UP HEALTH SYSTEM
BELL

ORIENTATION ACKNOWLEDGMENT

Name: _____ **If School Affiliated-School/Program:** _____

Position: _____ **Start Date:** _____

End Date: _____

Rules of Conduct

UP Health System - Bell has established standards of conduct that are free of disruptive behavior.
Disruptive Behavior - Any intimidating and/or disruptive behaviors which may include, but not limited to:

- Verbal outbursts
- Name-calling
- Use of language that is profane, vulgar, sexually suggestive or explicit, degrading, or racially/ethically/religiously slurring
- Degrading jokes or comments
- Physical threats
- Unwanted touching
- Obscene gestures
- Physical throwing of objects
- Assault and other criminal acts
- Or any behavior that is deemed to be intimidating or harassing as well as passive activities such as deliberate failure to follow organizational policies

I understand that "disruptive behavior" refers to any intimidating and/or disruptive behavior including, but not limited to: verbal outbursts, name-calling, use of language that is profane, vulgar, sexually suggestive or sexually explicit, degrading, or racially/ethically/religiously slurring, degrading jokes or comments, physical threats, any unwanted touching, obscene gestures, physical throwing of objects, assault and other acts or behavior deemed to be intimidating or harassing, including passive activities such as deliberate failure to follow organizational policies. I agree to abstain from these behaviors and understand that I may be asked to leave and /or that my observer/student experience will be terminated for failure to abide by the Standards of Conduct policy.

Initials: _____

Infection Control Guidelines

1. All student/contractors must show results of a 2 step PPD TB test within the past 12 months or QuantiFERON Gold negative results.
2. Hand washing is the best way to prevent the spread of infection. Wash your hands before and after leaving a patient area, before and after meals and before and after using the rest room. Wash your hands for at least 20 seconds at a time.
3. As a student, you are not permitted to transport test tubes, containers, specimens, etc.
4. As a student, you are not permitted to touch a patient or be directly involved in the provision of patient care, unless you are approved in needing clinical experience as a provider student.

Initials: _____

Smoking Policy

As a health care system committed to the safety and health of the community UP Health System - Bell is very conscious of the adverse effects of smoking/vaping. Therefore, UPHS- Bell enforces a no-smoking/vaping policy.

Initials: _____

Identification Badge

As a student/contractor, you must wear proper identification. Wear the badge above the waist, clearly visible. Please return your badge to Human Resources upon completion of rotation at UPHS Bell.

Initials: _____

UP Health System - Bell Fire Plan (Code Red)

The word RACE is just a memory helper for the Fire Plan. You must know the four Action Steps of the plan:

Remove (rescue), Alarm, Close (contain) and Extinguish

1. Remove (rescue) everyone from immediate danger and close the door
2. Alarm pull the nearest fire alarm pull station and dial your facility emergency assistance number
3. Close all doors in the alarm area to contain the heat and smoke
4. Extinguish the fire, but only if it is small and contained

Initials: _____

Fire Extinguisher Operation

Remember P . A. S. S.

Set the extinguisher down, grasp the neck of the extinguisher with one hand and then:

1. **Pull** the pin located at the handle
2. **Aim** the hose or nozzle at the base or edge of the fire
3. **Squeeze** the handle down while holding the extinguisher upright
4. **Sweep** the hose or nozzle from side to side

NOTES:

- Discharge the extinguisher until it runs empty
- Discharge time -they all last about one (1) minute
- Remember they are only for small contained fires

Initials: _____

Emergency Preparedness
Dial 222 to notify switchboard of an event

CODE GREEN	All clear; Return to normal duties.
CODE BLUE	Cardiac or respiratory arrest in the hospital.
PEDIATRIC CODE BLUE	Pediatric cardiac or respiratory arrest in the hospital.
RAPID RESPONSE	Clinical deterioration requiring clinical intervention
CODE BROWN	Missing Adult
CODE HLP	To provide help in all departments when extra help is required in urgent situations.
CODE ORANGE	Hazmat-Chemical Spills-Decon
CODE RED	A fire alarm was pulled, a smoke detector has been set off
CODE SILVER	Active shooter in the building.
CODE PINK	Infant/Child abduction.
CODE PURPLE	Emergent c-section in OB.
CODE YELLOW	Bomb threat evacuation.

