

Morris Hospital & Healthcare Centers

Student Orientation/Welcome Packet 2024

Instructions:

- ☐ Please take the time to review the **Non-Employee General Orientation 2024 Power Point**. Then complete the **Non-Employee General Orientation 2024 (Student) Self-Study Review Questions**. (Must complete with at least 80% accuracy)
- ☐ Review the **Code of Conduct** document.
- ☐ Review the **Dress Code Policy** document.
- ☐ Review the **Confidentiality Agreement** document.
- ☐ Program Director or Clinical Instructor is to ensure that the **Summary of Site Requirements** form is completed, signed, dated and returned (page 15).
- ☐ Student and Program Director or Clinical Instructor is to ensure that the **Validation of Orientation to Morris Hospital & Healthcare Centers** form is completed, signed, dated and returned (page 16).
- ☐ The final form in the packet are instructions on signing-in to our RepTrax system (Main Hospital Campus ONLY). You may want to print that out and have it available for your reference.
- ☐ Once your orientation is completed, return the following forms:
 - **Summary of Site Requirements (page 18)**
 - **Validation of Orientation to Morris Hospital & Healthcare Centers (page 19)**
 - Return fax: 815-942-3503 or
 - Email: hr@morrishospital.org

Non-Employee General Orientation 2024 (Student) Self-Study Review Questions

Name (Please Print)

Title

School

Department

General Orientation

Non-Clinical

Both non-clinical & clinical roles to complete questions 1-15

1. Morris Hospital's Mission is:

To improve the _____ of area residents.

2. Our Values of **CARE** stand for:

C - _____

A - _____

R - _____

E - _____

3. You must immediately report any injuries to Security and the Employee Health Nurse.

TRUE FALSE

4. If you are injured, Human Resources will bring a packet. The packet will contain the necessary documentations as well as instructions on how to complete them.

TRUE FALSE

5. Patients have the right to accept or refuse treatment.

TRUE FALSE

6. A **Facility Alert + Disaster Plan + Description** is called for a disaster. The Emergency Operations Plan Policy provides specific procedures to follow.

TRUE FALSE

7. As an organization, we continually strive to improve patient safety.

TRUE FALSE

8. Patient Safety refers to reducing risk from harm and injury and includes?

- A. Falls
- B. Medication Errors
- C. Hospital Acquired Conditions (HAC)
- D. All of the above

9. If a piece of equipment causes harm to a patient, you can throw away the pieces of that equipment.

TRUE FALSE

10. Standard Precautions are to be used for all patients all the time.

TRUE FALSE

11. OSHA's revised Hazard Communication Standard reduces confusion in the workplace, facilitates safety training, and improves understanding of hazards.

TRUE FALSE

12. It is the responsibility of every employee to know:

- A. Fire prevention and fire safety in their areas
- B. What to do if a fire is discovered: in the hospital, in their department specifically and what to do if a fire alarm is sounded,
- C. How to evacuate patients, visitors and employees with disabilities
- D. All of the above

13. **Security Alert + Assistance Needed + Location** is used when:

- A. When a person is a fall risk
- B. When a violent situation is occurring
- C. When a infant abduction occurs
- D. none of the above

14. Each employee is responsible to access **ONLY** the health information that is required for them to complete their job.

TRUE FALSE

15. Upon entering a patient's room to mop the floor, you overhear the patient moaning in pain. What should you do?
- A. Go on break
 - B. Report it to the nurse
 - C. Quietly complete your task and leave
 - D. Go mop the room next door

General Orientation

Clinical

Clinical roles ONLY to complete questions 16-30

16. When transporting a patient, you should never lay an oxygen tank between the patient's legs.
- TRUE FALSE
17. You suspect a patient is the victim of domestic violence. You should notify Social Services.
- TRUE FALSE
18. Categories of Isolation Precautions are based on where in the body the organism is and how it travels.
- TRUE FALSE
19. It is acceptable to wash your hands with alcohol based hand sanitizer instead of soap and water before and after providing care for a patient with C Diff.
- TRUE FALSE
20. When taking care of a TB patient, a regular mask will provide sufficient protection from the virus.
- TRUE FALSE
21. What color are the containers designated for sharps disposal?
- A. Yellow
 - B. Red
 - C. Blue
 - D. Green
22. When selecting appropriate Personal Protective Equipment, it is important to identify what you are attempting to protect yourself from.
- TRUE FALSE
23. Report any exposures immediately to your supervisor.
- TRUE FALSE

