



Fairfield Medical Center

Thank you for choosing Fairfield Medical Center

Welcome to Fairfield Medical Center! We hope you find your student experience with us to be both beneficial to your personal and professional growth, as well as enjoyable!

Part of our responsibility to you is to ensure your safety and that of our patient's and staff before you actually start your student experience. In order to do so, we have put together this handbook with important information for you to review.

Within this folder, you will find a number of pages and requirements that will need to be completed and turned in a minimum of 4 weeks prior to your first day of visiting with us. Please follow the instructions found in the folder and return all forms to the Human Resources Department.

You have chosen to head down a career path of helping others with their health care needs and we want to help you in every possible way. If you have any questions or concerns, please do not hesitate to talk with our staff!

Again, welcome to Fairfield Medical Center! We look forward to meeting you and having the opportunity to build a personal and professional relationship with you!

Thank you and welcome,

**Kim Kirchgessner
Onboarding Representative
Human Resources
kimk@fmchealth.org
740-687-8544**



Student Experiences available at Fairfield Medical Center

Please read through the following descriptions and choose the one that best applies to your situation.

Shadowing (S) – 8 hours or less

Observing in an actual workplace to gain exposure to a particular occupation or profession. While there is no “hands-on” or patient care contact, shadowing does provide the individual with first-hand knowledge and a greater understanding of the chosen career path. Shadowing encourages the individual to investigate career opportunities. Students, staff and interested parties may participate in a shadowing experience.

Health Tech (HT) – Set up through a high school or career center

A high school program and college-like experience that combines strong academics with hands-on, work-related technical learning. The program begins in 11th grade and continues through a two-year college degree (or higher). After graduating from high school, students are ready to pursue a related college degree at a two or four-year college or university.

Internship/Externship (I/E)

An official program designed by formal education, typically at the college level, to provide specific experiences for students in an occupation or profession. The student intern receives first-hand experience about the variety of tasks and responsibilities for a specific career. The student learns occupational competencies at the workplace. **This experience is usually for those that are not in a clinical field of study.**

Mentoring/Precepting (M/P)

A one-to-one relationship in which a person of greater rank or expertise guides a novice in an organization. The employee would be considered an expert, or specialist, who gives practical experience and training to a student. The student may be applying formal classroom learning in a professional environment.

Clinical Rotation (CR)

An official program of a health-related field of study, typically at the college level, to provide specific *clinical* experiences for students. The student intern receives first-hand experience about the variety of tasks and responsibilities for a specific career. The student learns occupational competencies at the workplace. Student is usually a member of a school class and works under the supervision of a school instructor.

Student Application Fee Schedule

Student Type	Cost/Person
Shadow/ Health Tech Students/ Mount Carmel College of Nursing Students/ FMC Employees	No Charge
Undergraduate Students – Clinical Rotation/ Precepted students with a school provided instructor	\$40.00/ person
Interns/Externs/ Precepted students – no instructor onsite	\$150.00/person
Pharmacy Students/Residents	\$500.00/person

REQUIREMENTS

The table below lists all of the required documentation and items needed for any student at Fairfield Medical Center. Please complete all needed documentation enclosed in this packet. All of these requirements need to be completed and turned into Human Resources a **minimum of 4 weeks prior** to the start of your time here.

Required Documentation	Shadow	Health Tech**	Intern/Extern	Clinical**	Mentor
Student Application	X	X	X	X	X
Liability/Confidentiality Statement	X	X	X	X	X
Post test	N/A	X	X	X	X
Student Verification Agreement	N/A	X	X	X	X
Systems Security Agreement	N/A	N/A	X	X	X
Immunization Record	N/A	X	X	X	X
10-Panel Drug Screen	N/A	N/A	X	X	X
Finger Prints	N/A	N/A	X	X	x
Background Check	N/A	N/A	X	X	X
Current TB Test	N/A	X	X	X	X
Current Flu Vaccine	N/A	X	X	X	X
FMC Badge (Issued first day on site)	Visitor Badge	X	X	X	X
Parking Tag (Issued first day on site)	N/A	N/A	X	X	X

** Will be turned in to your Instructor



Student Application

All Student must complete the enclosed application. (Page 1 Forms Section)

****If you are in a Clinical Rotation or a Health Tech program, you will turn this in to your instructor.**

Confidentiality/ Liability Statement

All students must sign this form and return with application. (Page 2 Forms Section)

****Student Verification**

To be completed by instructors for all students in a Health Tech, Clinical Rotation, Extern/Intern or Mentor will need to complete this form.

