



MERIDIAN
HEALTHCARE

THE NEW EMPLOYEE GUIDE



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MERIDIAN OVERVIEW



Meridian is a private, non-profit organization with roots in the community mental health movement, which began in the 1960s, to bring education about mental illnesses and substance use disorders and treatment of those affected to the local level. Created as a tax-exempt entity in 1972, Meridian has been a part of the lives of thousands; providing a safety net for those in crisis, a source of effective treatment and contributing to the health of the community. Since then, Meridian has expanded across North Central

Florida, touching over 25,000 lives through over 600,000 direct care visits a year. Our mission is evident in all we do, from developing a continuum of treatment services that are evidence-based for a range of illnesses to participating in our communities as a partner in enhancing the quality of life. It is Meridian's goal to improve the wellbeing and health of our patients and community.

Our Ambition

Together, we'll transform community from the inside out.

Our Purpose

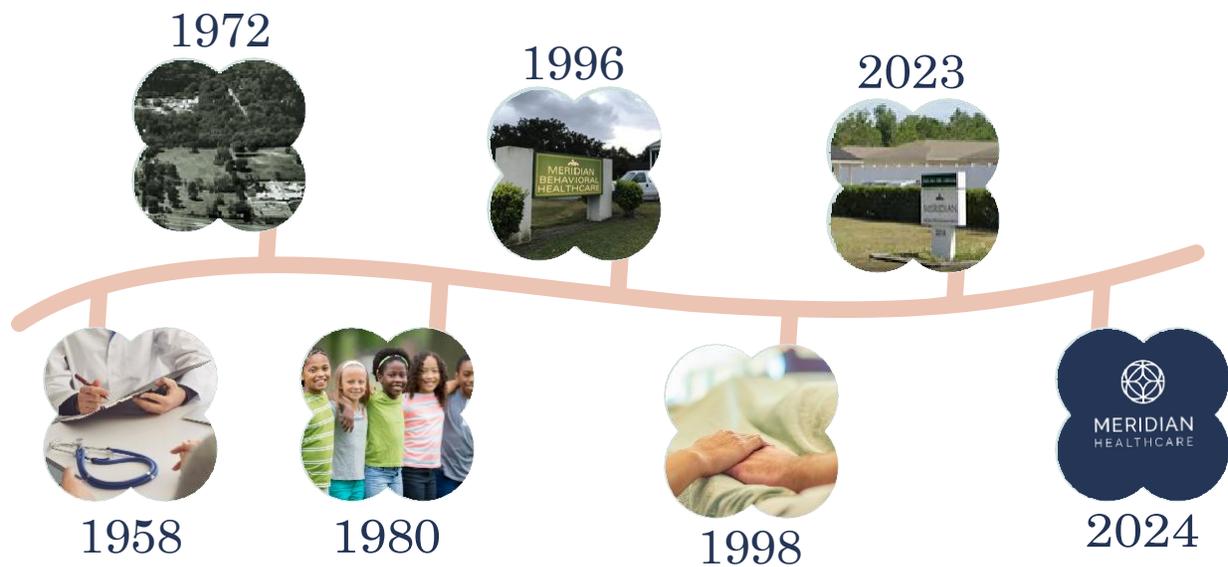
We restore and build community with life-changing care.

Our Profile

Meridian is more than a crisis center. We're a community. And a community resource.

Our Proposition

We practice whole-person care rooted in hope and empathy.



Meridian has been around since 1996. However, our story began in 1958. Let's look at some highlights of our history:

The year 1958, saw the first services provided in Alachua County, through a program in the Health Department that provided consultation to school nurses. In 1962, services to clients about to enter or just having left state mental hospitals were added.

In 1971 and 1972, through separate federal grants, North Florida Mental Health Center, Inc. and Mental Health Services, Inc. were formed to provide these services to a greater segment of the population.

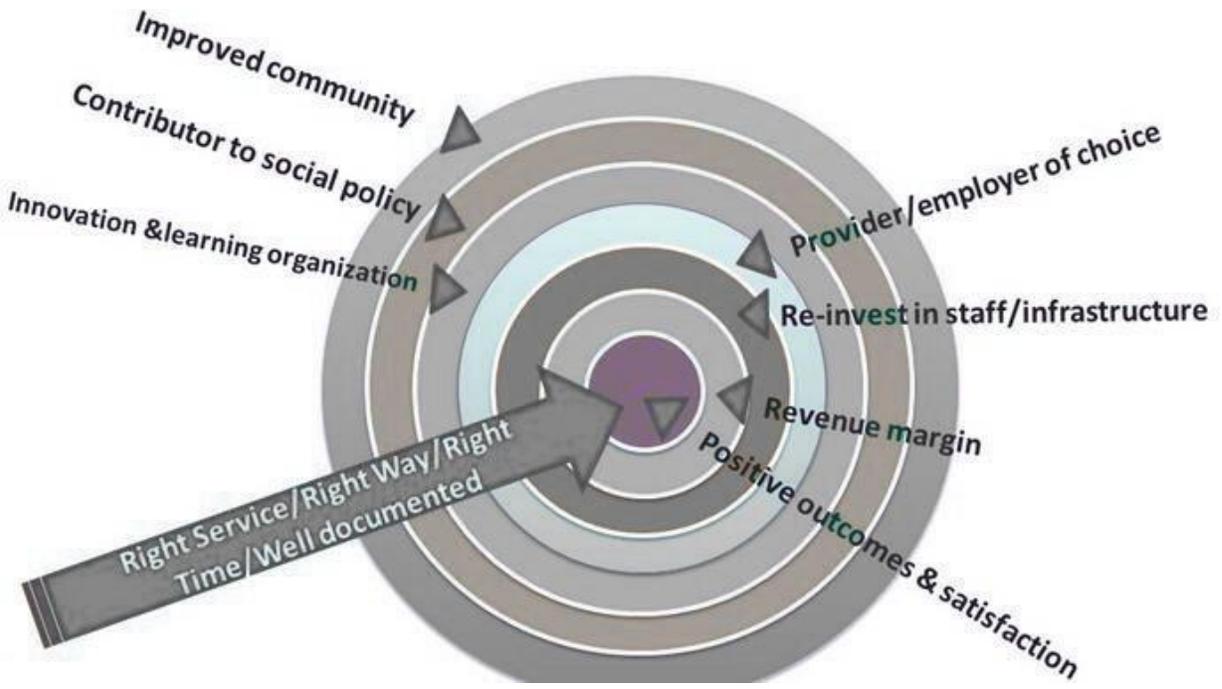
Within four years, the centers added services for children and older adults, as well as for those suffering from alcohol. The North Florida Mental Health Center organization served Columbia, Hamilton, Lafayette, Suwannee, Bradford, and Union counties. Mental Health Services, Inc. served Alachua, Dixie, Levy, and Gilchrist counties.

Due to scarce resources necessary to provide services and steep administrative costs, Mental Health Services, Inc. and North Florida Mental Health Center, Inc. became Meridian Healthcare. in 1996.

By 2023, Meridian has a core service area of 12 counties with ever expanding services, serving a population of more than 600,000. Our clinics are located throughout the 12 county region – comprising over 8000 square miles. All services are provided here in Gainesville, while in the outlying communities we offer outpatient services. Naturally, anyone could use our many residential services, in either Gainesville or Lake City.

In 2024, Meridian Behavioral Health made the transition to becoming Meridian Healthcare, amplifying our commitment to wholistic healthcare. We are more than a crisis center. We are a community and a community resource.

As a 501(c)3 organization, our goals are different than those of the for profit sector. We reinvest our revenues in excess of expense in quality staff, service expansion, facilities and technology designed to enhance the quality and amount of care we provide, putting mission first.



Revenue

We must have funding and resources to provide quality client care and our current funding comes from a diversity of avenues. The majority of funding is governmental, through state and local contracts for indigent care and Medicaid. We have to continually educate and work with local, state, and federal elected officials and staff for available. We are working to become LESS dependent on that revenue and generate funding through partnerships and other entrepreneurial ventures, as well as within traditional healthcare markets. Revenue often does not cover all our costs. State and Medicaid funds often stay at the same levels for years and do not have any built in increases. While those revenues stay the same, the cost of care does not. We need to collect fees and insurance, save on expenses, and exceed performance expectation and secure matching funds for our counties.

Costs

The majority of our money is spent on personnel services. We must earn revenue in order to pay employees' salaries, pay the bills and keep our doors open. Even when revenue does not go up, costs do! As a service industry, staff is our highest cost. We are constantly recruiting and striving to retain efficient and exceptional staff. Utilization of resources such as training, development, tuition reimbursement, employee referral programs are used to recruit and retain staff. We aim to be competitive in this industry and now we are finding that providers that use to not offer these services are now becoming our competitors. Costs go up.... despite flat revenues, cost increases in insurance rates, liability insurance, salaries, and other business costs.

Culture



Our company's culture is made up of a wide variety of individuals; individuals that have all come together under the concept of "I am Meridian" to provide the best possible care to our clients. Through many applications, you were sought out. Your application and resume went through a rigorous process to ensure that you were the best candidate for the job. Each of you were chosen because we felt that you were the best fit among all the candidates.

Balanced Score Card© A Balanced Score Card© helps us get the job done; it ensures mission survival is a constant focus.

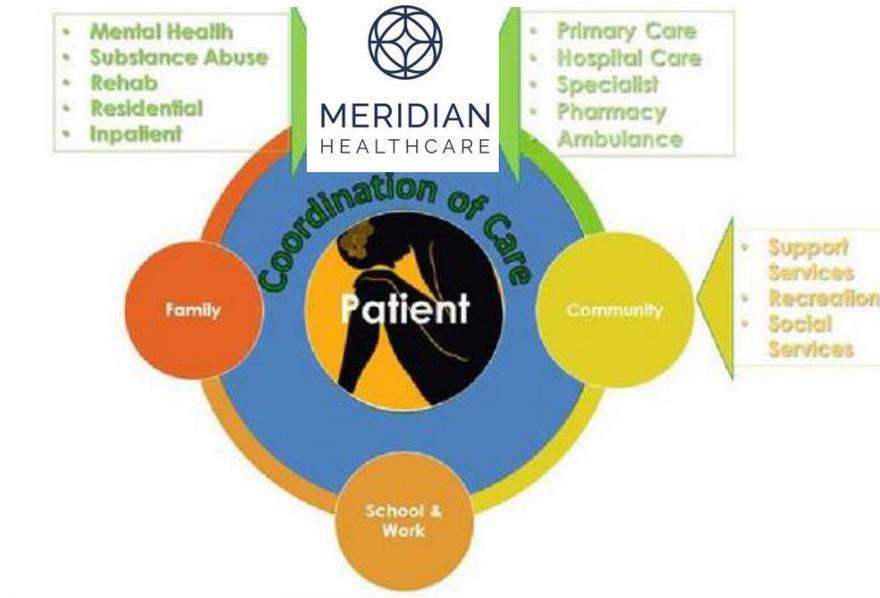


Our score card is our performance management tool. We use it to track, control and monitor our activities. We must balance all aspects (Service Excellence, Stewardship, Practice Excellence and Right Resources) to achieve our mission and vision.



Philosophy of Care

Focusing on Outcomes, the Patient Experience, and Efficiency in caring for our patients



Mental Health & Addiction	Emergency & In-patient Services	Medical & Psychiatric
<p>Recovery Model</p> <ul style="list-style-type: none"> •Consumer driven •Strength based •Hope building •Inclusive of family <p>Co-occurring Focus</p> <p>Addiction's Medicine Based Model</p> <ul style="list-style-type: none"> •Motivational interviewing •Change process assessed & incorporated into treatment <p>Children's Programs</p> <ul style="list-style-type: none"> •Fosters resilience •Involves family 	<p>Least Restrictive Treatment Environment</p> <p>Fosters Recovery & Resilience</p> <p>Short Length of Stay</p> <p>Community Wrap-around</p>	<p>Integral to Recovery</p> <p>Consumer Education Oriented</p> <p>Best Practices</p> <ul style="list-style-type: none"> •In-house Pharmacy •Active in use of pharmaceutical assistance programs

Meridian is moving to ever greater integration with other healthcare systems, ensuring a seamless continuum and a medical home for our patients.

- Participation in Community IT's patient driven health
- information exchange Collocation at primary care sites Transition
- the health home

Our organization is structured to make sure we can achieve those goals.

Your Role You play a vital role! Responsibility and accountability. Staff Responsibility is to ensure that we must bill for services provided. It is also your responsibility to ensure that you provide timely documentation of services provided so that we can bill for those services in a timely manner. We are not obsessed with productivity and revenue. But we must have revenue so that we can pay our bills, your salaries (remember over 70% of our costs are personnel) and other business costs. So what is our obsession? We are obsessed with providing quality client care and service delivery. We need finances because we are not well-endowed and the profit made is the BEST indicator of our ability to support services. No finances... no Mission! We get there by all efforts. You must understand how you fit into the Meridian's system and culture. You must be vested in our success because your success and our success are ONE! You must aim to not just do enough to get by but strive to exceed expectations. High performance leads to high quality service provision and client care. Where do you fit in? Meridian has a very detailed organizational structure. It begins with the Board of Directors. The Board members are appointed by the counties we serve. We have a President, who is responsible to the Board. The President has a team of highly qualified and experienced Executive and Senior Vice Presidents that she relies on for the operation of Meridian. The Management Council ensures information dissemination and communication about changes, issues, and progress toward goals. This committee consists of all Program Directors and Senior Managers. They also ensure cohesion around strategic initiatives and that performance oriented and data driven decision-making is a focus.

Functional Areas:

All of our functional areas are divided into Administrative and Clinical areas.

Let's look at the Administrative areas first. The first administrative area is Human Resources. They were the people you dealt with when you first applied. They are responsible for all of your training, including today; recruiting new staff; ensuring compliance with the Code of Conduct; making sure you get paid; and working with you to get the most out of your benefits. They are here to serve you – you are their customer. Feel free to call or stop by if you need assistance.

Next, is Fiscal. Where all the money is! Your Fiscal Department ensures that Meridian pays its bills on time and makes sure that our clients and their insurers (public or private) pay us. They are also responsible for all the great support staff that will be helping you in your day-to-day productivity.

Performance Management encompasses monitoring performance on contract and other requirements (including client outcomes and perception of care), Quality Improvement, and Risk Management. Everyone contributes to these processes by maintaining high accountability and safety consciousness in carrying out our mission

Private philanthropy is vital to Meridian; it furthers excellence, fuels innovation and builds capacity.

The third area is Advancement. The role of Advancement is to assist in generating funds necessary for us to operate. Solicitation in the form of donations and employee giving. The Advancement Department's approach to development is focused on connecting the community to Meridian's mission and long-term growth. Facilities ensures our buildings and grounds are safe and in good repair, providing a comfortable

and therapeutic work and treatment environment.

Food Services makes sure our clients in in-patient and residential or day programs receive healthy meals.

The last administrative area is Information Technology. It is their job to ensure that you have access to the network so that you can do your job and be able to communicate with each other.

They are also responsible for the telephone system here at Meridian. IT provides our business analytics capability and enhances our ability to provide safe and effective care through the use of technology such as telehealth, patient health information exchange, and our EMR. Our clinical programs provide a broad array of services at all levels of Care. Treatment Programs

are evidence-based and designed to produce improvement in functioning, reduced symptoms, and a greater sense of well-being. Our clients' outcomes and perception of their care are measured and important elements of our success.

Executive Management Team

The following individuals make up the Executive Management Team. Their functions include Planning – goal setting and information gathering; Implementation – allocating resources, monitoring their use, and assessing our performance; – and Monitoring and improving performance. The monitoring functions are carried out by key managers, QI committees, and the Management Council.



Operations & Information Services

Ashley Brooks
Chief Operating Officer



Lauren Cohn
Chief Executive Officer

Clinical Programs

Richard Anderson
Chief Clinical Officer



Finance and Accounting

Annmarie Attaway
Chief Financial Officer



Clinical & Community Services

Alan Paulin
Sr. VP Clinical and Community Services



Human Resources

Kevin Clarke
Chief Human Resource Officer

Information Services

Melisa Urrutia
Chief Information Officer

Medical Services

VACANT
Sr. VP Medical Services

Levels of Care

At Meridian, we provide a variety of treatment and service options; catering to a wide range of mental health and substance use disorders. Crisis Services address the needs of those facing an acute episode of psychiatric illness or substance use disorder.

Outpatient Services provide treatment and support to address symptoms and functioning. Rehabilitation Services provide longer-term treatment focusing on counseling, support and rehabilitation to promote recovery and successful return to the community. Some service areas also include prevention and outreach activities that touch the entire community. All treatment services are individualized based on professional assessment and evidence-based practices are used whenever possible. Meridian has accredited programs, licensed facilities, and is part of the community's high quality health. It is the region's most longstanding safety net provider.

Clinical Specialties



Tina Harkness
VP – Access and
Admissions



Kenuated Clarke
VP – Residential Services



Deborah Most
Director – Acute Care
Operations

Clinical and Community Services



Outpatient
Services - North

Lizette Lopez
Vice President



Wraparound
Services - North

Tara Morton
Vice President



Outpatient
Services - South

Terri Faul
Vice President



Wraparound
Services - South

Christy McBee
Vice President

Medical Services



Alexis Day
Director of Medical
Services Operations



Tonia Werner, MD.
Chief Medical Officer



Linda Skalsky
VP – Chief Nursing Officer



Gade Duerksen
Director – MAT Services

Support to Clinical Teams



Amanda Craig
VP - Facilities



Kandra Albury
VP - Advancement



Michelle Lisk
VP of Performance and Risk
Management

Human Resources



OSVALDO FONT
Director
Employee Relations & Engagement



MYA PORTER
Manager
Talent Acquisition

Services

Our services include the following:

Suicide Hotline (24/7)

Access Center (24/7) – scheduling of appointments, eligibility screening



The Access Center is the single point of contact to access all of the services Meridian provides. It is a centralized assessment, authorization, information, referral and triage system designed to promote ease of access to the most clinically appropriate and cost effective treatment services available.

A potential new client or provider can contact the Access Center at any time. The Access Center is open 24 hours a day, 365 days a year to provide information and take service referrals.

The Access Center is responsible for matching available services to prospective clients. They do this by ensuring that we provide the service being requested, matching the service to the client's location, and then verifying that we accept the client's insurance. The Access Center is also the first step in enrolling many of our new clients into our Electronic Health Record System. Once the client is enrolled, they are then set-up with an appointment.

Meridian accepts payment for services from a variety of sources. Indigent care is provided through contracts with Lutheran Services (flowing through from the Florida Department of Children and Families), County Commission contracts. We also accept payment from client fees, commercial insurance, contracts with other entities and Medicare, and Medicaid (through its various managed care plans and Medipass). Meridian assists clients who are unable to pay with payment plans and provides a limited amount of uncompensated care to those without the ability to pay once contracts for indigent care have been expended.

Most insurance is accepted. For the most up-to-date information, Financial Counselors and our Access Center staff maintain information about plans and benefits.

Quality Improvement Committees

Standards of Care

This committee reviews ensures Meridian services are high quality, safe, and effective. Report data and expertise on standards of practice are targeted at addressing problems and creating opportunities for improvement.

Membership

Inclusive.
Three year terms.
Chairs and vice-chairs are selected by the President.
Consumers may be on committees.
Line staff and consumers are eligible for \$500 additive or stipend.
Not all committees receive an additive or stipend.

Wellness

This committee is charged with fostering a worksite wellness culture across that promotes a health centered approach to living through wellness activities & education.

The committee aims to reach and maintain healthier lifestyles and lower medical expenses

Health & Safety

This committee is charged with measuring and monitoring issues that relate to client, staff, and facility safety, ensuring compliance with applicable standards, and recommending needed improvements in these areas.

Stakeholder Relations

This committee is charged with measuring and monitoring perceptions of care and client feedback.

They are tasked with recommending needed improvements in these areas.

Communication



Communication is very important in accomplishing our mission. Without it, nothing would get done. We must recognize that communication is a two-way street; we both have responsibilities. First, we need to inform you of Standards, expectations, policies and procedures; available tools to do your job; and how you are performing. You need to Participate, Read what's given to you, and Give feedback.

Public Relations



We all are responsible for PR. PR is the telling of stories. What stories of our work do our consumers tell others? What stories about your work here do you tell?

Coordinating our messaging, brochures and other forms of communication about Meridian and its services is among the Advancement Department's responsibilities. All staff should be aware of Meridian and its "brand" (logo, letterhead, brochure format, fliers) and should ensure only approved materials are distributed.

Each of us is responsible for representing Meridian in a positive way. Each interaction – with other team members, clients or the public – is a story that creates our public image and reputation.



MERIDIAN HEALTHCARE

ADVANCEMENT

The Advancement Department's approach to development is focused on connecting the community to Meridian's brand, mission to create long-term sustainability.

Development is accomplished through institutional giving, grants, and by funds donated back to the company by you.

All donations are tax-deductible (less fair market value) and they must go through the Advancement Department.

In order to connect to the community, Meridian must market itself. This is accomplished through:

Advertising: strategic marketing of the organization's service lines, unique programs, employment ads, special events, and PSAs. We will also build brand awareness through internal marketing campaigns as well as our social media platforms and our email list serve (with more than 2,000 stakeholders).

Public Relations: media contact, crisis communications, story ideas, press releases and speaker's bureau/community outreach events.

We also talk to the Press about important issues ranging from legislative affairs to future expansion projects.

Vice President of Marketing is the only individual authorized to speak to the Press. In the event you receive a phone call from the Press, please refer them to extension 8630.

You can be a part of Advancement & Marketing! Get involved with the company by becoming a Meridian Volunteer for special events and community outreach.

Employee Health

OSHA Bloodborne Pathogen Standard:

- Published as final rule in 1991
- Prior to publication of this law, OSHA had not addressed safety issues in healthcare settings
- Comprehensive document addressing transmission of bloodborne pathogens, particularly hepatitis B and HIV
- Coined the term “Universal Precautions”
- Mandated the use of personal protective equipment (PPE) to prevent exposure of healthcare workers to bloodborne pathogens
- Mandated that employers find safer devices to prevent needle sticks and other sharps injuries
- Requires that initial training is a live presentation that allows employees to ask questions

Universal Precautions:

- Defined by the OSHA Bloodborne Pathogen Standard
- The concept that all blood and body fluids would be treated as though they harbored a bloodborne pathogen whether or not the client was known to harbor a bloodborne illness
- Only addressed the bloodborne illnesses Hepatitis B and HIV
- The problem with UP is that it oversimplifies the threat posed by other organisms that are transmitted in other ways

Isolation Guidelines:

The CDC recognized the need for a new paradigm in infection control because:

- There was confusion about which body substances required precautions.
- There was lack of agreement about the importance of hand washing when gloves were used.
- Additional precautions were needed for organisms that are transmitted by the airborne, droplet, and contact routes.

