

# Senior Care; Home Care & Hospice; Behavioral Health; Addiction Treatment; Ambulatory Care; Hospital; Surgery Center; Correctional Healthcare

## COVID-19 Resources

In general, **all** healthcare-related settings should consider the following resources as appropriate:

- **Monitor periodic phone calls and email briefings** from your state and local health department.
- Monitor daily updates from the Centers for Disease Control and Prevention can be found at <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- All health facilities should **take all steps possible to prepare for COVID-19** as outlined by the **CDC** at <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/steps-to-prepare.html> 3/20/2020.
- Current Interim Guidance for Health Care Professionals is provided on **Centers for Disease Control and Prevention** website at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html>. The CDC Clinician on Call resource is accessible by calling 800-CDC-INFO (800-232-4636).
- The [World Health Organization: Coronavirus Information Page](#)
- The WHO pandemic emergency information can be found at <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>.
- Key points for health care organizations have been compiled by The Joint Commission (TJC) and can be accessed at <https://www.jointcommission.org/covid-19>. This information is pertinent to ALL HEALTHCARE SETTINGS and is open access for all Joint Commission members AND non-members. **Read** and share as appropriate.
- TJC has posted a position paper entitled “Preventing infections as organizations resume normal care delivery” and can be accessed at <https://www.jointcommission.org/-/media/tjc/documents/covid19/revised-position-statement-on-preventing-nosocomial-infections.pdf>
- HHS offers a resource exchange for healthcare emergency preparedness with many sample tools, plans, guides, best practices, and more: <https://asprtracie.hhs.gov/>. Search the Technical Resources available for a specific topic; specific tools are also grouped by setting.

- The U.S. Department of Health and Human Services (HHS) provides a compendium of resources related to the COVID-19 situation at <https://asprtracie.hhs.gov/technical-resources/44/coronaviruses-sars-mers-and-covid-19/27>. Resources at this site assist in **planning** for infection-related emergencies of all types and remind users to also remain current with CDC directives.
- **Review** Disaster Plan/Emergency Management Plan, Infection Prevention and Control Plan, and Crisis Management Plan to ensure all aspects of response are leveraged.
- **Touch base with community partners. Be certain that call trees and emergency phone lists have current contact phone numbers for staff, physicians, and key stakeholders.**
- Emergency Operations **Plans, Tools and Templates** <https://asprtracie.hhs.gov/technical-resources/84/emncy-operations-plans-emncy-management-program/1#plans-tools-and-templates-eop>.
- **Conduct a self-assessment of infection control practices** using the CDC tool appropriate to your setting. <https://www.cdc.gov/hai/prevent/infection-control-assessment-tools.html>. Updated October 15, 2019.
- **Communicate with staff** regarding use of Personal Protective Equipment (PPE). This link provides comprehensive information related to **PPE and its use** for COVID-19. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirator-use-faq.html>.
- **Strategies to optimize the supply of PPE** and other equipment can be found at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>.
- **PPE Burn Rate Calculator** can be found at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html>. Refer to the U.S. Department of Labor Occupational Safety and Health Administration for infection prevention and control references, **work environment, and training considerations** related to COVID-19 at <https://www.osha.gov/SLTC/covid-19/controlprevention.html#health> as needed. Developed in partnership with CDC.
- Medicare Fee-for-Service waivers are summarized at <https://www.cms.gov/files/document/se20011.pdf>

### Additional resources specific to Senior Care

- Preparing for COVID-19: Long-term Care Facilities, Nursing Homes <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html>.

