Hilltown Community Health Center

Administrative Offices
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413-238-5511
www.hchcweb.org

BOARD MEETING
MARCH 23, 2017
WORTHINGTON HEALTH CENTER
5:30 PM

AGENDA

1. Call to Order

2. Approval of the March 9, 2017 Meeting Minutes

3. Finance Committee Report

4. Chief Executive Officer / Senior Manager Reports

5. Committee Reports (as needed)
   - Executive Committee
   - Recruiting, Orientation, and Nominating (RON)
   - Corporate Compliance
   - Facilities
   - Personnel
   - Quality Improvement
   - Expansion
   - Strategic Planning

6. Old Business

7. New Business
   - Advocacy Update
   - Board Retreat Discussion
   - Policy Review:
     1. Medications Kept on Hand Policy (new policy)
     2. Standing Orders Policy (new for NCQA)
     3. HIPAA Privacy Policies (annual review)
   - Employee Credentialing:
     a. Julia Baranyuk, Dental Hygienist

8. Adjourn

HCHC BOARD OF DIRECTORS MEETING

Location: Huntington Health Center, Huntington, MA
Date/Time: 03/09/2017 5:00pm

MEMBERS: Lee Manchester; Nancy Brenner, Vice President; John Follet, President; Cheryl Hopson; Tim Walter, Treasurer; Kathryn Jensen; Wendy Long; Alan Gaitenby
STAFF: Eliza Lake, CEO
ABSENT: Wendy Lane Wright, Clerk; Michael Purdy, CCCSO; Frank Mertes, CFO; Janet Laroche, Executive Assistant

Agenda Item	Summary of Discussion	Decision/Next Steps	Person Responsible/ Due Date
	John Follet called the meeting to order at 5:02 pm.		
New Business			
Approval of February 23, 2017 minutes	The Board reviewed the minutes from February 23, 2017. **A motion was made by Wendy Long and seconded by Tim Walter to accept the minutes. Without further discussion, the minutes were approved unanimously.**	The February 23, 2017 minutes were approved	
Approval of template for reporting on annual and long-term programmatic goals	Eliza explained that while the Board discussed the use of the template at the February 23rd meeting, there was not a formal vote to approve the use of the template, which is required in order to meet HRSA Program Requirement #15. In her CEO report at that meeting, Eliza used the template and everyone said they found it helpful in tracking the activities related to the Strategic Goals. The group discussed the fact that the activities under the goals will change over the three years that the Strategic Plan is in place, but the that the goals should not, unless the Plan is amended. The activities will change as they are completed, new priorities are developed, or the environment in which the goals are being met changes. **A motion was made by Kathryn Jenson and**	Template for reporting on annual and long-term programmatic goals was approved	

	seconded by Wendy Long to accept the reporting template. Without further discussion, the reporting template was approved.		
Adjourn	The meeting adjourned at 5:09 pm.		

HCHC Board of Directors

Progress Report – Strategic and Programmatic Goals

March 23, 2017

Goal Areas and Progress Reports

Goal 1: Health Care System Integration and Financing

C3 ACO: Frank, Jon, and I attended an all-day C3 event two weeks ago that was focused on the vision and mission of the organization, and which was a good opportunity to get to know the other organizations involved in the ACO. The C3 management recently reached out to us about the development of relationships with Baystate and its community hospitals, who will be important partners in addressing the total cost of care for our patients; we will certainly be participating in those conversations.

In the meantime, C3 has been also been mulling its role in the recently released opportunity for organizations to apply to be Behavioral Health Community Partners (BHCP), which will address the care management needs of MassHealth members with severe mental illness. I have participated on a couple of calls in which all the members of the ACO have discussed their needs and challenges; not surprisingly, there are big differences in interest based on size and population served. I have also had a very preliminary conversation with Behavioral Health Network (BHN)about the possible application that they will submit to be a BHCP, and will be following up with C3 and BHN about how exactly HCHC would fit into this plan. Our primary goal is to ensure that we do not lose any behavioral health revenue as a result of our participation, or lack thereof.

EHR Transition: Frank is working to set up a meeting with eCW to talk about a contract for HCHC to move its EHR into the cloud. This will likely happen in early April, but we need to have a contract signed by mid-May to take advantage of some grant funds we have available. When Frank and I are in DC next week for the Policies and Issues Forum run by NACHC, we will also be able to chat with the eCW representatives who will be at the conference.

NCQA/PCMH Certification: We have finished training on the standards we need to meet in order to regain our PCMH certification, and are now diving into the weeds of creating the documentation required. You will approve some additional policies that we require at the Board meeting, and we hope to not have many left to bring before the Board. We have reviewed all of the standards, elements, and factors and scored how we think we could do, and in the first blush think we can get at least 87 out of 100 points, which is two more than needed to receive the highest level of certification. We just have to do the work to prove that we do what we say we do! Janet has been doing an enormous amount of work keeping everyone on track, and she and I are having individual meetings with team members to ensure that the effort is as efficient and coordinated as possible. One help is that there are many similarities between the current standards, and those we met in 2013, and we can just modify and update the documentation we previously submitted.

Goal 2: HCHC Expansion

Amherst: Last week, we received bids from three contractors for the JPMHC construction project. This morning our team (comprised of HCHC staff, the architect, and our project manager's team) met and reviewed all the bids and made a decision, conditional upon reference checks and a few other verifications. The bids all came in over what we had expected, as they were all between $1.3-1.5 million, but we feel that there are savings in other areas of the budget, particularly fundraising, that will cover this cost. The great

news is that all of them felt they could begin work on the project in April, and complete the construction by November 1st, which is still our target opening date. This means that the actual opening will likely be a couple of week later, but we will do everything we can to minimize this delay.

We are now scrambling to schedule a "ground-breaking" event, most likely in late April. This event will be an opportunity for major donors (or potential donors), community leaders, politicians, and Board members to celebrate the start of this next phase of the project. We are tentatively looking at sometime between 8:00 AM and 2:30 PM on April 28th for this event. Stay tuned!

In terms of fundraising, we are within $100,000 of our final goal. I am meeting with the fundraising team on Monday to look at our budget to discuss what expenses we think we still face, so we can get a better sense of the impact of the increase construction costs (see above). I can report on this next month.

I am also setting up meetings over the next few weeks with the Amherst Town Manager to discuss updating the lease for the JPMHC space – at the moment the lease assumes that we will open our doors June 1st of this year, at which point our rent amount increases. We are also initiating conversations about space in the building for a behavioral health provider. I have determined that we would not need to file a Change in Scope with HRSA, as the physical address is the same, but the DPH requirements may be onerous. I am meeting on Monday with the director of the Center for New Americans, to talk about space-sharing options.

Goal 3: Improved Organizational Infrastructure

Server Upgrades: By the end of this week, the servers for the entire network will have been upgraded, which will not be appreciably different for the end users, but will be much more stable and have much more capacity. As a result of this upgrade, we will have the capacity to incorporate the Amherst clinic's needs into our system, and will have much more confidence in the network.

Emergency Preparedness: Beth Brett, our Emergency Preparedness (EP) Coordinator, attended a two-day training on responding to active shooter threats, and we are currently planning to do live drills this summer. We are also going to do a basic training on EP at the All Staff meeting occurring on April 6th, familiarizing staff with the concepts behind Incident Command, and outlining for them the plan for future trainings. Beth and I also attended a meeting of all the Western Mass CHCs convened by the Region 1 Health and Medical Coordinating Council and the Mass League, at which the group agreed to work together to build EP programs to respond to recent federal requirements. This will reduce duplication of effort and sharing of best practices. We have an accepted offer of employment with a new Nurse Practitioner who has extensive experience with EP in the Emergency Department setting in a hospital, and we hope to be able to draw on her expertise in our addressing our infection control processes, as they relate to EP. All of this is requiring resources that we did not anticipate, as the new rules are an unfunded mandate, and we are working to determine the best way to do so efficiently.

Staff Training/Engagement: In addition to the annual training we will provide at the April All Staff meeting on the Code of Conduct, and the EP training, we are currently scheduling a mandatory training for all managers with Susan Fentin, our HR legal counsel, at which she will train them about their responsibilities as managers and the importance of documentation. This training will likely occur in May. This summer we will do the safety drills, and this fall the customer service training for many staff. The final training, which we hoped would be conducted during the All Staff meeting but must be done in smaller groups, is a free infection control program for non-clinical staff, and we're still working out the details.

In staff engagement, we received a grant this year to create a Working on Wellness (WoW) program, which is focused on improving the health and wellness of staff. The committee surveyed the staff about their interests

and concerns, and came up with several programs to offer, including chair yoga during the workday, a subscription service to Berkshire Organics to have vegetables and other groceries delivered to the workplace, and a gift card to be spent on a Fitbit exercise tracker, with competitions and challenges to be developed between staff members.

Other Reports

Finance and Audit: The auditors are on site again this week, and their full report will likely come to the Board in April. As a result of their presence, and short notice from MassHealth that we needed to submit our Medicaid cost report (which will be used as part of the process of MassHealth assessing how much to raise payment rates this year), Frank will be reporting some information about HCHC's performance at tomorrow's meeting, but not the full results. The general message is that January and February were not good revenue months, but March is looking much stronger. We did have to close all sites for the storm on March 14th, and is always a blow to revenue, so we will see next month what the full impact has been of the slower winter has been.

State and National Policy: As I write this, I am tempted to go and read the latest news reports about the vote on the American Health Care Act, so I can be as accurate as possible. But of course, by tomorrow evening everything will have changed. I can tell you that the bill includes $422 million for community health centers, in part in recognition of the increased load CHCs will carry with the "defunding" of Planned Parenthood, which is really removing its ability to bill Medicaid. This bill, in either its original form or with any of the amendments, will have a tremendous impact upon our patients, our communities, and our organization. So rather than talk about what might be, I would like to bring the Board's attention to an effort nationwide to get CHCs more involved with advocacy on a state and federal level. NACHC has a program that certifies health centers as "Advocacy Centers of Excellence" or ACE Centers. Tomorrow we can discuss if we want to try to achieve certification; I will distribute the requirements.

Current actions we are taking include the following:

- Frank and I will be attending meetings with Congressmen Neal and McGovern, and Senators Warren and Markey next week when we spend three days in DC. NACHC's focus is on preserving the $3.8 billion for FQHCs and protecting Medicaid from both the pulling back of the expansion and the proposal to make it a per capita payment to states.
- State House Day for the Mass League is April 12th, and I have already made appointments with Senator Hinds and Representative Kulik's offices, and will be making more this week with Senators Humason's and Rosenberg's offices, and with Representatives Solomon-Rose and Pignatelli. There are many pieces of legislation on the Mass League's agenda, as well as concerns about MassHealth rates. And of course, depending on what happens nationally, there may be many issues of concern about how the state is going to respond to the impacts on Massachusetts' residents. I would welcome one or two Board members, if you would like to accompany me to this all-day event.

Meeting Minutes

COMMITTEE: Personnel **Location: Worthington** **Date/Time: March 21, 2017 8:00am**

TEAM MEMBERS: John Follet, Lee Manchester, Bridget Rida

ABSENT: Wendy Long, John Bergeron, Karen Rowe, Kayla Turner

Agenda Item	Summary of Discussion	Decision/Next Steps	Person Responsible/ Due Date
Personnel Policies Handbook	**1. Revisions occurring at the January meeting were reviewed to bring Bridget up to date.** **2. A review of the discussion concerning the Sick Leave Bank Program from the February occurred. Two concerns are raised:** **a. How is the policy regulated and enforced? An employee who has exhausted all sick leave time and disability time can apply for additional time from the Bank only by applying through the FMLA. This, it is believed, is a method to deter abuse. A review of the last several years shows that only recently has there been a spike in requests. The requests have been appropriate. Further experience will be needed to determine whether this is a trend.** **b. The second concern is the large number of hours that exists in the bank creating a potential that large use of the hours would have fiscal consequences. Apparently there a lot of hours in the Bank placed there by employees in the past who no longer are employed. Dropping their hours would reduce the pool considerably.** **It was felt that policy is sound and should be retained.** **3. Review of the following policies occurred: Paid Personal Leave, Unpaid Family Medical Leave. The latter will be replaced by an FMLA policy recommended by counsel.**	**Changes incorporated and eventually reviewed and approved by the Board**	**Bridget**

Next Meeting		**April 11, 2017 8:00am Huntington**	

QI COMMITTEE
Location: Huntington Health Center
Date/Time: 02/21/2017 8:15am

TEAM MEMBERS Kathryn Jensen, Board Representative; MaryLou Stuart, Dental Representative; Eliza Lake, CEO; Serena Torrey, Behavioral Health Representative; Janet Laroche, Admin & Lean Team Leader; Michael Purdy, CCCSO; Jon Liebman, ANP; Kim Savery, Community Programs Representative; Cynthia Magrath, Practice Manager

ABSENT: Cheryl Hopson (chair); Sheri Cheung, Medicine Representative

Agenda Item	Summary of Discussion	Decision/Next Steps	Person Responsible/ Due Date
Review of Minutes	The meeting was called to order by Kathryn Jensen at 8:20 am. The minutes from the January 17, 2017 meeting were reviewed. With no discussion needed, Eliza Lake made a motion to approve the minutes as written. Serena Torrey seconded the motion. The January 17, 2017 minutes were approved unanimously.	The January 17, 2017 minutes were approved.	
Peer Review / Department Reports	Serena Torrey reported for the Behavioral Health department on the 4th quarter of 2016. The department saw 196 patients, which was very close to their goal of 200. There were 51 patients on the wait list, down from last quarter, but still high. The wait list is being worked on to make sure people are getting the care they need by making a call to the patient as soon as the referral is received to found out the patient's needs. The person is then asked if they want to be on the wait list. The wait time is approximately 4-6 weeks. It was asked if another clinician is needed? Serena said they are evaluating to see if that's the case. Several times a year clinicians are called from the medical department for a crisis. Clinicians can be interrupted from their schedule if needed. When urgent		

	calls are received from medical, the patient can be scheduled in the next available appointment slot. Serena wanted to clarify the difference between a crisis and an urgent need. Serena also reported that the department will be getting a second-year intern in September. The department's no-show rate is approximately 25% at present. The integrative pain management group is still working on things. They are interested in developing hypnotherapy, which requires certification and bio-feedback. Continued research on these two topics continues. It was mentioned again that HCHC's scope of service with HRSA would need to change if these services will be offered. There have been no patient complaints in the behavioral health department this quarter, but the department became involved in an incident where a mother was mistreating her child in the dental department. In optometry, a patient was refusing care and a clinician was called to work with the optometrist on this.		
New Business			
Old Business			
1422 Grant	Kim reported that she's received reports for years 1 and 2 of the program. There are concerns that targets and performance measures are not being met. A recent evaluation highlighted these issues. There are not the numbers of patients needed to be enrolled with hypertension or pre-diabetes. A solution to this might be to identify provider champions at each site. Another solution is to train the CHWs, but there would be a cost involved with this. Kim, Jon and Michael are working on these concerns.		Kim will continue to report on this
Fall 2016 Patient Satisfaction Survey	Janet reported that data related to a couple departments has still not yet been completed. She'll continue to follow up with those departments and		

	will share the results once they are received and tabulated.		
New Business			
Changes to Patient Satisfaction Survey Tool	Janet and Eliza reported that with the NCQA renewal process underway, it's become apparent that our current patient satisfaction survey tool needs to be changed. It's highly suggested by NCQA that we move to using the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey tool. The survey is free, but it can be expensive to administer when using a third-party administrator. We're proposing that we adopt the CAHPS survey questions and we'll look into self-administering the survey. The group agreed to adopt the CAHPS survey questions for future patient satisfaction surveys. Another NCQA requirement is to capture qualitative data from patients in other ways besides using the survey. It was asked if we have a centralized depository for comments? The suggestions boxes currently in place can be used. Serena asked if the focus group data received from pain management patients could be used? Eliza will look into this.		
Adjourn	There being no other business, the meeting was adjourned at 9:17am. The next meeting is scheduled for **Tuesday, March 21, 2017** at 8:15am at the Huntington Health Center.		

Respectfully submitted,
Janet Laroche

Quality of Care and Health Outcomes and DIsparities Dashboardi
HCHC 330 Grant

Measure	Description	HCHC Stated Goal/Benchmark (with Timeline)	Last Reported (as of 4-22-2016, 1st quarter)	Current Percentage	Notes
As of: 12-20-2016, 4th quarter					
Department Prioritized Measures , Behavioral Health					
Number of Pts Currently Served	196	200.00	156.00	98.0%	
Number of Pts on Waitlist	51	10.00	126.00		
Psychiatric referrals this quarter	3	NA	5.00		
Cases Peer Reviewed this quarter	9	8.00	7.00	112.0%	
Pts Referred for Targeted Intervention this quarter	2	4.00	2.00	50.0%	
Legal Actions Involving BH this quarter	0	NA	0.00		
Urgent Care Visits this quarter	2	NA	2.00		
Crisis Support Given this quarter	0	NA	1.00		

Hilltown Community Health Centers, Inc.

Clinical Policy
Medical Department

SUBJECT: MEDICATIONS KEPT ON HAND
REGULATORY REFERENCE: None

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for keeping medications on hand to administer to patients.

Policy:

Hilltown Community Health Center will have a supply of stock medications for administration to patients in the clinical setting.

Questions regarding this policy or any related procedure should be directed to the Practice Manager at 413-238-4126.

Originally Drafted: MAR 2017 Reviewed or Revised: MAR 2017

Approved by Board of Directors, Date: _____

Approved by:

_____ Date: _____
Eliza B. Lake
Chief Executive Officer, HCHC

_____
John Follet, MD
Chair, HCHC Board of Directors

Procedure:

1. Stock medication expiration dates will be monitored weekly by nurse or designee.
    a. Nurse or designee will date and initial on monthly spreadsheet located in the medication room when completed.
    b. At the end of the month, the completed spread sheet will be placed in the back of the binder labeled Stock Medications Administered.
2. Medications administered
    a. Any medication administered will be documented in the patient's electronic medical record. The documentation will include name of medication, strength, form, dose, route, lot number, expiration date, manufacturer, date given, and name of nurse who administered.
    b. In addition, any medication administered will be documented using same criteria as above in a binder labeled Stock Medications Administered located in the medication room.
    c. When a provider performs a joint injection, provider or medical assistant will notify nursing or designee using same criteria as above. Nurse or designee will document in Stock Medications Administered book.
    d. When a patient receives a nebulizer treatment, medical assistant will notify nursing or designee using same criteria as above. Nurse or designee will document in Stock Medications Administered book.

Hilltown Community Health Centers
Medication Administration Record

Medication Name				Route of admin, intended use:					
Date	Patient Name (or other action – added, discarded, expired)	DOB	Dose or Qty given	Route and/or Site	Lot #	Exp Date	Mfr Name	Admin by:	Add'l Comments

STOCK MEDICATION EXPIRATION CHECKLIST

Month: _____ Year: _____.

Stock Medication expiration dates reviewed	Week of:	Signature
Stock Medication expiration dates reviewed	Week of:	Signature
Stock Medication expiration dates reviewed	Week of:	Signature
Stock Medication expiration dates reviewed	Week of:	Signature

Month: _____ Year: _____.

Stock Medication expiration dates reviewed	Week of:	Signature
Stock Medication expiration dates reviewed	Week of:	Signature
Stock Medication expiration dates reviewed	Week of:	Signature
Stock Medication expiration dates reviewed	Week of:	Signature

Hilltown Community Health Centers, Inc.

Clinical Policy
Medical Department

SUBJECT: STANDING ORDERS
REGULATORY REFERENCE: None

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process to maintain a list of standing orders for patient treatment.

Policy:

HCHC maintains a list of standing orders policies and procedures for patient treatment. Each order has its own procedure attached to this policy.

Questions regarding this policy or any related procedure should be directed to the Practice Manger at 413-238-4126.

Originally Drafted: MAR 2017 Reviewed or Revised: MAR 2017

Approved by Board of Directors, Date: _____

Approved by:

_____ Date: _____
Eliza B. Lake
Chief Executive Officer, HCHC

_____
John Follet, MD
Chair, HCHC Board of Directors

Guide to Contraindications and Precautions to Commonly Used Vaccines in Adults[1,*,†]

Vaccine	Contraindications[1]	Precautions[1]
Influenza, injectable trivalent (TIV)	• Severe allergic reaction (e.g., anaphylaxis) after previous dose of any influenza vaccine or to a vaccine component, including egg protein	• Moderate or severe acute illness with or without fever • History of Guillain-Barré syndrome (GBS) within 6 wks of previous influenza vaccination
Influenza, live attenuated (LAIV)[2]	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose of any influenza vaccine or to a vaccine component, including egg protein • Immune suppression • Certain chronic medical conditions such as asthma, diabetes, heart or kidney disease.[3] • Pregnancy	• Moderate or severe acute illness with or without fever • History of GBS within 6 wks of previous influenza vaccination • Receipt of specific antivirals (i.e., amantadine, rimantadine, zanamivir, or oseltamivir) 48 hours before vaccination, if possible; avoid use of these antiviral drugs for 14 days after vaccination
Tetanus, diphtheria, pertussis (Tdap) **Tetanus, diphtheria (Td)**	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component • **For Tdap only:** Encephalopathy (e.g., coma, decreased level of consciousness, or prolonged seizures) not attributable to another identifiable cause within 7 days of administration of a previous dose of DTP, DTaP, or Tdap	• Moderate or severe acute illness with or without fever • GBS within 6 weeks after a previous dose of tetanus toxoid-containing vaccine • History of arthus-type hypersensitivity reactions after a previous dose of tetanus or diphtheria toxoid-containing vaccine; defer vaccination until at least 10 years have elapsed since the last tetanus toxoid-containing vaccine • **For Tdap only:** Progressive or unstable neurologic disorder, uncontrolled seizures, or progressive encephalopathy until a treatment regimen has been established and the condition has stabilized
Varicella (Var)[2]	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component • Known severe immunodeficiency (e.g., from hematologic and solid tumors, receipt of chemotherapy, congenital immunodeficiency or long-term immunosuppressive therapy[4] or patients with HIV infection who are severely immunocompromised) • Pregnancy	• Moderate or severe acute illness with or without fever • Recent (within 11 months) receipt of antibody-containing blood product (specific interval depends on product)[5] • Receipt of specific antivirals (i.e., acyclovir, famciclovir, or valacyclovir) 24 hours before vaccination, if possible; delay resumption of these antiviral drugs for 14 days after vaccination
Human papillomavirus (HPV)	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component	• Moderate or severe acute illness with or without fever • Pregnancy
Zoster (Zos)	• Severe allergic reaction (e.g., anaphylaxis) to a vaccine component • Known severe immunodeficiency (e.g., from hematologic and solid tumors, receipt of chemotherapy, or long-term immunosuppressive therapy[4] or patients with HIV infection who are severely immunocompromised) • Pregnancy	• Moderate or severe acute illness with or without fever • Receipt of specific antivirals (i.e., acyclovir, famciclovir, or valacyclovir) 24 hours before vaccination, if possible; avoid use of these antiviral drugs for 14 days after vaccination
Measles, mumps, rubella (MMR)[2]	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component • Known severe immunodeficiency (e.g., from hematologic and solid tumors, receipt of chemotherapy, congenital immunodeficiency, long-term immunosuppressive therapy[4] or patients with HIV infection who are severely immunocompromised) • Pregnancy	• Moderate or severe acute illness with or without fever • Recent (within 11 months) receipt of antibody-containing blood product (specific interval depends on product)[5] • History of thrombocytopenia or thrombocytopenic purpura • Need for tuberculin skin testing[6]
Pneumococcal polysaccharide (PPSV)	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component	• Moderate or severe acute illness with or without fever
Meningococcal: conjugate (MCV4); polysaccharide (MPSV4)	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component	• Moderate or severe acute illness with or without fever
Hepatitis A (HepA)	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component	• Moderate or severe acute illness with or without fever • Pregnancy
Hepatitis B (HepB)	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component	• Moderate or severe acute illness with or without fever

Footnotes

1. Vaccine package inserts and the full ACIP recommendations for these vaccines should be consulted for additional information on vaccine-related contraindications and precautions and for more information on vaccine excipients. Events or conditions listed as precautions should be reviewed carefully. Benefits of and risks for administering a specific vaccine to a person under these circumstances should be considered. If the risk from the vaccine is believed to outweigh the benefit, the vaccine should not be administered. If the benefit of vaccination is believed to outweigh the risk, the vaccine should be administered.
2. LAIV, MMR, and varicella vaccines can be administered on the same day. If not administered on the same day, these live vaccines should be separated by at least 28 days.
3. For details, see CDC. Prevention and Control of Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP), 2010. *MMWR* 2010;59(No. RR-8), available at www.cdc.gov/vaccines/pubs/acip-list.htm.
4. Substantially immunosuppressive steroid dose is considered to be 2 weeks or more of daily receipt of 20 mg (or 2 mg/kg body weight) of prednisone or equivalent.
5. Vaccine should be deferred for the appropriate interval if replacement immune globulin products are being administered (see Table 5 in CDC. "General Recommendations on Immunization: Recommendations of the Advisory Committee on Immunization Practices [ACIP]" at www.cdc.gov/vaccines/pubs/acip-list.htm).
6. Measles vaccination might suppress tuberculin reactivity temporarily. Measles-containing vaccine can be administered on the same day as tuberculin skin testing. If testing cannot be performed until after the day of MMR vaccination, the test should be postponed for at least 4 weeks after the vaccination. If an urgent need exists to skin test, do so with the understanding that reactivity might be reduced by the vaccine.

*Adapted from CDC. Table 6. Contraindications and Precautions to Commonly Used Vaccines. "General Recommendations on Immunization: Recommendations of the Advisory Committee on Immunization Practices." *MMWR* 2011; 60(No. RR-2):40–41, and from Atkinson W, Wolfe S, Hamborsky J, eds. Appendix A. Epidemiology and Prevention of Vaccine-Preventable Diseases at www.cdc.gov/vaccines/pubs/pinkbook/index.html).

†Regarding latex allergy: some types of prefilled syringes contain natural rubber latex or dry natural latex rubber. Consult the package insert for any vaccine given.

More information on vaccine components, contraindications, and precautions also is available from specific vaccine package inserts and ACIP recommendations for specific vaccines, and is summarized in Atkinson W, Wolfe S, Hamborsky J, eds. Epidemiology and Prevention of Vaccine-Preventable Diseases. 12th ed. Washington, DC: Public Health Foundations, 2011 (www.cdc.gov/vaccines/pubs/pinkbook/index.html.

Technical content reviewed by the Centers for Disease Control and Prevention, March 2012.

www.immunize.org/catg.d/p3072.pdf • Item #P3072 (3/12)

Hilltown Community Health Centers, Inc.

Medical Department Standing Order
Medical Reception
Medical Referrals
Nursing

SUBJECT: Routine Preventive Care for Adults
REGULATORY REFERENCE: None

Purpose:

Hilltown Community Health Centers, Inc (HCHC) management has adopted this standing order to have a formal documented process to improve immunization rates and standard screening rates for adults.

Order:

This order will be used by medical assistants and nursing staff in providing preventive care for the patient population meeting the criteria described below.

Procedure:

1. For all patients, BMI will be assessed at every visit.
2. For all patients, annual depression screening will be done using PHQ-2. If PHQ-2 is positive, PHQ-9 will be done.
3. For all women 50 and older, screening mammograms will be ordered every 2 years. If patient requests yearly, may order in 1 year IAW mammogram Standing Order.
4. For all women aged 21 to 65, screening pap smear will be ordered every 3 years.
5. For all women 65 to 85, bone density will be ordered once.
6. For all patients 50 and older, colonoscopy will be ordered every 10 years. If patient refuses colonoscopy, FIT TESTING will be offered yearly.
7. All patients will have a Tdap vaccination IAW Tdap standing order.
8. All patients will have a Td vaccination (unless satisfied by Tdap) every 10 years IAW the Td/Tdap standing order.
9. For all patients, smoking status will be assessed one time a year. If patient is an active smoker, smoking status will be assessed twice a year and cessation advice given.
10. All patients will be offered flu shot from September to March each year IAW the Influenza vaccine standing order.

11. All patients over 65 and other high risk patients will be offered pneumovax. IAW the pneumovax standing order.
12. All patients 20 and above will have fasting lipid profile every 5 years
13. HIV screening once will be ordered for all adult patients
14. Rubeola antibody will be ordered once on all adult patients born after 1957 unless they have had MMR vaccination
15. Hep C antibody will be ordered once on all adult patients born between 1945 and 1965

Questions regarding this policy or any related procedure should be directed to the Medical Operations Manager at 413-238-4138.

Originally Drafted: Nov 2012

Reviewed or Revised: October 2013_____

Approved by:

Jennie Howland, MD
Medical Director, HCHC

Hilltown Community Health Center Standing Order for Chest pain

Patient presents unexpectedly with chest pain

Step 1: Front desk staff alert a nurse, escort the patient into a room, and have a nurse or MA get the vital signs and O2 sat, and bring the AED to the patient room.

Step 2: The nurse reviews the inclusion criteria below and present his/her assessment to a provider (MD if possible). If no provider is available, skip to Step 3. Front desk staff is responsible for alerting newly arriving patients that there may be a delay in being seen.

Step 3: If the patient is high risk, the patient is to receive O2 at 2 liters (and then adjust to keep saturation >90%), and ASA 325 mg if age > 12 and no contraindication. Set up and perform EKG. If no provider is available, call EMS. If provider is able to evaluate the patient, the provider will decide on whether to call EMS.

Step 4: A medically trained staff member should stay with the patient until EMS arrives and continue to monitor vital signs every 5 minutes.

Step 5: If the patient is still experiencing chest pain, consider nitroglycerin either as 1 SL 0.4mg dose or 1 full spray of liquid nitro, may repeat x3 waiting 5 minutes between doses if chest pain has not resolved. Place patient in supine position with legs elevated to avoid sudden drop in BP.

Step 6: While waiting for paramedics to come, nurse or provider will make a copy of EKG, as well as vital signs, medications given, latest progress note and medical summary for EMS. Nurse or provider will call the ED to alert them we are sending a patient to them.

High risk inclusion criteria:

- dull aching or substernal chest pain (not musculoskeletal)
- possible radiation of pain/pressure to arm/neck/jaw
- associated diaphoresis (sweating)
- associated shortness of breath
- past history of cardiac disease or angina, diabetes, peripheral arterial disease, chronic kidney disease.

Approved by the Medical Council on December 18, 2014

D Johnson FNP

Diana Johnson, FNP Medical Director Council

Standing Orders for Administering DTaP to Children Younger than Age 7 Years

Purpose: To reduce morbidity and mortality from tetanus, diphtheria, and pertussis by vaccinating all infants and children who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.

Policy: Under these standing orders, eligible nurses and other healthcare professionals (e.g., pharmacists), where allowed by state law, may vaccinate infants and children who meet the criteria below.

Procedure

1. Identify infants and children ages 2 months through 6 years who have not completed a diphtheria, tetanus, and acellular pertussis (DTaP) vaccination series.
2. Screen all patients for contraindications and precautions to DTaP:
   a. **Contraindications:**
      - a history of a severe allergic reaction (e.g., anaphylaxis) after a previous dose of DTaP or to a DTaP component. For a list of vaccine components, go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.
      - a history of encephalopathy (e.g., coma, decreased level of consciousness; prolonged seizures) not attributable to another identifiable cause within 7 days of a previous dose of pertussis-containing vaccine.
   b. **Precautions:**
      - moderate or severe acute illness with or without fever
      - history of arthus-type hypersensitivity reactions after a previous dose of tetanus or diphtheria toxoid-containing vaccine; defer vaccination until at least 10 years have elapsed since the last tetanus-toxoid containing vaccine
      - progressive or unstable neurologic disorder (including infantile spasms for DTaP), uncontrolled seizures, or progressive encephalopathy until a treatment regimen has been established and the condition has stabilized
      - fever of 105° F (40.5° C) or higher not attributable to another cause within 48 hours of a previous dose of DTaP
      - collapse or shock-like state (i.e., hypotensive hyporesponsive episode) within 48 hours of a previous dose of DTaP
      - seizure within 3 days of a previous dose of DTaP
      - persistent, inconsolable crying lasting more than 3 hours that occurred within 48 hours of a dose of DTaP
      - history of Guillain-Barré syndrome within 6 weeks of previous dose of tetanus toxoid-containing vaccine
3. Provide all patients (or, in the case of minors, their parent or legal representative) with a copy of the most current federal Vaccine Information Statement (VIS). You must document in the patient's medical record or office log, the publication date of the VIS and the date it was given to the patient (parent/legal representative). Provide non-English speaking patients with a copy of the VIS in their native language, if available and preferred; these can be found at www.immunize.org/vis.
4. Provide routine vaccination with DTaP at ages 2 months, 4 months, 6 months, 15 through 18 months, and 4 through 6 years. Administer 0.5 mL DTaP intramuscularly in the vastus lateralis for infants (and toddlers lacking adequate deltoid mass) and in the deltoid muscle (for toddlers and older children). Use a 22–25g needle. Choose needle length appropriate to the child's age and body mass: infants younger than age 12 mos: 1"; toddlers age 1 through 2yrs: 1–1¼"; children age 3yrs and older: 1–1½". (Note: A ⅝" needle may be used for patients weighing less than 130 lbs [60 kg] for injection in the deltoid muscle *only* if the subcutaneous tissue is not bunched and the injection is made at a 90-degree angle.)
5. For patients who have not received DTaP at the ages specified in #4, administer one dose at the earliest opportunity and then schedule subsequent doses by observing minimum intervals of 4 weeks between the first three doses, and 6 months between the third and fourth dose. If the child is age 4–6 years and the fourth dose was administered before the fourth birthday, administer an additional dose at least 6 calendar months after the fourth dose.
6. Document each patient's vaccine administration information and follow up in the following places:
   a. **Medical chart:** Record the date the vaccine was administered, the manufacturer and lot number, the vaccination site and route, and the name and title of the person administering the vaccine. If vaccine was not administered, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal).
   b. **Personal immunization record card:** Record the date of vaccination and the name/location of the administering clinic.
7. Be prepared for management of a medical emergency related to the administration of vaccine by having a written emergency medical protocol available, as well as equipment and medications.
8. Report all adverse reactions to DTaP vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or (800) 822-7967. VAERS report forms are available at www.vaers.hhs.gov.