24. What is the most important infection control measure?

25. You should wear only minimal jewelry when caring for patients.

TRUE FALSE

26. List 2 acceptable patient identifiers.

27. It is acceptable on the night shift to turn off patient alarms while the patient sleeps to not disturb their rest.

TRUE FALSE

28. When developing a Plan of Care for a pediatric patient you should include the family.

TRUE FALSE

29. When a patient is under legal custody, guards are to remain in the patient's room at all times.

TRUE FALSE

30. When providing care for a patient who is in violent/self-destructive restraints, you may leave them in restraints for your entire shift even if they no longer exhibit the behavior that required the restraints to initially be applied.

TRUE FALSE

RNs and Student Nurses ONLY to complete questions 31-41

31. Immediately report any potential adverse drug reaction to the Pharmacy as an RDE on iShare or call Pharmacy at ext. 7614.

TRUE FALSE

32. A patient must be observed for the first _____ minutes of a blood transfusion.

- A. 5 minutes
- B. 10 minutes
- C. 15 minutes
- D. 20 minutes

33. When administering heparin or insulin, medication route and dose shall be verified by two licensed personnel.

TRUE FALSE

34. One of the goals of the Rapid Response Team is to avoid the patient's decline into a code blue situation.

TRUE FALSE

35. A Rapid Response Pediatric Team responds to any patient or visitor under the age of 17 excluding newborns when paged.

TRUE FALSE

36. Patient will be identified for a risk for falls by a red clip on their wristband.

TRUE FALSE

37. A patient may revoke his/her Living Will or Power of Attorney at any time.

TRUE FALSE

38. To communicate a DNR status a _____ armband clip will be applied to the patient and a DNR will be placed on the patient's profile.

- A. Green
- B. Purple
- C. Red
- D. Blue

39. You find a patient unresponsive and not breathing, you call out for help then you dial the following extension to overhead page the code prior to starting CPR.

- A. 3515
- B. 1234
- C. 0911
- D. 9999

40. When restraints are necessary, care will be provided that preserves the rights of the patient. A commitment to prevent, reduce or eliminate the use of restraint is our organizational philosophy.

TRUE FALSE

Code of Conduct

Morris Hospital & Healthcare Centers strives to provide an environment where all customers (internal and external) are treated with respect and dignity. All employees, contractors, volunteers, board members, medical staff members, and suppliers (collectively, "Morris Hospital Associates") must adhere to the highest standard of customer service to promote the principles, ideals and mission of the hospital.

Mission: To improve the health of area residents.

Vision: Transforming Healthcare to Support Healthier Living

Values: The values to which employees, medical staff, and board members of Morris Hospital & Healthcare Centers subscribe are as follows:

Compassion

Accountability

Respect

Excellence

Service Philosophy

We believe that by striving to exceed our customers' expectations we will provide excellent patient care and enrich our employees' and medical staff members' work experience.

These values are demonstrated by adherence to Morris Hospitals & Healthcare Centers' [Mission, Vision, Values Statement and Standards of Conduct Policy](#).

The Standards of Conduct hold employees and MHHC Associates accountable to the ethical standards and serves as the cornerstone for the organization's activities, its principles, philosophies, mission and vision. The Standards of Conduct provide the foundation for a culture of excellence. MHHC is judged by the actions of the individual members with whom customers come into contact and the obligation to the community we serve is taken very seriously.

Five Standards of Conduct

1. Professionalism:

All employees and MHC (collectively, MHC Associates) are expected to maintain and exhibit the highest standards of professional conduct in their dealings with each other and with our customers, who include our patients, visitors, Medical Staff members, volunteers and any other person with whom they come in contact during the course of their employment with or other engagement by MHC. MHC Associates are to perform all duties responsibly, honestly, diligently, and with good judgment, in conformity with laws and regulations, and MHC and, as applicable, its Medical Staff's respective Bylaws, policies, procedures, and standards.

