

## I. POLICIES AND PROCEDURES – MCH SPECIFIC

### A. Category of Employment

Residents are members of the Medical Staff, recognized as physicians in training, and employed by the hospital with certain limited privileges to practice medicine within the hospital under supervision. Residents are hospital employees and as such should become familiar with the “Miami Children’s Hospital’s Employee Handbook”. A copy of this hand book is available online on the MCH TM&E Department Intranet (Employee Services).

The residents shall abide by the current Rules and Regulations of the Training Program as described in this manual. This document is designed as a guide to the resident. Where applicable, the Bylaws and Rules and Regulations of the Medical Staff and the Bylaws and Rules and Regulations of the Hospital shall always be the basis upon which the resident’s activities applicable to Miami Children’s Hospital shall apply.

### B. Employment Application Verification

All offers of residency with the Hospital are contingent upon satisfactory verification of prior work and educational background, verification of any information included in the application for residency. Discovery of falsification of information on the application grounds for dismissal at any time after discovery by the Hospital.



as well as  
shall be

### C. Personnel Records

All employment records, including the initial application, W-4 Withholding Tax Form U.S. Immigration Service I-9 Form and Medical Questionnaire must be completed and in the Medical Education office on the first regular business day worked.

Federal  
History

### D. Employee Identification

Every employee is provided with an identification badge bearing the employee’s photograph. Photographs are taken at the Hospital’s expense. These identification badges must be worn, photo side up, by the employee at all times while on duty in the Hospital and must be surrendered upon request by the Hospital. Identification badges are the property of the Hospital and may not be used for identification outside the Hospital. Lost cards will be replaced, at the employee’s expense, by the Human Resources Department. It is important that all employees wear these cards to identify themselves to patients, parents, visitors and staff. Presentation of ID badges is also necessary for discount privileges in the cafeteria and for periodic unannounced payroll audits. (At these times,



and must  
remain  
purposes  
expense,  
residents  
and staff.  
the  
times,

checks will not be issued until the employee presents an identification card.)

Personal business cards will be provided to residents to be given for patient-physician identification.

#### **E. Change of Address or Other Personal Statistics**

The Medical Education office and the Human Resources Office should be promptly notified of any change of address, telephone number, or name change. Tax status (W-4) changes should also be made at the Personnel Office.

#### **F. Employee Health Requirements**

All residents will complete a pre-placement assessment to assure that the resident is fit for duty and free of communicable disease. The assessment may include physical examination, health history, and laboratory blood tests for protection from Measles, Rubella, Chickenpox, and Hepatitis. Screening for Tuberculosis will include skin testing or chest x-ray as indicated.

A resident may be required to have a physical examination at any time deemed advisable by the Employee Health Nurse. Semi-annual re-examination is required for certain job categories.

Assessments and required vaccines are done at the expense of the Hospital. Any medical follow-up required to assure fitness for duty is at the resident's expense.

Infection control policies are available in each department, listing communicable diseases, which would exclude an employee from working in certain job activities. Communicable diseases identified in residents are reported immediately to the Infection Control Department. A summary of all resident illnesses is sent by the Health Office to the Infection Control Department monthly.

Tuberculosis prevention education, which may include skin testing (on an annual assessment/questionnaire for those whose PPD are positive), must be completed each year on the resident's anniversary. This must be documented before the performance evaluation is completed. (A salary increase will be delayed until this requirement is met and when eventually given will not be retroactive.)

#### **G. Drug Screening Policy**

Miami Children's Hospital has an obligation to provide quality patient care and a safe environment for patients, families, employees and visitors. All applicants will be screened for drug use and, where indicated, for alcohol abuse. The urine drug screen test shall include a test for certain psychoactive chemical agents which include:

Amphetamines	Opiate Derivatives
Cannabinoids	Phencyclidine
Cocaine	

It is the intent of the drug screening program to test for those chemical agents that frequently are the drugs of dependency. Therefore, the preceding list of psychoactive agents is subject to continual review and possible modification.

Any resident who tests positive for the presence of any of the psychoactive chemical agents shall not be employed. However, an applicant may be considered for employment and re-testing after a period of twelve months. Upon the successful completion of a subsequent test, the applicant is eligible for employment providing he/she, as a condition of employment, agrees to submit to periodic and random urinalysis for a period of twelve months.