Student Post-test

Please review the Reference Information included with this manual, and complete the post-test

****If you are in a Clinical Rotation or a Health Tech program, you will turn this in to your instructor.**

Systems Security Agreement

To be signed when access to computer systems are needed.

TB Test

You are required to submit evidence of a two step negative TB Test. If you are in a school program, they should provide this testing and have it on record. If you have not received a TB test, they may be obtained from your private physician or the health department. This needs to be submitted with your application.

Immunizations

All students will need to provide proof that they are current on all immunization prior to working within FMC and/or its affiliate locations. We require documentation of the MMR vaccine, Varicella and Hepatitis B, Influenza or lab work indicating immunity to these diseases. If these are not up to date you may go to your family physician or to the health department for these vaccinations.

Flu Vaccine

All student must provide proof of the flu vaccine or declination for the current year. Any student who has declined the vaccine or cannot provide proof will not be allowed to do rotation at Fairfield Medical Center.

10 Panel Drug Screen

Documentation of a negative 10 panel drug screen performed within the last 6 months.



Background Check

Background checks will be completed and turned in with application for required students. If you have not had a background check completed by your school it may be obtained through:

Fairfield County Sherriff's Department
108 N. High Street
Lancaster, Ohio 43130

Payment is by cash or check – NO debit or credit card (please contact the Sherriff's department for current cost)

Completed Application Packet

Please send completed application packet with all required documentation directly to:

Fairfield Medical Center
Human Resources

Attention: Kim Kirchgessner
401 N Ewing St
Lancaster, Ohio 43130

Or e-mail to kimk@fmchealth.org

Your application, post test and all requirements must be submitted 4 weeks prior to your start date to allow for time to processing and verification of all requirements.

FMC Badge

After receipt and verification of paperwork you will be issued a Fairfield Medical Center photo ID badge. ID badge.

- Students who are attending as a group for clinical rotation will come with their advisor on the first day and to receive their badge.
- For all others, you may stop by the Human Resources department any day Monday – Friday from 8:00 am – 4:00 pm to have your picture taken and your ID badge made.
- The ID badge must be front facing and visible above the waist at all times while here at FMC.
- There is a cost of \$25.00 for any lost, damaged or unreturned badge.



Parking Tag

All students will require a Fairfield Medical Center issued parking tag to be displayed in your vehicle while at Fairfield Medical Center.

- Students who are shadowing or with a Health Tech program will not receive a parking tag.
- Students who are attending as a group for clinical rotation will be issued parking tags through their advisor.
- For all others, you may stop by the Human Resources department any day Monday – Friday from 8:00 am – 4:00 pm to receive your parking tag.
- The Parking tag is to be displayed in your vehicle at all times while here at FMC.
- There is a designated parking area for all students (See enclosed map). Failure to park in the designate area or to display valid parking tag may results in student being issued a ticket as well as dismissal from programs.
- **Parking in the garage is strictly prohibited and may lead to termination.**



LOT DIRECTORY	
Visitor/Patient Self Parking A B	Second Shift Staff/Blue Tag Parking I
Staff Parking C F G H K	Fairmore Patients/Second Shift Parking J
Valet Parking D	Parking Garage L
Pavilion - Staff and Visitor Marked on Paving, E	Student Lot S



General Student Information

Important Fairfield Medical Center Phone Numbers

Main Line: 740-687-8000
Police: 740-687-8019
Human Resources: 740-687-8017

Absences

If you are sick or will be absent for any reason, please notify your instructor or clinical preceptor in advance if possible.

Cafeteria

Fairfield Medical Center has a large café with a wide variety of menu items that you are welcome to use. As a student you will receive a discount when wearing your FMC ID badge. The cafeteria is open for lunch from 10:30 am until 1:30 pm and dinner from 4:30 pm until 6:30 pm.