- Interim Guidance for Implementing Home Care of People Not Requiring Hospitalization for Coronavirus Disease 2019 (COVID-19)  
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-home-care.html>.
- California Association of Health Facilities  
Long-term care facility disaster references and templates  
<https://www.cahfdisasterprep.com/eop>.
- American Health Care Association and the National Center for Assisted Living  
*March 2020*  
Sample Policy for Emergent Infectious Diseases for Skilled Nursing Care Centers  
[http://www.cahf.org/Portals/29/DisasterPreparedness/pandemic/AHCA\\_NCAL\\_Infectious\\_Disease\\_Sample\\_Policy.pdf](http://www.cahf.org/Portals/29/DisasterPreparedness/pandemic/AHCA_NCAL_Infectious_Disease_Sample_Policy.pdf)
- How to prevent skin injuries from wearing N95 masks. Pressure Injury Prevention during Prone and Skin Manifestations with COVID-19. <https://npiap.com/>
- Tool to use for End of Life Discussions. <https://theconversationproject.org/covid19/>
- As communities look to open back visitation, this will help guide communities along with their individual state plans. <https://www.cms.gov/files/document/qso-20-30-nh.pdf>
- Toolkit with products and training to have in place prior to opening salons. This can be utilized for independent operators who need to have a roadmap to follow.  
<https://www.salonps.com/assets/ACCORD-5.13.20.pdf>
- Assisted Living: American Health Care Association and the National Center for Assisted Living

Taking Reasonable Efforts to Prevent COVID-19 From Entering Your Assisted Living Community (as of March 9, 2020)

Includes templates for letters to families, residents and employees and other resources.

[https://www.ahcancal.org/facility\\_operations/disaster\\_planning/Documents/AL-Guidance-Preventing-COVID19.pdf](https://www.ahcancal.org/facility_operations/disaster_planning/Documents/AL-Guidance-Preventing-COVID19.pdf)

- General guidelines for high-risk groups  
<https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications.html>
- Long Term Care resources

<https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and/prioritization-survey-activities> (3-23-2020)

<https://www.argentum.org/coronavirustoolkit/>

LeadingAge Texas

<https://www.leadingagetexas.org/general/custom.asp?page=CoronavirusResources>

Comprehensive resources available at this site

LeadingAge <https://leadingage.org/coronavirus-resources>

- Review the tips listed near the end of OmniSure's publication on Coronavirus 2019 and Pandemic Planning for other practical steps and ideas for controlling the risk of exposure.

#### Additional resources specific to Home Care and Hospice

- National Association of Home Care & Hospice  
<https://www.nahc.org/resources-services/coronavirus-resources/>. 5/27/2020
  - Provides **Coronavirus Resource Page** and many CDC links.
  - Updated information and **plans** by NAHC (Barb Citarella) on 3/4/2020 are excellent.
  - Provides **Risk Management Plan example** from LHC Group.
  - Provides detailed **guide for cleaning products**.
- [Guidance for Infection Control and Prevention Concerning Coronavirus Disease 2019 \(COVID-19\) in Home Health Agencies \(HHAs\)](#)
- Home Health Emergency Preparedness planning, **plans, templates**  
[https://www.michigan.gov/documents/mdch/FINALHOME\\_HEALTH\\_EMERGENCY\\_PREPAREDNESS\\_PL\\_2FINAL\\_484105\\_7.pdf](https://www.michigan.gov/documents/mdch/FINALHOME_HEALTH_EMERGENCY_PREPAREDNESS_PL_2FINAL_484105_7.pdf)
- How to prevent skin injuries from wearing N95 masks. Pressure Injury Prevention during Prone and Skin Manifestations with COVID 19. <https://npiap.com/>
- Tool to use for End of Life Discussions. <https://theconversationproject.org/covid19/>
- As Communities look to open up, this provides guidance on when Home Health and Hospice can resume full care in the LTC communities. <https://www.cms.gov/files/document/gso-20-30-nh.pdf>
- Review the tips listed near the end of OmniSure's publication on Coronavirus 2019 and Pandemic Planning for other practical steps and ideas for controlling the risk of exposure.

## Additional Resources specific to Behavioral Health

- Navigating the Behavioral Health Impacts of the Coronavirus

<https://www.thenationalcouncil.org/BH365/2020/03/03/navigating-the-behavioral-health-impacts-of-the-coronavirus/>

National Council for Behavioral Health <https://www.thenationalcouncil.org/covid19/>

Provides **behavioral health concern management** and resources/links to CDC information.

