

**Adams County Regional Medical Center
Seaman, Ohio
ORIENTATION CHECKLIST FOR
NON-EMPLOYED STAFF**

Name: _____

Orientation Date: _____

Position: _____

Department: _____

Directions: To be checked off as completed. When completed and signed please forward to the Human Resources Department.

- A. Orientation Checklist Information Sheet (Life Safety, Infection Control, OSHA, etc.)
- B. Copy of valid driver's license
- C. Compliance (Acknowledgement Form Signed)
- D. Infection Control Acknowledgement of Training Signed
- E. Customer Service Pledge
- F. Proof of TB Testing/Respirator Mask Fit/Flu Shot/Drug Test/Physical when applicable
- G. Confidentiality/HIPAA (Acknowledgement Form Signed)
- H. Identification Badge (Photo ID preferred)
- I. Attest that I have not/am not currently under investigation for abuse/neglect
- J. Have been given a tour of ACRMC

I have completed the above Orientation and I am aware of my duties and responsibilities within my scope of practice. I understand that hospital policies are established to promote quality care and to ensure the health and safety of patients and personnel and that I am required to comply with applicable hospital policies and procedures.

Non-Employee Printed Name

Date

Signature of Non-Employee

VOLUNTEER APPLICATION
Adams County Regional Medical Center
230 Medical Center Drive, Seaman, Oh 45679

NAME: _____ PHONE#: _____

ADDRESS: _____ CELL PHONE#: _____

EMAIL ADDRESS: _____ Male ___ Female

EMERGENCY CONTACT: _____ PHONE#: _____
Name

Do you have volunteer experience? ___ No ___ Yes If yes, please list: _____

Why would you like to be a volunteer? _____

Days available: ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___ Saturday ___ Sunday

Hours available: ___ Morning ___ Afternoon ___ Evening

Please check all areas in which you are interested in volunteering: ___ Greeter at the Volunteer Desk ___ Assisting in a patient care hospital department ___ Assisting in a non-patient care hospital department ___ Secretarial (filing, computer) ___ fundraising events

Please list three references not related to you:

NAME: _____ PHONE# _____

NAME: _____ PHONE# _____

NAME: _____ PHONE# _____

APPLICANT SIGNATURE: _____ DATE: _____

SELECTION.COM EMPLOYMENT INQUIRY RELEASE

In conjunction with my application for employment (including contract services) with you, my prospective employer, I understand that you intend to hire Selection.com to obtain Consumer Reports and / or Investigative Consumer Reports (hereinafter called "Reports") about me as defined in the Fair Credit Reporting Act (FCRA). These "Reports" may include information concerning my credit worthiness, credit standing, credit capacity, character, academic background, credentials, work habits, work performance, work experience, reasons for work termination, general reputation, personal characteristics or mode of living. You also may seek information concerning my employment history, workers' compensation history, motor vehicle record, drug and alcohol testing, education background, civil litigation history and/or criminal record.

I understand that you may rely on any or all of the above referenced information in determining whether to extend an offer of employment to me. If you contemplate making an adverse employment-related decision that will affect me based, in whole or in part, upon a "Report" obtained from Selection.com, I will be provided with a copy of the "Report" and a written summary of my Consumer Rights under the FCRA before you finalize that decision.

I have read the above disclosure and I hereby authorize you, Selection.com or its authorized agents to obtain the above referenced information about me. I also authorize all agencies, bureaus, employers, information service organizations and individuals to provide any of the above referenced knowledge or information they have concerning me. If I am hired, this authorization shall remain on file and shall serve as an ongoing authorization for you to obtain "Reports" about me from Selection.com at any time during my employment with you. A photocopy or facsimile of this authorization shall be as valid as the original. I agree that any and all disputes arising from this "Report" shall be brought only in state or federal court in the State of Ohio and shall be governed by, and construed in accordance with, the laws of the State of Ohio.

