2021		**Marymount Hospital:** MEC approval date: 2/22/2021 Board approval date: 3/17/2021 Effective Date: 3/17/2021	
Medina Hospital: MEC approval date: 2/16/2021 Board approval date: 3/17/2021 Effective Date: 3/17/2021		**South Pointe Hospital:** MEC approval date: 2/16/2021 Board approval date: 3/17/2021 Effective Date: 3/17/2021	
CCCHR: MEC approval date: 03/05/2021 Board approval date: 03/05/2021 Effective Date: 03/05/2021		**Weston, Florida:** MEC approval date: 3/22/2021 Board approval date: 3/22/2021 Effective Date: 3/22/2021	

Mercy Hospital:	Coral Springs, FL ASC/FHC:
MEC approval date: 10/18/2021	MEC/CSOC approval date: 3/30/2021
Board approval date: 11/17/2021	Board approval date: 3/30/2021
Effective Date: TBD	Effective Date: 3/30/2021

Purpose

To provide all Cleveland Clinic employees and to any students, volunteers, contractors, or vendors who are obligated to comply with Cleveland Clinic policies and procedures with rules and standards for participation in social media (also known as social networking).

Policy Statement

This policy will also apply to any students, volunteers, contractors, or vendors who are obligated to comply with Cleveland Clinic policies and procedures. The intent of this policy is not to restrict the flow of useful and appropriate information, but to safeguard the interests of Cleveland Clinic, its employees, and its patients. This policy is not intended to limit any employee's rights under the National Labor Relations Act (NLRA) and does not apply to communications protected by the NLRA.

Although Cleveland Clinic recognizes the value of social media as a tool for communicating and gathering information, time spent posting on, or viewing social media sites must not interfere with job responsibilities.

Definitions

Cleveland Clinic United States locations- Includes the main campus, Avon, Euclid, Fairview,
Hillcrest, Lutheran, Marymount, Medina, Mercy, South Pointe, Children's Hospital for Rehabilitation, Weston Hospital, Coral Springs Ambulatory Surgery Center, and all Family Health Centers, Physician practice sites, Nevada practice sites, Emergency Departments, Express Care Centers, Urgent Care Centers and Ambulatory Surgical Centers reporting to these facilities.

Content- Employee, business, patient, or financial information, healthcare practices or protocols, or any other information that is transmitted or maintained in any form medium including text, images, video, and audio formats .

Social Media (Social Networking) - Social media and social networking include, but are not limited to the following:

- Cleveland Clinic internal intranet sites and blogs;
- Cleveland Clinic publicly facing internet web sites;

- Social networking sites, such as Facebook®, MySpace®; LinkedIn®; Instagram® or Parler®
- Blogs (including corporate or personal blogs and comments to blogs) and other on-line journals and diaries;
- Forums and chat rooms, such as discussion boards, Yahoo! Groups®, or Google® Groups;
- Microblogging, such as Twitter®;
- Online encyclopedias, such as Wikipedia®; and
- Video or image based sites such as Flickr®, YouTube®, TikTok® and similar media.

In addition to posting on websites like those mentioned above, social media and social networking also include permitting or not removing postings by others where an employee can control the content of postings, such as on a personal profile or blog.

Policy Implementation

When communicating on Cleveland Clinic social media sites, communicating about Cleveland
Clinic, or as a representative of Cleveland Clinic on any social media site unaffiliated with Cleveland Clinic, Cleveland Clinic employees are expected to follow the same standards and policies that otherwise apply to them in the workplace as a Cleveland Clinic employee. For example, social media activity is subject to Cleveland Clinic policies that strictly prohibit discrimination, harassment, threats, and intimidation. The standards set forth in Cleveland
Clinic's Health Insurance Portability and Accountability Act (HIPAA) and Confidential Information policies also apply to social media activity, such as comments posted to Facebook, blogs, or discussion forums, as do the standards set forth in Cleveland Clinic's Telephone and Cellular Phone Use policy. Likewise, Cleveland Clinic does not intend to limit any employee's rights under the NLRA as such policies do not apply to communications protected by the NLRA.

Employees must not post content about coworkers, supervisors, or the Cleveland Clinic that is knowingly false, vulgar, obscene, threatening, intimidating, harassing, defamatory, or maliciously detrimental to Cleveland Clinic's legitimate business interests. Relatedly, employees must not post content that violates Cleveland Clinic's workplace policies against discrimination, harassment, or hostility based on race, color, religion, gender, sexual orientation, gender identity, gender expression, pregnancy, marital status, age, national origin, disability, military status, citizenship, genetic information or any other protected class, status, or characteristic protected by state, federal or local law. Inappropriate postings may include, for example, discriminatory remarks; harassment on the basis of race, sex, disability, religion and other protected characteristics; malicious posts meant to intentionally harm someone's reputation; posts that could contribute to a hostile work environment or violate the Professional Conduct Policy; and threats of

violence or other similar inappropriate and/or unlawful conduct. Employees should use good judgment and discretion in developing postings.

In the interest of guarding the privacy of our patients, employees must not publish any content including photos, names, likenesses, descriptions or any identifiable attributes or information – related to any Cleveland Clinic patient. Unless the applicable requirements in the Policy on Patient Recordings are fulfilled and approved, postings that attempt to describe any specific patient and/or patient care situation, or that contains any patient identifier, or in combination may result in identification of a particular patient directly or indirectly, are inappropriate and strictly prohibited. Violations of Cleveland Clinic policies that occur online or in social media may subject the violator to disciplinary action, up to and including termination.

STANDARDS

A. Authorized Social Networking

1. Employees who, within the scope of their job responsibilities are permitted to and wish to post content to a Cleveland Clinic social media site, must first get approval from their supervisor and Corporate Communications (by emailing Corporate Communications' Public and Media Relations team at pubmedrel@ccf.org).

2. Cleveland Clinic provides its electronic property, including laptops, PCs, phones and other devices to employees solely for the purpose of achieving enterprise objectives. Please refer to Cleveland Clinic's Acceptable Use of Information Assets Policy before using such devices to engage in social media activity.

B. Employer Monitoring

1. Employees should have no expectation of privacy with respect to any communication sent or received through Cleveland Clinic's computer system or networks, including Cleveland Clinic public or private Wi-Fi. Also, employees should have no expectation of privacy when using social media during work time, or in regard to anything posted that is accessible by the general public.