- Mental Health and Coping During COVID-19

<https://www.cdc.gov/coronavirus/2019-ncov/about/coping.html>

Provides **resources, including things you can do to support yourself, resources for parents, and responders** (including people who have been released from quarantine).

- Substance Abuse and Mental Health Services Administration

<https://www.samhsa.gov/disaster-preparedness>

Provides behavioral health resources, service locator related to behavioral health needs related to disasters, including helpline:

1-800-662-HELP (4357) SAMHSA's National Helpline is a free, confidential, 24/7, 365-day-a-year **treatment referral and information service** (in English and Spanish) for individuals and families facing mental and/or substance use disorders

- This HHS site addresses the impact of post-disaster mental and behavioral health-related challenges on the healthcare system and **includes plans, tools, and templates** providers may use to support the needs of their patients. <https://asprtracie.hhs.gov/technical-resources/68/mental-behavioral-health-non-responders>
- A February 2020 **article** entitled *Psychiatrists Beware! The Impact of COVID-19 and Pandemics on Mental Health* and may be accessed at <https://www.psychiatristimes.com/psychiatrists-beware-impact-coronavirus-pandemics-mental-health>
- Review CDC Guide to **Infection Control Practices and self-assessment checklist** (2016) <https://www.cdc.gov/infectioncontrol/pdf/outpatient/guide.pdf>. Intended use is for hospital-based outpatient clinics, non hospital-based clinics and physician offices, ambulatory surgical centers, and other specialized settings.
- Review the tips listed near the end of OmniSure's publication on Coronavirus 2019 and Pandemic Planning for other practical steps and ideas for controlling the risk of exposure.

### Additional Resources specific to Addiction Treatment

- National Institute on Drug Abuse: Potential Implications for Individuals with Substance Use Disorders <https://www.drugabuse.gov/about-nida/noras-blog/2020/03/covid-19-potential-implications-individuals-substance-use-disorders>
- National Association of Addiction Treatment Providers <https://www.naatp.org/covid-19-resources>
- The Association for Addiction Professionals <https://www.naadac.org/covid-19-resources>
- Review the tips listed near the end of OmniSure's publication on Coronavirus 2019 and Pandemic Planning for other practical steps and ideas for controlling the risk of exposure.

### Additional Resources specific to Ambulatory Care

- Care may be provided in non-traditional environments. This resource from HHS is helpful to consider many aspects of **providing care at a medical shelter or mobile site**. <https://asprtracie.hhs.gov/technical-resources/48/alternate-care-sites-including-shelter-medical-care/47>
- Ambulatory care sites should follow the Current Interim Guidance for Health Care Professionals provided on the **Centers for Disease Control and Prevention** website at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html>. The CDC Clinician on Call resource is accessible by calling 800-CDC-INFO (800-232-4636).
- Staff should be familiar with and implement **CDC Interim Infection Prevention and Control Recommendations** for Patients with confirmed Coronavirus Disease 2019 (COVID-19) or Persons Under Investigation for COVID-19 in Healthcare Settings. <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>
- **Conduct a self-assessment of infection control practices** in your ambulatory care site using the CDC self-assessment checklist. <https://www.cdc.gov/HAI/settings/outpatient/outpatient-care-guidelines.html> Hand Hygiene recommendations
- Review the tips listed near the end of OmniSure's publication on Coronavirus 2019 and Pandemic Planning for other practical steps and ideas for controlling the risk of exposure.

### Additional Resources specific to Surgery Centers

- ASCA <https://www.ascassociation.org/asca/resourcecenter/latestnewsresourcecenter/covid-19>
- Re-opening resources: [Guidelines](#) and [Checklist](#)
- Review the tips listed near the end of OmniSure's publication on Coronavirus 2019 and Pandemic Planning for other practical steps and ideas for controlling the risk of exposure.