It will be the responsibility of the Medical Education Department to:

1. Inform all applicants of the requirement for a pre-employment urine drug screening test.
2. Have the "selected candidates" execute the Drug Screen Informed Consent document as a condition of employment (part of employment application).
3. Schedule the urine drug screening test for the applicant ("New" or "Special"). Refer the candidate to the Employee Health Office for an appointment for drug screening.
4. Review the results and request confirmation tests when advised by the testing lab.
5. The Human Resource Department/Employee Health Office will clear the candidate or notify the candidate that the offer of employment is withdrawn as a result of failure to meet minimum employment standards (after the candidate has also failed to pass the follow-up confirmation test.)

## **H. Management's Responsibilities And Rights**

The Hospital recognizes and accepts its responsibility to provide those services necessary to ensure quality patient care and contribute to the health needs of the community. The Hospital reserves the right to determine the type and extent of work which must be performed by each resident and to make changes when deemed necessary to establish and maintain the most efficient methods and procedures for the operation of the Hospital and to set forth the standards of performance necessary to achieve the Hospital's objectives.

Furthermore, the Hospital has the responsibility to provide the community with a staff of fully qualified personnel. Therefore, the Hospital must reserve the right to recruit and select its work force, determine specifications to select the applicant who best matches the job and to assure effective performance. The Hospital is an equal opportunity employer and does not discriminate on the basis of race, sex, creed, age, religion, national origin, or disability.

### **I. Fitness for Duty**

It is the responsibility of Hospital management to provide a safe environment and to promote the health of its patients, visitors and employees. The Hospital requires its employees to report to work and perform their duties without any adverse effects due to the use or abuse of drugs, medications or alcohol.

Any person who is unable to perform their assigned duty properly, who has an excessive rate of absenteeism or who is disruptive on the job is subject to normal Hospital disciplinary procedures up to and including dismissal.

However, employees with at least six months of service who acknowledge having problems with drugs, alcohol, medication abuse or emotional difficulties are eligible for a Medical Leave-of-Absence under Hospital policy and for those treatment options available through the Hospital's medical plan, health care employee professional programs and any employee assistance program then in effect. To be eligible for the Medical Leave-Of-Absense, the employee must have applied before a termination has occurred.

Employees who demonstrate impaired performance resulting in an incident report may be required by the Hospital to undergo testing for drug or alcohol abuse or to participate in an evaluation by a qualified outside agency. Refusal to undergo such testing or evaluation shall constitute insubordination and shall be dealt with under the regular disciplinary procedure.

Employees who demonstrate impaired performance which has not yet resulted in an incident involving patient care, safety, damage to Hospital equipment or injury to themselves, but whose behavior indicates reasonable cause for concern, may be requested to undergo testing or evaluation. This decision must be made by two management personnel. Their refusal to do so will not result in termination.

Any problems with performance, attendance, or incidents in the future will be dealt with under the regular disciplinary procedures of the Hospital. Therefore, the employee will have waived any further Medical Leave of Absence or the Employee Assistance Program consideration.

## **J. Drug Free Workplace Act of 1988**

The Hospital is subject to the Drug Free Workplace Act of 1988. This act states in a formal way what our policy must be regarding the work-related effects of drug use and the unlawful possession of controlled substances on Hospital premises. The policy is as follows:

1. Employees are expected and required to report to work on time and in appropriate mental and physical condition for work. It is Miami Children's Hospital's intent and obligation to provide a drug-free, safe, healthful, and secure work environment.
2. The unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance on hospital premises or while conducting Hospital business off hospital premises is absolutely prohibited. Violations of this policy will result in disciplinary action, up to and including termination, and may have legal consequences.
3. The Hospital recognizes drug dependency as an illness and a major health problem. The Hospital also recognizes drug abuse as a potential safety and security problem. Employees needing help in dealing with drug dependency are encouraged to utilize the coverage provided under our health plan and the services offered under the Employee Assistance Program. Conscientious efforts to seek such help will not jeopardize any employee's job, and will not be noted in any active personnel record.
4. Employees must, as a condition of employment, abide by the terms of the above policy and report any conviction under a criminal drug statute for violations occurring on hospital premises or off Hospital premises while conducting Hospital business. A report of a conviction must be made within five (5) days after the conviction. (this requirement is mandated by the Drug Free Workplace Act of 1988).

## **K. Harassment and Discrimination**

The most common forms of discrimination are based on prejudice and misperception about individuals based on their identification with a group.