2. Social media activity using the Cleveland Clinic's electronic resources is subject to all Cleveland Clinic policies, including the Acceptable Use of Information Assets Policy. Cleveland Clinic will, in its discretion, review

and restrict social media activity to the fullest extent permitted by applicable law.

C. Rules for Social Media and Social Networking

1. In the interest of guarding the privacy of our patients, employees must not publish any content – including photos, names, likenesses, descriptions or any identifiable attributes or information – related to any Cleveland Clinic patient on any form of social media or to any third party. Postings that attempt to describe any specific patient and/or patient care situation, or that contain any patient identifier, or in combination with other information may result in identification of a particular patient directly or indirectly, are inappropriate and strictly prohibited.

2. Time spent posting or viewing any social media sites, including Cleveland Clinic social media sites, must not interfere with or affect work responsibilities.

3. For the purpose of respecting all copyright and intellectual property laws, and Cleveland Clinic's interest in the use of its brand, employees must not use Cleveland Clinic's name, logo, trademark, or proprietary graphics in a way that suggests that the employee is representing Cleveland Clinic without receiving permission from the Chief Marketing Officer and the Tax Department. If permission is granted, an employee still must not create a social media page with
Cleveland Clinic's logo placed in a way that suggests to readers that Cleveland Clinic is sponsoring or endorsing the page or any of the information contained on it. Employees also must not use Cleveland Clinic's logo, trademark, or proprietary graphics in any commercial activity. Nor shall employees use the Cleveland Clinic logo, trademark, or propriety graphics while engaging in conduct that violates Cleveland Clinic policy.

4. Employees must not use their enterprise e-mail address to register for any personal social media account or site, or as an identifier needed to participate in any personal social media activity, except to engage in social media activity authorized by Cleveland Clinic and for Cleveland Clinic's business purposes.

5. Employees should not post photos of other Cleveland Clinic employees on social media sites without the other employee's permission. This rule does not prohibit posting of photos of co-workers engaging in protected activity under the NLRA.

6. Employees must not post content on any social media site that is related to confidential or proprietary information of Cleveland Clinic, its patients, or vendors, such as health information or trade secrets. Trade secrets may include information regarding the development of systems, processes, procedures or other internal business-related confidential communications. This is not intended to limit any employee's rights under the NLRA, and does not apply to communications protected by the NLRA.

7. Statements on social media sites could be considered endorsements under Federal Trade Commission Guidelines, Title 16 of the Code of Federal Regulations Part 255. Therefore, if the employee recommends one of Cleveland Clinic's products or services on any social media site, the employee must be accurate and disclose the employee/employer relationship. Making false or unsubstantiated statements, or failing to make applicable disclosures, may subject the employee to liability under the law.

8. Employees must not use Cleveland Clinic-sponsored sites to solicit for or promote personal businesses or other organizations, including but not limited to outside business ventures, charities, political campaigns, or religious groups. For example, employees must not use Cleveland Clinic-sponsored sites to promote a personal cosmetics business or a political candidate. Use of Cleveland Clinicsponsored sites to solicit for or promote Cleveland Clinic-approved activities requires the prior approval of the employee's supervisor and the Executive Director of Corporate Communications.

9. If an employee's social networking (including but not limited to their online profile) includes any information related to Cleveland Clinic, the employee must not represent in any way that the employee is speaking on behalf of Cleveland Clinic, unless the employee is otherwise authorized to do so or such activity is a part of the employee's regular job duties. If any of an employee's online activity creates a risk that a third party may believe that he or she is acting on Cleveland Clinic's behalf, that employee must use an appropriate disclaimer, such as: "The postings on this site are my own and do not necessarily reflect the views of the Cleveland Clinic."

10. Employees must not post content to Cleveland Clinic-sponsored sites endorsing any product or service, lobbying or soliciting contributions for any political candidates or parties, or discussing political campaigns, issues, legislation or law.

Regulatory Requirement/References

Federal Trade Commission Guidelines, 16 CFR Part 255 ("255"). The Health Insurance Portability and Accountability Act (HIPAA)
Acceptable Use of Information Assets Policy
Corrective Action Policy
Electronic and Voicemail Policy
General Information Security Policy
Non-Discrimination, Harassment or Retaliation Policy
Policy on Patient Recordings (Photo, Video, and Audio)
Professional Conduct
Telephone and Cellular Phone Use Policy

Oversight and Responsibility

Human Resources Management is responsible to review, revise, update, and operationalize this policy to maintain compliance with regulatory or other requirement.

Department managers and supervisors are responsible for uniform administration of this policy. Employees are responsible for adhering to the provisions of this policy in their use of social media websites.

It is the responsibility of each hospital, institute, department and discipline to implement the policy and to draft and operationalize related procedures to the policy if applicable.

Other Background Information

Issuing Office: HR Services, Human Resources

Cleveland Clinic

Education Institute

Student Anti-Hazing Policy

Target Group: Cleveland Clinic United States Locations		**Original Date of Issue:** Not Set	**Version** 1
Approved by: Board of Directors-Main, BOG/MEC-Main	**Date Last Approved/Reviewed:** 10/27/2021	**Prepared by:** Rachel King (Director Educational Equity Title IX Coordinator)	**Effective Date** 10/27/2021
Avon Hospital: MEC approval date: 11/15/2021 Board approval date:12/15/2021 Effective Date: 12/15/2021		**Euclid Hospital:** MEC approval date:11/12/2021 Board approval date: 12/15/2021 Effective Date: 12/15/2021	
Fairview Hospital: MEC approval date: 11/17/2021 Board approval date: 12/15/2021 Effective Date: 12/15/2021		**Hillcrest Hospital:** MEC approval date:11/10/2021 Board approval date: 12/15/2021 Effective Date: 12/15/2021	
Lutheran Hospital: MEC approval date: 10/28/2021 Board approval date: 12/15/2021 Effective Date: 12/15/2021		**Marymount Hospital:** MEC approval date: 11/22/2021 Board approval date: 12/15/2021 Effective Date: 12/15/2021	
Medina Hospital: MEC approval date: 11/16/2021 Board approval date: 12/15/2021 Effective Date: 12/15/2021		**South Pointe Hospital:** MEC approval date:11/16/2021 Board approval date: 12/15/2021 Effective Date: 12/15/2021	
CCCHR: MEC approval date: 12/3/2021 Board approval date:12/3/2021 Effective Date: 12/3/2021		**Weston, Florida:** MEC approval date: 11/22/2021 Board approval date: 11/22/2021 Effective Date: 11/22/2021	

Coral Springs, FL ASC/FHC: MEC/CSOC approval date: 11/22/2021 Board approval date: 11/22/2021 Effective Date: 11/22/2021	

Purpose

The purpose of this policy is to prohibit student hazing and to provide for penalties in compliance with applicable state law.

