
ORTHOPEDIC SURGERY CENTER

***** STUDENT CHECKLIST*****

ATTN: Shalina Mohammed

PHOTO ID	<u>Drivers Lic. or Passport</u>
BACKGROUND INVESTIGATION ATTESTATION	<u>From Your Facility</u>
OSC ORIENTATION	<u>Attached</u>
NURSING LICENSE	<u>I can print this for web</u>
INSURANCE CERTIFICATION	<u>From Your Facility</u>
BLS	<u>From Your Facility</u>
SIGNED RELEASE	<u>Attached</u>
HIPAA / CONFIDENTIALITY STATEMENT	<u>Attached</u>
Hep B/ TB	<u>From student History or I have attached the waiver</u>



Welcome to our facility! Attached you will find a copy of your approval letter signed by our Medical Director that you may keep for your records. If you have any questions or need any assistance at our facility. You can reach me at ext. 5062 from any of the in-house phones.

Thank you,

Shalina Bourque
Credentials Coordinator

Orthopedic Surgery Center

Student Orientation / Annual Education

I have read and understand the contents of this educational information and have been given the opportunity to have my questions answered.

Student Signature

Student Printed Name

School Name

Date

Mission and Objectives

- Operate the Center with established and approved policies and procedures so that all patients receive safe quality care.
- Provide access to information and resources for all staff members so that they can perform their job functions in an accurate and efficient manner.
- Coach and empower staff members to make good patient care decisions.
- Provide educational opportunities for staff and health care providers.

HIPAA / Confidentiality

All information concerning patients, employees and the Center's business is confidential. All contracted staff must respect and protect the privacy of patients and their medical information. Patient information of any nature is confidential. This includes information from or about medical records, test results, appointments, and referrals. A patient's presence at Orthopedic Surgery Center is also confidential. No discussion of confidential information is to take place in public areas.

Drug Free Workplace

Unlawful distribution, possession, use, or manufacture, of controlled substances is strictly prohibited. Violation of this will result in the removal of any contracted staff and, depending on the circumstances; other action may be taken including notification of the local or federal authorities.

Smoking

Orthopedic Surgery Center is a smoke-free environment. Smoking is not allowed in or near entrances to any building. Orthopedic Surgery Center wishes to promote good health

OSHA Compliance

OSHA requires every workplace to have a written safety program. As a requirement of your employment with the Orthopedic Surgery Center, you will attend annual OSHA-required employee training. The OSHA Manual is kept in the Nurse Managers office and in the Admissions department.

Emergency Codes/Alerts

The following codes should be used to alert employees of emergencies.

Code Red	Fire
Code Gray	Disaster
Code Stat	Stat Emergency
Code Blue	Cardiac
Code Black	Bomb
Code Pink	Infant/Child Abduction
Code Yellow	Disaster – Mass Casualty
Code White	Security Alert – Combative Person Without Weapon
Code Silver	Active Shooter – Combative Person With Weapon
Code Orange	Hazardous Material

To report any emergencies, name the code listed above and give your location over the paging system.

Fire Plan

An announcement of "Code Red" by any employee over the PA system is notification to the staff of a fire or a fire drill. "Code Red All Clear" is announced when the condition or drill is complete or remedied.

If you are in or near an area that is announced with Code Red, then please use the following precautions:

1. Do not use the Elevators.
2. Keep corridors free of obstructions.
3. Assist the staff with your patient (only if applicable).
4. Avoid opening the fire doors that have closed as a result of the alarm condition.

If you encounter a fire, then use the following procedures RACE:

- R**= Remove/rescue the Patient
- A**= Activate the Alarm
- C**= Confine the Fire
- E**= Extinguish the Fire

If you need to use a fire extinguisher, then remember the following procedure, PASS:

- P**= Pull out lock ring
- A**= Aim nozzle at base of fire
- S**= Squeeze the two handles together
- S**= Slowly move extinguisher

Each patient area has a posted evacuation route diagram. Please familiarize yourself with the diagram and the location of all fire extinguishers, pull stations, and exits.

Safety Data Sheets (SDSs)

The Safety Data Sheet is the document prepared by the manufacturer to describe the chemical and to inform the user of any hazards and needed safety precautions. The Safety Coordinator is responsible for obtaining SDSs for all hazardous chemicals and for making them available to all users. All employees have access to our MSDSs at all times. Our SDSs are stored in an electronic folder on each desktop computer.

Workplace Violence

Workplace violence is defined as any kind of acts which includes but is not limited to threats, intimidation, loud disruptive voices, fighting and other physical assault, profanity, possession of weapons, and property destruction. Workplace violence will not be tolerated. All acts are to be reported

Hazardous Material

Safety Data Sheets (SDS) are provided for all hazardous materials purchased by the Center and are located in the SDS electronic folder **on each desktop computer**. All contracted personnel who bring in hazardous material must notify the Safety Office or Nurse Manager and provide an SDS for each substance.