### Additional Resources specific to Hospitals

- American Hospital Association: <https://www.aha.org/2020-01-22-updates-and-resources-novel-coronavirus-2019-cov>.
- Review the tips listed near the end of OmniSure's publication on Coronavirus 2019 and Pandemic Planning for other practical steps and ideas for controlling the risk of exposure.

### Additional Resources specific to Correctional Healthcare

- <https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html> <sup>®</sup>
- [https://www.ncchc.org/filebin/COVID/CDC Correctional Facility Guidance 032720.pdf](https://www.ncchc.org/filebin/COVID/CDC%20Correctional%20Facility%20Guidance%20032720.pdf)
- NCCHC <https://www.ncchc.org/covid-resources>
  - Downloads: <https://www.ncchc.org/downloadable-materials>
- National Institute of Corrections (NIC): Coronavirus Information <https://nicic.gov/coronavirus>
- Review the tips listed near the end of OmniSure's publication on Coronavirus 2019 and Pandemic Planning for other practical steps and ideas for controlling the risk of exposure.

### Additional Resources

- OSHA <https://www.osha.gov/SLTC/covid-19/controlprevention.html#health>. Guidance is given for specific worker groups and their employers.

- ATX Exchange <https://austincovid.openproposals.dellmed.utexas.edu> Community solutions, masks available in Austin Texas.
- Our world in data <https://ourworldindata.org/coronavirus>. Worldwide data, statistics.
- Dental Professionals: American Dental Association: Coronavirus Center for Dentists <https://success.ada.org/en/practice-management/patients/infectious-diseases-2019-novel-coronavirus>
- Physicians: American Medical Association: COVID-19 Resource Center for Physicians. July 10, 2020. <https://www.ama-assn.org/delivering-care/public-health/covid-19-2019-novel-coronavirus-resource-center-physicians>
- American Public Health Association: COVID-19. <https://apha.org/topics-and-issues/communicable-disease/coronavirus>
- American Psychological Association: Resource Page. <https://www.apa.org/practice/programs/dmhi/research-information/pandemics>

## Disaster Planning Resources

### Emergency Operations **Plans, Tools and Templates**

<https://asprtracie.hhs.gov/technical-resources/84/emncy-operations-plans-emncy-management-program/1#plans-tools-and-templates-eop>

Refer to HHS Emergency Management and Incident Command System planning resources at <https://www.phe.gov/Preparedness/planning/mscc/handbook/chapter1/Pages/emergencymanagement.aspx#1.3.1>

Incident planning and resource guides with **self-assessment checklist for infection Control incident**

<https://emsa.ca.gov/hospital-incident-command-system-incident-planning-guides-2014/>

## Pandemic Influenza Resources

### CHECKLISTS:

California Hospital Seasonal Influenza Pandemic Preparedness Checklist (updated 2/2020; includes COVID-19 resources and links)

<https://www.calhospitalprepare.org/sites/main/files/file-attachments/influenzapandemicchecklist.pdf>



Interim Healthcare Coalition Checklist for Pandemic Planning National Healthcare Preparedness Programs (NHPP). Fall 2013. U.S. Dept. of Health and Human Services

<https://www.phe.gov/Preparedness/planning/hpp/reports/Documents/pandemic-checklist.pdf>

**PLAN:**

Pandemic Influenza **Plan**

<https://www.cdc.gov/flu/pandemic-resources/pdf/pan-flu-report-2017v2.pdf>

**Infection Prevention Resources**

Infection Control **Tools** to implement standard and transmission-based infections for health care settings.

<https://www.cdc.gov/infectioncontrol/tools/index.html>

Infection Preventionist **Job Description Template**

<https://apic.org/wp-content/uploads/2019/08/IP-Job-Description-web-version.pdf>

**Crisis Management/Media Response Resources**

Find the resources below listed at <https://www.riskfitness.com/covid-19-risk-management-recommendations>

OmniSure Managing the Media in Crisis

OmniSure Media Phone Log

Social Media Policy

# MANAGING THE MEDIA IN A CRISIS

Managed well, the media can become an asset instead of an adversary in a disaster.