Codes are printed on the back of all UPHS Badges.

Initials: _____

I have read and understand all of the above:

Signature: _____ **Date:** _____

HIPAA Fundamentals

Introduction

- At UP Health System - Bell, privacy of patient information has always been considered a basic right.
- What can happen when protected health information is inadvertently exposed? Personal harm to individuals, embarrassment, community mistrust, lawsuits, etc.

What is HIPAA?

- HIPAA stands for Health Insurance Portability and Accountability Act. HIPAA is a relatively new federal law that protects Protected Health Information, or PHI.
- The law allows for penalties such as fines and/or prison for people caught violating patient privacy.
- HIPAA Privacy Regulations became effective in April 2003 and the Security Regulation in April 2006.
- Part of our compliance with the HIPAA law is to provide the required awareness training for employees and workforce members.

Protected Health Information

- Protected Health Information (PHI) is about patient information -whether it is spoken, written, or on the computer. It includes health information about our patients. It can be information as simple as their name.
- Certainly we can share PHI when it is part of our job to do so, but beyond that you may have broken the law if you share patient information.

Need to Know

- A good way to determine if you should share patient data is to ask yourself..." Do I or others need this information to do the job?" Use this little test before you look at patient information or share it with others.
- Sometimes you may inadvertently hear or see information that you don't need to know. If so, just keep it to yourself.

Dispose of PHI Properly

- Trash and garbage bins are another place that should not contain PHI. Be sure to dispose of patient lists and other documents that contain PHI in shred bins.
- If you see PHI in the trash or in public areas, notify the supervisor immediately.
- If you transport PHI, make sure it is secure when not in your sight.

The Privacy Officer

- At Bell, we have a person responsible for insuring that privacy is maintained - The Privacy Officer. However, no one person can know if we have a possible threat in every area of our organization.
- Each of us must do our part to protect patient information. You should always report possible privacy problems to the manger in your area or to the Privacy Officer.

Co-Workers, Friends and Family

Situation: *You hear about a friend that has had surgery, so you call a nurse on that floor to find out the details.*

- Friends and coworkers deserve the right to privacy just like any other patient. You cannot seek or share patient information for personal reason. You may only obtain/share information that you need to know to do your job.
- The individual may personally share information about their condition with you, but that is their choice. You should not ask them and may not look at their chart without a job related reason.
- You should never share information with a common friend without their permission.

Don't be "Curious"

Situation: *You like to look at the patient directory or surgery schedule daily to see if you know anyone.*

- This is not within the scope of your job at the facility.
- You are in violation of HIPAA laws and UPHS- Bell policy.

Respect the Privacy of Patients

Situation: *You are working in an area where caregivers are discussing health information with a patient, a family member, or another caregiver.*

- You should ask if you need to leave the area.
- You may quickly finish your task and leave.
- You must keep any health information you overheard to yourself.

Protect information in your Possession

Situation: *In the process of doing your job, you use a list that contains patient names and possibly other patient information.*

- You should keep the information in your possession at all times.
- You should make sure that it is protected from others who would not need the information.
- You can turn it over so the information can't be viewed.
- You should make sure when you are finished with the information that you have disposed of it properly.

I have read and understand HIPPA Fundamentals

Print Name: _____

Signature: _____ **Date:** _____

Confidentiality and Security Agreement

I understand that the facility or business entity named below (the "Company") in which or for whom I work, volunteer or provide services, or with whom the entity (*e.g.*, physician practice) for which I work has a relationship (contractual or otherwise) involving the exchange of health information (the "Company"), has a legal and ethical responsibility to safeguard the privacy of all patients and to protect the confidentiality of their patients' health information. Additionally, the Company must assure the confidentiality of its human resources, payroll, fiscal, research, internal reporting, strategic planning, communications, computer systems and management information (collectively, with individually identifiable health information and protected health information, "Confidential Information").