Policy Statement

Cleveland Clinic is committed to maintaining a safe, healthy and efficient working and learning environment for its students, trainees, employees, patients and visitors. Consistent with the spirit and intent of this commitment, Cleveland Clinic prohibits hazing as defined in this policy.

Definitions

Cleveland Clinic United States locations*:* Includes the main campus, Avon, Euclid, Fairview,
Hillcrest, Lutheran, Marymount, Medina, South Pointe, Children's Hospital for Rehabilitation,
Cleveland Clinic Florida, Cleveland Clinic Hospital (Weston), Coral Springs Ambulatory Surgery Center, and all Family Health Centers, Physician practice sites, Nevada practice sites, Emergency Departments, Express Care Centers, Urgent Care Centers and Ambulatory Surgical Centers reporting to these facilities.

Cleveland Clinic Premises: All Cleveland Clinic buildings, other buildings where Cleveland Clinic employees work, parking garages, parking lots or other open areas owned or under control of Cleveland Clinic, in any Cleveland Clinic vehicle, or at any other location while on Cleveland Clinic business.

Affiliate School: An educational institution with which Cleveland Clinic has an affiliation agreement through which enrolled students of the institution participate in Cleveland Clinic's educational programs or activities.

Affiliate Student: An affiliate student is a participant in a Cleveland Clinic educational program or activity who is enrolled in an affiliate school.

Educational Program or Activity: Any program or activity offered at Cleveland Clinic or by Cleveland Clinic employees in the scope of their duties that is educational in nature beyond onthe-job training, general interest, or routine continuing education programs. Factors in determining whether a program or activity is educational include whether it is structured through a particular course of study; whether participants earn academic credit toward a degree or certificate, or qualify to sit for professional exams; or whether a program provides instructors, exams or other evaluation process. Educational programs and activities include, without limitation, degree- or certificate-granting programs offered by Cleveland Clinic and affiliated colleges and universities; clinical rotations for degree- or certificate-granting programs; medical and other residency programs; research and medical fellowships; internships; and educational programs offered to middle school, high school, college and university students.

Hazing: Doing any act or coercing another, including the victim, to do any act of initiation into any student or other organization or any act to continue or reinstate membership in or affiliation with any student or other organization that causes or creates a substantial risk of causing mental or physical harm to any person, including coercing another to consume alcohol or a drug of abuse.

Program Leadership: For the purposes of this policy, refers to the administrators of a student's educational experience or program. Program leadership includes program directors, education coordinators, preceptors and other Cleveland Clinic employees with the authority to address misconduct in a program/educational experience.

Student: For the purposes of this policy, a student is a person enrolled in a Cleveland Clinic educational program or activity who is not employed by Cleveland Clinic. The term "student" includes affiliate students and trainees who are not employed by Cleveland Clinic.

Policy Implementation

Scope

This policy applies to students as that term is defined in this policy. This policy applies to conduct that takes place on or off Cleveland Clinic premises and that involves two or more people who are affiliated with the Educational Program or Activity. Hazing directed toward or by individuals other than students falls under the Professional Conduct Policy.

Procedure

Individuals who become aware of any student engaged in hazing shall report the conduct to the student's program leadership. The student's program leadership shall investigate the report, as appropriate, in accordance with the disciplinary process for the program. Where the hazing conduct may constitute a crime, program leadership shall report it to the appropriate law enforcement agency.

Violation of Policy

Any student who is found to be in violation of this policy is subject to disciplinary action up to and including dismissal from their program/educational experience. A student may be suspended from participation in their program/educational experience pending the outcome of an investigation. An affiliate student's program leadership will inform an affiliate school of any actions taken under this policy.

Programs of Education, Prevention, Treatment and Support

Cleveland Clinic shall make anti-hazing education available to students, administrators, faculty members and other caregivers.

Regulatory Requirement/References

Ohio Revised Code Section 3345.19, Anti-hazing policy.

Oversight and Responsibility

Education Institute is responsible to review, revise, update, and operationalize this policy to maintain compliance with regulatory or other requirements.

It is the responsibility of each hospital, institute, department, educational program and activity and discipline to implement the policy and to draft and operationalize related procedures to the policy if applicable.

Other Background Information

Issuing Office:
Education Institute

Approved by:

Dr. James K. Stoller, Chairman, Education Institute

Reviewed by:
Susan Hastings, Esq., Deputy Chief Legal Officer

STUDENT APPEAL PROCESS FOR CLEVELAND CLINIC INTERNAL HEALTH SCIENCE PROGRAMS

PURPOSE

The Appeal Mechanism provides a thorough, timely and objective assessment and resolution of student concerns and assures that students are treated in a fair, reasonable and nondiscriminatory manner. An appeal can be any concern or complaint asserted by a student regarding interpretation, application or breach of any policy, practice or procedure.

ELIGIBILITY

This procedure is available to any student enrolled in a Cleveland Clinic enterprise internal health science education program, who does not have any affiliation with a college/university.

PROCEDURE

The Cleveland Clinic desires to resolve student grievances, complaints and concerns in an, expeditious, fair, cordial and professional manner. A student may resolve a grievance by initiating the following steps:

Informal Process

The student is advised to discuss the grievance informally with the person who is the source of the grievance. If the parties resolve the grievance, it is deemed closed. If the grievance is not resolved at this level, the student may request an informal review by the program director. It is expected that most problems or complaints of concern to students will be discussed and resolved in a timely fashion informally between the student and the program director. If the response from the program director is unacceptable to the student, or if the program director is the basis of the complaint, the student may initiate the formal grievance procedure. **The Director, Health Science Educational Partnerships, Center for Health Sciences Education,** will be notified immediately by the program director of an impending formal grievance.