These misperceptions regarding the workplace abilities and qualifications of the disabled, members of various minority groups, and people of different ages and genders have caused the enactment of comprehensive rules of federal and state law over the last 35 years prohibiting discrimination against members of certain groups.

In addition, other local laws prohibit employment discrimination on the additional bases of ancestry, language, marital status, or sexual orientation. MCH has incorporated those concepts into the categories protected under the hospital policies.

MCH is committed to fostering a workplace where both the letter and spirit of anti-discrimination laws are followed and respected. One of the specific purposes of our policies is to strongly encourage members of the MCH family to bring these matters to our attention so we can resolve the problems quickly and thoroughly within MCH.

All MCH employees are strictly prohibited from discriminating in recruiting, interviewing, hiring, firing, promoting, training, disciplining, establishing compensation and benefits, salaries, and in all other terms conditions and privileges of employment based on any of the criteria listed above or acting in any way that violates any of the policies discussed above. Furthermore, a failure to comply will subject any MCH employee to discipline up to, and including, termination.

## **L. Reporting of Unlawful Conduct**

Any employee of MCH who believes that he or she is the victim of discrimination or sexual or other prohibited harassment or that his or her work is being unreasonably interfered with by such conduct should indicate to the violator that such conduct or language is unacceptable. Then such individual is required to immediately report the conduct to his/her immediate supervisor, or the Director of Human Resources. If these individuals are not available or do not appear to take your complaint seriously, the affected individual may also contact any manager or officer of MCH who will insure that the matter is brought to the immediate attention of the Director of Human Resources. Anyone who is made aware of discrimination and sexual harassment and fails to report it according to these procedures may be subject to disciplinary action, up to and including termination.

Even when discrimination or sexual harassment is caused by a fellow employee, or by a non-employee third party, such member of the medical staff, a vendor or a visitor, it should be immediately brought to the attention of MCH through the same reporting channels. If the discrimination or harassment comes from a third party, MCH will take whatever action is reasonable within its control to correct the situation.

All reported complaints will be treated as confidentially as circumstances permit and will be investigated and resolved promptly. However, all employees should realize that MCH has, from the moment it is on notice of a possible violation of these policies, an affirmative duty to promptly investigate and take corrective remedial action if necessary.

### M. Physical or Verbal Abuse

MCH is committed to maintaining a work environment for employees and physicians free of physical or verbal abuse. Forms of physical or verbal abuse include:

Loss of emotional control resulting in the offending of an individual in the presence of a patient, family member, visitor or other hospital employee or physician.

Verbal abuse that results in condescending, demoralizing or demeaning criticism of any individual in the Hospital.

Loss of emotional control that results in a physical demonstration such as throwing objects or damaging furniture or workplace surrounds.

There is no acceptable justification for physical or verbal abuse; therefore, the investigation of such conduct will focus solely on whether the physical or verbal abuse occurred and will not address any alleged reason for the conduct.

When the alleged physical or verbal abuse is committed by a manager or employee of the hospital, it should be reported to a Manager, Department Head or Vice President responsible for the area.

### N. Status of Records

Medical record completion is a responsibility of all resident and attending staff physicians. Failure to complete medical records constitutes grounds for suspension from the residency without pay credit. If such suspension occurs, reinstatement is not automatic completion of delinquent records, necessarily. All residents are required to have completed all medical records prior to June 30th each year. Unless this obligation is met, salary level and promotion next level or graduation will not be granted. Any resident who the training program with incomplete records will not receive a certificate or educational credit for having completed that year of training



or  
upon  
of  
to the  
leaves

### O. Professional Conduct

Miami Children’s Hospital continually strives to strengthen its commitment to the care of children by:

- Providing the patient and family with highly qualified professional, technological, and support personnel in a family-type setting, where comfort and dignity are second only to superior care.
- Creating a suitable emotional and spiritual setting, an at-home atmosphere, providing for the special needs of children for play, comprehensive outdoor recreation, and early ambulation.
- Residents should attend their patients and their families without undue delay in a manner as competent and as thorough as possible. Residents should provide a caring and humanistic environment for patients and their families, always strengthening positive behavior such as courtesy, respect, and understanding.