2. Communication:

MHC takes seriously its obligation to operate MHC in a way that maintains and supports the community's trust in the unique services it performs. The manner in which MHC Associates communicate internally and externally directly impacts MHC's ability to create and foster that trust. As a result, MHC requires all MHC Associates to communicate, both in their words and actions, in a way that instills trust, confidence and good will, and fosters teamwork and a common goal of service.

3. Customer Service:

MHC strives to provide an environment where customers are treated with respect and dignity. All MHC Associates must adhere to the highest standard of customer service to promote the principles, ideals and mission of MHC. See Service Recovery Tool on iShare for additional details.

4. Common Courtesy:

MHC is dedicated to providing an environment that is pleasant, welcoming, supportive and reassuring. As a result, MHC Associates are expected to exercise the highest standard of courtesy when dealing with each other and customers.

5. Patient Privacy:

By law and by policy, MHC is dedicated to preserving and safeguarding the privacy of its patients and their families. This requires that MHC Associates apply the highest standards of confidentiality when involved in any matter involving patients or their identifiable information.

Summary of Business Code of Conduct Policies, Procedures, & Laws

The following principles, procedures, and laws govern the behavior of employees and MHC (collectively, MHC Associates). For a full list & more details not included below, please see Morris Hospital & Healthcare Center's Business Code of Conduct policy.

Compliance with Laws and Regulations. MHC Associates will fully comply with all applicable federal and state laws, regulations, standards and other compliance requirements.

Improper Payments. MHC Associates will not solicit, accept, offer or pay bribes, kickbacks or other illegal incentives for the purpose of personal gain, developing business for MHC, or for any other purpose.

Gifts. Except in limited circumstances, MHHC Associates are prohibited from giving or receiving of gifts, other than gifts of nominal value, to or from any person or company doing business with MHHC. This prohibition extends to family members of MHHC Associates as well. MHHC Associates may only accept non-cash gifts of nominal value.

Supplier-sponsored Travel. MHHC Associates may not accept supplier-sponsored travel, unless the travel has a legitimate business purpose related directly to supplier product related training, implementation of a supplier product, or due diligence with regard to the selection of a supplier.

Charitable Contributions. All charitable contributions received from suppliers must directly benefit MHHC, an affiliated entity or the Morris Hospital Foundation and be paid directly to the Morris Hospital Foundation. Under no circumstances may a check be made payable to an individual within MHHC. See MHHCs' Solicitation and Acceptance of Grants and Donations policy for additional details.

Contracts or Arrangements with Physicians. All arrangements with clinicians, physicians and other referral sources must be in writing and must identify the specific service that they are paid to provide, specific and realistic time commitments, and include a compensation rate for the services.

Quality of Care. MHHC is committed to protecting patient rights and providing consistently high-quality patient care services without regard to race, color, religion, age, sex, sexual preference, sexual orientation, gender identity, or gender expression, national origin or disability. MHHC Associates must make clinical decisions based on identified patient healthcare needs, not on financial or other circumstances. MHHC Associates must follow ethical standards in full compliance with Federal and State laws and regulations in any research, investigations and clinical trials conducted.

Medical Records Coding and Billing of Third Parties. MHHC will not tolerate the intentional submission by any MHHC Associate of any claims for payment or reimbursement of any kind that are false, fraudulent, inaccurate, incomplete or fictitious. Any MHHC Associate who violates this requirement will be subject to discipline, up to and including termination.

Identity Theft. MHHC has developed a robust Identity Theft Program that is used by MHHC Associates involved with "Covered Accounts," which include personnel involved with Patient Service, Patient Payment Plans, Employee Accounts and Physician Accounts, to address red flags. See MHHCs' Identity Theft Protection Program policy for additional details.

False Claims Act. The Federal Government enacted the False Claims Act (FCA) to prohibit the knowing submission of false or fraudulent claims to the federal government, including Medicare. MHHC has established policies and procedures to be followed by MHHC Associates that reinforce its commitment to the highest ethical standards when it comes to submitting claims for payment to any payer.

Record-keeping. All MHHCs' records (financial, clinical and employee) will be accurate, timely, reliable and properly stored. MHHC Associates must (a) record all assets, liabilities, revenue and expenses in the books of MHHC; (b) document all transactions appropriately; and (c) use all assets for the purpose approved.