A new guideline was needed that:

- Was epidemiologically sound;
- Recognized the importance of all secretions and excretions;
- And incorporated new terminology

Standard Precautions:

Standard Precautions (SP) were published by the CDC in 1996. They combined outdated Body Substance Isolation (1980s) with the concept of Universal Precautions (1992). SP is based on the principle that all blood, body fluids, secretions, excretions (except sweat), non-intact skin, and mucous membranes may contain transmissible infectious agents. It includes infection prevention practices that apply to all patients regardless of suspected or confirmed infection status; hand washing, routine use of gloves as primary personal protective equipment, and safe injection practices.

While Universal Precautions were intended to only protect personnel, SP – used correctly – combined with hand hygiene and cough etiquette, provides protection to both personnel and patients.
TRANSMISSION-BASED PRECAUTIONS

Transmission-based Precautions are used when the route(s) of transmission will not be completely interrupted by using Standard Precautions. Some diseases have more than one route of transmission and need more than one set of transmission-based precautions and are always in addition to Standard Precautions.

Transmission-based Precautions are:

- Airborne
- Droplet
- Contact
- Common-vehicle (contaminated food, water, meds)
- Vector-borne (carried by mosquitoes, ticks, fleas)

Airborne Precautions:

Protect against organisms that are transmitted by aerosols: particles that are so small (< 3 microns) they remain suspended in the air and will travel on air currents
Require placing the patient in a room equipped with negative air flow (negative pressure relative to the surrounding area exhausted to the outside through HEPA filtration)
Requires that staff who enter the room to wear N-95 respirators that have been appropriately fit-tested
Diseases include: tuberculosis, measles, chickenpox, smallpox

└─→ Mycobacterium Tuberculosis

- There was no treatment for TB, other than isolation into TB sanatoriums, until the 1940's when streptomycin was developed.
- Since then, all TB sanatoriums have closed except for one specialty facility, A.G. Holly Hospital in Lantana, Florida.
- Admission to A.G. Holly is limited to the most difficult to treat cases or those that have been court-ordered for inpatient treatment.
- Treatment for active TB has been challenged in recent years by drug-resistant strains.
- No vaccine.
- Skin testing determines previous exposure.
- Most likely to develop active disease within 2 years of initial exposure.
- If no active disease within the first 2 years after exposure, lifetime risk of active disease: 10%
- If later develop immune-compromising disease, risk of latent infection becoming active: 10% per year
 - HIV, cancer, diabetes, liver disease, kidney disease, anorexia, connective tissue disorders, COPD or any chronic illness that requires use of steroids.

Droplet Precautions:

Intended to prevent transmission of pathogens spread by droplets large enough (> 5 microns) that they do not travel more than 3 feet from the person generating them. No requirement for special ventilation. Paper masks are adequate for close contact. Diseases transmitted by droplets include: Cold and influenza viruses, adenoviruses, rhinovirus. Pertussis, bacterial meningitis, and pneumonia.

Contact Precautions:

Prevent transmission of infectious particles spread by direct or indirect contact with the patient or items in the environment.

Patient needs private room or may share a room with a patient also affected by the same infection.

Contact Precautions apply to the presence of copious sputum production, excessive wound drainage, fecal incontinence and infection with:

- Norovirus
- Clostridium difficile (C.diff)
- Vancomycin-resistant enterococcus (VRE)
- Methicillin-resistant staphylococcus aureus (MRSA)

Common Vehicle Transmission:

Foodborne: salmonella (chicken), listeria (cold cuts)

Waterborne: protozoa

Medication: contaminated batches of IV fluids and vials of heparin (a blood thinner used in dialysis)

Centers for Disease Control and Prevention (CDC) monitors and investigates outbreaks, while the Food and Drug Administration (FDA) regulates the manufacture of medications.

Vector-borne Transmission:

Western Equine Encephalitis

Eastern Equine Encephalitis

Japanese Encephalitis

La Crosse Encephalitis

St. Louis Encephalitis

West Nile Virus

Rift Valley Fever

Dengue Fever

Yellow Fever

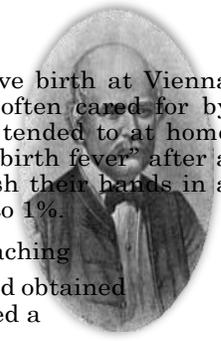
Malaria

HANDWASHING

In the 1840's, "childbirth fever" was taking the lives of 30% of the women who gave birth at Vienna General Hospital. Dr. Semmelweis made two observations: affected women were often cared for by medical students who had just come from the autopsy room and women who were tended to at home rarely died of this complication. When a colleague died of what appeared to be "childbirth fever" after a scalpel wound received during an autopsy, Semmelweis ordered the students to wash their hands in a chlorinated lime solution when leaving the autopsy room and the death rate dropped to 1%.

However, his colleagues were not supportive of the idea so he moved on to another teaching hospital. There he encountered similar circumstances, instituted the same measure, and obtained the same result. The opposition of his new colleagues was similar. Semmelweis suffered a breakdown. It would be many years before the germ theory was accepted.

Hand Hygiene:



Includes hand washing with soap and water and the use of waterless, alcohol-based hand sanitizers.

Most people, including healthcare workers, do not wash their hands properly when using soap and water.

When to use soap and water:

- Before preparing or eating food
- After using the toilet
- After contamination with soil, proteins, blood
- After exposure to spore-forming microorganisms

Hand sanitizers are effective in most other situations.

Proper soap and water washing requires water, soap, friction, and time. The water temperature does not matter. The soap does not need to be antibacterial and friction must involve all hand surfaces. Time must be no less than 15 to 20 seconds. Hands must not touch the faucet handles afterward and they must be completely dried.

Hand washing and Healthcare Workers:

Hand washing has long been considered the single most effective way to prevent the spread of infection. Adherence to this basic principle is low among healthcare workers with studies showing compliance rates from 14% to 64%. The best rates of hand washing after toileting in public restrooms was seen during the epidemic of SARS in Toronto in 2003 when adherence was close to 90%.

Gloves:

Provide protective barrier.

Prevent cross-contamination.

Must be changed between patient contacts.

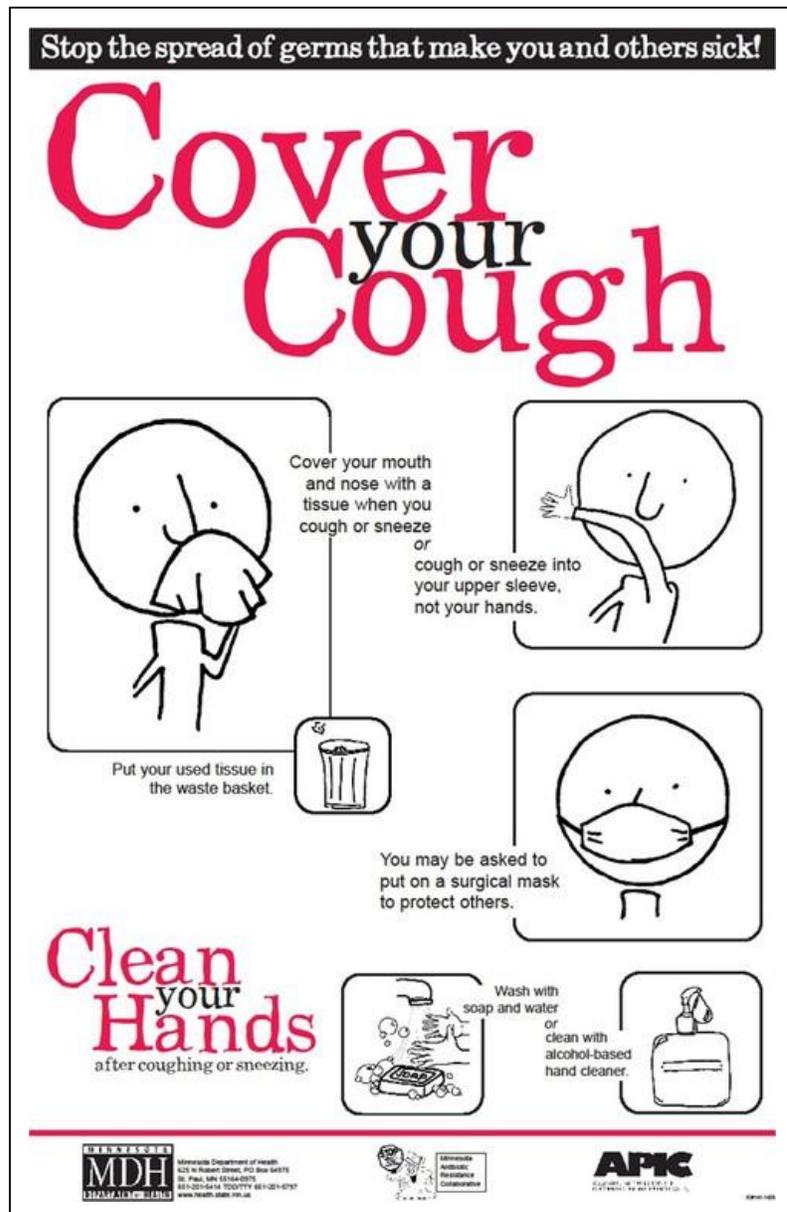
Hands must be washed when gloves are removed.

COUGH ETIQUETTE

Do not use hand to cover coughs and sneezes. Use a tissue if one is available but must sanitize hands afterward. Turn toward shoulder or use upper arm to catch droplets when coughing or sneezing. Bending over to cough or sneeze toward the ground is also suggested. Utilize sanitizing hand rub frequently during the day. Wash hands with soap and water as recommended. Take antihistamines as needed for allergic symptoms. Do not come to work with bacterial respiratory illnesses.

Developed by the CDC after the SARS outbreak, it is intended to keep hands free of viral and bacterial particles that can be transmitted by contact.

Direct contact transmission occurs when someone shakes another person's hand after coughing or sneezing into their own. Indirect contact occurs when contaminated hands touch door knobs, faucet handles, phones, keyboards, etc. that others will also touch.



BIOMEDICAL WASTE

Potentially Infected Waste:

Blood and blood products (*volume greater than 20cc*)
All contaminated sharps
All tissue specimens
All operating room wastes
Class IV isolation wastes
Wastes related to Creutzfeldt-Jakob Disease
All laboratory wastes contaminated with blood and body fluids
And all wastes heavily contaminated with blood



Regulated Waste:

Red Bag Waste:

Liquid or semi-liquid blood or other potentially infectious materials
Contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state *if compressed*
Items that are caked with dried blood or other potentially infectious materials *and* are capable of releasing these materials during handling
Pathological and microbiological wastes containing blood or other potentially infectious materials
As a Behavioral Health facility, little (if any) red bag waste is generated

Red plastic Sharps Containers:

Syringes, needles (no recapping allowed)
Lancets for finger stick
Broken glass, ampoules

The following items do not belong in a red bag:

Band aids, gauze with a small amount of blood
Empty urine drug screen cups (*dispose of the urine in a toilet*)
Used feminine sanitary products (keep small paper bags in restrooms to accommodate self-disposal in regular trash)
Medications (*unused or expired medications should be sent to Medical Services in Gainesville for disposal as chemical waste*)
Paperwork that should be shredded
Paper towels; napkins; disposable utensils; paper plates and cups
Linens (*all linen in inpatient areas must be returned to the vendor for re-processing*)
Client personal laundry or linens (*hydrogen peroxide will assist in removal of blood stains*)

Work Place Controls: What we do to protect ourselves from

bloodborne illnesses:

Hand washing, hand hygiene, and appropriate glove use.

No eating, drinking, applying cosmetics, or smoking in areas where there is a likelihood of exposure.

Do not store food and drink in refrigerators used to store blood or body fluids.

Blood or urine specimens to be sent out are placed in appropriate biohazard bags and transported by an outside vendor.

Engineering Controls:

Ways to “engineer out” risk for exposure:

VanishPoint retractable syringe/needle combinations.

Safety lancets for finger stick.

Provision of hand washing facilities.

Provision of alcohol hand sanitizing gel.

Sharps containers are easily accessible.



Sharps Containers

- Meet regulatory standards.
- Are not allowed to overfill; they are sealed when the contents reach the “full” line (3/4 full).
- Are taken to the biomedical waste shed for pick up by the outside vendor for proper disposal.

Transporting Biomedical Waste:

Lake City and Gainesville campuses are designated as generators of biomedical waste and all waste must be picked up at one of those locations.

The following offices will deliver their waste to Lake City: Jasper, Live Oak, Lake Butler, and Starke. All others deliver to Gainesville.

State regulations allow for up to 25 lbs. to be transported in a personal vehicle, therefore, sharps containers must be weighed as they fill and transported prior to reaching the 25 lb. limit. Bring documentation to be placed in the manifest with the container and give both to maintenance to be placed in the shed.

BLOODBORNE PATHOGENS

Hepatitis:

Hepatitis means inflammation of the liver.

Causes include: Toxins, certain drugs, some diseases, heavy alcohol use, and bacterial and viral infections

Hepatitis is also the name of a family of viral infections that affect the liver.

The most common types of hepatitis viruses found in the United States are hepatitis A, hepatitis B, and hepatitis C.

Hepatitis A:

- Humans are the only reservoir
- Shed in the stool of an infected person
- Transmission:
 - Fecal-oral
 - Common vehicle (contaminated food or water)
- Adults will have signs and symptoms more often than children
- Vaccine preventable: two injections, six months apart
- Vaccine recommended for travel to HAV-endemic areas
- Common vehicle transmission via food sources have occurred several times in the last few years which has prompted mass vaccination of food service workers in some areas.
- Hepatitis A is an RNA virus that can survive up to a month at room temperature.

Hepatitis B:

- Modes of transmission are bloodborne:
 - Having unprotected sex with an infected person
 - Sharing drugs, needles, or "works" when injecting drugs
 - Through needle stick or sharps exposures on the job
 - From an infected mother to her baby during birth
- Persons at risk for HBV infection might also be at risk for infection with hepatitis C virus (HCV) or HIV
- Vaccine preventable: three injections over six months
- In the 1980's, so many healthcare workers were contracting chronic hepatitis from the Hepatitis B virus that OSHA was moved to address safety issues in the healthcare industry.
- The Bloodborne Pathogen Standard was published in 1991. The concept of Universal Precautions was born and prevention became law.

Hepatitis C:

Ranges in severity from a mild illness lasting a few weeks to a serious, lifelong illness

Spread when blood from an infected person enters the body of someone who is not infected usually by sharing needles or other equipment to inject drugs.

Can be "acute" or "chronic." Acute infection is a short-term illness within the first 6 months after someone is exposed to the virus. For most people, acute infection leads to chronic infection. Chronic hepatitis C is a serious disease than can result in long-term health problems, liver transplant, or even death.

- There is no vaccine for hepatitis C. The best way to prevent hepatitis C is by avoiding behaviors that can spread the disease, especially injection drug use.
- Prior to 1992, without a test that could detect the presence of HCV, the best that could be determined was that a person had “non A, non B” hepatitis. HCV is a bloodborne illness, like HIV and HBV, with the modes of transmission being the same. HCV has surpassed HBV as the leading cause for liver transplant.

HIV:

- Human Immunodeficiency Virus is classified as a lentivirus; a type of virus from the retrovirus family which causes progressive and often fatal diseases affecting many organs in humans and animals. HIV treatment is the use of anti-HIV medications to keep an HIV- infected person healthy. Treatment can help people at all stages of HIV disease. Although anti-HIV medications can treat HIV infection, they cannot cure HIV infection. HIV treatment is complicated and must be tailored to you and your needs. Body fluids considered to be potentially infectious include cerebrospinal, synovial, pleural, peritoneal, pericardial and amniotic fluids. Semen and vaginal secretions have been implicated in sexual transmission of HIV but not in occupational transmission. Feces, nasal secretions, saliva, sputum, sweat, tears, urine, and vomitus are not considered potentially infectious unless they contain blood. In situations such as emergencies wherein differentiation between fluid types is difficult, if not impossible, all body fluids should be treated as potentially infectious. Hands and other skin surfaces should be washed immediately and thoroughly with soap and water if contaminated with blood, other body fluids, or potentially contaminated articles. Use alcohol based antiseptic hand cleanser or wash hands after removing gloves and with each patient contact. Safety devices have been developed to help prevent needle stick injuries. Needles should not be recapped, purposely bent or broken by hand, removed from disposable syringes or otherwise manipulated by hand. If recapping is necessary, use a one-handed technique or recapping block device.

BIOMEDICAL WASTE OPERATING PLAN

I. PURPOSE The purpose of this Biomedical Waste Operating Plan is to provide guidance and describe requirements for the proper management of biomedical waste in our facility. Guidelines for management of biomedical waste are found in Chapter 64E-16, Florida Administrative Code (F.A.C.), and in section 381.0098, Florida Statutes.

II. TRAINING FOR PERSONNEL

Biomedical waste training will be scheduled as required by paragraph 64E-16.003(2)(a), F.A.C. Training sessions will detail compliance with this operating plan and with Chapter 64E-16, F.A.C. Training sessions will include all of the following activities that are carried out in our facility:

- Definition and Identification of Biomedical Waste
 - .. Segregation
 - .. Storage
 - .. Labeling
 - .. Transport

- Procedure for Decontaminating Biomedical Waste Spills

- Contingency Plan for Emergency Transport

- Procedure for Containment
 - .. Treatment Method

Training for the activities that are carried out in our facility is outlined in Attachment A. Our facility must maintain records of employee training. These records will be kept: individual certificates of training are filed in the individual's training record in Human Resources; attendance sheets are maintained by the training department in Human Resources and copies are provided to the Infection Control Practitioner.

Training records will be kept for participants in all training sessions for a minimum of three (3) years and will be available for review by Department of Health (DOH) inspectors. An example of an attendance record is appended in Attachment B.

III. DEFINITION, IDENTIFICATION, AND SEGREGATION OF BIOMEDICAL WASTE

Biomedical waste is any solid or liquid waste which may present a threat of infection to humans. Biomedical waste is further defined in subsection 64E-16.002(2), F.A.C. Items of sharps and non-sharps biomedical waste generated in this facility and the locations at which they are generated are: the facility generates waste from providing injections (syringe/needle combinations with safety features), from point-of-care testing for blood glucose monitoring (safety lancets, and from personal care (disposable razors).

Injections are administered by MBHCI nursing staff at the following locations: Gainesville campus (Medical Services outpatient, CSU, Bridgehouse, and OTP), Lake City campus (Medical Services outpatient and CSU), and Medical Services outpatient offices in Starke (Bradford County), Lake Butler (Union County), Live Oak (Suwannee County), and Jasper (Hamilton County).

Point of care testing for blood glucose monitoring with safety lancets is performed by MBHCI nursing staff as needed in the following areas: Bridgehouse, CSU (Gainesville and Lake City), and Medical Services outpatient (Gainesville and Lake City).

Self-administered, point-of-care testing for glucose and self-administration of insulin may occur at Bridgehouse; Residential Treatment programs in Gainesville (Transitions) and Lake City (Williams Manor and Recovery Center).

No biomedical waste of a liquid or semi-solid nature is generated at MBHCI facilities.

IV. CONTAINMENT Red bags for containment of biomedical waste will comply with the required physical properties.

Our red bags are manufactured by: Not applicable

Our documentation of red bag construction standards is kept: Not applicable

Working staff can quickly get red bags at: Not applicable

Sharps will be placed into sharps containers at the point of origin.

Filled sharps containers will be sealed at the point of origin and when sealed, will not be reopened in this facility.

V. LABELING

All sealed sharps containers will be labeled with this facility's name and address prior to offsite transport. If a sealed sharps container is placed into a larger red bag prior to transport, placing the facility's name and address only on the exterior bag is sufficient. Outer containers must be labeled with our transporter's name, address, registration number, and 24-hour phone number.

VI. STORAGE

When sealed, sharps containers and outer containers will be stored in areas that are restricted through the use of locks, signs, or location. The 30-day storage time period will commence when the first non-sharps item of biomedical waste is placed into a red bag or sharps container, or when a sharps container that contains only sharps is sealed.

Indoor biomedical waste storage areas will be constructed of smooth, easily cleanable materials that are impervious to liquids. These areas will be regularly maintained in a sanitary condition. The storage area will be vermin/insect free. Outdoor storage areas also will be conspicuously marked with a six-inch international biological hazard symbol and will be secure from vandalism. Biomedical waste will be stored and restricted in the following manner: sealed sharps containers are moved as soon as feasible to locked storage sheds that are located at the Gainesville and Lake City campuses.

VII. TRANSPORT We will negotiate for the transport of biomedical waste only with a DOH-registered company. If

we contract with such a company, we will have on file the pick-up receipts provided to us for the last three (3) years. Transport for our facility is provided by:

a.

The following registered biomedical waste transporter: Stericycle, Inc.

Address: 5169 West 12th Street, Jacksonville, Florida 32608-4006

Phone: 904.693.3254

Registration number: EPA# DER7217

Place pick-up receipts are kept in binders where the storage sheds are located.

OR

Stericycle Inc. has other locations that they will contact in the event that the Jacksonville location is not operational.

b.

An employee of this facility who works under the following guidelines: MBHCI staff will transport our own biomedical waste from Transitions to the Gainesville main campus and from Medical Services Outpatient in Starke, Lake Butler, Live Oak and Jasper to the Lake City campus. For tracking purposes, we will maintain a log of all biomedical waste transported by any employee for the last three (3) years.

The log will contain waste amounts, dates, and documentation that the waste was accepted by a permitted facility. Positions assigned transport duty: Program Manager for Transitions (GV), Outpatient injection nurses, and Infection Control Practitioner.

Biomedical waste will be transported to: Gainesville main campus and Lake City main campus as described above.

VIII. PROCEDURE FOR DECONTAMINATING BIOMEDICAL WASTE SPILLS (11)

Should there be a biomedical waste spill, apply gloves and absorb the spill with a towel supplied by the laundry re-processor, ALSCO. Place the towel in a laundry collection bag. Apply the facility approved general cleaning agent to the site and use a second, clean towel or mop (if floor) to clean the site. If carpeting is involved, contact Facilities Management to arrange for steam cleaning.