A Risk Management Bulletin

THOUGH READY TO TAKE ON THE LIFE AND DEATH CHALLENGES OF THEIR PATIENTS, MANY MEDICAL FACILITIES AND HEALTHCARE PROVIDERS ARE ILL PREPARED TO DEAL WITH A POTENTIAL ONSLAUGHT OF MEDIA DURING OR FOLLOWING A CRISIS.



Here are some of the examples shared by consultants on OmniSure's Helpline team: A surgery center discovers it has performed as many as 60 surgeries using contaminated sponges. A patient dissatisfied with the outcome of a surgical procedure, posts derogatory statements on social media and online forums looking for others who are also unhappy with the same surgeon. One resident assaults and kills another resident in a senior living setting. A physician who has been prescribing opioids irresponsibly learns of a patient's overdose death from another patient who referred her friend to him. A hospital learns that one of its physicians contacted and made sexual advances to a patient after discharge from the hospital. Three nurses in a correctional setting are held hostage by inmates during a riot started as a result of allegations of inadequate care. It happens. And it can happen to you. An emergency response and disaster preparedness plan that includes a well thought out public relations and media management component is the best way to minimize the damage.

### **Start with the Disaster Preparedness and Emergency Response Plan**

As with disaster planning, managing the media and community opinion is essential to the survival of the organization and its reputation. When compiling a disaster plan, incorporate public relations and media management (including social media) as part of the plan. Managed well, the media can become an asset instead of an adversary in a disaster.

### **Anticipate**

The safety of patients is the primary concern for health care staff and you likely have already designated a Crisis Team and outlined each member's role as part of your preparedness plans. Train general staff members to refrain from speaking to the media. Instead, inform all of your staff which of their Crisis Team Members will take on the role of media correspondent. You may even want to supply these Crisis Team members with identification badges (kept as part of the Disaster Kit) with titles such as "Public Relations Officer" or "Media Consultant" so the media knows they are dealing with the single person in the organization that can provide them with news. When you meet with your team to designate duties, plans and the tools necessary for disaster and crisis planning, examine the following questions:

- How are visitors to be managed during a crisis?
- What can be done to manage the possibility that families will speak to the media, post information on Facebook, or start a conversation on Twitter?
- Who is responsible for keeping the Crisis Management phone tree up to date? Would texting, or using another means of mass communication be more efficient?
- Who will be managing social media communication during the crisis? And monitoring for "mentions" in various social media platforms?
- What can your insurance broker's clinical risk management team do to assist? If your insurance broker has not arranged for access confidential Risk Management Helpline as part of your insurance package, ask your broker to do so.

## Spokespersons

During a crisis, three essential groups emerge who need spokespersons; it may not be the same person for all communications; it may require one, two, or even three different people to handle these groups. Start with a call to your confidential Risk Management Helpline for assistance and direction.

**Staff:** During a crisis it is essential that staff react appropriately, continue to provide the essential patient care in a calm and professional manner, work together as a team, and respond favorably to leadership. The staff spokesperson must be someone trusted by staff to be supportive, strong, and able to keep them focused. Staff must feel they are well equipped to handle the inquiries of those they are caring for.

**Patients and Families:** Patients and families will hear about crisis events. It is always best to inform families before Facebook and Twitter users, or the traditional news media, reports the crisis. The person responsible for informing families needs to be one who can remain calm, confident, and solutions-oriented in the face of impending crisis reactions; someone respected by patients, families, and others. Hearing about bad news from a trusted employee or leader of the organization is far better than hearing news from a stranger. If there's no way to personally contact families before news gets out, use social media in your favor to make an announcement, and direct people to the best source for ongoing information.