In the course of my employment / assignment at the Company, I understand that I may come into the possession of this type of Confidential Information. I will not use company systems to access patient information if it is not necessary to perform my job related duties. This includes NOT accessing my own health information or that of my child or person's for which I am personal representative via the company systems. The Company's Privacy and Security Policies are available through the Company , copies of which will be provided upon request. I further understand that I must sign and comply with this Agreement in order to obtain authorization for access to Confidential Information.

1. I will not disclose or discuss any Confidential Information with others, including friends or family, who do not have a need to know it.
2. I will not in any way divulge, copy, release, sell, loan, alter, or destroy any Confidential Information except as properly authorized.
3. I will not discuss confidential information where others can overhear the conversation, even if the patient's name is not used. I will make every reasonable attempt to refrain from practices that might lend itself to unintended breach of patient confidentiality.
4. I will not make any unauthorized transmissions, inquiries, modifications, or deletions of Confidential Information.
5. I agree that my obligations under this Agreement will continue after termination of my employment, expiration of my contract, or my relationship ceases with the Company.
6. Upon termination, I will immediately return any documents or media containing Confidential Information to the Company.
7. I understand that I have no right to any ownership interest in any information accessed or created by me during my relationship with the Company.
8. I will act in the best interest of the Company and in accordance with its Company's Privacy and Security Policies at all times during my relationship with the Company.
9. I understand that violation of this Agreement may result in disciplinary action, up to and including termination of Company employment, suspension and loss of privileges, and/or termination of authorization to work within the Company, in accordance with the Company's policies.
10. I will only access or use systems or devices I am officially authorized to access, and will not demonstrate the operation or function of systems or devices to unauthorized individuals.
11. I understand that I should have no expectation of privacy when using Company information systems. The Company may log, access, review, and otherwise utilize information stored on or passing through its systems, including e-mail, in order to manage systems and enforce security.
12. I will practice good workstation security measures such as locking up electronic media devices when not in use, using screen savers with activated passwords appropriately, and position screens away from public view.
13. I will practice secure electronic communications by transmitting Confidential Information only to authorized entities, in accordance with approved security standards.
14. I will:
    a. Use only my officially assigned User-ID and password (and/or token (e.g., Multi-Factor Authentication "MFA").
    b. Use only approved licensed software.
    c. Use a device with virus protection software.
15. I will never:
    d. Share/disclose user-IDs, passwords or MFA.
    e. Use tools or techniques to break/exploit security measures.
    f. Connect to unauthorized networks through the systems or devices.
16. I will notify my manager, Facility Information Security Officer, or appropriate Information Services person if my password has been seen, disclosed, or otherwise compromised, and will report activity that violates this agreement, privacy and security policies, or any other incident that could have any adverse impact on Confidential Information.
17. I will only access software systems to review patient records or Company information when I have a business need to know, as well as any necessary consent. By accessing a patient's record or Company information, I am affirmatively representing to the Company at the time of each access that I have the requisite business need to know and appropriate consent, and the Company may rely on that representation in granting such access to me.
18. I will accept full responsibility for the actions of my employees who may access the Company software systems and Confidential Information and will ensure that any such employee will execute their own Confidentiality and Security Agreement.
19. I understand that the Company may, at its sole reasonable discretion, rescind any person's access to any information system at any time. I further understand that if I am a member of the medical staff, any violation of the terms contemplated herein or of the facility's rules and regulations, may subject me to disciplinary action pursuant to the facility's medical staff bylaws .

Signing this document, I acknowledge that I have read this Agreement and I agree to comply with all the terms and conditions stated above.