Formal Grievance Procedure

The formal grievance procedure begins when a dated written complaint is submitted to the program director. The written complaint may be submitted via email. An appeal must be initiated within 5 business days of the date on which cause of the appeal is known. A copy of the appeal must be sent to the **Center for Health Sciences Education**.

STEPS

1. The **first step** of appeal should involve discussion with the **department director/ chairperson** or the **program's medical director** if the program director is also department director. Every effort should be made to resolve the issue at this step of the process. The **director/chairperson** or **program's medical director** has 5 business days to respond to the student in writing following the initial appeal request by the student as to the decision rendered.

2. If the decision rendered at the first step is deemed unacceptable by the student, the **second step** of appeal should involve the system-wide **Education Director/Manager** for the discipline. If no **Education Director/Manager** has been appointed, the **Director, Health Sciences Educational Partnerships**, Center for Health Sciences Education, should be notified**.** The **Education Director/Manager** or **Director, Health Sciences Educational Partnerships**, has 5 business days to respond to the student in writing following notification of appeal as to the decision rendered.
3. If the decision rendered at the second step is deemed unacceptable by the student, the **third step** of the appeal involves the **Health Professions' Education Council's Student Appeals Committee**. The committee chairperson and one committee member will review each appeal. The decision and recommendations at this step are final. The **Health Professions' Education Council** has 10 business days to respond to the student in writing following notification of appeal as to the decision rendered.

4. An appeal should be filed with the **Center for Health Sciences Education Office.** The education office will assign someone to assist the student throughout the appeal process.

5. The student shall have the opportunity to appear in person before the reviewing party at each step of the appeal process.

6. Appeals at each step must be made in writing by the student within 10 business days after receipt of the reviewing party's response. Email is acceptable. The **Center for Health Sciences Education** must be copied on all communications at each step of the appeals procedure.

7. The **Human Resources** and **Legal Departments** are available, in a consultative capacity, to the Program Director, Program's Medical Director, system-wide Education Coordinator, Director, Health Sciences Educational Partnerships or to the Chairman, Education Institute as it relates to the student's appeal**.**

Rev. 3/19/12, 6/20/13, 4/9/15

Cleveland Clinic

Center for Health Sciences Education

HEALTH SCIENCE PROGRAMS STUDENT GRIEVANCE PROCEDURE

Target Group: **Cleveland Clinic United States Locations**		**Original Date of Issue:** Original Creation Date	**Version** Version
Approved by: AP Full Name	**Date Last Approved/Reviewed:** Last Periodic Review Date	**Prepared by:** PO Both	**Effective Date** Effective Date

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

Purpose

The purpose of this grievance procedure is to provide a thorough, timely and objective assessment and resolution of student concerns in a fair, reasonable and nondiscriminatory manner.

Definitions

Cleveland Clinic United States Locations includes the main campus, Avon, Euclid, Fairview, Hillcrest, Lutheran, Marymount, Medina, South Pointe, Children's Hospital for Rehabilitation, Weston Hospital, Coral Springs Ambulatory Surgery Center, Martin North Hospital, Martin South Hospital,
Tradition Hospital , and all Family Health Centers, Physician practice sites, Nevada practice sites, Emergency Departments, Express Care Centers, Urgent Care Centers and Ambulatory Surgical Centers reporting to these facilities.

Affiliate Health Science Program: A program in which students from a school, college or university complete clinical rotations at Cleveland Clinic pursuant to an affiliation agreement.

Grievance: A claim by a student that Cleveland Clinic and/or one or more of its employees has violated a specific Cleveland Clinic policy or procedure.

Internal Health Science Education Program: A program offered by Cleveland Clinic in which students enroll directly and not through a school, college or university.

Program Leader means the Cleveland Clinic employee responsible for the relevant program. For internal health science education programs, the Program Leader is the Program Director. For affiliate health science programs, the Program Director is the discipline-specific Education Coordinator.

Student: A person enrolled in a Cleveland Clinic internal health science education program or an affiliate health science education program. Volunteers who do not receive academic credit for their service are not students.

Eligibility

This procedure is available to any student enrolled in an internal health science education program or an affiliate health science program. A grievance may be reviewed under this procedure if it is based on facts that have not previously been reviewed by the student's school, college or university or through another Cleveland Clinic process.

If a grievance relates to conduct by Cleveland Clinic employees and the employees of a student's school, college or university, the Director, Center for Health Sciences, shall consult with the student's school, college or university to determine which institution shall review the grievance or to jointly review the grievance.

A student who believes that they have been subject to discrimination or harassment may also contact the Office of Educational Equity.

Procedure

A student may resolve a grievance through an informal grievance resolution process or a formal grievance review.

Informal Grievance Resolution

If a student feels comfortable doing so, they are advised to discuss their grievance informally with the person who is the subject of the grievance. If the parties resolve the grievance, it is deemed closed. If the grievance is not resolved at this level, the student may request an informal review by their program leader. It is expected that most grievances will be discussed and resolved in a timely fashion informally between the student and the program leader. The program leader shall keep a record of the resolution.

If the response from the program leader is unacceptable to the student, or if the program leader is the subject of the grievance, the student may initiate the formal grievance review.

Formal Grievance Review

A student may initiate a formal grievance review by submitting their grievance to the Center for Health Sciences Education by email. The grievance should include the student's name and program, the name(s) of the Cleveland Clinic employee(s) involved, the specific policy or procedure that may have been violated, and a brief description of the facts giving rise to the grievance. A formal grievance review must be initiated within fifteen (15) business days of the date on which the action giving rise to the grievance is known, whether or not an informal grievance resolution was attempted. This deadline and those set forth below may be extended by the Director, Center for Health Sciences Education when the Director determines there is good reason to do so.

Step 1. Upon receipt of a grievance, the Center for Health Sciences Education shall notify the program leader, unless the program leader is a source of the grievance. If the program leader is a source of the grievance, the Center for Health Sciences Education shall notify the Director, Center for Health Sciences Education who shall designate an individual to fulfill the program leader's role in Step 1 of the formal grievance review.

The program leader shall contact the student who submitted the grievance within 5 business days of receipt of the grievance, and schedule a meeting with the student as soon as possible, but no later than 10 business days of receipt.