IX. CONTINGENCY PLAN

If our registered biomedical waste transporter is unable to transport this facility's biomedical waste, or if we are unable temporarily to treat our own waste, then the following registered biomedical waste transporter will be contacted:

Stericycle emergency back-up services information is located at:

1924 Joy Lake Rd.

Lake City, Ga. 30260

904 693 3254

X. BRANCH OFFICES The personnel at our facility work at the following branch offices during the days and times indicated:

1) RN provides outpatient injections in the following branch offices:

Office name: Bradford County Clinic

Office address: 945 Grand Street, Starke, Florida 32091

Days of operation: the nurse administers injections every other Wednesday, the office is open Monday-Friday

Hours of operation: the nurse administers injections from beginning at approximately 10 am, the office is open 8 am to 5 pm

Office name: Union County Clinic, Driggers Building

Office address: 395 West Main Street, Lake Butler, Florida 32054

Days of operation: the nurse administers injections every other Wednesday, the office is open Monday-Friday

Hours of operation: the nurse administers injections from approximately 8:30 am, the office is open 8 am to 5 pm

Office name: Virgie Cone Center

Office address: 406 10th Avenue NW, Jasper, Florida 32052

Days of operation: the nurse administers injections every other Tuesday, the office is open Monday-Friday

Hours of operation: the nurse administers injections from approximately 11 am, the office is open 8 am to 5 pm

Office name: Suwannee Counseling Center

Office address: 920 NW Nobles Ferry Road, Live Oak, Florida 32060

Days of operation: the nurse administers injections every Tuesday, the office is open Monday-Friday

Hours of operation: the nurse administers injections from 8:30 am, the office is open 8 am to 5 pm

Office name: Columbia Counseling Center (Lake City Campus, location of the shed for the above offices)

Office address: McCall Building, 439 SW Michigan Street, Lake City, Florida 32025

Days of operation: the nurse administers injections every Thursday, the office is open Monday-Friday

Hours of operation: the nurse administers injections starting at 8 am, the office is open 8 am to 5 pm

3) Reda Buchanan is the program manager for Transitions Residential Treatment Program.

Sharps containers are used for disposable razors or for clients who self-administer glucose monitoring and insulin injections. When full and sealed, sharps containers are transported to the Gainesville main campus.

Office name: Transitions Residential Group Home

Office address: 3807 SW 34th Street, Gainesville, Florida 32608

Days/hours of operation: Transitions Residential Group Home is a 24/7 facility

XI. MISCELLANEOUS For easy access by all of our staff, a copy of this biomedical waste operating plan will be kept in the following place: Environment of Care Manual. The following items will be kept where indicated:

- a. Current DOH biomedical waste permit/exemption document is kept in the Quality Assurance department.
- b. Current copy of Chapter 64E-16, F.A.C. is kept with this document in the Environment of Care Manual (inpatient) and in the Centerwide Policy and Procedure Manual as an attachment to Policy.
- c. Copies of biomedical waste inspection reports from last three (3) years Quality Assurance Department.
- d. Transport log: The outpatient injection nurse maintains a log of monthly sharps container weight for that office and transports the container when $\frac{3}{4}$ full or when weight reaches 24 pounds, whichever comes first. Transport documentation is kept with the manifests at the point of pick up.

DATIS: Your One-Stop Shop for HR and Timekeeping

At Meridian, we utilize the human resources and payroll platform DATIS e3 to manage personnel records and track work hours. This system is accessible to each employee, allowing them to edit their own information, submit timesheets and view all their employment information.

To access the Employee portal, simply click on the DATIS icon on your desktop. Once logged in, you'll find a variety of functions available to you. These include updating your address, managing direct deposit accounts, printing pay stubs and W2 forms, and making changes to your W4 form. Additionally, if you need to request leave, you can do so through DATIS, and your supervisor will receive the request for approval.

We encourage you to explore the features of DATIS and utilize them as needed for managing your employment details.

Changing Your Address

1. Click "My e3" to access your Dashboard.
2. Navigate to the "Account" section, where your current address will be displayed.
3. Enter your new address and click "Update" to save the changes.

Managing Direct Deposit Accounts

1. Click "Direct Deposit" to access your existing account information.
2. To add a new account, click "Add New Account" and enter your routing number and account number.
3. Click "Save" to update your direct deposit settings.

Requesting Leave

1. Click "Leave Requests" and then click the "Request Leave" button to start the process.
2. Select a reason for your leave request and click "Next."
3. Use the calendar to select the dates for your leave request, then click "Next."
4. Enter the number of hours for your leave request in the PTO field.
5. Click "Next" to proceed.
6. Review the details of your leave request before submitting it to your

supervisor. If everything looks accurate, click "Finish" to complete the process.

Please ensure you follow your department's policies when requesting leave. If you encounter any issues or have additional questions, please reach out to HR for support.



Submitting Your Timesheet and Using ePunch

Please ensure that you complete the required online course "DATIS & ePunch" for a comprehensive understanding of these processes.

Submitting Your Timesheet

Everyone is responsible for submitting their timesheets for approval on the day following the end of the pay period by 10:00 AM. To do so, follow these steps:

1. Click the "My Timesheet" QuickLink on the landing page after logging in.
2. Select the appropriate pay period by clicking the arrow button at the top of the timesheet if needed.
3. Verify that all the information is accurate before submitting the timesheet.

Certain employees, particularly those on a salary basis or who spend a significant amount of time traveling, have the ability to edit their timesheets as needed.

Using ePunch

ePunch is our convenient cloud-based time clock system.

Access ePunch through the following methods:

1. Click the ePunch icon on your desktop.
2. Use the touch-screen Time Clocks located around Meridian if you do not have computer access.
When clocking in and out, keep the following in mind:
HOST: If this field is blank, type "MBH."
User ID: Use your employee number (refer to the letters you received with your ID Badge).
Your PIN is derived from your date of birth. For example, if your birthday is August 4th, your PIN would be 0804.

A successful punch will show your photograph as confirmation.

Transferring Between Departments

- For employees working in multiple departments, including PRN's, it is essential to transfer your punches when working in a secondary location.
Please follow these steps to transfer:

1. Punch in as you usually would using your User ID and PIN.
2. Enter your User ID and PIN once again, but this time, select "Transfer" instead of punching in.
3. Choose the appropriate Reporting Unit, Program, and Funding Code for your shift.



4. Press "Transfer" to complete the process.

At the end of your shift, simply punch out as you typically would. Time Clock

Locations Time Clocks can be found at the following locations: Main Building

Gainesville: Pharmacy hallway and Case Management Hallway

Admin Building Gainesville: Next to the Fiscal Department reception area

Bridgehouse: Front Desk

CSU Gainesville

CSU Lake City

For best results, use your finger to interact with the Time Clock screen.

EMPLOYEE COPY

ePunch is the official method for recording hours worked at Meridian Behavioral Healthcare. To maintain consistency and fairness, all ePunch and written timesheet data will be considered the official record of your work time. Please follow these guidelines:

1. Clock in at the start of your shift and clock out for lunch or any other breaks.
2. Clock in when you return from breaks and clock out at the end of your shift.
3. If you're attending a training course or working off-site, your supervisor will manually clock you in and out.
4. Continue to follow departmental requirements for reporting excused absences (sick leave, PTO, etc.).
5. Failure to adhere to these rules may result in disciplinary action.

Submitting Timesheets:

1. All employees must submit their timesheets for hours worked by 10:00 AM on the Friday morning after the end of each pay period.
2. Review your timesheet for accuracy, missed punches, and completeness before the deadline.
3. Report any changes to your supervisor immediately.

Please read the following statements carefully and complete the information at the bottom. If you have any questions, please contact your supervisor or a Payroll representative for clarification.

I have received and understand the attached ePunch instructions.
I will not tamper with official timekeeping records, hardware, or software.
I will not clock in for another employee or ask someone to clock in for me.
I will immediately inform my supervisor if I cannot clock in or out for any reason.
I will not falsify any timesheet or electronic time record.

I understand that failure to comply with these guidelines may result in disciplinary action, including termination.

Mileage Reimbursement

Eligibility criteria for travel reimbursement when attending training sessions in Gainesville.

If your regular work location is outside Gainesville, you may qualify for mileage reimbursement.

However, please note the following:

If you live in Gainesville but work in an outlying community, you are not eligible for reimbursement when attending training in Gainesville.

If you both live and work outside of Gainesville, you are eligible for reimbursement. However, your normal commute mileage from home to the primary worksite will be deducted from the calculation.

Here are a couple of examples for clarification:

Example 1: If you live in Bronson, work in Lake City, and your normal commute mileage is 55 miles, you won't be eligible for reimbursement for a 25-mile trip to Gainesville since it's less than your normal commute.

Example 2: If you live and work in Bronson, with a normal commute of 4 miles, you're eligible for reimbursement for 21 miles of a 25-mile trip to Gainesville.

Please keep these guidelines in mind when planning your travel for training sessions. If you have any questions about your eligibility or the reimbursement process, please don't hesitate to contact the HR department.

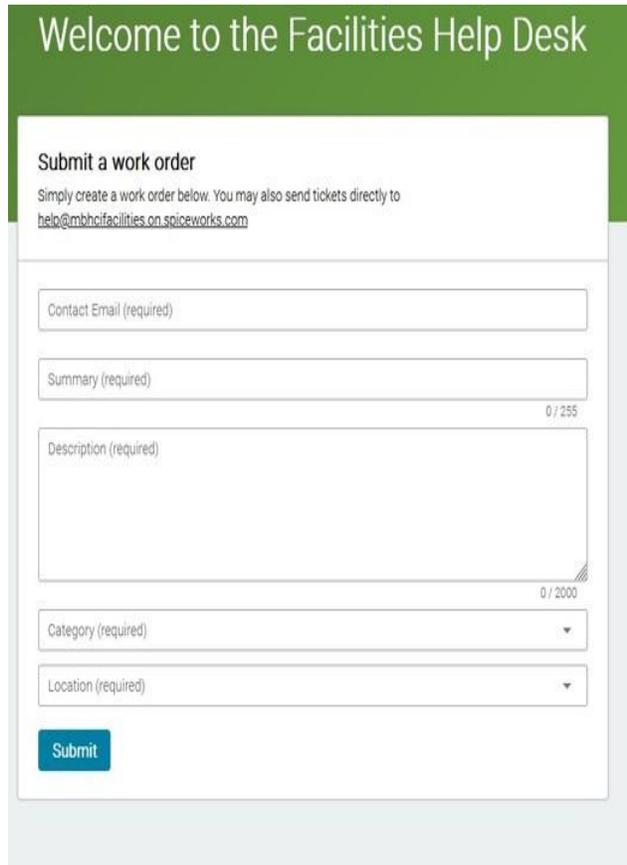
Process for claiming mileage in the Datis e3 system.

1. From the Home page select the "My Timesheet" QuickLink.
2. Switch to the "Week View" to enter travel details.
3. Click "Add Amounts" for the appropriate week and select the date by clicking the green arrow.
4. Choose the appropriate mileage category:
 - a. "Service Mileage" for regular work travel.
 - b. "Professional Development Mileage" or "Business Meeting Mileage" for travel to trainings or meetings with other agencies.
5. Enter the number of miles traveled.
6. Provide the destination and reason for travel in the "Justification" field. If you're making home visits, remember to include the key number.
7. Verify the information and click "Save."
8. Refresh the screen to review your entry.

In case you forget to track your mileage for a trip, you can still estimate the distance using web mapping platforms like Google Maps or MapQuest.

Facilities

Online Work Order Request:



The screenshot shows a web form titled "Welcome to the Facilities Help Desk" with a green header. Below the header is a white box with the heading "Submit a work order" and the text "Simply create a work order below. You may also send tickets directly to help@mbhcfacilities.on.spiceworks.com". The form contains several input fields: "Contact Email (required)", "Summary (required)" with a character count of "0 / 255", "Description (required)" with a character count of "0 / 2000", "Category (required)" with a dropdown arrow, and "Location (required)" with a dropdown arrow. A blue "Submit" button is located at the bottom left of the form.

- Select the “Meridian Behavioral Healthcare Facilities Help Desk” icon on your desktop.
- Enter your Email, Summary, Description, Category (Maintenance), Location, then hit “Submit.”
- If you have any issues, please contact Amanda Craig, VP of Facilities, at

Amanda_Craig@mbhci.org
352-374-5600 EXT 8961 352-
224-0339 Cell Phone

PERSONAL APPLIANCE APPLICATION

Date: _____
 Name: _____
 County: _____
 Department: _____
 Room #: _____
 Description of Appliance: _____

 Reason for bringing in Appliance: _____

 Who will be using the Appliance: _____

SAMPLE

For Facilities Department use only:
 Approved: _____ Date: _____
 Not Approved: _____ Date: _____
 Reason: _____

Procedure V-0-2
 Attachment A

Personal Appliances:

- In order to provide a safe environment for employees and clients we must limit the number and placement of personal appliances.
 Personal Appliance Application #59
- must be completed and submitted for Safety approval to the Health & Committee.
 Notice to remove an item(s) will be sent out by the Health & Safety Chairperson.

Property Release Form:

- Supervisors are required to maintain a Property Release Form #79 on every employee. Employees
- are responsible for the return of all equipment in working order on or before their last day of employment.
 Meridian may withhold from the employee's final paycheck the cost of any item(s) that are not returned upon termination of employment. The recoupment fee is listed for each item and must be initialed by the employee. Keys, ID Badge, Cell Phone, Fuel Man Card, computers are a few of the Center property items.



Maintenance On-Call:

- If you are in a 24-hour program you will be using the on call procedure. If you have an emergency and it is after (5:00 PM Monday – Friday, Weekends or Holidays.)

Dial Extension: 8372 for Alachua/Tri County

Dial Extension: 8355 for Lake City/ Columbia County

If you have not heard from Maintenance in 30 minutes, you can try each of the following staff:
(always on-call first)

GV and south locations - Roy Blinder Cell # 352-578-6049

LC and North locations - Charles Cell # 352-494-4329

Amanda Craig 352-224-0339



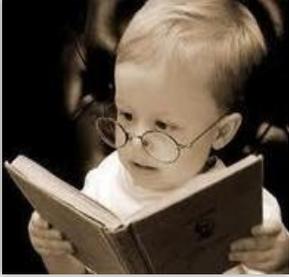
Know the Location of:

- Weather box
- First aid
- Flashlight
- Emergency phone
- Fire extinguisher
- Evacuation plan

Safe Work Practices:

- Keep floors free of items that might cause tripping.
- Never use a chair as a ladder.
- Report all defects such as loose tiles, frayed carpeting, damaged electrical cords, etc. immediately to facility manager.
- Keep office doors free from obstructions to permit egress in case of an emergency.
- Clean up spills immediately.
-

Standards of Practice



This is an overview of specific topics from your employee handbook. You are responsible for reviewing the entire handbook and for requesting clarification as needed.

Meridian reserves the right to modify and change policies and procedures at any time. If there are any discrepancies between the handbook and the most current policies and procedures, the policies and procedures will take precedence.

Americans with Disabilities Act: Meridian will ensure all meetings, conferences, hearings, trainings, interviews, eligibility determinations, programs, services, and activities are held in facilities that are accessible. Employees wishing to file an internal discrimination complaint should contact the Human Resource Director.

Genetic Information Nondiscrimination Act:

The Genetic Information Nondiscrimination Act was signed into law in 2008. It makes it illegal to discriminate against employees or applicants because of genetic information. Title II of GINA prohibits the use of genetic information in making employment decisions, and restricts Meridian from requesting, requiring or purchasing genetic information. It is unlawful for Meridian to inquire about an employee's or an applicant's family medical history as well.

So what does this mean? Let's look at a conversation between a manager and a subordinate:

Manager: How are you feeling today?

Subordinate: Much better, thank you.

Manager: So, does this kind of thing run in your family?

GINA VIOLATION! The manager cannot ask about the employee's family history.

Health Information Portability and Accountability Act: HIPAA requires Meridian to assure the privacy and confidentiality of protected personal health

Meridian employees and volunteers shall not permit the information of persons served.

unauthorized disclosure of protected health information except as permitted or required by law. Each employee and volunteer shall sign the Notice of Privacy Policy at the back of this handbook, a copy of which shall be maintained in the employee's or volunteer's file.

Non-discrimination & Non-retaliation Policies: No person shall, on the basis of race, color, religion, national origin, sex, marital status, sexual orientation, age or disability be excluded from participation in, be denied the benefits of, or be subjected to unlawful discrimination under any program or activity administered by Meridian. No person shall be retaliated against, harassed, intimidated, threatened, coerced or discriminated against for making a charge, testifying, assisting or participating in any manner in an investigation, proceeding, or hearing; or for opposing alleged unlawful discriminatory practices prohibited by federal law. Any employee who believes that he or she has suffered retaliation from making a report should contact the Compliance Officer or call the Compliance Hotline at (352) 374-5600 ext. 8222.

Diversity and Inclusion Policy Meridian Healthcare. (MBHCI) is committed to fostering, cultivating and preserving a culture of diversity and inclusion.

Our human capital is the most valuable asset we have. The collective sum of the individual differences, life experiences, knowledge, inventiveness, innovation, self-expression, unique capabilities and talent that our employees invest in their work represents a significant part of not only our culture, but our reputation and company's achievement as well.

We embrace and encourage our employees' differences in age, color, disability, ethnicity, family or marital status, gender identity or expression, language, national origin, physical and mental ability, political affiliation, race, religion, sexual orientation, socio-economic status, veteran status, and other characteristics that make our employees unique.

We believe in creating an inclusive environment where everyone, from any background, can do their best work.

Sexual Misconduct, Workplace Violence and Unlawful Harassment

Center-wide Procedures VIII-AA serves as a guideline to assure compliance with state and federal law, and Meridian Healthcare. (Meridian or MBH) policies and procedures in promoting a healthy, positive, and safe working environment. All incidents of sexual misconduct, sexual harassment and workplace violence must be reported using current center guidelines and procedures.

It is the responsibility of each employee to remain updated on any changes that are made from time to time. It focuses on creating a violence-free workplace and environment of care through interpersonal communications; to set forth effective intervention strategies; and to preserve the employee reporting process.

preventative measures; to promote positive human interactions and

HR Expectations: It is each employee's responsibility to advise the Human Resources Office of any changes to personal information such as name, marital status, address, or exemptions. ID badges shall be worn at all times while on Meridian property. They must be worn in a manner that will allow them to be read and seen. If you lose your badge, contact Human Resources as soon as possible. A \$10 fee will be collected.

Grievance Procedures:

It is Meridian's policy to encourage employees to deal openly and directly with each other at all levels. As such, regular employees will be given two options for handling any grievance:

1. Open communication with immediate supervisor
2. Written grievance

Employee Classification:

Exempt: Exempt employees are not entitled to overtime and are expected to work without additional compensation as many hours as required to perform the essential duties of their position.

Non-exempt: Refers to employees who are included under the provisions of the FLSA. Such employees must be compensated with overtime for hours actually worked in excess of 40 hours in a workweek.

PRN: If an employee's status changes from PRN to full or part time regular, that date becomes their new date of hire. The employee will be eligible for fringe benefits the first of the month after 90 days of service as a regular employee.

Resignations Exempt staff are requested to provide 4 weeks written notice of their intent to resign.

Non-exempt staff are requested to provide 2 weeks written notice of their intent to resign.

Driving Eligibility:

It is the intent of Meridian Behavioral Healthcare Center, Inc. (Meridian, MBH or Center) to provide persons we serve with safe transportation through qualifying drivers who will transport persons we serve in an MBH vehicle and/or who utilize an MBH or personal vehicle to conduct official Center business. Please refer to Procedure VIII-PP Center Drivers – Approval Process & Vehicle Use Guidelines for details on this policy.

Employee Absences: In the event an employee cannot avoid being late to work or is unable to work as scheduled, they should notify their immediate supervisor or designee as far in advance as possible of the anticipated tardiness or absence. Employees are not to leave a message with anyone and should contact their supervisor directly.

If the supervisor cannot personally be reached, it is acceptable to leave a voice mail message. Absences for three consecutive days, without notification to the immediate supervisor or designee, shall be considered as a voluntary termination without notice and may result in loss of some benefits such as PTO payout and eligibility for rehire. Poor attendance and excessive tardiness are disruptive. Either may lead to disciplinary action up to and including termination of employment.

Work Breaks:

A work break of up to 15 minutes may be allowed, but is not required under FLSA (Fair Labor Standards Act).

Progressive Discipline:

For minor policy and conduct violations, a first offense may result in a verbal counseling; a next occurrence may be followed a written counseling, a third offense could result in a suspension or second written counseling, while the fourth occurrence could result in dismissal. More serious policy and conduct violations may result in written counseling, suspension or termination for a first offense.

The following list contains situations that could result in immediate dismissal from Meridian, but is not meant to be all-inclusive:

- Falsification of time records, medical forms, employment applications, billing records, or other documents;

- Use of illegal drugs or alcohol and misuse of prescription drugs while on duty,

- Refusal to follow work orders;

- Violations of non-competition or confidentiality agreements, unauthorized disclosure of MBH or client confidential or proprietary information;

- Violation of MBH policies, code of conduct or work rules.

Job Abandonment: An employee that abandons their position is ineligible for rehire.

Employee Competence: Staff shall take the initiative to seek supervisory advice for programmatic issues related to service delivery.

Staff MUST meet all annual training requirements that have been outlined in the Training Plan as well as those identified in supervision. Meridian’s standard for training compliance is 95%. Staff is responsible for obtaining access to the Meridian e-Learning (Relias LMS) site to complete required online courses. Staff shall offer competent service provision including complete, accurate and timely documentation. **Contact the Staff Training Manager/ HR for information on Tuition**

**Reimbursement, Clinical
Licensure Supervision and Student Loan Forgiveness information.**

Training & Development is responsible for monitoring the completion of Job Descriptions (within 30 days), Introductory Reviews and Competency Checklists (90 days). All of which must be completed and uploaded in DATIS by your direct supervisors. Please follow-up with them and ensure that these are completed on time. Annual evaluations are also monitored as appropriate.

Evaluations: 90-Day Evaluation: The 90-day evaluation documents the performance level of the new employee on key job duties at the end of the orientation period.

Annual Performance Appraisal: Each employee’s performance is evaluated at least annually at the close of the Center’s fiscal year; or in response to a required, performance related corrective action plan. A 90-day evaluation completed between March 1 and June 30 will count as the annual evaluation.

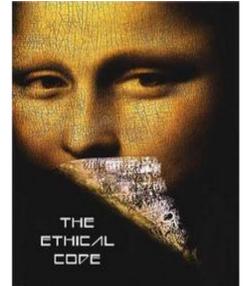
All performance evaluations are assessed based on a 5–point scale.

Evaluation Scores 3				
1 Star	2 Stars	Stars	4 Stars	5 Stars
Unsatisfactory	In Development / Needs Improvement	Achieved Goals	Exceeded Expectations	Exemplary

Guiding Ethical Principles & Code of Conduct: Meridian’s employee Code of Conduct and Ethical Standards of Practice promote and protect the conduct of business in a legal and ethical manner consistent with federal statutes and regulations as well as the ethical standards of the behavioral healthcare professions.