Signature _____ Date _____

THE FOLLOWING INFORMATION IS REQUIRED TO CONDUCT THE BACKGROUND INVESTIGATION

PRINT NAME _____
Last Name First Name Middle Initial Social Security Number

PREVIOUS OR MAIDEN NAME (if applicable) _____ PHONE NUMBER _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

DRIVER'S LICENSE NUMBER _____ STATE ISSUED _____

List states and counties of residence, other than above, for the past seven (7) years:

COUNTY _____ STATE _____; COUNTY _____ STATE _____; COUNTY _____ STATE _____

FOR IDENTIFICATION PURPOSES ONLY: Date of birth _____ Sex _____ Race _____

My prospective employer recognizes that age, sex and race are protected characteristics and that the information requested will not be used as the basis for any employment decision.

FOR COMPANY USE ONLY

If faxing request, this section must be completed for processing

Customer Number <u>CHC170</u>	Location / Store Number <u>CHC170#00000</u>	Date Submitted _____
Contact Person: <u>Heather Hoop</u>	Phone Number _____	Position Applied For _____
Information Requested:		
Combined Report Number: _____		
Individual Reports:		
Criminal Convictions <input type="checkbox"/>	County(s) and state(s) _____ <input type="checkbox"/>	<input type="checkbox"/>
Motor Vehicle Report	Credit Report	Education
Prior Employment: Last 2 <input type="checkbox"/> Last 3 <input type="checkbox"/>	Professional License <input type="checkbox"/>	Workers' Comp
Other: _____		

THIS FORM PROVIDED BY



155 Tri-County Parkway, Suite 150, Cincinnati, OH 452465 Telephone - 513.522.8764 / 800.325.3609 FAX - 513.728.4420 / 888.767.2435

ADAMS COUNTY REGIONAL MEDICAL CENTER
PERSONNEL POLICY #215
EMPLOYEE BACKGROUND CHECKS/FEDERAL HEALTHCARE PROGRAM
ELIGIBILITY CHECK
EFFECTIVE DATE: 6/1/01; 3/2002; 4/04; 12/06; 11/07, 1/13, 3/13
BOARD APPROVED: 3/13

FEDERAL HEALTH CARE PROGRAM ELIGIBILITY CHECK

I hereby authorize Adams County Regional Medical Center to conduct an investigation by reviewing the HHS-OIG Cumulative Sanctions Report at <http://www.sam.gov/>. and the General Services Administration List of Parties Excluded from Federal Procurement and Non-Procurement Programs <http://exclusions.oig.hhs.gov/>.

I understand the purpose of checking these web sites is to obtain information as to my status with the Federal entities named above, specifically to find if I have ever been excluded, debarred, , suspended or otherwise sanctioned as ineligible to participate in federal health care programs.

I understand that this investigation may be conducted every two years or less, as determined by the Hospital, as long as I am employed by Adams County Regional Medical Center.

Signature

Employee's Name (Please Print)

CODE OF CONDUCT

At ACRMC, we are on our way to creating a culture of customer service excellence, and recognizing our facility's mission and vision. Below, are NINE customer service "behavioral" categories for our medical center- what we see as key service behaviors at every encounter.

These standards are broken into categories with specific behaviors to illustrate the category. The standards serve as the foundation for all customer service strategies. Customer service training and skills development is based on these standards.

Each and every ACRMC employee, physician, contractual staff, volunteer, has read and signed these standards, signifying their commitment to the highest level of customer service. ACRMC has adopted a zero tolerance philosophy. Choosing not to comply with this customer service program shall result in disciplinary action.

Customers are defined as every patient, family member, physician, visitor, corporate representative, co-worker, community member, volunteer and any other health care and/or social service provider.

CUSTOMER SERVICE STANDARDS

GREETING, WELCOME & APPRECIATION

1. I pledge to always remember that our customers are the reason we are here and will never make them feel unappreciated or invaluable.
2. I pledge to greet customers by making eye contact, smiling, addressing them by their last name (unless directed otherwise), and introducing myself by name and department or title.
3. I pledge to provide our customers with directions or assistance when necessary.
4. I pledge to wear my identification badge at shoulder level, facing forward and free of stickers and pins.
5. I pledge to acknowledge the contributions of staff and others by saying "please" and "thank you".
6. I pledge to always thank our patients and family members for putting their confidence in us and utilizing our healthcare services.