**Community:** What is said to the media, and on social media sites, has an impact that is long lasting and directly affects the reputation of the organization following the crisis. The media spokesperson(s) must be articulate, able to handle emotions and rapid fire questions. Being in front of the camera is a skill few are comfortable with. Yet, spokesperson personalities are sometimes as important as what the media reports regarding the crisis event. With the advent of the Internet, news stories can live on cyberspace for years. The media spokesperson may need to keep a file of composed statements that can be read to new media or released in print to avoid unplanned last minute crisis response.


If multiple spokespersons are designated, create a system whereby all communications are equal in content and message.

## Dealing with Media

When the media first hears about a crisis, they seldom know the "slant" they will place on the story until after the first interview. It is the first impression that drives most media attention. The standard "No Comment" may make matters worse and motivate the media to draw conclusions that do more harm than benefit.

Prepare ahead of time with information that can easily be distributed to media. Short concise statements indicating the situation is under control and the management is working to resolve relevant issues are adequate for providing information to the public. It is not always best to provide details regarding steps being taken, or the outcome of governmental interventions. Prepare a brief history of the organization; include historical facts, achievements and notable awards. Note that the organization is always working on behalf of patients, families and staff and will continue to do so during any crisis.

Give staff a phrase to use if media should approach them for comments. Phrases such as "Your questions can be answered by our media representative" will be easy for staff to remember and protect them from media barrage.



Your questions can be answered by our media representative."

- Sample phrase for facility staff to give media barrage

## Tips for the Media Representative

Have a prepared statement when meeting with the media. A prepared statement will satisfy the reporters' obligation and allow for a prepared image to be provided. If you don't have an answer to a direct question, state something such as "we are exploring that in our investigation and we have not reached a definitive conclusion." Never offer speculation. Inform reporters you are only able to discuss known facts and cannot speculate.

The public will be interested in the crisis at the organization. Align the organization's image with the public. State how the organization has provided services to the community for years and will continue to do so during the crisis. Convey the message that everything is under control, while being truthful and factual. Remember, your words may appear in print on the front page headlines.

Be cooperative. Present the position of the organization and give the impression to the media you want the community to receive. Refer to experts who are active with the investigation. Community members want to know that experts have been called in, no one expects one person to have all the answers. Don't allow yourself to be provoked into an emotionally reactive response, and never speak "off the record."

## Social Media

The person managing social media for the organization needs to be integrated into the crisis communication team and have access to all of the same information. It's important to monitor what's being said in social media to get insights into what people are thinking and saying about your organization and the current situation.

Some general guidelines for using social media in a crisis situation:

- Use social media channels to acknowledge a crisis event as soon as possible and let people know what information is available.
- Reassure people that the organization is stable (if that's true).
- Let the public know what they need to do (if anything) and direct them to sources of information as appropriate. For example, in some disasters, the Red Cross is a good resource – or the Centers for Disease Control may be appropriate in other situations.
- Take sensitive issues offline so that a potentially negative conversation is not happening online.
- Get legal counsel on privacy laws. De-escalate situations by acknowledging a problem and then, if appropriate, explain that it cannot be discussed for legal reasons.
- Periodically keep audiences up to date on the status and explain what steps have been taken to improve the situation.
- Gradually return to posting routine information – this will signal the public that things are back to normal.

## Prospering After the Crisis

If an organization's reputation is damaged, restoration will not happen overnight. The public will respond most favorably if they feel the organization was truthful and forthcoming. If you have cooperated with governmental agencies and followed the advice of the experts, local officials may be eager to re-establish your good standing in the community. Communities are often willing to assist local medical facilities to survive after a crisis, so when appropriate, use the media to announce information and related stories that will capture the admiration of the community.



## ABOUT THE AUTHOR



**MICHELLE FOSTER EARLE, LNFA, ARM** is the president of OmniSure Consulting Group, a risk management firm contracted by some of the nation's leading medical professional liability insurance companies to help medical practices, hospitals, healthcare facilities and providers of health care and social services nationwide reduce risk, improve performance and avoid lawsuits. Michelle has earned designations in health-care management, is Licensed General Lines Property and Casualty Agent in Texas, and is an Associate in Risk Management.