All staff, including consultants, students and volunteers must be committed to upholding the dignity and worth of each individual, each family, and each community’s values. Staff shall maintain integrity with respect to their duties as they encounter the persons served and other service providers, recognizing that the interest of the persons served and the public are of primary concern.

Humans have spent many hours thinking about what ethics are and what they should be guided by. Here at Meridian there are 5 general principles that guide our ethical conduct: They are autonomy, beneficence, non-maleficence, justice, and fidelity.



Autonomy - Under this principle, staff respect the freedom of persons we serve to choose their own services and providers, make their own choices, and control their own lives within their capacity to do so. We have an ethical obligation to decrease dependency and foster independent decision-making by persons we serve. We refrain from imposing goals, avoid being judgmental, and are accepting of different values.

Non-maleficence “do no harm” - We must take care that our actions do not risk hurting persons we serve. We have a responsibility to avoid engaging in practices that cause harm or have the potential to result in harm. **Beneficence (promoting wellness)** - This principle mandates that staff actively promote the growth and welfare of those they serve.

Justice (commitment to fairness) - Justice includes consideration of such factors as quality services, allocation of time and resources, establishment of fees, and access to services for all persons we serve. This principle also refers to the fair treatment of an individual when his or her interests need to be considered in the context of the rights and interests of others.

Fidelity - Fidelity means that staff make honest promises and honor commitments to persons we serve and anyone else they interface with in the course of their positions. This principle involves creating a trusting and therapeutic climate in which people can search for their own solutions, and taking care not to deceive or exploit persons we serve.

Standards of Conduct

(Excerpts taken from Employee Handbook.)

Poor performance	Employees shall strive to perform at the highest level of efficiency and effectiveness; they shall do more than “just get by”. Employees are expected to be effective, for example: to organize their work; to stay focused on job related activities during work hours; to provide the level of effort necessary to get the job done; to demonstrate willingness and ability to make decisions and exercise sound judgment; to produce work that consistently meets or exceeds expectations; to accept responsibility for their actions and decisions; to adapt to changes in work assignments, procedures, and technology; and to be committed to improving individual performance.
Poor attendance or time management	Employees are expected to be reliable and dependable, for example: to show up for work, ready to work, on a reliable basis; to observe established work hours and scheduled appointments; to complete work on time; and to obtain permission before being off work and to schedule leave in a manner that minimizes work disruption.
Negligence	Employees shall exercise due care and reasonable diligence in the performance of job duties.
Inefficiency or inability to perform assigned duty	Employees shall, at a minimum, be able to perform duties in a competent and adequate manner. Employees must be able to perform essential duties of a position with or without reasonable accommodations.
Insubordination	Employees shall follow lawful orders and carry out the directives of persons with duly delegated authority. Employees shall resolve any differences with management in a constructive manner.
Violation of the provisions of law	Employees shall abide by the law and applicable rules and policies and procedures. Meridian may determine that an employee has acted in a manner not conducive to its mission even if the law violation has not resulted in arrest or conviction. Employees shall abide by both the criminal laws such as drug laws, and the civil law such as laws prohibiting sexual harassment and employment discrimination.
Violation of Meridian rules	Employees shall abide by all applicable policies and procedures.
Misconduct	Employees shall refrain from conduct, which, though not illegal, is generally inappropriate for a Meridian employee in the employee's particular position.
Habitual illegal drug use	Meridian shall not tolerate violations of Meridian’s Drug Free Workplace policy, or other misuse of mood- or mind-altering substances, including alcohol and prescription medications.

Immediate Notification of Arrest	Any employee who is arrested or receives notice of possible criminal prosecution from any law enforcement agency whether in Florida or another state including any violation mandating a court appearance, must report the expected prosecution to Human Resources and their immediate supervisor as per the provisions of this policy.
Falsification of any written or electronic documentation	Meridian shall not tolerate falsification of any documentation, including billing/ service records, time records or incident reports.
Falsification of Client Observation Checks	To account for the safety, security, and presence of clients, Meridian requires that inpatient and residential clients be checked and observed on a required established schedule. Meridian shall not tolerate falsification of client monitoring flow sheets or falsification of client observations/checks. Under no circumstances, shall a staff record or document a check or observation that had not actually occurred. It is essential that related records be accurately completed.
Bullying Behavior	Meridian will not in any instance tolerate bullying behavior towards our staff, clients, and/or business/community partners. Bullying behavior includes threatening, humiliating and/or intimidating behaviors whether verbal or physically.
Gifts and Persons Served	<input type="checkbox"/> Staff is prohibited from providing clients with money, personal favors, gifts or services (including transportation) outside of the scope of their position. <input type="checkbox"/> Staff is prohibited from seeking, soliciting, or accepting gifts from clients.
Non-Employees or Unauthorized Personnel	Employees must consider issues of safety, confidentiality, disruption of operations, and the legal liability posed by the presence of non-employees including children in the workplace
Sleeping on the Job	All Meridian positions are awake positions. All staff must be alert, awake and report to work ready and able to perform their duties. Employees are strictly prohibited from sleeping during working hours. Employees will be disciplined for sleeping on the job for all cases unless they have a reported condition that is considered a disability that is protected by state and/or federal laws
Theft	Meridian shall not tolerate the misuse or theft of company funds, money, equipment or property. Theft includes the unauthorized use of Company services, facilities as well as taking any company property for personal use.
Unauthorized Overtime	Employees who fail to obtain approval prior to working hours that extend beyond their normal workweek or hours that result in overtime will be subject to disciplinary action up to and including termination

Failure to comply with Meridian's Corporate Compliance Program All employees and agents of Meridian shall comply with all aspects of Meridian's Corporate Compliance Program, including the requirement to report any suspected or known violations of Program and the Code of Conduct. Corporate Compliance: Meridian appoints a Corporate Compliance Officer who is knowledgeable about the content and operation of the compliance and ethics program. Meridian has taken reasonable steps—



- to ensure that the organization's compliance and ethics program is followed, including monitoring and auditing to detect criminal conduct;
- to evaluate periodically the effectiveness of the organization's compliance and ethics program; and
- to have and publicize a system, which may include mechanisms that allow for anonymity or confidentiality, whereby the organization's employees and agents may report or seek guidance regarding potential or actual criminal conduct without fear of retaliation.

You can contact the Corporate Compliance Officer at extension 8222.

Service Quality Employees will not engage in any behavior toward a person we serve that may be considered as abusive or neglectful, and will immediately report any observance of such behavior to their supervisor.

Billing & Cost Reports:

It is the intent of Meridian Behavioral Healthcare that staff will only submit for payment or reimbursement claims for services actually rendered that are appropriately documented in treatment and/or service records using billing codes that accurately describe the services provided. Furthermore, staff that misrepresent services or submit false claims for services will be subject to immediate discharge.

Computer & E-mail Usage:

Computer, computer files, the e-mail system, Internet access, and software furnished to employees are the property of Meridian and are intended for business use only. These should not be considered private. Staff's use of the Internet and internal/external e-mail system may be monitored to ensure compliance with this policy. Visitation to inappropriate sites can result in disciplinary action up to and including dismissal.



Meridian Property

Upon employment, an employee will be issued an identification card and may be issued keys, pager, cellular telephone and other Meridian property. These items are for official Meridian business only and are the property of Meridian. When the employee leaves the position, he or she must surrender all Meridian property in his or her possession to the immediate supervisor or the human resources office.

Any personal use of equipment must be prior-authorized by the employee's supervisor. Costs incurred by the Center for the personal use of agency property (i.e.: cellular telephones, personal long distance calls, printers, fax machines) will be voluntarily paid by the employee. Staff has a clear obligation to use their time productively while at or on Meridian's paid time. Misrepresentation of time worked is also a misuse of assets.

Private Practice: Meridian staff shall not conduct a private practice or other personal business during assigned working hours. Meridian counseling staff shall not accept any referral of a Meridian person served in their private practice.

Staff must notify the Chief Financial Officer and Corporate Compliance Officer in writing of an intent to do private practice.

Political Activities: No employee can take an active part in a political campaign during work hours.

Dual Relationships: Dual relationships with persons we serve during treatment and thereafter are prohibited. For defining dual relationships: *A person we serve maintains this status forever.*

Relationships that are not acceptable include but are not limited to socialization outside of the work environment, business or financial relationships, and dating and sexual intimacies.

Dual relationships are prohibited for the duration of staff's employment at Meridian. Licensed staff will follow periods required by law for refraining from dual relationships.

Staff are prohibited from providing clients with personal favors, gifts or services (including transportation) outside of the scope of their position. If there is any question regarding a specific action, staff should consult with management, HR or the Compliance Officer.

Drug-free Workplace: It is Meridian's policy to administer a Drug Free Workplace Program in accordance with State and Federal laws in a commitment to safeguard the health of our employees and to provide a safe working environment for everyone.

While Meridian does not intend to intrude into the private lives of its employees, Meridian does expect employees to report for work in condition to perform their duties.

We view substance abuse as a serious threat to an employee's physical well-being and client services. Therefore, Meridian's work environment must be free from drugs, alcohol, and their effects at all times. Meridian reserves the right to take any necessary steps to preserve that status.

Florida Abuse Line: If in the course of a contact you receive any indication that a child, a disabled adult, or an elderly person might be sexually or physically abused, neglected, or exploited you MUST IMMEDIATELY report it to the

Department of Children and Families as outlined below. Your responsibility is to report what leads you to suspect abuse. You need not establish certainty and you are not to investigate the abuse.

DCF uses a state-of-the art computerized system that centralizes and standardizes reports called in from across the state to one, toll free hotline (1-800-96-ABUSE) to handle these complaints. The Florida Protective Services System is coordinated statewide network for reporting and investigating abuse. An automated tracking system guides investigators in completing critical steps throughout their investigations. Help will arrive when needed.

Dial 1-800-96-ABUSE whenever you suspect abuse, neglect or exploitation involving children, adults with disabilities or the elderly. As a professional, you are mandated by law to report suspected abuse by calling the abuse hotline. Failure to call as required can lead to disciplinary action and possible criminal prosecution.

While DCF has made halting abuse, neglect and exploitation a top priority, it's everyone's job.

- A. The duty to report suspected or known abuse supersedes the laws of confidentiality.
Provide as much detailed information as you can.
 - B. Document the call in the record, noting the time/date of the call and the name of the DCF worker you spoke to and his/her ID number.
 - C. If the Abuse Registry declines to take your report of abuse, ask the name and ID number of the person taking your call at the Abuse Registry. Document the information in the clinical record with a statement that the report was declined. Immediately consult a supervisor, VP, COO or Risk Manager, and complete an Incident Report.
 - D. If you have indication that the individual is in immediate danger, request that s/he be taken into custody immediately and be held at DCF until picked up. In addition, if the victim of abuse is in need of immediate medical assistance, call 911.
 - E. Discuss the report with a supervisor.
 - F. If the allegation of abuse is against a staff member, the above procedures will be followed. The staff member that first learned of the abuse will complete an Incident Report, and immediately notify the Program Director. The Program Director will immediately notify the Human Resources Director.
1. If the abuse by staff was by report or directly observed, the staff member accused

may be placed on Administrative Leave with pay, pending the DCF investigation. The Program Director, the COO, the Director of Risk Management, and the Director of Human Resources will jointly decide the determination regarding assignment of Administrative Leave. The decision will be based on the seriousness of the incident and the potential harm to clients and staff.

2. Once a staff member is placed on Administrative Leave, return to work will be dependent on the DCF clearance to do so.
3. If abuse or neglect charges are determined to be "founded" by DCF, the employee will be immediately terminated from employment.

You are guilty of a misdemeanor if you fail to report. Upon conviction, you may be imprisoned for a term not to exceed 1 year and fined \$1,000.

After Making a Report:

If you are a Case Manager, clinician, or direct care staff member; document any report that you make to the hotline on a non-billed note in Profiler. The date, time, operator name and number receiving the report, and a brief statement of the reason for the abuse report, must be included in the non-billed note. Next, complete an incident report and forward it to Risk Management immediately. Do not mention the incident report in the client charts. Incident reports are for internal review only and are never to be documented in a client chart.

If you are contacted by a DCF investigator during an investigation, document on a non-billed note the date, time, name of the investigator stating that you spoke with the investigator. Do not record details of the investigation, names of persons discussed or mention incident reports in the client chart.

Do not document in the chart any meetings or interviews with Risk Management, Human Resources or other MBH Administration. All Risk Management investigations are considered internal quality assurance and are not to be recorded in client charts. All employees are required to complete an incident report after submitting a report to DCF.

Personal Appearance: Employees are expected to present a clean, neat, and professional appearance during business hours or while representing Meridian. Employees are expected to dress and groom according to the requirements of their position. Your supervisor or department head is responsible for establishing a reasonable dress code appropriate to the job you perform. Individual department dress codes can be more restrictive than the general Center guidelines. Consult your supervisor if you have questions as to what constitutes appropriate appearance. Clothing with holes, torn or frayed seams, or faded, dirty or wrinkled clothing is not appropriate business attire. Clothing that reveals too much cleavage, your back, your chest, your stomach or your underwear is not appropriate for a place of business. Skirts and dresses should be at a length at which you can sit comfortably in public.

Thongs, flip-flops, crocs, slippers, canvas or athletic type shoes are not appropriate professional attire.

Fingernails should be kept clean and properly manicured and not interfere with the functions of the job.

Personnel expected to wear uniforms will be responsible for providing and maintaining them.

Offensive body odor and poor personal hygiene is not professionally acceptable.

Facial jewelry, such as eyebrow rings, nose rings, lip rings, and tongue studs, is not professionally appropriate and must not be worn during business hours.

Perfume, Lotions, Cologne and Cosmetics shall be permitted and should be used in moderation, as some individuals may be sensitive to strong fragrances.

If clothing fails to meet these standards, as determined by the employee's supervisor and Human Resources staff, the employee may be sent home off the clock to change clothes and will receive a verbal warning for the first offense. All other policies about personal time use will apply. Progressive disciplinary action will be applied if dress code violations continue.

Refer to Procedure VIII-CC: Personal Appearance and Dress

HR Roles and Functions



Human Resources is here to help you. Specifically, each person does the following functions for you – our customer. The current positions in HR are as follows:

Senior Vice President: This is a highly responsible executive management position that takes the lead for planning, organizing, and directing many phases of a comprehensive and diversified human resource program. S/he is responsible for providing employee relations support to include handling internal complaints, workplace investigations and responds to general Human Resources issues from staff members. This individual will work on HR projects to include policy development and rollouts, design/conduct staff relations-related training and be part of a team approach to solving workplace issues. S/he acts as a liaison to center management regarding HR issues and conducts functional training with managers. This person is responsible for ensuring that Meridian complies with all applicable laws, both state and federal.

Manager, Recruiting: This is a highly responsible senior-level management position accountable for planning, organizing, and directing many phases of a comprehensive and diversified staffing and recruiting program. This position is responsible for the operational aspects of the centralized recruiting process and for ensuring the organization's staffing goals are met through sourcing and screening the highest quality talent. This position partners with internal clients to develop staffing strategies; develops and implements cost effective recruitment plans that minimize time-to-fill; provides consultation throughout the selection process to maximize fit and retention; develops and builds hiring processes for a variety of levels from temporary staffing to executive placement; develops, 'streamlines and enhances staffing systems, tracking, reporting and analysis.

Director, Employee Relations and Engagement: This is a highly responsible senior-level management position responsible for planning, organizing, and directing many phases of a comprehensive and diversified human resource program. S/he is responsible for providing employee relations support to include handling internal complaints, workplace investigations and responds to general human resources issues from staff members. S/he is responsible for overseeing Employee Relations, Payroll, Training, as well as the compliance and operational work of the Human Resource Generalists. S/he is responsible for overseeing employee engagement, ADA accommodations, FMLA leave requests, HR policies and procedures, worker's comp. claims processing, exit interview process, as well as the Center Driver program.

Executive Assistant: **This is the most visible person in Human Resources.** This individual issues ID badges, manages DATIS questions, coordinates all the filing of documents into your personnel file, and provides direct administrative support to the Senior Vice President and general administrative support to the HR team.

Senior HR Generalist (Credentialing): It is the job of the Senior HR Generalist to ensure that all credentials are accurately and updated as per legal and regulatory requirements. This individual is an expert in all matters relating to DATIS and will also assist the Human Resources Management team in employee relations and legal issues that may arise.

Payroll Manager: The Payroll Manager ensures that you are paid in a timely manner, provided you have correctly entered your time into Datis and submitted your timesheet as required. This individual is the expert on Meridian benefits and ensures that all information provided is current and accurate.

HR Generalist : This person handles all general HR enquiries especially as it relates to benefits for employees including medical, dental, vision, life insurance, and VALIC (401(a) and 403(b)). They also process workers' compensation claims and center driver assignments. Communications

Manager: This individual is responsible for all internal communications and lets you know about what is going on here at Meridian. The Communications Manager distributes several newsletters each month to ensure you have the latest news and happenings. Maintenance of Meridian's Intranet is the responsibility of this individual.

Manager, Staff Training & Development: The Training & Development Manager is responsible for ensuring that the organization is complying with training requirements outlined in Florida Statutes and Federal laws. This manager is responsible for management & oversight of the training program for Meridian and employee development. This person also tracks and monitors performance evaluations. It is also this person's responsibility to design and create training content for online and classroom trainings

Recruiter (s): This position is responsible for recruiting various candidates in many of Meridian's programs, collaborates with department managers on a regular basis, and proactively identifies future hiring needs. The Recruiters will attract candidates using various sources including job boards, social media networks and employee referrals. Ultimately, the responsibilities of the Recruiters are to ensure our company attracts hires and retains the best employees, while growing a strong talent pipeline.

Meridian Training and Development



Training & Development is tasked with establishing your training plan. Your *initial training plan* indicates what classes you are required to complete during the **3-day in person Orientation**. Each training plan is based on your position here at ~~Meridian~~. We will go over this document with you on Day 1.

The full details of your training requirements are made up of classroom and online training. Details on all your training are maintained in the Learning Management System (Relias LMS). **You will have access to this information**

on Day 2 of your Orientation. The training plan lists the courses, the expiration date (course due date), and how often the course must be repeated.

Meridian's standard for training compliance is 95%.

Employee Responsibilities

It is the employee's responsibility to notify the Human Resources Department if she s/he must cancel a class reservation. Every effort should to be made to cancel at least 24 hours in advance.

If any employee cancels a training, it is his/her responsibility to sign up for future training session.

Each employee is responsible for ensuring they are in compliance with all training requirements.

At a minimum, any employee who is not in compliance shall not be eligible for any bonus or salary increase while they are non-compliant.

Failure to meet minimum set scores for all courses that require competency testing may result in disciplinary action up to and including termination. Employees who miss a training class must re-register online or contact Training & Development /Human Resources to be rescheduled. Employees are responsible for knowing training dates for classes that require regular renewal and sign up for these classes prior to expiration dates so that there is no lapse in training compliance.

Your responsibility is to keep your training up-to-date.

Training & Development is responsible for monitoring the completion of orientation checklists, job descriptions, competency checklists and your introductory reviews. All of which must be completed and uploaded in DATIS by your direct supervisors in the first 90 days. Annual evaluations are also monitored as appropriate.

Accessing Your Online Training: Most of your training requirements will be completed by using our online learning management system, Relias LMS, or MEL (Meridian Electronic Learning).

Website: **mbhci.training.reliaslearning.com**

Login Information: User name: _____ This will be your corporate email address. For example, Jim Doe's username will be jim_doe@mbhci.org

Password: "1234", all lowercase.

If you have, any questions or problems with Relias LMS (the MEL) please contact Staff Training and Development at extension 8289.



E-mail Addresses:

david_liu@mbhci.org or hr_training@mbhci.org

You are expected to meet all annual training requirements. Relias LMS:

RELIAS

User Name

Password

[Forgot your password?](#)
[Request Help](#)

Change Site Language	View System Requirements
--------------------------------------	--

1. Enter your user name & password. 2.
- Click the Sign-in button.

The screenshot displays the 'Assignments' section of a learning management system. At the top, there are tabs for 'All Modules' and 'Training Plans'. Below these are filter buttons for assignment status: 'All', 'Overdue', 'Due within 7 days', 'Due within 30 days', 'Due within 90 days', and 'No due date'. A 'Print Assignments' button is also present. The main content area shows 'Showing 29 of 29 assignments' with a 'Sort By' dropdown set to 'Due Date' and a search bar. Three assignment cards are visible, each with a 'Start' button and an 'Add to Calendar' button. The assignments are: 'Active Shooter 2.0' (12min, Text), 'Biomedical Waste Management' (30min, Audio), and 'Cultural Competence' (30min, Audio/Video). All are due on Feb 25, 2024.

This is your Inbox. To begin an online course, click the Start button.

Completed courses will automatically be moved to the “Transcript” Folder.

A Certificate of Completion should only be printed for external trainings and courses such as DCF, which along with all other training attestation forms should be submitted to hr_training@mbhci.org only as instructed by the Training & D.

To edit your Profile, follow these directions.

My Account - David Liu

Edit Profile Information

Name & Login

User Name *

david_liu@mbhci.org

Change Password

Confirm Password

Security Question *

In what city were you born?

Security Answer

Save

Cancel

View our Privacy Policy

Organization ID

• 26722

Clicking the My Profile tab will display your personal information. You can edit your information as needed.

You can change your password on your my Profile tab as well.

RELIAS

OVERVIEW

Home

Assignments

Licenses & Certifications

Course Library

Transcript

My Licenses & Certifications

+ Add My License or Certification

No Licenses to Display

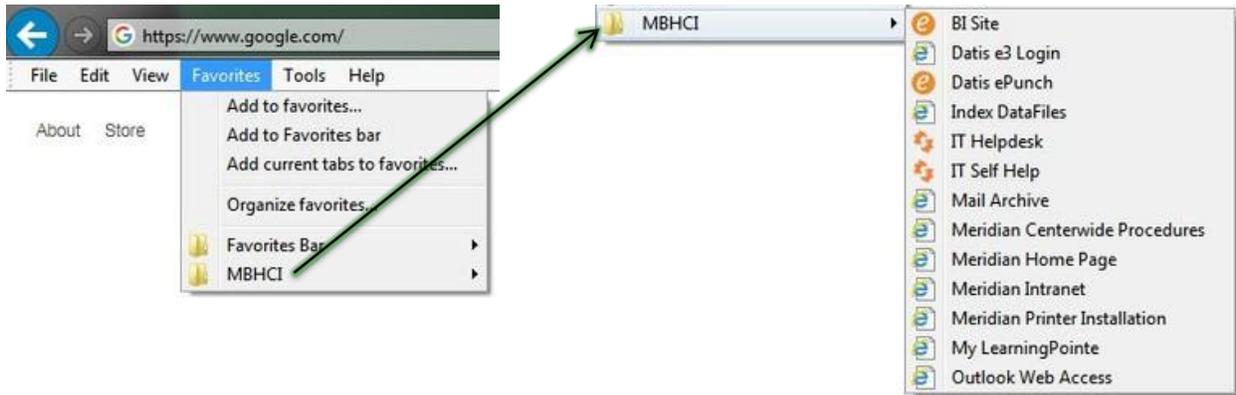
Degree and License information can be edited here. Adding your license enables system to report to CE Broker on your behalf. Click Submit to accept changes.