After meeting with the student, the program leader shall meet with the employee(s) who is/are the subject of the grievance and may gather additional information if necessary. The program leader shall render a decision with respect to the grievance as soon as possible, but no later than 10 business days after meeting with the student. The decision shall include any findings, a determination whether the relevant policy or procedure has been violated, and, if so, any consequences for the violation. The program leader shall provide the decision in writing to the student, the employee(s) involved and the Center for Health Sciences Education.

If the student does not agree with the program leader's resolution, they may appeal the decision to the to the Health Professions' Education Council's Student Appeals Committee (the "SAC") by contacting the Center for Health Sciences Education within 3 working days of receipt of the program leader's decision.

Step 2. Upon receipt of an appeal to Step 2, the Center for Health Sciences Education shall forward the appeal, the grievance, the program leader's decision and any additional information gathered by the program leader to the SAC. The SAC chairperson and two committee members will review the record of the grievance and reach a final decision. The SAC may uphold the program leader's decision, alter the decision or require the program leader to conduct additional investigation. The SAC shall render its decision within ten (10) business days of receipt of the appeal. The SAC's decision is final.

The **Office of Educational Equity** and **Legal Departments** are available, in a consultative capacity, to the program leader, SAC and Director, Center for Health Sciences Education or to the Chairman as it relates to the student's grievance**.**

Oversight and Responsibility

The Director, Center for Health Sciences Education is responsible to review, revise, update, and operationalize this procedure.

Cleveland Clinic

Education Institute

Student Immunization Policy

Target Group: Cleveland Clinic health system – Students		**Original Date of Issue:** Not Set	**Version** 3
Approved by: Board of Directors-Main	**Date Last Approved/Reviewed:** 03/11/2020	**Prepared by:** Rachel King (Director Educational Equity Title IX Coordinator)	**Effective Date** 03/11/2020
Avon Hospital: Board approval date: 3/18/2020 Effective Date: 3/18/2020		**Euclid Hospital:** Board approval date: 3/18/2020 Effective Date: 3/18/2020	
Fairview Hospital: Board approval date: 3/18/2020 Effective Date: 3/18/2020		**Hillcrest Hospital:** Board approval date: 3/18/2020 Effective Date: 3/18/2020	
Lutheran Hospital: Board approval date: 3/18/2020 Effective Date: 3/18/2020		**Marymount Hospital:** Board approval date: 3/18/2020 Effective Date: 3/18/2020	
Medina Hospital: Board approval date: 3/18/2020 Effective Date: 3/18/2020		**South Pointe Hospital:** Board approval date: 3/18/2020 Effective Date: 3/18/2020	
CCCHR: MEC approval date: 4/3/2020 Board approval date: 4/3/2020 Effective Date: 4/3/2020			

Purpose

This document outlines the process for annual immunizations of all students.

Policy Statement

The Cleveland Clinic strives to protect patients, employees, employees' family members, students and the community through the immunization of all students, clinical instructors and preceptors.

Definitions

Cleveland Clinic health system: Includes the main campus, Avon, Euclid, Fairview, Hillcrest,
Lutheran, Marymount, Medina, South Pointe, Children's Hospital for Rehabilitation, and all
Family Health Centers, Physician practice sites, Nevada practice sites, Emergency Departments, Express Care Centers, Urgent Care Centers and Ambulatory Surgical Centers reporting to these facilities.

Student: A person enrolled in a Cleveland Clinic educational program, including in a health sciences program or a clinical rotation pursuant to an affiliation agreement with a School. Volunteers who do not receive academic credit for their service are not students.

Visiting Preceptor: A clinical instructor or preceptor who is not a Cleveland Clinic caregiver.

School: A school, college or university with which Cleveland Clinic has an affiliation agreement that provides for students to complete clinical rotations in the Cleveland Clinic health system.

Flu Season: As determined annually by Occupational Health, the period in which the flu is most common. Flu season is typically from November through March.

Policy Implementation

A. Annual Influenza Immunization

1. All students, regardless of age, and visiting preceptors, who are placed in the Cleveland Clinic health system (CChs) for more than 5 days and receive a Cleveland Clinic identification (ID) badge for a planned clinical or educational experience during the flu season are required to receive an influenza vaccination in accordance with this policy.
2. Any student or visiting preceptor who does not comply with this policy will not be allowed to participate in a clinical or educational experience within the

CChs during flu season. However, if such a student or visiting preceptor meets all other health and background check requirements, they may be provided a clinical or educational experience outside of flu season if available.

3. Students or visiting preceptors placed in the health system before or after the flu season begins must obtain the annual flu vaccine when it becomes available from their primary care provider (PCP), public clinics, pharmacies, etc. and provide evidence of receiving the flu vaccine to their School, or directly to the CChs employee responsible for student placement.
4. Students or visiting preceptors placed in the health system during the flu season must show evidence of receiving the flu vaccine to their School or CChs employee responsible for student placement before they are on-boarded into CChs.

B. Other Immunizations

1. Every Cleveland Clinic educational program may establish requirements for additional immunizations based on the nature of a student's or visiting preceptor's clinical placement. These requirements will be communicated to Schools, or directly to students and visiting preceptors, as appropriate.
2. Any student or visiting preceptor who does not comply with these additional immunization requirements will not be allowed to participate in a clinical or educational experience within the CChs.

C. Exemptions

1. Medical - Exemption to immunization may be granted for medical contraindications.
2. Religious - Exemption to immunization may be granted for religious beliefs.

Exemption requests will be communicated by students, visiting preceptors or Schools to Cleveland Clinic's education representative of the specific education program in which the student or visiting preceptor plans to participate. Generally, such requests will be granted if they would be granted for Cleveland Clinic caregivers.

D. Payment for Immunizations

1. Students and visiting preceptors are not eligible to participate in the Employee Cleveland Clinic Influenza Immunization Program and must obtain all vaccinations at their own (or their School's) cost.

E. Flu Vaccine Documentation

1. Schools will attest to student and visiting preceptor compliance with this policy. Students not affiliated with a School must show evidence that they received all required immunizations to the CChs employee responsible for student placement.