Employee/Consultant/Vendor/Office Staff/Physician Signature	Facility Name and COID	Date
Employee/Consultant/Vendor/Office Staff/Physician Printed Name	Business Entity Name	

UP HEALTH SYSTEM
BELL

Waiver of Liability and Hold Harmless Agreement

I. In consideration for being onsite at UP Health System Bell, I hereby release, waive, discharge and covenant not to sue UP Health System - Bell, its officers, servants, agents and employees (hereinafter referred to as "releases") from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or relating to any loss, damage or injury, including death, that may be sustained by me, or to any property belonging to me, whether caused by the negligence of the releases, or otherwise, while participating, or while in, or upon the premises of UPHS Bell.

2. I am fully aware of risks and hazards connected with being on the premises and participating, and I am fully aware that there may be risks and hazards unknown to me connected with being on the premises and participating, and I hereby elect to voluntarily participate, to enter upon the above named premises and engage in activities knowing that conditions may be hazardous, or may become hazardous or dangerous to me and my property. I **voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including death, that may be sustained by me, or any loss or damage to property owned by me**, as a result of my being a participant, whether caused by the negligence of releases or otherwise.

3. I **further hereby agree to indemnify and save and hold harmless the releases and each of them, from any loss, liability, damage or costs** they may incur due to my participation at UPHS Bell, whether caused by the negligence of **any or all** of the releases, or otherwise.

4. It is my express intent that this Release shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a Release, Waiver, Discharge and Covenant Not to Sue the above named releases.

In signing this release, I acknowledge and represent that:

A. I have read the foregoing release, understand it, and sign it voluntarily as my own free act and deed;
B. No oral representation, statements or inducements, apart from the foregoing written agreement, have been made;
C. I my parent or guardian is at least eighteen (18) years of age and fully competent;
D. I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

Print Name: _____

Signature: _____ **Date:** _____

UP HEALTH SYSTEM
BELL

Dress and Appearance Policy

At UP Health System - Bell, we believe that personal appearance embodies traits such as attire, grooming and personal hygiene. Employees are expected to reflect professionalism and good judgment at all times related to clothing, appearance and make-up. This policy should help to set the general parameters for proper items to wear and allow you to make intelligent judgments about items that are not specifically addressed. If you are unsure if something is acceptable, choose something else or inquire first with your supervisor. All clothing should be clean and well maintained, pressed, size appropriate and wrinkle-free. Clothing should be made of fabric that is suitable for the work position and general workplace.

The personal appearance of all employees is to be governed by the following specific standards:

- **Identification Badges** - All students/contractors that are issued an identification badge or visitor badge must be worn at all times while on duty and must be displayed in the upper chest area or on a lanyard. The badge picture and name must be visible, clean and show no damage at all times. Employees cannot wear the badge at or below the waist. Stickers or pins should not cover the badge photograph.
- **Hair** - Hair shall be kept clean, neat, and professional in appearance. Employees may color their hair if the overall appearance is tasteful and professional looking. Extreme hairstyles are not permitted at work and are considered at the discretion of the department leader and HR.
- **Personal Hygiene** - Cleanliness is very important. Bathing and the use of deodorants is recommended. Perfumes or fragrances of any kind are not permitted for any employees. Employees who use tobacco products must eliminate smoke odor from clothing, skin and breath.
- **Tattoos** - Employees of UP Health System - Bell must present a professional appearance at all times. Visible tattoos may be distracting and uncomfortable for some of the patients we serve. Accordingly, those with tattoos should wear clothing to cover the tattoos whenever possible. Vulgar and/or offensive tattoos are not permitted. The use of bandages to cover tattoos is discouraged and generally will not be considered a long-term solution for compliance with this policy. Tattoos that are visible on the face are generally not permitted.
- **Acceptable Business Casual Attire** - Students are expected to present themselves in a manner of dress that reflects the professional standards of the organization. Leadership of the hospital is accountable for upholding these standards throughout the organization.