Training Records: It is highly recommended that you keep copies of your certificates. You will not have access to your training record if you are no longer employed by Meridian and copies of training certificates will not be given to you. All REQUIRED certificates, receipts and attestations for HR/Training must be emailed to hr_training@mbhci.org.

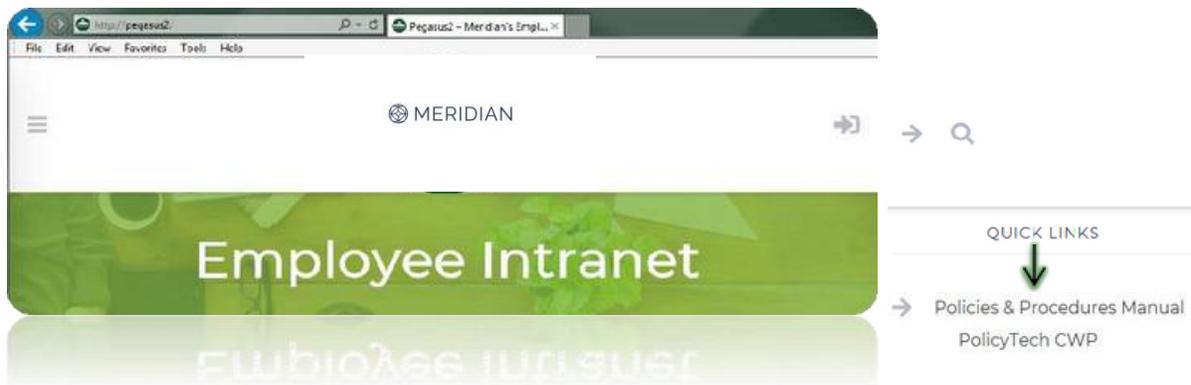
MERIDIAN PROCEDURES

Meridian Center-wide Procedure Manual always supersedes your Employee Handbook and Department/Program Procedures Manuals.

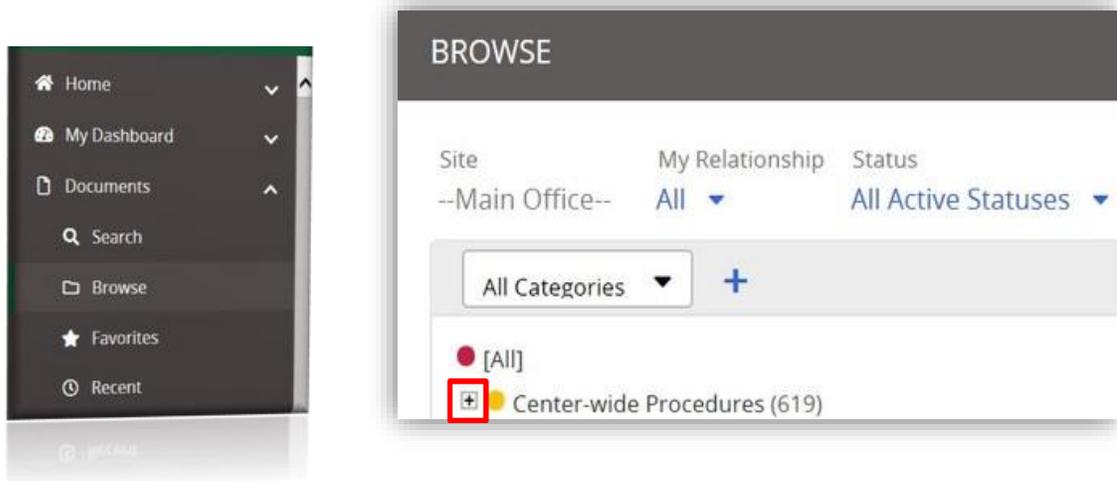
The Center-wide Procedure Manual is found online via Meridian’s Intranet page; the employee intranet should be preset as homepage, but can also be accessed in the “MBHCI” Favorites folder.



From the intranet homepage, you will then click on “PolicyTech CWP”; this is listed under the “Quick Links” section on the right, and is just below the “Policies & Procedures Manual” heading.



Log into PolicyTech and select “Browse” under the “Documents” section in the far left column.

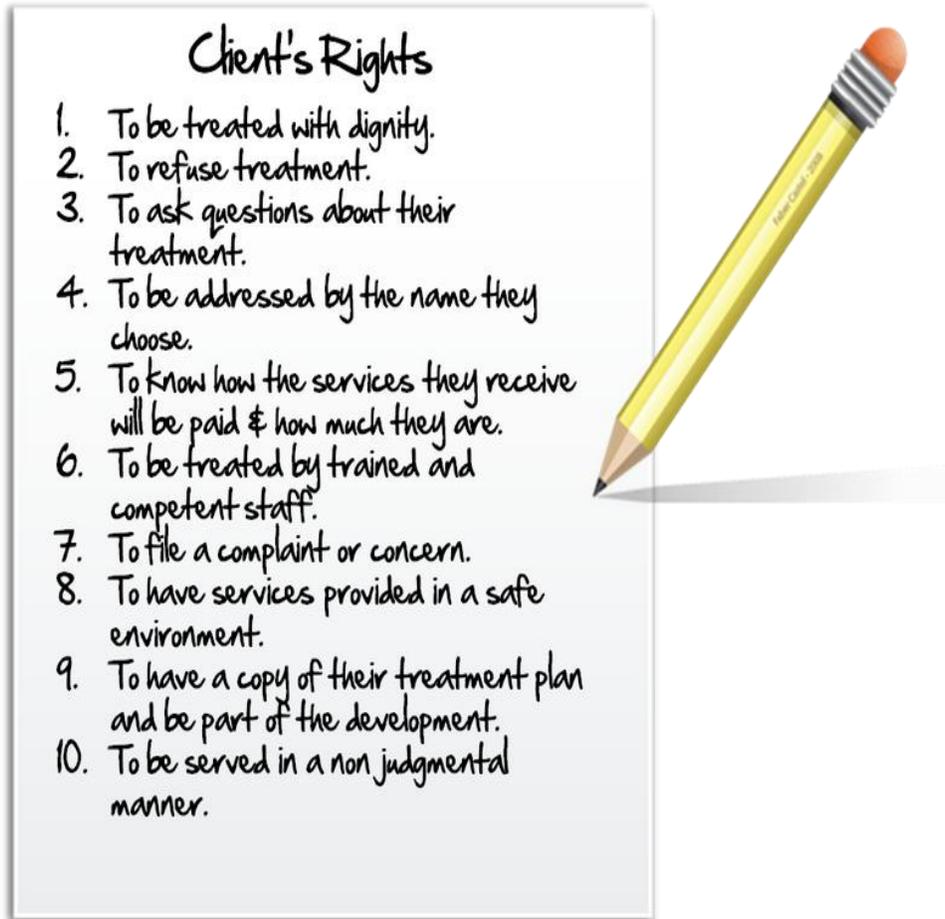


Click the plus sign next to “Center-wide Procedures” heading to open the chapter listings (below). If you are not sure what chapter a procedure is located in, you can use the “Find...” feature at the top right to search all procedures for text/phrases, topics, categories, etc. Clicking on a chapter heading will show/search for procedures in that chapter only.



HIPAA and Client Confidentiality

Our clients have rights. Here are just a few of them.



Another right our clients have, is the right to privacy. In fact, it is the law. Meridian's Privacy Policy states: "All personnel must preserve the integrity and the confidentiality of any sensitive information pertaining to our clients or other personnel."

Let's look at three terms. The first one is confidentiality. Confidentiality refers to the "The ethical principle or legal right that a physician or other health professional will hold secret all information relating to a patient, unless the patient gives consent permitting disclosure." Privacy is "freedom from unauthorized intrusion" and HIPPA stands for the "Health Information Portability and Accountability Act".

The remainder of this presentation will be focused on HIPAA and what it means to us here at Meridian.

HIPAA, or the Health Information Portability and Accountability Act of 1996, requires Meridian to secure all PHI, or Protected Health Information. This information may be in the form of paper, such as the client's health record, or electronic files, such as the Meridian Electronic Health Record system or Pro-Filer.

HIPAA protects patient privacy by implementing what is known as the Privacy Rule. It is this Privacy Rule that tells Meridian what information must be protected. This data is referred to as Protected Health Information, or PHI. It includes not only the client's medical records, but also any information that could be used to identify an individual. Such as their name and social security number, address and phone number, where they work, and the names of their relatives.

Your role includes: Recognize that medical information collected must be accurate, timely, secure, complete, and available when needed; Recognize that clients have a right to privacy; and Act as responsible information stewards and treat all individual medical record data and related financial, demographic, and lifestyle information as sensitive and confidential.

When using or disclosing protected health information, or when requesting PHI from others, HIPAA's Privacy Rule requires that a covered entity make reasonable efforts to limit itself to "the minimum necessary to accomplish the intended purpose of the use, disclosure, or request. " There are important exemptions/exceptions. The minimum necessary standard does *not* apply to PHI disclosures:

- by/among health care providers for treatment purposes;
- to the individual who is the subject of the information, or in response to an authorization requested by that individual;
- to the Secretary of DHHS when required for HIPAA compliance reviews or other enforcement purposes;
- to meet the requirements of HIPAA itself, such as for the content of standard transactions;
- or to comply with the requirements of other laws.

Additional Resources: Privacy Rule can be found at the following URL: <http://www.hhs.gov/ocr/hipaa>

Information can also be found in (1) Federal Regulations (CFR 42), (2) Joint Commission on Accreditation of Hospital Organizations (JCAHO) Standards, (3) Office of Inspector General (OIG), Health Information Portability & Accountability Act (HIPAA), and the Office of Civil Rights (OCR).

Meridian collects protected health information in order to determine what services the client is eligible for; to determine the client's cost for those services; to determine what location the client should receive their services; and where to bill for the services the client receives. Meridian also must review the services the client receives by reviewing medical records.

Other Required Disclosures of PHI include:

To individuals when they request it. If they are wanting physical or electronic copies of records, they must complete a release of information for themselves and they will be charged for records. The current cost is \$.10 per page or an electronic copy for a flat rate of \$2.00.

To HHS when it is undertaking a compliance investigation;

To DCF when there is an open a case of abuse or neglect;

To the Medical Examiner's office; require a Death Certificate as proof

To the Court;

and whenever required by state or federal law.

Information about a client can be shared within Meridian. For example, Outpatient Services can send information to the CSU when the client becomes an inpatient. The information sent can then be reviewed by the staff at CSU in order to determine a treatment plan.

The Release of Information form will spell out exactly who may receive the information and for what period of time. This is not an open-ended document. It has an expiration date.

Although the client has completed a Release of Information, only Medical Records staff has the authority to release any information from a client's chart. Clinician's may pass information verbally within Meridian, but all written documentation must come from the Medical Records Department.

DO NOT PROVIDE PHYSICAL OR ELECTRONIC COPIES OF RECORDS.

Subpoenas and Court Orders

If you receive a Subpoena or Court Order, please email a copy to sammi_schiappucci@mbhci.org (QI) and him@mbhci.org (HIM). The sooner it is provided to them; the sooner they can assist you in getting prepared.

You will receive a copy of your notes only. To request a copy of your notes, please call or email at the information below:

him@mbhci.org Extension 8150 and ask for the Director or a Sr. HIM Specialist. Your notes are for you to use as preparation to testify. Records should not be provided to anyone, including the courts. If you take paper copies of records into court, you can potentially face legal action from the client. If the courts need copies of the records, they are to issue a Subpoena to HIM directly.

HIPAA and CFR42 FAQ

Confidentiality FAQ

If a Meridian client has made a credible threat to you of immediate harm to a specific person or persons or a specific place where persons are gathered such as a church or school, we have a DUTY TO WARN the threatened person or place and to alert appropriate law enforcement agencies immediately. A Release is not required. See CWP I-M in Policy Tech up to date version.

CFR42 Part 2 Requirements

For any person that is identified as having a Substance Use Disorder (SUD), CFR 42 part 2 MUST be followed.

When obtaining a release for a person that is identified as having a SUD, consider the following:

“To Whom”

Who are we releasing to?

If the organization has a treatment provider relationship with the client/patient, only the name of the organization needs to be listed in the “to whom” section of the consent.

What is a Treatment Provider?

Treatment Provider Relationship means regardless of whether there’s been an in person encounter:

Patient is, agrees to, or is legally required to be diagnosed, evaluated and/or treated, or agrees to accept consultation, for any condition by an individual or entity; and The individual or entity undertakes or agrees to undertake diagnosis, evaluation and/or treatment of the patient, or consultation with the patient, for any condition.

When CFR42 Part 2 Does Not Apply

When a client’s records are not protected under CFR42 part 2 because the client does not have a SA diagnosis, standard HIPAA rules apply. This means it is okay to list a Non-Treating Provider Entity on a release of information without identifying a specific “person”. As long as the staff we are communicating with is covered under the Non-Treating Provider Entity that is on the release, we can communicate with the staff. For example, a release for Bradford County High School would cover communications with the High School staff for a client that is not protected under CFR42 part 2.

Disclosing Information in Medical Emergencies

Information can be disclosed to “medical personnel to the extent necessary to meet a bona fide medical emergency in which the patient’s prior informed consent cannot be obtained”. Informed consent means the patient was *incapable* of providing consent, not that the patient refused consent. Only information relevant to the treatment of the medical emergency can be disclosed. Does not allow for the release of records or other information.



CHART # _____

Information from the records of:

Billy Tatum
Client Name
4300 Sw 13th St
Address
Gainesville, FL 32608
City/ State/ Zip
01/01/1990
Date of Birth
123-45-6789
Social Security Number
352-374-5600
Telephone Number

TO/FROM:

Mike Wazowski
Release to Name
Monsters, Inc
Organizations Name
324 Scare Rd.
Address
Monstropolis, Big Monster City 10101
City/ State/ Zip
510-752-3000
Telephone Number
510-752-3001
Fax Number
mwazowski@m.inc.org
Email

Information from: 01/01/10 to 01/01/23

I hereby authorize Meridian Behavioral Healthcare, Inc. to (check one): Obtain Release Exchange
the following written verbal electronic (Check all that apply):

- Treatment Plan/ Status Report
Evaluations and Assessments
Inpatient Substance Use Treatment
Inpatient Psychiatric Treatment
Primary Care
Therapy/Counseling Notes
Outpatient Psychiatric Treatment (Including Labs and Medications)
HIV/AIDS Information
Outpatient Substance Use Treatment (Including Labs and Medication)
Other (Specify): Scare extractor meters

For the purpose of (check one):

- Continuity of Care.
other (specify) Legal

This release form shall be valid for (check one):

- A single disclosure OR A continuing disclosure for 90 days from signature date below.
A continuing disclosure for 1 year from signature date below.

To Receiving Agency:

PROHIBITION OF RE-DISCLOSURE: This information has been disclosed to you from records whose confidentiality is protected. Any further disclosure is strictly prohibited unless the client provides specific written consent for the subsequent disclosure of this information.

I acknowledge that I have read, or have had read to me, this authorization and fully understand its contents. I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.

Billy Tatum
Signature of Client
Signature of Legal Guardian or Parent
Printed Name of Legal Guardian or Parent
Relationship
James P. Sullivan
Witness

01/01/2010
Date
Date
01/01/2010
Date

In compliance with FS 90.503, 394.459(9), 394.4615, 395.3025(2)(3), 397.501(7), and Federal Regulations 45 CFR, Part 164.508 (c)(1) & 42 CFR Part 2. A signed revocation may be submitted at any time, but Meridian Behavioral Healthcare, Inc. shall not be held liable for any information released prior to its receipt. Information disclosed under this authorization might be redisclosed by the recipient and this redisclosure may no longer be protected by federal or state law. Your signature on this authorization is not required to receive treatment.

PLEASE RETURN INFORMATION TO: Meridian Behavioral Healthcare, Attn:HIM Department 4300 SW 13th Street, Gainesville, Florida 32608 Fax: 352-244-0289

A client must sign an Authorization for Release of Information in order to waive confidentiality. The client **MUST NEVER** be asked to sign a **BLANK, PRE-FILLED, or PARTIALLY COMPLETED** release of information.

Penalties:

The “American Recovery and Reinvestment Act of 2009” that was signed into law on February 17, 2009, established a tiered civil penalty structure for HIPAA violations. The Secretary of the Department of Health and Human Services has discretion in determining the amount of the penalty based on the nature and extent of the violation and the nature and extent of the harm resulting from the violation. The Secretary is prohibited from imposing civil penalties (except in cases of willful neglect) if the violation is corrected within 30 days.

These two tables show the penalties for not following HIPAA:

Civil Penalties:

Type of Violation	Civil Penalty per Violation	Max. Civil Penalty for Identical Violations during a Calendar Year
Entity did not know and would not have known:	\$100 - \$50,000	\$1,500,000
Due to reasonable cause & not to willful neglect:	\$1,000 - \$50,000	\$1,500,000
Due to willful neglect and was corrected within 30 days, or the entity would have known that the violation occurred:	\$10,000 - \$50,000	\$1,500,000
Due to willful neglect but not corrected within 30 days:	\$50,000	\$1,500,000

Criminal Penalties:

Type of Violation	Fine	Prison Sentence
Knowingly obtains or discloses PHI:	\$50,000	1 year
Wrongful conduct involves false pretenses:	\$100,000	5 years
Wrongful conduct involves the intent to sell, transfer, or use PHI for commercial advantage, personal gain, or malicious harm:	\$250,000	10 years

Example Scenarios (CFR 42 rules apply to these scenarios when referring to the release that is on file or releases that have been obtained)

Example 1: I facilitate sessions at school and generally have to report to someone (front desk staff or other school personnel) to get the student client. Is it really necessary to have a release signed to simply request the student for their session?

Answer: This type of activity generally falls under operations. The request should be made without disclosure of healthcare information. For example, “I am here for Jonny Smith and Jackie. The request should not contain any information that would violate the client’s confidentiality. Such as remarks about treatment, diagnosis, or even widely “known” incidents being addressed.

Example 2: At team meetings or case staffing for clients that may or may not be engaged in Meridian services and also engaged in school or in relations with organizations such as PSF, Department of Corrections, etc. *Do releases have to be signed for all attendees if I will be present and part of the discussion?* Examples of attendees could include: DCF Case Worker, PSF Case Worker, psychologist, referred specialist, safety director, principal, teacher, guidance counselor, AP/Dean, and other collateral contacts that may be present.

Answer: In order to disclose any information, including if the person is or is not a Meridian client, you must have a release on file for all organizations that are represented unless the client is CFR42. When a client’s care falls under SUD, CFR42 applies and you will need a valid release for anyone that is present at the time of disclosure. It is the preferred method that these meetings are used gather information and later discuss relevant care information with a released liaison (social worker, case worker, guidance counselor, guardian ad litem, etc.) and they can disseminate information as appropriate to the involved parties.

Example 3: Someone, such as a resource officer, teacher, relative, makes contact with me about a client and their behavior or a concern. Do I need a release to receive information verbally from a resource officer?

Answer: No, however, you cannot confirm or deny that the person is a client unless you have verified that there is an active release on file for the contact. An acceptable response would be: “I cannot confirm or deny that this person is a Meridian client. However, if I find this person in our system, I will review the information I have, taking into consideration what you have told me. If there is any reason for concern, I have a duty to warn and will do so appropriately.”

Example 4: I receive calls from transportation companies to confirm a client’s appointment or confirm the frequency of their appointments. Can I provide them with the client’s next appointment information or verify the frequency?

Answer: The caller should be informed that we no longer provide this information. They will need to confirm appointment times with the client directly. Front desk or the scheduling clinician should provide an appointment card that the client can share with the transportation company if they choose to.

Example 5: A person calls in stating they are with an insurance company and want to verify an appointment for a client who needs transport.

Answer: Ask the person for a call back number in case we are disconnected. Ask caller the clients member number, DOB, and the clients name. Once the number is provided place the person on hold. Call the number to verify it rings to the identified insurance company. If all of this information matches out employee will verify the appointment.

Example 6: A person calls in stating they are themselves and want to verify an appointment.

Answer: Ask caller for the last four of their SSN & DOB. If all of this information matches the employee will verify the appointment. This information should not be read aloud to the client to confirm identity!

Example 7: A person calls in stating they are the parent or guardian of a minor client and they want to verify or obtain the next appointment date/time

Answer: Ask caller for their relationship to the client. Their name, the client's name, last four of the SSN & DOB. This information should not be read aloud to the client to confirm identity! If all matches, provide appointment information.