Orthopedic Surgery Center, L.L.C., provides for the proper disposal of all sharps, biohazard, and hazardous waste. Appropriate receptacles for each are available in patient care areas. Please familiarize yourself with their location in your environment.

Sharps Injury Prevention

The following criteria will be used for Safer Sharps:

1. Allows/requires employees' hands to stay behind the needle after use
2. Safety feature an integral part of the device, present before the device is contaminated
3. Safety feature stays in place throughout the waste stream
4. Easy to use with little instruction
5. Does not interfere with patient care
6. Safety feature activated with a one-handed technique

Universal Precautions

Universal Precautions are to be used in the care of all patients or patient care equipment whenever there is potential contact with blood, non-intact skin, mucous membranes, and all body fluids, secretions and substances (except sweat) regardless of whether or not they contain visible blood.

The risk for exposure to blood and body fluids is reduced by:

1. Frequent **hand washing**
2. Proper handling and disposal of needles and sharps
 - Treating all sharps as a dangerous instrument capable of transmitting blood borne infections
 - Disposing all sharps in puncture-resistant containers
 - Using a safety needle device when available

- Following safe work practices such as:
 - a.) Prohibiting bending, breaking, recapping of used needles
 - b.) No handling of used needles with both hands
- 3. Use of personal protective clothing and equipment (PPE)

Should you be exposed to blood and/or body fluids during the course of your duties, take immediate first aid measures- flush out eyes, mouth, wash hands, etc. Report exposures to Manager for the area in which you are working to file an incident report; also, you must report the exposure to your immediate employment supervisor. You may be seen and/or treated at Total Occupational Medicine or PCP at your own expense or that of your insurance provider. Again, contact your employer for specific information and direction

Medical Equipment

The Biomedical Personnel must check all patient care equipment when initially brought into the Center (prior to patient's use). This applies to all equipment used with our patients regardless of ownership. Let the Manager arrange for your medical equipment to be checked. If equipment is broken or not working, tag out and remove from service in OR Nurse Manager office.

Policies and Procedures

The Policies and Procedures Manuals are located on each desktop computer.

Security

All matters regarding Security should be directed to the Security Department. They may be reached through the OLOLRMC hospital operator at 765-6565.

Parking

Parking in patient areas, fire lanes or handicapped parking is strictly prohibited. Contact the COO with any questions about parking.

Risk Management

To report an employee, physician, patient or visitor incident / occurrence, complete the Incident Report Form with your manager.

Corporate Compliance

Abide by all federal, state, and local law, rules, and standards while on the property. Our Conflict of Interest standard is that no one is to use their position at the facility to profit personally, or to assist others in profit, at the expense of Orthopedic Surgery Center, L.L.C.

Preserve and protect Orthopedic Surgery Center's equipment, supplies, funds, and services by using them effectively. If you encounter any situation that violates the Standards of Conduct, report it to the COO or Administrative Nurse Manager. Know what is right and "Do the Right Thing".

STATEMENT OF MEDICAL STAFF APPLICANT/STATEMENT OF RELEASE
Allied Health Staff

In making application for appointment to the Allied Health Staff of Orthopedic Surgery Center, L.L.C., I have read and agree to abide by the Bylaws and Policies and Procedures. I agree to abide by the principles of medical ethics of the American Medical Association. Further, I agree to peer review and investigations and, if such occurs, to release and relinquish any claim for libel, slander, or damages as a result of such investigations and review. Also, I pledge to refrain from direct inducements relating to patient referral.

By applying for appointment to the Allied Health Staff and for the exercise of specific clinical privileges, I hereby authorize Orthopedic Surgery Center, L.L.C., its Allied Health Staff Office, and their representatives to consult with administrators and members of the medical staffs of any other hospitals or institutions with which I have been associated and with others, including past and present malpractice carriers, who may have information bearing on my professional competence, character, and ethical qualifications.

I hereby further consent to the inspection by Orthopedic Surgery Center, L.L.C., its Allied Health Staff and its representatives of all records and documents, including medical records at other hospitals, that may be material to an evaluation of my professional qualifications and competence to carry out the clinical privileges requested as well as my moral and ethical qualifications for staff membership.

I hereby release from liability all representatives of Orthopedic Surgery Center, L.L.C., and its Allied Health Staff for their acts performed in good faith and without malice in connection with evaluating my application and my credentials and qualifications, and I hereby release from any liability any and all individuals and organizations who provide information to Orthopedic Surgery Center, L.L.C., and its Allied Health Staff, in good faith and without malice, concerning my professional competence, ethics, character, and other qualifications for staff appointment and clinical privileges, and I hereby consent to the release of such information.