PROFESSIONAL TELEPHONE BEHAVIOR

1. I pledge to use my individual and/or departmental voicemail at a minimum and answer the phone within three rings. I pledge to introduce my department and name.
2. I pledge to ask "may I help you".
3. I pledge to ask for approval before placing the caller on hold.
4. I pledge to transfer calls by researching the correct number and providing the number before transferring. I pledge to also introduce caller to the transferring department before disconnecting connection.
5. I pledge to demonstrate appreciation when ending a call by thanking them for calling or offering future assistance.

CONFIDENTIALITY & PRIVACY

1. I pledge to knock on patients' doors, pause appropriately before entering and indicate who I am by name & title.
2. I pledge to emphasize to patients that privacy is important to us and will demonstrate this commitment by appropriate usage of curtains and doors.
3. I pledge to protect privacy and healthcare information according to HIPAA regulations; I pledge to be sensitive to my co-workers' privacy and avoid disclosing personal information.

COMMUNICATION

1. I pledge to actively listen, focusing on the person & checking for understanding by repeating & asking questions.
2. I pledge to provide positive, professional and prompt responses and ensure my facial expressions and tone-of-voice are consistent with my words.

**ADAMS COUNTY REGIONAL MEDICAL CENTER
SEAMAN, OHIO**

**AGENCY/CONTRACT EMPLOYEE ORIENTATION CHECKLIST
INFORMATION SHEET**

Life Safety:

Fire is danger you can prevent

*No smoking anywhere on hospital premises

*Alert the supervisor of any wires with worn or frayed insulation

*Don't overload circuits or outlets

*Know how to use the fire alarm system

*Know how to get to the nearest fire exit

***Know where fire extinguishers are located – AND HOW TO USE THEM**

*Keep fire and smoke doors free of obstructions

1. The initials RACE stand for Rescue, Alarm, Confine, Extinguish and/or Evacuate. The initials PASS stand for Pull, Aim Squeeze, Sweep/Spray. The two methods used to activate the alarm are the Paging System and the Pull Alarm. Evacuation should begin if the following conditions are present: Large amount of smoke, possibility of explosion, fire spreading quickly out of control, and/or patient's safety is in jeopardy.
2. We provide fire extinguishers that can be used for all types of fires (Type A – wood, cloth, paper); Type B (flammable liquids or gases); Type C (electrical equipment)
3. When using a fire extinguisher, stand 8-10 feet away from the fire
4. During Evacuation evacuate in the following order:
 - Ambulatory
 - Wheelchair
 - Non-ambulatory

DO NOT USE ELEVATORS FOR EVACUATION DURING A FIRE!

5. When alarming and paging for fire or fire drill Dial #1122 and Page CODE RED and the location.
6. During a fire leave lights on
7. Close doors when there is a fire to contain smoke/fire/heat. Fire doors contain fire for up to 1 ½ to 2 hrs. On the third floor, pull the "EVIS" down. For all other areas place a pillowcase over the door knob to indicate the room has been evacuated.

Ergonomics:

Lifting safely to protect you back – back injuries are the most common type of injuries among health care workers in the hospital. You can prevent injury by learning about your back and using your body correctly to lift and move patients and objects.

Safe Lifting Tips –

*Never reach above your shoulders – use a step stool or ladder.

*When reaching down, support your upper body with one arm.

*Always stay close to the load without leaning forward.

*Push rather than pull whenever possible.

*When bending, kneel down on one knee.

*Bend your knees and hips – not your back

*When leaning forward, move your whole body, not just your arms.

Infection Control:

Infection Control guidelines are designed to protect you against viruses and bacteria.

Proper Handwashing Technique- One of the most important things you can do to protect yourself from infection is wash your hands! Your employer will provide easily-accessible hand washing facilities for you. Here's the correct procedure:

*Use a paper towel to turn on the faucet.

*Wet hands and apply liberal amounts of soap. Use only liquid soap

*Work up a good lather.

- *Scrub thoroughly for approximately 15 seconds.
- *Wash at least 3 inches above the wrist and under your nails.
- *Rinse thoroughly.
- *Dry with a paper towel.
- *Use the paper towel to turn off the faucet.
- *Dispose of the towel properly.

