ORIENTATION PACKET

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GOODALL-WITCHER Healthcare

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WELCOME TO GOODALL-WITCHER HEALTHCARE!

Orientation to Goodall-Witcher Healthcare (GW) is essential for gaining the basic knowledge and skills needed to work safely and successfully. This packet is a reference to general hospital/clinic standards and policies, highlighting key processes and safety procedures. It is not intended to cover all standards. If you have any questions about this manual, please contact the manager of the department in which you are working.

GENERAL WORKPLACE SAFETY RULES

Patients and family members expect to receive medical care in a safe environment. Due to the nature of the services provided in a hospital/clinic environment, some hazardous situations are common such as chemical use, radiation exposure, and electrical usage.

1. Report all work injuries immediately.
2. Use seat belt when on Company business in any vehicle.
3. Firearms, weapons, or explosives are not permitted on Company property.
4. GWH is a non-smoking facility and campus.
5. Wear and use Personal Protective Safety equipment.
6. It is your responsibility to know where SDS-Safety Data Sheets (formally Material Safety Data Sheet-MSDS) are located.
7. Follow the clean-up procedure for chemical spills.
8. Do not use electrical equipment that doesn't run properly, has exposed wires or wall outlet is loose, cracked or discolored. Approach any potential electrical hazard with extreme caution.
9. Be aware of "Caution Radiation Area" signs and limit your time around radiation sources, maximize your distance, and use appropriate shielding. Avoid radiation-related task if you are pregnant.
10. Use proper body mechanics when lifting equipment and/or patients.

If you identify a hazardous situation or suspect potential safety risk, immediately notify any member of the GW administrative team- CEO Adam Willmann ext. 7990, CNO Joycesarah McCabe ext. 7931, or COO Rustin Qualls ext. 7929.

INFECTION CONTROL

By working in a healthcare setting, you are at risk for contact with contaminated blood or body fluids. Through the consistent use of safe work practices, also known as precautions, you can significantly reduce the risks involved with such contact.

GW uses precautions described by the CDC to reduce the risk of organism transmission including:

Standard
Contact (and Contact Enteric)
Droplet
Airborne

HAND HYGIENE

In a hospital or clinic setting where illness and injuries are routine; it's easy to spread germs from one person to another. Handwashing is the best way to reduce the spread of infections. Washing your hands removes the germs you have picked up since your last handwashing opportunity.
GW provides two types of hand hygiene products:

- Soap products to be used when washing hands under running water.
- An alcohol-based hand sanitizer that doesn't require water.

You may use the alcohol-based hand sanitizers when there is no visible dirt or contamination on your hands, and you have not been in contact with blood or body substances (including urine or feces).

GLOVES
- Wear gloves whenever contact with blood or body fluids is possible.
- Discard gloves after contamination.
- Change gloves between patients.

GW has an *Exposure Control Plan for Bloodborne Pathogens* available to all staff and employees. It describes the steps that GW and its employees/staff must take to ensure compliance with the Occupational Safety and Health Administration (OSHA) Bloodborne Pathogen Standards.

EMERGENCY CODES

Goodall-Witcher Healthcare utilizes the following emergency code calls to quickly communicate an emergency:

CODE BLUE	MEDICAL EMERGENCY-ADULT
CODE WHITE	MEDICAL EMERGENCY-PEDIATRIC
CODE RED	FIRE
CODE GREEN	PATIENT/RESIDENT ELOPEMENT
CODE GRAY	COMBATIVE PERSON
CODE PINK	INFANT ABDUCTION
CODE PURPLE	CHILD ABDUCTION
CODE YELLOW	BOMB THREAT
CODE ORANGE	DISASTER (Chemical Spill)
CODE SILVER	PERSON WITH A WEAPON
CODE TRIAGE-INTERNAL	CODE TRIAGE-EXTERNAL (Multiple Patients)
FIRST ALERT	TORNADO WATCH
SECOND ALERT	TORNADO WARNING
THIRD ALERT	TORNADO EMINENT

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Policy and Procedure for each Emergency Code is located on the GW intranet.

FIRE SAFETY

"Code Red" is the emergency code used to announce a fire and to activate the emergency response process. A fire in a healthcare facility is very serious. Smoke, heat, and structural damage can create health and safety issues for patients and employees. **If You Discover a Fire,** follow the **RACE** steps**:**

- **R**   **Rescue:** Rescue anyone in immediate danger.
- **A**   **Activate:** Pull the nearest red fire alarm, announce Code Red and location; repeat three (3) times.
- **C**   **Contain:** Close all doors.
- **E**   **Extinguish** small fires if possible**. Evacuate** patients in the area, if necessary.

Use the acronym "**PASS**" to remember how to use a fire extinguisher:
- **P**   **PULL** the pin. This will break the plastic tamper-proof seal.
- **A**   **AIM** the nozzle low at the base of the fire.
- **S**   **SQUEEZE** the handle.
- **S**   **SWEEP** the nozzle from side to side. Move carefully toward the fire as you squeeze the handle and sweep the base of the fire.

When a "Code Red" is announced:
- ➢ One person from your area should get a fire extinguisher and report to the fire location.
- ➢ Close all doors and windows in the fire area.
- ➢ Reassure patients and visitors.
- ➢ Ask visitors to stay in patient's rooms behind closed doors.
- ➢ Do not use elevators.
- ➢ Do not evacuate unless directed.

You may resume your usual work activities when:
- ➢ The emergency fire lights stop flashing.
- ➢ You hear or receive a "Code Red All Clear" announcement.