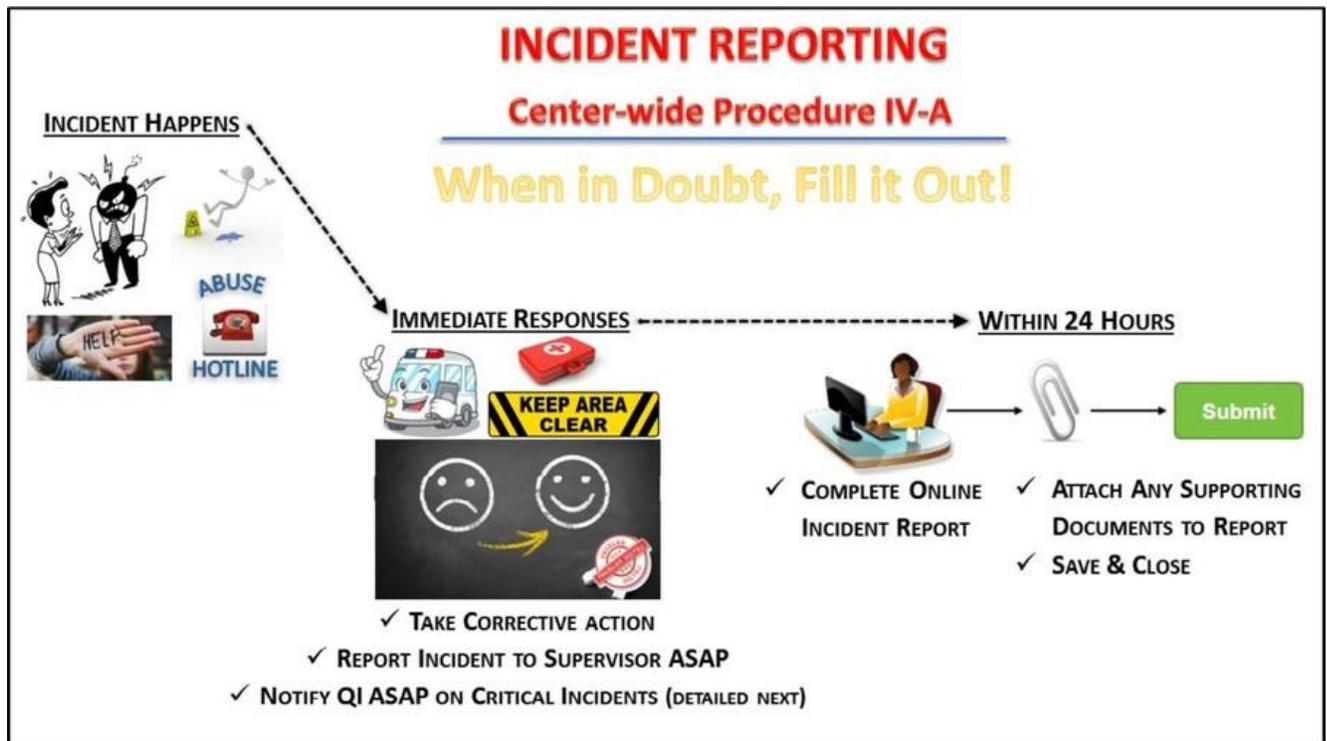
Example 8: A person calls in stating they are the parent or guardian of a minor client and they want provider information or medication information.

Answer: Ask caller for their relationship to the client, their name, the client's name, last four of the SSN & DOB. This information should not be read aloud to the client to confirm identity! Next ask the callback number. Put caller on hold, verify that the person on the phone is listed in the clinical record as the parent or legal guardian. Check there is a release on file. If all of this information matches out employee can provide the information to the caller.

If you have any other questions, please contact us at Ext. 8150 or email us at him@mbhci.org.

Florida Statute places a legal obligation on all mental health care providers, agents and employees of mental health care facilities to report injuries and incidents to their risk management departments within three (3) working days of the reported event. Meridian requires reporting within 24 hours of an incident. The responsibility to report rests with any staff who either observes or is involved in the event.

Staff Incident Reporting & Required Actions



1. Take immediate corrective action to stabilize the situation (e.g., get clients/staff to safety, contact EMS, initiate a lockdown, put out a “wet floor” sign, etc.).

2. Staff notifications:

With • in one (1) hour, verbally report the incident to your immediate supervisor or administrator on call, or up the supervisory chain, no matter when the incident occurs.

Critical incidents also require verbal notification within 1 hour to QI/Risk Management.

- Hum an Resources if there is a staff injury.

- Outside notifications as required by contractual requirements, federal or state laws or regulations.

3. Within 24 hours, complete an online incident report (see next page for location of incident reporting system). Select the appropriate incident category, answer questions fully, including all relevant details and individuals, then submit the online report.

4. Once the incident report is submitted, it will automatically be routed to your supervisor for review.

5. Do not print/make copies of incident reports. You may contact Risk Management if you need any documents or information contained in the report after it is submitted.

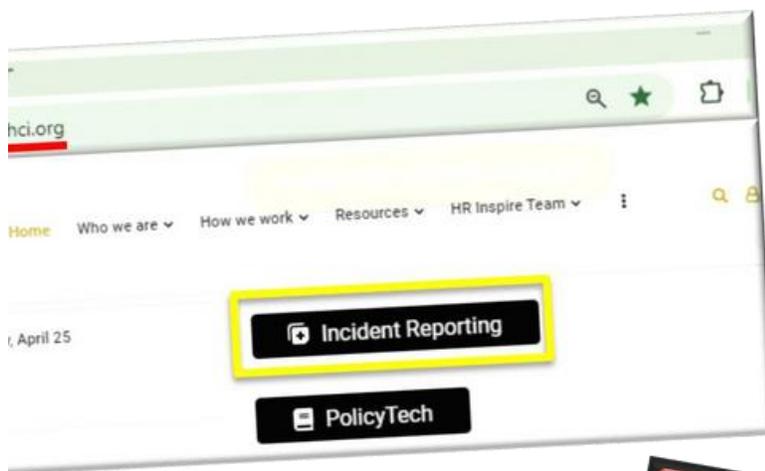
6. There should be no mention made in the client record of filing/completing an incident. Progress notes should only reflect events and actions taken as they directly relate to a particular client. In notes, events should be stated factually, ~~with~~ without analysis, and include what happened, any treatment implications or medical treatment, and what interventions took place. Problems with staff, other clients (by name), programs, or MBH are not to be discussed or documented in the clinical record.

7. Do not discuss incidents with anyone except your supervisor or the proper authorities, unless given permission by the Risk Management Department.

8. Motor vehicle incidents/accidents should be immediately reported to the police, then to Risk Management & Facilities. Damage to Center vehicles must be promptly reported to the Facilities Department (i.e., at the time of the event or upon return to the facility).

9. Property loss or damage should be reported by phone immediately to the Maintenance team and to the Risk Management Department.

Incident Reporting System – Online Location:



- All persons served have the right to express dissatisfaction with staff and/or services received or express the need for an accommodation. Clients have the right to file a concern form or report their concerns to staff as a formal expression of any grievances or to request an accommodation. Review Procedure IV-F Concern Reporting/Accommodation Request in the Center-wide Procedure Manual.

If a client expresses a problem or requires accommodation, it is your duty to ensure they are aware

- of the concern/accommodations process and assist them in locating Form 140 – Concern Reporting/Request for Accommodation (Concern Form), available in all facilities and locations. Although it is beneficial to have the form completed by the client, the form is not required for them to formally submit a grievance or request accommodation.

Any ~~staff member can and should accept~~ Concern Forms. While you may assist in completing, it is important clients provide as much as possible in their own words and preferably in their own handwriting. When a client reports a concern/requests accommodation (either by completing a Concern Form or by relaying their concern/request verbally), staff shall do the following:

-

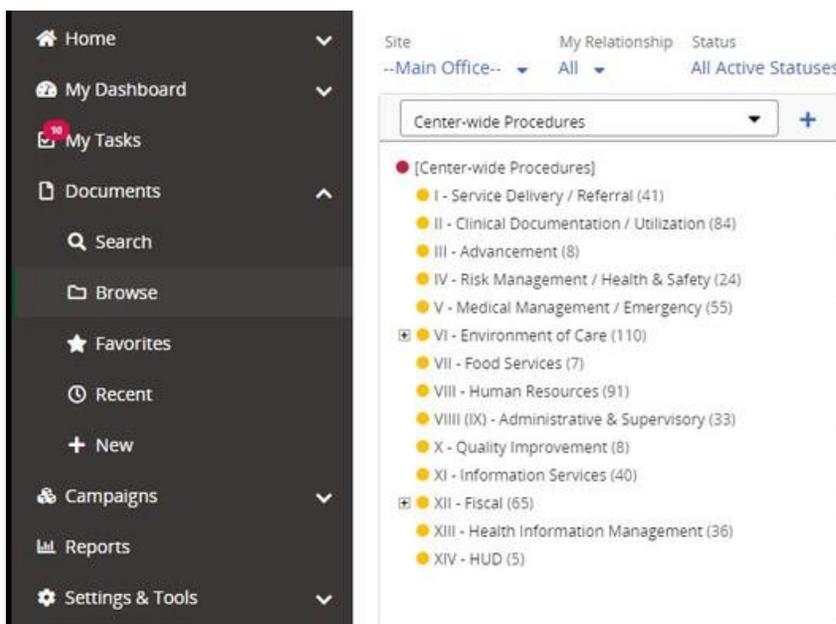
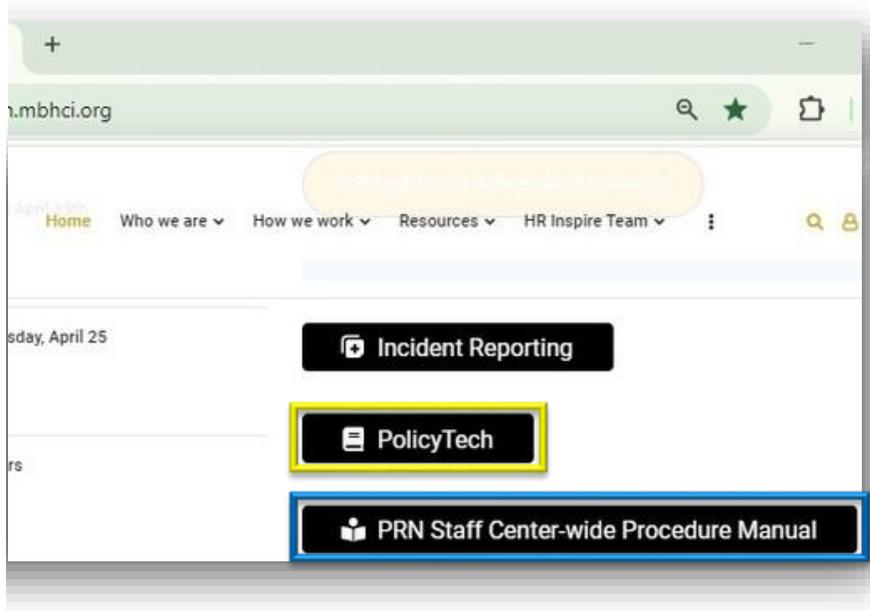
Immediate Actions – Receiving Staff:

- Confirm the client’s desired resolution to the concern or the requested accommodation.
 - Attempt to resolve the concern/request – if possible, do so.
- Within 24 Hours – Receiving Staff:
 - Notify supervisor.
 - Enter the concern report using the online incident reporting system. Scan and attach a copy of the form to the report; send the original to QI/Risk Management Department.
- Supervisors – Within 3 to 5 days (Residential & Inpatient – Within 24 hours):
 - Contact the client to discuss resolution.
 - If client is still dissatisfied, supervisors should contact Risk Management staff for next steps.

All Meridian Center-wide Policies & Procedures are maintained online. Paper copies of procedures must not be produced/posted. Keeping our Center-wide Procedures online helps ensure everyone has access to the same versions of our procedures, and they are updated versions.

□ Regular full-time or part-time staff should use the button highlighted in yellow below. This is a direct link to the policy and procedure system (PolicyTech) and uses a single sign-on to log you in automatically.

□ PRN staff will use the button highlighted in blue to access our procedures.



Employee Safety

Security and Key Control Procedures are located in Chapter 6 of the Center-wide Procedure (see Procedure VI-F). It is the policy of MBH to provide a safe and secure environment for all clients, employees, and visitors.

All staff members are responsible for:

- Enforcing and observing security policies and procedures
- Reporting unusual incidents
- Reporting safety issues

All staff are required to wear their ID badge at all times. Human Resources provides these on the first day of employment. Be aware of your surroundings. Be aware of strangers; ask if you can help them. Keep your personal belongings secured.

The following are important safety points. Supervisors will provide additional training on facility security and responsibilities as it relates to your specific program and services you provide.

- If you work in a residential facility, your last name should not be printed on your badge.
- Neck lanyards are no longer supplied by MBH. They should NOT be worn if working on the Crisis Stabilization Units and are not recommended for use in our Detox/ARF or Residential facilities.

- If you see clients in your office, the office must be arranged for safety – so you are closest to
- the exit, and in a way that a client could not easily block your exit.

FOLLOWING PROCEDURES & ENSURING CLIENT SAFETY

As a member of Meridian staff, it is vital that you are familiar with the center-wide and program-specific procedures relevant to your position and program area. The processes and protocols that are outlined in our procedure manuals have been established to ensure Meridian is operating in full accordance with the applicable regulations, standards and guidelines, but they are also in place to protect you as an individual and an employee.

The State of Florida takes client safety very seriously. As such, all Meridian programs have applicable center-wide and department-specific procedures in place to ensure client safety is addressed and maintained. In our Inpatient and Residential programs, these procedures involve monitoring at routine and mandatory intervals.

If your program and/or position involves monitoring clients, please understand the importance of this role and DO NOT, under any circumstances, record any information or activities related to a date, time, or client that you did not personally witness or conduct. If an error is made (e.g., safety check is missed), this should be reported to your Supervisor or appropriate designee, such as the Charge Nurse, for instructions on immediate follow-up actions.

IMPORTANT NOTES ON CLIENT SAFETY CHECKS

Documented at Routine Intervals – Must be done at the required interval for program area. Permanent Records – Documentation becomes part of the clinical record. MUST Report to Office of the Inspector General (OIG) – Florida Statute mandates that Meridian provide report to OIG on any type of falsification, including client safety checks. OIG Investigates & Forwards to Law Enforcement – The OIG individually investigates each report and provides all findings to law enforcement for further investigation and/or legal action. OIG Has Records Access – Falsified records are often requested by the OIG as part of their investigation and Meridian must comply. Impact on Future Employment – OIG investigations and any findings thereof have the potential to affect your ability to work for any agencies overseen by the Department of Children & Families in the future.



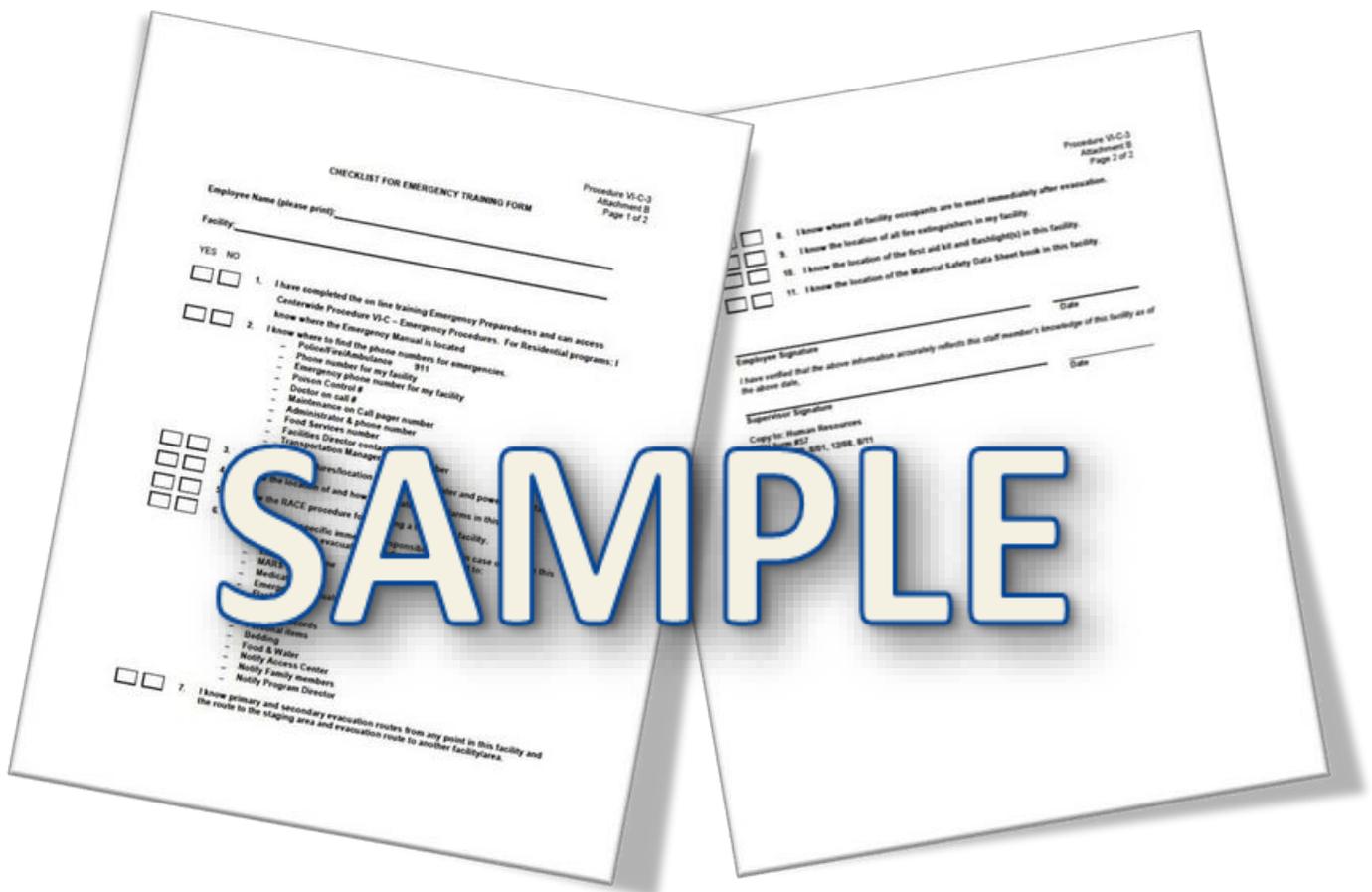
Emergency Preparedness Training All programs and facilities complete fire and emergency drills. Staff are advised to treat each drill as if it were a real emergency and make sure you practice both primary and secondary evacuation routes. During your initial orientation to your program/location, you will complete the Emergency Training Checklist (pictured below), identifying critical emergency preparedness information, procedures and materials that are specific to your program area and location.

Fire Drills:

Outpatient Clinics – Due Annually Residential & Inpatient Units – Due Quarterly – Done Monthly, rotating through each shift

Annual Emergency Drills:

- Bomb Threat Natural Disasters Utility Failures
- Medical Emergencies Safety During Violent or Threatening Situations



PLACE THIS CARD UNDER YOUR TELEPHONE

QUESTIONS TO ASK

1. When is the bomb going to explode?
2. Where is it right now?
3. What does it look like?
4. What kind of bomb is it?
5. What will cause it to explode?
6. Did you place the bomb?
7. Why?
8. What is your address?
9. What is your name?

EXACT WORDING OF THE THREAT

Sex of caller: _____ Race: _____

Age: _____ Length of call: _____

Number at which call is received: _____

Time: _____ Date: ____/____/____

BOMB THREAT

o Any staff receiving a bomb threat in any manner will use the bomb threat cards available at all phones to record the exact contents of the threat and will call 911 of the threat and inform them if the alarm will be sounded to evacuate the threatened building.

o Notify the President’s Office Facility Manager (352) 374-5600 X: 8220 or the President immediately, and report the threat.

If the President’s office is closed, the staff receiving the threat will notify the highest ranking person in the facility.

o The President’s Office Facility Manager and highest ranking person in the facility will notify the President and/or the Office of Risk Management and call 911 to report a bomb threat.

o The Facility Manager or Program Manager on site will begin evacuation of the facility. All staff will conduct a visual search of their facilities as they evacuate.

o If any suspicious objects are located, staff must leave the area immediately, closing all doors in the area of the object.

o All Facility Managers and the Risk Management staff or the Program Manager on site will meet the personnel from Law Enforcement as soon as evacuation is complete.

o Facility Managers must immediately provide a description of suspicious objects to law enforcement personnel, and must not, under any circumstances, touch or move any such object.

o The Facility Managers will ensure that no one is allowed to re-enter the facility until law enforcement/fire department personnel approve such reentry.

One place that is often overlooked when it comes to safety is our own office. We are familiar with it, and we feel comfortable in our office. But we must ensure that it is a safe place for us and our guests.

Here are some tips:

Guard the sharp edges of furniture to prevent personal injury. Keep desk pullouts closed when not in use. Practice good housekeeping. Keep floors free of items that might cause tripping. Keep waste cans out of the way and do not overfill them. Prevent slipping accidents by cleaning up spills immediately. Report all defects such as loose tiles, broken steps, railing, doors, etc. immediately to the facility manager. Do not participate in horseplay. Use the proper tool for the job (i.e.: a staple remover to remove staples). Do not overload electrical outlets. Do not link multiple outlet strips. Immediately report any damaged electrical cords, broken switches, loose connections or bare wires to the facility manager. Unplug any office machine that smokes, sparks or delivers an electrical shock. Have it inspected by repair personnel. MBH is a smoke-free environment and smoking is prohibited within all MBH buildings. Avoid overloading top drawers of file cabinets to avoid the possibility of tipping the cabinet when drawers are opened. File cabinets should not be placed where their use interferes with office traffic patterns. Keep file and desk drawers closed when not in use to prevent tripping accidents. Be sure to use proper lifting techniques. Make arrangements with proper personnel to move furniture and other heavy objects. Do not lean back too far in office chairs to prevent becoming unbalanced and falling. Use only safety step stools or ladders for climbing. Do not use office chairs. Office doors should be free of obstructions at all times to permit egress in case of an emergency. Do not cover air vents or obstruct air flow from registers.

Driver's License Checks:

It is our policy to provide persons we serve with safe transportation through qualifying drivers who will transport persons we serve in a MBH vehicle and who utilize MBH vehicles to conduct official Center business.

MBH employees who expect to drive any MBH owned vehicle are required to complete a Background Investigation Request and Authorization Form. Human Resources will request a driver's license report (MVR) on the person's driving record.

The Human Resources Department will review the reports from the Division of Motor Vehicles and approve/deny employee driving privileges. Human Resources Department will notify program supervisors when employees have been approved/disapproved for driving. The program supervisor will then tell the employee they have been approved to drive. Employees will not drive until the Human Resources Department has informed the program supervisor that they have been approved.

Clients are not to be transported in personal vehicles.

If your job requires driving you must maintain a safe driving record, if you lose your driving privilege your job could be in jeopardy.

Driving records are subject to review at random times as prescribed by management in addition to the following schedule:

Pre-employment

Every year for all drivers

Every year for drivers who transport persons we serve as an essential job function

Post-accident

Operators must present a valid Florida driver's license and demonstrate the ability to safely operate the assigned vehicle before assuming driving duties.

Fire Prevention/Workplace Fire Safety Protocols/Procedures

Maintenance department checks these items monthly – but all staff should assist in fire prevention.

Filters are in good condition and cleaned or changed as appropriate on a regular basis (air condition and kitchen stove/hood filters).

Check cleanliness of vents in range hoods to insure operation of automatic extinguishing systems.

All smoke detectors are in good working order and inspected on a regular basis.

Fire extinguishers are checked monthly to ensure they are operational. If an extinguisher needs servicing or replacing, call the Maintenance department immediately.

Make sure storage or furniture arrangements do not prevent ready access to any fire extinguishing equipment.

Make sure all exits are clearly marked and usable and properly lighted and visible.

Candles are not to be used in any Meridian Facility.

Check all halls, stairways, porches, and exit routes for furniture, equipment, or other articles that might interfere with evacuation.