  The following clothing guidelines are to be followed for those positions not required to wear a uniform:

  - Pants such as bike shorts, sweat pants, jogging pants, bib overalls and skorts are not permitted.
  - Leggings or other form-fitting pants are only appropriate if worn with an opaque (not sheer) long tunic or dress that is an appropriate length.
  - Pants must fit and extend to at least mid-calf length. Spandex is not allowed.
  - Denim blue jeans are not allowed except on designated days as communicated by Administration and/or Human Resources. Jeans must be in good condition with no frays, tears or holes.
  - Denim material is allowed in colors other than blue, as long as not frayed or faded.
  - Sleeveless apparel is acceptable in non-patient care areas as long as undergarments are covered.
  - Lingerie/spaghetti strap, tank tops, cut-off sleeves, and racer back tops are not permitted. The armholes must not be so large that undergarment is visible.
  - Shirts must be clean, well maintained and have no inappropriate or offensive wording or pictures. It is not permitted to wear shirts with low necklines, see-through fabric or with cut-outs exposing skin. T-

shirts are not permitted unless previously approved as part of departmental uniform or as approved periodically for special holidays/occasions by Administration or Human Resources.

- Dress shirts, blouses, sweaters with collared shirts, turtlenecks, blazers and sport coats are all acceptable. Sweatshirts are not permitted.
- Undergarments (bras and underpants) should not be visible through clothing. Any fabric providing visibility requires a camisole or slip. Midriffs should be covered at all times.
- Dresses and skirts cannot be shorter than 3 inches above the top of the knee. Kick pleats/slits cannot be shorter than 5 inches above the top of the knee. Blue jean dresses, or skirts are acceptable as long as not shredded, distressed or excessively faded.

- **Shoes** - Shoes must be worn at all times and should be clean and in good repair. Open toed shoes are acceptable in **non-clinical areas only.** Loafers, boots, flats, dress sandals, open-toed shoes, and clogs are acceptable for non-clinical employees. Extreme styles are inappropriate. Flip flops, Croes and stiletto heels are not permitted in any area. Clinical personnel must wear hosiery or socks at all times. Shoe covers and booties cannot be worn outside of your department.
- **Uniforms** - Uniforms/scrubs as described by department policy are acceptable. Non-denim scrub pants in any color are acceptable. Non-denim scrub tops, either short or long sleeved, print or solid are acceptable. Non-logo l-shirts or turtlenecks under scrub tops/jumpers are acceptable. Lab coats, scrub jackets, and cardigan sweaters over scrubs are acceptable. Scrubs should be loose fitting enough to enable the usual bending and stooping associated with office work. Inappropriate items include active or casual wear, such as sweatshirts, hoodies, and stretch pants.

I have read and understand the Dress and Appearance policy.

Print Name: _____

Signature: _____ **Date:** _____

UPHS BELL

NAME:_____

HOME ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NUMBERS: Home:_____Cell:_____

EMERGENCY CONTACT INFORMATION

PRIMARY CONTACT: _____ Relationship:_____

PRIMARY ADDRESS: _____

Cell:_____ Home:_____

Work:_____

SECONDARY CONTACT: _____Relationship:_____

SECONDARY ADDRESS: _____

Cell:_____ Home Phone:_____

Work:_____

ADDITIONAL INFORMATION THAT MAY BE HELPFUL IN THE EVENT OF AN EMERGENCY:

_____

In case of accident or illness during internship or clinical rotation at Bell, should I be unable to consent to treatment, I HEREBY AUTHORIZE THE SITE SUPERVISOR TO SECURE MEDICAL TREATMENT FOR AN ACUTE EMERGENCY from an emergency service included but not limited to emergency services of UPHS Bell.

Signature:_____ Date:_____

MINOR EMERGENCY AUTHORIZATION PERMIT

In case of accident during Internship or clinical rotation at Bell, I request to be contacted. Should I be unavailable, I HEREBY AUTHORIZE THE SITE SUPERVISOR TO SECURE MEDICAL TREATMENT FOR AN ACUTE EMERGENCY from an emergency service included but not limited to emergency services of UPHS Bell. I understand that should a health emergency arise, I will be notified, but that if I cannot be reached by telephone, such medical treatment deemed necessary by competent medical personnel is authorized and will be paid for by myself or my insurance company.

Parent or Guardian Signature: _____Date:_____