Hand sanitizer is located in all patient care areas and should be used when entering and exiting the room.

OSHA

Standard Precautions means treating all blood and body fluids as if they are infected.

Here are some tips –

- *Wash hands properly before and after each patient contact, and when gloves are removed.
- *Never eat, drink, smoke, apply cosmetics or lip balm, or handle contact lenses in work area.
- *Don't store food in refrigerators where blood or other potentially infectious materials are kept.
- *Routinely check and decontaminate equipment before servicing and shipping
- *Use ventilation devices to resuscitate patients.
- *Wear gloves and change them after each patient contact.
- *Place anything touched by body fluids in leak proof, approved containers for sterilization or disposal.
- *Label ALL blood specimens clearly.
- *Clean up potentially-infectious spills immediately and thoroughly.
- *Never recap, remove, bend, shear or break needles, unless required by a medical procedure.

PPE:

One of the best ways to protect you from many hazards is to use personal protective equipment (PPE). The PPE you use depends on the hazard.

You may be required to use:

- *Gloves –they come in many types, including rubber, neoprene, latex vinyl, cotton, and metal mesh, depending on the hazard. Latex free gloves are provided in all areas of the hospital
- *Eye glasses, goggles, and face shields protect against splashes, dust droplets, sharp objects, and other hazards.
- *Ear plugs, muffs or canal caps protect your hearing.
- *Lab coats, gown, aprons, shoe coverings, and leggings help protect your from infectious materials.
- *Respirators either filter harmful substances from the air or supply you with oxygen.

Harassment:

Harassment is a form of discrimination where a person is subjected to threatening, intimidating, and embarrassing or other offensive behavior because of his/her gender, race, ethnicity, religion, age, disability or some other distinguishing characteristic.

If you report an incident of harassment, the hospital will conduct a fair, discreet investigation and appropriate corrective action will be taken.

There is no room for harassment of any kind in a workplace where people value and respect each other. Harassment is the opposite of respectful workplace behavior. You have the right to work in an environment that is free of harassment.

Confidentiality:

ALL patient Information is kept confidential.

*Information about the patient (medical records, test results, etc.) must be kept private.

*Anyone not directly involved in patient care including family members, must have your permission to get this information.

The staff is not to talk about the patient's personal or medical information. Sharing of information is on an as need to know basis.

Compliance with HIPAA Laws.

Compliance:

As a healthcare organization, the hospital has a responsibility to the patient, community and outside governing bodies to conduct its business within a consistent, ethical framework as defined by its mission, values and all applicable regulations. Employees will comply with all laws and regulations.

Standards of Conduct:

1. All patients, employees, and visitors are treated with dignity, respect and courteousness.
2. The Hospital will fairly and accurately represent itself and will not misrepresent its capabilities to the public, vendors and other governing bodies.
3. Services provided will be based on the identified needs of the patient regardless of his/her ability to pay. Furthermore, constant vigil will be maintained through utilization review to avoid services that are medically unnecessary or nonefficacious.
4. Claims submissions will only be for those services rendered that are medically necessary and ordered by an appropriately licensed individual.
5. The Hospital employees will maintain records as necessary to document compliance with all federal, state and regulatory agencies.
6. The Hospital will act upon any reasonable suspicion of non-compliance by investigating whether a material violation has occurred. Corrective action will be implemented as appropriate.

Ethics:

If you feel the patient's rights have not been properly respected, you may:

*Talk with other staff members – For example, ask a nurse, community relations coordinator or social worker.

*Contact a patient representative. A patient representative may be the ombudsperson, social worker, or member of the clergy.

*Contact the Hospital's CEO.

*You can also contact the ethics committee thru Administration. – They can help resolve difficult medical and ethical issues about a patient's care.

DNR, DNR Comfort Care or DNR Comfort Care Arrest:

Based on an Ohio law that gives the patient the right to choose end of life care. (e.g. No CPR)

Advanced Directives:

There could be a living will or a durable power of attorney for health care. Either document allows the patients to give directions about their medical care in the event he/she is unable.

It's the patient's right to accept or refuse medical care. Advance Directives can protect this right if the patient becomes mentally or physically unable to choose or communicate their wishes due to an injury or illness.

