How to Contact Us

If you have any questions about any of the information contained in this booklet, please feel free to ask. We want our volunteers to be informed and safe while volunteering at MUSC.

Adult Volunteer Program
Katy A. Kuder, Manager: 792-0858
Kelly A. Hedges, Coordinator: 876-4246
Matthias Frye, Trainer: 876-3102
Robert Watson, Recruiter: 792-3580

OFFICE FAX: 792-9739

Content Approved by:

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
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<tbody>
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Revised 9.30.12
FIRE SAFETY

The threat of fire should concern each of us at all times. Reducing this threat is possible only with the full cooperation of the staff and volunteers.

Medical University 5-Step Fire P

- Remove anyone from immediate danger.
- Ensure all doors are closed.
- Activate the manual fire alarm.
- Call the Operator at 792-3333 to report the fire.
- Try to fight the fire.

Do’s and Don’ts of Fire Safety

- DO: Report unsafe equipment and conditions.
- DO: Properly store flammable liquids.
- DO: Know locations of fire extinguishers.
- DON’T: Block fire doors or fire equipment.
- DON’T: Chock, wedge or tie doors open.
- DON’T: Store items in corridors.

Evacuation buildings have loud, continuous alarms. You should:

- Proceed to stairwell / exit immediately.
- Move away from facility.

“Defend-in-Place” buildings have:

- Fully automatic sprinkler systems.
- Smoke barriers.
- Addressable fire alarm systems.
- Annual Fire/Life Safety updates.
- Quarterly fire drills on every shift.

What will happen/What you should do:

- Alarms “chime” and have flashing strobe lights.
- You will hear a “Code Red” announcement.
- You should then clear all corridors.
- If directed, move patients and equipment horizontally to adjacent smoke compartment.
- Use of stairwell as last resort.

Know Your Portable Fire Extinguishers

**Water:** Large silver vessel. For Class “A” combustible fires.

**CO2:** “Horn” nozzle. For flammable liquids and electrical fires.

**Dry Powder:** Multi-purpose for all classes of fires
WEATHER EMERGENCY:  
DO NOT COME TO THE HOSPITAL! 
If volunteers are already in the hospital when the weather emergency (hurricane, flood, storm, or other emergencies) occurs, report to the Volunteer Office to check out. The Medical Center and Volunteer Office Staff are responsible for all volunteers in the hospital.

EMERGENCY / DISASTER INCIDENT: 
In the case of a disaster within the hospital, request permission from the manager in your assigned area to return to the volunteer office. If permission is granted, report to room 101, Volunteer Services, in the North Tower (main lobby by the Admissions desk) for further instructions. Remain in the office until dismissal or relocation. Volunteers reporting in the Volunteer Office must sign a disaster sign-in sheet. Volunteers will then be asked to drive home or arrange transportation if allowed to leave the hospital. Volunteers are asked not to report to the hospital in an emergency unless specifically called.

INTERNAL EMERGENCY:  
DO NOT USE THE ELEVATORS in the case of fire, bomb threat or earthquake unless specifically approved by the fire marshal. The manager in the area that you are volunteering in will give you directions. If there is an evacuation, stay with the people in your work area. If necessary you may be instructed to return home.

ACCIDENTS:  
REPORT ANY ACCIDENT IMMEDIATELY TO THE SUPERVISOR IN YOUR AREA. 
Any volunteer injured or involved in an accident while on duty, should report the incident immediately to the manager in their work area, as well as the Volunteer Services Office at 792-3580 or 792-3344. After hours, notify Public Safety at 792-4196. Volunteers are responsible for medical treatment costs.

For obtaining emergency medical service within the hospital, call the communications emergency operator at 792-3333. Give your name, location and what is needed.
SAFETY, SECURITY and EMERGENCY RESPONSE

Medical Center Security
MUSC Medical Center Safety and Security is a proactive force, working as a team with all persons within the Medical Center. Medical Center Safety and Security Officers are present at main entrances of Medical Center facilities and proactively patrol throughout the Medical Center facilities. Medical Center Safety and Security provide access control, ID badge/visitor pass verification, package inspection, patient room inspection, surveillance cameras, lost and found services, escort to your car, general directions, access to locked doors and ensure a smooth, safe flow of traffic. Safety and Security Officers are available 24 hours a day, seven days a week. To contact security call Ext. 2-4196.