## **P. Discipline**

Miami Children's Hospital recognizes that one of the major factors affecting the safety of its patients, efficiency and human relations is the on-the-job conduct and performance of its residents. Poor and inconsistent disciplinary procedures disrupt and undermine the morale of the entire resident staff. Miami Children's Hospital therefore adheres to the policy that:

- 1) All residents shall make themselves aware of expected rules of conduct and performance, as presented in this manual.
- 2) When discipline is necessary, it shall be administered in a fair, impartial, consistent and constructive manner.
- 3) Continuing improper conduct or performance shall invoke disciplinary measures which may include probation, suspension, or dismissal.
- 4) Any breach of rules, regulations, duties, or responsibilities will be brought to the attention of the Program Director.
- 5) A written record will be made of all warnings given and disciplinary measures taken.
- 6) Serious misconduct can result in immediate administrative action including dismissal.

Further details on Disciplinary Action, Grievance, and Appeal Process are delineated in the corresponding GME Policy

## **Q. Bill Of Rights And Responsibilities For Patients And Parents**

The following statement is given to every family when their child is admitted to the Hospital. It is important that our employees be aware of these rights and responsibilities.

Miami Children's Hospital has a responsibility to give your child appropriate medical care. The following is a set of guiding principles of patient care. It is important for you to know what your child's rights are as a patient and what your rights and obligations are as a parent and user of this hospital. We encourage you to talk with those involved with your child's care.

### **You and your child have the right:**

- 1) To considerate, respectful care and to privacy consistent with the care prescribed. This includes consideration of the psychosocial, spiritual, and cultural variables that influence the perceptions of illness.
- 2) To receive care in a safe, well protected environment, conducive to emotional and physical well-being.
- 3) To know by name the physicians, nurses and staff members responsible for your child's care; to receive responses to questions and requests; and to receive information regarding your child's diagnosis, the treatment prescribed, the prognosis of the illness and any instruction required for follow-up care, in language you understand.
- 4) To know what patient support services are available to you and your child.
- 5) To request a consultation or second opinion from another physician; to change hospitals.
- 6) To participate in decisions regarding the medical care of your child. To the extent permitted by law, this includes the right to request consent for treatment; to cross out and initial any part of a

consent form that you do not want applied to your child's care; to withdraw consent, and to be informed of the consequences of these actions.

- 7) To have appropriate assessment and management of pain.
- 8) To participate in the consideration of ethical issues arising in the care of your child through the Hospital Bioethics Committee.
- 9) To expect all communications and other records pertaining to your child's care including the source of payment for treatment, to be kept confidential except as needed for proper treatment and hospital administration, or as authorized by appropriate consent, or otherwise provided by law or third party payment contract.
- 10) To be informed of the hospital's policies regarding payment; to request, prior to treatment, an estimate of charges for medical care; and to request information and counseling on the availability of known financial resources for your child's care.
- 11) To receive an itemized bill, and to request an explanation of the charges.
- 12) To have access to your medical records within a reasonable time frame.
- 13) To have access to the medical resources of the hospital indicated for your child's care without regard to race, national origin, religion, handicap, or source of payment.
- 14) To treatment for emergency medical conditions that will deteriorate from failure to receive treatment.
- 15) For information about medical treatment given for the purpose of research, or research being conducted in addition to medical treatment; and, to refuse to participate in research, with the assurance that care will not be adversely affected by such a refusal.
- 16) As a patient, age 18 or older, you have the right to receive information regarding advance directives.
- 17) To express concerns or complaints regarding these rights or the quality of care and service provided by Miami Children's Hospital to the Patient/Family services Department.

**You have the responsibility;**

- 1) To follow the policies of the hospital and the specific unit. Parents or other responsible adults should accompany minor children on any hospital visit and observe all hospital rules.
- 2) To provide, to the best of your knowledge, accurate and complete information about present complaints, including any symptoms, past illnesses, hospitalizations, medications and other matters relating to your child's health; and, to report unexpected changes in your child's condition.
- 3) To notify your child's physician or nurse if you do not understand a diagnosis, treatment or prognosis; and, to ask for clarification if you do not understand papers you are asked to sign.
- 4) To cooperate and to follow the care prescribed or recommended for your child by the physician, nurses or allied health personnel.
- 5) To keep your appointment(s) and to be on time. When an appointment cannot be kept, the hospital or the clinic should be notified as soon as possible to cancel the appointment and arrange for a new one.
- 6) For your actions and their consequences if you refuse treatment for your child, or do not follow the physician's instructions.
- 7) To assure that the financial obligations associated with your child's care are fulfilled as promptly as possible.
- 8) To be considerate of the rights of other patients and hospital personnel by assisting in the control of noise, the number of visitors your child receives, and by observing the no smoking policy. You are welcome to stay in your child's room provided the rules and regulations are adhered to. Parents of patients in the Intensive Care Units and in the Psychiatric Inpatient Unit are encouraged



to visit their child. However, in order to respect the unique needs of children who require our most intensive care, parents may not spend the night at the bedside.