This policy and procedure shall remain in effect for all patients of the Hilltown Community HC (name of practice or clinic) until rescinded or until _____ (date).

Medical Director's signature: [signature] Johnson FNP Effective date: 12/18/2014

For standing orders for other vaccines, go to www.immunize.org/standing-orders

Technical content reviewed by the Centers for Disease Control and Prevention

Standing Orders for Administering *Haemophilus influenzae* Type B Vaccine to Children

Purpose: To reduce morbidity and mortality from *Haemophilus influenzae* type b disease by vaccinating all children who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.

Policy: Under these standing orders, eligible nurses and other healthcare professionals (e.g., pharmacists), where allowed by state law, may vaccinate children who meet any of the criteria below.

Procedure

1. Identify infants and children in need of vaccination against *Haemophilus influenzae* type b (Hib) based on the following criteria:
   a. age 6 weeks through 14 months without vaccination or with an incomplete primary series of Hib vaccine
   b. age 15 months through 59 months without evidence of receiving a dose of Hib vaccine since his or her 1st birthday
   c. age 5 years or older who are unvaccinated or partially vaccinated and have i) leukemia, ii) malignant neoplasms, iii) anatomic or functional asplenia (including sickle cell disease), iv) human immunodeficiency virus (HIV) infection, or v) other immunocompromising condition.
2. Screen all patients for contraindications and precautions to Hib vaccine:
   a. **Contraindications:** a history of a severe allergic reaction (e.g., anaphylaxis) after a previous dose of Hib vaccine or to a Hib vaccine component. For a list of vaccine components, go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.
   b. **Precautions:** moderate or severe acute illness with or without fever
3. Provide all patients (or, in the case of minors, their parent or legal representative) with a copy of the most current federal Vaccine Information Statement (VIS). You must document, in the patient's medical record or office log, the publication date of the VIS and the date it was given to the patient (parent/legal representative). Provide non-English speaking patients with a copy of the VIS in their native language, if available and preferred; these can be found at www.immunize.org/vis.
4. Provide routine vaccination with Hib vaccine at ages 2 months, 4 months, 6 months*, and 12 through 15 months. Administer 0.5 mL Hib vaccine intramuscularly in the vastus lateralis for infants (or for toddlers lacking adequate deltoid mass) or in the deltoid muscle (for toddlers and older children). Use a 22–25g needle. Choose needle length appropriate to the child's age and body mass: infants younger than 12 mos: 1"; toddlers age 1 through 2 yrs: 1–1¼"; children age 3 through 5 yrs: 1–1½". (Note: A ⅝" needle may be used in toddlers and children who weigh less than 130 lbs [60 kg] for injection in the deltoid muscle *only* if the subcutaneous tissue is not bunched and the injection is made at a 90 degree angle.)
5. For children identified in 1.a. or 1.b. who have not received Hib vaccine at the ages specified in #4, administer one dose at the earliest opportunity and then schedule subsequent doses by observing the following minimum intervals:

For Children Who Have Fallen Behind: Minimum Intervals Permissible Between Doses of Hib Vaccine (Source: www.cdc.gov/vaccines/schedules)

Interval between dose 1 and dose 2	Interval between dose 2 and dose 3	Interval between dose 3 and dose 4
4 weeks if first dose given at age younger than 12 mos **8 weeks (as final dose)** if first dose given at age 12–14 mos **No further doses needed** if first dose given at age 15 mos or older	**4 weeks*** if current age younger than 12 mos **8 weeks (as final dose)*** if current age 12 mos or older and second dose given at age younger than 15 mos **No further doses needed** if previous dose given at age 15 mos or older	**8 weeks (as final dose)** only necessary for children ages 12 mos–5 yrs who received 3 doses before age 12 mos

6. For children identified in 1.c., administer one dose at the earliest opportunity.
7. Document each patient's vaccine administration information and follow up in the following places:
   a. **Medical chart:** Record the date the vaccine was administered, the manufacturer and lot number, the vaccination site and route, and the name and title of the person administering the vaccine. If vaccine was not administered, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal).
   b. **Personal immunization record card:** Record the date of vaccination and the name/location of the administering clinic.
8. Be prepared for management of a medical emergency related to the administration of vaccine by having a written emergency medical protocol available, as well as equipment and medications. To prevent syncope in older children and teens, vaccinate patients while seated or lying down and consider observing them for 15 minutes after receipt of the vaccine.
9. Report all adverse reactions to Hib vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or by calling (800) 822-7967. VAERS report forms are available at www.vaers.hhs.gov.

*If child's current age is younger than 12 months and the first 2 doses were PRP-OMP (PedvaxHIB® or Comvax® [Merck]), the third (and final) dose should be administered at age 12–15 months and at least 8 weeks after the second dose.

This policy and procedure shall remain in effect for all patients of the Hilltown Community HC (name of practice or clinic) until rescinded or until _____ (date).

Medical Director's signature: O Johnson FNP Effective date: 12/18/2014

For standing orders for other vaccines, go to www.immunize.org/standing-orders

Technical content reviewed by the Centers for Disease Control and Prevention

Standing Orders for Administering Human Papillomavirus Vaccine to Adults

Purpose: To reduce morbidity and mortality from human papillomavirus (HPV) infection by vaccinating all adults who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.

Policy: Under these standing orders, eligible nurses and other healthcare professionals (e.g., pharmacists), where allowed by state law, may vaccinate adults who meet the criteria below.

Procedure

1. Identify adults in need of vaccination against human papillomavirus (HPV) based on the following criteria:
   a. Female, age 26 years or younger
   b. Male, age 21 years or younger
   c. Male, age 22 through 26 years meeting any of the following conditions:
      i. Immunocompromised as a result of infection (including HIV), disease, or medications
      ii. Has sex with other males
      iii. Wants to be vaccinated and lacks any of the above criteria
2. Screen all patients for contraindications and precautions to HPV vaccine:
   a. **Contraindication:** a history of a severe allergic reaction (e.g., anaphylaxis) after a previous dose of HPV vaccine or to a HPV vaccine component (e.g., yeast for quadrivalent HPV vaccine [HPV 4: Gardasil, Merck] or latex for bivalent HPV vaccine [HPV2: Cervarix, GSK]). For information on vaccine components, refer to the manufacturers' package insert (www.immunize.org/packageinserts) or go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.
   b. **Precautions:**
      - Moderate or severe acute illness with or without fever
      - Pregnancy; delay vaccination until after completion of the pregnancy
3. Provide all patients with a copy of the most current federal Vaccine Information Statement (VIS). You must document, in the patient's medical record or office log, the publication date of the VIS and the date it was given to the patient. Provide non-English speaking patients with a copy of the VIS in their native language, if available and preferred; these can be found at www.immunize.org/vis.
4. Provide 1) either HPV2 or HPV4 to women or 2) HPV4 to men. Provide either vaccine in a 3-dose schedule at 0, 2, and 6 calendar months. Administer 0.5 mL HPV vaccine intramuscularly (22–25g, 1–1½" needle) in the deltoid muscle; the anterolateral thigh muscle may be used if deltoid is inadequate. (Note: a ⅝" needle may be used for adults weighing less than 130 lbs [60 kg] for injection in the deltoid muscle *only* if the subcutaneous tissue is not bunched and the injection is made at a 90° angle.)
5. For adults who have not received HPV vaccine at the intervals specified in #4, administer subsequent doses of HPV vaccine to complete each patient's 3-dose schedule by observing a minimum interval of 4 weeks between the first and second doses, 12 weeks between the second and third dose, and at least 24 weeks between the first and third doses. Men age 27 years and older who meet the criteria of 1.c.i. or 1.c.ii. above and women age 27 years and older who have received at least 1 dose before their 27th birthday should complete the 3-dose series as soon as feasible. Men age 22 years and older who have received at least 1 dose before their 22nd birthday should also complete the 3-dose series as soon as feasible.
6. Document each patient's vaccine administration information and follow up in the following places:
   a. **Medical chart:** Record the date the vaccine was administered, the manufacturer and lot number, the vaccination site and route, and the name and title of the person administering the vaccine. If vaccine was not administered, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal).
   b. **Personal immunization record card:** Record the date of vaccination and the name/location of the administering clinic.
7. Be prepared for management of a medical emergency related to the administration of vaccine by having a written emergency medical protocol available, as well as equipment and medications. To prevent syncope, vaccinate patients while seated or lying down and consider observing them for 15 minutes after receipt of the vaccine.
8. Report all adverse reactions to HPV vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or by calling (800) 822-7967. VAERS report forms are available at www.vaers.hhs.gov.

This policy and procedure shall remain in effect for all patients of the Hilltown Community HC (name of practice or clinic) until rescinded or until _____ (date).

Medical Director's signature: C Johnson FNP Effective date: 12/18/2014

For standing orders for other vaccines, go to www.immunize.org/standing-orders

Technical content reviewed by the Centers for Disease Control and Prevention

www.immunize.org/catg.d/p3091.pdf • Item #P3091 (11/12)

Standing Orders for Administering Human Papillomavirus Vaccine to Children and Teens

Purpose: To reduce morbidity and mortality from human papillomavirus (HPV) infection by vaccinating all children and teens who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.

Policy: Under these standing orders, eligible nurses and other healthcare professionals (e.g., pharmacists), where allowed by state law, may vaccinate children and teens who meet the criteria below.

Procedure

1. Identify all children and teens ages 11 years and older who have not completed the HPV vaccination series.
2. Screen all patients for contraindications and precautions to HPV vaccine:
   a. **Contraindication:** a history of a serious allergic reaction (e.g., anaphylaxis) after a previous dose of HPV vaccine or to a HPV vaccine component (e.g., yeast for quadrivalent HPV vaccine [HPV4: Gardasil, Merck] or latex for bivalent HPV vaccine [HPV2: Cervarix, GSK]). For information on vaccine components, refer to the manufacturers' package insert (www.immunize.org/packageinserts) or go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.
   b. **Precautions:**
      - Moderate or severe acute illness with or without fever
      - Pregnancy; delay vaccination until after completion of the pregnancy
3. Provide all patients (or, if minors, their parent or legal representative) with a copy of the most current federal Vaccine Information Statement (VIS). You must document, in the patient's medical record or office log, the publication date of the VIS and the date it was given to the patient (parent/legal representative). Provide non-English speaking patients with a copy of the VIS in their native language, if available and preferred; these can be found at www.immunize.org/vis.
4. Provide 1) either HPV2 or HPV4 to girls or 2) HPV4 to boys. Provide either vaccine in a 3-dose schedule at 0, 2, and 6 calendar months. Provide routine vaccination with HPV vaccine to girls and boys at age 11 or 12 years; vaccine may be administered to girls or boys as young as age 9 years. Administer 0.5 mL HPV vaccine intramuscularly (22–25g, 1–1½" needle) in the deltoid muscle; the anterolateral thigh muscle may be used if deltoid is inadequate. (Note: a ⅝" needle may be used for children and teens weighing less than 130 lbs [60 kg] for injection in the deltoid muscle *only* if the subcutaneous tissue is not bunched and the injection is made at a 90° angle.)
5. For children and teens who have not received HPV vaccine at the ages and/or intervals specified in #4, administer one dose at the earliest opportunity and then schedule subsequent doses to complete the 3-dose schedule by observing a minimum interval of 4 weeks between the first and second doses, 12 weeks between the second and third doses, and at least 24 weeks between the first and third doses.
6. Document each patient's vaccine administration information and follow up in the following places:
   a. **Medical chart:** Record the date the vaccine was administered, the manufacturer and lot number, the vaccination site and route, and the name and title of the person administering the vaccine. If vaccine was not administered, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal).
   b. **Personal immunization record card:** Record the date of vaccination and the name/location of the administering clinic.
7. Be prepared for management of a medical emergency related to the administration of vaccine by having a written emergency medical protocol available, as well as equipment and medications. To prevent syncope, vaccinate patients while seated or lying down and consider observing them for 15 minutes after receipt of the vaccine.
8. Report all adverse reactions to HPV vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or by calling (800) 822-7967. VAERS report forms are available at www.vaers.hhs.gov.

This policy and procedure shall remain in effect for all patients of the Hilltown Community HC (name of practice or clinic) until rescinded or until _____ (date).

Medical Director's signature: Johnson FNP Effective date: 12/18/2014

For standing orders for other vaccines, go to www.immunize.org/standing-orders

Technical content reviewed by the Centers for Disease Control and Prevention.

www.immunize.org/catg.d/p3090.pdf • Item #P3090 (11/12)

Massachusetts Department of Public Health
Immunization Program

MODEL STANDING ORDERS

Seasonal Live Attenuated Influenza Vaccine, Quadrivalent (LAIV4)

These model standing orders are current as of August 2015. They should be reviewed carefully against the current recommendations and may be revised by the clinician signing them.

Live Attenuated Seasonal Influenza Vaccine (LAIV4) is indicated for all ***healthy***, non-pregnant people 2 – 49 years of age. This includes health care personnel (HCP) and others in close contact with groups at risk for complications from influenza, including HCP in neonatal intensive care units and oncology units. The only exception to this is HCP and other contacts of severely immunocompromised people requiring a protective environment.

ORDER:

1. Provide patient, parent or legal representative with a copy of the Vaccine Information Statement (VIS) and answer any questions. VISs in English and other languages are available online at www.immunize.org/vis.
2. Screen for contraindications according to Table 1 on page 2.
3. Administer 0.2 mL seasonal LAIV vaccine intranasally (0.1 mL in each nostril), according to the recommended age-specific schedule in Table 2 on page 3.
   - Check the expiration date.
   - Remove the rubber tip protector.
   - With the patient in an upright position, head tilted back, place the tip just inside the nose to ensure that seasonal LAIV is delivered into the nose.
   - With a single motion, depress the plunger **as rapidly as possible** until the dose-divider clip prevents you from going any further.
   - Pinch and remove the dose-divider clip from the plunger.
   - Place the tip just inside the other nostril and with a single motion depress the plunger **as rapidly as possible** to deliver the remaining vaccine.
   - If the vaccine recipient sneezes after administration, the dose should **not** be repeated.
4. Administer seasonal LAIV concurrently with other inactivated and live vaccines. Administer other live vaccines not given on the same day at least 28 days apart.
5. If possible, observe patient for an allergic reaction for 15 - 20 minutes after administering vaccine.
6. Have personnel trained in CPR, signed emergency standing orders, epinephrine, and equipment for maintaining an airway available to treat anaphylactic reactions. See p. 12-13 of the General Recommendations on Immunization at www.cdc.gov/mmwr/pdf/rr/rr6002.pdf. Model emergency standing orders are available at www.mass.gov/Eeohhs2/docs/dph/cdc/immunization/mso_emergency_treatment.pdf
7. Report vaccine administration errors (e.g., wrong route, wrong dose, and wrong age) to the Institute for Safe Medication Practices (ISMP) via the Vaccine Error Reporting Program (VERP) website http://ismp.org.
8. Report clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS) at 1-800-822-7967 or http://www.vaers.hhs.gov/.

Notes on Administration: Neither masks nor gloves are necessary when administering LAIV. Any health care personnel (HCP) can administer LAIV, including those at risk for influenza complications who cannot themselves receive LAIV (e.g., pregnant women, HCP ≥ 50 years of age, etc.). Only HCP who are severely immunocompromised themselves should not administer LAIV.

Medical Director — 9/14/15

Clinician's Signature — Date

Table 1. Contraindications and Precautions to LAIV

Valid Contraindications for Live Attenuated Seasonal Influenza Vaccine
• Severe allergic reaction (e.g., anaphylaxis) to a previous dose of influenza vaccine, gentamicin, gelatin or arginine, egg protein or any other component of the vaccine (see package insert for specific components) • Children aged 2 through 17 years of age receiving aspirin therapy or other salicylates[1] **ACIP Recommends LAIV NOT be used for the following groups:** • History of allergy to eggs, either severe (anaphylactic) or mild (hives only)[2] • Pregnancy[1] • Immunosuppression, including that caused by medications or HIV[1] • Children 2-4 years of age with asthma or a wheezing episode in the previous 12 months[1]. For these children: ▪ Consult medical record, if available, for history of asthma or recurrent wheezing ▪ Ask parent or caregivers: "In the past 12 months, has a health care provider told you that your child has wheezing or asthma?" ▪ If yes to either of these, use inactivated influenza vaccine • Close contacts of someone with severe immunosupression requiring a protective environment if such contact is anticipated for 7 days following vaccination[3,1] • Taking influenza antiviral medications within the previous 48 hours[4,1] • Persons younger than 2 years or 50 years and older[1]
Precautions
• Defer administration of LAIV if nasal congestion present, or use inactivated influenza vaccine • Moderate to severe acute illness with or without fever • History of Guillain-Barré syndrome (GBS) within 6 weeks of a dose of any influenza vaccine[5] • Asthma in those 5 years and older[6,1] • Chronic medical conditions that might predispose to a higher risk for complications attributable to influenza infection, for example: ○ Chronic pulmonary disease; cardiovascular disease (except isolated hypertension); renal; hepatic; neurologic; hematologic; or metabolic disorders (including diabetes)[7,1]

[1] Use inactivated influenza vaccine for these people.

[2] Persons with a history of egg allergy who have experienced only hives after exposure to eggs should receive influenza vaccine. Because relatively few data are available for use of LAIV in this setting, IIV or recombinant influenza vaccine (RIV3) should be used. See MDPH Standing Orders for IIV for more guidance about the safety measures when using IIV in these patients.

Persons with egg allergy might tolerate egg in baked products (e.g., bread or cake). Tolerance to egg-containing foods does not exclude the possibility of egg allergy. If a person can eat lightly cooked eggs (e.g., scrambled egg) without a reaction, administer either LAIV or inactivated flu vaccine.

[3] Close contacts include HCP, household contacts and anyone in close contact with severely immunocompromised patients when such patients require a specialized patient-care area with a positive-airflow relative to the corridor, high-efficiency air filtration and frequent air changes. Such persons should not receive LAIV or should avoid contact with those requiring a protective environment for 7 days following vaccination, given theoretical risk of transmission of live attenuated vaccine virus.

Clinician's Signature

9/14/15
Date

[4] LAIV should not be administered until 48 hours after cessation of influenza antiviral therapy. If influenza antiviral medications are administered within 2 weeks after receipt of LAIV, the vaccine dose should be repeated 48 or more hours after the last dose of antiviral medication. Persons receiving antiviral drugs within the period 2 days before to 14 days after vaccination with LAIV should be revaccinated at a later date with any approved vaccine formulation. Administration of IIV to persons receiving influenza antiviral drugs for treatment or chemoprophylaxis is acceptable.

[5] Consider the potential risks before administering LAIV to people with a history of GBS within 6 weeks of a previous dose of any influenza vaccine.

[6] According to the package insert, persons of any age with asthma might be at increased risk of wheezing following administration of LAIV. At least 1 study in children showed no increase in wheezing. However, data are insufficient to determine the level of severity of asthma for which administration of LAIV would be inadvisable.

[7] The safety of LAIV in individuals with other underlying medical conditions that may predispose them to complications following wild-type influenza infection has not been established.

LAIV Storage and Handling

FluMist® is shipped refrigerated. Store FluMist in a refrigerator at 35°F - 46°F (2°C - 8°C) upon receipt and until use. Keep at that temperature until the expiration date is reached. **Do not freeze.**

Table 2. Live attenuated influenza vaccine dosage, by age group

Age Group	Dose	No. of Doses
2 through 8 years	0.2 mL[2]	1 or 2[1]
9 through 49 years	0.2 mL[2]	1

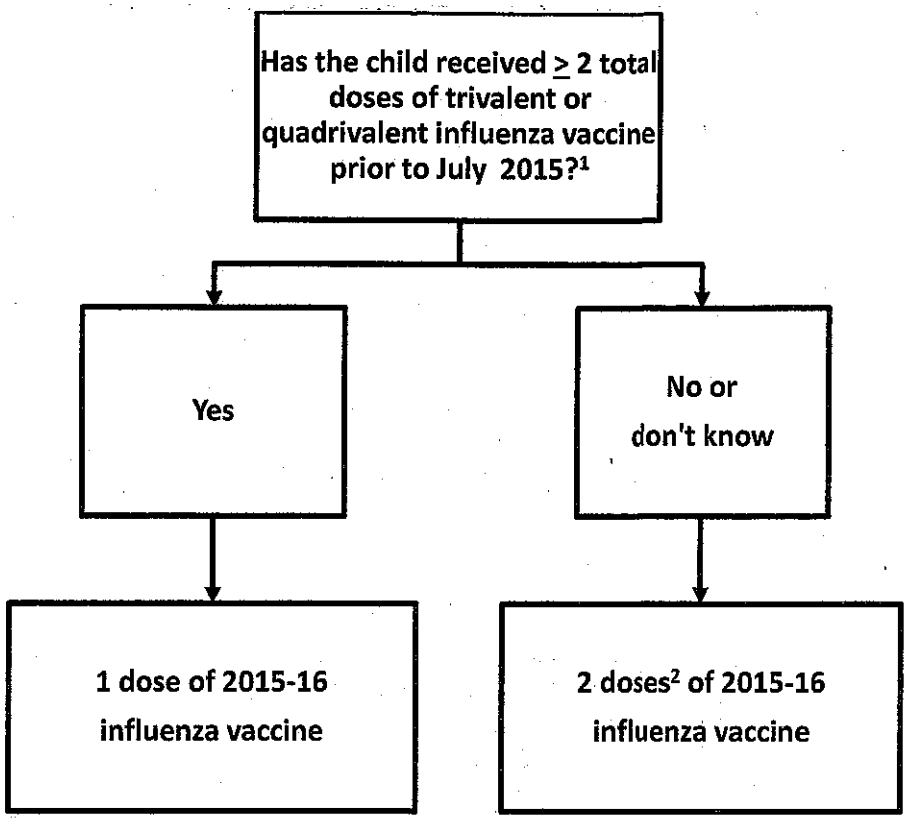
[1] To determine if a child 8 years and younger should receive 1 or 2 doses of flu vaccine, **see Figure 1 on next page** and use the algorithm, as well as additional guidance if needed. If 2 doses needed, administer ≥ 4 weeks apart.

[2] Administer 0.1mL per nostril

Clinician's Signature

9/14/15
Date

Figure 1: Flu vaccine dosing algorithm for children 6 months through 8 years of age, 2015-2016[1]



[1] The 2 doses need not have been received during the same season or consecutive seasons.
[2] Doses should be administered ≥4 weeks apart.

Resources:

CDC. Summary Recommendations: Prevention and Control of Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP) - United States, 2015-16. MMWR 2015;64:818-825.
http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6430a3.htm?s_cid=mm6430a3_e

CDC. Epidemiology and Prevention of Vaccine-Preventable Diseases, Chapter 6 - Vaccine Administration. Hamborsky J, Kroger A, Wolfe S, eds. 13th ed. Washington DC, Public Health Foundation, 2015.
http://www.cdc.gov/vaccines/pubs/pinkbook/vac-admin.html

Package inserts for all flu vaccine formulations:
http://www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/ucm093833.htm

CDC. General Recommendations on Immunization: recommendations of the ACIP. MMWR 2011;60(RR-2):1-61. www.cdc.gov/mmwr/PDF/rr/rr6002.pdf?source=govdelivery

CDC. Immunization of health-care personnel: recommendations of the ACIP. MMWR 2011;60(No. 7)1-46. www.cdc.gov/mmwr/pdf/rr/rr6007.pdf

_____ ____/____/____
Clinician's Signature Date

Massachusetts Department of Public Health
Immunization Program

MODEL STANDING ORDERS

Seasonal Inactivated Influenza Vaccine (IIV)

Trivalent (IIV3) and Quadrivalent (IIV4)

These model standing orders are current as of August 2015. They should be reviewed carefully against the most current recommendations and may be revised by the clinician signing them.

Annual influenza vaccination is recommended for *everyone* 6 months of age and older.

ORDER:

1. Provide patient, parent or legal representative with a copy of the Vaccine Information Statement (VIS) and answer any questions. VISs in English and other languages are available online at www.immunize.org/vis.
2. Screen for contraindications according to Table 2.
3. Have adolescents and adults seated during vaccination to prevent injury should syncope occur.
4. If administering Fluzone Intradermal or Afluria by PharmaJet Stratis Needle-Free Injection System see package inserts and special manufacturer guidance for those products. Administer all other formulations of IIV intramuscularly (IM), according to the recommended age-specific dose and schedule (Table 3). Administer IM vaccines at a 90^0 angle with 22-25-gauge needle. The needle length for IM injections depends upon the age, gender, and/or weight of the vaccine recipient (see Table 1 below).

   Always check the package insert prior to administration of any vaccine.

Table 1. Needle Length and Injection Site for IM Injection

6 months – 18 Years of Age		
Age	**Needle Length**	**Injection Site**
Infants (6 - 12 months)	1"	Anterolateral thigh
Toddlers (1 - 2 years)	1" – 1¼"	Anterolateral thigh (preferred)
	5/8"* – 1"	Deltoid
Children (3 - 18 y/o)	5/8"* – 1"	Deltoid (preferred)
	1" – 1¼"	Anterolateral thigh
Adults 19 Years of Age and Older		
Sex/Weight	**Needle Length**	**Injection Site**
Male and female < 130 lbs	5/8"*-1"	Deltoid
Male and female 130 lbs – 152 lbs	1"	Deltoid
Female 153 – 200 lbs	1" – 1 ½"	Deltoid
Male 153 – 260 lbs	1"-1 ½	Deltoid
Female > 200 lbs	1½"	Deltoid
Male > 260 lbs	1½"	Deltoid

*A 5/8" needle may be used for patients weighing less than 130 lbs (<60 kg) for IM injection in the deltoid muscle **only** if the skin stretched tight, the subcutaneous tissue is not bunched, and the injection is made at a 90-degree angle.

5. Shake the vial well before withdrawing and shake the prefilled syringe well before administering.

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6. Administer inactivated influenza vaccine simultaneously with, or any time before or after, all other live and inactivated vaccines indicated. **See Table 4 for Approved Inactivated Influenza Vaccines for Different Ages.**
7. If possible, observe patient for an allergic reaction for 15 - 20 minutes after administering vaccine.
8. Have personnel trained in CPR, signed emergency standing orders, epinephrine, and equipment for maintaining an airway available to treat anaphylactic reactions. See p. 12-13 of the General Recommendations on Immunization at www.cdc.gov/mmwr/pdf/rr/rr6002.pdf. Model emergency standing orders are available at www.mass.gov/eohhs/docs/dph/cdc/immunization/mso-emergency-treatment.pdf
9. Report vaccine administration errors (e.g., wrong route, wrong dose, and wrong age) to the Institute for Safe Medication Practices (ISMP) via the Vaccine Error Reporting Program (VERP) website http://ismp.org.
10. Report clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS) at 1-800-822-7967 or http://www.vaers.hhs.gov/.

Table 2. Contraindications and Precautions to Inactivated Influenza Vaccine

<table>
<tr><th>Valid Contraindications</th><th>Invalid Contraindications
(Give Inactivated Influenza Vaccine)</th></tr>
<tr><td rowspan="5">Inactivated Influenza Vaccine (IIV)
Severe allergic reaction (e.g., anaphylaxis) after a previous dose of any influenza vaccine or to a vaccine component. Prefilled syringes tip caps of Fluvirin and Flucelvax might contain natural rubbers latex (see package insert for latex and other specific components).[1]
For IIV and cell culture based inactivated influenza vaccine (ccIIV), this includes egg protein.[2]</td><td>Mild illness with or without fever</td></tr>
<tr><td>Non-anaphylactic allergy to any component of the vaccine, including eggs[2]</td></tr>
<tr><td>HIV infection[3]</td></tr>
<tr><td>Pregnancy or breast feeding[4]</td></tr>
<tr><td rowspan="2">Treatment with warfarin (Coumadin), theophylline, phenytoin, or aminophylline[5]</td></tr>
<tr><td>Recombinant Influenza Vaccine (RIV)
Severe allergic reaction (e.g., anaphylaxis) after a previous dose of any influenza vaccine or to a vaccine component, RIV does not contain egg protein.
Egg allergy is not a contraindication to RIV.</td><td>Anticoagulation or bleeding disorder[6]</td></tr>
<tr><td colspan="2">Precautions to all formulations of IIV:
Moderate to severe acute illness with or without fever.
Guillain-Barré syndrome (GBS) ≤ 6 weeks of receiving a dose of influenza vaccine.[7]</td></tr>
</table>

[1] A previous severe allergic reaction to influenza vaccine, **regardless of the component** suspected to be responsible for the reaction, is a **contraindication** to future receipt of the vaccine.

[2] It is very important to see section below **"Evaluation and Management of Persons with a History of Egg Allergy"** for specific guidance about influenza vaccination of these patients.

[3] Flu vaccination will benefit many HIV-infected patients, including HIV-infected pregnant women, but may not induce protective antibodies in patients with advanced disease. A 2nd dose during the same flu season *does not* improve immune response in these patients.

[4] Pregnant and postpartum women have an increased risk for complications from flu. No adverse fetal effects have been associated with inactivated flu vaccine. **Administer IIV in any trimester.**

[5] Although flu vaccine can inhibit the clearance of warfarin, theophylline, phenytoin, and aminophylline, studies show no adverse clinical effects. High-risk patients who take these medications *should* receive flu vaccine.

[6] Minimize the risk of bleeding after an IM injection in these patients by administering the vaccine immediately after the patient's receipt of replacement factor. Use a 23-gauge (or smaller) needle and immediately apply direct pressure to the vaccination site for ≥ 2 minutes.

[7] It may be prudent to avoid influenza vaccination of persons who are not at high risk of complications from

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influenza and who have experienced GBS within 6 weeks of a previous dose of influenza vaccine. As an alternative, consider antiviral chemoprophylaxis for these persons.

Evaluation and Management of Persons with a History of Egg Allergy

Persons with a history of egg allergy who experience only hives after exposure to egg should receive influenza vaccine. Because relatively fewer data are available for use of LAIV in this situation, use IIV or RIV. **RIV is egg-free** and may be used for persons aged ≥18 years who have no other contraindications. However, IIV (egg- or cell-culture based) may also be used, with the following additional safety measures (Figure 1):

- Vaccine should be administered by a healthcare provider who is familiar with the potential manifestations of egg allergy; and
- Observe vaccine recipients for at least 30 minutes for a reaction after administration of each dose.

Persons who report having had reactions to egg involving such symptoms as angioedema, respiratory distress, lightheadedness, or recurrent emesis; or who required epinephrine or another emergency medical intervention may receive RIV3, if aged ≥18 years and there are no other contraindications. If RIV3 is not available or recipient is not within the indicated age range, IIV should be administered by a physician with experience in the recognition and management of severe allergic conditions.

Some persons who report allergy to egg might not be egg-allergic. Those who are able to eat lightly cooked egg (e.g., scrambled egg) without reaction are unlikely to be allergic. Egg-allergic persons might tolerate egg in baked products (e.g., bread or cake). Tolerance to egg-containing foods does not exclude the possibility of egg allergy. Confirm egg allergy with a consistent medical history of adverse reactions to eggs and egg-containing foods, plus skin and/or blood testing for immunoglobulin E antibodies to egg proteins.

For individuals who have no known history of exposure to egg, but who are suspected of being egg-allergic on the basis of previously performed allergy testing, consultation with physician with expertise in the management of allergic conditions should be obtained prior to vaccination. Alternatively, RIV3 may be administered if the recipient is aged ≥18 years.