Classrooms

Classrooms are provided for clinical rotation groups of students with the understanding that chairs, tables, and equipment will be returned to their proper places at the end of the class period. As a reminder to all, conferences and other classes may be taking place in the area and your cooperation in keeping the atmosphere quiet and conducive to study will be appreciated. Professional and courteous conduct should extend to the classroom areas as well as patient and non-patient care areas.

Dress Code

In general, student dress, grooming and personal hygiene should be appropriate and professional.

- Please adhere to the uniform or dress requirements for your particular school or entity.
- Business attire or scrubs are required while at Fairfield Medical Center. Students are not permitted to wear any recreational clothing, blue jeans, leggings, tank tops, spaghetti straps, sweatshirts, t-shirts, sandals, or flip-flops, while attending classes or clinicals at Fairfield Medical Center.
- Uniforms should be kept neat and clean.
- Shoes should be neat and clean and should have minimal decorations or writing. Athletic shoes are permitted but must meet the above guidelines.
- Fairfield Medical Center ID name badges are to be worn front facing, above the waist at all times while at Fairfield Medical Center. You are required to turn in your name badge



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to your instructor or to Human Resources upon completion of your involvement with FMC.

- Hair should be neat and clean.
- Earrings are permitted to be worn only in your ears, and limited to two per ear. Facial piercings are not permitted and will need to be removed or covered.
- Tattoos should not be visible under any circumstances unless for a medical reason such as being a diabetic.

Housekeeping

The housekeeping department here at Fairfield Medical Center takes great pride in keeping the facility clean and neat as possible; free of clutter and litter which helps eliminate germs. Please be mindful and clean up any trash or items in your area.

Lost & Found

Fairfield Medical Center is not responsible for lost articles. Articles found on the Center premises that are not Center property should be submitted to the Patient Representative. Should you lose personal articles on the Center premises, please contact a Patient Representative.

Personal Phone Calls

Fairfield Medical Center understands that emergency phone calls are necessary, please limit the use of cell phones and hospital phones to emergency calls only. Use of cell phones and texting are prohibited in clinical areas during your student experience.

Personal Property

The Center is not responsible for lost or stolen articles. Please limit the amount of money and other valuables you bring to the Medical Center. Ensure that these items are either with you or properly secured at all times.

Smoking

Effective July 1, 2006, Fairfield Medical Center became a smoke-free campus. You are not permitted to use tobacco products, of any kind, on Center property while on or off duty.

Solicitation/Distribution

Students are not permitted to solicit or distribute materials on Center premises at any time. Examples: Avon, Pampered Chef, Fund Raising Materials.



Orientation to Standards and Guidelines

The content below is information that you need to know as required by The Joint Commission, the Occupational Safety and Health Administration (OSHA) and Fairfield Medical Center.

The Joint Commission

The Joint Commission accredits and certifies nearly 15,000 health care organizations and programs in the United States. Joint Commission accreditation and certification is recognized nationwide as a symbol of quality that reflects an organization's commitment to meeting certain performance standards.

OSHA

OSHA's mission is to assure the safety and health of America's workers by setting and enforcing standards; providing training, outreach, and education; establishing partnerships; and encouraging continual improvement in workplace safety and health

Emergency Codes

The following emergency codes are listed on the back of your identification badge:

Code Red – Fire

Remember: Close all doors and windows
Leave all lights ON
Evacuate the immediate area of the fire
Do not use elevators
Follow instructions from your instructor, manager or supervisor

If you need to use a fire extinguisher remember PASS –
Pull the pin, Aim, Squeeze and Sweep.

Code Adam – Missing Child

In the event of a missing or abducted child or infant you will notify the Center's Switchboard Operator and alert Center Police. The Center Police Officer will be in charge of the situation. Staff will be directed to check and guard stairwells, elevators, and all entrances to departments and the facility. Staff will watch for persons not appropriate for their area and observe if they could be hiding an abducted infant. Remember to remain calm.