F. Internal Centers for Medicare & Medicaid Service (CMS) Reporting

1. Student Flu Vaccine compliance (CMS data) will be communicated to the Occupational Health Department by Protective Services.
2. Occupational Health is responsible for reporting CChs hospital student and academic instructor or preceptor data to CMS.

Regulatory Requirement/References

Federal Regulations, State and Local Laws, and FDA U.S. Food and Drug Administration Centers for Disease Control and Prevention (CDC).

Centers for Disease Control and Prevention (CDC). Influenza vaccination of health-care personnel: recommendations of the Health-Care Infection Control Practices Advisory Committee (HICPAC) and the Advisory Committee on Immunization Practices (ACIP).

Centers for Medicare & Medicaid Services (CMS), Conditions of Participation for Hospitals, 42 CFR §482.42 Condition of Participation: Infection Control.

National Quality Forum (NQF) #0431 Influenza Vaccination Coverage among Healthcare Personnel

NVAC - National Vaccine Advisory Committee, a committee of the Department of Health and Human Services.

The Joint Commission Comprehensive Accreditation Manual for Hospitals, 2012, IC.01.04.01, IC.02.04.01, HR.01.04.01, PI.02.01.01, PI.03.01.01.

U.S. Department of Health & Human Services Action Plan to Prevent Healthcare-Associated Infections: Road Map to Elimination

Oversight and Responsibility

The Education Institute is responsible to review, revise, update, and operationalize this policy to maintain compliance with regulatory or other requirements.

It is the responsibility of each hospital, institute, department and discipline to implement the policy and to draft and operationalize related procedures to the policy if applicable.

Compliance with this policy will be monitored by the students' academic institution or those responsible for student placement and onboarding within the CChs.

Other Background Information

Issuing Office:
Education Institute

Reviewed by:

Dr. James K. Stoller, Chairman, Education Institute

Student Management Collaborative:

Melissa Blevins	Protective Services
Jennifer Docherty	Nursing Institute
Kerilyn Gillombardo	Education Institute
Cheryl Goliath	CCAG
Michele Hrehocik	Education Institute
Jill Markowitz	Occupational Health
Dr. Mari Knettle	Center for Health Sciences Education
Kathleen Mau	Nursing Education
Elizabeth Myers	CCLCM
Kimberly Peavy	Talent Acquisition
Bryan Pflaum	Office Civic Education Initiatives
Christopher Reardon	Talent Acquisition
Jennifer Reinke	Volunteer Services
Nedra Starling	Community Outreach
Dr. Christine Warren	CCLCM
Amy Yamokoski	Lerner Research Institute

Cleveland Clinic

Human Resources

Telephone and Cellular Phone Use Policy

Target Group: Cleveland Clinic United States locations- Non-Physician Employees		**Original Date of Issue:** 03/01/1975	**Version** 3
Approved by: Donald Corpora	**Date Last Approved/Reviewed:** 03/11/2021	**Prepared by:** Jill Prendergast (Senior Director Human Resources Services)	**Effective Date** 03/11/2021

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

Purpose

To provide standards on the appropriate use of business telephone and voicemail systems as well as personal cellular phones or similar devices.

Policy Statement

Cleveland Clinic maintains telephone and voicemail systems for business purposes as a vital link to our patients and community. For this reason, Cleveland Clinic discourages the making or receiving of personal calls or engaging other non-work related activity with a phone during working hours either on hospital owned phones or personal cellular phones. This policy is also intended to provide and maintain a quiet, healing environment, and to protect patient confidentiality. Use of cellular phones in patient care areas will be permitted at the discretion of departmental management.

Definitions

Cleveland Clinic United States locations: Includes the main campus, Avon, Euclid, Fairview, Hillcrest, Lutheran, Marymount, Medina, South Pointe, Children's Hospital for Rehabilitation, Weston Hospital, Coral Springs Ambulatory Surgery Center, and all Family Health Centers, Physician practice sites, Nevada practice sites, Emergency Departments, Express Care Centers, Urgent Care Centers and Ambulatory Surgical Centers reporting to these facilities.

Cellular phone: For the purposes of this policy, the term "cellular phone" is defined as any handheld electronic device with the ability to receive and/or transmit voice, text or data messages without a cable connection (including but not limited to cellular phones, Smartphones, tablets, digital wireless phones, radio-phones, telephone pagers, PDAs (personal digital assistants) with wireless communications capabilities which may or may not have the capability to take pictures and videos). Cellular phone devices may also be considered any device capable of being networked by a private network provider to obtain information and send information over the internet.

Policy Implementation

Personal Telephone Calls

Cleveland Clinic understands that employees may periodically need to make and receive personal calls during working hours. Such calls, whether utilizing Cleveland Clinic telephone equipment or personal cell phones and relating to personal, non-emergency issues during work hours, are disruptive to the normal flow of business and should be strictly limited. When at all possible, personal calls during working hours should be limited to the use of personal cellular phones in authorized non-working areas during employee breaks or meal periods.

Voicemail

Voicemail, like other components of Cleveland Clinic's telephone system, is intended for business use. All messages, whether left of Cleveland Clinic owned desk phones or cellular phones, are company records. While voicemail passwords are intended to limit access to authorized individuals only, employees should not have an expectation of privacy in connection with voicemail messages and should exercise professional discretion and judgment when utilizing the system.

Monitoring Telephone Calls for Customer Service

Cleveland Clinic reserves the right to monitor the calls of employees to ensure a consistent level of service and verify that information provided to customers is accurate. Employees who work in departments where phone monitoring occurs will be informed of this requirement during their departmental orientation process.

Cellular Phones

While at work, employees are expected to exercise the same discretion in using personal cellular phones as they use with Cleveland Clinic telephones. Excessive personal calls, text messaging, social media activity, or internet activity during the workday, regardless of the device used, can interfere with employee productivity and be distracting to others. Employees should restrict all such activity during work time, and should use personal cellular phones only during scheduled breaks or lunch periods in non-working areas and avoid patient care areas when possible. Cellular phone devices should be on vibrate or silent mode when carried by employees on Cleveland Clinic premises during work time. Cellular phones should not be answered

or used for any other non-work related purpose including but not limited to texting, emailing, and social media activity during patient care delivery or where it would interrupt employees' day-to-day work responsibilities, with the exception of conducting business related calls impacting patient care.