Figure 1. Recommendations Regarding Influenza Vaccination for People Who Report an Egg Allergy

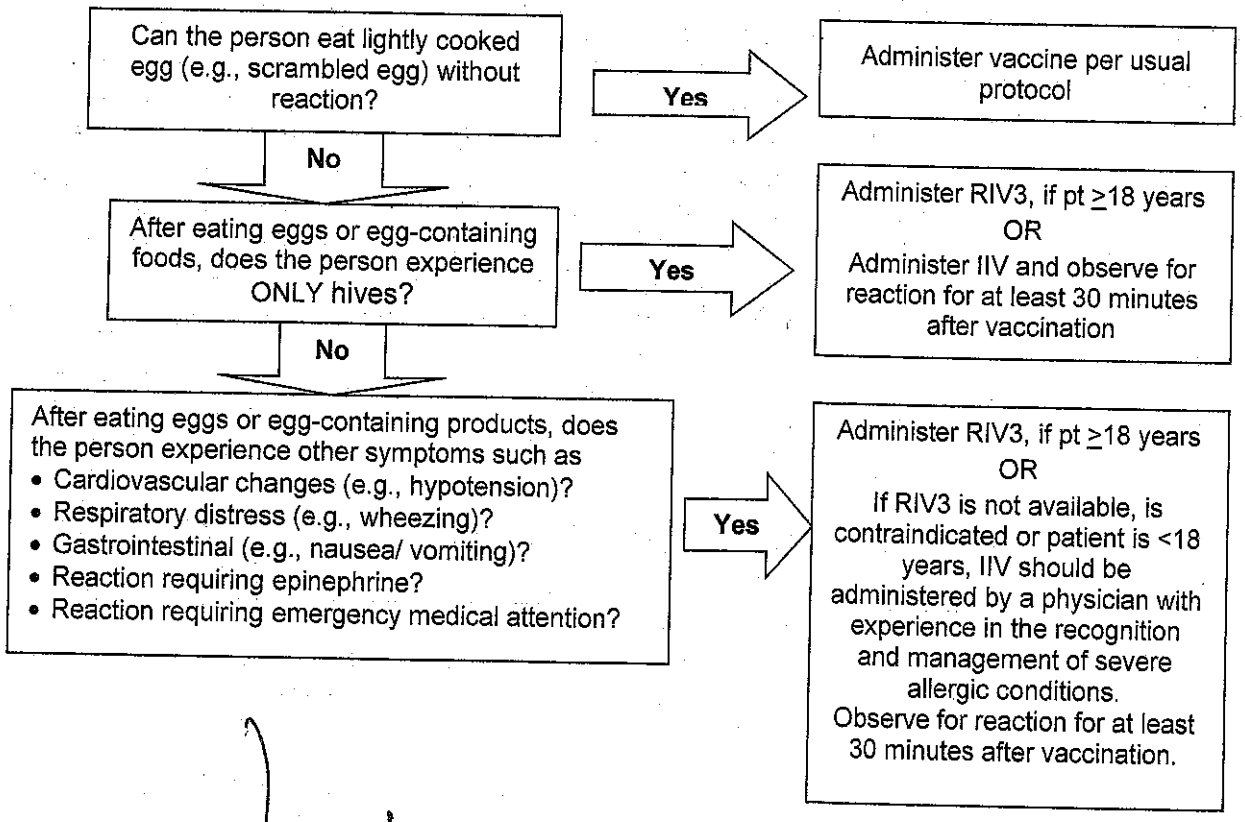

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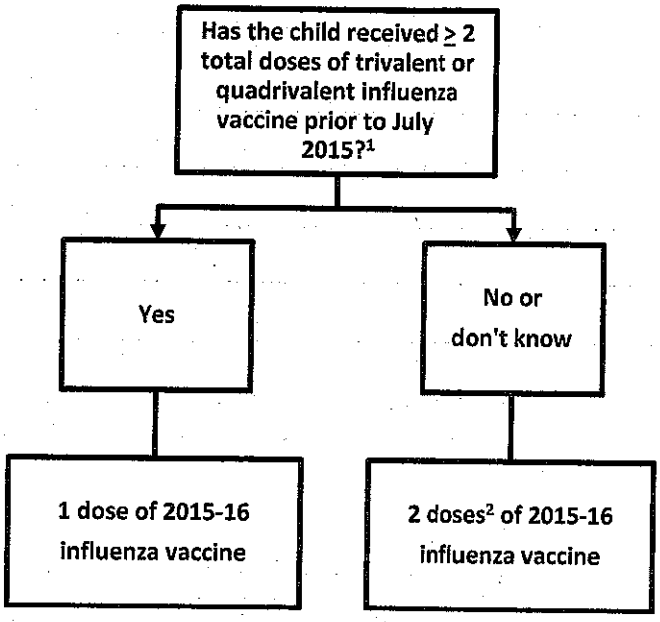
Table 3. Inactivated influenza vaccine dosage, by age group - United States

Age Group	Dose	No. of Doses
6 – 35 months	0.25 mL	1 or 2[1]
3 – 8 years	0.5 mL	1 or 2[1]
≥ 9 years	0.5 mL	1

[1] To determine if a child 8 years and younger should receive 1 or 2 doses of flu vaccine, **see Figure 1 on next page** and use the algorithm, as well as additional guidance if needed.

Figure 1: Flu vaccine dosing algorithm for children 6 months through 8 years of age, 2015-2016*



[1] The 2 doses need not have been received during the same season or consecutive seasons.

[2] Doses should be administered ≥ 4 weeks apart.

Note: Children 6 months through 8 years of age who have not received 2 or more doses in any previous season as described above require 2 doses in 2015-16.

Choice of which influenza vaccine formulation to use should primarily be driven by the age indication and contraindications and precautions. There is no current preference for:

- Quadrivalent vs. trivalent IIV
- High-dose vs. standard dose IIV
- IIV vs. LAIV in any age group for which either is indicated

See next page for a table of approved inactivated influenza vaccines for different age groups.

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Table 4. Approved Inactivated Influenza Vaccines for Different Ages 2015-2016[1]

Vaccine	Trade Name	Manufacturer	Presentation	Mercury Content from Thimerosal (µg Hg/0.5 mL)	Ovalbumin Content (µg/0.5 mL)	Age Indication	Route
Inactivated Quadrivalent (IIV4) **Standard Dose**	Fluarix Quadrivalent	GSK	0.5 mL PFS	0.0	≤ 0.05	≥ 3 yrs	IM
	FluLaval Quadrivalent	ID Biomedical (distributed by GSK)	5.0 mL MDV	< 25.0	≤ 0.3	≥ 3 yrs	IM
	Fluzone Quadrivalent	Sanofi Pasteur	0.25 mL PFS	0.0	0.01-0.02 mcg/ 0.25 mL[2]	6 - 35 mos	IM
			0.5 mL PFS	0.0	0.02-0.04[2]	≥ 36 mos	IM
			0.5 mL SDV	0.0		≥ 36 mos	IM
			5.0 mL MDV	25		≥6 mos	IM
	Fluzone Intradermal[3]	Sanofi Pasteur	0.1 mL prefilled microinjection	0.0	0.02mcg/ 0.1 mL[2]	18-64 yrs	ID
Inactivated Influenza Vaccine, Trivalent (IIV3) Standard Dose	Afluria	bioCSL	0.5 mL PFS	0.0	< 1	≥ 9 yrs via needle[4]	IM
			5.0 mL MDV	24.5		≥ 9 yrs via needle[4]; 18-64 yrs via jet injector[4]	IM
	Fluvirin	Novartis	0.5 mL PFS (Tip cap may contain natural rubber latex)	≤ 1	≤ 1	≥4 yrs	IM
			5.0 mL MDV	25.0			IM
	Fluzone	Sanofi Pasteur	5.0 mL MDV	25.0	0.1[2]	≥ 6 mos	IM
IIV3 Cell Culture Based (ccIIV3) Standard Dose	Flucelvax	Novartis	0.5 mL PFS (Tip cap may contain natural rubber latex)	0.0	See Footnote 5	≥ 18 yrs	IM
IIV3 High Dose[6]	Fluzone High Dose	Sanofi Pasteur	0.5 mL PFS	0.0	0.1[2]	≥ 65 yrs	IM
Recombinant Trivalent (RIV3)	Flublok	Protein Sciences	0.5 mL SDV	0.0	0.0	≥18 yrs	IM

Abbreviations: IM=intramuscular, ID=intradermal, IN=intranasal;
MDV= multi-dose vial, PFS= (single-dose) prefilled syringe, SDV= single-dose vial

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[1] Check Food and Drug Administration for approved prescribing information for 2015-16 influenza vaccines for the most updated information, including (but not limited to) indications, contraindications, and precautions. Package inserts are available at http://www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/ucm093833.htm

[2] Personal communication Sanofi Pasteur. Concentration of ovalbumin in 0.25 mL PFS presentation of Fluzone Quadrivalent is extrapolated from the concentration in 0.5 mL presentation.

[3] Quadrivalent inactivated vaccine, intradermal: A 0.1-mL dose contains 9 µg of each vaccine antigen (36 µg total).

[4] Age indication per package insert is ≥ 5 years; however, the ACIP recommends Afluria not be used in children aged 6 months through 8 years because of increased risk of febrile reactions noted in this age group with bioCSL's 2010 Southern Hemisphere IIV3 formulation. If no other age-appropriate, licensed inactivated seasonal influenza vaccine is available for a child aged 5 - 8 years who has a medical condition that increases the child's risk for influenza complications, Afluria can be used. Discuss with the parents or caregivers the benefits and risks of influenza vaccination with Afluria before administering this vaccine. Afluria may be used in persons ≥9 years.

[5] For Flucelvax this information is not included in package insert. The total egg protein is estimated to be less than 50 femtograms ($5x10^{-8}$µg) total egg protein (and less ovalbumin) per 0.5 mL dose of Flucelvax.

[6] Trivalent inactivated vaccine, high-dose: A 0.5-mL dose contains 60 µg of each vaccine antigen (180 µg total).

Resources:

CDC. Summary Recommendations: Prevention and Control of Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP) - United States, 2015-16. MMWR 2015;64:818-825. http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6430a3.htm?s_cid=mm6430a3_e

CDC. Epidemiology and Prevention of Vaccine-Preventable Diseases, Chapter 6 - Vaccine Administration. Hamborsky J, Kroger A, Wolfe S, eds. 13th ed. Washington DC, Public Health Foundation, 2015. http://www.cdc.gov/vaccines/pubs/pinkbook/vac-admin.html

Package inserts for all flu vaccine formulations: http://www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/ucm093833.htm

CDC. General Recommendations on Immunization: recommendations of the ACIP. MMWR 2011;60(RR-2):1-61. www.cdc.gov/mmwr/PDF/rr/rr6002.pdf?source=govdelivery

CDC. Immunization of health-care personnel: recommendations of the ACIP. MMWR 2011;60(No. 7)1-46. http://www.cdc.gov/mmwr/pdf/rr/rr6007.pdf

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Standing Orders for Administering Meningococcal Vaccine to Adults

Purpose: To reduce morbidity and mortality from meningococcal disease by vaccinating all adults who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.

Policy: Under these standing orders, eligible nurses and other healthcare professionals (e.g., pharmacists), where allowed by state law, may vaccinate adults who meet any of the criteria below.

Procedure

1. Identify adults in need of vaccination against meningococcal disease based on any of the following criteria:
   a. First-year college student, age 19 through 21 years, living in residence hall, and lacking documentation of receipt of quadrivalent meningococcal conjugate vaccine (MCV4) at age 16 years or older.
   b. Anticipated travel to a country in the "meningitis belt" of sub-Saharan Africa or other location of epidemic meningococcal disease, particularly if contact with the local population will be prolonged
   c. Diagnosis of anatomic or functional asplenia, including sickle-cell disease
   d. Diagnosis of persistent complement component deficiency (an immune system disorder)
   e. Employment as a microbiologist with routine exposure to isolates of *N. meningitidis*
   f. Anticipated travel to Mecca, Saudi Arabia, for the annual Hajj
   g. Military recruits
   h. History of receiving either MCV4 or meningococcal polysaccharide vaccine (MPSV4: Menomune [sanofi]) at least 5 years earlier and having continued risk for infection (e.g., living in or recurrent travel to epidemic disease areas).
2. Screen all patients for contraindications and precautions to meningococcal vaccine:
   a. **Contraindications:** a history of a serious allergic reaction (e.g., anaphylaxis) after a previous dose of meningococcal vaccine or to a meningococcal vaccine component. For information on vaccine components, refer to the manufacturer's package insert (www.immunize.org/packageinserts) or go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.
   b. **Precautions:** moderate or severe acute illness with or without fever
3. Provide all patients with a copy of the most current federal Vaccine Information Statement (VIS). You must document in the patient's medical record or office log, the publication date of the VIS and the date it was given to the patient. Provide non-English speaking patients with a copy of the VIS in their native language, if available and preferred; these can be found at www.immunize.org/vis.
4. For adults ages 55 years and younger, administer 0.5 mL MCV4 via the intramuscular route (22–25g, 1–1½" needle) in the deltoid muscle. (Note: a ⅝" needle may be used for patients weighing less than 130 lbs [<60kg] for injection in the deltoid muscle only if the subcutaneous tissue is not bunched and the injection is made at a 90-degree angle.) If the person has a permanent contraindication or precaution to MCV4, or if MCV4 is unavailable and immediate protection is needed, MPSV4 is an acceptable alternative, although it must be given subcutaneously. For adults age 56 years and older who have not received MCV4 previously and anticipate needing only 1 dose, administer 0.5 mL MPSV4 via the subcutaneous route (23–25g, ⅝" needle) in the posterolateral fat of the upper arm. For adults age 56 years and older who have received MCV4 previously or anticipate needing multiple doses (e.g., 1.b. through 1.e. above), administer MCV4.
5. Schedule additional vaccination as follows:
   a. For adults ages 55 years and younger who are either identified above in 1.c. or 1.d., or who have HIV infection and meet any of the criteria in 1. above, give 2 doses of MCV4, 2 months apart.
   b. For adults who remain at high risk (e.g., categories 1.b. through 1.e. above), give 1 dose every 5 years.
6. Document each patient's vaccine administration information and follow up in the following places:
   a. **Medical chart:** Record the date the vaccine was administered, the manufacturer and lot number, the vaccination site and route, and the name and title of the person administering the vaccine. If vaccine was not given, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal).
   b. **Personal immunization record card:** Record the date of vaccination and the name/location of the administering clinic.
7. Be prepared for management of a medical emergency related to the administration of vaccine by having a written emergency medical protocol available, as well as equipment and medications. To prevent syncope, vaccinate patients while they are seated or lying down and consider observing them for 15 minutes after receipt of the vaccine.
8. Report all adverse reactions to meningococcal vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or (800) 822-7967. VAERS report forms are available at www.vaers.hhs.gov.

This policy and procedure shall remain in effect for all patients of the Hilltown Community Hc. (name of practice or clinic) until rescinded or until _____ (date).

Medical Director's signature: Johnson FNP Effective date: 12/18/2014

Meningococcal Vaccination Recommendations by Age and/or Risk Factor

This table summarizes the recommendations of CDC's Advisory Committee on Immunization Practices for the use of meningococcal vaccine.

MCV4 = Menactra (sanofi) and Menveo (Novartis) **MCV4-D** = Menactra
MCV4-CRM = Menveo **Hib-MenCY** = MenHibrix (GlaxoSmithKline)
MPSV = Menomune (sanofi)

Targeted group by age and/or risk factor	Primary dose(s)	Booster dose(s)
People ages 11 through 18 years	Give 1 dose of MCV4, preferably at age 11 or 12 years[1]	Give booster at age 16 years if primary dose given at age 12 years or younger
		Give booster at age 16 through 18 years if primary dose given at age 13 through 15 years[2]
People ages 19 through 21 years who are first year college students living in residence halls	Give 1 dose of MCV4[1]	Give booster if previous dose given at age younger than 16 years
Travelers to or residents of countries where meningococcal disease is hyperendemic or epidemic,[3] people present during outbreaks caused by a vaccine serogroup,[4] and other people with prolonged increased risk for exposure (e.g., microbiologists routinely working with *Neisseria meningitidis*)		
• for children age 2 through 18 months	Give MCV4-CRM at ages 2, 4, 6 and 12–15 months[5]	If risk continues, give initial booster after 3 years followed by boosters every 5 years
• for children age 7 through 23 months who have not initiated a series of MCV4-CRM or Hib-MenCY	Give 2 doses, separated by 3 months,[6] of MCV4-CRM (if age 7–23 months)[7] or MCV4-D (if age 9–23 months)	
• for age 2 through 55 years	Give 1 dose of MCV4[1]	Boost every 5 years with MCV4[8,9]
• for age 56 years and older	If no previous MCV4 dose and either short-term travel or outbreak-related, give 1 dose of MPSV; all others, give 1 dose of MCV4	Boost every 5 years with MCV4[9]
People with persistent complement component deficiencies[10]		
• for age 2 through 18 months	Give MCV4-CRM or Hib-MenCY at ages 2, 4, 6 and 12–15 months	Give MCV4 booster after 3 years followed by boosters every 5 years thereafter
• for children age 7 through 23 months who have not initiated a series of MCV4-CRM or Hib-MenCY	Give 2 doses, separated by 3 months, of MCV4-CRM (if age 7–23 months)[7] or MCV4-D (if age 9–23 months)	
• for ages 2 through 55 years	Give 2 doses of MCV4, 2 months apart	Boost every 5 years with MCV4[8,11]
• for age 56 years and older	Give 2 doses of MCV4, 2 months apart	Boost every 5 years with MCV4[11]
People with functional or anatomic asplenia, including sickle cell disease		
• for age 2 through 18 months	Give MCV4-CRM or Hib-MenCY at ages 2, 4, 6 and 12–15 months	Give MCV4 booster after 3 years followed by boosters every 5 years thereafter
• for children age 19 through 23 months who have not initiated a series of MCV4-CRM or Hib-MenCY	Give 2 doses of MCV4-CRM, 3 months apart	
• for ages 2 through 55 years	Give 2 doses of MCV4, 2 months apart[12]	Boost every 5 years with MCV4[8,11]
• for age 56 years and older	Give 2 doses of MCV4, 2 months apart	Boost every 5 years with MCV4[11]

FOOTNOTES

1. If the person is HIV-positive, give 2 doses, 2 months apart.
2. The minimum interval between doses of MCV4 is 8 weeks.
3. Prior receipt of Hib-MenCY is not sufficient for children traveling to the Hajj or African meningitis belt as it doesn't provide protection against serogroups A or W.
4. Seek advice of local public health authorities to determine if vaccination is recommended.
5. Children ages 2 through 18 months who are present during outbreaks caused by serogroups C or Y may be given an age-appropriate series of Hib-MenCY.
6. If a child age 7 through 23 months will enter an endemic area in less than 3 months, give doses as close as 2 months apart.
7. If using MCV4-CRM, dose 2 should be given no younger than age 12 months.
8. If primary dose(s) given when younger than age 7 years, give initial booster after 3 years, followed by boosters every 5 years.
9. Booster doses are recommended if the person remains at increased risk.
10. Persistent complement component deficiencies include C3, C5–C9, properdin, factor H, and factor D.
11. If the person received a 1-dose primary series, give booster at the earliest opportunity, then boost every 5 years.
12. Children with functional or anatomic asplenia should complete an age-appropriate series of PCV13 vaccine before vaccination with MCV4-D; MCV4-D should be given at least 4 weeks following last dose of PCV13. MCV4-CRM or Hib-MenCY may be given at any time before or after PCV13.

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Standing Orders for Administering Meningococcal Vaccine to Children & Teens

Purpose: To reduce morbidity and mortality from meningococcal disease by vaccinating all children and teens who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.

Policy: Under these standing orders, eligible nurses and other healthcare professionals (e.g., pharmacists), where allowed by state law, may vaccinate children and teens who meet any of the criteria below.

Procedure

1. Identify children and teens in need of vaccination against meningococcal disease based on any of the following criteria:
   a. Age 11 through 18 years and unvaccinated or, for those age 16 years or older, last vaccinated when younger than age 16 years
   b. Anticipated first-year college student living in a residence hall and either unvaccinated or last vaccinated when younger than age 16 years (for college students ages 19 and older, see meningococcal vaccine standing orders for adults)
   c. Age 2 months and older with diagnosis of persistent complement component deficiency (an immune system disorder) or diagnosis of anatomic or functional asplenia (including sickle-cell disease); or children who are part of an outbreak attributable to a vaccine serogroup
   d. Age 9 months and older with anticipated travel to a country where meningococcal disease is hyperendemic or epidemic (e.g., the "meningitis belt" of sub-Saharan Africa), particularly if contact with the local population will be prolonged
   e. Military recruits
2. Screen all patients for contraindications and precautions to meningococcal vaccine:
   a. **Contraindications:** a history of a serious allergic reaction (e.g., anaphylaxis) after a previous dose of meningococcal vaccine or to a meningococcal vaccine component. For information on vaccine components, refer to the manufacturer's package insert (www.immunize.org/packageinserts) or go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.
   b. **Precaution:** moderate or severe acute illness with or without fever
3. Provide all patients (or, in the case of a minor, parent or legal representative) with a copy of the most current federal Vaccine Information Statement (VIS). You must document in the patient's medical record or office log, the publication date of the VIS and the date it was given to the patient (parent/legal representative). Provide non-English speaking patients with a copy of the VIS in their native language, if available and preferred; these can be found at www.immunize.org/vis.
4. Provide routine vaccination as follows: For children and teens age 11 through 12 years, give 1 dose with a booster dose at age 16 years. For teens age 13 through 18 years who have not previously received meningococcal vaccine, give 1 dose and a booster at age 16 through 18 years if previous dose was given at age 13 through 15 years.
5. Provide vaccination to children and teens with risk factors according to guidance on page 2 ("Meningococcal Vaccination Recommendations by Age and/or Risk Factor").
6. Administer 0.5 mL of age-appropriate vaccine intramuscularly in the anterolateral thigh muscle for infants and toddlers (deltoid may be used for toddlers with adequate muscle mass) or in the deltoid muscle of the arm for children and teens age 3 yrs and older (anterolaterial thigh muscle may be used if deltoid is inadequate). Use a 22–25 g needle. Choose needle length appropriate to the child's age and body mass: infants younger than age 12 mos: 1"; toddlers 1–2 yrs: 1–1¼" (anterolateral thigh) or ⅝"–1" (deltoid muscle); children age 3 yrs and older: ⅝"–1" (deltoid) or 1–1¼" (anterolateral thigh). A ⅝"needle may be used in toddlers and children if inserted in the deltoid muscle at 90-degree angle to the skin, which should be stretched flat between thumb and forefinger. If the person age 2 or older has a permanent contraindication or precaution to MCV4, or if MCV4 is unavailable and immediate protection is needed, meningococcal polysaccharide vaccine (MPSV4: Menomune) is an acceptable alternative, although it must be given subcutaneously. Administer 0.5 mL MPSV4 via the subcutaneous route (23–25g, ⅝" needle) in the posterolateral fat of the upper arm (in children, the anterolateral fat of the thigh may also be used).
7. Document each patient's vaccine administration information and follow up in the following places:
   a. **Medical chart:** Record the date the vaccine was administered, the manufacturer and lot number, the vaccination site and route, and the name and title of the person administering the vaccine. If vaccine was not given, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal).
   b. **Personal immunization record card:** Record the date of vaccination and the name/location of the administering clinic.
8. Be prepared for management of a medical emergency related to the administration of vaccine by having a written emergency medical protocol available, as well as equipment and medications. To prevent syncope in older children, vaccinate patients while they are seated or lying down and consider observing them for 15 minutes after receipt of the vaccine.
9. Report all adverse reactions to meningococcal vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or by calling (800) 822-7967. VAERS report forms are available at www.vaers.hhs.gov.

This policy and procedure shall remain in effect for all patients of the Hilltown Community HC (name of practice or clinic) until rescinded or until _____ (date).

Medical Director's signature: Johnson FNP Effective date: 12/18/2014

For standing orders for other vaccines, go to www.immunize.org/standing-orders

Technical content reviewed by the Centers for Disease Control and Prevention

IMMUNIZATION ACTION COALITION 1573 Selby Avenue • St. Paul, MN 55104 • 651-647-9009 • www.immunize.org • www.vaccineinformation.org

www.immunize.org/catg.d/p3081a.pdf • Item #P3081a (2/14)

Meningococcal Vaccination Recommendations by Age and/or Risk Factor

This table summarizes the recommendations of CDC's Advisory Committee on Immunization Practices for the use of meningococcal vaccine.

MCV4 = Menactra (sanofi) and Menveo (Novartis) **MCV4-D** = Menactra
MCV4-CRM = Menveo **Hib-MenCY** = MenHibrix (GlaxoSmithKline)
MPSV = Menomune (sanofi)

Targeted group by age and/or risk factor	Primary dose(s)	Booster dose(s)
People ages 11 through 18 years	Give 1 dose of MCV4, preferably at age 11 or 12 years[1]	Give booster at age 16 years if primary dose given at age 12 years or younger
		Give booster at age 16 through 18 years if primary dose given at age 13 through 15 years[2]
People ages 19 through 21 years who are first year college students living in residence halls	Give 1 dose of MCV4[1]	Give booster if previous dose given at age younger than 16 years
Travelers to or residents of countries where meningococcal disease is hyperendemic or epidemic,[3] people present during outbreaks caused by a vaccine serogroup,[4] and other people with prolonged increased risk for exposure (e.g., microbiologists routinely working with *Neisseria meningitidis*)		
• for children age 2 through 18 months	Give MCV4-CRM at ages 2, 4, 6 and 12–15 months[5]	If risk continues, give initial booster after 3 years followed by boosters every 5 years
• for children age 7 through 23 months who have not initiated a series of MCV4-CRM or Hib-MenCY	Give 2 doses, separated by 3 months,[6] of MCV4-CRM (if age 7–23 months)[7] or MCV4-D (if age 9–23 months)	
• for age 2 through 55 years	Give 1 dose of MCV4[1]	Boost every 5 years with MCV4[8,9]
• for age 56 years and older	If no previous MCV4 dose and either short-term travel or outbreak-related, give 1 dose of MPSV; all others, give 1 dose of MCV4	Boost every 5 years with MCV4[9]
People with persistent complement component deficiencies[10]		
• for age 2 through 18 months	Give MCV4-CRM or Hib-MenCY at ages 2, 4, 6 and 12–15 months	Give MCV4 booster after 3 years followed by boosters every 5 years thereafter
• for children age 7 through 23 months who have not initiated a series of MCV4-CRM or Hib-MenCY	Give 2 doses, separated by 3 months, of MCV4-CRM (if age 7–23 months)[7] or MCV4-D (if age 9–23 months)	
• for ages 2 through 55 years	Give 2 doses of MCV4, 2 months apart	Boost every 5 years with MCV4[8,11]
• for age 56 years and older	Give 2 doses of MCV4, 2 months apart	Boost every 5 years with MCV4[11]
People with functional or anatomic asplenia, including sickle cell disease		
• for age 2 through 18 months	Give MCV4-CRM or Hib-MenCY at ages 2, 4, 6 and 12–15 months	Give MCV4 booster after 3 years followed by boosters every 5 years thereafter
• for children age 19 through 23 months who have not initiated a series of MCV4-CRM or Hib-MenCY	Give 2 doses of MCV4-CRM, 3 months apart	
• for ages 2 through 55 years	Give 2 doses of MCV4, 2 months apart[12]	Boost every 5 years with MCV4[8,11]
• for age 56 years and older	Give 2 doses of MCV4, 2 months apart	Boost every 5 years with MCV4[11]

FOOTNOTES

1. If the person is HIV-positive, give 2 doses, 2 months apart.
2. The minimum interval between doses of MCV4 is 8 weeks.
3. Prior receipt of Hib-MenCY is not sufficient for children traveling to the Hajj or African meningitis belt as it doesn't provide protection against serogroups A or W.
4. Seek advice of local public health authorities to determine if vaccination is recommended.
5. Children ages 2 through 18 months who are present during outbreaks caused by serogroups C or Y may be given an age-appropriate series of Hib-MenCY.
6. If a child age 7 through 23 months will enter an endemic area in less than 3 months, give doses as close as 2 months apart.
7. If using MCV4-CRM, dose 2 should be given no younger than age 12 months.
8. If primary dose(s) given when younger than age 7 years, give initial booster after 3 years, followed by boosters every 5 years.
9. Booster doses are recommended if the person remains at increased risk.
10. Persistent complement component deficiencies include C3, C5–C9, properdin, factor H, and factor D.
11. If the person received a 1-dose primary series, give booster at the earliest opportunity, then boost every 5 years.
12. Children with functional or anatomic asplenia should complete an age-appropriate series of PCV13 vaccine before vaccination with MCV4-D; MCV4-D should be given at least 4 weeks following last dose of PCV13. MCV4-CRM or Hib-MenCY may be given at any time before or after PCV13.

Technical content reviewed by the Centers for Disease Control and Prevention

Hilltown Community Health Centers, Inc.

Medical Department Standing Order
Medical Reception
Medical Referrals
Nursing

SUBJECT: Administering Measles, Mumps & Rubella Vaccine to Adults
REGULATORY REFERENCE: Centers for Disease Control and Prevention

Purpose:

Hilltown Community Health Centers, Inc (HCHC) management has adopted this standing order to have a formal documented process for vaccinating all adults who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.

Order:

Under these standing orders, eligible nurses may vaccinate adults who meet any of the criteria below.

Procedure:

1. Identify adults in need of initial vaccination against measles, mumps, or rubella who
   a. were born in 1957 or later with no history of receipt of live, measles-, mumps-, and/or rubella-containing vaccine given at age 12 months or older or other acceptable evidence of immunity (e.g., laboratory evidence);
   b. are women of any age planning to become pregnant and who do not have evidence of immunity; or
   c. are healthcare workers born before 1957 without evidence of immunity. Measles, mumps, and rubella (MMR) vaccine (rather than single-antigen vaccine) is recommended if one or more antigens is indicated.
2. Identify adults in need of a second dose of MMR vaccine who
   a. were born in 1957 or later and are either planning to travel internationally, a student in a college, university, technical, or vocational school, or
   b. are healthcare workers born before 1957 at potential risk of infection from a current mumps outbreak.
3. Screen all patients for contraindications and precautions to measles, mumps, and rubella (MMR) vaccine:
   a. **Contraindications:**
      - a history of a serious reaction (e.g., anaphylaxis) after a previous dose of MMR vaccine or to an MMR vaccine component. Refer to the attached list of contraindications and precautions.
      - pregnant now or may become pregnant within 1 month

- known severe immunodeficiency, hematologic and solid tumors; congenital immunodeficiency; receiving long-term immunosuppressive therapy, severely immuno-compromised from HIV infection, including CD4+ T-lymphocyte count of less than 200 cells per μL

b. **Precautions:**

- recent (within the past 11 months) receipt of antibody-containing blood product (specific interval depends on product)
- history of thrombocytopenia or thrombocytopenic purpura
- moderate or severe acute illness with or without fever

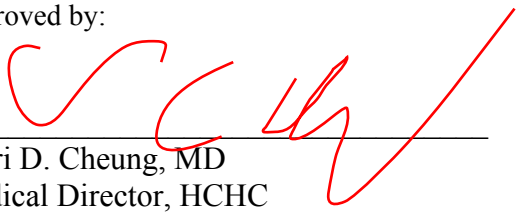
4. Provide all patients with a copy of the most current federal Vaccine Information Statement (VIS). You must document the publication date of the VIS and the date it was given to the patient in the EMR.
5. Administer 0.5 mL MMR vaccine subcutaneously (23–25 g, 5/8" needle) in the posterolateral fat of the upper arm.
6. For adults in need of a second dose of MMR, observe a minimum interval of 4 weeks between the first and second doses.
7. Document each patient's vaccine administration information and follow up in the Progress note of the nurse visit. Record the date the vaccine was administered, the manufacturer and lot number, the vaccination site and route, and the name and title of the person administering the vaccine. If vaccine was not given, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal).
8. Be prepared for management of a medical emergency related to the administration of vaccine by having a written emergency medical protocol available, as well as equipment and medications.
9. Report all adverse reactions to MMR vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or by calling (800) 822-7967.

Questions regarding this standing order or any related procedure should be directed to the Medical Operations Manager at 413-238-4138.

Originally Drafted: Nov 2012

Reviewed or Revised: _____

Approved by:



Sheri D. Cheung, MD
Medical Director, HCHC

Attachment
Table of Contraindications & Precautions

Hilltown Community Health Centers, Inc.

Medical Department Standing Order
Medical Reception
Medical Referrals
Nursing

SUBJECT: Testing for patients with acute illness
REGULATORY REFERENCE:

Purpose:

Hilltown Community Health Centers, Inc (HCHC) management has adopted this standing order to have a formal documented process for ensuring appropriate testing is performed for certain acute illnesses

Order:

All patients displaying the symptoms listed below shall have the indicated testing performed by a medical assistant or nurse.

Procedure:

1. All patients age 5 and above with shortness of breath will have peak flows or spirometry performed.
2. All patients with shortness of breath, abnormal respiratory rate or on home O2 will have O2 saturation checked.
3. Any Pt with cough who has asthma, COPD, or has had the cough in excess of 1 month of cough will have peak flow or spirometry performed.
4. All patients with urinary symptoms and fever will have a clean-catch urine performed.
5. All patients age 4 and above with sore throat and no chough or runny nose will have rapid strep test.
6. All patients age 6 and above with an eye complaint will have vision screening done.

Questions regarding this policy or any related procedure should be directed to the Medical Operations Manager at 413-238-4138.

Originally Drafted: Nov 2012

Reviewed or Revised: _Oct 2013._____

Approved by:

Jennie Howland, MD
Medical Director, HCHC

Hilltown Community Health Centers, Inc.

Medical Department Standing Order
Medical Reception
Medical Referrals
Nursing

SUBJECT: Routine Preventive Care for Children and Adolescents
REGULATORY REFERENCE: None

Purpose:

Hilltown Community Health Centers, Inc (HCHC) management has adopted this standing order to have a formal documented process to improve immunization rates and standard screening rates for children and adolescents.

Order:

This order will be used by medical assistants and nursing staff in providing preventive care for the patient population meeting the criteria described below.