Fair and Equitable Treatment of Employees. MHHC will ensure that employees are afforded nondiscriminatory terms, conditions and privileges of employment in accordance with the law, regardless of race, color, religion, national origin, sex, sexual preference, sexual orientation, gender identity, or gender expression, age, disability, or any other factor protected by applicable law.

Change of Costs/Time Sheet Reporting. MHHC Associates who submit time reports must be careful to do so in a complete, accurate and timely manner. MHHC Associates must be careful to ensure that hours worked and costs incurred are applied to the expense account for which the effort was required.

Conflicts of Interest. In order to avoid conflicts of interest, MHHC requires certain MHHC Associates to:

- Serve MHHC with undivided loyalty and never use their position for personal gain;
- Devote their full time and ability to MHHCs' interests during regular working hours and for whatever additional time may be properly required;
- Refrain from accepting additional employment or engaging in business activities outside regular working hours if these would tend to impair their ability to meet their regular job responsibilities to MHHC or may conflict or compete with services provided by MHHC; and
- Submit a written disclosure form to the Compliance Officer and their manager of any actual or potential conflicts of interest as they occur.
- See MHHCs' Ethics, Conflicts and Dualities of Interest Policy for additional details.

Confidentiality. MHHC Associates must not access, use, or disclose any patient or confidential proprietary business information, except to the extent necessary to perform professional job duties.

Credentials. Only appropriately licensed and credentialed individuals may provide medical care at MHHCs' facilities.

Safeguarding and Proper Use of Assets. MHHC Associates are personally responsible and accountable for the proper use of MHHCs' funds and property. MHHC Associates also should protect patient and other customer property to the extent reasonable practicable.

Community Benefit and Charity Care. MHHC provides respectful treatment and care to all patients coming to our facilities in an emergency, regardless of ability to pay or the source of payment.

Political Contributions. MHHC does not contribute directly to political campaigns or candidates at any level, but may support issues or causes through political action committees (PACs) associated with non-political trade associations or similar organizations. MHHC Associates may make personal contributions to federal, state and local candidates in their sole discretion. Under no circumstances MHHC reimburse MHHC Associates for campaign contributions. See MHHCs' Political Contributions policy for additional details.

Compliance Program:

MHHC has adopted a comprehensive Compliance Program to help maintain awareness of and compliance with all applicable laws, regulations, and governmental guidance. The Compliance Program designates a Compliance Committee and a Compliance Officer and includes important procedures for reporting perceived compliance issues and for establishing and implementing compliance training. All MHHC Associates must review, understand, and comply with the Compliance Program that is found in the Compliance Plan.

Summary of Compliance Related Laws Associated with the Business Code of Conduct

The Patient Self-Determination Act. The federal Patient Self-Determination Act (PSDA) encourages patients to make choices and decisions about the types and the extent of medical care that they want to accept or to refuse, should they become unable to make those decisions due to illness.

The Emergency Medical Treatment & Active Labor Act. The federal Emergency Medical Treatment & Active Labor Act (EMTALA) ensures public access to emergency services regardless of ability to pay.

The False Claims Act. The federal False Claims Act (FCA) is a federal law that holds anyone who conducts business with the federal government responsible for dealing with the government honestly and in conformity with regulations.

Anti-Kickback Statute. The federal Anti-Kickback Statute prohibits anyone from knowingly and willfully soliciting or receiving payments, in cash or in kind, in return for referring patients for services that are payable by the Medicare or Medicaid programs.

Stark Law. The federal Ethics in Patient Referrals Act, also known as the Stark Law, prohibits any physician from referring Medicare patients to any entity with which the physician (or an immediate family member) has a financial relationship, for the furnishing of any designated health service (which includes inpatient and outpatient hospital services), unless an exception applies. This also prohibits any entity from billing any individual, third-party payor, or other entity for any of the designated health services provided pursuant to a prohibited referral.

Health Insurance Portability and Accountability Act. HIPAA requires covered entities, such as Morris Hospital & Healthcare Centers, to protect the confidentiality of its patients' individually identifiable health information, and gives patients an array of rights with respect to that information.

Information Blocking Rule. The 21st Century Cures Act mandates interoperability and electronic access to patient health information. The final rule specifies a standardized core clinical data set which must be used by certified health IT developers, requires the health care industry to adopt standardized application programming interfaces, and prohibits information blocking.