Cleveland Clinic cellular phones are provided to assist employees in the performance of their jobs and intended for business use only. Employees who are issued a Cleveland Clinic cellular phone should use it for all work-related needs and refrain from using a personal device for any business purpose. Employees are expected to use common sense and exercise good judgment regarding the personal use of Cleveland Clinic mobile devices and accounts. Personal use must not conflict in any way with Cleveland Clinic's business objectives, or interest, organizational values, standards of business conduct, nor should such use jeopardize Cleveland Clinic's status as a nonprofit organization. Employees should not have an expectation of privacy or personal ownership in connection with their use of Cleveland Clinic issued cellular phones.

Employees who are issued a Cleveland Clinic cellular phone have the responsibility to be consistent with the following documents:

- **Information Security and Privacy Manual**

- **Acceptable Use of Information Assets Policy**

- **Mobile Devise User Guidelines**
  http://portals.ccf.org/Portals/17/documents/Mobile-Device-User-Guidelines-v3.pdf.

Recording and Photographing

Given privacy concerns, the use of audio recording and/or electronic imaging function of cell phones (i.e., cell phone cameras and video recorders) or of any other devices with similar capabilities is prohibited on Cleveland Clinic premises except when conducting authorized or approved Cleveland Clinic business and/or with express consent from the subject(s) of any such recording or photograph, and in compliance with the Policy on Patient Recordings (Photo, Video, and Audio) if applicable. This provision should not be considered to prevent employees from engaging in activity protected by the NLRA (i.e. employees engaging in protected concerted activity on non-work time in non-work areas).

Cellular Phone Use While Driving.
Employees are required to be familiar with and comply with local laws when using a cellular phone while operating a motor vehicle. It is highly recommended that when operating a company-owned vehicle, or a personal vehicle while in the performance of Cleveland Clinic business, employees use hands-free devices when using a cellular phone, electronic communication device or any other electronic equipment.

This shall apply to company owned /issued devices or devices owned by the employee, whether used for business or personal reasons.

Employees should use caution when using data services on their cellular phones while driving in the performance of Cleveland Clinic business, and must comply with applicable state and local laws prohibiting communication via text message, e-mail, or instant message while driving.

Application of Policy

- All new employees will be informed of this policy during their new hire orientation. It will be the responsibility of each department to inform current employees and any vendors/ contractors working in their areas of the policy.

- The Environmental Safety Committee will be responsible for investigating and reviewing all incidents that involve suspected interference with clinical devices due to electromagnetic interference (EMI).

Harassment, Fraud or Illegal Activity

Cleveland Clinic prohibits the use of its telephones, owned cellular phones and voicemail systems for purposes of harassment, fraud or other illegal activities. The use of personal phones is also prohibited for this type of activity.

Violations of this policy may result in corrective action up to and including termination.

Regulatory Requirement/References

Cleveland Clinic documents:

Acceptable Use of Information Assets Policy
Corrective Action Policy
Electronic and Voicemail Policy
Information Security and Privacy Manual
Mobile Device User Guidelines
Non-Discrimination, Harassment or Retaliation Policy
Policy on Patient Recordings (Photo, Video, and Audio)
Fleet Vehicle and Driver Directive

Oversight and Responsibility

Human Resources Management is responsible to review, revise, update, and operationalize this policy to maintain compliance with regulatory or other requirements. Human Resources is responsible for determining, in collaboration with management, if a violation of this policy has occurred.

It is the responsibility of each hospital, institute, department and discipline to implement the policy and to draft and operationalize related procedures to the policy if applicable.

Other Background Information

Issuing Office: HR Services, Human Resources

Weapons and Contraband Policy

Target Group: Cleveland Clinic- health system		**Original Date of Issue:** 6/26/2002	**Version** 4
Approved by: Board of Directors-Main	**Date Last Approved/Reviewed:** 01/15/2020	**Prepared by:** Gordon Snow (Chief Security Officer)	**Effective Date** 01/15/2020
Avon Hospital: Board approval date: 4/19/2017 Effective Date: 4/19/2017		**Euclid Hospital:** Board approval date: 4/19/2017 Effective Date: 4/19/2017	
Fairview Hospital: Board approval date: 4/19/2017 Effective Date: 4/19/2017		**Hillcrest Hospital:** Board approval date: 4/19/2017 Effective Date: 4/19/2017	
Lutheran Hospital: Board approval date: 4/19/2017 Effective Date: 4/19/2017		**Marymount Hospital:** Board approval date: 4/19/2017 Effective Date: 4/19/2017	
Medina Hospital: Board approval date: 4/19/2017 Effective Date: 4/19/2017		**South Pointe Hospital:** Board approval date: 4/19/2017 Effective Date: 4/19/2017	
CCCHR: MEC approval date:6/02/2017 Board approval date: 6/26/2017 Effective Date: 6/26/2017			

Purpose

To provide Cleveland Clinic health system (CChs) personnel with a standardized process in preventing the introduction of weapons and contraband to CChs property and mitigate incidents wherein weapons or contraband are present.

Policy Statement

CChs personnel will take precautions to prevent introduction of weapons/contraband to its facilities while respecting the inherent rights of the individual as specified by local, state and federal law.

Reducing opportunities for weapons/contraband to enter CChs facilities and competently resolving situations in which weapons/contraband are found is paramount to assuring a safe healthcare environment for patients, visitors, employees, and non-employees.

Definitions

Chain of Custody- Is the chronological documentation showing the seizure, custody, control, transfer, analysis and disposition of evidence/contraband.

Cleveland Clinic health system- Includes the main campus, Avon, Euclid, Fairview, Hillcrest,
Lutheran, Marymount, Medina, South Pointe, Children's Hospital for Rehabilitation, and all
Family Health Centers, Physician practice sites, Nevada practice sites, Emergency Departments, Express Care Centers, Urgent Care Centers and Ambulatory Surgical Centers reporting to these facilities.

Contraband – The Ohio Revised Code 2901.01 defines contraband as:
"Contraband means any property that is illegal for a person to acquire or possess under statute, ordinance or rule, or that a trier of fact lawfully determines to be illegal to possess by any reason of the person's involvement in an offense." Any item determined by hospital staff to be hazardous or that may unduly violate the privacy of other patients may be classified as contraband. If any item or substance is suspected of being contraband, it is to be reported to Police/Security authority immediately.