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## Media Phone Log

Date	Name of Reporter	Name of Media Outlet	Phone Number	Request

## Social Media Policy

Facility Name:	Subject: Social Media; Social Networking	
Issued:	Revised	Page: 1 of 2

### Purpose

In order to comply with HIPAA regulations and privacy rights, this facility strives to protect the privacy of patients/residents, families, employees, physicians and all company contacts. This policy provides guidance regarding employees' responsibilities pertaining to the posting of work-related information on social networking websites, such as Facebook, Twitter, YouTube, personal blogs and all other online media.

Social networking is widespread and the facility recognizes that employees may participate on a regular basis. This facility strives to instruct its employees to use discretion and avoid posting anything on the internet that could be damaging to the company, the facility, employees, customers, partners and affiliates, and others (including competitors). All company-related posts, photos and videos, must have prior written approval from management prior to posting.

### Policy

It is the policy of this facility to prohibit posting information regarding co-workers, management, patients/residents, families, physicians, vendors, competitors and referral sources:

- Accessing Social Network: Personal blogging or logging onto any social network are not business-related activities and are strictly prohibited during work hours.
- Blogs hosted by employees, or blogs in which employees participate are considered a public space. All postings by employees must be professional, in good taste and respectful to the company, the facility, employees, customers, partners, referral sources, competitors, physicians and affiliates.
- The company recognizes the individual's rights to actively participate in social networking activities. The company reserves the right to protect itself from slander, defamation, privacy violations, unfavorable comments and embarrassment. Employees are considered to be representatives of the facility's reputation in all circumstances. Personal postings depicting employees in sexual, illegal, drug induced or alcohol induced activities may damage the good faith patients/residents and families place in the professionalism of staff in the facility. Such postings may result in immediate discipline up to and including suspension or termination.
- Company-sponsored blogging must be authorized in writing by supervisors, the administrator or the director of marketing, prior to posting.
- Posting any company-related or facility-related photographs or videos is strictly prohibited without prior written approval of supervisors, administration or the director of marketing, as appropriate.



- Disclosing information about or photographs of patients, residents or their families is strictly prohibited. Photos of patients/residents, family members, co-workers, physicians, vendors, managers or competitors without identification are strictly prohibited. This applies to deceased patients/residents - and to posts on secure areas of social media profiles, accounts or blogs.

## Responsibility of Employees

It is the responsibility of all employees to represent the dignity of patients/residents, their families and the facility in a professional manner. Employees are prohibited from disclosing any patient/resident information, including photographs, videos or potentially identifiable scenarios regarding patients/residents. No detail shall be shared in any format whether in person or electronically in adherence to HIPAA regulations. This includes information regarding deceased patients/residents, their families, and other care providers and other facilities that have treated or cared for a patient/resident. To do so will result in immediate discipline up to and including suspension or termination.

Employees will be in-serviced on this policy and provide the signed verification of education form. The original, signed and dated document will be kept in the employee's HR file.

If you have any questions about this policy or any matter related to social networking not addressed herein, please direct them to your supervisor, the administrator or the director of marketing, as appropriate.

### SOCIAL NETWORKING POLICY ACKNOWLEDGEMENT

I have read the Social Networking Policy and Procedure indicated by facility management. I agree to adhere to the restrictions of the Social Networking Policy and agree not to post any information, photographs or videos regarding patients, families, co-workers, management, referral sources, physicians, vendors, competitors and any individual or business that is part of the facility's practice. I agree this information pertains to current patients, former patients and deceased patients.

I have been informed of Federal HIPAA regulations and agree to adhere to those guidelines in person and on social networking sites.

I understand violation of this policy will result in immediate discipline up to and including termination.

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Print Name

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Signature

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Date