HIPAA CONFIDENTIALITY

Patients expect and need their private medical information to transfer easily as they move through the healthcare system. Unfortunately, this ease of access also creates concern that private information could be lost or shared inappropriately. To address these concerns, the Health Insurance Portability and Accountability Act (HIPAA) established privacy and security rules which set the standards for how healthcare organizations manage patient information. Goodall-Witcher Healthcare is fully committed to complying with the HIPAA requirements in all aspects of patient care and hospital/clinic operations.

HIPAA Principles

HIPAA rules are designed to keep protected health information (PHI) confidential and secure. These rules are built on three key principles:

1. **Confidentiality:** Patient information will only be shared with those who need it. If you don't need the information to do your job, it should not be shared with you and you should not have access to it.
2. **Integrity:** Patient information will not be inappropriately altered or destroyed.
3. **Availability:** Patient information will be readily available to those who need it to do their job.

HIPAA Guidelines

- ➢ Don't view patient records that you have no need to see. Access only the minimum health information necessary to do your job
- ➢ Don't share information about patients with any employee who doesn't need it to do their job
- ➢ Avoid discussing patient issues outside patient care areas. At all times, take reasonable care to make sure your conversation is not overheard
- ➢ Don't leave health information unattended. File and store hard copy documents appropriately. Lock your computer screen or log off before you walk away from your computer.

You have access to a variety of Goodall-Witcher Healthcare's electronic information. Your access is a privilege and requires a high degree of accountability. You are responsible for everything accessed on a computer under your user account and password.

HIPAA violations should be reported to the Goodall-Witcher Healthcare Compliance Officer- CEO Adam Willmann ext.7990.

More information regarding HIPAA Policies and Procedures can be found on the GW intranet.

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ATTESTATION PAGE

I acknowledge that I have received and read the *GOODALL-WITCHER HEALTHCARE ORIENTATION PACKET.*

_____
Print Name

_____
Signature

_____
Date

(Department Managers: please initial here _____ and give to Human Resources).

CONFIDENTIALITY AND HIPAA

I acknowledge and understand that medical information is of a highly personal and confidential nature. This information must be respected at all times and not discussed in any manner with unauthorized parties. I understand that I am expected to comply with the HIPAA (Health Insurance Portability and Accountability Act of 1996) as well as other applicable laws and adhere to the Corporate Compliance Plan. I understand that intentional or unintentional violation of HIPAA and/or employee, volunteer or patient confidentiality including, but not limited to, discussing information with unauthorized parties or removing information from the Hospital/Clinic System may result in termination by the Hospital/Clinic and/or legal action, including possible imprisonment.

Goodall-Witcher Hospital Authority/Lake Whitney Medical Clinic/Clifton Medical Clinic's privacy officer is Adam Willmann.

_____
Printed Name

_____
Signature/Date

_____
Witness Signature/Date

STANDARDS OF CONDUCT

I AGREE THAT:

1. I shall hold as absolutely confidential all information that I may obtain directly or indirectly concerning patients, doctors or personnel, and not seek to obtain confidential information from a patient.

2. My services are donated to the hospital without contemplation of compensation or future employment, and given with humanitarian or charitable reasons.

3. I understand that it is a crime to solicit business for an attorney. I shall not solicit business for attorneys or insurance companies, both on or off hospital property, or act as a runner or capper for an attorney in the solicitation of business. I shall report all known occurrences of solicitation for attorneys to my supervisor.

4. I shall not sell or attempt to sell goods or services, request contributions, or solicit persons to sign or distribute political petitions on hospital premises, unless I receive the express authorization from my supervisor to engage in these activities.

5. I shall submit to examinations, which includes tuberculosis skin tests and/or chest x-rays and a drug test.

6. I shall be punctual and conscientious, conduct myself with dignity, courtesy and consideration of others.

7. I shall at all times uphold the philosophy and standards of the hospital.

8. I understand I need to wear my school identification badge at all times.

9. I understand that I may be exposed to infectious diseases.

10. I understand that Goodall-Witcher Healthcare reserves the right to terminate my status as a result of:
    a. failure to comply with hospital policies, rules and regulations;
    b. unsatisfactory attitude or appearance; or
    c. other circumstances contrary to the best interests of the hospital.

I have read each of the above conditions and I agree to be bound by them.

_____   _____
Signature   Date

08/19

GOODALL-WITCHER Healthcare

IMMUNIZATION FORM

* Complete this form or provide a copy of your shot record

Name _____

Address _____

Date of Birth _____   Home or Cell Phone _____

Emergency Contact Name and Phone Number _____

Vaccinations:

Please indicate whether the individual stated above has been vaccinated against any of the following diseases.

	YES	DATE	NO
Tetanus	_____	_____	_____
Hepatitis B	_____	_____	_____
Mumps	_____	_____	_____
Measles/Rubella	_____	_____	_____
(+) Skin Test for TB	_____	_____	_____
Chicken Pox/Varicella	_____	_____	_____

Covid Vaccine Dose #1 Date _____ Manufacturer _____

Covid Vaccine Dose #2 Date _____ Manufacturer _____

_____

Volunteer Signature   Date

Human Resources Information Sheet

In order to verify the information in your personnel record, please complete the following form and return to Human Resources as soon as possible. It is extremely important that HR and the Disaster Committee have the correct information.

Volunteer Name: _____ Date: _____

Address: _____

City: _____ Zip_____

Home Phone #: _____ Cell Phone: _____

Emergency Contact: _____ Relationship: _____

Phone #(s): _____ _____