Procedure:

1. For all patients age 0-3 developmental screening will be done at every well child visit with PEDS RESPONSE FORM.
2. For all patients 18 and 24 months MCHAT autism screen will also be done.
3. For all patients 4-21 behavioral screening with PEDIATRIC SYMPTOM CHECKLIST will be done and scored with score entered into the EMR.
4. For all patients 11 and up, annual depression screening will be done using PHQ-2.
5. For all patients at 12 months, lead screening and hct should be done.
6. For all patients, height and weight will be recorded at every visit to assess BMI.
7. For all patients aged 0 to 11 years, secondary tobacco exposure will be assessed one time a year.
8. For all patients 11 and older, smoking status will be assessed one time a year. If the patient is an active smoker, smoking status will be assessed twice a year and cessation advice provided.
9. For all patients 11 and older, drug and alcohol use will be assessed one time a year.
10. All patients 12 and older will receive a Tdap vaccination IAW the Tdap standing order.
11. All patients 6 months and above will be offered flu shot from September to March each year IAW the influenza vaccine standing order.

12. For all sexually active patients age 11 -24, a urine Gc/CT will be ordered annually.

Questions regarding this policy or any related procedure should be directed to the Medical Operations Manager at 413-238-4138.

Originally Drafted: Nov 2012

Reviewed or Revised: October 2013_____

Approved by:

Jennie Howland, MD
Medical Director, HCHC

Standing Orders for Administering Inactivated Poliovirus Vaccine to Children & Teens

Purpose: To reduce morbidity and mortality from poliomyelitis by vaccinating all children and teens who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP).

Policy: Under these standing orders, eligible nurses and other healthcare professionals (e.g., pharmacists), where allowed by state law, may vaccinate children and teens who meet any of the criteria below.

Procedure

1. Identify infants, children, and teens ages 2 months through 17 years who have not completed a poliomyelitis vaccination series.
2. Screen all patients for contraindications and precautions to inactivated poliovirus vaccine (IPV):
   a. **Contraindications:** a history of a serious reaction (e.g., anaphylaxis) after a previous dose of IPV or to an IPV vaccine component. For information on vaccine components, refer to the manufacturer's package insert (www.immunize.org/package-inserts) or go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.
   b. **Precautions:**
      - moderate or severe acute illness with or without fever
      - pregnancy
3. Provide all patients (or, in the case of a minor, parent or legal representative) with a copy of the most current federal Vaccine Information Statement (VIS). You must document in the patient's medical record or office log, the publication date of the VIS and the date it was given to the patient (parent/legal representative). Provide non-English speaking patients with a copy of the VIS in their native language, if available and preferred; these can be found at www.immunize.org/vis.
4. Provide routine vaccination with IPV at ages 2 months, 4 months, 6–18 months, and 4–6 years. Administer 0.5 mL IPV intramuscularly in the vastus lateralis for infants (and toddlers lacking adequate deltoid mass) and in the deltoid muscle (for toddlers and older children). Use a 22–25 g needle. Choose needle length appropriate to the child's age and body mass: infants younger than 12 mos: 1"; 1 through 2 yrs: 1–1¼"; 3 yrs and older: 1–1½". (Note: A ⅝" needle may be used for patients weighing less than 130 lbs [60kg] for injection in the deltoid muscle *only* if the subcutaneous tissue is not bunched and the injection is made at a 90-degree angle.) IPV may also be given subcutaneously (23–25g, ⅝" needle) in the anterolateral fat of the thigh for infants younger than 12 mos and in the posterolateral fat of the upper arm (for older children and teens).
5. For children and teens who have not received IPV at the ages specified in #4, give one dose at the earliest opportunity and then schedule subsequent doses by observing minimum intervals of 4 weeks between doses 1–2 and, if child younger than age 4 years, between doses 2–3. Give a final dose at age 4 years or older, separated by a minimum interval of 6 months from the previous dose. If the child or teen has received a third dose at age 4 years or older, a fourth dose is not necessary.
6. Document each patient's vaccine administration information and follow up in the following places:
   a. **Medical chart:** Record the date the vaccine was administered, the manufacturer and lot number, the vaccination site and route, and the name and title of the person administering the vaccine. If vaccine was not given, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal).
   b. **Personal immunization record card:** Record the date of vaccination and the name/location of the administering clinic.
7. Be prepared for management of a medical emergency related to the administration of vaccine by having a written emergency medical protocol available, as well as equipment and medications. To prevent syncope in older children, vaccinate patients while they are seated or lying down and consider observing them for 15 minutes after receipt of the vaccine.
8. Report all adverse reactions to IPV to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or by calling (800) 822-7967. VAERS report forms are available at www.vaers.hhs.gov.

This policy and procedure shall remain in effect for all patients of the Hilltown Community HC (name of practice or clinic) until rescinded or until _____ (date).

Medical Director's signature: Ojohnson FNP Effective date: 12/18/2014

For standing orders for other vaccines, go to www.immunize.org/standing-orders

Technical content reviewed by the Centers for Disease Control and Prevention

IMMUNIZATION ACTION COALITION Saint Paul, Minnesota • 651-647-9009 • www.immunize.org • www.vaccineinformation.org

www.immunize.org/catg.d/p3071.pdf • Item #P3071 (10/14)

Standing Orders for Administering Rotavirus Vaccine to Infants

Purpose: To reduce morbidity and mortality from rotavirus disease by vaccinating all infants who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.

Policy: Under these standing orders, eligible nurses and other healthcare professionals (e.g., pharmacists), where allowed by state law, may vaccinate infants who meet the criteria below.

Procedure

1. Identify infants ages 6 weeks through 7 months (not for 8 months or older) who have not completed a rotavirus (RV) vaccination series.
2. Screen all patients for contraindications and precautions to rotavirus vaccine:
   a. **Contraindications:**
      - History of a serious allergic reaction (e.g., anaphylaxis) after a previous dose of RV vaccine or to an RV vaccine component (Note: latex rubber is contained in the Rotarix oral applicator). For information on vaccine components, refer to the manufacturers' package insert (www.immunize.org/packageinserts) or go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.
      - Diagnosis of severe combined immunodeficiency (SCID)
      - History of intussusception
   b. **Precautions:**
      - Altered immunocompetence
      - Chronic gastrointestinal disease
      - Spina bifida or bladder exstrophy
      - Moderate or severe acute illness with or without fever
3. Provide all patients (parent/legal representative) with a copy of the most current federal Vaccine Information Statement (VIS). You must document, in the patient's medical record or office log, the publication date of the VIS and the date it was given to the patient (parent/legal representative). Provide non-English speaking patients with a copy of the VIS in their native language, if available; these can be found at www.immunize.org/vis.
4. Provide routine vaccination with Rotarix at ages 2 and 4 months OR provide routine vaccination with RotaTeq at ages 2, 4, and 6 months. Administer the full dose (1 mL for Rotarix; 2 mL for RotaTeq) of vaccine by administering the entire contents of the dosing applicator of the liquid vaccine into the infant's mouth toward the inner cheek until empty. Note that Rotarix needs to be reconstituted before administration; RotaTeq does not.
5. For infants who have not received RV vaccine by age 2 months, give the first dose at the earliest opportunity but no later than age 14 weeks 6 days. Then schedule subsequent doses by observing minimum intervals of 4 weeks between the remaining one (if Rotarix) or two (if RotaTeq) dose(s) such that the final dose can be administered by age 8 months 0 days. Do not administer any RV vaccine beyond the age of 8 months 0 days.
6. Document each patient's vaccine administration information and follow up in the following places:
   a. **Medical chart:** Record the date the vaccine was administered, the manufacturer and lot number, the vaccination site and route, and the name and title of the person administering the vaccine. If vaccine was not given, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal).
   b. **Personal immunization record card:** Record the date of vaccination and the name/location of the administering clinic.
7. Be prepared for management of a medical emergency related to the administration of vaccine by having a written emergency medical protocol available, as well as equipment and medications.
8. Report all adverse reactions to RV vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or (800) 822-7967. VAERS report forms are available at www.vaers.hhs.gov.

This policy and procedure shall remain in effect for all patients of the Hilltown Community HC (name of practice or clinic) until rescinded or until _____ (date).

Medical Director's signature: C Johnson FNP Effective date: 12/18/2014

Hilltown Community Health Centers, Inc.

Medical Department Standing Order
Medical Reception
Medical Referrals
Nursing

SUBJECT: Routine Disease Surveillance
REGULATORY REFERENCE:

Purpose:

Hilltown Community Health Centers, Inc (HCHC) management has adopted this standing order to have a formal documented process to improve care for patients with chronic disease.

Order:

Standing orders may be used by medical assistants and nursing staff for the patient population identified below.

Procedure:

1. For all patients with HTN, basic metabolic panel and in house urine dip will be ordered annually.
2. For all patients with Diabetes, HgAIC will be ordered biannually, lipid panel and microalbumin will be ordered annually, foot exam will be performed annually, and eye exam will be ordered annually.
3. For all patients with hypothyroid, TSH will be ordered annually.
4. For all patient with chronic pain who are on narcotics, utox will be ordered biannually and in addition at the discretion of nursing.
5. For all patients with hyperlipidemia, fasting lipid profile will be ordered annually.
6. For all patients with coronary artery disease, fasting lipid profile will be ordered annually.
7. For all patients 5 and above with asthma, asthma smart form will be used at routine WCC/WAC/ or other routine follow ups when the patient is NOT having an asthma exacerbation.
8. For all patients 5 and above with asthma, asthma action forms will be given annually.
9. For all patients 5 and above with asthma, peak flows or spirometry will be done at each visit.
10. For all patients 7 - 21 with ADHD, an ADHD goal form will be given at ADHD follow up visits.

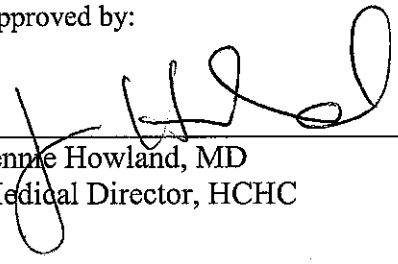
11. For all patients with Diabetes, COPD, chronic pain, depression screening PHQ2 will be done twice a year.

Questions regarding this policy or any related procedure should be directed to the Medical Operations Manager at 413-238-4138.

Originally Drafted: Nov 2012

Reviewed or Revised: October 2013_____

Approved by:



Jennie Howland, MD
Medical Director, HCHC

HILLTOWN COMMUNITY HEALTH CENTER

STANDING ORDER FOR TWO STEP PPD

Appointment schedule for two-step testing

Visit 1, day 1

- The first TST is given according to vaccination handout instructions and the applicant/student is told to return in 48 to 72 hours for the test to be read.

Visit 2, day 2 - 3

- The first TST is evaluated, measured, and interpreted. The results are documented in millimeters (e.g. 0 mm, 4 mm, 12 mm).
- If the first TST is negative, the applicant/student is given an appointment to return for a second test in 7 – 21 days.
- If the first TST is positive, it indicates that the applicant/student is infected with TB. No further testing is indicated. The applicant/student will be referred for a chest x-ray and physician evaluation. An asymptomatic applicant/student, whose chest x-ray indicates no active disease, may attend class/clinical.

Visit 3, day 7 - 21

- The second TST will be given according to vaccination handout instructions to all applicants/students whose first test was negative, using the alternate arm.

Visit 4, 48 - 72 hours after the second test

- The second TST is evaluated, measured, and interpreted. The results are documented in millimeters (e.g. 0 mm, 4 mm, 12 mm).
- If the second TST is negative, the applicant/student is not infected.
- If the second test is positive, it indicates that the applicant/student is infected with TB. No further testing is indicated. The applicant/student will be referred for a chest x-ray and physician evaluation. An asymptomatic applicant/student, whose chest x-ray indicates no active disease, may attend class/clinical.

Signed into effect December 18, 2014

Medical Director Signature D Johnson FNP

Diana Johnson, FNP Medical Council Member

Hilltown Community Health Centers, Inc.

Medical Department Standing Order
Medical Reception
Medical Referrals
Nursing

SUBJECT: Ordering Mammograms
REGULATORY REFERENCE:

Purpose:

Hilltown Community Health Centers, Inc (HCHC) management has adopted this standing order to have a formal documented process for ordering mammograms for eligible populations.

Order:

When requested, women between 40 and 70 years of age who meet the criteria below will have a mammogram ordered.

Procedure:

1. When a call is received by reception, the person answering the call will look up the patient and initiate a telephone encounter.
2. Ensure the following criteria are met:
   a. The patient at least 40 years of age.
   b. The patient has not had a mammogram within the past year.
   c. The patient has not had an abnormal mammogram in the past.
3. If any of the above are not met, note and forward the telephone encounter to nursing.
4. If the patient meets the criteria outlined in 2 above, click on the **Virtual Visit** tab in the telephone encounter.
5. Click the **Treatment** section heading.
6. Click the **Template** icon on the toolbar and search for the mammogram template in the **Standing Orders & Procedures** category.
7. Select **Standing Order: Mammogram Screening** and click the **Merge Template** button.
8. Close the template window and close the Treatment window; the order will be in the encounter.
9. Click on the order to open and ask the patient where they would like to have the mammogram performed. Enter that information in the internal notes field.

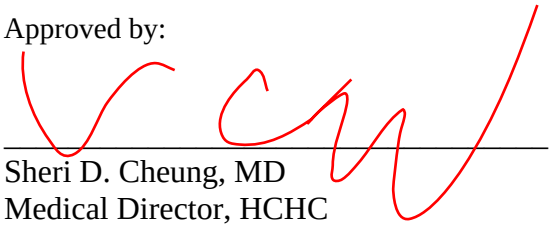
10. You can fax or print/mail the order for the patient, depending on their wishes. If faxed, click Fax with comments and make a note that the patient will call to set up the appointment.
11. Enter appropriate fax contact information and send.
12. **Address** the telephone encounter.

Questions regarding this standing order or any related procedure should be directed to the Medical Operations Manager at 413-238-4138.

Originally Drafted: Nov 2012

Reviewed or Revised: _____

Approved by:



Sheri D. Cheung, MD
Medical Director, HCHC

Hilltown Community Health Centers, Inc.

Medical Department Standing Order
Medical Reception
Medical Referrals
Nursing

SUBJECT: Monitoring and adjusting Coumadin (Warfarin) dosing via INR
REGULATORY REFERENCE: None

Purpose:

Hilltown Community Health Centers, Inc (HCHC) management has adopted this standing order to have a formal documented process for monitoring and adjusting Coumadin (Warfarin) dosing.

Order:

Under these standing orders, eligible nurses (RN and LPN's) may receive INR levels, utilize nomogram, and adjust Coumadin (Warfarin) levels, as well as create standing or prn orders for PT/INR labs draws according to the criteria listed below.

Procedure:

A. Initiation of Warfarin:

1. Patients who are being started on anticoagulation with Warfarin should not be managed by the nursing staff using the process and algorithm below.
2. These patients require more rapid titration, and may need bridging therapy to reach target INR.
3. These patients will be managed by a medical provider. Providers may wish to refer to: Warfarin and other VKAs: Dosing and adverse effects in UpToDate, or Wigle, Hein, Bloomfield, et al. Updated guidelines for outpatient anticoagulation, Am Fam Phys 2013. April 15;87(8):556-566
4. The medical provider will document in a telephone encounter and on the patient anticoagulation flow sheet when the patient is no longer considered a "new start" and nursing can manage the patient using the established patient process and algorithm below.
5. Patients who have interrupted their anticoagulation for surgical procedures or other reasons and are being restarted on warfarin will be treated as are patients initiating warfarin for the first time. Typically, if the interruption was brief, patients will be restarted on their previous therapeutic dose and rechecked in a week.

B. Established patients on Warfarin:

1. Follow the nursing PT/INR process to identify INR's. When providers receive PT/INR laboratory results through the interface, these should be forwarded to Nursing at HHC or WHC as indicated, without being reviewed. Nursing staff will review these results daily, respond to the value as appropriate, and send a TE back to the provider as described below. (If the PT/INR results are part of a scanned document which includes other laboratory values, the provider should follow this same procedure, and the nurse will send the labs back to the provider for review.)
2. Follow the nomogram below based on the INR results and target INR.
3. Update the flow sheet with INR results.

4. If the INR is < 5.0 for target INR range of 2-3, or < 5.5 for target INR range of 2.5-3.5 call the patient with Coumadin dosing schedule and next INR lab draw due date. Forward TE to PCP as an FYI only.
5. If the INR is above 5.0 for target INR range of 2-3, or above 5.5 for target INR range of 2.5-3.5, assess for changes in diet and medications, as well as for bleeding. Create telephone encounter and forward to PCP or covering provider as high priority for Coumadin dosing instructions, and communicate directly with the provider.

Target INR 2 - 3

INR	<1.8	1.8-1.9	2.0-3.0	3.1 - 3.2	3.3 - 4.0	4.1-5.0	> 5
Adjustment	Increase dose by 10%	1.No change x one draw 2. Second consecutive result. TE to provider to advise on dosing and redraw	no change	1.No change x one draw 2.Second Consecutive result. TE to Provider to advise on dosing and redraw	decrease by 10%	hold for 1 day, then decrease dose by 10%	Provider to decide
Next INR	7 days	7 days x one draw 2. second consecutive to provider to advise redraw	number of consecutive in-range INR's X1 week max 4 weeks		7 days	7 days	

Target INR 2.5-3.5

INR	< 2.3	2.3 - 2.4	2.5 - 3.5	3.6 - 3.7	3.8 - 4.4	4.5 - 5.5	> 5.5
Adjustment	Increase dose by 10%	1.No change x one draw 2. Second consecutive result. TE to provider to advise on dosing and redraw	No change in dosing	1.No change x one draw 2. Second consecutive result. TE to provider to advise on dosing and redraw	Decrease by 10%	Hold for 1 day, then decrease dose by 10%	Provider to decide
Next INR	7 days	7 days x one draw 2. second consecutive to provider to advise redraw	number of consecutive in-range INR's X1 week max 4 weeks	7 days x one draw 2. second consecutive to provider to advise redraw	7 days	7 days	

Special Instructions:

If a patient on Coumadin (Warfarin) is started on an antibiotic, the patient should be instructed to continue their current Coumadin dose and repeat their INR two days after starting their course of antibiotics. The directions and Nomograms above should still be followed.

If the patient is believed to be persistently non-adherent to medication or to monitoring of their INR, this should be communicated to the provider in a telephone encounter, and an explicit plan developed for management of the patient which includes appropriate telephone, in person and written communication with the patient.

Questions regarding this standing order or any related procedure should be directed to the Medical Director at 413-667-3009, x207.

Originally Drafted: Feb 2014

Reviewed or Revised: _____

Approved by

Jonathan Liebman, ANP
Medical Director

8/10/16
Date

Hilltown Community Health Centers, Inc.

Medical Department Standing Order
Medical Reception
Medical Referrals
Nursing

SUBJECT: Administering a Depo-Provera injection
REGULATORY REFERENCE: None

Purpose:

Hilltown Community Health Centers, Inc (HCHC) management has adopted this standing order to have a formal documented process for administering a Depo-Provera injection.

Order:

Under these standing orders, eligible nurses may administer a Depo-Provera injection to patients who meet the criteria below.

Procedure:

1. **Depo-Provera may be administered provided the following have been met:**
   a. Side effects of Depo-Provera have been discussed (effect on menstrual bleeding, acne, failure rate, does not protect against STIs, average weight gain of 1 – 4 kg, prolonged return to fertility, decreased bone mineral density with prolonged use)
   b. Informed consent has been obtained
   c. Advise that contraception will be effective in 1 week, or if given on first 5 days of period is effective immediately
   d. Advise due date for next injection – due date will be 12 weeks from injection, but there is no limit on how early it can be (for example, safe to give 9 weeks after previous injection) and can be up to 14 weeks after previous injection
   e. Negative HCG at the 1st and 2nd injections and if patient returns > 14 weeks from previous injection
2. **Contraindications:**
   a. Undiagnosed vaginal bleeding
   b. Known or suspected breast malignancy
   c. Active thrombophlebitis or VTE (Provider should prescribe in these circumstances)
   d. Significant liver disease
   e. Previous allergic reaction to Depo Provera
   f. Currently taking the medication aminoglutethimide (Cytadren)

3. **Precautions**

Depression, osteoporosis or history of fragility fracture, prolonged use, lactation, history of thromboembolic, thrombotic disorders, visual disturbances, migraine, jaundice, liver disease, undiagnosed abnormal irregular vaginal bleeding, undiagnosed breast lumps, severe uncontrolled hypertension.

4. **Administration:**

a. Record blood pressure and weight

b. Administer 150 mg/ml – 1 ml Depo Provera by deep intramuscular injection.

c. Patient must remain in the clinic for 20 minutes after injection to monitor for anaphylactic reaction

5. **Documentation:**

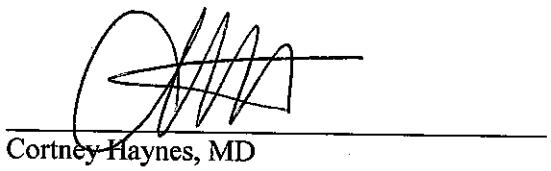
a. Document each patient's injection administration information and follow up in the Progress note of the nurse visit. Record the date the injection was administered, the manufacturer and lot number, the vaccination site and route, and the name and title of the person administering the injection.

Questions regarding this standing order or any related procedure should be directed to the Medical Operations Manager at 413-238-4138.

Originally Drafted: Nov 2012

Reviewed or Revised: February 2014

Approved by:



Cortney Haynes, MD
Medical Council, HCHC

Hilltown Community Health Centers, Inc.

Medical Department Standing Order
Medical Reception
Medical Referrals
Nursing

SUBJECT: Administering Hepatitis A Vaccine to Adults & Children
REGULATORY REFERENCE: Centers for Disease Control and Prevention

Purpose:

Hilltown Community Health Centers, Inc (HCHC) management has adopted this standing order to have a formal documented process for vaccinating all adults who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.

Order:

Under these standing orders, eligible nurses may vaccinate patients who meet any of the criteria below.

Procedure:

1. **Adults**:
    1. Any adult who wants to be protected from Hepatitis A
    2. An unvaccinated adult age 40 years or younger with recent possible exposure to HAV (e.g., within previous two weeks).

(Note: Adults older than age 40 years who have an indication for vaccination can and should receive both IG and vaccine.)

2. **Children**:
    a. Age 12–23 months
    b. Age 2–18 years who live in communities, regions, or states where routine vaccination is recommended (contact your health department for recommendations)
    c. An unvaccinated child or teen with recent possible exposure to HAV (e.g., within previous two weeks).

(Note: Children younger than age 12 months should be given IG instead of vaccine.)

    d. Any other child or teen who wants to be protected from Hepatitis A

3. **All Patients**
    a. Anticipated travel to a country with intermediate or high endemicity for hepatitis A (i.e., all except Canada, Japan, Australia, New Zealand, and Western Europe)

b. Anticipated close personal contact with an international adoptee from a country of high or intermediate endemicity during the first 60 days after the arrival of the adoptee in the United States

c. A male who has sex with other males

d. Users of street drugs (injecting and non-injecting)

e. Diagnosis of chronic liver disease, including hepatitis B and C

f. Diagnosis of a clotting-factor disorder, such as hemophilia

4. Screen all patients for contraindications and precautions to the Influenza vaccine:

   a. **Contraindications:** a history of a serious reaction after a previous dose of hepatitis A vaccine or to a hepatitis A vaccine component. Refer to the attached table of contraindications

   b. **Precautions:** a moderate or severe acute illness with or without fever; pregnancy

5. Provide all patients or parents/guardians with a copy of the most current federal Vaccine Information Statement (VIS). You must document the publication date of the VIS and the date it was given to the patient in the EMR.

6. Adults

a. For patients younger than age 19 years, administer 0.5 mL hepatitis A vaccine, and for patients age 19 years and older, administer 1.0 mL hepatitis A vaccine.

b. Give vaccine intramuscularly (22–25 g, 1–1½" needle) in the deltoid muscle.

(Note: a 5/8" needle may be used for patients who weigh less than 130 lbs [<60 kg] for injection in the deltoid muscle, only if the skin is stretched tight, subcutaneous tissue is not bunched, and the injection is made at a 90-degree angle.)

c. Provide a subsequent dose of hepatitis A vaccine to complete each patient's 2-dose schedule by observing a minimum interval of 6 months between the first and second doses.

7. **Children**

   a. Administer hepatitis A vaccine intramuscularly as follows: 0.5 mL for patients age 1–18 years and 1.0 mL for patients age 19 years and older.

   b. Use a 22–25 g needle.

   c. Choose needle length appropriate to the child's age and body mass:

      1) 1 through 2 yrs: 1–11/4";

      2) 3 yrs and older: 1–11/2".

   (Note: a 5/8" needle may be used for patients who weigh less than 130 lbs [<60 kg] for injection in the deltoid muscle, only if the skin is stretched tight, subcutaneous tissue is not bunched, and the injection is made at a 90-degree angle.)

   d. Provide a subsequent dose of hepatitis A vaccine to complete each patient's 2-dose schedule by observing a minimum interval of 6 months between the first and second doses.

8. Document each patient's vaccine administration information and follow up in the Progress note of the nurse visit. Record the date the vaccine was administered, the manufacturer and lot number, the vaccination site and route, and the name and title of the person administering the vaccine. If vaccine was not given, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal).

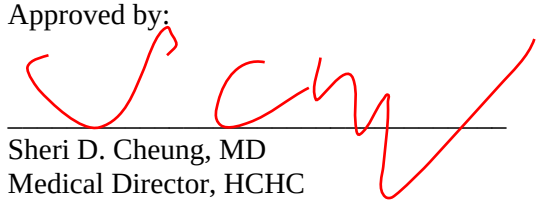
9. Be prepared for management of a medical emergency related to the administration of vaccine by having a written emergency medical protocol available, as well as equipment and medications.
10. Report all adverse reactions to Hepatitis A vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or by calling (800) 822-7967.

Questions regarding this standing order or any related procedure should be directed to the Medical Operations Manager at 413-238-4138.

Originally Drafted: Nov 2012

Reviewed or Revised: _____

Approved by:



Sheri D. Cheung, MD
Medical Director, HCHC

Attachment
Table of Contraindications & Precautions

Hilltown Community Health Centers, Inc.

Medical Department Standing Order
Medical Reception
Medical Referrals
Nursing

SUBJECT: Administering Hepatitis B Vaccine to Adults & Children
REGULATORY REFERENCE: Centers for Disease Control and Prevention

Purpose:

Hilltown Community Health Centers, Inc (HCHC) management has adopted this standing order to have a formal documented process for vaccinating all adults who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.

Order:

Under these standing orders, eligible nurses may vaccinate patients who meet any of the criteria below.

Procedure:

1. **Adults**: Identify adults with no or unknown history of prior receipt of a complete series of hepatitis B vaccine who are in need of hepatitis B vaccination based on the following:*
   a. Age 19 years or older meeting any of the following criteria:
      1) Patient with end-stage renal disease, including patients receiving hemodialysis; HIV infection; or chronic liver disease
      2) Sexually active and not in a long-term, mutually monogamous relationship (i.e., more than 1 sex partner during the previous 6 months)
      3) Under evaluation or treatment for a sexually transmitted infection (STI)
      4) A male who has sex with males or a current or recent injection-drug use
      5) At occupational risk of infection through exposure to blood or blood-contaminated body fluids (e.g., healthcare worker, public safety worker, trainee in a health professional or allied health school)
      6) Client or staff of an institution for persons with developmental disabilities
      7) Sex partner or household member of a person who is chronically infected with HBV (including an HBsAg-positive adopted child)
      8) Planned travel to a country with high or intermediate prevalence of chronic HBV infection (a list of countries is available at www.cdc.gov/travel/diseases.htm)
      9) Housed in or seen for care in a setting in which a high proportion of people have risk factors for HBV infection (e.g., STI treatment settings, correctional facilities, institutions for developmentally disabled people)

b. Age 19 through 59 years with diabetes mellitus

c. Age 60 years or older with diabetes mellitus, at the discretion of the treating clinician

d. Any person who wants to be protected from HBV infection and lacks a specific risk factor

2. **Children**:

a. Identify infants, children, and teens who have not begun or have not completed a hepatitis B vaccination series.*

3. Screen all patients for contraindications and precautions to the Influenza vaccine:

a. **Contraindications:** a history of a severe allergic reaction (e.g., anaphylaxis) after a previous dose of hepatitis B vaccine or to a hepatitis B vaccine component. Refer to the attached table of contraindications

b. **Precautions:** a moderate or severe acute illness with or without fever

4. Provide all patients or parents/guardians with a copy of the most current federal Vaccine Information Statement (VIS). You must document the publication date of the VIS and the date it was given to the patient in the EMR.

5. Adults

a. Administer hepatitis B vaccine intramuscularly (22–25g, 1–1½" needle) in the deltoid muscle; the anterolateral thigh muscle may be used if deltoid is inadequate.

(Note: a 5/8" needle may be used for adults weighing less than 130 lbs [60 kg] for injection in the deltoid muscle only if the subcutaneous tissue is not bunched and the injection is made at a 90 degree angle.)

b. For people age 20 years or older, administer 1.0 mL dosage; for people age 19 years or younger, administer 0.5 mL dosage.

c. Provide subsequent doses of hepatitis B vaccine to complete each patient's 3-dose schedule by observing a minimum interval of 4 weeks between the first and second doses, 8 weeks between the second and third doses, and at least 4 months (16 weeks) between the first and third doses.

6. **Children**

a. Administer 0.5 mL hepatitis B vaccine intramuscularly in the anterolateral thigh muscle for infants and toddlers (deltoid may be used for toddlers with adequate muscle mass) or

b. in the deltoid muscle of the arm for children ages 3 yrs and older; the anterolateral thigh muscle may be used if deltoid is inadequate.

c. Use a 22–25g needle.

d. Choose needle length appropriate to the child's age and body mass:

1) newborns (first 28 days of life) and premature infants: 5/8";

2) infants younger than age 12 mos: 1"

3) toddlers age 1 through 2 yrs: 1 – 11/4" (anterolateral thigh) or 5/8"–1" (deltoid muscle);

4) children age 3 through 18 yrs: 5/8–1" (deltoid) or 1–11/4" (anterolateral thigh).

(Note: A 5/8" needle may be used in children and teens who weigh less than 130 lbs [60 kg] for injection in the deltoid muscle only if the subcutaneous tissue is not bunched and the injection is made at a 90 degree angle.)

e. It is necessary to give 4 doses of HepB when Comvax or Pediarix vaccines are administered after the birth dose. For patients ages 11 through 15 years, an alternative 2-dose schedule using Recombivax-HB adult formulation vaccine may be used; administer 1.0 mL hepatitis B vaccine intramuscularly in the deltoid.

f. Provide subsequent doses of hepatitis B vaccine to complete each patient's 3-dose schedule by observing a minimum interval of 4 weeks between the first and second doses, 8 weeks between the second and third doses, and at least 16 weeks between the first and third doses.

g. The last dose in the infant series should not be administered earlier than age 24 weeks.

h. For patients ages 11–15 years on the 2-dose adult formulation Recombivax-HB schedule, administer the second dose 4–6 calendar months following the first dose.Administer hepatitis A vaccine intramuscularly as follows: 0.5 mL for patients age 1–18 years and 1.0 mL for patients age 19 years and older.

7. Document each patient's vaccine administration information and follow up in the Progress note of the nurse visit. Record the date the vaccine was administered, the manufacturer and lot number, the vaccination site and route, and the name and title of the person administering the vaccine. If vaccine was not given, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal).

8. Be prepared for management of a medical emergency related to the administration of vaccine by having a written emergency medical protocol available, as well as equipment and medications.

9. Report all adverse reactions to Hepatitis B vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or by calling (800) 822-7967.

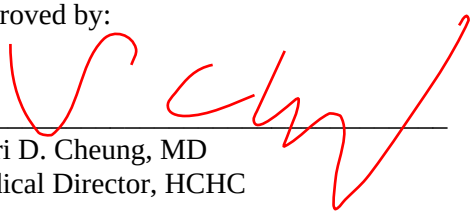
*For persons born in Asia, the Pacific Islands, Africa, or other countries identified as having high rates of HBV infection (see *MMWR* 2005;54 [No. RR-16]:25), ensure that they have also been tested for hepatitis B surface antigen (HBsAg) to find out if they are chronically infected. If test is performed on same visit, administer hepatitis B vaccine after the blood draw. Do not delay initiating hepatitis B vaccination while waiting for test results. If patient is found to be HBsAg-positive, appropriate medical follow-up should be provided; no further doses of hepatitis B vaccine are indicated.

Questions regarding this standing order or any related procedure should be directed to the Medical Operations Manager at 413-238-4138.

Originally Drafted: Nov 2012

Reviewed or Revised: _____

Approved by:



Sheri D. Cheung, MD
Medical Director, HCHC

Attachment
Table of Contraindications & Precautions

Hilltown Community Health Centers, Inc.

Medical Department Standing Order
Medical Reception
Medical Referrals
Nursing

SUBJECT: Administering Pneumococcal (PPSV23 and PCV13) Vaccine to Adults
REGULATORY REFERENCE: Centers for Disease Control and Prevention

Purpose:

Hilltown Community Health Centers, Inc (HCHC) management has adopted this standing order to have a formal documented process for vaccinating all adults who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.

Order:

Under these standing orders, eligible nurses may vaccinate adults who meet any of the criteria below.