"Contraband includes, but is not limited to, all of the following:

- *Any controlled substance as defined in section 3719.01 of the Revised Code, or any device or paraphernalia.*
- *Any unlawful gambling device or paraphernalia.*
- *Any dangerous ordnance or obscene material."*

Contraband comment: The broad definition makes it impossible to list all those items which may be considered contraband. Contraband in a hospital environment, especially in a behavioral health care unit, may also include otherwise legal items that could be harmful or dangerous for a patient, employee, non-employee, or visitor to possess based upon the environment. Cigarettes are considered contraband at CChs.

Dangerous Ordnance – Is any explosive device including, but not limited to, a hand grenade, dynamite, bomb, blasting cap, or incendiary device.

Deadly Weapon – Is any device capable of causing death, and that is either designed or specially adapted for use as a weapon including, but not limited to, a firearm, knife, crossbow, ax/hatchet, etc.

Hand Held Metal Detectors (wand) – A security scanner used to detect the presence of offensive weapons on a person or in his/her personal effects, and to check parcels or letters for metal objects.

Non-Employee- individual who needs access to CChs property who does not receive a pay check with a Cleveland Clinic logo on it. Examples are students, contractors, observers, etc.

Police/Security Authority – For the purposes of this policy, Police/ Security Authority will be defined as the on-site Cleveland Clinic Police Department Police Officer, Security Officer or the Officer provided by the approved security contract vendor. The term will also be used to reference the local police authority having jurisdiction in circumstances wherein on-site police/security personnel are not assigned to a facility.

Screen – Includes the visual observation, wanding, passing through a magnetometer or physical pat-down of a person by police/security or clinical staff

Weapon - Any device that could be carried, possessed or used for the purpose of inflicting physical harm.

Policy Implementation

CChs strictly prohibits the possession of contraband by patients, visitors, employees and nonemployees.

All persons entering CChs premises are subject to reasonable search of their person, belongings, and rooms to ensure the health and safety of all persons.

Cleveland Clinic Police or the security department will evaluate violation of this policy and will recommend corrective action up to and including termination of employment.

Threatening statements made relating to weapons or contraband will result in termination and/or criminal prosecution.

Police or the security department at the location will respond to all Caregivers who discover or suspect a patient, visitor, vendor contractor or other non-employee in possession of a weapon.

Weapons/Firearms and Contraband

A. Firearms are not permitted on any CCHs premises, at enterprise sponsored functions while conducting organization business off-premises, or in CChs owned or leased vehicles. For the purpose of this policy, CChs premises includes all enterprise owned or leased buildings, except where exempted by law.

B. Firearms are not permitted on any CChs premises with the exception of law enforcement officers, licensed armored car companies conducting official business on behalf of CCHs or its leased properties (e.g. Brinks, Dunbar, Wells Vargo, etc.), Cleveland Clinic Police Officers, or Cleveland Clinic Inspectors of the Protective Services Department and those individuals employed by CCHs Protective Services authorized to carry by Federal statute.

    1. On-duty uniformed police officers, from any state, may carry their firearm in any CChs premises unless they are a patient due to the likelihood of the officer becoming separated from his belongings and firearm during treatment. Their firearm shall be turned over to a CCPD police officer for storage until the officer is discharged.
    2. On-duty plain clothes police officers such as detectives, and state and federal agents, from any state, shall be permitted to carry their firearm in any CCHs premises as long as it can be concealed. If the firearm cannot be concealed, the plain clothes officer or agent can be escorted by a CCPD police officer to and from his business, have his firearm stored until he/she completes their business or store the firearm in their vehicle.
    3. Off-duty police officers to include states and federal agents form any state, in plain clothes shall be permitted to carry their firearm in any CCHs premises as long as it can be concealed. If the firearm cannot be concealed, the off-duty plain clothes officer or agent can be escorted by a CCPD police officer to and from his business, have his/her firearm stored until he/she completes their business or return and store the firearm in their vehicle. Off-duty officers and agents who are patients will not be permitted to carry their firearm in any CChs premises due to the likelihood of the officer or agent becoming separated from their belongings and weapon during treatment. The weapon can be stored by a CCPD police officer until the officer or agent is discharged or returned and stored in the officer or agent's vehicle. Any on or off duty police officer or agent refusing to comply with the firearm restrictions specified in the SOP will not be permitted inside the impacted premises.
    4. Security officers are strictly prohibited form handling any firearm in any CCHs premises.
    5. The conveyance of other weapons, other than firearms, by on and off duty law enforcement officers into a CChs premises, shall be at the discretion of a CCPD supervisor.

C. CChs employees are not permitted to bring weapons onto CChs premises. Violation of this policy will result in corrective action, up to and including termination.

D. Contractors, volunteers, vendors and any other non-employees are prohibited from bringing weapons onto CChs premises.

E. Firearms are not permitted in any CChs location. The Carry Concealed Weapon (CCW) permit does not authorize patients, visitors, employees, or non-employees to carry the weapon in a CChs facility. Signs are posted at entrances to CChs facilities advising of this prohibition.

Room Searches

In order to protect the safety and welfare of patients, visitors, staff and others from the threat caused by the presence of contraband in a clinical setting, CChs reserves the right to conduct a reasonable search of a patient's room and/or personal property in the following situations:

a. Reasonable suspicion to believe a patient is concealing weapons/contraband covered by policies.
b. A patient's personal property will be searched only in circumstances in which the police/security authority, in consultation with the clinical staff, determine that there is reasonable suspicion to believe a patient is in the possession/control of weapons/contraband and there is risk of harm to the patient, visitors, staff or other persons if the weapon/contraband is not removed.

Regulatory Requirement/ References

Ohio Revised Code sections 2901.01 and 3719.01
EC.02.01.01
Center for Medicare and Medicaid Services Conditions of Participation 482.13 (c)(2)
Corrective Action Policy
Major Policies for the Professional Staff - Policy for the Due Process/Right of Review for a
Member of the Professional Staff

Oversight and Responsibility

Cleveland Clinic Protective Services will review, revise, update, and operationalize this policy to maintain compliance with regulatory or other requirements.

It is the responsibility of each hospital, institute, department and discipline to implement the policy and to draft and operationalize related procedures to the policy if applicable.