Wear Identification Badges
You must wear your identification badge with photograph visible whenever you are in the Medical Center.

Assist Visitors
Staff should direct persons without an ID to the facility Security Desk. All visitors should obtain a guest badge upon entrance to the hospital and wear it at all times. Intensive Care Units and other specialized units may make other arrangements. After hours, visitation is limited to immediate family members, who are over 12 years of age. Children may visit with patients in the Medical Center, however; visits by children under the age of 12 should be coordinated with the patient’s healthcare team, and the patient/patient’s spokesperson. Children must be accompanied by an adult, other than the patient, at all times. Children visitors may be asked to leave patient care areas if their actions interfere with the safety and care of patients.

Report Falls and Spills
Should you observe someone fall or observe a spill on that is not hazardous in any area, please notify Public Safety at Ext. 2-4196, or contact the North Tower Security Desk at Ext. 2-5077.

Workplace Violence Prevention Workplace violence is not tolerated at the Medical Center. Some of the behaviors like increased use of alcohol or illegal drugs and explosive outbursts of anger and/or rage indicate possible pending violence.

Threatening Telephone Calls
Contact telecommunications operator at 2-4196 in case of suspicious, threatening or harassing telephone calls.

How You Should Handle a Bomb Threat Telephone Call:
► Remain calm (get someone else on the phone)
► Keep the caller on phone
► Obtain information (from caller):
  ► Time of bomb explosion
  ► Location of bomb
  ► Why bomb was placed

Remember:
• The caller’s voice and accent
• Background noise Report all information to immediate supervisor (ask to call 2-4196)

Report theft, suspicious persons, and/or suspicious telephone calls or packages to Public Safety 2-4196.
MUSC Cares About Your Safety
Especially about protecting you from diseases carried in blood and other potentially infectious materials (OPIM). OSHA’s Bloodborne Pathogens Standard (29 CFR 1910.1030) applies to ALL occupational exposure to blood and OPIM

Methods of Transmission of Bloodborne Pathogens

- Needles / Sharp Sticks
- Splashes to eyes, nose and mouth
- Cuts already present

Hepatitis B Virus
- Carried in the blood
- Causes liver disease
- May be chronically infectious, but rare
- Preventable with vaccine
- Up to 30% chance of transmission from exposure without vaccine
- Post exposure treatment is available
- Hepatitis B vaccine available for ALL AT RISK EMPLOYEES* at no charge through Employee Health Services at 792-2991.
  (*AT RISK means staff who are in direct contact with patient blood or body fluids)

Human Immunodeficiency Virus (HIV)
- Weakens the body’s immune system
- Can remain silent for years before causing AIDS (Acquired Immune Deficiency Syndrome)
- No vaccine currently available
- Percutaneous transmission estimated to be 0.3%
- Post exposure medication should be administered ASAP!

Hepatitis C
- May become chronic
- May lead to liver cancer
- No vaccine
3% chance HEP C with exposure

INFECTION CONTROL / HAND HYGEINE

REMEMBER TO WASH YOUR HANDS

- Hand hygiene is the most effective way to prevent the spread of infection.

- Hands should be washed:
  - Before and after eating
  - After use of the bathroom
  - After sneezing or blowing your nose
  - Before and after smoking
  - After handling contaminated items or hospital equipment
  - Before and after food preparation / patient drink delivery
  - At entry and exit to/from patient room/side

- Soap and water or alcohol based products may be used.
  - When washing with soap and water, apply to all surfaces of hands with friction for at least 15 seconds.
  - When using alcohol product, apply to all surfaces of hands and continue rubbing until hands are dry.
  - Allow hands to dry before donning gloves
  - Wash hands after removing gloves

- The World Health Organization and the Centers for Disease Control and Prevention require that you perform hand hygiene using soap and water when your hands are visibly soiled, or bloody.
- Always use soap and water with a patient with C. Diff.