The Illinois False Claims Act. The Illinois False Claims Act holds anyone who conducts business with the State of Illinois responsible for dealing with the government honestly and in conformity with regulations.

If you have concerns or questions, use the following resources:

- Ask the department supervisor/manager/director
- Contact the Compliance Officer, Kelly VanFleet ext. 7701
- Utilize Alertline 1-844-621-0574

Dress Code Policy

Professional Appearance:

- Students are expected to be clean, groomed, and free of body odor.
- Report to work in a clean, neat, properly fitting uniform. Wear appropriate undergarments. Sheer clothing or undergarments should not be visible through or outside of clothing. Midriffs must be covered at all times.
- Leggings are allowed as an alternative to pants or slacks. The top/blouse must be at least fingertip length or longer to cover the buttocks fully.
- Long sleeve shirts may be worn in clinical areas as long as they do not inhibit proper handwashing. Short or ¾ sleeves are preferred.
- Low cut tops, sleeveless/tank tops, cold-shoulder tops, or skirts 2 inches or more above the knee are not allowed.
- Gauges on exposed parts of the body and other visible body piercings (e.g. eyebrows, lips, nostrils), other than of the earlobes, are not permissible.
- Departments electing business attire may wear open toed shoes with consideration given to safety, infection control, and customer service.
- Shoes such as flip flops, Crocs, or casual sandals are not permissible. Shoes should not make noise when walking occurs.
- No hoodies, t-shirts, or casual athletic wear are allowed in any department.
- Nursing caps may be worn.
- When wearing business casual attire, lab coats must be worn in clinical areas when delivering patient care.
- Keep hands and nails clean and free from visible dirt at all times.
- Perfume or cologne may be worn in moderation; however, it should not adversely affect patients, family members, or other employees. If complaints are received, the employee will be directed to wash it off and refrain from wearing it.
- Hair that is longer than collar length must be tied back or netted while working in any clinical/patient care area, sterile work rooms, EVS, or food handling area as a way to prevent spread of micro-organisms.
- Appropriate footwear that is safe, clean, and comfortable must be worn.
- Students need to know and comply with the safety policies and PPE for their particular work area. This may include additional uniform requirements. Examples: lab coats in the Laboratory's technical area, hairnets in the Nutrition Services area, goggles, or eye shields.
- Avoid dangling jewelry. Necklaces and chains must be well concealed inside the uniform. Jewelry must be kept to a minimum, such as one pair of stud earrings, wedding ring, watch and necklace/chains must be concealed inside the uniform. No facial piercings allowed.
- Clinical/patient care area, sterile work rooms, or Environmental Services (EVS) area employees may wear nail polish in good repair with no chipping. Nail polish must be removable with regular nail polish remover (non-acetone). No artificial nails are allowed. This is defined as any substance or device applied or added to the natural nails to augment or enhance the nail, including bonding, extensions, tips, wraps, gel or acrylic over lays, and tapes.
- Close-toed shoes, hose, or socks must be worn for those in clinical/patient care area, sterile work rooms, EVS, or food handling area responsibilities. Shoes must be soft-soled in patient care areas to minimize noise. Hospital grade slip-on shoes, non-skid without holes may be permitted.
- Stethoscope covers are not allowed.

Confidentiality Agreement

This Confidentiality Agreement ("Agreement") is made and entered into by and between Morris Hospital & Healthcare Centers ("MHHC"), including its subsidiaries and operating units, and the individual ("User") whose name is identified at the bottom of this agreement, as of the date set forth below. This agreement covers User's access to and use of MHHC's electronic medical record ("EMR") system and the Confidential Information (defined below) contained therein, and establishes that User hereby acknowledges the terms of this Agreement and agrees as follows:

1. User acknowledges and agrees that, by virtue of User's association with Practice as further identified below, User may be granted access to MHHC's EMR system and certain Confidential Information contained therein. For the purposes of this Agreement, "Confidential Information" shall mean all information contained within or generated from the EMR, including but not limited to Patient Health Information. "Patient Health Information" shall mean individually identifiable health information of a MHHC patient.
2. User shall not, directly or indirectly, disclose, copy, distribute, replenish or allow access to any Confidential Information except as expressly permitted herein.
3. User shall limit his/her access to and use of the Confidential Information solely to that access and use as specifically required (a) in order to facilitate treatment of patients of the Practice, (b) in order to facilitate payment for health care services rendered by the Practice, and/or (c) for the Practice's health care operations purposes; provided, however, that User shall not access, use or disclose psychotherapy notes regarding a patient unless prior authorization is first obtained from the patient. Except with respect to treatment, User shall refrain from using or disclosing more than the minimal amount of Confidential Information necessary to accomplish the intended purpose or use of the disclosure.
4. As a condition of receiving a password and of gaining access to the EMR System, User agrees as follows:
 - a. User has completed a training program conducted by the Practice, and is familiar with the policies and procedures for access and use of the EMR and of any Confidential Information.
 - b. User will access the EMR and any associated services only as reasonably necessary for the performance of his/her job, in accordance with applicable policies and procedures of the Practice and of MHHC.
 - c. User will not disclose his/her password or other security measures assigned to User to any other person (unless requested by someone from the Information Services staff of Practice or MHHC, after which User will change his/her password). User understand that any access to the EMR using his/her password will be attributed to User.
 - d. User will immediately notify MHHC if User believes that any other person may have discovered his/her password or that his/her password has been used by any other person to access the EMR, and User will request an immediate change of password.
 - e. User will access the EMR only using his/her own password, and User will not seek to discover another person's password. If User learns of another person's password (through inadvertence or by any other means), User will notify MHHC.
 - f. User will notify MHHC immediately if User has reason to believe that any person's password is being misused or any other person is inappropriately accessing the EMR or misusing information in the EMR. (User understand that such reports will be held in confidence, if User request.)
 - g. User understands that misuse of his/her password, failure to comply with this Agreement or the policies and procedures applicable to his/her access to and use of the EMR, or his/her misuse of any Confidential Information may result in suspension or termination of his/her right to use the EMR and may constitute cause for disciplinary action by Practice.
 - h. User understands that intentional misuse of the Patient Health Information in the EMR may subject User to civil and criminal penalties.
 - i. As an employee or agent of Practice, User understands that his/her misuse of the EMR or Confidential

Information also could lead to termination or restriction of Practice's use and access to the EMR.

- j. User will not use the same password that is used on any other system.
- 5. Upon learning of (a) any unauthorized use or disclosure of Confidential Information, or (b) any requirement to disclose Confidential Information by operation of law, regulation or legal process, User agrees to notify MHHC immediately, and to cooperate fully with MHHC to protect the confidentiality of such Confidential Information.
- 6. User acknowledges and agrees that any breach of this Agreement will cause immediate and irreparable injury to MHHC that monetary damages will be inadequate to compensate for such breach, and that, in the event of such breach, MHHC shall be entitled to seek injunctive relief, and any and all remedies available at law or in equity.
- 7. User acknowledges and understands that User's access to the EMR will be monitored. User shall maintain such safeguards and engage in such practices as necessary to ensure that the Confidential Information is adequately protected, including, but not limited to, engaging in the following practices, as applicable:
 - a. not making inquiries with respect to Confidential Information for other personnel who do not have proper authority;
 - b. not making any unauthorized transmissions, inquiries, modifications, or purging any Confidential Information; and
 - c. logging off from any computer or access terminal prior to leaving any such computer or access terminal unattended, unless a password protected screensaver is activated.
- 8. User acknowledges and agrees that MHHC shall have the right, in its sole discretion, to terminate User's access to the Confidential Information.
- 9. User understands that if he/she does not log in to account at least every 90 days, his/her account will be deactivated.
- 10. User understands he/she will need to re-sign the confidentiality agreement on a yearly basis.
- 11. User will only access MHHC Remote Access with devices having up-to-date anti-virus software implemented.
- 12. All hosts that are connected to MHHC via remote access technologies must have a current supported operating system with all security patches installed.
- 13. If any provision of this Agreement is held invalid by a court of competent jurisdiction, such validity shall not affect the enforceability of any other provisions contained in this Agreement, and the remaining portions of this Agreement shall continue in full force and effect.
- 14. This agreement shall be governed by, interpreted and construed in accordance with the laws of the State of Illinois.
- 15. User will not post or discuss confidential information of any type of any social media sites, blogs, discussion groups and the like unless pre-approved by MHHC, provided that nothing is intended to interfere with any right to engage in protected, concerted activity.
- 16. User will not take photographs, make videos, or make other recordings of patients, staff, or visitors except in accordance with applicable MHHC policies.
- 17. User understands that access to confidential information and MHHC email and other information system accounts may be audited.
- 18. User will RETURN ALL CONFIDENTIAL INFORMATION TO MHHC AND WILL NOT TAKE ANY MHHC CONFIDENTIAL INFORMATION WITH HIM/HER WHEN WORK AT MHHC ENDS. USER UNDERSTANDS THAT EVEN AFTER HIS/HER WORK ENDS HE/SHE WILL CONTINUE TO BE REQUIRED TO KEEP ALL CONFIDENTIAL INFORMATION TO WHICH HE/SHE HAD ACCESS TO CONFIDENTIAL.