I hereby further authorize and consent to the release of Orthopedic Surgery Center, L.L.C., or its Allied Health Staff to other hospitals or the medical staffs and the medical associations of any information the hospital and medical staff may have concerning my professional competence, ethics, character and other professional qualification, as long as such release of information is done in good faith and without malice, and I hereby release from liability Orthopedic Surgery Center and its Allied Health Staff for so doing.

I fully understand that any significant misstatements in, or omissions from, this application constitute cause for denial of appointment or cause for summary dismissal from the Allied Health Staff. All information submitted by me in this application is true and to the best of my knowledge and belief.

I understand and agree that I, as applicant for medical staff membership, have the burden of producing adequate information for proper evaluation of my professional competence, character, ethics and other qualifications and for resolving any doubts about such qualifications.

I have not requested privileges for any procedures for which I am not qualified. I am familiar with the laws of the State governing the practice of my specialty and pledge to abide by these laws.

I understand that I have a continuing obligation to update the information in this application and report any changes in the information provided.

I understand that I will report any malpractice claims when made and provide evidence of the resolution of the same, including any judgment or settlement.

I attest that I have met the Louisiana State Licensure requirements for Continuing Medical Education.

Applicant's Signature

Date

Applicant's Printed Name

CONFIDENTIALITY AGREEMENT

This Agreement is made by and between Orthopedic Surgery Center, L.L.C., (hereinafter "OSC") having its principal place of business in the Parish of East Baton Rouge, State of Louisiana, represented herein by its duly authorized agent, and _____, as a Student of _____ hereinafter referred to as "STUDENT".

OSC is a covered entity under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and receives confidential Protected Health Information (PHI) from its patients; and STUDENT is currently observing the treatment of patients at OSC and may have access to, or possession of PHI of OSC's patients and/or other confidential, proprietary information and knowledge regarding OSC's ownership, financial and business records, correspondence, agreements, contracts, books of account, records, files, research, manuals, manuals of policies and procedures, documents concerning fees or fee structures, business, operational or administrative plans, and other documents which concern or relate to the business or operations of OSC (hereinafter collectively referred to as "Confidential Information").

STUDENT understands the importance of maintaining strict confidentiality with respect to Confidential Information and agrees as follows:

A. The STUDENT shall not use, disclose or exploit OSC's Confidential Information he/she receives for any purpose other than to review and evaluate such information for treatment of patients, payment of claims, and other healthcare operations of OSC nor shall STUDENT convey such Confidential Information to any person other than OSC's agents and/or consultants who are under similar obligations of non-use and non-disclosure and who have a strict need for access hereto.

B. All Confidential Information disclosed by OSC to STUDENT shall remain the property of OSC and shall not be copied or duplicated in any form or manner without the prior, written consent of OSC. Upon request, STUDENT shall return to OSC any part or all of documents containing Confidential Information received under this Agreement, together with all authorized copies made thereof.

C. In the event that STUDENT shall have knowledge of any breach of the confidentiality or the misappropriation of any Confidential Information, he/she shall promptly give notice thereof to OSC. OSC shall, without limitation of any other remedies to which it may be entitled by law, be entitled to injunctive relief, to enforcement of specific performance, and to damages in the event of any violation of this Agreement.

D. The validity and interpretation of this Agreement shall be governed by the laws of the State of Louisiana.

E. If any provision or any portion of a provision of this Agreement is determined to be invalid or unenforceable, the remaining provisions and any portions thereof of this Agreement shall not be affected thereby and shall be binding upon the parties hereto, and shall be

enforceable as though the invalid or unenforceable provisions or portion thereof are not contained herein.

F. This Agreement may be modified only in writing and shall be binding upon the parties hereto and upon their successors in business but shall not otherwise be assignable.

ACCEPTED, AGREED, and EXECUTED on this ____ day of _____, 20 .

ORTHOPEdic SURGERY CENTER, L.L.C.

BY: _____
AUTHORIZED AGENT

STUDENT SIGNATURE: _____

PRINTED NAME: _____

Waiver/Declination to Receive Hepatitis B Vaccination

Name: _____

I decline the Hepatitis B Vaccination

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If, in the future, I continue to have occupational exposure to blood or other potentially infectious materials and want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

I have had the Hepatitis B vaccination in the past but at this time I cannot get documentation

Approximate date(s) of vaccinations: _____ 1st
_____ 2nd
_____ 3rd

Signature

Date

Witness Signature

Date