And REMEMBER:
- Volunteers should not report to volunteer when they are sick!
- Volunteers must get a TB skin test (or TB Screening if past positive) annually and stay up to date on all vaccines including seasonal Flu shots.

Methods of Compliance
- Standard Precautions
- Engineering Controls (i.e., Safety Devices)
- Work Practice Controls (i.e., Handwashing)
- Personal Protective Equipment (PPE)
- Always readily available as required by law
- Environmental Issues (i.e., Proper handling of contaminated items)
INFECTION CONTROL SIGNS TO KNOW:

**Standard Precautions**

- Consider all patients potentially infectious.
- Use appropriate barrier precautions at all times.

**Contact Precautions**

Antibiotic Resistant Organisms - infected or colonized (MRSA, VRE, GNB, others) – marked in eCareNet Viewer.

RSV (Respiratory Syncytial Virus).

C. difficile and others.
**Airborne Precautions**

TB, Varicella (with contact), Measles.

Requires special negative pressure room.

TB requires specially fitted N-95 respirator mask.

Keep door closed.

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**Droplet Precautions**

Pertussis

Meningococcal meningitis or pneumonia

Flu

Group A Strep

Others
This Patient is at “Increased Risk for INFECTION”

Wash Hands for 15 seconds
If you are sick – DO NOT VISIT
Only 2 visitors at a time
No children under 12 years of age
No plants or flowers
Check for Dietary precautions

Lavarse las manos por 15 segundos
Si está enfermo – NO VISITE
Solo 2 visitantes a la vez
No se permiten visitas de niños menores de 12 años de edad
No se permiten plantas ni flores
Revise si hay precauciones de dieta

Follow Neutropenic Precautions

1. Hand Hygiene upon entry – Practique la higiene de las manos al entrar
2. Wear Gloves – Utilice guantes
3. Gown Required – Se requiere bata
4. Use dedicated equipment - Utilice equipo específico
5. Clean items leaving room – Limpie artículos al salir de la habitación
6. Hand Hygiene upon exiting – Practique la higiene de las manos al salir

Contact Precautions
to be used by All Staff and Visitors
PRECAUCIONES DE CONTACTO
deben ser utilizadas por Todo el Personal y Visitantes

Engineering Controls
• Controls (e.g., sharps disposal containers, sheathed needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace.
Needle Stick Safety and Prevention Act, P.L. 106-430
• Mandated OSHA clarify and revise the Bloodborne Pathogen Standard
• MUSC must select and implement appropriate engineering controls to reduce or eliminate employee exposure “Where engineering controls will reduce employee exposure either by removing, eliminating, or isolating the hazard, they must be used.” Ex. Sharps boxes
• Hands that are not visibly soiled can be sanitized using an application of one of the alcohol hand sanitizing agents. Soap and water must be used if hands are dirty or contaminated with blood or OPIM.

OSHA PPE Standard Requires
• Work Area Specific Hazard Determination
• Eliminate hazards where possible
• Select and train on proper PPE
• Ensure use of PPE
• Address PPE maintenance
• Have PPE readily available

Contaminated Linen
Treat all used linen as potentially infectious. Handle with gloves and place in appropriately labeled linen bags and secure.

**DO NOT OVERFILL**
*And hold away from body*

❖ **Eating, drinking, applying cosmetics and handling contact lenses are prohibited in area where there is a potential for exposure to blood and OPIM.**

Exposure Control Plan
• This plan is located on the MUSC Intranet under MUSC Occupational Safety and Health Manual

What to Do If You Have an Exposure
• Act Fast - Don’t wait to report
• EYES- Flush with water
• Wash exposed site with soap and water
• M-F dayshift - Call Health Services (2-2991) for Authority, University and UMA employees, and 2-3664 for students. Source lab drawing information will be given. After hours/holidays - call 2-2123 and page Hospital Supervisors on call.