Check all floors and floor coverings in halls, stairways, and other exit routes for tears, cracks, or damage that may cause slipping or tripping.

Inspect all doors to insure that they open freely and completely.

Insure that all outlets are live and properly covered.

Check all electric cords and plugs for breaks or other damage.

Inspect all accessible wiring and cords for wear.

Ensure no portable heating devices or halogen lamps are in use within the facility. Check all power outlets to make sure all electrical devices are plugged directly into outlets. Power strips with circuit breakers are permitted. All other power strips, plug adapters, and extension cords are prohibited. Make sure that no combustible or flammable items are stored in the hot water, electrical, mechanical or utility closets, or under stairs. Ensure that no flammable or explosive materials or gases are stored within the living or office areas. Ensure that no furniture or other combustibles are stored in enclosed areas with flammable hazardous materials. Disposal of any substances that are no longer needed in the facility in an appropriate manner. Make sure all areas used for storage of hazardous materials are secured and have warning signs and NO SMOKING signs posted at the entrances. Ensure that lint filters in dryers have been cleaned. Check pilot lights in all gas appliances.

In the case of a fire, Meridian utilizes the RACE procedure as follows:

RESCUE	Start Evacuation
ALARM	Sound the Alarm and Call 911
CONTAIN	Close Doors and Windows
EXTINGUISH	Attempt to Put Out the Fire - <i>ONLY IF:</i> □ □ You have received fire extinguisher training <i>AND</i> <u>The</u> fire is contained (e.g., in a trash can, microwave, computer, etc.)



* Do not attempt to put out the fire if it is going up the walls. Make sure the fire is not between you and your escape route. Never turn your back on the fire, even if you think it is out. Back away from the fire. Always try to have someone assist you when it is appropriate to attempt to put out the fire.

Other Important Notes:

Call 911 or the fire department if you see smoke or fire and pull the nearest alarm. Give the address and the exact location of the fire. Begin the RACE procedure

Each facility has a fire evacuation plan posted. These plans outline the positions of all fire extinguishing equipment, fire pulls and evacuation routes.

When the alarm goes off everyone is required to vacate the facility. Make sure you evacuate everyone from the facility as you go, close all windows and doors (do not lock) and turn off all lights. Report to your facility manager or supervisor in charge at the designated location. In case of a fire, act calmly, deliberately and confidently. Your example can prevent dangerous confusion.

Do not attempt to save a building or the contents at the expense of a human life.

PASS is the simple word to remember when using the fire extinguishers.

P Pull ring (safety) pin
A Aim
S Squeeze
S Sweep

Types of fires are Class A, B, C.
Class A fires are paper or wood fires
Class B fires are chemical fires
Class C fires are electrical fires

Types of Fire Extinguishers:

All fire extinguishers at Meridian are type ABC, except for the type BC that must be used in all kitchens. These are kitchens with open cooking appliances (stoves, not microwaves).

Tobacco and Smoke-Free Facility Tobacco use will not be permitted anywhere on Meridian's property. This includes all our buildings and grounds.

Meridian became a tobacco-free facility on January 1, 2013, and is committed to improving health and wellness in the community.



Purpose: To ensure the ongoing quality of clinical services and to promote active, continuous emphasis on risk management and compliance. Internal survey procedure is outlined in Center Wide Procedure IX-Z. CARF requires a quarterly review of services provided per section 2.H Quality Records Management and a semiannual review of all regularly used locations per 1. H.14., including comprehensive health and safety self-inspections.

Survey Preparation:

One month prior to the survey, program managers are expected to complete a self-evaluation, identifying what they believe to be their program's strengths and opportunities for improvement. This report should include an overview of compliance with CARF standards, and Meridian's standards of safety, effectiveness, and services that are patient-centered, timely, efficient and equitable (please refer to the center wide procedure for specific guidelines). Records are routinely audited for compliance by QI staff.

Survey Team:

- Internal Auditor (conducts compliance audits and interview staff).
- Facilities Staff Member (conduct TEI's).
- QI Staff Member
- Program Manager, Director and/or VP of the programs being surveyed

Survey Process:

The Survey is broad and inclusive and consultative in nature. The results are used to improve our programs' quality. When done on-site, the survey is expected to span 1-2 days. The Internal Auditor will coordinate two sessions per day (9-12 OR 1-4) for on-site reviews and discussion. Each program manager will be asked to nominate members of his or her staff to participate in one of the review sessions.

During the review session, clinical staff will participate in a peer review of preselected charts with manager supervision, and are encouraged to discuss findings, concerns, and questions.

Once the survey is complete, the team will compile its information and present their analysis and recommendations to the Director and/or VP for comment within 10 business days. Reports will then be sent to Senior Leadership, which may ask for an improvement or monitoring plan based on the report.



Deaf and Hard of Hearing
Video Services



Florida Relay is available for both Deaf
and Hard of Hearing and Foreign
Language



Services for Deaf and Hard of
Hearing are also available in person
provided by North Central Florida
Center for Independent Living

The Single Point of Contact for compliance with section 504 and the ADA is the QI Analyst (Sammi Schiappucci x 8317). She is available to answer any questions regarding compliance with providing services to the deaf/hard of hearing consumers and/or their companions.

Required Forms:

Request by Customer or Companion Who is Deaf or Hard of Hearing for Free Communication Assistance (Form# CF 763): must be completed once for all DHoH clients and becomes part of the client's medical record. Form is completed online in the client's medical record. Signature box at the bottom must be completed on all forms.

o If the client does not wish to receive any communication aids or services, complete both

the top and bottom sections of the form.

o If a client previously waived aids or services, and now wishes to receive, a new form must be completed.

Customer or Companion Communication Assessment and Auxiliary Aid and Service Record (Form# CF761): Form is completed online in the client's medical record.

o Must be completed for all service dates including scheduled appointments, non-scheduled appointments (this includes Emergency Screenings), and no shows.

o If the client will be returning for services or admitted to an inpatient unit, the Communication Plan section of this form must be completed.

Customer or Companion Feedback: must be offered to the client to provide feedback for each service. Staff must document in the clinical record that the form was offered to the client (whether completed or declined). The form itself must be mailed to the Office of Civil Rights at the address on the form. It does not go in the medical record.

All forms are available in the online medical records system.

For Sign Language interpreting services, the Center for Independent Living will be notified by staff via faxing the “Center for Independent Living of North Central Florida” authorization form. An appointment will be arranged with CIL to have an interpreter come to the client’s scheduled appointment. The staff member filling out the form is responsible for faxing the request to the CIL and scanning a copy of the faxed form to the SPOC. Sign language services are available 24 hours a day, 7 days a week through Absolute Quality Interpreting Services by calling 813-785-1214. The CIL can also be reached after hours at 352-598-2755. NOTE: According to DCF policy, we have two hours to provide an interpreter for a client if they are being seen in Outpatient for a walk-in appointment or if they come into Emergency Screening. It is important that the provider we contact to request interpreter services is made aware of this DCF policy.

When a client needs a foreign language interpreter (CWP states staff must first attempt to obtain an onsite interpreter):

HR is able to provide an up-to-date list of onsite staff with second language proficiency.

For LEP consumers, the Language Line can be reached at 866-874-3972, provide MBH Client #- PIN #228222.

Important:

All DHoH and Limited English Proficiency (LEP) consumers and/or their companions will be made aware of the availability to receive Interpreter Service or other aids at no cost to them.

Clinical staff will clearly document in the consumer’s medical record when the consumer is DHoH or LEP and all requests for aids or services.

A consumer will never be required to provide their own interpreter.

If a request for communication assistance is made over the phone, the “Request by Customer or Companion Who is Deaf or Hard of Hearing for Free Communication Assistance” form should be filled out by staff in the client’s chart for the client to sign with they come in for their appointment.

The medical record must include all required forms (except the “Customer or Companion Feedback” form which is mailed, as mentioned above).

When consumers or companions are referred to other agencies, the receiving agency must be notified of the consumer’s or companion’s preferred method of communication and any auxiliary aids/service needs.



REQUEST* BY CUSTOMER OR COMPANION WHO IS DEAF OR HARD OF HEARING FOR FREE COMMUNICATION ASSISTANCE

The Florida Department of Children and Families and its Contracted Client Services Providers are required to provide FREE interpreters or other communication assistance for persons who are deaf or hard-of hearing. Please tell us about your communication needs.

My name is _____.

- I want a free interpreter. I need an interpreter who signs in:
- America Sign Language (ASL) or an interpreter who speaks:
 - Language: _____ Dialect: _____
- I want another type of communication assistance (check all desired assistance):
- Assistive Listening Devices Large Print Materials Note Takers
 - TTY or Video Relay Assistance Filling Out Forms Written Materials CART
 - Other (please tell us how we can help you): _____
- I do not want a free interpreter or any other communication assistance. If I change my mind, I will tell you if I need assistance for my next visit. ***(Customer or Companion waiver of rights does not prevent the Department from getting its own interpreter or from providing assistance to facilitate communication and to make sure rights are not violated.)***

WAIVER OF FREE COMMUNICATION ASSISTANCE

- I do not want a free interpreter because _____.
- I choose _____ to act as my own interpreter. He/she is over the age of 18. ***This does not entitle my interpreter to act as my Authorized Representative. I also understand that the service agency may hire a qualified or certified interpreter to observe my own interpreter to ensure that communication is effective.***

Customer's or Companion's Signature:	Date:
Customer's or Companion's Printed Name:	
Interpreter's Signature:	Interpreter's Printed or Typed Name:
Witness's Signature:	Date:
Witness's Printed Name:	

*This form shall be attached to the Customer or Companion Communication Assessment and Auxiliary Aid/Service Record (form CF 761) and shall be maintained in the Customer's file.

CF 763, Jul 2013

*A 501 C(3) Private Not-For-Profit Organization Serving People with disAbilities for over 25 Years
Transitional Living of North Central Florida, Inc. does business as*

Center for Independent Living of North Central Florida

www.cilncf.org

By signing below you are authorizing payment for the provision of Sign Language Services.

The appearance fee for interpreting during **Regular Business Hours** (8:00 am to 5:00 pm Monday through Friday) is \$100.00 per interpreter. This fee covers the first 2 hours of service. Interpreting that runs longer than 2 hours will be charged \$12.50 per quarter hour.

The appearance fee for interpreting during **After Hours** (Monday through Friday between 5:00pm and 8:00am, all day Saturday or Sunday and all standard holidays) is \$120.00. This fee covers the first 2 hours and you will be charged \$15.00 on the quarter hour after the first two hours.

We utilize qualified interpreters from around Central FL to meet your interpreting needs. Accordingly, transit for interpreters is billed at .445 per mile, per interpreter in addition to the appearance fee.

CANCELLATIONS AND NO-SHOWS: If notification of cancellation is not received 24 hours before the previously arranged assignment you will be charged the appearance fee.

Business Name:	SAMPLE
Billing Telephone #:	
Billing Address:	

Authorized By: (Print Name)
Authorized By: (Signature)

Assignment date and time:
Assignment Location
Patient/Client Name:

If you have any questions you may call the interpreter coordinator at 877-629-8840. We will begin making arrangements to book a sign language interpreter as soon as we receive this signed payment authorization.

**Please fax this authorization to 352-378-2889
Thank you for your request for a sign language interpreter.**



**CUSTOMER OR COMPANION
COMMUNICATION ASSESSMENT
AND
AUXILIARY AID AND SERVICE RECORD**

***This form is completed by DCF Personnel or the Contracted Client Services Provider for each service date.**

Region/Circuit/Institution:	Program:	Subsection:	
<input type="checkbox"/> Customer <input type="checkbox"/> Companion Name:	Date:	Time:	Case No.:
<input type="checkbox"/> Deaf <input type="checkbox"/> Hard-of-Hearing <input type="checkbox"/> Deaf and Low Vision or Blind <input type="checkbox"/> Hard-of-Hearing and Low Vision and Blind <input type="checkbox"/> Deaf and Limited English Proficient <input type="checkbox"/> Hard-of-Hearing and Limited English Proficient			
<input type="checkbox"/> Scheduled Appointment <input type="checkbox"/> Non-Scheduled Appointment <input type="checkbox"/> No Show Date/Time:			
Name of Staff Completing Form:			

Section 1: Communication Assessment

<input type="checkbox"/> Initial <input type="checkbox"/> Reassessment <input type="checkbox"/> Subsequent Appointment
Individual Communication Ability:
Nature, Length and Importance of Anticipated Communication Situation(s):
SAMPLE
<input type="checkbox"/> Communication Plan for Multiple or Long-Term Visits Completed <input type="checkbox"/> Not Applicable <input type="checkbox"/> Aid-Essential Communication Situation <input type="checkbox"/> Non-Aid Essential Communication Situation
Number of Person(s) Involved with Communication:
Name(s):
Individual Health Status for Those Seeking Health Services:

Section 2: Auxiliary Aid/Service Requested and Provided

Type of Auxiliary Aid/Service Requested:
Date Requested: _____ Time Requested: _____
Nature of Auxiliary Aid/Service Provided:
Sign Language Interpreter: <input type="checkbox"/> Certified Interpreter <input type="checkbox"/> Qualified Staff <input type="checkbox"/> Video Remote Interpretive Service <input type="checkbox"/> Large Print <input type="checkbox"/> Assistance Filling Out Forms <input type="checkbox"/> Video Relay Services <input type="checkbox"/> Florida Relay <input type="checkbox"/> Written Material <input type="checkbox"/> CART <input type="checkbox"/> Other: _____
Interpreter Service Status: <input type="checkbox"/> Arrival Time: _____ <input type="checkbox"/> Met Expectations of Client <input type="checkbox"/> Met Expectations of Staff <input type="checkbox"/> No Show <input type="checkbox"/> Cancellations
Alternative Auxiliary Aid or Service Provided, including information on CD or Floppy Diskette, Audiotape, Braille, Large Print of Translated Materials:
Date and Time Provided:

Section 3: Additional Services Required



Was communication effective? Yes No If not, please explain why communication was not effective?

What action (s) was taken to ensure effective communication?

Section 4: Referral Agency Notification

Name of Referral Agency:

Date of Referral: Information Provided regarding Auxiliary Aid or Service Need(s):

Section 5: Denial of Auxiliary Aid/Service by Department*

Reason Requested Auxiliary Aid or Service Not Provided:

Denial Determination made by Regional Director/Circuit Administrator/Hospital Administrator or Designee or the Contracted Client Services Provider or their Designee:

Denial Date: Denial Time:

*Denials should only be made for non-aid essential communication. However, staff must still ensure that effective communication is achieved through whatever alternative means that are provided. Denial Determination can only be made by Regional Director/Circuit Administrator/Hospital Administrator or their Designee or the Contracted Client Services Provider or their Designee.

SAMPLE

Communication Plan for Ongoing Services

During the initial assessment, or the reassessment, if it is determined that multiple or long term visits will be needed, a Communication Plan shall be completed. Services shall continue to be provided to Customers or Companions, during the entire period of the Customer's hospitalization, residency, long term treatment, or subsequent visits. Discuss with the Customer or Companion their preferred mode of communication in each of the following on-going communication situations and incorporate into the case plan. The following list is not exhaustive and does not imply there are not other communication situations that may be encountered. Refer to the instructions for further explanation.

- Intake/Interview:
- Medical:
- Dental:
- Mental Health:
- Safety and Security:
- Programs:
- Off Campus trips:
- Legal:
- Food Service / Dietician

Signature of person completing form:	Date:
Signature of Customer or Companion:	Date:

*This form shall be maintained in the customer's file.



CUSTOMER OR COMPANION FEEDBACK FORM

The Department of Children and Families is committed to providing excellent customer service. We value your opinion and request that you complete this short survey to assist us in evaluating and improving our services. While you are not required to respond, we thank you in advance for completing this survey. You may remain anonymous, unless you wish to be contacted. When the form is completed, please mail it to: Department of Children and Families, Office of Civil Rights, 1317 Winewood Boulevard, Building 1, Room 110, Tallahassee, Florida 32399-0700. If you need assistance completing this form, please contact the Office of Civil Rights at (850) 487-1901 or TDD (850) 922-9220.

Program Area: _____ Location: _____

Department of Children and Families Survey

Your feedback is very important to us. We would greatly appreciate you taking a few minutes to complete this brief survey.

1. Were you offered any services to help you communicate? Yes No
2. Did you ask for any services to help you communicate? Yes No
3. If yes, what services to help you communicate did you receive? _____
4. Did you receive the services to help you communicate you asked for? Yes No
5. Did you understand completely? Yes No
6. Were you denied any services to help you communicate? Yes No
7. Were you satisfied with the services to help you communicate? Yes No
8. If not, why? _____
9. Did you know that these services to help you communicate were at no cost? Yes No
10. Did staff treat you with respect? Yes No

Can we contact you? Phone number or email: _____

THANK YOU!

Comments:

Please complete and return to: Office of Civil Rights
1317 Winewood Boulevard
Building 1, Room 110
Tallahassee, Florida 32399

Revised June 13, 2014



To support effective communications for customers or companions who are deaf or hard of hearing, in accordance with the Settlement between the U.S. Department of Health and Human Services (HHS) and the Department of Children and Families (DCF), every provider and subcontractor employee is required to know or be familiar with the following:

Name, contact information, and role & responsibility of for your DCF Contract Agency Single Point of Contact.

Name, contact information and role & responsibility for the DCF ADA/504 Coordinator, Requirement of Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. 794, as implemented by C.F.R. Part 84, the American with Disabilities Act of 1990 (ADA), 42, U.S.C. 12131, as implemented by 28 C.F.R. Part 35, and the Children and Families Operating Procedure (CFOP) 60-10, Chapter 4 entitled "Auxiliary Aids and Services for the Deaf or Hard of Hearing".

Contact Information and Roles and Responsibilities

My Single Point of Contact at my location is:

Provider/ Subcontractor	Single Point of Contact	Phone	Email
Meridian Healthcare. Gainesville, Florida	Sammi Schiappucci	352.374.5600 X 8317	Samantha_Schiappucci @mbhci.org

- I am aware of my responsibilities in association with Section 504 and the ADA in providing such services to deaf or hard-of-hearing consumers and/or their companions at Meridian:

Section 504 of the Rehabilitation Act of 1973 is a national law that protects qualified individuals from discrimination based on their disability. The nondiscrimination requirements of the law apply to employers and organizations that receive financial assistance from any Federal department or agency, including the U.S. Department of Health and Human Services (DHHS). These organizations and employers include many hospitals, nursing homes, mental health centers and human service programs. Section 504 forbids organizations and employers from excluding or denying individuals with disabilities an equal opportunity to receive program benefits and services. It defines the rights of individuals with disabilities to participate in, and have access to, program benefits and services.

Under the Americans with Disabilities Act (ADA), people who are deaf or hard of hearing are entitled to the same services provided to anyone else. They may not be excluded or segregated from services, be denied services, or otherwise be treated differently than other people.

- I will document the consumer's or companion's preferred method of communication and any requested auxiliary aids/services provided in the consumer's record using the Request by Customer or Companion Who is Deaf or Hard of Hearing for Free Communication Assistance Form. I will also document whenever a request was not honored, with supporting justification. The waiver will be filed in the consumer's medical record and I will forward a copy of the waiver to QI immediately upon completion.

I will ensure that when consumers or companions are referred to other agencies, the receiving agency is notified of the consumer's or companion's preferred method of communication and any auxiliary aids/service needs. This will be documented in the consumer's medical record. I know the Single Point-of-Contact for Meridian to be the Quality Improvement Analyst Sammi Schiappucci at 352-374-5600 ext. 8317, or email: Samantha_Schiappucci@mbhci.org. The Single Point-of-Contact will be documented in the consumer's medical record. The Single Point-of-Contact is responsible to ensure that effective communication with deaf or hard-of-hearing consumers or companions is in accordance with Section 504 and the ADA. The Single Point-of-Contact shall coordinate activities, capture data, compile, and send reports to the contract manager in a timely and effective manner. The Single-Point-of-Contact will assure that any agency to which the client/companion is referred for auxiliary services has been provided information related to the needs of the as a deaf or hard of hearing consumer. I know that the Single Point-of- Contact is the available resource for any questions or concerns in completing these responsibilities. The DCF ADA/504 Compliance Coordinator for our area is:

Northeast	Romina Artaza	(904)485-9682	Romina.Artaza@mylifefamilies.com
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The ADA/504 Coordinator's responsibility is to:

- Disseminate specific plans and procedures to fully implement this agreement.
- Analyze data collection collected in the Auxiliary Aid and Service Record and implement any corrective action plan, if warranted.
- Answer questions and provide appropriate assistance regarding immediate access to and proper use of appropriate auxiliary aids and services.
- Identify, develop and coordinate the distribution of qualified sign language and/or oral interpreters for the Direct Service Facilities.
- Keep abreast of new technology and resources for ensuring effective communication with deaf or hard-of-hearing persons. Cooperate with the Independent Consultant in implementing the terms of the Agreement.
- Submit a report describing the method for capturing all information required in the Customer Communication Template and Auxiliary Aid and Service Record.
- Communicate with each Single-Point-of-Contact concerning services to deaf or hard-of hearing Customers or Companions.

I, _____, (Print Employee Name) have read the above agreement and agree to comply with all its terms as a condition of continuing employment and attest to the following:

1. I received the names, contact information, and Roles & Responsibilities for the Contract

Agency Single-Point-of-Contact and the DCF ADA/504 Coordinator.

2. I understand that I will contact the Contract Agency Single-Point-of-Contact, within my office, regarding assistance with the delivery of services to deaf or hard-of-hearing customers.

3. I have been informed of and I am familiar with the documentation process for all clients who are Deaf or Hard of Hearing (DHoH), including DHoH clients with Limited English Proficiency (LEP). *

4. I know all of the required DCF Forms I must complete if a client who is DHoH is requesting an interpreter or translator, or other auxiliary aids and services, is waiving their right to an interpreter or translator, or to receive any auxiliary aids and services; I know where to access all of the required DCF Forms. *

5. I understand which DCF Forms must be completed at EVERY appointment with clients who are DHoH and which DCF Forms must be available for review in client's health record.

6. *I know where in my Evaluation, Assessment, Progress Note or other client-specific document I must record auxiliary aids, services, and all DCF Forms that were provided (especially if client declines to complete) to clients who are DHoH. *

* In accordance with Federal requirements outlined in Section 504 of the Rehabilitation Act, the Americans with Disabilities Act, and the Children & Families Operating Procedure 60-10, Chapter 4.

This document will be maintained in the personnel file.