Procedure:

1. Identify adults in need of vaccination with pneumococcal polysaccharide vaccine (PPSV23) based on the following criteria:
    a. Age 65 years or older with no or unknown history of prior receipt of PPSV.
    b. Age 64 years or younger with no or unknown history of prior receipt of PPSV and any of the following conditions:
        1) cigarette smoker
        2) chronic cardiovascular disease (e.g., congestive heart failure, cardiomyopathies)
        3) chronic pulmonary disease (e.g., chronic obstructive pulmonary disease, emphysema, asthma)
        4) diabetes mellitus, alcoholism or chronic liver disease (cirrhosis),
        5) candidate for or recipient of cochlear implant; cerebrospinal fluid leak
        6) functional or anatomic asplenia (e.g., sickle cell disease, splenectomy)
        7) immuno-compromising condition (e.g., HIV infection, congenital immunodeficiency, hematologic and solid tumors)
        8) immunosuppressive therapy (e.g., alkylating agents, antimetabolites, long-term systemic corticosteroids, radiation therapy)
        9) organ or bone marrow transplantation; chronic renal failure or nephrotic syndrome
2. Identify adults in need of an additional dose of PPSV23 if 5 or more years have elapsed since the previous dose of PPSV and the patient meets one of the following criteria:
    a. Age 65 years or older and received prior PPSV vaccination before age 65 years
    b. Age 64 years or younger and at highest risk for serious pneumococcal infection or likely to have a rapid decline in pneumococcal antibody levels (i.e., categories 1.vi.-ix. above)

3. Identify adults age 19 years and older in need of vaccination with pneumococcal conjugate vaccine (PCV13) who are at highest risk for serious pneumococcal infection or likely to have a rapid decline in pneumococcal antibody levels (i.e., categories 1.v.–1.ix. above).
4. Screen all patients for contraindications and precautions to pneumococcal vaccine:
    a. **Contraindication:** a history of a serious reaction (e.g., anaphylaxis) after a previous dose of pneumococcal vaccine (PPSV or PCV) or to a vaccine component. Refer to the attached table of precautions and contraindications.
    b. **Precaution:** moderate or severe acute illness with or without fever
5. Provide all patients with a copy of the most current federal Vaccine Information Statement (VIS). You must document the publication date of the VIS and the date it was given to the patient in the EMR.
6. Administer vaccine as follows:
    a. For adults identified in 1. and 2. above, administer 0.5 mL PPSV23 vaccine either intramuscularly (22–25g, 1–1½" needle) in the deltoid muscle or subcutaneously (23–25g, 5/8" needle) in the posterolateral fat of the upper arm.
    b. For adults identified in 3, above, administer 0.5 mL PCV13 intramuscularly (22–25g, 1–1½" needle) in the deltoid muscle. For adults previously vaccinated with PPSV, give PCV13 at least 12 months following PPSV. If not previously vaccinated with PPSV, give PCV13 first, followed by PPSV23 in 8 weeks.

Note: A 5/8" needle may be used for IM injection for patients who weigh less than 130 lbs [<60kg] for injection in the deltoid muscle, only if the subcutaneous tissue is not bunched and the injection is made at a 90-degree angle.

7. Document each patient's vaccine administration information and follow up in the Progress note of the nurse visit. Record the date the vaccine was administered, the manufacturer and lot number, the vaccination site and route, and the name and title of the person administering the vaccine. If vaccine was not given, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal).
8. Be prepared for management of a medical emergency related to the administration of vaccine by having a written emergency medical protocol available, as well as equipment and medications.

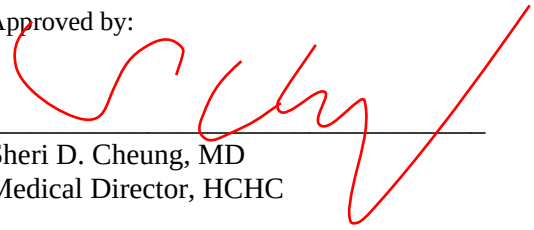
Report all adverse reactions to PPSV23 and PCV13 vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or by calling (800) 822-7967.

Questions regarding this standing order or any related procedure should be directed to the Medical Operations Manager at 413-238-4138.

Originally Drafted: Nov 2012

Reviewed or Revised: _____

Approved by:



Sheri D. Cheung, MD
Medical Director, HCHC

Attachment:
Table of Contraindications and Precautions

Hilltown Community Health Center

Medical Department Standing Order
Medical Reception
Medical Referrals
Nursing

SUBJECT: Administering PSV-13 (Prevnar) and PPSV-23 (Pneumovax) Guidelines
REGULATORY REFERENCE: MMWR, September 4, 2015 / 64(34); 944-947. MMWR, October 12, 2013/61(40); 816-819

Purpose:

Hilltown Community Health Centers, Inc (HCHC) management has adopted this standing order to have a formal documented process for vaccinating all patients who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.

Order:

Under these standing orders, eligible nurses may vaccinate patients who meet the following criteria.

Procedure:

1. **Immunocompetent Patient**

No chronic conditions

Do not vaccinate until Age >= 65;

Give PCV-13 first, followed by PPSV-23 >= 1 year later.

If PPSV-23 has previously been given, give PCV-13 >= 1 year later.

If PPSV-23 has been given at age <65, give second dose of PPSV-23 >=5 years after first dose, and >= 1 year after PCV-13.

Chronic Condition

(Chronic heart disease; chronic lung disease; diabetes; alcoholism; chronic liver disease; smoker; living in chronic care facility)

Age 24-71 months: PCV-13 followed by PPSV-23 >= 8 weeks later;

Age 72 months to 65 years: vaccination with PPSV-23 only

Age >= 65 years: as above for patient without chronic condition.

CSF leak/Cochlear implant/Sickle cell disease/Anatomic asplenia

Age >24 months: PCV-13 followed by PPSV-23 >= 8 weeks later;

If PPSV-23 given first, and age 6-18 years, give PCV-13 >= 8 weeks later;

If PPSV-23 given first, and age >=19 years, give PCV-13 >= 1 year later.

Revaccinate with PPSV-23 at 5 years after first dose

2. Immune Compromised Patient

[Congenital or acquired immunodeficiency; HIV; chronic renal failure/nephrotic syndrome; leukemia/lymphoma/Hodgkin's Disease; generalized malignancy; iatrogenic immunosuppression; solid organ transplant; Multiple Myeloma (and age >= 6 years)]

Age >24 months: PCV-13, followed by PPSV-23 >= 8 weeks later.

If PPSV-23 given first, and age >= 24 months to 18 years, give PCV-13 >= 8 weeks later;

If PPSV-23 given first, and age >= 19 years, give PCV-13 >= 1 year later.

Revaccinate with PPSV-23 at 5 years after first dose

3. Additional Information

No patient should receive a second dose of PCV-13.

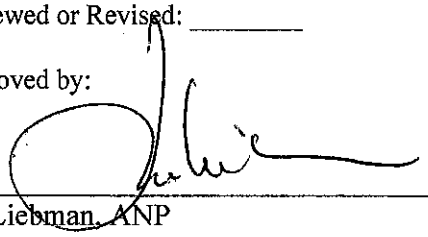
If the interval between PCV-13 and PPSV-23, or PPSC-23 and PCV-13, is not done per guidelines, additional vaccination is NOT recommended.

Questions regarding this standing order or any related procedure should be directed to the Medical Director at 413-667-3009, ext 207.

Originally Drafted: Sep 2015

Reviewed or Revised: _____

Approved by:



Jon Liebman, ANP
Medical Director, HCHC

Hilltown Community Health Centers, Inc.

Medical Department Standing Order
Medical Reception
Medical Referrals
Nursing

SUBJECT: Administering a Tuberculin (PPD) Skin Test
REGULATORY REFERENCE: None

Purpose:

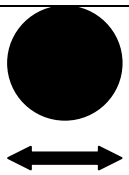
Hilltown Community Health Centers, Inc (HCHC) management has adopted this standing order to have a formal documented process for administering a tuberculin skin test (PPD).

Order:

Under these standing orders, eligible nurses may administer a PPD test to all patients who meet any of the criteria below.

Procedure:

1. A PPD can be administered to individuals of any age who are at increased risk for acquiring LTBI or active TB disease, even to newborn infant.
2. **Precautions:** Standard precautions pertaining to blood exposure and prevention of needle stick injuries should be employed.
3. **Administration:**
    a. The PPD is performed by the intradermal injection of 0.1 mL of PPD tuberculin containing 5 TU (tuberculin units) into either the volar (flexor) or dorsal surface of the forearm (the volar area preferred).
    b. The injection should be made about 4 inches below the elbow, with a disposable **tuberculin** syringe, just beneath the surface of the skin, with the needle bevel facing upward, to produce a discrete, pale elevation of the skin (a wheal) 6 mm. to 10 mm. in diameter.
    c. A ¼ - ½", 27- gauge needle should be used.
4. **Reading**
    a. The PPD should be read 48 to 72 hours after the injection. However, if the patient fails to show up for the scheduled reading, positive reactions may still be measurable up to one week after testing.
    b. If, however, the delayed reading after 72 hours is negative, any reaction may have waned, and the PPD will need to be repeated immediately and read within 48 to 72 hours.
    c. The PPD reading should be based on measurement of induration, not erythema, using a skin test ruler. The diameter of induration should be measured transversely to the long axis of the forearm and recorded in millimeters. Record no induration as zero (0) millimeters.

 5 or More Millimeters	 10 or More Millimeters	 15 or More Millimeters
≥ 5 mm is classified as positive in: • HIV-positive persons • Recent contacts of a case with active TB disease • People who have previously had active TB disease • Persons with fibrotic changes on chest radiograph consistent with old healed TB • Patients with organ transplants and other immunosuppressed patients (including patients taking a prolonged course of oral or intravenous corticosteroids or tumor necrosis factor alpha (TNF-alpha) antagonists)	**≥ 10 mm is classified as positive in:** • People who have come to the U.S. within the last 5 years from areas of the world where TB is common * • Injection drug users • People who live or work in high-risk congregate settings • Mycobacteriology laboratory personnel • Children younger than 4 years • Infants, children, and adolescents exposed to adults in high-risk categories** • Persons with clinical conditions that place them at high-risk for TB (silicosis, diabetes mellitus, severe kidney disease, certain types of cancer, and certain intestinal conditions)	**≥ 15 mm is classified as positive in:** • Persons with no known risk factors for TB • Targeted skin testing programs should only be conducted among high-risk groups

5. Document each patient's vaccine administration information and follow up in the Progress note of the nurse visit. Record the date the vaccine was administered, the manufacturer and lot number, the vaccination site and route, and the name and title of the person administering the vaccine. If vaccine was not given, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal).

Questions regarding this standing order or any related procedure should be directed to the Medical Operations Manager at 413-238-4138.

Originally Drafted: Nov 2012

Reviewed or Revised: _____

Approved by:

Sheri D. Cheung, MD
Medical Director, HCHC

Hilltown Community Health Centers, Inc.

Medical Department Standing Order
Medical Reception
Medical Referrals
Nursing

SUBJECT: Administering Td / TDap Vaccine to Adults & Children
REGULATORY REFERENCE: Centers for Disease Control and Prevention

Purpose:

Hilltown Community Health Centers, Inc (HCHC) management has adopted this standing order to have a formal documented process for vaccinating all patients who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.

Order:

Under these standing orders, eligible nurses may vaccinate patients who meet any of the criteria below.

Procedure:

1. **Adults**: Identify adults in need of vaccination against tetanus, diphtheria, and pertussis based on the following criteria:
   a. lack of documentation of receiving a single dose of pertussis-containing vaccine (i.e., Tdap) as an adolescent or adult
   b. lack of documentation of receiving at least 3 doses of tetanus- and diphtheria-containing toxoids
   c. completion of a 3-dose primary series of tetanus- and diphtheria-containing toxoids with no documentation of receiving a booster dose within the previous 10 years
   d. recent deep and dirty wound (e.g., contaminated with dirt, feces, saliva) and lack of evidence of having received tetanus toxoid-containing vaccine in the previous 5 years.
2. **Children**: Identify children and teens ages 7 years and older in need of vaccination against diphtheria, tetanus, and pertussis based on the following criteria:
   a. lack of documentation of at least 4 doses of diphtheria, tetanus, and pertussis vaccine, with at least one of the doses given after the age of 4 years and with the most recent dose given a minimum of 6 calendar months after the preceding dose,
   b. lack of documentation of at least 3 doses of diphtheria and tetanus vaccine (i.e., DT, Td),
   c. lack of history of pertussis-containing vaccine given at age 10 years or older, or
   d. completion of a 3-dose primary series of diphtheria and tetanus toxoid-containing vaccine with receipt of the last dose being 10 years ago or longer.
3. Screen all patients for contraindications and precautions to the vaccine:

a. **Contraindications:**

1) a history of a severe allergic reaction (e.g., anaphylaxis) after a previous dose of Td or to a Td or Tdap vaccine component.. Refer to the attached table of contraindications.

2) for Tdap only, a history of encephalopathy within 7 days following DTP/DTaP not attributable to another identifiable cause

b. **Precautions:**

1) history of Guillain-Barré syndrome within 6 weeks of previous dose of tetanus toxoid-containing vaccine

2) history of an arthus-type hypersensitivity reaction following a previous dose of tetanus-containing vaccine; defer vaccination until at least 10 years have elapsed since the last tetanus toxoid-containing vaccine

3) moderate or severe acute illness with or without fever

4) For Tdap only, progressive or unstable neurologic disorder, uncontrolled seizures, or progressive encephalopathy until a treatment regimen has been established and the condition has stabilizeda moderate or severe acute illness with or without fever

4. Provide all patients or parents/guardians with a copy of the most current federal Vaccine Information Statement (VIS). You must document the publication date of the VIS and the date it was given to the patient in the EMR.

5. Administration

a. Administer 0.5 mL Td (or a one-time dose of Tdap, if indicated) intramuscularly (22–25g, 1–1½" needle) in the deltoid muscle; the anterolateral thigh muscle may be used if deltoid is inadequate.

(Note: a 5/8" needle may be used for adults weighing less than 130 lbs [60 kg] for injection in the deltoid muscle only if the subcutaneous tissue is not bunched and the injection is made at a 90 degree angle.)

6. **Schedule**

a. Adults

1) to complete the primary 3-dose schedule: observe a minimum interval of 4 weeks between the first and second doses, and 6 calendar months between the second and third doses.*

2) to boost with Tdap or Td after primary schedule is complete; prioritize use of Tdap if not previously given (Note: there is no need to observe a minimum interval between Td and the subsequent Tdap); if Tdap was already administered, boost with Td routinely every 10 years.

3) in pregnancy, if a one-time dose of Tdap has never been administered, administer Tdap in the third or late second trimester (after 20 weeks gestation). If not administered during pregnancy, give Tdap in immediate postpartum period.

4) When feasible, administer Boostrix Tdap vaccine to adults age 65 years and older; however, either Tdap vaccine product administered to a person age 65 years and older provides protection against pertussis and is considered valid.

b. **Children**

1) For children and teens ages 7 years and older who meet the criteria described in 1 above, administer one dose at the earliest opportunity and then complete the remaining doses (as needed) by observing minimum intervals of 4 weeks between the first and second doses, and 6 calendar months between the second and third doses. A one-time dose of Tdap should be substituted for one of the doses of Td, preferably the first.

2) For children and teens age 11 through 18 years without a history of pertussis-containing vaccine given at age 7 years or older, administer Tdap routinely at age 11 through 12 years or as catch-up at 13 through 18 years; no minimum interval since previous Td needs to be observed.

3) Administer further boosters as Td every 10 years.

4) For pregnant adolescents who have not previously received a one-time dose of Tdap, administer Tdap in the third or late second trimester (after 20 weeks gestation). If not administered during pregnancy, administer Tdap in immediate postpartum period.

7. Document each patient's vaccine administration information and follow up in the Progress note of the nurse visit. Record the date the vaccine was administered, the manufacturer and lot number, the vaccination site and route, and the name and title of the person administering the vaccine. If vaccine was not given, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal).

8. Be prepared for management of a medical emergency related to the administration of vaccine by having a written emergency medical protocol available, as well as equipment and medications.

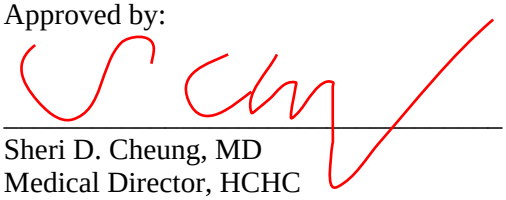
9. Report all adverse reactions to Td / TDap vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or by calling (800) 822-7967.

Questions regarding this standing order or any related procedure should be directed to the Medical Operations Manager at 413-238-4138.

Originally Drafted: Nov 2012

Reviewed or Revised: _____

Approved by:



Sheri D. Cheung, MD
Medical Director, HCHC

Attachment
Table of Contraindications & Precautions

Hilltown Community Health Centers, Inc.

Medical Department Standing Order
Medical Reception
Medical Referrals
Nursing

SUBJECT: Administering Varicella (Chickenpox) Vaccine to Adults & Children
REGULATORY REFERENCE: Centers for Disease Control and Prevention

Purpose:

Hilltown Community Health Centers, Inc (HCHC) management has adopted this standing order to have a formal documented process for vaccinating all adults who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.

Order:

Under these standing orders, eligible nurses may vaccinate patients who meet any of the criteria below.

Procedure:

1. **Adults**

   Identify adults in need of varicella (chickenpox) vaccination who (a) were born in the U.S. in 1980 or later or (b) are a healthcare worker or non-U.S.-born person, and who also meet any of the following criteria:

   - lack documentation of 2 doses of varicella vaccine
   - lack a history of varicella based on diagnosis or verification of varicella by a healthcare provider
   - lack a history of herpes zoster based on healthcare provider diagnosis
   - lack laboratory evidence of immunity or laboratory confirmation of disease

   Note: Because HIV-infected adults are at increased risk of severe disease from varicella, vaccination may be considered (2 doses, given 3 months apart) for HIV-infected adults and adolescents with CD4+ T-lymphocytes count ≥200 cells/µL.

2. **Children**

   Identify children and teens ages 12 months and older in need of vaccination against varicella.

   Note: Because HIV-infected children are at increased risk for morbidity from varicella and herpes zoster (shingles), single-antigen varicella vaccine should be considered for HIV-infected children with CD4+ T-lymphocyte percentages ≥15% or for adolescents with CD4+ T-lympho-cytes count ≥200 cells/µL.

3.

Screen all patients for contraindications and precautions to varicella vaccine:

a. **Contraindications:**

- a history of a serious reaction (e.g., anaphylaxis) after a previous dose of varicella vaccine or to a varicella vaccine component. Refer to the attached list of contraindications and precautions.
- pregnant now or may become pregnant within 1 month (pregnant women should be vaccinated upon completion or termination of pregnancy)
- having any malignant condition, including blood dyscrasias, leukemia, lymphomas of any type, or other malignant neoplasms affecting the bone marrow or lymphatic systems
- receiving high-dose systemic immunosuppressive therapy (e.g., two weeks or more of daily receipt of 20 mg or more [or 2 mg/kg body weight or more] of prednisone or equivalent)
- an adult or adolescent with CD4+ T-lymphocytes count <200 cells/μL
- family history of congenital or hereditary immunodeficiency in first-degree relatives (e.g., parents, siblings) unless the immune competence of the potential vaccine recipient has been clinically substantiated or verified by a laboratory

b. **Precautions:**

- recent (within the past 11 months) receipt of antibody-containing blood product (specific interval depends on product)
- moderate or severe acute illness with or without fever

4. Provide all patients or parents/guardians with a copy of the most current federal Vaccine Information Statement (VIS). You must document the publication date of the VIS and the date it was given to the patient in the EMR.

5. Adults

a. Administer 0.5 mL varicella vaccine subcutaneously (23–25g, 5/8" needle) in the posterolateral fat of the upper arm.

b. Administer a second dose 4–8 weeks after the first dose.

6. Children

a. Provide routine vaccination with varicella vaccine at ages 12–15 months and at 4–6 years. Administer 0.5 mL varicella vaccine subcutaneously (23–25g, 5/8" needle) in the posterolateral fat of the upper arm for children and teens.

b. For children and teens who have not received two doses of varicella vaccine (generally given at the ages specified in #4), give a dose at the earliest opportunity and then schedule a second dose, if needed. Observe minimum intervals of 12 weeks between doses for children ages 12 years or younger and 4 weeks between doses for teens 13 years and older.

7. Document each patient's vaccine administration information and follow up in the Progress note of the nurse visit. Record the date the vaccine was administered, the manufacturer and lot number, the vaccination site and route, and the name and title of the person administering the vaccine. If vaccine was not given, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal).

8. Be prepared for management of a medical emergency related to the administration of vaccine by having a written emergency medical protocol available, as well as equipment and medications.

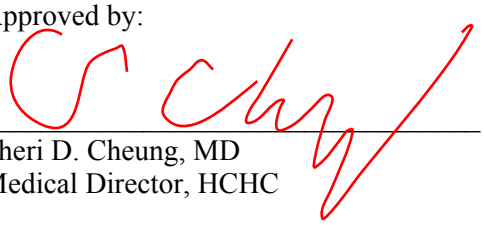
9. Report all adverse reactions to varicella vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or by calling (800) 822-7967.

Questions regarding this standing order or any related procedure should be directed to the Medical Operations Manager at 413-238-4138.

Originally Drafted: Nov 2012

Reviewed or Revised: _____

Approved by:



Sheri D. Cheung, MD
Medical Director, HCHC

Attachment
Table of Contraindications & Precautions

Hilltown Community Health Centers, Inc.

Medical Department Standing Order
Medical Reception
Medical Referrals
Nursing

SUBJECT: Administering Zoster (Shingles) Vaccine to Adults
REGULATORY REFERENCE: Centers for Disease Control and Prevention

Purpose:

Hilltown Community Health Centers, Inc (HCHC) management has adopted this standing order to have a formal documented process for vaccinating all adults who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.

Order:

Under these standing orders, eligible nurses may vaccinate patients who meet any of the criteria below.

Procedure:

1. Identify adults who are age 60 years or older and have no history of prior receipt of zoster vaccine.
2. Screen all patients for contraindications and precautions to Zoster vaccine:
   a. **Contraindications:**
      1) a history of a serious reaction to a vaccine component, including gelatin and neomycin. Refer to the attached list of contraindications and precautions.
      2) primary or acquired immunodeficiency, including
         - leukemia, lymphomas, or other malignant neoplasms affecting the bone marrow or lymphatic system
         - AIDS or other clinical manifestations of HIV, including persons with CD4+ T-lymphocyte values $\leq$200 per mm^3 or $\leq$15% of total lymphocytes
         - current immunosuppressive therapy, including high-dose corticosteroids ($\geq$20 mg/day of prednisone or equiva- lent) lasting two or more weeks
         - clinical or laboratory evidence of other unspecified cellular immunodeficiency
         - receipt of or history of hematopoietic stem cell transplantation
         - current receipt of recombinant human immune mediators and immune modulators, especially the antitumor necrosis factor agents adalimumab, infliximab, and etanercept
         - pregnancy or possibility of pregnancy within 4 weeks of receiving vaccine
   b. **Precautions:** moderate or severe acute illness with or without fever.

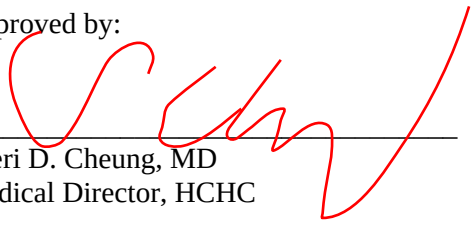
3. Provide all patients or parents/guardians with a copy of the most current federal Vaccine Information Statement (VIS). You must document the publication date of the VIS and the date it was given to the patient in the EMR.
4. **Administration:** Administer entire amount (approximately 0.65 mL) of reconstituted Zoster vaccine subcutaneously (23–25g, 5/8" needle) in the posterolateral fat of the upper arm.
5. Document each patient's vaccine administration information and follow up in the Progress note of the nurse visit. Record the date the vaccine was administered, the manufacturer and lot number, the vaccination site and route, and the name and title of the person administering the vaccine. If vaccine was not given, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal).
6. Be prepared for management of a medical emergency related to the administration of vaccine by having a written emergency medical protocol available, as well as equipment and medications.
7. Report all adverse reactions to Zoster vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or by calling (800) 822-7967.

Questions regarding this standing order or any related procedure should be directed to the Medical Operations Manager at 413-238-4138.

Originally Drafted: Nov 2012

Reviewed or Revised: _____

Approved by:



Sheri D. Cheung, MD
Medical Director, HCHC

Attachment
Table of Contraindications & Precautions

Guide to Contraindications and Precautions[1] to Commonly Used Vaccines* (Page 1 of 2)

Vaccine	Contraindications	Precautions[1]
Hepatitis B (HepB)	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component	• Moderate or severe acute illness with or without fever • Infant weighing less than 2000 grams (4 lbs, 6.4 oz)[2]
Rotavirus (RV5 [RotaTeq], RV1 [Rotarix])	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component • Severe combined immunodeficiency (SCID) • History of intussusception	• Moderate or severe acute illness with or without fever • Altered immunocompetence other than SCID • Chronic gastrointestinal disease[3] • Spina bifida or bladder exstrophy[3]
Diphtheria, tetanus, pertussis (DTaP) **Tetanus, diphtheria, pertussis (Tdap)**	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component • Encephalopathy (e.g., coma, decreased level of consciousness, prolonged seizures) not attributable to another identifiable cause within 7 days of administration of previous dose of DTP or DTaP (for DTaP); or of previous dose of DTP, DTaP, or Tdap (for Tdap)	• Moderate or severe acute illness with or without fever • Guillain-Barré syndrome (GBS) within 6 weeks after a previous dose of tetanus toxoid-containing vaccine • History of arthus-type hypersensitivity reactions after a previous dose of tetanus or diphtheria toxoid-containing vaccine; defer vaccination until at least 10 years have elapsed since the last tetanus-toxoid containing vaccine • Progressive or unstable neurologic disorder (including infantile spasms for DTaP), uncontrolled seizures, or progressive encephalopathy until a treatment regimen has been established and the condition has stabilized **For DTaP only:** • Temperature of 105° F or higher (40.5° C or higher) within 48 hours after vaccination with a previous dose of DTP/DTaP • Collapse or shock-like state (i.e., hypotonic hyporesponsive episode) within 48 hours after receiving a previous dose of DTP/DTaP • Seizure within 3 days after receiving a previous dose of DTP/DTaP • Persistent, inconsolable crying lasting 3 or more hours within 48 hours after receiving a previous dose of DTP/DTaP
Tetanus, diphtheria (DT, Td)	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component	• Moderate or severe acute illness with or without fever • GBS within 6 weeks after a previous dose of tetanus toxoid-containing vaccine • History of arthus-type hypersensitivity reactions after a previous dose of tetanus or diphtheria toxoid-containing vaccine; defer vaccination until at least 10 years have elapsed since the last tetanus-toxoid containing vaccine
***Haemophilus influenzae* type b (Hib)**	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component • Age younger than 6 weeks	• Moderate or severe acute illness with or without fever
Inactivated poliovirus vaccine (IPV)	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component	• Moderate or severe acute illness with or without fever • Pregnancy
Pneumococcal (PCV or PPSV)	• For PCV13, severe allergic reaction (e.g., anaphylaxis) after a previous dose (of PCV7, PCV13, or any diphtheria toxoid-containing vaccine) or to a vaccine component (of PCV7, PCV13, or any diphtheria toxoid-containing vaccine) • For PPSV, severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component	• Moderate or severe acute illness with or without fever
Measles, mumps, rubella (MMR)[4]	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component • Known severe immunodeficiency (e.g., from hematologic and solid tumors, receiving chemotherapy, congenital immunodeficiency, or long-term immunosuppressive therapy[5] or patients with HIV infection who are severely immunocompromised)[6] • Pregnancy	• Moderate or severe acute illness with or without fever • Recent (within 11 months) receipt of antibody-containing blood product (specific interval depends on product)[7] • History of thrombocytopenia or thrombocytopenic purpura • Need for tuberculin skin testing[8]

Technical content reviewed by the Centers for Disease Control and Prevention, March 2012.

Guide to Contraindications and Precautions[1] to Commonly Used Vaccines* (continued) (Page 2 of 2)

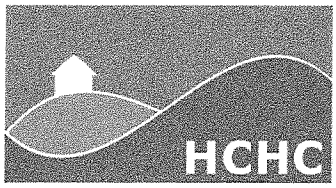
Vaccine	Contraindications	Precautions[1]
Varicella (Var)[4]	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component • Known severe immunodeficiency (e.g., from hematologic and solid tumors, receiving chemotherapy, congenital immunodeficiency, or long-term immunosuppressive therapy[5] or patients with HIV infection who are severely immunocompromised)[6] • Pregnancy	• Moderate or severe acute illness with or without fever • Recent (within 11 months) receipt of antibody-containing blood product (specific interval depends on product)[7] • Receipt of specific antivirals (i.e., acyclovir, famciclovir, or valacyclovir) 24 hours before vaccination, if possible; delay resumption of these antiviral drugs for 14 days after vaccination.
Hepatitis A (HepA)	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component	• Moderate or severe acute illness with or without fever • Pregnancy
Influenza, injectable trivalent (TIV)	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose of any influenza vaccine or to a vaccine component, including egg protein	• Moderate or severe acute illness with or without fever • History of GBS within 6 weeks of previous influenza vaccine
Influenza, live attenuated (LAIV)[4]	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component, including egg protein • Possible reactive airways disease in a child age 2 through 4 years (e.g., history of recurrent wheezing or a recent wheezing episode) • Immune suppression • Certain chronic medical conditions such as asthma, diabetes, heart or kidney disease[9] • Pregnancy	• Moderate or severe acute illness with or without fever • History of GBS within 6 weeks of previous influenza vaccine • Receipt of specific antivirals (i.e., amantadine, rimantadine, zanamivir, or oseltamivir) 48 hours before vaccination, if possible; avoid use of these antiviral drugs for 14 days after vaccination.
Human papillomavirus (HPV)	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component	• Moderate or severe acute illness with or without fever • Pregnancy
Meningococcal: conjugate (MCV4); polysaccharide (MPSV4)	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component	• Moderate or severe acute illness with or without fever
Zoster (Zos)	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component • Known severe immunodeficiency (e.g., from hematologic and solid tumors, receipt of chemotherapy, or long-term immunosuppressive therapy[4] or patients with HIV infection who are severely immunocompromised). • Pregnancy	• Moderate or severe acute illness with or without fever • Receipt of specific antivirals (i.e., acyclovir, famciclovir, or valacyclovir) 24 hours before vaccination, if possible; delay resumption of these antiviral drugs for 14 days after vaccination.

Footnotes

1. Vaccine package inserts and the full ACIP recommendations for these vaccines should be consulted for additional information on vaccine-related contraindications and precautions and for more information on vaccine excipients. Events or conditions listed as precautions should be reviewed carefully. Benefits of and risks for administering a specific vaccine to a person under these circumstances should be considered. If the risk from the vaccine is believed to outweigh the benefit, the vaccine should not be administered. If the benefit of vaccination is believed to outweigh the risk, the vaccine should be administered. Whether and when to administer DTaP to children with proven or suspected underlying neurologic disorders should be decided on a case-by-case basis.
2. Hepatitis B vaccination should be deferred for preterm infants and infants weighing less than 2000 g if the mother is documented to be hepatitis B surface antigen (HBsAg)-negative at the time of the infant's birth. Vaccination can commence at chronological age 1 month or at hospital discharge. For infants born to women who are HBsAg-positive, hepatitis B immunoglobulin and hepatitis B vaccine should be administered within 12 hours of birth, regardless of weight.
3. For details, see CDC. "Prevention of Rotavirus Gastroenteritis among Infants and Children: Recommendations of the Advisory Committee on Immunization Practices. (ACIP)" *MMWR* 2009;58(No. RR–2) at www.cdc.gov/vaccines/pubs/acip-list.htm.
4. LAIV, MMR, and varicella vaccines can be administered on the same day. If not administered on the same day, these vaccines should be separated by at least 28 days.
5. Substantially immunosuppressive steroid dose is considered to be 2 weeks or more of daily receipt of 20 mg (or 2 mg/kg body weight) of prednisone or equivalent.
6. HIV-infected children may receive varicella and measles vaccine if CD4+ T-lymphocyte count is >15%. (Source: Adapted from American Academy of Pediatrics. Passive Immunization. In: Pickering LK, ed. *Red Book: 2009 Report of the Committee on Infectious Diseases.* 28th ed. Elk Grove Village, IL: American Academy of Pediatrics: 2009.)
7. Vaccine should be deferred for the appropriate interval if replacement immune globulin products are being administered (see Table 5 in CDC. "General Recommendations on Immunization: Recommendations of the Advisory Committee on Immunization Practices (ACIP)" at www.cdc.gov/vaccines/pubs/acip-list.htm.)
8. Measles vaccination might suppress tuberculin reactivity temporarily. Measles-containing vaccine can be administered on the same day as tuberculin skin testing. If testing cannot be performed until after the day of MMR vaccination, the test should be postponed for at least 4 weeks after the vaccination. If an urgent need exists to skin test, do so with the understanding that reactivity might be reduced by the vaccine.
9. For details, see CDC. "Prevention and Control of Influenza: Recommendations of the Advisory Committee on Immunization Practices (ACIP), 2010. *MMWR* 2010;59(No. RR-8), available at www.cdc.gov/vaccines/pubs/acip-list.htm.