- 9) To advise your nurse, physician, or any members of your health care team of any dissatisfaction you may have with your child's care.

The Patient/Family Services Department is responsible for pursuing and/or referring any questions, concerns, complaints or grievances you may have about your rights or the quality of care and service provided by MCH. You may contact the Patient/Family Services staff directly at extension 2455, or ask any staff member to contact them on your behalf. If this is an emergency, please call the hospital operator (dial 0) and ask for them to beep the Operations Administrator. We will gladly address any issues or concerns that you may have regarding your child's care.

## R. Ethics And Confidentiality

All Hospital employees share the responsibility for observing the code of ethics that regulate the activities

medical and management professionals. The following rules apply :

- 1) Physicians alone have the legal right to diagnose and treat human physical or mental illness and injury.
- 2) Any information regarding the patients treated at Miami Children's hospital is strictly confidential and must never be discussed with anyone except as it pertains to the performance of assigned duties. Conversations in elevators, the cafeteria, and other public areas, as well as outside the Hospital, are especially prone to become sources of breaches of this confidentiality.
  - A. All must follow the HIPAA (Health Insurance Portability and Accountability Act) regulations. This means keeping communication about patient health information limited to those who need the information in order to provide treatment, payment, and healthcare operations (TPO) only.
  - B. When faxing confidential information, be sure to double-check the fax number. Do not fax highly confidential information (such as psychotherapy notes).
- 3) Employees are not to burden patients or other employees with their personal problems or opinions.

## S. Code Calls:

The hospital has a number of defined procedures in the event of various disastrous conditions.

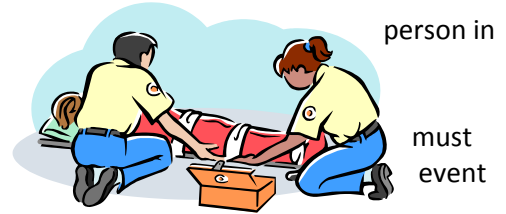
Residents shall participate as specified. These conditions will be paged as follows:

**Fire: "CODE RED"** This code signals the possibility of a fire within the hospital. All employees should perform those fire duties outlined in the Fire Manual. Residents have no specific duties in a Code Red. Fire drills are held at regular intervals and require the participation of all employees. All employees should also take precautions against creating potential fire conditions and notify supervisory personnel of possible violations.

**Disasters: "CODE D"** Separate manuals on procedures for internal or external disasters will be implemented if a disaster is declared. These are kept in each department and at every nursing

station. All residents should report to the Emergency room for duty assignment. Disaster drills will be conducted periodically, and require the participation of all personnel.

**Cardiorespiratory Arrest: “CODE BLUE”** In the event a the hospital suffers a Cardiorespiratory arrest, the procedures to be followed are delineated in the Cardiopulmonary Resuscitation Manual. Residents familiarize themselves with their duties in such an so that they may be prepared to function competently.



**Bomb threat : “CODE 13”** signifies a bomb threat. All personnel are instructed to search your immediate area for strange bags, packages, or containers. Such containers should be left alone, untouched, and the hospital operator notified.

**Trauma Network: “CODE ORANGE”** indicates a trauma patient is enroute by emergency transport. The primary responders to a “Code Orange” are the Pediatric Surgeon, the Emergency Department Pediatrician, the Intensivist, and the senior resident on each of these respective services will also respond.

**Code 36:** Child Separated from Parent.

**Code Water:** Unsafe to drink water.

**Code Blackout:** Outside power supply is interrupted.

**Code Lindbergh:** Kidnapping.

## T. Stat Pages

STAT pages should be reserved for medical emergencies only. A person who is paged STAT must go immediately to the required area. Medical emergencies are those situations where a person’s life is in potential jeopardy.

## U. OSHA Safety Rules

The Occupational Safety and Health Act (OSHA) of the Federal Government has very specific regulations and requirements for the occupational safety and health of employees. You will be kept informed of these regulations as they apply to you as an individual by your Department Head, the Risk Management Department, and the Safety Committee Chairman.

An employee may be discharged for failure to follow safety rules.

