Community HOSPITAL

Personal Information

School: ____________________ Area of Study ______________________ Date: ____________

Name: ____
Last First MI

Address: ____

City: ____________________________________ State: ________ Zip: _____________

Home Phone: _________________________ Cell: _________________________

Birthdate: ______/______/________ Email: ____
Month Day Year

Emergency contact person(s): ____

Phone: _______________________

Compliance requirements to be verified through this form given to Community Hospital, and original documents maintained by the school include:

A. TST (TB Skin Test) – Current within one year of initial reporting to the facility. Those with history of positive TST should have follow-up by physician.

Date of TST_______

B. Documented immunity to Measles, Mumps, and Rubella as evidenced by:

1. Documentation of physician diagnosed measles , or — Yes Date _______
2. Documentation of 2 doses of vaccine, or — Yes Date _______
3. Laboratory evidence of immunity to measles — Yes Date _______

C. Documentation or signed statement that Hepatitis B vaccine Series has been received or is currently pursuing completing Series or has signed waiver of declination. Please attach.

Yes Date _______

D. Current CPR training — Expiration Date _______

E. Background Check — Date _______

F. Please attach copy of recent photo ID (student, drivers license)

G. Influenza vaccine — Date _______

Community HOSPITAL

Orientation Acknowledgment Form

Student
Instructor

Name ________________________________ School______________________________

Date of Acknowledgment ________________ Area of Study________________________

I acknowledge and confirm that I have read and understand each of the modules initialed below.

1. Student Standards of Business Conduct Policy
   a. Community Hospital Mission, Vision, and Values
   b. Code of Business
2. National Patient Safety Goals
3. Student Conduct Expectations
   a. Dress and Grooming
   b. Cultural Diversity
   c. Harassment Prevention
   d. Tobacco Use
   e. Substance Abuse
   f. Anti-violence
   g.Privacy and Confidentiality
4. Parking instructions
5. Infection Control review

I agree to comply with the above referenced information. I further agree to conduct myself in accordance with the Service Excellence Standards in my capacity as a student at Community Hospital. I understand that non-compliance with the above referenced guidelines, practices and policies may result in termination of my rotation at Community Hospital.

By selecting the check box below, I certify that the above information is true and correct to the best of my knowledge and that I understand that I may be required to sign this application upon the request of CWHS.

Signature

Community HOSPITAL

Infection Control Quiz

Name: ______________________________ Date: ___________

School:______________________________ Orientation Department: _____________

1. If hands are not visibly soiled (dirty), decontaminate hands with alcohol-based hand rub
   a. before having direct contact with patients
   b. after contact with patient's intact skin (e.g., when taking a pulse or blood pressure, and lifting a patient)
   c. after contact with patient's environment (e.g., medical equipment, bedside table, bed)
   d. after removing gloves
   e. all of the above

2. The isolation precaution system used at this facility includes
   a. Standard Precautions
   b. Transmission Based Precautions - Airborne, Contact, Droplet (for diseases easily spread from person-to-person)
   c. Isolation Precaution information is found in the Infection Control Policies
   d. all of the above
3. Specific protocols for TB control include
   a. Airborne Precautions
   b. student TST (PPD) skin testing
   c. special respiratory protective equipment (N-95 mask or Powered Air Purifying Respirator [PAPR])
   d. utilized upon entry into TB airborne precaution rooms
   e. a, b and c
   f. a and b
4. Handwashing with soap and water is indicated when
   a. hands are visibly soiled (dirty)
   b. before eating and after using a restroom
   c. contact with the environment of care or patient with spore-forming type disease/illness (anthrax, Clostridium difficile)
   d. all of the above
5. Standard Precautions means :
   a. that if you do not see blood in the body fluid it is not infected
   b. that you must treat all blood and body fluids of all persons as if they are infected
   c. that Standard Precautions are only required when you know a patient has AIDS
   d. none of these are correct
6. If you are exposed to blood or body fluids, you must immediately :
   a. wash wounds with soap and water. If mucus membranes (eyes, nose or mouth) are involved in the exposure, flush with water.
   b. notify your instructor
   c. report to the Emergency Department
   d. all of the above
7. True False - Hand hygiene is the single most important method of preventing the spread of infection.
8. True False - The Chain of Infection involves ONLY a source and host.
9. True False - Gloves, gowns and masks are examples of Personal Protective Equipment (PPE).
10. True False - Red warning labels, signs, bags or containers are not required to communicate hazardous infectious materials.
11. True False - Bloodborne Pathogens are most likely to be spread by contact between infected blood/body fluids and your eyes, nose or mouth and/or openings in the skin.

Revised: 07/2010

Community HOSPITAL

Confidentiality Agreement

I understand that, as a result of being granted access to written patient health information, as well as hospital operating system(s) and electronic information, I may have access to confidential information. Accordingly, I agree as follows:

I have read the summary of the following, have been given instruction on availability to the full policies on the intranet, and understand I am required to comply with them:

- Community Hospital Privacy and Confidentiality Guidelines
- HIPAA Compliance Policies

I may contact the following persons whenever I have questions about the meaning or application of these policies:

IT Director: 644-3501
Security Officer: 644-3501
Chief Privacy Officer (HIPAA): 644-3015
Chief Compliance Officer 644-3015

Patients, medical staff and employees have a legal right to privacy. All students on affiliation rotation to Community Hospital must exercise extreme caution and sensitivity with communicating or accessing information about patients and Community Hospital operations: careless talk, inquiry in the system, repeating rumors or unauthorized access can result in serious harm to patients and their families or Community Hospital and its employees. Such communication and inquiry is limited to necessary disclosures required by individuals having a need-to-know.