Code Brown – Missing Adult Patient

An adult patient is missing from your unit. You will begin an immediate search of your department and the Center. Notify the Center's Switchboard, Center Police, House Supervisor, Manager, the attending physician, and the patient's residence. Note a time frame when the patient was last seen.

Code Green – External Disaster/ Code Yellow – Internal Disaster

External disaster means that the event is occurring outside of the facility.
Internal means that we have multiple victims of a related disaster within our building.

Level 1 - means that there is a disaster in progress but the victims have not arrived at FMC. You will need to take direction from the manager of the unit you have been assigned to or from your instructor.

Level 2 - means that the victims of the disaster have started arriving in the ED. Again, follow the instructions of the manager of the unit or your instructor.

Code Gray – Severe Weather

When Fairfield County is affected by severe weather – the Center Police will determine if a Code Gray needs to be put into effect.

Code Gray Option One announced – means that a tornado or high wind “WATCH” has been issued by the National Weather Service for our area.

During a Code Gray Option One you will need to follow the instructions of the manager on the unit. You will help remove objects from the patient's window sills, make sure that you know where the flashlights are and begin closing the blinds and drapes in the patient rooms.

Code Gray Option Two has been called – it denotes that a tornado has been sighted or that we have a high wind WARNING in our area.

You will need to assist the unit staff in closing the blinds and drapes in the patient rooms, close all doors, including the smoke barrier doors. If asked by the manager of the unit – evacuate patients to an area that has been chosen by the manager.

Code Blue – Adult Medical Emergency

Code blue is called when a person is unresponsive and does not have a pulse or is breathing. If you witness or find a patient/person who is unresponsive, without a pulse and breathing you should call for help and start CPR.

Code Pink – Infant/Child Medical Emergency

Code pink is called when an infant or child is not breathing and has no pulse. You will need to establish unresponsiveness, call for help and start.

Code Violet – Violent / Combative Person

Code Violet is used when a person has lost control and immediate assistance is needed in order to manage their aggressive behavior. If you encounter a person who has lost control – notify the manager of the unit. They will evaluate the patient and decide the course of treatment

Code Silver – Hostage Situation or person with a weapon

If you encounter a person who has a weapon or you have been taken hostage – never argue with the person, do not panic, do what you are told, always face the person and do not try to be a hero.

If you hear a Code Silver announced – follow the direction of your instructor or the manager of the unit. You may be asked to assist in closing doors, assisting patients, visitors and staff. Do not use the elevators and do not transport any patients at this time.

Code Black – Bomb / Bomb Threat

If you would receive a phone call that threatens a bomb do the following:

1. Remain calm.
2. Speak in a normal tone.
3. Keep the caller on the line.
4. Listen for distinguishing voice characteristics.
5. Listen for background noise.
6. Obtain assistance from the manager and/or instructor.

You may also be asked to assist with looking for unusual objects that may potentially be a bomb.

Fair Warning

Fairfield Medical Center has partnered with Fair Warning to meet our new responsibilities under the HIPAA Omnibus rules and to honor our values of Integrity, Agility, and Teamwork.

- Integrity: Taking action to proactively ensure the protection of our patient's private health information.
- Agility: Using technology to speed the monitoring, tracking and reporting of inappropriate access to records.
- Teamwork: Educating staff to ensure this is a whole house effort.

Fair Warning uses our employee demographics file to check FMC systems for inappropriate access of files.

- For example: Fair Warning will look at an employees access of files for patients who live around the associate.
- It will create a file of these accesses.
- We have contracted with Fair Warning to have support services to review these accesses to determine if they are appropriate or inappropriate accesses.
- If we need assistance determining the appropriateness of the access, department leadership and/or the employee will be notified.

Patient Identifiers

One of the most important tasks that you will do on a daily basis is identifying your patient. At Fairfield Medical Center we use the:

- a. Patient name
- b. Patient's Date of Birth **Do not use the patient's room number.** Always have a document to compare the date of birth and the patient's name

Infection Control

- Universal precautions is treating **ALL** patients as if their blood and body fluids were potentially infectious regardless of known infectious disease.
- Hand washing is the single most important procedure in Infection Control.
- The protection you use to prevent exposure- gloves, masks, gowns, aprons, eye protection are called Personal Protective Equipment (PPE).
- To prevent the event of a needle stick you would not recap needles. If you were to be stuck by a contaminated needle you would, report this to your instructor and manager of the department; fill out an incident report, and complete the post exposure management kit of lab testing. You will report to the Emergency Room and any cost associated will be the responsibility of the student.

