



118 North Hospital Drive
P.O. Box 580
Abbeville, Louisiana 70511-0580
Voice: (337) 893-5466
Fax: (337) 893-2801

Workforce Authorization for Use of Photograph or Likeness

I, (printed name) _____ do permit and authorize Abbeville General and its employees, agents, and personnel who are acting on behalf of the hospital to use my photograph or other likeness for purposes related to the mission of the hospital, including publicity, marketing, and promotion of the hospital and its various programs. I understand my photograph or likeness may be copied and distributed by means of various media, including video presentations, television, news bulletins, mail outs, billboards or signs, brochures, placement on Abbeville General web site, newspapers and social media.

I understand that, although Abbeville General will endeavor to use my photograph or likeness in accordance with standards of good judgment, the hospital cannot warranty or guarantee that any further dissemination of my photograph or likeness will be subject to hospital supervision or control. Accordingly, I release the hospital from any and all liability related to dissemination of my photograph or likeness.

This authorization is valid from signature date throughout employment at Abbeville General. If at any time you wish to revoke this authorization, please contact Human Resources.

I have read this document and understand its contents.

Employee Signature

Date

Abbeville General Representative Signature

Date

I, (printed name) _____ **DO NOT** permit and authorize Abbeville General and its employees, agents, and personnel who are acting on behalf of the hospital to use my photograph or other likeness for purposes related to the educational mission of the hospital, including publicity, marketing, and promotion of the hospital and its various programs.

Employee Signature

Date

Abbeville General Representative Signature

Date

This document will become part of your electronic Personnel File in Human Resources 9-2015



Drug Testing Policy

Abbeville General Hospital aims to have a safe workplace. We will achieve this by establishing high standards of health and safety. It is our intent to maintain a drug-free and alcohol-free work environment. With this goal in mind, we have a strict no-alcohol and no-drug policy. Therefore, the use, abuse, presence in the body, or reporting to work under the influence of alcohol or controlled or illicit drugs which may impair performance is strictly prohibited. Any employee reporting for work under the influence of alcohol or controlled or illicit drugs which may impair performance will be asked to leave immediately. Under these circumstances, assistance will be provided to ensure that the employee arrives home safely. Any employee under the influence of alcohol or controlled or illicit drugs which may impair performance may have his/her employment terminated immediately and/or become subject to an adverse employment action.

TESTING: All employees are required to submit to pre-employment, random, post-injury/accident, and reasonable suspicion drug testing upon selection or request of the employer. Testing for the presence of the metabolites of drugs will be conducted by the analysis of urine.

CONFIDENTIALITY: All information, interviews, reports, statements, memoranda, or test results received by us through our drug testing program are confidential communications.

PROCEDURE: When a drug test is performed, the same will be collected by a trained individual in an appropriate laboratory to maintain a proper chain of custody. Any drug test used to detect the presence of a controlled substance as defined in 21 U.S.C. 812, Schedules I, II, III, IV, and V, will be performed in a SAMHSA-certified or CAP-FUDT-certified laboratory in accordance with La. R.S. 49:1005. Any employee, confirmed positive, upon his written request, shall have the right of access within seven working days to records relating to his drug tests in accordance with La. R.S. 49:1011.

Signature of Employee

Date

Signature of Hospital Representative

Date

ACKNOWLEDGEMENT

I have read and understand the “Drug, Alcohol, and contrabands Policy” of Abbeville General Hospital. I am aware that compliance with The Policy is a condition of my employment, and I agree to submit to all of its requirements. I understand that disciplinary action up to and including discharge will be taken should I be found in violation of The Policy.

Signature of Employee

Date

Hospital Representative Signature

Date

- Sexual or other unlawful harassment which is defined as any verbal and/or physical conduct of a sexual nature or relating to protected classification (such as race, religion, age, national origin or disability) that is unwelcome and offensive to those individuals who are subjected to it or who witness it. Examples include, but are not limited to, the following:
 - (a) Verbal: innuendoes, epithets, derogatory slurs, off-color jokes, propositions, graphic commentaries, threats, and/or suggestive, or insulting sounds;
 - (b) Visual/Non-Verbal: derogatory posters, cartoons, or drawings; suggestive objects or pictures; leering; and/or obscene gestures;
 - (c) Physical: unwanted physical contact, including touching, interferences with an individual's normal work movement, and /or assault; and
 - (d) Other: making or threatening retaliation as a result of an individual's negative response to harassing conduct or as a result of an individual's complaint of or opposition to harassing conduct.
 - (e) Profanity or similar offensive language while in the hospital and/or while speaking with other employees; inappropriate physical conduct with another individual that is threatening or intimidating
- Disrupting administration functions of the hospital in department or committee meetings
- Derogatory comments about the quality of care provided by the hospital, physicians, or healthcare providers.
- Inappropriate medical records entries concerning quality of care being provided by physicians, nurses or any other individual or are otherwise critical of the hospital, or employees
- Unauthorized access to or disclosure of confidential information(whether patient information or quality review information) or misuse of electronic medical records
- Refusal to abide by Policy and Procedures set forth in Hospital Manuals dealing with care of patients, Corporate Compliance Plan and/or Standards of Conduct