Volunteers should not perform any direct patient care

For other concerns, please call MUSC Occupational Safety and Health at 792-3604 or the Infection Control Department at 792-4308
What is Confidentiality

Because you work in a hospital you may get asked by a friend or neighbor for information about a patient. Unless the patient has given permission, **staff members** are forbidden by law to disclose the details of their medical status. **Volunteers are not allowed to disclose patient information.**

**Patient Information is Confidential**

Our Commitment To Confidentiality

The healthcare industry takes confidentiality very seriously.

**It's about building relationships.** Patients will not share personal information unless they can trust the provider and its employees to keep that information confidential.

**It's about providing quality healthcare.** Medical treatment has a better chance of success when patients have full trust in both their healthcare provider and facility.

**It's about the law.** Recent legislation imposes large fines and possible criminal prosecution for both healthcare organizations and their employees in the event that guidelines provided to protect confidentiality are not followed. You can be held personally responsible for breaches of confidentiality!

Considerations

Hospitals have a responsibility to maintain the security and confidentiality of data and information. When making decisions about access to protected information the following must be considered:

- Who has access to what information
- What kind of audit trail will be used to record who accessed information and what information was accessed
- Which users have an obligation to keep information confidential
- When is the release of health information or removal of records permitted
- How and when consent for release of information is required
- What process will be followed when confidentiality and security are violated
HIPAA

Under the Health Information Portability and Accountability Act (HIPAA), healthcare organizations are responsible for maintaining the security and confidentiality of data and information, and conforming to the laws and regulations as appropriate.

The Medical Record and Patients Rights

Patient's have the following rights regarding their medical record:

- A right to the confidentiality of the record
- The right to review the information in the medical record within a reasonable time frame
- To legally designate a representative who has the same right of access to their medical record that they do
- Patient rights may be circumvented by the law

True or False: Besides medical personnel, only the patient may see what is in his or her medical record.

Did you answer False?

Correct! The patient may legally designate a representative who has access to the patient's medical information.

Protected Health Information (PHI):
Can be defined as any individually identifiable information (identifies a patient), whether in oral, written or electronic form and relates to the past, present, and future physical or mental health or condition of an individual; or the past, present or future payment for the provision of health care to an individual. Identifiers include:

Examples of PHI

<table>
<thead>
<tr>
<th>Name</th>
<th>Certificate/License #</th>
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<tr>
<td>Addresses</td>
<td>Vehicle Identifiers</td>
</tr>
<tr>
<td>Dates of Birth</td>
<td>Biometric Identifiers</td>
</tr>
<tr>
<td>Social Security #</td>
<td>Full Face Photographs</td>
</tr>
<tr>
<td>Telephone &amp; Fax #</td>
<td>Comparable Images</td>
</tr>
<tr>
<td>Account #</td>
<td>Unique ID #</td>
</tr>
<tr>
<td>Medical Record # (MRN)</td>
<td>Zip Codes</td>
</tr>
<tr>
<td>Health Plan ID #</td>
<td>Medical Device Identifiers</td>
</tr>
<tr>
<td>Email &amp; Web URL</td>
<td>Elements of dates</td>
</tr>
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</table>
What is NOT appropriate under HI PAA

- Selling patient information
- Marketing patient information to a drug company
- Accessing “fellow colleagues” medical information without written authorization other than active responsibility for treatment, payment or healthcare operations
- Removal of paper records from the institutional premises is prohibited
- Accessing PHI for research activities without authorization; and obtaining information with malicious intent.
- Discussing patient’s PHI in public areas such as buses, bathrooms, cafeteria and elevators is prohibited

Properly dispose of PHI in the appropriate “Shred Bins.” These bins are located throughout the MUSC Organized Health Care Arrangement clinical and administrative locations.

Conversations

Sometimes conversations about confidential information that begin in a secure area are continued into a public area. For example, you may be discussing a patient with a co-worker and continue your conversation on your way to lunch. If a friend or business associate of the patient is in the facility, they may overhear your conversation as you pass them in the hall. This would be a serious breach of patient confidentiality.

Never discuss information about patients in public areas or outside of the facility. Patient information should only be shared with people authorized to have it.

Hallways, elevators, cafeterias and even your home are not appropriate places to discuss confidential information.