*Adapted from "Table 6. Contraindications and Precautions to Commonly Used Vaccines" found in: CDC. "General Recommendations on Immunization: Recommendations of the Advisory Committee on Immunization Practices (ACIP)." *MMWR* 2011; 60(No. RR-2), p. 40–41, and from Atkinson W, Wolfe S, Hamborsky J, eds. Appendix A. Epidemiology and Prevention of Vaccine-Preventable Diseases (www.cdc.gov/vaccines/pubs/pinkbook/index.html).

More information on vaccine components, contraindications, and precautions also is available from specific vaccine package inserts and ACIP recommendations for specific vaccines, and is summarized in Atkinson W, Wolfe S, Hamborsky J, eds. Epidemiology and Prevention of Vaccine-Preventable Diseases. 12th ed. Washington, DC: Public Health Foundations, 2011 (www.cdc.gov/vaccines/pubs/pinkbook/index.html).



Hilltown Community Health Centers, Inc.

Administrative Policy
All Departments

SUBJECT: ACCESS AUTHORIZATION
REGULATORY REFERENCE: 45 CFR 164.308(a)(4)(ii)(A)

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for authorizing appropriate access to HCHC information systems containing EPHI (Electronic Protected Health Information).

Policy:

1. HCHC must have a formal documented process for granting access to HCHC information systems that contain EPHI. At a minimum, the process must include:

    - Procedure for granting different levels of access to HCHC information systems containing EPHI.
    - Procedure for tracking and logging authorization of access to HCHC information systems containing EPHI.
    - Procedure for regularly reviewing and revising, as necessary, authorization of access to HCHC information systems containing EPHI.

2. HCHC workforce members must not be allowed access to information systems containing EPHI until properly authorized.

3. The type and extent of access authorized to HCHC information systems containing EPHI must be based on risk analysis. At a minimum, the risk analysis must consider the following factors:

    - The importance of the applications running on the information system
    - The value or sensitivity of the EPHI on the information system
    - The extent to which the information system is connected to other information systems

4. Access to HCHC information systems containing EPHI must be authorized only for HCHC workforce members having a need for specific information in order to accomplish a legitimate task. All such access must be defined and documented. Such access must also be regularly reviewed and revised as necessary.

5. HCHC workforce members must not attempt to gain access to HCHC information systems containing EPHI for which they have not been given proper authorization.

Questions regarding this policy or any related procedure should be directed to the Information Security Officer at 413-238-4138.

Originally Drafted: SEP 2012 Reviewed or Revised: APR 2016

Approved by Board of Directors, Date: 4/28/16

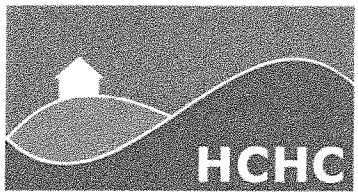
Approved by:

Eliza B. Lake Date: 4/29/16
Executive Director, HCHC

John Follet, MD Date: 4/29/16
President, HCHC Board of Directors

Procedure:

1. Supervisors will fill out IT request form for all new hires and forward to Operations/IT. The level of access to EPHI is determined by role. These are preconfigured in the clinical system.
2. IT will maintain the form on file. Operations will maintain a spreadsheet reflecting access levels and review annually.



Hilltown Community Health Centers, Inc.

Administrative Policy
All Departments

SUBJECT: ACCESS CONTROL
REGULATORY REFERENCE: 45 CFR 164.312(a)(1)
Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to purchase and implement information systems that comply with HCHC's information access management policies.

Policy:

1. HCHC must purchase and implement information systems that comply with HCHC's information access management policy.
2. As appropriate, HCHC information systems must support one or more of the following types of access control to protect the confidentiality, integrity and availability of EPHI (Electronic Protected Health Information) contained on HCHC information systems:
   - User based
   - Role based
3. As appropriate, security controls or methods that allow access to HCHC information systems containing EPHI must include, at a minimum:
   - Unique user identifiers (user IDs) that enable persons and identities to be uniquely identified. User IDs must not give any indication of the user's privilege level.
   - A secret identifier (password).
   - The prompt removal or disabling of access methods for persons and entities that no longer need access to HCHC EPHI.
   - Verification that redundant user identifiers are not issued.
4. Access to HCHC information systems containing EPHI must be limited to workforce members and software programs that have a need to access specific information in order to accomplish a legitimate task.
5. HCHC workforce members must not provide access to HCHC's information systems containing EPHI to unauthorized persons.
6. All revisions to HCHC workforce member and software program access rights must be tracked and logged. This information must be securely maintained. and, at a minimum, must provide the following information:

- Data and time of revision
- Identification of workforce member or software program whose access is being revised
- Brief description of revised access right(s)
- Reason for revision

7. HCHC workforce members must end electronic sessions between information systems that contain or can access EPHI when such sessions are finished, unless they can be secured by an appropriate locking method.
8. Software accessing EPHI must be equipped with a feature allowing the system to automatically log the user off after a specified period of time.
9. Emailing of EPHI is prohibited unless through a secure email system (encrypted through Office365).
10. Encryption and decryption of stored EPHI is handled by Cooley-Dickinson as we are hosted on their servers.
11. In the event of an emergency, patient care will be documented using manual means and scanned into the EMR once normal operations have resumed.

Questions regarding this policy or any related procedure should be directed to the Information Security Officer at 413-238-4138.

Originally Drafted: SEP 2012 Reviewed or Revised: APR 2016

Approved by Board of Directors, Date: 4/28/16

Approved by:

Eliza B. Lake Date: 4/29/16
Executive Director, HCHC

John Follet, MD
President, HCHC Board of Directors

Hilltown Community Health Centers, Inc.

Administrative Policy
All Departments

SUBJECT: ASSIGNED SECURITY POLICY
REGULATORY REFERENCE: 45 CFR 164.308(a)(2)(i)

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to assign a single employee overall final responsibility for the confidentiality, integrity, and availability of its EPHI (Electronic Protected Health Information).

Policy:

1. HCHC's Chief Operations Officer is designated as the Information Security Officer and is responsible for the development and implementation of all policies and procedures necessary to appropriately protect the confidentiality, integrity, and availability of HCHC information systems and EPHI.

2. The HCHC Information Security Officer's responsibilities include, but are not limited to:
   - Ensure that no HCHC information system compromises the confidentiality, integrity, or availability of any other HCHC information system.
   - Develop, document, and ensure dissemination of appropriate security policies, procedures, and standards for the users and administrators of HCHC information systems and the data contained within them.
   - Ensure that newly acquired HCHC information systems have features that support required and/or addressable security Implementation Specifications.
   - Ensure HCHC workforce members receive regular security awareness and training.
   - Conduct periodic risk analysis of HCHC information systems and security processes.
   - Develop and implement an effective risk management program.
   - Maintain an inventory of all HCHC information systems that contain EPHI.

Questions regarding this policy or any related procedure should be directed to the Information Security Officer at 413-238-4138.

Originally Drafted: SEP 2012 Reviewed or Revised: APR 2016

Approved by Board of Directors, Date: 4/28/16

Approved by:

Eliza B. Lake
Executive Director, HCHC

Date: 4/29/16

John Follet, MD
President, HCHC Board of Directors

Hilltown Community Health Centers, Inc.

Administrative Policy
All Departments

SUBJECT: AUDIT CONTROLS
REGULATORY REFERENCE: 45 CFR 164.312(b)

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for using appropriate audit controls on its information systems that contain or use EPHI (Electronic Protected Health Information).

Policy:

1. Appropriate hardware, software, or procedural auditing mechanisms must be implemented on HCHC information systems that contain or use EPHI.
2. Logs created by audit mechanisms implemented on HCHC information systems must be reviewed regularly.
3. HCHC's electronic medical record system records:
   - Date and time of significant activity
   - Origin of significant activity
   - Identification of user performing significant activity
   - Description of attempted or completed significant activity
4. Information systems containing EPHI must employ technology to safeguard the integrity of EPHI. This is guaranteed by locking all progress notes in order to bill. Any additional information must be added as an addendum.

Questions regarding this policy or any related procedure should be directed to the Information Security Officer at 413-238-4138.

Originally Drafted: SEP 2012 Reviewed or Revised: APR 2016

Approved by Board of Directors, Date: 4/28/16

Approved by:

Date: 4/29/16

Eliza B. Lake
Executive Director, HCHC

John Follet, MD
President, HCHC Board of Directors

Hilltown Community Health Centers, Inc.

Administrative Policy
All Departments

SUBJECT: AUTHORIZATION AND/OR SUPERVISION
REGULATORY REFERENCE: 45 CFR 164.308(a)(3)(ii)(A)

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to ensure that all workforce members who can access HCHC information systems containing EPHI (Electronic Protected Health Information) are appropriately authorized or supervised.

Policy:

1. HCHC must ensure that the confidentiality, integrity, and availability of EPHI on HCHC information systems is maintained when its information systems are accessed by third parties.

2. Access by third party persons to HCHC information systems containing EPHI or HCHC locations where EPHI can be accessed must be allowed only after appropriate security controls have been implemented and an agreement has been signed defining the terms for access. The agreement must define the following:

   - The security processes and controls necessary to ensure compliance with HCHC's security policies.
   - Restrictions regarding the use and disclosure of HCHC data.
   - HCHC's right to monitor and revoke third party persons' access and activity.

3. Where appropriate, third party persons will be supervised by an appropriate HCHC employee when they are accessing HCHC information systems containing EPHI or in a HCHC location where EPHI might be accessed.

Questions regarding this policy or any related procedure should be directed to the Information Security Officer at 413-238-4138.

Originally Drafted: SEP 2012 Reviewed or Revised: APR 2016

Approved by Board of Directors, Date: 4/28/16

Approved by:

Date: 4/29/11

Eliza B. Lake
Executive Director, HCHC

John Follet, MD
President, HCHC Board of Directors

Hilltown Community Health Centers, Inc.

Administrative Policy
All Departments

SUBJECT: BUSINESS ASSOCIATES CONTRACTS
REGULATORY REFERENCE:

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process to only permit a business associate to create, receive, maintain, or transmit EPHI (Electronic Protected Health Information) on its behalf if there is a written agreement between the two parties which provides assurances that the business associate will appropriately safeguard the information.

Policy:

1. HCHC will permit a business associate to create, receive, maintain, or transmit EPHI on its behalf only if there is a written agreement between the two parties which ensures that the business associate will appropriately and reasonably safeguard the information.
2. Failure on the part of the business associate to adequately safeguard EPHI will result in immediate termination of any business agreements and the launching of an appropriate investigation.
3. The transmission of EPHI by HCHC to a health care provider concerning the treatment of an individual does not require a business associate agreement.
4. All business associate agreements must be documented and will follow the standard business associate agreement language of HCHC.
5. New contracts with existing business associates do not have to be obtained specifically for this purpose, if existing written contracts adequately address the applicable requirements or can be amended to do so.
6. All business agreements must contain specific security-related language governing the protection of any EPHI to which the business associate has access.

Questions regarding this policy or any related procedure should be directed to the Information Security Officer at 413-238-4138.

Originally Drafted: SEP 2012 Reviewed or Revised: APR 2016

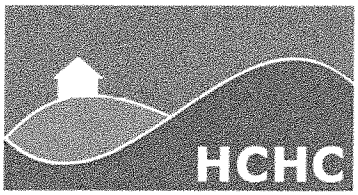
Approved by Board of Directors, Date: 4/28/16

Approved by:

Date: 4/28/16

Eliza B. Lake
Executive Director, HCHC

John Follet, MD
President, HCHC Board of Directors



Hilltown Community Health Centers, Inc.

Administrative Policy
All Departments

SUBJECT: CONTINGENCY PLAN
REGULATORY REFERENCE: 45 CFR 164.308(a)(7)(i)

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to effectively prepare for and respond to emergencies or disasters in order to protect the confidentiality, integrity and availability of its information systems.

Policy:

1. HCHC must have a formal process for both preparing for and effectively responding to emergencies and disasters that damage the confidentiality, integrity or availability of its information systems.
2. At a minimum, the process must include:
   - Regular analysis of the criticality of HCHC information systems.
   - Development and documentation of a disaster and emergency recovery strategy consistent with HCHC's business objectives and priorities.
   - Development and documentation of a disaster recovery plan that is in accordance with the above strategy.
   - Development and documentation of an emergency mode operations plan that is in accordance with the above strategy.
   - Regular testing and updating of the disaster recovery and emergency mode operations plans.
3. All EPHI (Electronic Protected Health Information) on HCHC information systems and electronic media must be regularly backed up and securely stored. All medical EPHI is backed up by Cooley-Dickinson and stored according to their plan. Dental EPHI is backed up nightly.
4. HCHC must have a formal, documented emergency mode operations plan to enable the continuance of crucial business processes that protect the security of its information systems containing EPHI during and immediately after a crisis situation.
5. HCHC must conduct regular testing of its disaster recovery plan to ensure that it is up to date and effective.

Questions regarding this policy or any related procedure should be directed to the Information Security Officer at 413-238-4138.

Originally Drafted: SEP 2012 Reviewed or Revised: APR 2016

Approved by Board of Directors, Date: 4/28/16

Approved by:

Date: 4/29/16

Eliza B. Lake
Executive Director, HCHC

John Follet, MD
President, HCHC Board of Directors

Hilltown Community Health Centers, Inc.

Administrative Policy
All Departments

SUBJECT: DATA BACKUP PLAN
REGULATORY REFERENCE: 45 CFR 164.308(a)(7)(ii)(A)

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process to backup and securely store all EPHI (Electronic Protected Health Information) on its information systems and electronic media.

Policy:

1. Backup copies of all EPHI on HCHC electronic media and information systems must be made regularly. This includes both EPHI received by HCHC and created within HCHC.
2. All medical & Behavioral Health EPHI will be backed up in accordance with Cooley-Dickinson's data backup schedule.
3. All Dental EPHI will be backed up and stored on a remote server at Huntington Health Center.

Questions regarding this policy or any related procedure should be directed to the Information Security Officer at 413-238-4138.

Originally Drafted: SEP 2012 Reviewed or Revised: APR 2016

Approved by Board of Directors, Date: 4/28/16

Approved by:

Eliza B. Lake
Executive Director, HCHC

Date: 4/29/16

John Follet, MD
President, HCHC Board of Directors

Hilltown Community Health Centers, Inc.

Administrative Policy
All Departments

SUBJECT: DEVICE AND MEDIA CONTROLS
REGULATORY REFERENCE: 45 CFR 164.310(d)(1)

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process to appropriately control information systems and electronic media containing EPHI (Electronic Protected Health Information) moving into, out of and within its facilities.

Policy:

1. EPHI located on HCHC information systems or electronic media must be protected against damage, theft, and unauthorized access. This includes both EPHI received by HCHC and created within HCHC.
2. Information systems and electronic media for which this policy applies include, but are not limited to, computers (both desktop and laptop), floppy disks, backup tapes, CD-ROMs, zip drives, portable hard drives and PDAs.
3. All information systems and electronic media containing EPHI must be disposed of securely and safely when no longer required.
4. All EPHI on HCHC information systems and electronic media must be carefully removed before the media or information systems are made available for re-use.
5. All information systems and electronic media containing EPHI that are received or removed from HCHC or move within its facilities must be appropriately tracked and logged.
6. Backup copies of all EPHI located on HCHC information systems or electronic media must be regularly made and stored securely.

Questions regarding this policy or any related procedure should be directed to the Information Security Officer at 413-238-4138.

Originally Drafted: SEP 2012 Reviewed or Revised: APR 2016

Approved by Board of Directors, Date: 4/28/16

Approved by: _____ Date: 4/29/16

Eliza B. Lake
Executive Director, HCHC

John Follet, MD
President, HCHC Board of Directors

Hilltown Community Health Centers, Inc.

Administrative Policy
All Departments

SUBJECT: EVALUATION POLICY
REGULATORY REFERENCE: 45 CFR 164.308(a)(8)(i)

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process to regularly conduct a technical and non-technical evaluation of its security controls and processes.

Policy:

1. HCHC must regularly conduct a technical and non-technical evaluation of its security controls and processes to document its compliance with its security policies and the HIPAA Security Rule.
2. The evaluation may be carried out by an appropriate HCHC business unit such as the information security officer, internal audit department, or a third-party organization that has appropriate skills and experience.
3. HCHC will conduct an annual review of policies and procedures related to security of EPHI (Electronic Protected Health Information).

Questions regarding this policy or any related procedure should be directed to the Information Security Officer at 413-238-4138.

Originally Drafted: SEP 2012 Reviewed or Revised: APR 2016

Approved by Board of Directors, Date: 4/28/16

Approved by:

E. B. Lake Date: 4/29/16
Eliza B. Lake
Executive Director, HCHC

John Follet, MD
President, HCHC Board of Directors

Hilltown Community Health Centers, Inc.

Administrative Policy
All Departments

SUBJECT: FACILITY ACCESS CONTROLS
REGULATORY REFERENCE: 45 CFR 164.310(a)(1)

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process to prevent unauthorized physical access to its facilities while ensuring that properly authorized access is allowed.

Policy:

1. HCHC must appropriately limit physical access to the information systems contained within its facilities while ensuring that properly authorized workforce members can physically access such systems.
2. HCHC information systems containing EPHI (Electronic Protected Health Information) must be physically located in such a manner as to minimize the risk that unauthorized persons can gain access to them.
3. All visitors must show proper identification and sign in prior to gaining physical access to HCHC areas where information systems containing EPHI are located.
4. HCHC must have formal, documented procedures for allowing authorized workforce members to enter its facilities to take necessary actions as defined in its disaster recovery and emergency mode operations plans.
5. All repairs / modifications to facility alarm systems are logged by the alarm company.

Questions regarding this policy or any related procedure should be directed to the Information Security Officer at 413-238-4138.

Originally Drafted: SEP 2012 Reviewed or Revised: APR 2016

Approved by Board of Directors, Date: 4/28/16

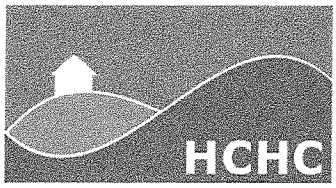
Approved by:

Date: 4/29/16

Eliza B. Lake
Executive Director, HCHC

John Follet, MD

President, HCHC Board of Directors



Hilltown Community Health Centers, Inc.

Administrative Policy
All Departments

SUBJECT: ACCESS AUTHORIZATION
REGULATORY REFERENCE: 45 CFR 164.308(a)(4)(ii)(A)

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for authorizing appropriate access to HCHC information systems containing EPHI (Electronic Protected Health Information).

Policy:

1. HCHC must have a formal documented process for granting access to HCHC information systems that contain EPHI. At a minimum, the process must include:

    - Procedure for granting different levels of access to HCHC information systems containing EPHI.
    - Procedure for tracking and logging authorization of access to HCHC information systems containing EPHI.
    - Procedure for regularly reviewing and revising, as necessary, authorization of access to HCHC information systems containing EPHI.

2. HCHC workforce members must not be allowed access to information systems containing EPHI until properly authorized.

3. The type and extent of access authorized to HCHC information systems containing EPHI must be based on risk analysis. At a minimum, the risk analysis must consider the following factors:

    - The importance of the applications running on the information system
    - The value or sensitivity of the EPHI on the information system
    - The extent to which the information system is connected to other information systems

4. Access to HCHC information systems containing EPHI must be authorized only for HCHC workforce members having a need for specific information in order to accomplish a legitimate task. All such access must be defined and documented. Such access must also be regularly reviewed and revised as necessary.

5. HCHC workforce members must not attempt to gain access to HCHC information systems containing EPHI for which they have not been given proper authorization.

Questions regarding this policy or any related procedure should be directed to the Information Security Officer at 413-238-4138.

Originally Drafted: SEP 2012 Reviewed or Revised: APR 2016

Approved by Board of Directors, Date: 4/28/16

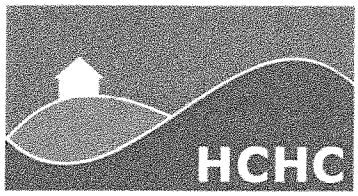
Approved by:

Eliza B. Lake Date: 4/29/16
Executive Director, HCHC

John Follet, MD Date: 4/29/16
President, HCHC Board of Directors

Procedure:

1. Supervisors will fill out IT request form for all new hires and forward to Operations/IT. The level of access to EPHI is determined by role. These are preconfigured in the clinical system.
2. IT will maintain the form on file. Operations will maintain a spreadsheet reflecting access levels and review annually.



Hilltown Community Health Centers, Inc.

Administrative Policy
All Departments

SUBJECT: ACCESS CONTROL
REGULATORY REFERENCE: 45 CFR 164.312(a)(1)
Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to purchase and implement information systems that comply with HCHC's information access management policies.

Policy:

1. HCHC must purchase and implement information systems that comply with HCHC's information access management policy.
2. As appropriate, HCHC information systems must support one or more of the following types of access control to protect the confidentiality, integrity and availability of EPHI (Electronic Protected Health Information) contained on HCHC information systems:
   - User based
   - Role based
3. As appropriate, security controls or methods that allow access to HCHC information systems containing EPHI must include, at a minimum:
   - Unique user identifiers (user IDs) that enable persons and identities to be uniquely identified. User IDs must not give any indication of the user's privilege level.
   - A secret identifier (password).
   - The prompt removal or disabling of access methods for persons and entities that no longer need access to HCHC EPHI.
   - Verification that redundant user identifiers are not issued.
4. Access to HCHC information systems containing EPHI must be limited to workforce members and software programs that have a need to access specific information in order to accomplish a legitimate task.
5. HCHC workforce members must not provide access to HCHC's information systems containing EPHI to unauthorized persons.
6. All revisions to HCHC workforce member and software program access rights must be tracked and logged. This information must be securely maintained. and, at a minimum, must provide the following information:

- Data and time of revision
- Identification of workforce member or software program whose access is being revised
- Brief description of revised access right(s)
- Reason for revision

7. HCHC workforce members must end electronic sessions between information systems that contain or can access EPHI when such sessions are finished, unless they can be secured by an appropriate locking method.
8. Software accessing EPHI must be equipped with a feature allowing the system to automatically log the user off after a specified period of time.
9. Emailing of EPHI is prohibited unless through a secure email system (encrypted through Office365).
10. Encryption and decryption of stored EPHI is handled by Cooley-Dickinson as we are hosted on their servers.
11. In the event of an emergency, patient care will be documented using manual means and scanned into the EMR once normal operations have resumed.

Questions regarding this policy or any related procedure should be directed to the Information Security Officer at 413-238-4138.

Originally Drafted: SEP 2012 Reviewed or Revised: APR 2016

Approved by Board of Directors, Date: 4/28/16

Approved by:

Eliza B. Lake Date: 4/29/16
Executive Director, HCHC

John Follet, MD
President, HCHC Board of Directors

Hilltown Community Health Centers, Inc.

Administrative Policy
All Departments

SUBJECT: ASSIGNED SECURITY POLICY
REGULATORY REFERENCE: 45 CFR 164.308(a)(2)(i)

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to assign a single employee overall final responsibility for the confidentiality, integrity, and availability of its EPHI (Electronic Protected Health Information).

Policy:

1. HCHC's Chief Operations Officer is designated as the Information Security Officer and is responsible for the development and implementation of all policies and procedures necessary to appropriately protect the confidentiality, integrity, and availability of HCHC information systems and EPHI.

2. The HCHC Information Security Officer's responsibilities include, but are not limited to:
   - Ensure that no HCHC information system compromises the confidentiality, integrity, or availability of any other HCHC information system.
   - Develop, document, and ensure dissemination of appropriate security policies, procedures, and standards for the users and administrators of HCHC information systems and the data contained within them.
   - Ensure that newly acquired HCHC information systems have features that support required and/or addressable security Implementation Specifications.
   - Ensure HCHC workforce members receive regular security awareness and training.
   - Conduct periodic risk analysis of HCHC information systems and security processes.
   - Develop and implement an effective risk management program.
   - Maintain an inventory of all HCHC information systems that contain EPHI.

Questions regarding this policy or any related procedure should be directed to the Information Security Officer at 413-238-4138.

Originally Drafted: SEP 2012 Reviewed or Revised: APR 2016

Approved by Board of Directors, Date: 4/28/16

Approved by:

Eliza B. Lake
Executive Director, HCHC

Date: 4/29/16

John Follet, MD
President, HCHC Board of Directors

Hilltown Community Health Centers, Inc.

Administrative Policy
All Departments

SUBJECT: AUDIT CONTROLS
REGULATORY REFERENCE: 45 CFR 164.312(b)

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for using appropriate audit controls on its information systems that contain or use EPHI (Electronic Protected Health Information).

Policy:

1. Appropriate hardware, software, or procedural auditing mechanisms must be implemented on HCHC information systems that contain or use EPHI.
2. Logs created by audit mechanisms implemented on HCHC information systems must be reviewed regularly.
3. HCHC's electronic medical record system records:
   - Date and time of significant activity
   - Origin of significant activity
   - Identification of user performing significant activity
   - Description of attempted or completed significant activity
4. Information systems containing EPHI must employ technology to safeguard the integrity of EPHI. This is guaranteed by locking all progress notes in order to bill. Any additional information must be added as an addendum.

Questions regarding this policy or any related procedure should be directed to the Information Security Officer at 413-238-4138.

Originally Drafted: SEP 2012 Reviewed or Revised: APR 2016

Approved by Board of Directors, Date: 4/28/16

Approved by:

Date: 4/29/16

Eliza B. Lake
Executive Director, HCHC

John Follet, MD
President, HCHC Board of Directors

Hilltown Community Health Centers, Inc.

Administrative Policy
All Departments

SUBJECT: AUTHORIZATION AND/OR SUPERVISION
REGULATORY REFERENCE: 45 CFR 164.308(a)(3)(ii)(A)

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to ensure that all workforce members who can access HCHC information systems containing EPHI (Electronic Protected Health Information) are appropriately authorized or supervised.

Policy:

1. HCHC must ensure that the confidentiality, integrity, and availability of EPHI on HCHC information systems is maintained when its information systems are accessed by third parties.

2. Access by third party persons to HCHC information systems containing EPHI or HCHC locations where EPHI can be accessed must be allowed only after appropriate security controls have been implemented and an agreement has been signed defining the terms for access. The agreement must define the following:

   - The security processes and controls necessary to ensure compliance with HCHC's security policies.
   - Restrictions regarding the use and disclosure of HCHC data.
   - HCHC's right to monitor and revoke third party persons' access and activity.

3. Where appropriate, third party persons will be supervised by an appropriate HCHC employee when they are accessing HCHC information systems containing EPHI or in a HCHC location where EPHI might be accessed.

Questions regarding this policy or any related procedure should be directed to the Information Security Officer at 413-238-4138.

Originally Drafted: SEP 2012 Reviewed or Revised: APR 2016

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Approved by:

Date: 4/29/11

Eliza B. Lake
Executive Director, HCHC

John Follet, MD
President, HCHC Board of Directors

Hilltown Community Health Centers, Inc.

Administrative Policy
All Departments

SUBJECT: BUSINESS ASSOCIATES CONTRACTS
REGULATORY REFERENCE:

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process to only permit a business associate to create, receive, maintain, or transmit EPHI (Electronic Protected Health Information) on its behalf if there is a written agreement between the two parties which provides assurances that the business associate will appropriately safeguard the information.

Policy:

1. HCHC will permit a business associate to create, receive, maintain, or transmit EPHI on its behalf only if there is a written agreement between the two parties which ensures that the business associate will appropriately and reasonably safeguard the information.
2. Failure on the part of the business associate to adequately safeguard EPHI will result in immediate termination of any business agreements and the launching of an appropriate investigation.
3. The transmission of EPHI by HCHC to a health care provider concerning the treatment of an individual does not require a business associate agreement.
4. All business associate agreements must be documented and will follow the standard business associate agreement language of HCHC.
5. New contracts with existing business associates do not have to be obtained specifically for this purpose, if existing written contracts adequately address the applicable requirements or can be amended to do so.
6. All business agreements must contain specific security-related language governing the protection of any EPHI to which the business associate has access.

Questions regarding this policy or any related procedure should be directed to the Information Security Officer at 413-238-4138.

Originally Drafted: SEP 2012 Reviewed or Revised: APR 2016

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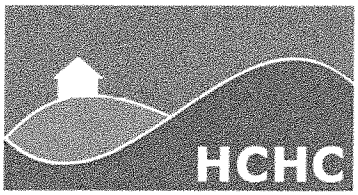
Executive Director, HCHC

John Follet, MD
President, HCHC Board of Directors



Hilltown Community Health Centers, Inc.

Administrative Policy
All Departments

SUBJECT: CONTINGENCY PLAN
REGULATORY REFERENCE: 45 CFR 164.308(a)(7)(i)

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to effectively prepare for and respond to emergencies or disasters in order to protect the confidentiality, integrity and availability of its information systems.

Policy:

1. HCHC must have a formal process for both preparing for and effectively responding to emergencies and disasters that damage the confidentiality, integrity or availability of its information systems.
2. At a minimum, the process must include:
   - Regular analysis of the criticality of HCHC information systems.
   - Development and documentation of a disaster and emergency recovery strategy consistent with HCHC's business objectives and priorities.
   - Development and documentation of a disaster recovery plan that is in accordance with the above strategy.
   - Development and documentation of an emergency mode operations plan that is in accordance with the above strategy.
   - Regular testing and updating of the disaster recovery and emergency mode operations plans.
3. All EPHI (Electronic Protected Health Information) on HCHC information systems and electronic media must be regularly backed up and securely stored. All medical EPHI is backed up by Cooley-Dickinson and stored according to their plan. Dental EPHI is backed up nightly.
4. HCHC must have a formal, documented emergency mode operations plan to enable the continuance of crucial business processes that protect the security of its information systems containing EPHI during and immediately after a crisis situation.
5. HCHC must conduct regular testing of its disaster recovery plan to ensure that it is up to date and effective.

Questions regarding this policy or any related procedure should be directed to the Information Security Officer at 413-238-4138.

Originally Drafted: SEP 2012 Reviewed or Revised: APR 2016

Approved by Board of Directors, Date: 4/28/16

Approved by:

Date: 4/29/16

Eliza B. Lake
Executive Director, HCHC

John Follet, MD
President, HCHC Board of Directors

Hilltown Community Health Centers, Inc.

Administrative Policy
All Departments

SUBJECT: DATA BACKUP PLAN
REGULATORY REFERENCE: 45 CFR 164.308(a)(7)(ii)(A)

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process to backup and securely store all EPHI (Electronic Protected Health Information) on its information systems and electronic media.

Policy:

1. Backup copies of all EPHI on HCHC electronic media and information systems must be made regularly. This includes both EPHI received by HCHC and created within HCHC.
2. All medical & Behavioral Health EPHI will be backed up in accordance with Cooley-Dickinson's data backup schedule.
3. All Dental EPHI will be backed up and stored on a remote server at Huntington Health Center.

Questions regarding this policy or any related procedure should be directed to the Information Security Officer at 413-238-4138.

Originally Drafted: SEP 2012 Reviewed or Revised: APR 2016

Approved by Board of Directors, Date: 4/28/16

Approved by:

Eliza B. Lake
Executive Director, HCHC

Date: 4/29/16

John Follet, MD
President, HCHC Board of Directors

Hilltown Community Health Centers, Inc.

Administrative Policy
All Departments

SUBJECT: DEVICE AND MEDIA CONTROLS
REGULATORY REFERENCE: 45 CFR 164.310(d)(1)

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process to appropriately control information systems and electronic media containing EPHI (Electronic Protected Health Information) moving into, out of and within its facilities.

Policy:

1. EPHI located on HCHC information systems or electronic media must be protected against damage, theft, and unauthorized access. This includes both EPHI received by HCHC and created within HCHC.
2. Information systems and electronic media for which this policy applies include, but are not limited to, computers (both desktop and laptop), floppy disks, backup tapes, CD-ROMs, zip drives, portable hard drives and PDAs.
3. All information systems and electronic media containing EPHI must be disposed of securely and safely when no longer required.
4. All EPHI on HCHC information systems and electronic media must be carefully removed before the media or information systems are made available for re-use.
5. All information systems and electronic media containing EPHI that are received or removed from HCHC or move within its facilities must be appropriately tracked and logged.
6. Backup copies of all EPHI located on HCHC information systems or electronic media must be regularly made and stored securely.

Questions regarding this policy or any related procedure should be directed to the Information Security Officer at 413-238-4138.

Originally Drafted: SEP 2012 Reviewed or Revised: APR 2016

Approved by Board of Directors, Date: 4/28/16

Approved by: _____ Date: 4/29/16

Eliza B. Lake
Executive Director, HCHC

John Follet, MD
President, HCHC Board of Directors

Hilltown Community Health Centers, Inc.

Administrative Policy
All Departments

SUBJECT: EVALUATION POLICY
REGULATORY REFERENCE: 45 CFR 164.308(a)(8)(i)

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process to regularly conduct a technical and non-technical evaluation of its security controls and processes.

Policy:

1. HCHC must regularly conduct a technical and non-technical evaluation of its security controls and processes to document its compliance with its security policies and the HIPAA Security Rule.
2. The evaluation may be carried out by an appropriate HCHC business unit such as the information security officer, internal audit department, or a third-party organization that has appropriate skills and experience.
3. HCHC will conduct an annual review of policies and procedures related to security of EPHI (Electronic Protected Health Information).