Blood Borne Pathogens

Examples of blood borne pathogens are Malaria, Hepatitis, HIV, Syphilis.

You can prevent contact with a blood borne pathogen by treating all blood and body fluids as if they are potentially infectious. Use gloves, masks and gowns. Always wash your hands.

Infectious Waste

Infectious wastes are spread by blood, air, and contact. If you have infectious wastes that are disposable, put in a red biohazard bag.

Hazardous Material Spill Code Orange

Hazardous materials are chemical substances which, if released or misused, can pose a threat to the environment, life or health.

Chemical exposure may cause or contribute to many serious health effects such as heart dysfunction, kidney, lung, and brain damage, sterility, cancer, burns and rashes. Some chemicals may also be safety hazards and have the potential to cause fires and explosions and other serious accidents.

The most common types of hazardous spills at Fairfield Medical Center are:

Chemo therapy agents
Blood and body fluids

Radioactive
Chemicals

ALL employees should know the location, content, and use of any spill kit in their department. The spill kit will be used when the spill is larger than 1 cubic foot or more in volume.

Hazardous Communication Program

In order to identify hazardous products on the units you are assigned, check for the warning labels on the container. You can also look for the material safety data sheet which is located on the intranet or in the Orange and White manual located on the units.

Universal Protocol

It is important in any procedure that is performed at Fairfield Medical Center that 3 processes are checked prior to the start of the procedure.

1. Verify that you have the correct procedure, the right patient and the correct site
2. Make sure that the patient has gone through a pre-procedure verification process
 - a. must be completed prior to the procedure – you are verifying that you have all the proper documents, related information and equipment
3. A time out is conducted before the procedure
 - a. completed immediately before starting the procedure



b. it includes: anesthesia, surgeon, circulating nurse or nurse attending procedure or any other active participants

Interruption Plan – Power & Telephones

1. Power Failure

In the event of a power failure, the Center's generators will automatically start within 10 seconds. Hallway lights are equipped with emergency power as well as red outlets, which include light switches. Nursing floors have emergency power in each of the patient rooms, as identified by the red wall plate covering.

2. Telephones

If the Center encounters a telephone outage – cell phones are available on each of the units. Do not transmit cellular phones in the following areas:

Surgery – behind the line
Cardiac services
ICU

ED
PACU
Cardiac Rehab

PCU

You can find department cell phone numbers in the Emergency and Disaster Manual on your unit

Equipment Management

All equipment that is utilized for patient care must have a Bio Med or Plant Engineering sticker on it and must have been checked within the past 12 months.

If a piece of equipment fails while you are using it, do the following:

1. Remove from use immediately!
2. Inform your Instructor and the Manager / Supervisor.
3. Place a tag on the piece of equipment noting that it is broken or does not work.

Center Police

The Center has police officers on duty 24 hours a day who are responsible for safeguarding individuals while they are on the Center premises, as well as for providing security of the buildings and grounds. If an unsafe situation exists, employees are encouraged to call the Center Police at **8019** immediately. In addition, the officers are available to escort employees to their cars in the parking lot.

Safety Program

If you encounter a safety issue, report this to your instructor and manager of the unit.



Customer Relations

It is everyone's responsibility in the Center to provide great service to our customers. This means using "good manners" at all times.

Always take a person where they need to go – do not point and give directions

If someone looks lost, ask if they need assistance

Answer call lights immediately

Ask patients, "Is there anything more I can do for you, I have time"

If you encounter a patient or family member who has a complaint – contact your instructor, manager of the unit and Patient Representative at ext. 8555 or (740) 687-8555.