If you hear someone talking inappropriately, you should remind them to be careful with their conversation.

Confidentiality Breaches

Other ways patient confidentiality may be breached include:

- Unauthorized reading of patient information
- Unauthorized use of a computer to access patient information
- Attempting to access confidential information without proper authorization
Observations

Patients may come into contact with physicians, nurses, or other health care personnel who are in training. These encounters should not violate their privacy or the confidentiality of their treatment.

Patients have the right to refuse observation by anyone who is not directly responsible for their care. However, many patients benefit from having their case reviewed by people with all levels of medical experience.

Employee Confidentiality Policies

Here are examples of ways to protect confidential employee/patient information.

- Follow guidelines established by the Human Resource department for giving references about current or former employees.
- Release only the employment status of the employee (title, dates of employment and full or part-time status) for credit checks over the telephone: No other information may be given!
- Do not give employee information to attorneys, private agencies, or other individuals without the employee’s consent.
Culturally Competent Care at MUSC

Cultural Competency
• The ability to provide care to patients with diverse values, beliefs and behaviors.
  o These factors could influence a person’s feelings about illness and healthcare.
• Cultural competence is achieved when:
  o The patient receives care that is effective, respectful and understandable.
• The institution recruits, retains and promotes a culturally diverse staff and leadership.
  o Staff receives continuous education/training in culturally and linguistically appropriate care.
• The U.S. Census Bureau defines race as a concept that reflects self-identification and is not scientific or anthropological in nature. It includes both racial and national-origin groups.

Descriptions of Spanish Speakers
• Spanish speakers may be White, Black, Native American or any other race.
• Hispanic is a word coined by the US Census Department to classify people who speak Spanish.
• Spanish refers to the language and people specifically from Spain.
• Latino is sometimes used to indicate cultural background even when Spanish is not spoken.

Changing Demographics
• The population of South Carolina is becoming more and more diverse.
  • Approximately 38% of MUSC patients identified themselves as Black
  • According to the Census data released 2003, the Spanish-speaking population in the state of South Carolina grew 13.9%
  • 19% of all the babies born at MUSC are to Spanish speaking mothers

Communication
• Non-verbal communication consists of facial expressions, body posture and eye contact. Non-verbal communication comprises more than half of the total message we send.
• Some of our patients may speak limited English. For these patients, MUSC offers:
  • Interpretation services 24 hours a day. Three full-time and several part-time Spanish interpreters are available daily, in the evenings and on weekends.
  • Language Line is a telephone interpretation service available for off hours and for languages other than Spanish. The Language Line can be accessed through the communications operator at 792-2123.

Interpretation Services
• MUSC Medical Center Policy A-30 specifies that MUSC Medical Center will provide the services of a foreign language interpreter 24 hours a day for patients who require such in their course of treatment at no cost to the person being served.
• Family, friends and children should NOT be used.
• Only MUSC certified interpreters may be used.
• A medical interpreter is a specially trained professional who is fluent in both English and another language, has an in-depth understanding of the medical field and medical terminology and meets the requirements of the interpreter code of ethics.
• If a patient is informed of MUSC interpreter services and still chooses their own interpreter, he/she must sign a waiver of the offer of interpretation services. This form is on the MUSC Intranet with Clinician Order Forms. This signed form is to be placed in the consent section of the patient’s medical record.

Performance Improvement and Customer Service

Improving Patient Satisfaction

Through feedback from patients, hospitals can develop reports, sometimes called Report Cards. These provide information about quality of care, cost, and patient satisfaction. Report Cards show the areas where quality has improved, as well as areas where improvement is needed. Report Cards can also help patients make informed decisions about where they receive care.

Performance Improvement and Customer Service

The quality of healthcare services and the safety measures taken in relation to these services have always been a concern to healthcare consumers. In recent years, cost has become an important factor as well. To a healthcare consumer, the VALUE of a service is determined by the sum of its safety measures, its quality, and its cost. Consumers will choose healthcare providers who offer the highest value.
What makes patients satisfied?

Patients expect staff to have the clinical knowledge and skills to care for them. They also expect to be treated with caring and respect.

