



Business phone: (510) 452-4626
Toll-free: (800) 704-8391
Fax: (510) 452-4642
Locations on the East and West Coasts

HIPAA Federal Regulation Healthcare and Health Plan Professional Compliance Form

Oral and written communication that occurs in conjunction with healthcare activities may involve information about patients, their families, friends, or caregivers. Under the HIPAA Privacy Rules, the discussion, transmission, or narration of protected patient health information in any form is forbidden except as a necessary part of treatment, payment, or medical center operations.

As an employee of Surgical Exchange, you have the responsibility to protect all patients' medical information so that it is not improperly used or disclosed, in accordance with federal and state law.

- As healthcare providers, all personnel serve as advocates for the patient.
- All personnel will adhere to the Patient Bill of Rights and understand that all information about patient health information must be kept private and confidential by limiting all information to persons who are authorized to receive it.
- Personnel are expected to report the following events to the manager of the nursing unit or designee:
 1. Any action, order, or treatment that in the professional judgment of the individual appears to be potentially harmful to the patient.
 2. Patient complaints regarding their care or treatment.
- Personnel are expected to adhere to the following guidelines regarding the confidentiality of patient information:
 1. Do not access or use patient information that is not required for your work responsibilities.
 2. Only disclose or access information when permitted or required to do so by law.

The Health Insurance Portability and Accountability Act (HIPAA) is a federal regulation that was established to ensure professional and ethical standards and requires each employee to adhere to the principles of safeguarding the confidentiality, availability, and integrity of all patient health information. Your signature is assurance that you, as an employee of Surgical Exchange, understand these principles and the HIPAA Federal Regulation, and will maintain knowledge and access of all patient health history and information accordingly.

Signature: _____ Date: _____



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Joint Commission Mandatory Annual Inservices

Please initial the 2nd column to indicate your understanding of these policies. Then enter the month and year, with the understanding that Joint Commission inservices are ANNUAL inservices. **I have read and understand the following booklets:**

| BOOK TITLE | Initials | Month/Year | Month/Year | Month/Year | Month/Year |
|--|----------|------------|------------|------------|------------|
| 1. Fire Safety in Health Care Facilities | | | | | |
| 2. About Electrical Safety in Health Care Facilities | | | | | |
| 3. What You Should Know About Lifting and Moving Patients Safely | | | | | |
| 4. About Universal Precautions in Health Care Settings | | | | | |
| 5. Why You Should Be Informed About Aids | | | | | |
| 6. About Hazardous Materials in Health Care Facilities | | | | | |
| 7. About Infection Control | | | | | |
| 8. About Bloodborne Pathogens | | | | | |
| 9. What Health Care Workers Should Know about Hepatitis B | | | | | |
| 10. About Continuous Quality Improvement | | | | | |
| 11. About Tuberculosis (TB) | | | | | |
| 12. Competency in Providing Age-Appropriate Care | | | | | |
| 13. Earthquake Preparedness | | | | | |
| 14. About Partner Abuse | | | | | |
| 15. About Preventing Child Abuse | | | | | |
| 16. What Everyone Should Know about Elder Abuse | | | | | |
| 17. What Everyone Should about Family Abuse | | | | | |
| 18. About Advance Medical Directives | | | | | |
| 19. Understanding Patient Rights | | | | | |
| 20. About Patient Confidentiality | | | | | |
| 21. Prop 65/Employee Right to Know | | | | | |
| 22. Missing Patient/Infant Abduction Policy | | | | | |
| 23. Equipment Policy | | | | | |
| 24. AB 508 | | | | | |
| 25. HIPAA Privacy Confidentiality | | | | | |
| 26. Kaiser: Artificial Nail Policy | | | | | |
| 27. Employment Agreement | | | | | |

Signature: _____ Date: _____



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Planning and Implementing Age Appropriate Care Proficiency Checklist

OBJECTIVE: The caregiver will demonstrate the knowledge and skill required to plan and implement Age Appropriate Care.

NAME: _____

ADDRESS: _____

TITLE: _____

INSTRUCTIONS: Check appropriate column for every item below. Each step requires a correct demonstration or explanation.

| SKILLS | CORRECT | INCORRECT | COMMENT |
|--|---------|-----------|---------|
| 1. Obtains information related to Age Appropriate needs. | | | |
| 2. Interprets information with consideration for the age of the patient. | | | |
| a. Patient placement | | | |
| b. Use of equipment reflecting both age and care of patient | | | |
| c. Use of outpatient based on physical abilities | | | |
| d. Family support | | | |
| e. Educating both patients and the family about religious and cultural practices | | | |
| f. Safety of the patient | | | |
| 3. Develop plan of care reflecting both the patient's age and needs. | | | |
| a. Implement plan | | | |
| b. Document plan of care | | | |

Employee: _____

Date: _____



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EDUCATIONAL RECORD

Unit: _____ Date of Hire: _____

Name: _____ Degree: _____

Unit Specific Title: _____ Date Completed: _____

Required Courses Title: _____ Date Completed: _____

Certificates Title: _____ Date Completed: _____

| Description of Conference, Meeting, Course, Workshop, etc., Attended | Dates/Times of Attendance | Location | US* | GN* | L* |
|--|---------------------------|----------|-----|-----|----|
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*US= Unit Specific

*GN= General Nursing

*L= Leadership



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**Kaiser Permanente
 Registry Personnel File and Orientation Manual Verification/Attestation
 Short-term Supplemental Staff**

| | |
|-----------------------------------|--|
| Name of Supplemental Staff | |
| Date | |
| KP Facility Name/Location | |
| Registry Name/Location | |

