

GUIDELINES FOR NURSING PERSONNEL

It is the policy of Gilead Medical & Dental Center (GMDC) outpatient Clinics to define the specific guidelines for nursing personnel, related to the dress code, to ensure that a professional image is presented to patients and the community. It is intended to provide security through an employee identification system and to protect the employee by requiring work attire in accordance with safety and infection control consideration.

SCOPE: This policy applies to all GMDC outpatient clinics.

GUIDELINES: 1.

General Appearance: General appearance of all personnel should reflect a high standard of cleanliness and hygiene at all times.

Employees should dress discreetly and present a professional appearance.

2. General Guidelines:

a. Shoes – Shoes must be clean and in good repair, closed toe, quiet soles, and non-skid. Shoe laces must be kept clean.

b. Uniforms – The uniform must be professional in appearance and reflect high standards of cleanliness and hygiene at all times.

1) The uniform must be color-coordinated.

2) Tee shirts, jeans, sweat pants, jogging or fleece pants, and sweatshirts are not considered a professional uniform.

3) Exceptions may be made on special occasions (i.e., t-shirt days, holidays, etc.) as designated by Nurse Managers (Head Nurses) or Administrators.

c. Hair – Hair must be clean and neat in appearance and worn in a professional business manner.

1) Nursing staff with direct patient contact must secure their hair so it does not contact the patient or interfere with patient care or safety.

2) Facial hair such as beards and sideburns must be neat, clean and well-trimmed.

d. Fingernails – Fingernails should be clean and length of nails should not extend past ¼” beyond the fingertips. Garishly “shocking” nail polish is not acceptable. Personnel engaged in wound care or assisting with “open procedures” may not wear artificial nails.

e. Cosmetics and Perfume/Cologne – The professional environment of the clinic and the patients’ sensitivity to scents requires all personnel to moderate use of make-up, perfume, colognes or shaving lotions.

f. Jewelry – Jewelry may ONLY be worn on ears, around neck, wrists, fingers and ankles. Excessive jewelry (i.e. oversized or large dangling earrings), are not allowed. Jewelry that interferes with patient care is not allowed.

3. Identification Badges: Identification badges will be worn on the outside of the uniform, lab coat, or street clothes at all times while engaged in clinic business. The photo ID badge will be required for payroll and in the event of an emergency.

4. Adherence to Policy: Failure of any employee to adhere to the regulations as outlined herein will be considered just cause for disciplinary action and/or dismissal. The Dress Code will be enforced by the Departmental Nurse Manager (Head Nurse), Administrator or Office Manager.

5. Departmental Dress Code Policy: This is a general dress code policy. Unit specific dress code issues will be addressed in departmental policy and procedure manuals.

APPROVAL AUTHORITY: This policy shall be recommended for approval by the outpatient Policy Committee.

RESPONSIBILITY AND REVISIONS: It is the responsibility of the outpatient Policy Committee to review and initiate necessary revisions based on collaboration and input by and through Quality Improvement/Performance Improvement, Risk Management and the Office of Institutional Compliance.

RIGHT TO CHANGE POLICY: GMDC reserves the right to interpret, change, modify, amend or rescind this policy in whole or in part at any time to reflect changes in policy.

CERTIFICATION: This policy was approved by the Board of April, 2018.

CONSENT TO TREATMENT FORM:

I voluntarily consent to receive medical and health care services provided by Gilead Medical & Dental Center physicians, employees and such associates, assistants, and other health care providers (otherwise referred to as GMDC), as my physicians deem necessary. I understand that such services may include diagnostic procedures, examinations, and treatment.

I understand photographs, videotapes, digital and/or other images may be made/recorded for treatment and payment purposes only.

I acknowledge that no warranty or guarantee has been made to me as to result or cure.

I acknowledge that GMDC may use health information exchange systems to electronically transmit, receive and/or access my medical information which may include, but is not limited to, treatments, prescriptions, labs, medical and prescription history, and other health care information.

I understand that this Consent to Treatment/Health Care Agreement will be valid and remain in effect as long as I attend or receive services from the GMDC outpatient Clinics, unless revoked by me in writing with such written notice provided to each clinic I attend or from which I receive services.

RELEASE OF MEDICAL INFORMATION: I acknowledge that "protected health information" pertains to my diagnosis and/or treatment at GMDC including, but not limited to, information concerning mental illness (except for psychotherapy notes), use of alcohol or drugs, or communicable diseases such as Human Immunodeficiency Virus ("HIV") and Acquired Immune Deficiency Syndrome ("AIDS"), laboratory test results, prescriptions, medical history, prescription history, treatment progress or any other such related information. I acknowledge that the "Notice of Privacy Practices" provides information about how GMDC and its workforce may use and/or disclose protected health information about me for treatment, payment, health care operations, and as otherwise allowed by law. I understand C cannot be responsible for use or re-disclosure of information by third parties.

FINANCIAL RESPONSIBILITY AND ASSIGNMENT OF BENEFITS: In consideration for receiving medical or health care services, I hereby assign to GMDC physicians and providers and/or the GMDC Medical Practice Income Plan my right, title, and interest in all insurance, Medicare/Medicaid, or other third-party payer benefits for medical or health care services otherwise payable to me. I also authorize direct payments to be made by Medicare/Medicaid and/or my insurance company or other third-party payer, up to the total amount of my medical and health care charges, to GMDC physicians and/or Medical Practice Income Plan. I certify that the information I have provided in connection with any application for payment by third-party payers, including Medicare/Medicaid, is correct. I agree to pay all charges for medical and health care services not covered by, or which exceed, the amount estimated to be paid or actually paid by Medicare/Medicaid, my insurance company, or other third-party payer, and agree to make payment as requested by GMDC.