It is a combination of technical skills and interpersonal skills that characterize excellent customer service.

The two important components to customer service are:

- Technical skills
- Interpersonal skills - lots of smiles

Both are vital to a team member’s ability to perform his or her role effectively. The technical component comprises the skills, training, and credentials necessary to do a given job. For example, a respiratory therapist must be able to demonstrate a specific level of education and have certain credentials to be employed. Once employed, he or she must demonstrate continued ability to perform the functions of the job.

THE STROKE PROGRAM AND THE BRAIN ATTACK TEAM (BAT) AT MUSC

The BAT Team at MUSC includes:

- Neuro-Intensivist
- Stroke Neurologist
- Stroke Program Nurse Coordinator or NSICU Charge RN

Support Staff also on page:

- Neurology House-Staff
- Neurosurgery
- Interventional Neuro-Radiology

When you should reach for the BAT Phone and dial 2-3333

- If the person is experiencing any of these stroke warning signs:
  - Loss of sensation
  - Weakness (especially one-sided)
  - Confusion
  - Trouble speaking or understanding
  - Dizziness, loss of coordination, balance or trouble walking
  - Sudden severe HA without known cause

ACT F.A.S.T FOR STROKE

FACE: Ask the person to smile. Does one side of the face droop?
ARM: Ask the person to raise both arms. Does one arm drift down?
SPEECH: Ask the person to repeat a simple sentence. Are the words slurred? Can he/she repeat the sentence correctly?
TIME: If the person shows any of these symptoms, time is IMPORTANT!!!

If in the hospital at MUSC dial 2-3333 for the Brain Attack Team…if out of the hospital dial 911!!!
What is Weight Bias?

Weight bias refers to:

- Attitudes that negatively affect our interpersonal interactions
- A person who is stigmatized because he or she is overweight or obese
- Stereotypes ascribed to obese individuals increases their vulnerability, unfair treatment, prejudice, and discrimination

- Stigmatizing attitudes toward obese individuals usually emerge when people believe that excess weight is controllable and is a problem of lack of personal responsibility (Brownell et al., 2009)
- Consequences of Weight Bias include:

Negative Emotional Consequences:

- Depression
- Anxiety
- Low self-esteem
- Social rejection
- Suicidality
- Negative impact on physical health and behaviors that contribute to obesity:
  - Unhealthy weight control behaviors
  - Binge-eating episodes
  - Avoidance of physical activities

Honestly describe to yourself the feelings you may have toward this obese person. What are the labels you give this person? Is this person worth your best care?

Would you treat this person differently than the person in the previous photo? This is the same person, after having lost 110 lbs, 12 months after bariatric surgery.

This is the same person, after having lost 110 lbs, 12 months after bariatric surgery.

What you can do............Check your own attitude!
MUSC EXCELLENCE
MUSC’s goal is to make this organization a great place for:
• Patients to receive care
• Physicians and other clinicians to practice medicine and teach
• Employees to work

MUSC STANDARDS OF BEHAVIOR
As volunteers of MUSC, we are committed to providing EXCELLENCE in patient care, teaching and research in an environment that is RESPECTFUL of others, ADAPTIVE to change, and ACCOUNTABLE for outcomes.

Examples:
• maintain a positive, willing and flexible attitude
• follow the 10/5 rule; acknowledge the person 10 feet away by making eye contact, smiling and saying “hello” at 5 feet away (add graphic)
• help lost guests find their way by walking them to their destination when needed;

AIDET
A tool to communicate with people who are often nervous or anxious.

ACKNOWLEDGE
Make eye contract, greet with a smile, and make the patient feel that you expect them.

INTRODUCE
Inform of your name, title, experience and “manage-up” your competence

DURATION
Provide patient and families with the time expectations.

EXPLANATION
Inform and keep the patient’s family updated about what to expect from your interaction, their visit with the medical professional on their procedure.

THANK YOU
Thank the customer for allowing us to help them, for choosing MUSC for their care. Inquire if there is anything else that we may do for the patient or family.
WHEN OUR CUSTOMERS COMPLAIN

- Volunteers can help change a ‘bad’ experience to a ‘good’ one for the patient and/or family. You should use key words in a timely manner in order to meet or exceed the customer’s expectations. When a customer identifies less than “very good” service, take the L.E.A.D.
  