Summary of Site Requirements

STUDENT NAME: _____

SCHOOL NAME: _____

AREA OF STUDY: _____

DEPARTMENT ASSIGNED: _____ **ROTATION DATES:** _____

Per Morris Hospital Policy, the University/College/High School will provide documentation that student listed above is in compliance with health standards required by the hosting site, if applicable, as stated below.

Initial next to each applicable requirement:

_____ Morris Hospital general orientation and completed the Self-Study Review Questions with at least 80% accuracy.

_____ Tuberculosis testing completed within last 12 months.

_____ Cardiopulmonary resuscitation (CPR) successfully completed, if applicable.

_____ Proof of immunity to Measles (Rubeola), Mumps, Rubella, Varicella (Chicken Pox). (Documentation showing two doses of each given at least 1 month apart or lab titers indicating immunity.)

_____ Annual Influenza Immunization. If working during reporting timeframe of October-March (In the event individual declines vaccine, a declination document must be signed by the individual and a mask is required to be worn during flu season during assignment at Morris Hospital & Healthcare Centers.)

_____ Hepatitis B Immunization on file. If declined, enter date of declination.

_____ Tdap. If declined, enter date of declination.

_____ Negative 9-panel urine drug screen on file for students who have patient contact and/or access to pharmaceutical supplies, or where deemed appropriate.

_____ Background check completed with "no record".

_____ Copy of parental approval (high school students).

_____ Copy of personal medical insurance.

_____ OSHA blood borne pathogen training completed within the past year for those who may come in contact with blood/bodily fluids (if applicable).

The requirements stated above have been verified and documented.

Program Director/Clinical Instructor Signature

Contact Number

Date

Return fax: 815-942-3503 or Email: hr@morrishospital.org

Validation of Orientation to Morris Hospital & Healthcare Centers

STUDENT NAME: _____

SCHOOL NAME: _____

AREA OF STUDY: _____

DEPARTMENT ASSIGNED: _____ ROTATION DATES: _____

I acknowledge that I have read and understand all information provided to me for my Orientation to Morris Hospital & Healthcare Centers as stated below.

Student Initial next to each requirement:

_____ Non-Employee General Orientation 2024 Power Point

_____ Passed the Non-Employee General Orientation 2024 Self Study Review Questions with at least 80% accuracy

_____ Code of Conduct Acknowledgement

_____ Dress Code Policy

_____ Confidentiality Agreement Acknowledgement

I have read and agree to adhere to the conditions of these documents and acknowledge that any violation of the agreement can result in immediate termination of relationship.

Student Signature

Contact Number

Date

Program Director/Clinical Instructor Signature

Contact Number

Date

Return fax: 815-942-3503 or
Email: hr@morrishospital.org

Required for entry to Morris Hospital Main Campus

REPTRax Student Sign In

For Students to gain entry:

- At the REPTRax Kiosk....**Click on the REPTRax icon on the main screen**
- Then select.....**Visitor Check-In**
- Fill out all information fields.
 - **First Name**
 - **Last Name**
 - **Email** (you may use your school email address)
 - **Phone Number** (your cell number is acceptable)
 - **Area Visiting** (please type in **Clinicals**)
 - **Duration** (choose how long you plan to be in the building)
- Then click **Check-in.**
- Your Visitor Pass will print off of the printer to the right of the REPTRax Kiosk.