Complete confidentiality is expected.

I have read the above statement on confidentiality and had any questions answered. I understand its meaning and will abide by the requirements stated therein.

Student's Printed Name: ____

School Name: ____

Date: __________________ Area of Study:______________________________

By selecting the check box below, I certify that the above information is true and correct to the best of my knowledge and that I understand that I may be required to sign this application upon the request of CWHS.

Signature

Community HOSPITAL

Student Standards of Business Conduct

MISSION - Community Hospital will improve the health and quality of life of the individuals and communities we serve.

VISION - Community Hospital will be the hospital of choice for the services we provide.

VALUES

Attitude: We promote attitudes of excellence in every aspect of what we do. Attitude makes the difference.

Service: We will ensure a Whatever it Takes service attitude, patient centered processes, compassionate care, and respect for each person's individuality.

Excellence: We provide dedicated, outstanding, professional, quality No. 1 care through continual process improvement, education, and diligent patient safety practices. We strive to continuously improve all that we do.

Partnerships: We recognize our employees, volunteers, physicians, and students as our greatest and most valuable assets. We support them through education, recognition, and opportunities for personal growth.

Integrity: We are honest, forthright, and we honor our commitments. We make the right decisions for the right reasons, and manage the hospital in a fiscally responsible manner.

Community Hospital must be in compliance with all federal, state, and environmental laws, rules, and regulations. Conducting our business in an ethical and responsible manner is critical to our success and reputation as a provider of healthcare services. It is important for all our team members to know and understand we are an organization with high integrity. All team members and partners of the team have a duty to act in an ethical and responsible manner.

Ethical business behavior seems like it should be common sense, however there are times we encounter situations in which we are unsure of what to do or how to act. The Student Code of Business Conduct addresses expectations in greater detail, covering a wide variety of circumstances and situations that might be encountered during the course of the clinical experience. It is designed to serve as a reference whenever questions arise regarding appropriate business conduct. The handout "Colorado West Health Care System (Grand Junction, CO) Code of Conduct Guide" describes in detail the hospital's program and copies of the handout are available upon request.

Community HOSPITAL

Student Standards of Business Conduct

continued

What the Code of Conduct requires of students conducting business at Community Hospital include:

- » **Act honestly and ethically** and conduct all activities in compliance with our policies and procedures as well as the laws and regulations that govern health care. For example these include abuse, antitrust, employment discrimination, false claims, and patient privacy.
- » **Report violations**, both my own and those of others, to my preceptor, Department Director, or the Chief Compliance Officer, David Murray ext 6275.
- » **Disclose debarment & unlawful Federal health care activities.** I am required to disclose immediately any proposed or actual debarment, exclusion or other event that makes any one of us as an individual or as part of an entity ineligible to participate in Federal health care programs, including Medicare and Medicaid. In addition, we must immediately disclose proposed or actual ineligibility for participation in Federal procurement or non-procurement programs and convictions of a criminal offense for incorrect or misleading claims information or payments to physicians with the object of reducing or limiting services provided as explained in more detail at 42 USC Section 1320a-7(a).
- » **Promote the highest standards of business ethics and integrity**, representing Community Hospital accurately and honestly, and not engaging in any activity intended to defraud anyone of money, property or services. Further, I will act in good faith and in the best interest of Community Hospital.
- » **Maintain the confidentiality** of patient health and financial information.
- » **Protect confidential and proprietary information** about employees, medical staff members, and Community Hospital.
- » Conduct activities and relationships with others so as to **avoid actual conflicts of interest**, in appearance or fact. If I do have conflicts, I must make full disclosure and take appropriate action under applicable Conflicts of Interest policies.
- » **Exercise responsible stewardship** to preserve and protect Community Hospital's assets by making productive and effective use of resources provided.
- » Pay particular attention to any activity that might result in a **False Claim.** (i.e.; the accurate and complete documentation of services provided in the medical record)
- » As a result of being granted access to electronic confidential information, I hereby verify that I have **read the Computer Access Security Form Information Technology and completed the Student/Contract Computer Access Security Form** (I.T. Department).
- » I certify that **I have not been convicted of a criminal offense** related to health care or listed by a federal agency as debarred, excluded or otherwise ineligible to participate in a federal health care or procurement program. I further certify that I do not have a controlling interest in any entity that is likewise ineligible.

Failure to comply with the requirements listed or the failure to report such non-compliance subjects individuals to a range of legal consequences including removal from the student program, monetary penalties and, in the worst organizational case, exclusion from participation in Federal health care programs like Medicare and Medicaid.

________________ ____

Date Area of Study

____

Print Name of Individual Student

By selecting the check box below, I certify that the above information is true and correct to the best of my knowledge and that I understand that I may be required to sign this application upon the request of CWHS.

Signature