I understand and agree to abide by Abbeville General Hospital's Principles of Conduct for Employees

Employee Signature

Date

The objective of the principles of conduct is to ensure optimum patient care by promoting a safe, cooperative and professional healthcare environment. Hospital employees must recognize responsibility to patients as well to society, to other employees and to self. The following principles adopted by the Board of Commissioners of AGH are standards of conduct for all employees to adopt:

1. All employees must treat others with respect, courtesy, and dignity.
2. All patient care providers will be dedicated to providing competent care with compassion and respect for human dignity and rights
3. All patient care providers will uphold the standards of professionalism and be honest in all professional interactions
4. All employees must conduct themselves in a respectful and cooperative manner.
5. All employees shall respect the rights of patients, colleagues, employees and other health professionals
6. All employees shall safeguard patient confidences and privacy within the constraints of the law by limiting discussions of confidential information to appropriate individuals and in private locations.
7. All employees should recognize a responsibility to participate in activities contributing to the improvement of patient care at AGH, within the community, and for the betterment of public health.
8. Zero tolerance for inappropriate or disruptive conduct and /or sexual or other unlawful harassment of fellow employees, patients, or visitors, or members of the medical field.

These principles are further set to prevent or eliminate conduct that:

- Affects the ability of others to do their jobs
- Disrupts the operations of the hospital
- Creates a “hostile work environment” for other employees
- Adversely affects or impacts the community’s confidence in the hospital’s ability to provide quality patient care

Inappropriate Conduct includes, but is not limited to:

- Inappropriate comments to patients, family members or staff, threatening or abusive language directed at other employees (i.e. belittling, berating and/or threatening another individual), degrading or demeaning comments regarding patients, families, hospital staff, physicians or the hospital;



Employee Confidentiality Agreement

State of Louisiana
Parish of Vermilion

I, _____, understand that by reason of my employment by ABBEVILLE GENERAL, (AG), I will have access to trade secrets, technical data, confidential and proprietary information of AG relating to strategic planning, quality assurance, peer review, services, products, its physicians, patients and employees (herein referred to as "Confidential Information"). That the above information is legally protected from disclosure in order to protect the patient, employee and physician privacy as well as to protect the competitive position of AG and enhance quality. That patients, employees and physicians have an expectation of privacy concerning such information.

In consideration of being hired by AG, the salary to be paid to me by AG, technical training received by me from AG and my access to such information, and in recognition of the confidentiality of the information which I may have access to, and in order to protect AG against disclosure of this confidential information, I agree:

1. That I shall not, during the term of my employment or thereafter, disclose to others or use any confidential information except as authorized in writing, respectively AG or such patient. "Confidential Information" is also meant to include any information which I learn or originate during the course of my employment, regardless of whether it is written or otherwise tangible that (a) is not generally available to the public, and (b) is privileged or otherwise protected.
2. Upon termination of my employment, I shall surrender to AG any and all things such as drawings, manuals, documents, photographs and the like (including all copies thereof) that I have in my possession relating to the business of AG or any patient.
3. Any request or desire by me to release any public records of AG must be channeled through the office of the Chief Executive Officer.

This agreement may not be modified or terminated in whole or in part, except by an instrument in writing signed by an officer or other authorized executive of AG.

Executed in Abbeville, Louisiana, this _____ day of _____, 20 ____.

WITNESS

EMPLOYEE'S SIGNATURE

WITNESS



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Abbeville, Louisiana 70511-0580

REQUEST TO MAINTAIN CONFIDENTIALITY OF PERSONNEL RECORDS

I, _____, do hereby request that Abbeville General Hospital maintain the confidentiality of all information which the hospital maintains in its personnel records, which may be so legally maintained as confidential. Any inquires as to my address and home phone be restricted to those individuals who specifically have my authorization for the release of such information.

Signature of Employee

Date



Chickenpox (Varicella) Vaccine

Consent/Waiver

Chickenpox (also called varicella) is a common childhood disease. It is usually mild, but it can be serious, especially in young infants and adults. Birth before 1980 is not considered evidence of immunity for Healthcare personnel because of the possibility of nosocomial transmission to high-risk patients. In healthcare institutions, serologic screening should be performed before vaccination of personnel who have a negative or uncertain history of varicella. It is the policy of Abbeville General to screen all employees upon hire for immunity to varicella.

Please check one and sign:

_____ I have had chickenpox in the past and decline immunization.

_____ I have been vaccinated. Documentation provided.

_____ I am unsure if I have had chickenpox in the past and have never been immunized with Varicella (Chickenpox) vaccine.