Questions regarding this policy or any related procedure should be directed to the Information Security Officer at 413-238-4138.

Originally Drafted: SEP 2012 Reviewed or Revised: APR 2016

Approved by Board of Directors, Date: 4/28/16

Approved by:

E. B. Lake Date: 4/29/16
Eliza B. Lake
Executive Director, HCHC

John Follet, MD
President, HCHC Board of Directors

Hilltown Community Health Centers, Inc.

Administrative Policy
All Departments

SUBJECT: FACILITY ACCESS CONTROLS
REGULATORY REFERENCE: 45 CFR 164.310(a)(1)

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process to prevent unauthorized physical access to its facilities while ensuring that properly authorized access is allowed.

Policy:

1. HCHC must appropriately limit physical access to the information systems contained within its facilities while ensuring that properly authorized workforce members can physically access such systems.
2. HCHC information systems containing EPHI (Electronic Protected Health Information) must be physically located in such a manner as to minimize the risk that unauthorized persons can gain access to them.
3. All visitors must show proper identification and sign in prior to gaining physical access to HCHC areas where information systems containing EPHI are located.
4. HCHC must have formal, documented procedures for allowing authorized workforce members to enter its facilities to take necessary actions as defined in its disaster recovery and emergency mode operations plans.
5. All repairs / modifications to facility alarm systems are logged by the alarm company.

Questions regarding this policy or any related procedure should be directed to the Information Security Officer at 413-238-4138.

Originally Drafted: SEP 2012 Reviewed or Revised: APR 2016

Approved by Board of Directors, Date: 4/28/16

Approved by:

Date: 4/29/16

Eliza B. Lake
Executive Director, HCHC

John Follet, MD

President, HCHC Board of Directors

Hilltown Community Health Centers, Inc.

Administrative Policy
All Departments

SUBJECT: HIPAA SECURITY AWARENESS AND TRAINING
REGULATORY REFERENCE: 45 CFR 164.308(a)(5)(i)

Purpose:

Hilltown Community Health Centers, Inc (HCHC) management has adopted this policy to provide regular HIPAA security awareness and training to its staff.

Policy:

1. HCHC develops, implements, and regularly reviews a formal, documented program for regularly providing appropriate security training and awareness to staff.
2. All HCHC staff are provided with sufficient regular training and supporting reference materials to enable them to appropriately protect HCHC information systems. Initial training must be provided prior to granting access to systems containing PHI (Protected Health Information) and annually for the duration of employment.
3. After training has been conducted, each staff member must verify that he or she has received the training, understood the material presented, and agrees to comply with it.
4. Business associates must be informed of HCHC security policies and procedures on a regular basis. Such awareness can occur through contract language or other means.
5. All HCHC information security policies and procedures must be readily available for reference and review by appropriate employees, business associates, and third-party workers.
6. HCHC must regularly train and remind its staff about its process for guarding against, detecting, and reporting malicious software that poses a risk to its information systems and data.
7. HCHC must regularly train and remind its staff about its process for monitoring log-in attempts and reporting discrepancies.
8. HCHC must regularly train and remind its staff about its process for creating, changing and safeguarding passwords.

Questions regarding this policy or any related procedure should be directed to the Information Security Officer at 413-238-4138.

Originally Drafted: SEP 2012 Reviewed or Revised: APR 2016

Approved by Board of Directors, Date: 5/26/16

Approved by:

Date: 5/26/16

Eliza B. Lake
Executive Director, HCHC

John Follet, MD
President, HCHC Board of Directors

Hilltown Community Health Centers, Inc.

Administrative Policy
All Departments

SUBJECT: INFORMATION ACCESS MANAGEMENT
REGULATORY REFERENCE: 45 CFR 164.308(a)(4)(i)

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for authorizing appropriate access to HCHC information systems containing EPHI (Electronic Protected Health Information).

Policy:

1. Access to HCHC information systems containing EPHI must be managed in order to protect the confidentiality, integrity and availability of EPHI.
2. HCHC must have a formal documented process for granting access to HCHC information systems containing EPHI. At a minimum, the process must include:
   - Procedure for granting different levels of access to HCHC information systems containing EPHI.
   - Procedure for tracking and logging authorization of access to HCHC information systems containing EPHI.
3. HCHC workforce members must not be allowed access to information systems containing EPHI until properly authorized.
4. Appropriate HCHC information system owners or their chosen delegates must define and authorize all access to HCHC information systems containing EPHI.
5. Access to HCHC information systems containing EPHI must be authorized only for HCHC workforce members having a need for specific information in order to accomplish a legitimate task. All such access must be defined and documented. Such access must also be regularly reviewed and revised as necessary.
6. HCHC workforce members must not attempt to gain access to HCHC information systems containing EPHI for which they have not been given proper authorization.

Questions regarding this policy or any related procedure should be directed to the Information Security Officer at 413-238-4138.

Originally Drafted: SEP 2012 Reviewed or Revised: APR 2016

Approved by Board of Directors, Date: 4/28/16

Approved by:

Eliza B. Lake
Executive Director, HCHC

Date: 4/29/16

John Follett, MD
President, HCHC Board of Directors

Hilltown Community Health Centers, Inc.

Administrative Policy
All Departments

SUBJECT: RISK ANALYSIS
REGULATORY REFERENCE: 45 CFR 164.308(a)(1)(ii)(A)

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for conducting accurate and thorough analysis of the potential risks to the confidentiality, integrity, and availability of its information systems containing EPHI (Electronic Protected Health Information).

Policy:

1. The identification, definition and prioritization of risks to HCHC information systems containing EPHI must be based on a formal, documented risk analysis process.
2. HCHC must conduct risk analysis on an annual basis.
3. HCHC's risk analysis process must include the following:
   - Identification and prioritization of the threats and vulnerabilities of HCHC information systems containing EPHI.
   - Identification and definition of security measures used to protect the confidentiality, integrity, and availability of HCHC information systems containing EPHI.
   - Identification of the likelihood that a given threat will exploit a specific vulnerability on a HCHC information system containing EPHI.
   - Identification of the potential impacts to the confidentiality, integrity, and availability of HCHC information systems containing EPHI if a given threat exploits a specific vulnerability.

Questions regarding this policy or any related procedure should be directed to the Information Security Officer at 413-238-4138.

Originally Drafted: SEP 2012 Reviewed or Revised: APR 2016
Approved by Board of Directors, Date: 4/28/16
Approved by:

Eliza B. Lake
Executive Director, HCHC

Date: 4/28/16

John Follett, MD

President, HCHC Board of Directors

Hilltown Community Health Centers, Inc.

Administrative Policy
All Departments

SUBJECT: SANCTION POLICY
REGULATORY REFERENCE: 45 CFR 164.308(a)(1)(ii)(C)

Purpose:

Hilltown Community Health Center, Inc. (HCHC) management has adopted this policy to have a formal documented process for applying appropriate sanctions against workforce members who fail to comply with its security policies and procedures.

Policy:

1. HCHC workforce members must understand and comply with all applicable HCHC security policies and procedures. HCHC must provide regular training and awareness for workforce members on HCHC security policies and procedures.
2. HCHC must have a formal, documented process for applying appropriate sanctions against workforce members who do not comply with its security policies and procedures. At a minimum, the process must include:
   - Procedures for detecting and reporting workforce members' non-compliance with HCHC security policies and procedures.
   - Identification and definition of levels of sanctions, including their relative severity.
   - Identification of cause and rationale for issuing of sanction.
   - A defined, formal method for evaluating the severity of non-compliance with HCHC security policies and procedures.
3. Sanctions must be commensurate with the severity of the non-compliance with HCHC security policies and procedures and must occur with appropriate involvement of HCHC's human resources department.

Questions regarding this policy or any related procedure should be directed to the Information Security Officer at 413-238-4138.

Originally Drafted: SEP 2012 Reviewed or Revised: APR 2016

Approved by Board of Directors, Date: 4/28/16

Approved by:

Eliza B. Lake
Executive Director, HCHC

Date: 4/29/16

John Follet, MD
President, HCHC Board of Directors

Hilltown Community Health Centers, Inc.

Administrative Policy
All Departments

SUBJECT: SECURITY INCIDENT RESPONSE AND REPORTING
REGULATORY REFERENCE: 45 CFR 164.308(a)(6)(i), 45 CFR 164.308(a)(6)(ii)

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for detecting and responding to security incidents.

Policy:

1. HCHC must have a formal, documented process for quickly and effectively detecting and responding to security incidents that may impact the confidentiality, integrity, or availability of HCHC information systems.
2. HCHC workforce members must report any observed or suspected security incidents as quickly as possible via HCHC's security incident reporting procedure.
3. A workforce member must not prevent another member from reporting a security incident.
4. HCHC's Information Security Officer, in cooperation with the appropriate department manager, is authorized to investigate any and all alleged violations of HCHC security policies, and to take appropriate action to mitigate the infraction and apply sanctions as warranted.
5. For purposes of analysis and possible prosecution, HCHC must collect appropriate evidence regarding security incidents.

Questions regarding this policy or any related procedure should be directed to the Information Security Officer at 413-238-4138.

Originally Drafted: SEP 2012 Reviewed or Revised: APR 2016

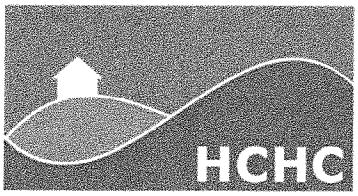
Approved by Board of Directors, Date: 4/28/16

Approved by:

Eliza B. Lake
Executive Director, HCHC

Date: 4/29/16

John Follet, MD
President, HCHC Board of Directors



Hilltown Community Health Centers, Inc.

Administrative Policy
All Departments

SUBJECT: SECURITY MANAGEMENT PROCESS
REGULATORY REFERENCE: 45 CFR 164.308(a)(1)(i)

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for ensuring the confidentiality, integrity, and availability of its information systems containing EPHI (Electronic Protected Health Information) by implementing policies and procedures to prevent, detect, contain, and correct security violations.

Policy:

1. HCHC's security management process must include policies and procedures for the following:
   a. Assignment of Security Responsibilities
   b. Defining the appropriate access, control and supervision of workforce members
   c. Contingency planning, data backup planning and media controls
   d. Facility and Information Access Controls
   e. Risk Analysis & Management
   f. Policy violation sanction
   g. Security Awareness Training
   h. Security Incident Reporting
   i. Workforce Clearance and Security
   j. Acceptable Use of company-owned workstations
2. This policy will serve as the overarching Information Security Policy. Its approval by the Board of Directors signifies subsequent approval of all underlying policies as identified in the above listing.

Questions regarding this policy or any related procedure should be directed to the Information Security Officer at 413-238-4138.

Originally Drafted: SEP 2012 Reviewed or Revised: APR 2016

Approved by Board of Directors, Date: 4/28/16

Approved by:

Date: 4/29/16

Eliza B. Lake
Executive Director, HCHC

John Follet, MD
President, HCHC Board of Directors

Hilltown Community Health Centers, Inc.

Administrative Policy
All Departments

SUBJECT: WORKFORCE CLEARANCE AND SECURITY
REGULATORY REFERENCE: 45 CFR 164.308(a)(3)(ii)(B)

Purpose:

Hilltown Community Health Center, Inc. (HCHC) management has adopted this policy to have a formal documented process to allow access to information systems containing EPHI (Electronic Protected Health Information) only to workforce members who have been appropriately authorized.

Policy:

1. HCHC must ensure that all workforce members who have the ability to access HCHC information systems containing EPHI are appropriately authorized or supervised.
2. The background of all HCHC workforce members must be adequately reviewed during the hiring process.
3. When defining a position, the HCHC human resources department and the hiring manager must identify the security responsibilities and supervision required for the position.
4. All HCHC workforce members who access HCHC information systems containing EPHI must sign a confidentiality agreement in which they agree not to provide EPHI or to discuss confidential information to which they have access to unauthorized persons.
5. HCHC must create and implement a formal, documented process for terminating access to EPHI when the employment of a workforce member ends.

Questions regarding this policy or any related procedure should be directed to the Information Security Officer at 413-238-4138.

Originally Drafted: SEP 2012 Reviewed or Revised: APR 2016

Approved by Board of Directors, Date: 4/28/16

Approved by:

Eliza B. Lake
Executive Director, HCHC

Date: 4/29/16

John Follet, MD
President, HCHC Board of Directors

Procedure:

The background of all HCHC workforce members must be adequately reviewed during the hiring process.

1. Verification checks must be made, as appropriate. Verification checks include, but are not limited to:
    a. Character references
    b. Confirmation of claimed academic and professional qualifications
    c. Professional license validation
    d. Credit check
    e. Criminal background check
    f. Office of the Inspector General (OIG) database check
2. The type and number of verification checks conducted must be based on the employee's probable access to HCHC information systems containing EPHI and their expected ability to modify or change such EPHI.
3. The extent and type of screening must be based on HCHC's risk analysis process.

When defining a position, the HCHC human resources department and the hiring manager must identify the security responsibilities and supervision required for the position.

1. Security responsibilities include general responsibilities for implementing or maintaining security, as well as any specific responsibilities for the protection of the confidentiality, integrity, or availability of HCHC information systems or processes.

All HCHC workforce members who access HCHC information systems containing EPHI must sign a confidentiality agreement in which they agree not to provide EPHI or to discuss confidential information to which they have access to unauthorized persons.

1. Employees will sign the confidentiality statement at their on-boarding session.
2. The statement will be kept in their personnel file
3. Subsequent statements will be not be used but all employees will attend annual HIPAA Privacy & Security training. The attendance roster will serve as acknowledgement of a confidentiality agreement.

Hilltown Community Health Centers, Inc.

Administrative Policy
All Departments

SUBJECT: WORKSTATION ACCEPTABLE USE
REGULATORY REFERENCE: 45 CFR 164.310(b)

Purpose:

Hilltown Community Health Center, Inc. (HCHC) management has adopted this policy to have a formal documented process to appropriately use and protect its workstations.

Policy:

1. HCHC workstations must be used only for authorized purposes: to support the research, education, clinical, administrative, and other functions of HCHC.
2. All workforce members who use HCHC workstations must take all reasonable precautions to protect the confidentiality, integrity, and availability of EPHI (Electronic Protected Health Information) contained on the workstations.
3. Workforce members must not use HCHC workstations to engage in any activity that is either illegal under local, state, federal, or international law or is in violation of HCHC policy.
4. Access to all HCHC workstations containing EPHI must be controlled with a username and password.
5. HCHC workstations containing EPHI must be physically located in such a manner as to minimize the risk that unauthorized individuals can gain access to them.
6. HCHC workforce members must activate their workstation locking software whenever they leave their workstation unattended for 20 minutes or more. HCHC workforce members must log off from or lock their workstation(s) when their shifts are complete.
7. Workstations removed from HCHC premises must be protected with security controls equivalent to those for on-site workstations.

Questions regarding this policy or any related procedure should be directed to the Information Security Officer at 413-238-4138.

Originally Drafted: SEP 2012 Reviewed or Revised: APR 2016

Approved by Board of Directors, Date: 4/28/16

Approved by:

Date: 4/29/16

Eliza B. Lake
Executive Director, HCHC

John Follet, MD
President, HCHC Board of Directors

Procedure:

Workforce members must not use HCHC workstations to engage in any activity that is either illegal under local, state, federal, or international law or is in violation of HCHC policy.

Activities that workforce members must not perform while using HCHC workstations include, but are not limited to:

1. Violations of the rights to privacy of protected healthcare information of HCHC's patients.
2. Violations of the rights of any person or company protected by copyright, trade secret, patent, or other intellectual property or similar laws or regulations. This includes, but is not limited to, the installation or distribution of "pirated" or other inappropriately licensed software products.
3. Purposeful introduction of malicious software onto a workstation or network (e.g., viruses, worms, Trojan horses).
4. Purposefully causing security breaches. Security breaches include, but are not limited to, accessing electronic data that the workforce member is not authorized to access or logging into an account that he or she is not authorized to access. HCHC employees that perform this activity as part of their defined job are exempt from this prohibition.
5. Performing any form of network monitoring that will intercept electronic data not intended for the workforce member. HCHC employees that perform this activity as part of their defined job are exempt from this prohibition.
6. Circumvent or attempt to avoid the user authentication or security of any HCHC workstation or account. Employees that perform this activity as part of their defined job are exempt from this prohibition.

Access to all HCHC workstations must be controlled with a username and password.

1. HCHC workforce members must not share passwords with others. If a HCHC workforce member believes that someone else is inappropriately using a user-ID or password, they must immediately notify their manager.
2. Where possible, the initial password(s) issued to a new HCHC workforce member must be valid only for the new user's first logon to a workstation. At initial logon, the user must be required to choose another password.

3. Where possible, this same process must be used when a workforce member's workstation password is reset.

HCHC workstations containing EPHI must be physically located in such a manner as to minimize the risk that unauthorized individuals can gain access to them.

1. The display screens of all HCHC workstations containing EPHI must be positioned such that information cannot be readily viewed through a window, by persons walking in a hallway, or by persons waiting in reception, public, or other related areas.

Workstations removed from HCHC premises must be protected with security controls equivalent to those for on-site workstations.

1. EPHI must not be stored on a portable workstation unless such information is appropriately protected. HCHC security office approved encryption should be used.
2. Locking software for unattended laptops must activate after 20 minutes.
3. HCHC portable workstations must be carried as carry-on (hand) baggage when workforce members use public transport. They must be concealed and/or locked when in private transport (e.g., locked in the trunk of an automobile).
4. Personal laptops will not be permitted access to the HCHC network and are not to be used to access EPHI.

Hilltown Community Health Centers, Inc.

Administrative Policy
All Departments

SUBJECT: HIPAA SECURITY AWARENESS AND TRAINING
REGULATORY REFERENCE: 45 CFR 164.308(a)(5)(i)

Purpose:

Hilltown Community Health Centers, Inc (HCHC) management has adopted this policy to provide regular HIPAA security awareness and training to its staff.

Policy:

1. HCHC develops, implements, and regularly reviews a formal, documented program for regularly providing appropriate security training and awareness to staff.
2. All HCHC staff are provided with sufficient regular training and supporting reference materials to enable them to appropriately protect HCHC information systems. Initial training must be provided prior to granting access to systems containing PHI (Protected Health Information) and annually for the duration of employment.
3. After training has been conducted, each staff member must verify that he or she has received the training, understood the material presented, and agrees to comply with it.
4. Business associates must be informed of HCHC security policies and procedures on a regular basis. Such awareness can occur through contract language or other means.
5. All HCHC information security policies and procedures must be readily available for reference and review by appropriate employees, business associates, and third-party workers.
6. HCHC must regularly train and remind its staff about its process for guarding against, detecting, and reporting malicious software that poses a risk to its information systems and data.
7. HCHC must regularly train and remind its staff about its process for monitoring log-in attempts and reporting discrepancies.
8. HCHC must regularly train and remind its staff about its process for creating, changing and safeguarding passwords.

Questions regarding this policy or any related procedure should be directed to the Information Security Officer at 413-238-4138.

Originally Drafted: SEP 2012 Reviewed or Revised: APR 2016

Approved by Board of Directors, Date: 5/26/16

Approved by:

Date: 5/26/16

Eliza B. Lake
Executive Director, HCHC

John Follet, MD
President, HCHC Board of Directors

Hilltown Community Health Centers, Inc.

Administrative Policy
All Departments

SUBJECT: INFORMATION ACCESS MANAGEMENT
REGULATORY REFERENCE: 45 CFR 164.308(a)(4)(i)

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for authorizing appropriate access to HCHC information systems containing EPHI (Electronic Protected Health Information).

Policy:

1. Access to HCHC information systems containing EPHI must be managed in order to protect the confidentiality, integrity and availability of EPHI.
2. HCHC must have a formal documented process for granting access to HCHC information systems containing EPHI. At a minimum, the process must include:
   - Procedure for granting different levels of access to HCHC information systems containing EPHI.
   - Procedure for tracking and logging authorization of access to HCHC information systems containing EPHI.
3. HCHC workforce members must not be allowed access to information systems containing EPHI until properly authorized.
4. Appropriate HCHC information system owners or their chosen delegates must define and authorize all access to HCHC information systems containing EPHI.
5. Access to HCHC information systems containing EPHI must be authorized only for HCHC workforce members having a need for specific information in order to accomplish a legitimate task. All such access must be defined and documented. Such access must also be regularly reviewed and revised as necessary.
6. HCHC workforce members must not attempt to gain access to HCHC information systems containing EPHI for which they have not been given proper authorization.

Questions regarding this policy or any related procedure should be directed to the Information Security Officer at 413-238-4138.

Originally Drafted: SEP 2012 Reviewed or Revised: APR 2016

Approved by Board of Directors, Date: 4/28/16

Approved by:

Eliza B. Lake
Executive Director, HCHC

Date: 4/29/16

John Follett, MD
President, HCHC Board of Directors

Hilltown Community Health Centers, Inc.

Administrative Policy
All Departments

SUBJECT: RISK ANALYSIS
REGULATORY REFERENCE: 45 CFR 164.308(a)(1)(ii)(A)

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for conducting accurate and thorough analysis of the potential risks to the confidentiality, integrity, and availability of its information systems containing EPHI (Electronic Protected Health Information).

Policy:

1. The identification, definition and prioritization of risks to HCHC information systems containing EPHI must be based on a formal, documented risk analysis process.
2. HCHC must conduct risk analysis on an annual basis.
3. HCHC's risk analysis process must include the following:
   - Identification and prioritization of the threats and vulnerabilities of HCHC information systems containing EPHI.
   - Identification and definition of security measures used to protect the confidentiality, integrity, and availability of HCHC information systems containing EPHI.
   - Identification of the likelihood that a given threat will exploit a specific vulnerability on a HCHC information system containing EPHI.
   - Identification of the potential impacts to the confidentiality, integrity, and availability of HCHC information systems containing EPHI if a given threat exploits a specific vulnerability.

Questions regarding this policy or any related procedure should be directed to the Information Security Officer at 413-238-4138.

Originally Drafted: SEP 2012 Reviewed or Revised: APR 2016
Approved by Board of Directors, Date: 4/28/16
Approved by:

Eliza B. Lake
Executive Director, HCHC

Date: 4/28/16

John Follett, MD

President, HCHC Board of Directors

Hilltown Community Health Centers, Inc.

Administrative Policy
All Departments

SUBJECT: SANCTION POLICY
REGULATORY REFERENCE: 45 CFR 164.308(a)(1)(ii)(C)

Purpose:

Hilltown Community Health Center, Inc. (HCHC) management has adopted this policy to have a formal documented process for applying appropriate sanctions against workforce members who fail to comply with its security policies and procedures.

Policy:

1. HCHC workforce members must understand and comply with all applicable HCHC security policies and procedures. HCHC must provide regular training and awareness for workforce members on HCHC security policies and procedures.
2. HCHC must have a formal, documented process for applying appropriate sanctions against workforce members who do not comply with its security policies and procedures. At a minimum, the process must include:
   - Procedures for detecting and reporting workforce members' non-compliance with HCHC security policies and procedures.
   - Identification and definition of levels of sanctions, including their relative severity.
   - Identification of cause and rationale for issuing of sanction.
   - A defined, formal method for evaluating the severity of non-compliance with HCHC security policies and procedures.
3. Sanctions must be commensurate with the severity of the non-compliance with HCHC security policies and procedures and must occur with appropriate involvement of HCHC's human resources department.

Questions regarding this policy or any related procedure should be directed to the Information Security Officer at 413-238-4138.

Originally Drafted: SEP 2012 Reviewed or Revised: APR 2016

Approved by Board of Directors, Date: 4/28/16

Approved by:

Eliza B. Lake
Executive Director, HCHC

Date: 4/29/16

John Follet, MD
President, HCHC Board of Directors

Hilltown Community Health Centers, Inc.

Administrative Policy
All Departments

SUBJECT: SECURITY INCIDENT RESPONSE AND REPORTING
REGULATORY REFERENCE: 45 CFR 164.308(a)(6)(i), 45 CFR 164.308(a)(6)(ii)

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for detecting and responding to security incidents.

Policy:

1. HCHC must have a formal, documented process for quickly and effectively detecting and responding to security incidents that may impact the confidentiality, integrity, or availability of HCHC information systems.
2. HCHC workforce members must report any observed or suspected security incidents as quickly as possible via HCHC's security incident reporting procedure.
3. A workforce member must not prevent another member from reporting a security incident.
4. HCHC's Information Security Officer, in cooperation with the appropriate department manager, is authorized to investigate any and all alleged violations of HCHC security policies, and to take appropriate action to mitigate the infraction and apply sanctions as warranted.
5. For purposes of analysis and possible prosecution, HCHC must collect appropriate evidence regarding security incidents.

Questions regarding this policy or any related procedure should be directed to the Information Security Officer at 413-238-4138.

Originally Drafted: SEP 2012 Reviewed or Revised: APR 2016

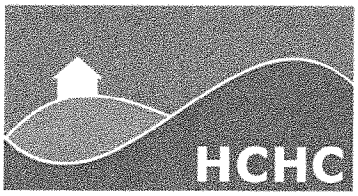
Approved by Board of Directors, Date: 4/28/16

Approved by:

Eliza B. Lake
Executive Director, HCHC

Date: 4/29/16

John Follet, MD
President, HCHC Board of Directors



Hilltown Community Health Centers, Inc.

Administrative Policy
All Departments

SUBJECT: SECURITY MANAGEMENT PROCESS
REGULATORY REFERENCE: 45 CFR 164.308(a)(1)(i)

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for ensuring the confidentiality, integrity, and availability of its information systems containing EPHI (Electronic Protected Health Information) by implementing policies and procedures to prevent, detect, contain, and correct security violations.

Policy:

1. HCHC's security management process must include policies and procedures for the following:
   a. Assignment of Security Responsibilities
   b. Defining the appropriate access, control and supervision of workforce members
   c. Contingency planning, data backup planning and media controls
   d. Facility and Information Access Controls
   e. Risk Analysis & Management
   f. Policy violation sanction
   g. Security Awareness Training
   h. Security Incident Reporting
   i. Workforce Clearance and Security
   j. Acceptable Use of company-owned workstations
2. This policy will serve as the overarching Information Security Policy. Its approval by the Board of Directors signifies subsequent approval of all underlying policies as identified in the above listing.

Questions regarding this policy or any related procedure should be directed to the Information Security Officer at 413-238-4138.

Originally Drafted: SEP 2012 Reviewed or Revised: APR 2016

Approved by Board of Directors, Date: 4/28/16

Approved by:

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Eliza B. Lake
Executive Director, HCHC

John Follet, MD
President, HCHC Board of Directors

Hilltown Community Health Center

HCHC

Strategic Plan

2017-2020

I. Introduction to HCHC

History and Mission:

Hilltown Community Health Centers, Inc. (HCHC) is a federally-qualified community health center located in the Hilltowns of western Hampshire County. A freestanding and unaffiliated 501(c)3 organization, HCHC is governed by a Board of Directors that is consumer-led and has had as its mission the following: *"to provide high quality, accessible medical, dental, and behavioral health care, and related services to the residents of the rural western Massachusetts Hilltowns and surrounding areas. We seek to understand and respond to the needs of our community. All services will be delivered in a caring and professional manner within a context of a partnership between persons served and staff. To achieve our mission, we promote employee growth and job satisfaction and we offer continuity of care through relationships with other organizations."*

HCHC has fulfilled this mission for over 65 years, since its founding in 1950. The brainchild of a community nurse, Florence Bates, determining a need for medical and dental services in the Hilltowns, HCHC has always offered affordable and accessible health and community services to all individuals, regardless of ability to pay. Over the decades, the organization has expanded to offer behavioral health, eye care, and a myriad of community services to the residents of western Hampshire and Hampden Counties.

Sites and Services:

Originally located only in Worthington, HCHC expanded to provide services in Huntington in the late 1980s, and now has three sites in that community. The Worthington Health Center offers medical, dental, and behavioral health services, and contains the main Administrative Offices for the organization. The Huntington Health Center is the largest site, with medical, dental, behavioral health, and eye care services. Also in Huntington is the Hilltown Community Center, which is the location for most the Community Programs and the Hilltown Family Center. And finally, HCHC has school-based programs that are located within the Gateway Regional School District building in Huntington, at which is located the School-Based Health Center, the Gator Grins portable dental program, and the administration for the Hampshire Regional School District's portable dental programs.

HCHC has 112 employees, who represent 96 FTEs, making HCHC the second largest employer based in the Hilltowns. The organization is led by a CEO with a Senior Management team comprised of a Chief Administrative and Financial Officer (CFO) and a Chief Clinical and Community Services Officer (CCCSO). The CFO oversees all finance and billing operations, as well as IT, Facilities, and HR. The CCCSO oversees all clinical and community Department Heads, as well as the Practice Manager, who is responsible for reception as well. The Board of Directors has the following standing committees, the majority of which have staff as members: Executive, Finance, Quality Improvement, Personnel, Recruiting, Orientation, and Nominating, and Corporate Compliance. In addition, there are ad hoc committees on Expansion and Strategic Planning. The Board is responsible for approving all policies, as well as oversight of the health center's scope of services, hours of operation, and sites.

HCHC offers a wide array of preventive and primary care services to anyone, regardless of their ability to pay. In 2016 HCHC served over 8,000 patients in over 40,000 visits (all types).

In the Medical Department, there are MDs and Nurse Practitioners who are all either Family Practice or Internal Medicine/Pediatrics certified, and provide care for all ages, infant to elders. Medical services include:

- Preventative and acute primary care
- Routine physicals
- Immunizations
- Pediatric primary care
- Chronic disease management
- Routine gynecological care
- Reproductive health
- Social services referrals, and
- Department of Transportation (DOT) physicals

In the Oral Health/Dental Department, HCHC has both dentists and hygienists who provide:

- Pediatric and adult dentistry
- Dental exams and cleanings
- Dental x-rays
- Fluoride treatments
- Fillings
- Extractions
- Crowns
- Bridges
- Mouth guards
- Periodontal services
- Partial and full dentures
- Emergency dental care, and
- Oral health education

The Behavioral Health Department is comprised of licensed psychotherapists who provide therapy and substance abuse services for children, adolescents, adults, and elders through individual, group, and family therapy sessions.

The Eye Care/Optometry Department has a full-time optometrist who offers the full spectrum of optometry services and eye care, including routine and acute eye care and co-management of glaucoma treatment, cataract and Lasik procedures, as well as a full service optical shop.

The Community Programs provide support to residents of the Hilltowns with many of the social determinants of health that can affect individuals' need for medical or other services. These programs are available to anyone, regardless of ability to pay or if they are an HCHC patient. Programs include:

- *HealthWise:* health education programs
- *Health Access and Navigators*: health insurance assistance
- *Hilltown Social Services:* social services support & referrals
- *Hilltown Family Center*: family education & support services
- *Hilltown Safety at Home*: domestic and sexual violence victim advocacy & safety planning
- *Health Outreach Program for Elders (HOPE):* Free preventative and health maintenance care to area residents over 60 years old

HCHC is in the process of expanding its service area by opening a new site outside the Hilltowns in the Town of Amherst, MA, which will be called the John P. Musante Health Center (JPMHC). The service area for the JPMHC will include the Town of Amherst and the surrounding communities of Belchertown, Easthampton, Hadley, Hatfield, Leverett, Northampton, Shutesbury, South Deerfield, South Hadley, Sunderland and Ware. The JPMHC will be an accessible, affordable health center that will provide primary and preventative medical, dental, and behavioral health care services. It will be staffed with culturally sensitive providers and support staff that are trained to address the unique needs of the constituencies most in need. In addition, HCHC has developed an Advisory Group comprised of representatives from the

communities which it seeks to serve, including the El Salvadoran, Cape Verdean, homeless, veterans, uninsured, Hispanic, and other populations. This group will provide input into the design of the JPMHC so as to ensure that it is welcoming and accessible to all. Furthermore, two or three members of this group will serve as HCHC Board members. As is required of all FQHCs, all services will be provided to all patients regardless of their ability to pay. Annually HCHC anticipates serving 2,700 patients for a total of 10,200 medical and dental visits once the JPMHC is fully operational.

Model of Care:

HCHC is committed to an integrated, coordinated, and patient-centered model of care for all of its services. Providers across departments and disciplines work together in teams and on an *ad hoc* basis to ensure that all the needs of patients are being met. True high-quality care also relies upon the inclusion of the patient in the process of making decisions about her/his care. HCHC is committed to ensuring that patients have access to the information they need to understand their health and the services they need and access. Working together with the patient, the clinical and non-clinical staff can support the patients' disease self-management, increased health literacy, and, ultimately, their health outcomes. This model of care results in effective and efficient care for all patients, and relies upon true patient-centered communication and teamwork.

In order to achieve these goals, HCHC must understand the barriers and opportunities that exist in the community, and its role in the community makes it uniquely positioned to do so. FQHCs have led the nation in their focus on the social determinants of health, such as poverty, violence, food security, and transportation, and HCHC is no different. As the only provider of all of its clinical and most of its community services in the Hilltowns, HCHC is continuously assessing the needs of the region's residents and responding with services and leadership. On issues ranging as broadly as domestic violence, transportation, elder outreach, DOT physicals, school-based care, and the opioid epidemic, HCHC has developed programs where possible and leadership when appropriate to ensure access to health for the residents of the Hilltowns and beyond.