Patients Rights:

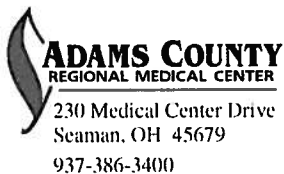
These include the right to:

*Privacy – the patient's personal and medical information is confidential. Medical records and communications with the physician must be kept private.

*Information about the patient's condition – must be kept to date about medical condition, treatments and chances for recovery.

*"Informed Consent" – the patient's physician must clearly explain the advantages and risks of any procedures, tests or treatments. The patient must give permission for such care. The patient has the right to refuse any treatment.

*Information about Advance Directives – The patient has the right to obtain information.



CONFIDENTIALITY AGREEMENT

All employees, volunteers, contract employees, allied health staff and physicians, hereinafter known as "staff" and ACRMC Governing Board are required by policy and law to safeguard the confidential health information of the hospital's patients. The hospital staff understands that by signing the agreement they will comply with all hospital policies and procedures in protecting the privacy of patient health information.

The hospital staff will agree to the following as part of their employment/ affiliation at the hospital:

1. Compliance to all hospital privacy and security policies.
2. Access or view only the minimum necessary protected health information as defined by hospital policy and procedure for any assigned job classification.
3. No disclosure of protected health information will be made outside of the hospital or within the hospital to individuals or employees who do not have the required authority. Disclosure or discussion of protected health information with family, friends, or others outside of the hospital who do not have a "need to know" as defined by law and hospital policy, is prohibited.
4. Reasonable precautions will be taken to protect patient health information used during verbal discussions with other caregivers or employees who have the right to access as defined by their job classification. Protected health information will be discussed in private with only those individuals with the "need to know", unless emergency circumstances dictate that the information must be exchanged immediately.
5. All passwords used to access the hospital's computer systems are part of this agreement and will be protected from disclosure to others. Passwords will not be disclosed to other employees to allow them access nor will passwords of other employees be used for access. Employees will log off the computer prior to leaving it unattended.
6. All protected health information is the property of the hospital and the patient. The transfer, transmission, modification, or purging of computer or hardcopy files is prohibited unless authorized by hospital policy and procedure.
7. All reasonable precautions will be taken to protect all hardcopy files or documents with patient health information from unauthorized viewing by the public and other "staff."
8. All known violations by the "staff" or any other person of hospital privacy and security policies will be reported to management immediately.
9. Should the individual leave the employment/ affiliation of the hospital, they will continue to be bound by their obligations under this agreement.
10. Violation of this Agreement will result in disciplinary action as defined by the hospital Sanction Policy.

NON-DISCLOSURE AGREEMENT: All employees/contract personnel or members of the Governing Board, at one time or another will receive or be exposed to personal, privileged and/or confidential information. That information may concern employees, hospital operations, customer lists, company affairs, product development, trade secrets, business models, risk management or other organizations with whom we do business. You are obligated to ensure that this information remains confidential and is not disclosed. This is true regardless of whether you are actively employed, on leave or your employment with the hospital ends for any reason. Individuals who disclose such sensitive information shall be disciplined, up to and including termination or legal action. In addition, employees/contract personnel are not permitted to photograph, record, photocopy or otherwise preserve company forms, lists or other materials belonging to the hospital without prior authorization. This is especially critical for items that were prepared or saved for an employee's own or someone else's current or future use.

I have read the above agreement and agree to comply with all its terms.

Signature

Print Name

Date



IDENTIFICATION BADGE REQUEST INFORMATION FORM

The information on this form will be used to create a new picture ID badge and to set up security levels for each badge holder. Please make sure information is correct and detailed EXACTLY the way you want it printed on the badge.

PLEASE PRINT

▶ Please check the appropriate box:

Employee Management Contractor

- Employee has first name and last initial.
- Management has full first and last name.

▶ First Name (as it will appear on your badge): _____

▶ Last Name (Only first letter will appear on Employee's badge): _____

▶ Credentials (building) (Management Only, unless specified otherwise):

▶ Job Title: _____

▶ Department: _____

▶ Employee Number (barcode#): _____

▶ Date: _____ ▶ Manager signature: _____