*****Varicella titer to be drawn on employee (Varicella Zoster IgG antibody) *****

Employee Signature: _____

Date: _____

In an effort to prevent measles, mumps, or rubella at Abbeville General, it is a policy that employees be offered immunity to these diseases - especially to rubella. Because of the seriousness of rubella infection in pregnant women in the first trimester that can cause a significant percent of the newborn (20%.) to have mental retardation, congenital heart defects, and other congenital anomalies, it makes good sense to vaccinate men and women who work in the hospital to prevent them or their patients, from contracting rubella. The vaccination is being given to hospital employees free of charge. Very importantly this follows the recommendations of the Infection Control Committee.

Who Should Be Vaccinated?

- ✓ All employees uncertain if they had rubella
- ✓ Employees never vaccinated with MMR, nor rubella vaccine
- ✓ If your rubella titer is negative

Contraindications to Receiving The Vaccination Injection:

- ✓ **Pregnancy:** Pregnant Women Must Not Be Vaccinated. **(Note: A woman should not become pregnant within 4 weeks of receiving the Rubella Vaccine and should use Birth Control)**
- ✓ Hypersensitivity to Neomycin
- ✓ Any febrile illness or other active febrile infection (Febrile Illness = Any Illness Where Fever Is Present)
- ✓ Active, untreated tuberculosis
- ✓ Patients receiving corticosteroids or chemotherapy
- ✓ Employees with blood disorders (as leukemia)

Side Effects of MMR Vaccination:

- ✓ May experience a mild fever 5-12 days after vaccination
- ✓ Post pubertal women have joint pain 2-4 weeks after vaccination
- ✓ Hypersensitivity reactions (usually mild)

I have read the above statement about Measles, Mumps, and Rubella and the MMR and Rubella vaccine. I have had an opportunity to ask questions and understand the benefits and risks of Rubella and MMR vaccination.

Please Check One and Sign:

- I have had rubella in the past and elect not to be vaccinated.
- I have been vaccinated with rubella (MMR or Rubella Vaccine) and do not need the vaccination.
- (Note: A women's obstetrician commonly does a "rubella titer" and may be able to tell you if you're immune to rubella)**
- I choose not to receive the vaccine.

Employee Signature: _____

Date: _____

I am aware of the benefits, side effects, and contra indications mentioned above of receiving the rubella vaccine and choose to receive it.

Employee Signature: _____

Date: _____

Order: Give MMR 0.5cc by subcutaneous route.

Date Given: _____

By: Nurses' Signature

Lot # _____ Exp _____



Informed Consent For
Hepatitis B Immunization

Because you are assigned to work in the Housekeeping Department, in the Laboratory, as an Emergency Room Nurse, Anesthetist, ICU Nurse, Obstetrical Nurse or Nurse on the Medical/Surgical Units, you are considered to be at high risk for exposure to Hepatitis B virus. Persons who are exposed to this virus may develop hepatitis, may have a non-detectable form of hepatitis, may become a carrier of hepatitis capable of infecting others, may develop chronic forms of the virus infection that may lead to repeated episodes of hepatitis, to cirrhosis or even to liver cancer. Because of this risk, the Infection Control Committee advises you that beginning a Hepatitis B immunization program now and continuing until you finish the series is in your best interest.

Administration has adopted a policy whereby all of the cost of this protection for you is paid by the hospital.

There are no known infectious complications resulting from this vaccine, including no known AIDS transmission. You may have a mild "flu-like syndrome," or local tenderness at the site of the injection.

If you are female and pregnant, you should wait until after delivery to start the series. The CDC does not have evidence that the vaccine is harmful to the baby, but it does not have proof that it is not. In those instances in which the vaccine had to be given to pregnant females because of a definite exposure to the virus, there have been no reported bad effects on the baby.

If you are male or a non-pregnant female, it is the considered opinion of the IC Committee that you should begin the immunization series; nevertheless, since you have the right to refuse this form of immunization, you may do so.

If you have begun the vaccine series and now, for any reason (pregnancy, allergic reaction, change of mind, etc.) wish to refuse to receive the remaining shots in the series, you may do so. A true allergic reaction to any of the shots is a definite contraindication to continue the series unless there is an overwhelming reason to do so, the allergic reaction was mild as judged by an allergy specialist, and contraindication of the series is performed under the supervision of an allergy specialist.

_____ I have read the above recommendation of the IC Committee, and I understand what it means.

_____ I have already been vaccinated for Hepatitis B. Year: _____

_____ I wish to receive the Hepatitis B Vaccine series.

_____ I do not wish to receive the Hepatitis B immunization program recommended by the IC Committee. I absolve Abbeville General Hospital, its Trustees, any employee of the Hospital, and any member of the Medical Staff of Abbeville General Hospital from any and all injuries, including death, which may occur as a result of my decision. I personally assume full responsibility for the consequences of my refusal of this recommended treatment. If I change my mind at any time I may contact Employee Health to initiate the Hepatitis B Series.

Witness

Employee Signature