## V. Safety Program

The Hospital Safety Committee meets monthly and maintains written reports of its activities. The Safety Committee activities include: Analyzing incident reports, conducting safety inspections and

recommending methods of improving patient, employee and public safety. Any Hospital employee is welcome to present any matter of concern to the Safety Committee. ALL EMPLOYEES HAVE AN OBLIGATION TO INFORM THE COMMITTEE WHENEVER A HAZARDOUS CONDITION IS OBSERVED.

## **W. Miscellaneous**

### **Bulletin Boards**

The primary Hospital bulletin board is located in the hallway between the Credit Union and the Cafeteria. Notices of events and changes that may affect individuals, departments or the entire Hospital are posted there. It is the employee's responsibility to frequently check this board for important notices. Additional bulletin boards are located in some departments and nursing stations. Employees are responsible for checking those bulletin boards that pertain to their departments. These boards are controlled by the Department Heads and Supervisors. All material posted on individual bulletin boards must be reviewed and approved by the appropriate Department Heads.

Notices of general concern to all departments are usually sent to Department Heads and Supervisors through inter-departmental mail. Notices of special concern to all employees are generally distributed with the paychecks.

### **Communications**

Good communications are vital for efficient and effective hospital operations. Residents will be expected to accept the responsibility for full awareness of all information relating to their work, reading all memos posted on hospital bulletin boards, and for all communications affecting their relationship with the Hospital. Residents are asked also to be quick to communicate to their immediate supervisor or Department Head any significant information relating to patient care, hospital security, the need for maintenance services, or any other matter that requires attention by someone in authority. Residents are expected to be sensitive and sensible when communicating with other co-workers and other departments. Management's goal is a communication system within the Hospital that works freely and effectively in all directions for the welfare of patients, employees and the organization as a whole.

### **Gifts**

Anyone wishing to make a donation or gift to the Hospital should be referred to the Miami Children's Hospital Foundation Office or Administration. Soliciting of gifts or donations for an employee's or a resident's personal benefit is strictly forbidden.

### **Incident & Sentinel Event Reporting**

An **"incident"** is any unusual occurrence, adverse reaction, negative response, or untoward event involving a patient, visitor, or employee. It is also any deviation from approved policy and procedure or adopted standard that could or did result in injury. A **"sentinel event"** is an unexpected occurrence involving death or serious physical or psychological injury to a patient, or the risk thereof, such as the suicide of a patient, infant abduction, hemolytic transfusion reaction, rape, surgery of the wrong patient /body part, major blood group incompatibilities, etc. These events are called sentinel because they signal the need for immediate investigation and response.

- When an incident occurs, first give appropriate care to the person involved.
- When appropriate, have a physician examine the patient.
- If the person involved in the incident was someone other than a patient, **notify** Security (ext. 4911)
- Fill out an Incident Report, giving complete information.
- **Forward all Incident Reports to Risk Management within 72 hours.**
- Risk Management reviews all incident reports and takes appropriate action.
- Sentinel Events must be identified by Risk Management and forwarded for review by the hospital's Sentinel Event review Team, in accordance with the JCAHO guidelines. A root cause analysis is performed to identify areas for action and strategies for prevention of risk.
- All information regarding incidents and all information written in the Incident Report is confidential and should not be discussed with anyone, except in the line of duty. **Never make a copy of an incident report.**
- Risk Management can be notified at any time through the hospital operator, 24 hours per day, seven days a week.

### **Package Inspection**

All personal property brought on the Hospital site is subject to search. Residents may be required to open their packages and reveal the contents to a Security Guard or Supervisor. Periodic reviews of packages, large containers, and Hospital lockers may be called on an unannounced basis by an authorized representative of the hospital management. It will be done only with the knowledge and presence of the Chief of Staff, the Director of Medical Education, or their designee. Theft of Hospital supplies or property will be reported to the Police Department of Dade County. When the case warrants prosecution, it is pursued with the State Attorney's Office.

### **Political Activities**

Although the Hospital encourages all residents to take active interest and participate when possible in political affairs, such participation cannot be conducted on Hospital premises during a resident's work-time or in working areas.

### **Release of Information**

Inquiries from the media (newspapers, radio and television stations) regarding patients or hospital news must be referred to the Marketing and Public Relations Department. The Director of Marketing and Public Relations and/or hospital spokesperson are available through the Hospital switchboard or beeper. In the absence of either representative, media calls must be referred to the Administrator on-call or the Chief of Staff. Non-media inquiries regarding the general condition of a patient should be directed to the Information Desk receptionist.