Technology Reference Guide

I. Introduction

1. Purpose of the Guide
2. Importance of Technology in Behavioral Healthcare

II. Company Technology Overview

1. Hardware

- Computers/Laptops
- Mobile Devices
- Printers/Scanners

2. Software

- Electronic Health Record (EHR) System
- Telehealth Platforms
- Communication Tools, Incident Reporting and Policies

3. Network Infrastructure

- Internet Connectivity
- Intranet and VPN Access

III. Access and Security

- User Accounts and Permissions
- Password Management
- Data Security and HIPAA Compliance

IV. Best Practices for Technology Use

- Data Privacy and Confidentiality
- Proper Use of Communication Tools
- Remote Work Guidelines
- Backup and Recovery Procedures

V. Training and Support

- Orientation and Onboarding Sessions
- Online Training Modules and User Guides
- IT Support Services

I. Introduction

A. Purpose of this Guide

As a new member of our team, technology will play a critical role in your daily responsibilities and interactions with clients. This Technology Reference Guide

is designed to be your comprehensive resource for understanding the hardware, software, and IT infrastructure that are essential to our operations.

Our company is committed to leveraging the latest advancements in healthcare technology to provide exceptional patient care and support. From the electronic health record (EHR) system that manages client records, to the telehealth platforms that facilitate remote consultations, the tools and technologies covered in this guide are fundamental to how we work.

By familiarizing yourself with the information in this reference, you will be equipped to navigate our technology ecosystem efficiently and securely. This will allow you to focus on delivering the highest quality of behavioral healthcare services to our clients. Please use this guide as a go-to resource during your onboarding and beyond. If you have any questions or need further assistance, our IT support team is here to help.

B. Importance of Technology in Behavioral Healthcare

In the rapidly evolving field of behavioral healthcare, technology has become an indispensable tool for driving better outcomes for clients. The integration of digital solutions throughout our industry has transformed the ways in which clinicians, therapists, and support staff are able to deliver care. From improving the efficiency and accuracy of electronic health record (EHR) documentation, to facilitating secure telehealth sessions that expand access to services, technology permeates nearly every aspect of modern behavioral healthcare.

Beyond enhancing core clinical workflows, technological innovations also play a crucial role in supporting the overarching goals of our industry. For example, data analytics capabilities allow us to identify trends, monitor treatment progress, and make more informed decisions. Furthermore, advancements in communication tools enable seamless collaboration between interdisciplinary teams, as well as stronger connections between providers and the communities they serve. As we continue to navigate an evolving healthcare landscape, it is imperative that all members of our organization develop a strong familiarity and comfort with the technologies that power our business. By embracing these digital solutions, we can elevate the standard of care, improve clinical outcomes, and foster a more connected, patient-centric model of behavioral healthcare delivery.

II. Company Technology Overview

A. Hardware

1. Computers/Laptops Standard desktop computers and laptops provided to all employees depending on their job requirements and any accommodations that can be made to improve productivity of an employee

Minimum specifications:

Intel Core i5 processor or equivalent

8GB RAM

256GB SSD encrypted storage Equipped with Windows 10/11 Pro operating system and Microsoft Office suite (optional)

Regular hardware refreshes every 4 years to ensure optimal performance

2. Mobile Devices

Company-issued smartphones and tablets available for staff based on position and

program designation.

Models: iPhone 12+, Android standard tablet Enabled with secure access to email, calendar, and other core applications Mobile device management (MDM) policies enforced for data protection

3. Multifunction print and scan devices/Cloud faxing

Multifunction devices are strategically placed throughout our facilities

They support printing, scanning and copying

Network-connected to allow access from any workstation and print to any printer

with your work badge or login credentials using FollowMe technology

Maintained under a managed print services contract for supplies and repairs Scan to OneDrive from any multifunction device

[Scan to OneDrive Instructions](#) (MyMeridian ->Resources->IT Documents)

Cloud fax available upon request, send/receive faxes from your email

[Cloud Fax Instructions](#) (MyMeridian ->Resources->IT Documents)

B. Software

1. SmartCare - Electronic Health Record (EHR) System

Primary platform for managing client medical records

Fully integrated with billing, scheduling, and reporting functionalities

Secure data storage and role-based access controls

Comprehensive training provided during onboarding

Training site: SmartCare - Training

Production site: [SmartCare - Production](#)

2. Mend and MS Teams Telehealth Platforms

Video virtual care solution for conducting remote therapy sessions

HIPAA-compliant video conferencing with end-to-end encryption

Accessible through desktop, mobile, and tablet devices

3. Communication Tools, Incident Reporting and Policies

Microsoft 365 suite, including Outlook for email, Teams for chat/video, and

SharePoint and OneDrive for file sharing

Incident reporting, report important work-related events: [Incident Reporting](#)

PolicyTech, Meridian's go to source for internal policies: [PolicyTech](#)

Facility work orders, [Facilities Work Order](#)

IT support tickets, [Support : MyMeridian Support Portal](#)

- Datis, HR/timeclock, <https://epunch.datis.com/>

C. Network Infrastructure

1. Internet Connectivity

Internet is provided in 3 forms at Meridian: ethernet, wireless and wireless hotspots. Where possible, Meridian recommends plugging into an assigned Ethernet port. Wireless from our WIFI6 routers is accessible at most of our locations using the MeridianWifi SSID. Meridian Guest SSID is used for any non-staff Internet access. Meridian's Internet is filtered by an advanced UTM (Unified Threat Management) system. Internet is for business purposes only and all actions are logged and regularly reviewed. When in the field or during times of outage, Meridian issued hotspots are available for business Internet use.

2. Intranet and VPN Access

Meridian's intranet, MyMeridian, is accessible only from a Meridian campus location. <https://mymeridian.mbhci.org>. Our intranet contains important corporate events, staff information, contests, department resources and more. Check it out!

Currently, VPN access to Meridian's network is on an approved basis only. VPN access is generally reserved for emergency vendor access and is not part of the daily routine of a Meridian staff.

III. Access and Security

A. User Accounts and Permissions

1. User Accounts

User accounts are uniquely assigned to each employee and follow the format firstname_lastname@mbhci.org. Hyphens are not to be used and can either be replaced with an underscore or removed from the username.

2. Permissions

Permissions are assigned based on role. Special permissions for applications can be requested by your supervisor.

B. Password Management, Multifactor Authentication (MFA) and Single Sign-On

(SSO) Passwords should remain private and not shared. Meridian's password policy requires passwords to be at least 14 characters, with numbers, upper and lower case characters and a symbol. You may reset your password 1x every 24 hours by pressing CTRL+ALT+DEL and selecting reset password. Passwords should be kept private and not shared with others. If you feel your password has been compromised, you should reset your password immediately or contact IT for assistance.

Multi-factor authentication (MFA) and single sign-on (SSO) are two critical components of our company's cybersecurity infrastructure, designed to ensure the security of our digital assets and systems. MFA adds an extra layer of protection

beyond just a password by requiring additional verification steps, such as a fingerprint scan, a code sent to a mobile device, or a security token. This significantly reduces the risk of unauthorized access, even if passwords are compromised. On the other hand, SSO simplifies the user experience by allowing employees to access multiple applications and services with just one set of login credentials. By centralizing authentication, SSO enhances productivity while maintaining security standards. Together, MFA and SSO play integral roles in safeguarding our company's data and systems from cyber threats.

C. Data Security and HIPAA Compliance

When it comes to handling sensitive information in healthcare settings, your role in ensuring data security and HIPAA compliance is pivotal. You are the frontline defenders of patient privacy and confidentiality. It's essential to understand that every action you take, from accessing patient records to transmitting information, impacts the security of sensitive data. By following strict protocols and guidelines, such as securely storing passwords and employing encryption methods for data transmission, you can significantly mitigate the risk of unauthorized access or breaches. Regular training and education on HIPAA

regulations are key to empowering you with the knowledge and tools needed to navigate the complexities of data security effectively. Your commitment to upholding these standards not only protects patient information but also strengthens trust between healthcare providers and patients. Together, let's prioritize data security and HIPAA compliance to ensure the integrity and confidentiality of patient data remains intact. Meridian also requires HIPAA information training thru our internal training platform, Relias, [Relias - Meridian Behavioral Healthcare](#).

IV. Best Practices for Technology Use

A. Data Privacy and Confidentiality

Data privacy and confidentiality are paramount in today's digital age. As an end user, it's crucial to understand and uphold these principles to protect sensitive information. Data privacy refers to the protection of personal data from unauthorized access, use, or disclosure, ensuring that individuals have control over their own information. Confidentiality, on the other hand, extends this concept to encompass all types of sensitive data, not just personal information, and emphasizes the importance of keeping it secure and undisclosed. By respecting data privacy and confidentiality measures, end users play a vital role in maintaining trust and integrity in digital interactions, safeguarding both personal privacy and sensitive business information. This involves being mindful of the permissions granted to apps and services, using strong passwords, being cautious with sharing information online, and staying informed about privacy policies and regulations. Ultimately, prioritizing data privacy and confidentiality not only protects individuals and organizations from potential harm but also fosters a safer and more trustworthy digital environment for everyone.

Our company is committed to fortifying data privacy and confidentiality training through quarterly internal phishing campaigns. These initiatives are designed to empower employees with the skills to swiftly identify and thwart various threats to our data security.

B. Proper Use of Communication Tools

1. Email:

Use for formal or detailed communication that requires documentation.

Keep the subject line clear and concise.

Use a professional tone and grammar. Be mindful of reply-all and consider whether all recipients need to be included. Respect privacy and confidentiality when sharing sensitive information.

Encryption is required for any client PHI or PII emails

2. Instant Messaging (IM) / Chat:

Ideal for quick exchanges and informal communication within teams.

Use appropriate language and tone, considering the recipient and the context.

Avoid discussing sensitive or confidential information unless the platform is secure. Use emojis or emoticons judiciously to convey tone or emotion.

3. Video Conferencing:

Use for meetings that require visual communication or collaboration. Ensure a quiet and well-lit environment. Test equipment and connections beforehand to avoid technical issues. Be mindful of background noise and interruptions. Encourage participation and engagement from all attendees.

4. Phone Calls:

Use for urgent matters, complex discussions, or when tone is crucial.

Introduce yourself clearly at the beginning of the call.

Speak clearly and at an appropriate volume. Be mindful of time zones when scheduling calls.

Take notes during the call to ensure follow-up actions are captured.

5. Collaboration Platforms (e.g., Slack, Microsoft Teams):

Use for ongoing team communication, project collaboration, and file sharing.

Organize conversations into relevant channels or threads to keep discussions focused.

Utilize features like mentions and notifications effectively to ensure important messages are seen.

Respect designated communication norms and guidelines within your organization.

6. Social Media:

Use for public communication, brand promotion, or networking. Tailor messages to suit the platform and audience.

Be mindful of tone, as social media posts can have a significant impact on reputation. Engage with followers and respond to comments or messages in a timely manner. Avoid controversial topics or engaging in arguments that could damage your personal or professional image.

7. Project Management Tools (e.g., Trello, Asana):

Use for organizing tasks, setting deadlines, and tracking progress. Ensure tasks are clearly defined and assigned to the appropriate team members. Regularly update task statuses to keep everyone informed of progress. Use comments or chat features within the tool for discussions related to specific tasks.

Regardless of the communication tool used, always prioritize clarity, professionalism, and respect for others' time and privacy. Adapt your communication style to suit the platform and the preferences of your audience to ensure effective and productive communication.

C. Remote Work Guidelines

Currently, remote work is only approved as needed. Meridian employees are expected to complete their work on Meridian campus or out in the field with clients. If working remote, it is best practice to follow these guidelines to ensure HIPAA compliance and IT security rules are being followed:

1. Secure Workspace:

- a. Find a quiet and secure location in your home to set up your remote workspace.
- b. Ensure that your workspace is free from distractions and interruptions to maintain focus on your work tasks.

2. Screen Privacy:

- a. Position your computer screen in a way that it's not visible to others who might be in the vicinity.
- b. Consider using a privacy screen or adjusting the screen brightness to minimize the risk of unauthorized viewing of patient information.

3. Password Protection:

- a. Keep your work devices password protected and avoid sharing your login credentials with others.
- b. Use strong and unique passwords for accessing work-related systems and applications and consider using a password manager to securely store and manage your passwords.

4. Secure Communication:

- a. Use encrypted communication tools provided by your organization for all work-related discussions.

- b. Avoid discussing patient information in public or over unsecured channels such as public Wi-Fi networks or non-encrypted messaging apps.

5. Data Handling:

- a. Handle patient data with care and ensure that it's not left unattended or exposed to unauthorized individuals.
- b. Store any physical documents containing patient information in a locked drawer or cabinet when not in use.

6. Device Security:

- a. Keep your work devices updated with the latest security patches and antivirus software to protect against malware and other cyber threats.
- b. Enable automatic locking or screen timeout on your devices to prevent unauthorized access when you're away from your workspace.

7. Confidentiality:

- a. Avoid discussing patient information or work-related matters in public settings or where others can overhear.
- b. Be mindful of your surroundings during virtual meetings and ensure that no confidential information is visible or audible to unauthorized individuals.

8. Physical Security:

- a. Secure your work devices and any physical documents containing patient information when not in use.
- b. If working in a shared space, consider using a lockable storage container or laptop lock to prevent theft or unauthorized access.

9. HIPAA Training:

- a. Participate in HIPAA training provided by your organization to understand your responsibilities regarding patient privacy and data security.
- b. Stay informed about any updates or changes to HIPAA regulations and guidelines to ensure ongoing compliance.

10. Incident Reporting:

- a. Report any security incidents, breaches, or potential privacy violations to your organization's IT or security team immediately.
- b. Follow your organization's incident response procedures and cooperate with any investigations or remediation efforts.

D. Backup and Recovery Procedures

Our company employs a robust suite of tools for backing up and recovering your data, ensuring the safety and accessibility of your files. Leveraging the power of OneDrive and your department's dedicated SharePoint site, we securely back up and store your files in Microsoft's cloud infrastructure. Additionally, as a secondary safeguard, our company utilizes Barracuda Cloud to Cloud backup, covering your email, OneDrive, and departmental SharePoint files.

Meridian Healthcare.

In the event that you require assistance with file recovery, our dedicated IT support team is readily available. Simply submit an IT ticket at [Support : MyMeridian Support Portal](#).

V. Training and Support

A. Orientation and Onboarding Sessions

At our company, we understand the importance of getting started on the right foot. That's why we hold New Employee Orientation (NEO) every Monday, a mandatory program designed to ensure all new team members are equipped with the knowledge and tools they need to excel. Depending on your role, NEO typically spans 2-3 days, during which you'll dive into critical company policies, procedures, and programs to familiarize yourself with our operations.

As part of NEO, you'll also undergo training through our Relias program. This comprehensive training covers essential skills such as leadership, job responsibilities, and cybersecurity, tailored specifically to our behavioral healthcare environment.

Following NEO, our IT team will personally onboard you, ensuring a seamless transition into your new role. During this session, you'll receive any necessary hardware required for your job's success. If you have any special needs or requests, simply inform your supervisor, and we'll work diligently to accommodate them.

B. Online Training Modules and User Guides

Our company uses Relias for internal training - [Relias - Meridian Behavioral Healthcare](#). There you will find training modules on generic healthcare information, teamwork, cyber security, leadership, behavioral healthcare and more. These courses are required throughout the year, and you will receive notices as due dates approach for you to complete your courses.

User guides can be found on our local intranet site, My Meridian - <https://mymeridian.mbhci.org>. Department specific guides, including templates for marketing supplies, ordering forms, scan to OneDrive, eFax, and more can be found under Resources=>Documents on [MyMeridian](#).

C. IT Support Services

Our company has an internal IT Department dedicated to addressing technical concerns promptly. To streamline the process, we encourage utilizing our preferred method of contact by creating an IT ticket online via [Support : MyMeridian Support Portal](#). Alternatively, assistance is also available by dialing

extension 8346 from any Meridian phone. Each ticket and call is assessed and handled with priority, adhering to Meridian's standard operating procedures for the helpdesk. Technical issues are prioritized according to the following criteria:

1. Cybersecurity incidents
2. On-site client work stoppages
3. Work stoppages related to reporting or project deadlines
4. Work stoppages with no immediate impact
5. Non-work stoppage technical issues
6. Equipment requests

Rest assured, our team is committed to resolving your concerns efficiently and effectively.

Employee Duty to Report

Each employee has a duty to report any actual or perceived conflicts of interest and/or wrongdoings to management, human resources, and risk management through completion of the Unusual Incident Reporting Form (#18). Staff must follow the directions on the form for the completion process. (See Procedure IV-A & Plan #20 - Corporate Compliance Plan).

Non-Retaliation Policy

- Meridian Behavioral Healthcare will not take any disciplinary action or other types of retaliation against any employee who, in good faith, reports a concern, issue, or problem to management, Human Resources, the Compliance Officer or the Compliance Hotline. "Good faith" means that you should be telling the truth, as you know it. Any employee who believes that
- he or she has suffered retaliation from making a report should contact the Compliance Officer or
- call the Compliance Hotline at (352) 374-5600 ext. 8222. Any staff member found in violation of Meridian's Non-Retaliation Policy will be subject to disciplinary action up to and including termination of employment.

o It is also our intent to protect employees from the intentional misuse of the Hotline. Intentionally making a false accusation is a serious violation of Meridian Behavioral Healthcare's policy and may lead to disciplinary action up to and including termination of employment.

I understand that if I know of or have reason to suspect any actual or perceived conflicts of interest and/or wrongdoing, I must report it to my supervisor, Human Resources or Risk Management, as soon as reasonably possible. I further understand that failure to do so will result in disciplinary action which may include termination.

I understand that if I am unclear as to anything in this policy it is my responsibility to seek clarification from my supervisor or Human Resources.

EMPLOYEE COPY



Meridian Healthcare. CONFIDENTIALITY & NON-DISCLOSURE
AGREEMENT

MERIDIAN
HEALTHCARE

Center information, that may include but is not limited to, financial, patient identifiable, employee identifiable, intellectual property, financially non-public, contractual, of a competitive advantage nature, and from any source or in any form (i.e. paper, magnetic or optical media, conversations, film, etc.), may be considered confidential and as such that information's confidentiality and integrity are to be preserved and its availability maintained. The value and sensitivity of such information is protected by U.S. law and by strict Center policies. The intent of these laws and policies is to assure that confidential information will remain confidential through its use, only as a necessity to accomplish the organization's mission.

As a condition to receiving a computer sign-on code and allowed access to any of the Center's systems, and/or being granted authorization to access any form of confidential information identified above, I, the undersigned, agree to comply with the following terms and conditions:

1. My sign-on code is equivalent to my *legal signature* and I will not disclose this code to anyone or allow anyone to access the system using my Sign-on Code.
2. I am responsible and accountable for all entries made and all retrievals accessed under my Sign-on Code, even if another individual or I made such action, due to my intentional or negligent act or omission. Any data available to me will be treated as confidential information.
3. I will not attempt to learn or use another's Sign-on Code.
4. I will not access any on-line computer system using a Sign-on Code other than my own.
5. I will not access or request any information for which I have no responsibility. In addition, I will not access any other confidential information, including personnel, billing or private information.
6. If I have reason to believe that the confidentiality of my User Sign-on Code/password has been compromised, I will immediately change my password and notify the Chief Information Officer or his/her designate.
7. I will not disclose any confidential information unless required to do so in the official capacity of my employment or contract. I also understand that I have no right or ownership interest in any confidential information.
8. I will not leave a secured computer application unattended while signed on.
9. I will comply with all policies, procedures and rules of Meridian Healthcare. relating to confidentiality of information and sign-on codes.
10. I understand that my use of the system will be periodically monitored to ensure compliance with this agreement.
11. I agree not to use the information in any way that is detrimental to the Center and will keep all such information confidential.
12. I will not disclose protected health information (PHI) or other information that is considered proprietary, sensitive, or confidential unless there is a need to know basis.
13. I will limit distribution of confidential information to only parties with a legitimate need in performance of the organization's mission.
14. I agree that disclosure of confidential information is prohibited indefinitely, even after termination of employment or business relationship, unless specifically waived in writing by the authorized party.
15. This agreement shall survive the termination, expiration, or cancellation of this agreement.

I further understand that if I violate any of the above terms, I may be subject to disciplinary action, including discharge, loss of privileges, termination of contract, legal action for monetary damages or injunction, or both, or any other remedy available to Meridian Healthcare.

EMPLOYEE COPY



MERIDIAN HEALTHCARE

Meridian Healthcare. EMPLOYEE ACKNOWLEDGEMENTS &
NOTIFICATIONS

Name: _____
Department: _____

Date: _____

This form is to certify that I have completed New Employee Orientation and fully understand the following subjects presented. I also understand that this signed acknowledgment of receipt will become a permanent part of my personnel file.

Please initial each line. (No check marks please).

_____ Receipt of Employee Handbook and NEO Employee Guide: I hereby acknowledge receipt of a complete copy of Meridian Healthcare. Employee Handbook, including the Employee Code of Conduct and Ethical Standards of Practice. I understand that it is my responsibility to review the handbook in detail and request any clarification needed from my supervisor or Human Resources Office. I also acknowledge receipt of the NEO Employee Guide.

Receipt of Code of Conduct and Ethics:

_____ I have received the policy on Employee Code of Conduct and Ethical Standards of Practice. The contents have been explained to me and I have had an opportunity to ask questions about the policy. I agree to adhere to all policies and procedures of the Code of Conduct and Ethical Standards and understand that failure to comply may result in disciplinary action. Receipt of Training Plan: I acknowledge receipt of my training plan. I understand that it is my responsibility to ensure compliance with required trainings for my appointed position as a term and condition of employment with Meridian Behavioral Healthcare.

Blood borne Pathogen & HIV Training:

_____ I have received a live presentation on Employee Health, HIV, Infection Control, and the Blood borne Pathogen Standard. I have had my questions answered to my satisfaction. Florida Abuse Line Understanding: I understand the procedure for reporting abuse as outlined in the Center wide Procedure I-L, Florida Abuse Line. I understand that if I need additional clarification that I need to speak with my supervisor.

Notice of Privacy Policy:

_____ I have read the Meridian's Policy Statement (Page 67 of the Employee Handbook) and understand my compliance with this policy is a condition of employment. Center-wide Procedures: I have been shown where to find Center-wide Procedures on Meridian's Intranet page. I understand that this information is available to me and I know how to access it. I acknowledge that it is my responsibility to review and stay current of Meridian's Procedures.

Miscellaneous Training Topics:

Initial each Training Topic below:

_____ A. Meridian Personnel Policies, including Grievance Procedures

_____ B. Incident Reporting and Client Concern Procedures

_____ C. Clients Rights and Confidentiality Policies

_____ D. Review of the Meridian Code of Conduct, Including Sexual Harassment.

Employee Signature: _____



MERIDIAN HEALTHCARE