II. Health Care Environment

As is the case for all health care providers in 2017, HCHC faces a complex and changing health care environment, compounded by challenges posed by its current service area. Local demographic trends combined with the geographic location of HCHC's sites, coupled with changes in the state and federal health care regulatory and funding environment, shape HCHC's strategic planning for the next three years.

Demographics and HCHC's Target Populations

HCHC's current service area includes eleven rural highland communities totaling 12,836 residents in Hampshire County (60% of the service area population) and Hampden County (40% of the service area population) of Massachusetts. The area is characterized by low population density, geographic isolation, pockets of rural poverty and few opportunities for local employment. The Hilltown communities, which are 100% rural, have an average population of 1,166. In addition, many patients come from other Hilltowns and other communities that are technically not part of the service area but who seek HCHC's services. Approximately 30% of HCHC patients come from out of the formal service area, including communities in Berkshire, Franklin, and Hampden County. Westfield is particularly well represented; HCHC serves nearly 900 patients with Westfield zip codes.

The target populations of HCHC are residents of its service area and neighboring areas who experience barriers to accessing health care, whether those are caused by poverty, lack of insurance, or difficulty accessing reliable transportation. This includes all Hilltown residents – children, adults, and elders. The Hilltowns are primarily Caucasian (97.7%), which is typical of rural towns in Massachusetts. The Hilltown regions of Hampshire and Hampden Counties are isolated from other portions of the state due to their rural nature. As a whole, the Hilltowns are less integrated into the social, political, and economic fabric of Massachusetts, largely because of their remote locations. Over the last decade, the population of the Hilltowns has gotten older and smaller, which has impacted HCHC's ability to grow in its current service area. With the closing of many manufacturing and other businesses in the southern Hilltowns over the last 20 years, the number of people who leave the area for work, and therefore receive their primary care elsewhere, has grown. HCHC has seen a drop in its total number of patients for several years as a result, and therefore identified a need for expansion to new communities in its 2013-2016 Strategic Plan.

The opening of the Amherst service area will address this needed expansion. The John P. Musante Health Center will expand HCHC's reach to include the more populous areas of Hampshire County. The area is characterized by greater racial and cultural diversity than the Hilltown service area and a higher percentage of residents at or below 200% of the poverty level than the Hilltown service area. The service area population is predominately white (89%) but is growing in diversity. Since 2000, the Black/African American population has grown by 41.5%, the Asian population has grown by 53.5%, and the Hispanic/Latino population has grown by 43.6% (U.S. Census Bureau, 2013 ACS 5-Year Estimates). In addition, there are many immigrants and refugees settling in the Amherst area, as reflected by the fact that 42 languages are spoken by the children enrolled in the Amherst Regional Public School system. In the school district, 15.2% of the students are English Language Learners.

Besides its diversity, the area is also characterized by a surprisingly substantial low income population. The population of the Amherst service area communities, according to the US Census 2010-2014 ACS 5-year estimates, is 142,171 individuals, of which 25.5% are at or below 200% of poverty. Project Bread's 2007 survey identified Amherst as 1 of 35 communities statewide with the highest concentrations of hunger and poverty. In the Amherst school system, 38% of children in elementary schools are low-income and 50% of the entering kindergarteners are in the free or reduced lunch program, while in neighboring Hadley, 16.9% of the elementary students are low-income. These statistics point to a substantial population of individuals who are low-income, despite the seeming prosperity of the area.

HCHC will serve the low-income population of the service area who are unable to access affordable, culturally and linguistically appropriate primary medical and oral health care services. The target population includes:1) homeless individuals, 2) seasonal workers, 3) service industry workers with inflexible work schedules, 4) undocumented residents, 5) veterans, 6) senior citizens on fixed incomes, 7) trauma survivors and those with mental health needs, 8) underinsured families, 9) working families with no dental coverage, 10) working adults with dental insurance with high deductibles and minimal coverage and 11) individuals with public insurance who cannot find a private medical or dental provider able to accept this insurance.

Local Health Care Community

As is true of many primary health care providers in Massachusetts and the nation, HCHC finds that recruitment of providers is an enormous barrier to providing the community with the care needed. While all departments struggle with this issue, the medical and optometry departments are particularly affected. HCHC has worked for years to ensure a stable group of medical providers, but due to the normal turnover of a workforce that has many options, the organization is almost constantly trying to recruit new providers. The need for primary care MDs is great, as Massachusetts does not currently allow

Nurse Practitioners to practice without the presence of an MD in the facility. Community health center like HCHC generally cannot pay the same rates for MDs as private practices, and have to rely on a provider's interest in serving vulnerable populations and interest in loan repayment. Though HCHC offers generous benefits and a nice work environment, providers generally are discouraged by the commute into the Hilltowns to work, as most live in the Housatonic or Pioneer Valleys, and they are more attracted to jobs in major urban centers unless they have a personal connection to the region. HCHC is in competition with the local hospital systems, which are expanding their primary care practices in the area, and with other community health centers. Rather than compete on salary, the organization must promote its highly-integrated model, the quality of its existing providers, and the opportunity to work in a rural setting serving a population in need.

Political/Regulatory Environment

Massachusetts is in the middle of a transformative process related to the provision of health care in the Commonwealth, which is now unfolding in the larger context of health care reform nationwide. The Massachusetts process, which started in 2006 with the passage of the state health care reform law, is focused on the triple aim: higher quality care, greater access to care, and lower costs. Through a mandate that all residents have coverage, and greater support for individuals with lower incomes to purchase coverage, Massachusetts has reduced the uninsurance rate to about 3% over the last decade. This period, however, has also see a rapid growth in both the number of people enrolled and the cost of the state's Medicaid program, which is called MassHealth. In early 2017, the MassHealth program was responsible for 42% of the state budget, which the Governor and Legislature have deemed unacceptable.

In 2016, Massachusetts announced an effort is to transform MassHealth into a system that is primarily (and ultimately exclusively) based on a value-based payment system. In this system, providers are held to both quality standards, as measured by various metrics, and to controlling the total cost of care for patients. This is being accomplished through the creation of Accountable Care Organizations (ACOs), which bring together groups of providers across the health care spectrum to work together to both control costs and improve the quality of care. The federal government has been pushing this type of financing system for many years through the Medicare program, and has agreed to support Massachusetts' efforts through a waiver to the Medicaid program. The waiver allows the state greater flexibility and increased funds to implement ACOs and other health care system transformation efforts.

In the winter of 2017, the Board of HCHC has faced the questions of how HCHC will engage with the changing health care system, and more specifically, what will HCHC do relative to the new ACOs that are being formed. HCHC is a small organization that, in addition to its current expansion efforts, needs to consider all the available opportunities to strengthen its position in the marketplace. With this in mind, in January 2017, HCHC joined the Community Care Cooperative (C3), which is an ACO comprised exclusively of federally-qualified health centers in Massachusetts. C3 will allow HCHC to be a member of an ACO without adopting a huge amount of risk, and will provide access to increased support and expertise in the areas of data analysis and population health management.

These capabilities will also help HCHC with value-based payment systems in which it has already been engaged through the Cooley Dickinson Health Care Provider-Hospital Organization (CDHC PHO). Members of the PHO have been enrolled for a number of years in Alternative Quality Contracts or similar programs with commercial insurance carriers in which providers are paid annually for meeting certain benchmarks in a number of quality measures. These measures include screenings for conditions such as breast cancer and cervical cancer, and monitoring and control of chronic conditions such as diabetes and hypertension. The assumption is that by doing well on these measures, the total cost of care for patients is reduced, saving the carriers money that they then share with the providers. These types of payment

arrangements are not likely to disappear over the next three years, but the chance of private insurance companies moving more toward ACO type systems is likely.

All this change is occurring within the context of an on-going movement toward patient-centered primary care. HCHC received patient-centered medical home (PCMH) certification from the National Committee for Quality Assurance (NCQA) in 2013, and is in the process of reapplying for certification in 2017. This certification is an affirmation that HCHC's practice is structured to provide high quality care for patients and emphasizes care coordination and communication. PCMH certification is a requirement of participation in the C3 ACO. PCMH practices support the implementation of a population health management model of care, in which a practice manages the care of either a whole population or a subgroup that has a specific disease condition to use data to proactively promote patients' health and reduce the utilization of the health care system.

These changes are challenging for any small medical practice, which is why there is increasing consolidation of medical providers into large health systems. In Western Massachusetts, there are a diminishing number of provider operating outside of hospital health care systems like Baystate or Cooley Dickinson, which itself is owned by Massachusetts General Hospital. A health center like HCHC is a very small player in this larger context, and will benefit from actions that align it with larger institutions with more resources, as it has done with C3. Expansion, in this current environment, is a requirement since implementing population health management and value-based payment systems require a larger back-office and management structure than can be supported by a small practice.

Finally, the greatest uncertainly currently resides in the national political scene. The efforts to repeal and replace the Affordable Care Act (ACA) and to curtail Medicaid spending, as well as the lack of guarantee of continued federal funding for community health centers, make all planning contingent upon the funding and regulatory structures remaining unchanged. HCHC will have to work with the Mass League of Community Health Centers and the National Association of Community Health Centers to protect the resources we have at the state and federal level, and create a future that allows for the continued health and stability of the health safety net.

III. Review of 2013 Strategic Plan - History and Accomplishments

In Fall 2013, the Board of HCHC developed a Strategic Plan that laid out the direction for the organization for the 2013-2016 period. The Strategic Plan laid out five priority issues that guided the organization's actions for the following three years. Senior Management used the Strategic Plan and its Action Plan to evaluate their planning efforts, and evaluated their progress against it on an annual basis. The priority issues and HCHC's progress in each was as follows:

Expanding the service area: HCHC successfully developed its plan to open a new site, and thereby expanding its service area, between 2013 and 2016. While a number of possibilities were explored, including the possibility of a new site in Westfield or Ware, ultimately all efforts focused on opening the John P. Musante Health Center in downtown Amherst. This site, which will dramatically increase the number of towns from which HCHC draws patients to include all of Hampshire County, will open in late 2017.

The 2013 Strategic Plan also cites expansion of school-based programs, which was accomplished and still in process. HCHC has expanded its portable dental services to a wider array of schools in its service area, creating a relationship with a new school district, Hampshire Regional School District. These programs,

while still very small, are increasing access for patients within the existing service area, and will continue to serve as a model for future expansion efforts.

Using federal funds, HCHC built another dental operatory in its Worthington Health Center, which increases its capacity to serve individuals in the dental department.

1. *Higher patient volume:* HCHC was not able to increase the number of patients it served over the last three years, despite dramatically increasing its marketing budget, using expanded funding from its federal grant, increasing the number of services it offers, and experimenting with changes in hours during which services were offered. Some of the factors that contributed to this challenge were provider availability, changing demographics of the current service area, and, presumably, more choices for patients due to greater access to health care coverage. Patient satisfaction surveys show that the reason is unlikely to be the quality of care – in the same period HCHC has significantly decreased the wait time for patients when they come in for appointments, and the wait times for services like behavioral health. Current efforts include assessment of internal process to increase efficiencies, but the static patient numbers are not the result of patients not being able to get in to see their provider.

   The opening of the site in Amherst will certainly address this issue: without dramatically increasing costs, the Musante Health Center will result in a 33% increase in the number of patients. This is important for a host of reasons, not just revenue generation. In 2017, HCHC will be applying for continued federal funding, and there is considerable pressure for FQHCs to show that they are serving ever-increasing numbers of patients.

2. *Expanding types of services:* The most dramatic increase in the types of services over the last three years has been in the Community Services Program, which meets many of the non-clinical needs of patients and the community. HCHC has expanded to offer domestic violence victim advocacy services, a more robust Navigator program (building on the previous Health Access program), and a Community Health Worker program that is integrated into the clinical teams and implementing the population health management program. HCHC also currently has a pharmacist in location in Huntington that meets with patients and consults with providers.

3. *Other expansions:* HCHC has expanded its portable dental services to a wider array of schools in its service area, creating a relationship with a new school district, Hampshire Regional School District. These programs, while still very small, are increasing access for patients within the existing service area, and will continue to serve as a model for future expansion efforts.

4. *Telehealth:* Telemedicine is an issue that HCHC has repeatedly explored, but the current realities of no insurance reimbursement and the capital cost have put it onto the list of future expansions. There are conversations within the C3 ACO about using the capabilities of the larger health centers in the Cooperative to increase access for the smaller centers like HCHC, which we could access through technology solutions. This will be a focus of the next three years, as HCHC finds its place in the larger health care system.

Not included in the 2013 Strategic Plan are the following important developments:

- *Increased focus on integration of services.* HCHC has made extraordinary progress in the last three years in the integration of services across departments. The interactions between the medical and behavioral health departments is seamless and improving, the Community Services have become a part of the full organization through both operational and clinical practice, and the dental and medical departments have collaborated on better coordinating their clinical care as well as cross-training many of their receptionists. The organization has made great strides in creating a single organizational culture, and in implementing systems of communication and training that bring all staff together to learn about each other and the work that we do.
- *Increased focus on safety and emergency preparedness.* Over the last year, HCHC has made changes to its facilities to increase the safety of staff and patients, including new security systems and changes in the layout of the Huntington Health Center to create greater separation between patient waiting and clinical areas. In addition, the organization created a new position to address the issue of safety and emergency preparedness, and will be rolling out a staff training program to ensure compliance with federal requirements in these areas over the next three years.

IV. Strategic Plan 2017-2020

Strategic Planning Process

As part of the Strategic Planning process initiated in Summer and Fall of 2016, HCHC's Board created a Strategic Planning Committee. The Committee, using a guide from the National Association of Community Health Centers, determined that the first activity should be a review of the organization's mission, and the development of vision and values statements. Over a couple of months, the group conducted anonymous surveys and meetings with the Board and staff members, and developed the following statements:

- Vision Statement
  - *Communities Engaged for Health*
- *Mission Statement*
  - Creating access to high quality integrated health care and promoting well-being for individuals, families and our communities."
- *Value Statements*
  - We listen, consider and care. We respect the individual strengths and diverse experiences of the people we serve and all of our employees.
  - We commit to working together. We provide integrated care through teamwork and collaboration.
  - We hold ourselves accountable. We work to the best of our abilities and commit to open communication.
  - We encourage curiosity and growth. We strive to continually improve through innovation and the use of best practices.
  - We focus on our future. We ensure financial sustainability through efficient practices and management.

These statements were shared with the staff and Board members in the Fall, and were accepted as being reflective of the work of the organization and its priorities in interactions both internally and externally.

After completing the Vision, Mission, and Values Statements, the Committee turned to a Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis, again gathering input from both staff and Board members through focus groups, meetings, and anonymous surveys. Together, the organization identified the following:

- Strengths: What internal strengths does HCHC have?
  - *Staff members* that are pleasant, experienced, dedicated, and supportive of patients and each other
  - A diverse *mix of services*
  - HCHC's *community focus and commitment* to the Hilltowns and its residents
  - The *high quality of care* provided through good providers and patient-centered staff
  - The organizations' *mission and model of care*, which is integrated, accessible, and patient-centered
  - Current *expansion efforts,* particularly the expansion to Amherst
- Weaknesses: What internal weaknesses does HCHC have?
  - Maintaining *continuity* for patients in the face of provider turnover and organizational capacity
  - HCHC's continued *financial status*, which has been of concern for many years
  - The need for continued and improved *communication and transparency* between staff and management
  - *Infrastructure needs* that include challenges with the Information Technology (IT) systems, the physical plant, and the Electronic Health Record (EHR) system
  - Challenges with *communication with external referrals* to other parts of the health care system
  - A lack of *community awareness of services* HCHC offers
  - Lack of comprehensive and on-going *training* for staff
  - Need for *increased efficiencies* in clinical workflows, including ensuring that all staff are working to top of their licenses
  - Growing *language and diversity issues* in the patient population
  - *Patient volume* that does not match provider capacity
  - *Safety and emergency preparedness* concerns in the face of potential threats and changing federal and state requirements
- Opportunities: What opportunities could HCHC take advantage of or develop?
  - *Expanded services* could be developed, including Office Based Opioid Treatment (OBOT), a substance use disorder treatment program, radiology, pharmacy, physical therapy offered directly by HCHC (it's currently offered by Cooley Dickinson in rented space), or other specialist care like psychiatry
  - *Expanded sites*, beyond the Musante Health Center in Amherst, including a possible site in Westfield
  - Taking advantage of or developing *staff support and development* so as to increase efficiency, efficacy, and capacity
  - Better use or *development of technologies*, including telehealth, IT technology, and EHR systems
  - *Expanded partnerships* within the community, including those with other social service organizations, other CHCs, local hospitals, and the VA
  - *Marketing* our services and providers more aggressively
- Threats: What external threats does HCHC face?
  - New models of care – urgent care and pharmacies
  - Changes in ACA – presidential election
  - Health insurance rates
  - Demographics – aging population, lack of growth

- Lack of broadband
- Regulatory requirements
- Provider recruitment and availability
- Lack of transportation
- Succession planning/Management development
- Safety

Upon the completion of this process, the Strategic Planning Committee considered all of the input, the current environment, and developed three broad strategic goals and a number of strategic objectives.. These will guide the work of the Board and the Senior Management over the next three years, and will allow for prioritization of action planning.

HCHC Goals and Strategic Objectives

HCHC's Board of Directors has adopted the following Goals and Strategic Objectives for the organization's development in the period 2017-2020. These goals outline the broad areas in which HCHC's Senior Management, in consultation with Department Heads and all staff, will develop action plans to achieve the strategic objectives. As circumstances change and opportunities arise, the strategies may change, but they will all fall within the goals. All goals, objectives, and actions will support the organizational mission and reflect the values of the organization and its staff.

1. Health Care System Integration and Financing

HCHC operates within a large and complex health care system, one that is in a state of flux. This changing environment is both an opportunity for and, if not addressed, a threat to the future health of the organization. The organization could face decreased revenue, increased competition, and the threat of being taken over by a larger health system if it does not step forward and address the possible challenges. On the other hand, by successfully navigating the choices posed, the organization could grow and increase its capacity to meet its mission and achieve its vision. HCHC will therefore strategically engage with the sectors and partners that will best enable it to grow and succeed in the changing health care environment.

a) *Accountable Care Organization (ACO) Engagement*: HCHC will actively engage in the leadership and membership of the Community Care Cooperative (C3), an ACO created by Massachusetts FQHCs. This will entail systems transformation internally, including the adoption of a model of care developed by C3 and the incorporation of staff that, at least initially, C3 will provide to HCHC. The goal of HCHC's participation in C3 will be to eventually increase the quality of care for its MassHealth patients while decreasing their total cost of care. As C3 considers expanding the model to the Medicare and commercial carrier patient populations, HCHC will participate in the conversation and expand the new model as needed for all patients. If done successfully, HCHC will benefit through improved clinical practices and care management, greater data analysis capacity, increased collaboration with other members of C3, and potentially in increase in revenue.

b) *Hospital Engagement*: HCHC will increase its engagement with the three largest health care systems in the region: Cooley Dickinson Health Care, Baystate Health Systems, and Berkshire Health Systems. Operating in the new world of value-based payment systems will require HCHC to work with these hospitals and their specialists to manage patient care and control costs. This will include greater use of communication through health information technology,

care management, and closely tracked referrals. The goal is to decrease costs while increasing the quality of care and improved health for our shared patients.

c) *Electronic Health Record (EHR) transitions*: HCHC will transition its EHR from its current host to a new site, while improving its use and functionality. In October 2017, Cooley Dickinson Health Care will no longer host HCHC's EHR on its servers. In Summer 2017, therefore, HCHC will transition its EHR to a new host, and will continue to work to make it as supportive of clinical and analytical functions. Over the next three years, HCHC will continue to explore EHR options including: integration of dental and medical patient management systems and/or clinical records; transitioning from the current third party data aggregator to one linked to C3; integration with other FQHCs in an EHR solution hosted by another FQHC, to improve system integration efforts.

d) *PCMH/NCQA/PCMH Prime certifications and transformation*: HCHC will regain its NCQA PCMH certification in 2017, with an expectation that it will do so at Level III for all sites. This certification is a requirement for both C3 membership and for possible benefits under quality improvement incentives from HRSA. Once certification is complete, HCHC will pursue PCMH-Prime certification, which denotes the level of behavioral health integration at the primary care practice. These types of certification will become critical to participation in the future of health care in Massachusetts.

2. Expansion Activities

HCHC is a small organization that needs to continue to grow to remain strong. Through expansion, HCHC can increase its patient population, its financial stability, and its position in the health care marketplace. While expansion opportunities do arise upon occasion through federal and state funding sources, HCHC must also constantly monitor local and state conditions to identify opportunities for expansion, weighing opportunities against the costs to the current operation. Over the next three years, HCHC will fulfill its mission by continuing to expand its services, sites/service areas, populations, and collaborations.

a) *Expanded Services*: HCHC will pursue, as appropriate, feasible, and indicated by needs assessments, opportunities to expand the following services:
   1) Office-Based Opioid Treatment (OBOT): HCHC will develop an OBOT program that is sustainable and meets the needs of patients. Pending changes in the regulations that govern this type of care will allow all HCHC medical providers, both MDs and Nurse Practitioners, to receive the waiver that they require to prescribe and manage treatment with Suboxone. This change will enable better coverage and support for providers, and will potentially increase both patient numbers and revenue for HCHC.
   2) Telehealth: HCHC will expand its capacity to serve patients with specific conditions through the use of telehealth. This could take the form of HCHC providers being able to consult with specialists to increase their capacity to servce patients, patients having visits with specialists without leaving HCHC's sites, using specific services like tele-dermatology, and more. HCHC will closely monitor opportunities, and attendant issues such as reimbursement/billing, hardware needs and funding, etc. The goal will be to increase access for patients and increase HCHC's providers' capacity to serve the needs of the patient population.
   3) Specialty Care: HCHC will continue to explore options for improving access to specialty services such as psychiatry. This access may be created through increased use of

telehealth technologies, and/or may be the result of HCHC bringing specialists on-site. As with telehealth, this will increase access for patients to needed care.

4) Portable services: HCHC will expand its portable clinical services, including but not limited to portable dental, behavioral health, and eye care. The first two of these are already offered at local elementary schools, but HCHC will increase the number of schools at which these services are available. For eye care, HCHC will purchase the equipment needed and hire the additional staff required to be able to offer these services at its other sites, at a minimum. Increasing access to portable services will increase access to care for patients, particularly pediatric patients, and increase HCHC's presence in the community.
5) Pharmacy: HCHC will open a retail pharmacy at the Huntington Health Center, as feasible and appropriate. Such a pharmacy would serve as a source of stable revenue, and would increase patients' access to prescription drugs. Given the current political environment, this is not a short-term goal, but it is an important part of the plan to make HCHC sustainable and financially stable.

b) *Expanded Sites/Service Areas*: HCHC will pursue opportunities to expand its sites, as appropriate, feasible, and indicated by needs assessments:
   1) Amherst/John P. Musante Health Center: HCHC will open the John P. Musante Health Center in late 2017, offering medical and dental services with the support of a community health worker. Within six months, HCHC will also create access to behavioral health services for its patients, either through direct staffing or a formal referral relationship. HCHC will use an Advisory Group to ensure that the site is meeting the needs of its patients in a culturally and linguistically sensitive manner, and will work with community organizations to provide coordinated and collaborative care. As new needs are identified in the target population, HCHC will work with its community partners to create access to new services that, if appropriate and feasible, will be offered by its staff.
   2) Westfield, Northampton, Ware, or other sites: HCHC will continue to monitor opportunities to open new sites in areas with great need, maintaining a focus on financial costs and benefits. This could include expansion in central or eastern Hampshire County or western Hampden or Franklin Counties. Considerations would include needs of the target community, possible facility sites, competition from existing health care providers, and available funding for build out. The goals of such sites would increase access to affordable services for patients and increased revenue and capacity for HCHC.

c) *Patient Populations*: HCHC will expand the population of patients that it serves. While the expansion of services and sites will expand the number of people who access their health care through HCHC, the organization will also expand its marketing and outreach program. These activities will ensure that all residents of the region know that HCHC is a source of high quality, integrated, affordable, and accessible health care. HCHC will also increase its language capabilities to be responsive to the needs of a diverse population. Finally, HCHC will increase its ability to serve the LGBTQ community, as research has shown this to be an underserved population and HRSA has increased interest in ensuring its access to appropriate and affordable care.

d) *Community Collaborations*: HCHC will continue to develop community collaborations to ensure that the needs of its target populations are being met. This includes increased and expanded collaborations with local school districts and other social service organizations. Over the last

three years HCHC has created new partnerships with domestic violence victim organizations, local councils on aging, and local YMCAs. This collaborative work will continue, including at the John P. Musante Health Center with the community organizations of the Amherst region.

3. Improved Organizational Capacity

HCHC cannot take advantage of external opportunities or address external threats unless it is internally strong and resilient. Organizational capacity is comprised of many resources including financial strength, facilities, IT infrastructure, and, most importantly, staff members. Over the next three years, HCHC will focus its efforts on making these four realms strong, resilient, and appropriate to the needs of the organization.

a) *Financial Stability*: HCHC will achieve and maintain a healthy operating margin and financial stability. This will require continued careful stewardship as well as taking advantage of opportunities to expand revenue generating activities. Expansion activities will be adopted as deemed beneficial to this goal, as will on-going assessment of current activities to ensure that they are efficient and effective. Quality improvement and LEAN processes will be used to identify problems and develop solutions that will allow HCHC to maximize revenue, minimize waste, and ensure appropriate expenditures.

b) *Staff Development and Support*: HCHC will invest in its greatest resource, its staff. It will provide training, either organization-wide or for individual departments or classes of staff as needed, that will enable staff members to effectively and efficiently discharge their duties. Staff members' input will be solicited for suggestions on organizational improvement, including staff morale, and HCHC will support activities to support staff members' professional development. HCHC will continue to improve the safety and security of staff members while they are at work, and will seek out opportunities for increased health and wellness of staff members themselves. The goal is a happy, productive, and engaged workforce.

c) *Facilities Improvement and Expansion*: HCHC will continue to upgrade the quality of its facilities, including both minor and major improvements to the workplace. This includes increased safety systems, general maintenance, and exploration of site expansion/renovation. As the organization grows, its space needs increase as well, and HCHC will work to ensure that everyone has a safe and comfortable workplace, and that patients' positive experience is augmented by their surroundings.

d) *Information Technology (IT) Improvement and Expansion*: HCHC will, in addition to the EHR activities listed above, ensure that its IT system meets the organization's needs. The system must be stable, reliable, sufficient, and up-to-date. As the organization expands, the IT system must be able to meet the increased needs while maintaining integration between sites and departments. In addition, HCHC will appropriately adopt new technologies and systems that will help it to effectively meet its mission, including membership in Health Information Exchanges, telehealth, etc. The goal is to have the IT system seamlessly support the functions of the organization and increase its capacity.

Hilltown Community Health Centers, Inc.

Administrative Policy
All Departments

SUBJECT: WORKFORCE CLEARANCE AND SECURITY
REGULATORY REFERENCE: 45 CFR 164.308(a)(3)(ii)(B)

Purpose:

Hilltown Community Health Center, Inc. (HCHC) management has adopted this policy to have a formal documented process to allow access to information systems containing EPHI (Electronic Protected Health Information) only to workforce members who have been appropriately authorized.

Policy:

1. HCHC must ensure that all workforce members who have the ability to access HCHC information systems containing EPHI are appropriately authorized or supervised.
2. The background of all HCHC workforce members must be adequately reviewed during the hiring process.
3. When defining a position, the HCHC human resources department and the hiring manager must identify the security responsibilities and supervision required for the position.
4. All HCHC workforce members who access HCHC information systems containing EPHI must sign a confidentiality agreement in which they agree not to provide EPHI or to discuss confidential information to which they have access to unauthorized persons.
5. HCHC must create and implement a formal, documented process for terminating access to EPHI when the employment of a workforce member ends.

Questions regarding this policy or any related procedure should be directed to the Information Security Officer at 413-238-4138.

Originally Drafted: SEP 2012 Reviewed or Revised: APR 2016

Approved by Board of Directors, Date: 4/28/16

Approved by:

Eliza B. Lake
Executive Director, HCHC

Date: 4/29/16

John Follet, MD
President, HCHC Board of Directors

Procedure:

The background of all HCHC workforce members must be adequately reviewed during the hiring process.

1. Verification checks must be made, as appropriate. Verification checks include, but are not limited to:
    a. Character references
    b. Confirmation of claimed academic and professional qualifications
    c. Professional license validation
    d. Credit check
    e. Criminal background check
    f. Office of the Inspector General (OIG) database check
2. The type and number of verification checks conducted must be based on the employee's probable access to HCHC information systems containing EPHI and their expected ability to modify or change such EPHI.
3. The extent and type of screening must be based on HCHC's risk analysis process.

When defining a position, the HCHC human resources department and the hiring manager must identify the security responsibilities and supervision required for the position.

1. Security responsibilities include general responsibilities for implementing or maintaining security, as well as any specific responsibilities for the protection of the confidentiality, integrity, or availability of HCHC information systems or processes.

All HCHC workforce members who access HCHC information systems containing EPHI must sign a confidentiality agreement in which they agree not to provide EPHI or to discuss confidential information to which they have access to unauthorized persons.

1. Employees will sign the confidentiality statement at their on-boarding session.
2. The statement will be kept in their personnel file
3. Subsequent statements will be not be used but all employees will attend annual HIPAA Privacy & Security training. The attendance roster will serve as acknowledgement of a confidentiality agreement.

Hilltown Community Health Centers, Inc.

Administrative Policy
All Departments

SUBJECT: WORKSTATION ACCEPTABLE USE
REGULATORY REFERENCE: 45 CFR 164.310(b)

Purpose:

Hilltown Community Health Center, Inc. (HCHC) management has adopted this policy to have a formal documented process to appropriately use and protect its workstations.

Policy:

1. HCHC workstations must be used only for authorized purposes: to support the research, education, clinical, administrative, and other functions of HCHC.
2. All workforce members who use HCHC workstations must take all reasonable precautions to protect the confidentiality, integrity, and availability of EPHI (Electronic Protected Health Information) contained on the workstations.
3. Workforce members must not use HCHC workstations to engage in any activity that is either illegal under local, state, federal, or international law or is in violation of HCHC policy.
4. Access to all HCHC workstations containing EPHI must be controlled with a username and password.
5. HCHC workstations containing EPHI must be physically located in such a manner as to minimize the risk that unauthorized individuals can gain access to them.
6. HCHC workforce members must activate their workstation locking software whenever they leave their workstation unattended for 20 minutes or more. HCHC workforce members must log off from or lock their workstation(s) when their shifts are complete.
7. Workstations removed from HCHC premises must be protected with security controls equivalent to those for on-site workstations.

Questions regarding this policy or any related procedure should be directed to the Information Security Officer at 413-238-4138.

Originally Drafted: SEP 2012 Reviewed or Revised: APR 2016

Approved by Board of Directors, Date: 4/28/16

Approved by:

Date: 4/29/16

Eliza B. Lake
Executive Director, HCHC

John Follet, MD
President, HCHC Board of Directors

Procedure:

Workforce members must not use HCHC workstations to engage in any activity that is either illegal under local, state, federal, or international law or is in violation of HCHC policy.

Activities that workforce members must not perform while using HCHC workstations include, but are not limited to:

1. Violations of the rights to privacy of protected healthcare information of HCHC's patients.
2. Violations of the rights of any person or company protected by copyright, trade secret, patent, or other intellectual property or similar laws or regulations. This includes, but is not limited to, the installation or distribution of "pirated" or other inappropriately licensed software products.
3. Purposeful introduction of malicious software onto a workstation or network (e.g., viruses, worms, Trojan horses).
4. Purposefully causing security breaches. Security breaches include, but are not limited to, accessing electronic data that the workforce member is not authorized to access or logging into an account that he or she is not authorized to access. HCHC employees that perform this activity as part of their defined job are exempt from this prohibition.
5. Performing any form of network monitoring that will intercept electronic data not intended for the workforce member. HCHC employees that perform this activity as part of their defined job are exempt from this prohibition.
6. Circumvent or attempt to avoid the user authentication or security of any HCHC workstation or account. Employees that perform this activity as part of their defined job are exempt from this prohibition.

Access to all HCHC workstations must be controlled with a username and password.

1. HCHC workforce members must not share passwords with others. If a HCHC workforce member believes that someone else is inappropriately using a user-ID or password, they must immediately notify their manager.
2. Where possible, the initial password(s) issued to a new HCHC workforce member must be valid only for the new user's first logon to a workstation. At initial logon, the user must be required to choose another password.

3. Where possible, this same process must be used when a workforce member's workstation password is reset.

HCHC workstations containing EPHI must be physically located in such a manner as to minimize the risk that unauthorized individuals can gain access to them.

1. The display screens of all HCHC workstations containing EPHI must be positioned such that information cannot be readily viewed through a window, by persons walking in a hallway, or by persons waiting in reception, public, or other related areas.

Workstations removed from HCHC premises must be protected with security controls equivalent to those for on-site workstations.

1. EPHI must not be stored on a portable workstation unless such information is appropriately protected. HCHC security office approved encryption should be used.
2. Locking software for unattended laptops must activate after 20 minutes.
3. HCHC portable workstations must be carried as carry-on (hand) baggage when workforce members use public transport. They must be concealed and/or locked when in private transport (e.g., locked in the trunk of an automobile).
4. Personal laptops will not be permitted access to the HCHC network and are not to be used to access EPHI.