  Listen attentively to the customer’s concerns; make eye contact and give full attention to the customer
  
  Empathize with the customer (“It is easy to see why this would be upsetting.”)
  
  Apologize sincerely for the “inconvenience,” or “experience” (“I apologize that this occurred. This is not the way we like things to be at MUSC.”)
  
  Deliver alternatives for a resolution and a thank you (“This is not my expertise and I will find someone who knows more than I do and together we’ll figure this out.” “Thank you for bringing this to my attention. Your comments will help us improve our service here at MUSC.”)

REMINDERS TO DEAL WITH CHALLENGING SITUATIONS

- LISTEN
  
  Keep a clear mind and a positive attitude
  
  Don’t take it personally or get emotional
  
  Avoid labeling or judging people

Rev. 10/03/12
CODE OF CONDUCT

This Code of Conduct establishes guidelines for professional conduct by those acting on behalf of the Medical University of South Carolina including executive officers, faculty, staff, and other individuals employed by MUSC using MUSC resources or facilities, and volunteers and representatives acting as agents of MUSC (hereafter collectively referred to as “employees”). This Code of Conduct is not an attempt to define everything one should and should not do, but to communicate MUSC’s expectations of proper conduct and what professional conduct MUSC values.

MUSC has the expectation of each employee to conduct all activities in compliance with all applicable laws and regulations and with the utmost ethical integrity. While the information that follows in this section is not all inclusive, it is indicative of important activities involving MUSC employees in their daily business and workplace operations.

Those acting on behalf of MUSC have a general duty to conduct themselves in a manner that will maintain and strengthen the public’s trust and confidence in the integrity of MUSC and take no actions incompatible with their obligations to MUSC. Employees shall adhere to the applicable laws, rules, regulations and policies of governmental and institutional authorities. The failure to do so will be grounds for disciplinary action, up to and including termination of employment.

Employees are responsible for reporting any activity reasonably believed in violation of a law, rule, regulation and/or policy. This can be done through the employee’s chain of command, the Compliance Office, the Office of Internal Audit, or via the Confidential Hotline at 1-800-296-0269 (toll-free, available 24 hours a day, seven days a week). MUSC will neither discriminate nor retaliate against any employee who reports in good faith any instance of conduct that does not comply or appear to comply with laws, rules, regulations and/or policies.

Ethical Standards
South Carolina Code (S.C. Code § 8-13-10 et seq.) (the "Ethics Law") makes it unlawful for public officials, public members, and public employees to use their position to obtain an economic interest or to have a financial interest in most any contract or purchase connected with MUSC/MUHA, unless certain exceptions apply. No provision of this policy supersedes the Ethics Law. The South Carolina Ethics Law can be found in its entirety at http://www.scstatehouse.gov/code/t08c013.php.

Some general ethical standards that apply to MUSC employees are:

- No employee shall accept or solicit any gift, favor, or service that might reasonably appear to influence the employee in the discharge of duties.
- No employee shall disclose confidential information or use such information for his or her personal benefit.
- No employee shall make personal investments that could reasonably be expected to create a conflict between the employee’s private interest and the public interest.
- No employee shall accept other outside or dual employment or compensation that could reasonably be expected to impair the employee’s independence of judgment in the performance of the employee’s public duties.
- Sexual misconduct and sexual harassment are unacceptable behaviors. This includes verbal or physical conduct of a sexual nature.
- No employee shall misrepresent themselves or the institution in any way. This includes, but is not limited to, clinical or research documentation, submission of claims for reimbursement, submission of timesheets, and advertising of services.

Standards of Conduct
Employees will find a “Standards of Conduct” grid on the MUHA Compliance website. This grid is intended to be a resource for employees in a number of areas that are considered standards of conduct. This is not considered an all-inclusive list of standards. The addendum will be periodically updated to reflect policy changes. Employees are responsible for ensuring they follow the most current policies.

Revised May 2012