Registry Personnel File Attestation:

_____ (Registry Name) attests it has a personnel file for the above named supplemental staff person that is in accordance with the Agreement with Kaiser Permanente, and the file includes: a completed application form and skills inventory; a completed High Alert Medication Test; confirmation of primary source verification of license, certifications, and registrations; documentation of BCLS, ACLS, PALS, and Neonatal Resuscitation (as applicable), and specialty courses; copy of Picture ID; permission to disclose information to KP; confirmation of criminal background check; Social Security verification and HHS/OIG LEIE, GSA EPLS, and OPMO/OIG searches; confirmation of 10 panel drug screen; two favorable references; and health screening documentation, including TB testing and Flu Vaccination.

Registry Staff Person Signature

Date

Printed Name of Registry Signature

Title of Registry Staff Person

*** Supplemental Staff person to present hard copy of (original) license BCLS, ACLS, PALS, NRP, picture ID, signed HIPAA Security and Privacy Attestation Form, confirming materials have been read, and any other certifications and registrations to KP at the time of first shift. KP shall copy all certifications and registrations and verify they are correct.*

Orientation Manual Verification:

_____ (Supplemental Staff Name) verifies that he/she has read, reviewed, and understood all materials in the KP _____ (Medical Center Name) Orientation Manual and agrees to comply with KP policies and procedures. The Orientation Manual addresses, but is not limited to, the topics below:

- Advance Directives
- Artificial Nails
- Confidentiality including patient privacy (HIPAA)
- Principles of Responsibility KP Code of Conduct
- Dress Code
- Elder, Child, Spousal, Dependent, Domestic Abuse
- Emergency Codes
- Fire & Safety
- Infection Control
- Location, Parking, and Where to Report
- Meals, Dining, Coats/Valuables, Misc.
- Pain Management and Age-Specific Guidelines
- Patient Fall Procedure
- Restraints
- Shift hours

Supplemental Staff Person Signature

Date

Printed Name of Supplemental Staff Person

Registry Staff Person Signature

Date

Printed Name of Registry Signature

Title of Registry Staff Person

Orientation Skills Post-Test

Name: _____

Date: _____

Circle the correct answer:

1. **Code Triage** signals Disaster Plan activation.

True False

2. **Universal/Standard Precautions** assume that all blood and body fluids are potentially infectious.

True False

3. The overhead announcement for "fire danger" is **Code Red**.

True False

4. **Waterless hand cleansing** is an effective alternative to soap and water.

True False

5. **Code Pink** is the code for infant abduction.

True False

6. What do the letters **R.A.C.E.** stand for?

- a. Remove – Aim – Contain – Extinguish
- b. Rescue – Alarm – Confine – Extinguish
- c. Run – Alarm – Call – Evacuate

7. What should you do if you have an injury or illness at work?

- a. Notify supervisor, manager, or whomever they designate.
- b. Fill out appropriate forms.
- c. Go to Employee Health (if after hours, the ED) with completed forms.
- d. All of the above.

8. **Hand washing should be done:**

- a. Before and after each patient contact
- b. After using the bathroom
- c. Before eating
- d. After sneezing or coughing
- e. All of the above

9. To protect yourself from injury when performing heavy work, lift with your _____ and not your _____.

- a. Shoulders, arms
- b. Back, legs



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- c. Legs, back
- d. Muscles, abdomen

10. Developing cultural sensitivity:

- a. Is only important if you work with patients.
- b. Can help us recognize, appreciate, and respect our cultural differences.
- c. Means that you should expect all members of a particular culture to have the same beliefs and to behavior the same way.

Age Related Needs:

- If you interact with newborns/children on your job, complete all questions.
- If you do NOT interact with newborns/children, complete questions 3-5 only.

1. The Toddler may view hospitalization as punishment.

True False

2. The School Age child has a strong need for approval by friends.

True False

3. Adolescents may show intense concern about their appearance.

True False

4. The Middle Adult may be reluctant to accept narcotics for his/her pain management.

True False

5. The Young Adult may have issues with separation from family.

True False

Attestation

I have reviewed the Medication Administration Self-Study Packet and understand that I am accountable and responsible for these items.

Employee: _____ Signature of Employee: _____

Mediation Plan: None Follow up with Nursing Manager Other

Signature of Manager/Asst. Manager/Clinical Nurse Specialist: _____



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Policy for Elimination of Artificial Nails

In consultation with our Infectious Disease specialists and public health authorities, the Southern California Quality Committee approved a *Standardized Hand Hygiene Policy* in the interest of improving the quality of care. This policy calls for the elimination of artificial nails for all healthcare workers engaged in direct, hands-on patient care. This includes all physicians, nurses, and other staff who come into physical contact with patients in the course of their work. This policy is in response to mounting evidence that artificial nails have been linked to the transmission of infection and supports our commitment to prevent healthcare-acquired infections.

In compliance with this policy, the use of artificial nails has been eliminated across the continuum of care (inpatient, outpatient, and home care) throughout the organizations with which Surgical Exchange is affiliated. All employees who provide direct patient care are expected to be in compliance with the Standardized Hand Hygiene Policy as a condition of continued employment.

I have been informed of the Standardized Hand Hygiene Policy and the requirement to eliminate artificial nails for all persons who provide direct patient care.

Employee Signature

Date