Event Reports (formerly known as incident reports)

ALL incidents that occur on Center property involving patients, visitors, and employees must be reported. Three different incident reports are available, depending on the situation. An incident report should never be filed in the patient record or photocopied. All information must be factual. The incident report is to be completed by the individual at the time of the incident!

1. Computer Event Report Form (Open Microsoft Word, click *File>New>FMC Forms*)

The Event Report Form is used to report incidents involving:

Employees	Volunteers
Physicians	Students
Allied Health Staff	Visitors

When an **employee/student** has an incident or is injured on the job, follow these steps:

- a. Report incident to Instructor - Manager/Supervisor
- b. Complete the incident report
- c. If medical attention is needed, - seek treatment in Employee Health. The Emergency Department is for emergencies only and must be authorized by calling the Manager or House Supervisor on duty
- d. The Manager/Supervisor will complete an investigation into the incident
- e. Management will send the completed form to Employee Health within 48 hours of the incident

When a **visitor** has an incident or is injured, follow these steps:

1. Offer immediate First Aid and call the House Supervisor or your Manager
2. The Incident Report should be completed by the person who witnessed or found the visitor

2. Patient Event Report Form (Tan Color Form*)

(Note: Patient Incident Reports may also be completed on the AS 400, under QA Incident Report)

You would fill out a patient incident report when an incident occurs that is not within the norm for patient, such as:

- When a patient falls
- Performing the wrong procedure on a patient
- Performing the procedure on the wrong patient

This form must be completed immediately after the incident and care of the patient. It should be reviewed by your instructor before submission to the nurse manager.

2. Medication Event Report Form (Salmon Color)

Whenever a medication incident or potential medication incident occurs, even if the error does not reach the patient. Be sure to fill out the form as completely as possible. Turn into your instructor for review and then to the manager of the unit.



Falls Program

You will know if a patient is at High Risk for Falling when you see a yellow dot on patient's chart and on name card on patient's door; High Fall Risk label at head of bed below patient's name; Yellow wrist band on the patient.

Patient Rights and Responsibilities

All patients and family members need to know where the patient rights and responsibilities are located. It is your responsibility as a healthcare provider to assist them. There are patient rights brochures on each unit.

Confidentiality / HIPAA

All students and employees have the legal and ethical responsibility to keep all information about patients and their families confidential and private. Patient information may only be discussed with other healthcare providers who need that information in order to do their job.

Safety Issues

If you note a safety issue at Fairfield Medical Center you should call the safety hotline at 687-8988



STUDENT APPLICATION

PERSONAL	Student Name _____	Phone # _____
	Address _____	Cell # _____
	City/State/Zip _____	Email _____
	Check here if you are under 18 _____	*Birthdate: _____
	Parent signature needed if under 18 _____	*Social Security Number: _____

REQUEST	Program you are applying for:
	Shadow _____ Nursing/Clinical Rotation _____ Extern/Internship _____ Health Tech _____
	# Hrs Needed/Requesting _____ Department(s) _____
	Have you made contact w/this department? Y N Contact Name _____
	Dates Requested _____
	Are you currently employed/volunteer or have you ever been employed/ volunteer at Fairfield Medical Center or any of its affiliate in any capacity? Y N If yes, hire date _____
Department _____	

SCHOOL	School Name _____ Instructor _____
	Instructor Email _____ Phone _____
	Program of Study _____

****Required Information**



Fairfield Medical Center

In consideration of my student experience at Fairfield Medical Center, I agree to conform to the rules and regulations of this facility. I understand that my experience can be terminated at any time and for any reason, at the option of either the facility, the school or myself. I understand that this student experience does not enter me into an agreement of employment with this facility. I hereby affirm that the information provided on this application is true and complete. I understand that any false or misleading representations or omissions may disqualify me from this student experience and further disqualify me from consideration for employment. I hereby authorize persons, school, and employers named in this application to provide this facility with any relevant information regarding my student experience, and I release all such persons from any liability regarding the provision or use of such information.

Signature _____

Date _____

My typed name above shall have the same force and effect as my written signature. Your signature verifies that you have read and understand all that is contained in the packet and hereby agree to adhere to the standards

Email or send completed forms to Kim Kirchgessner – Human Resources @ kimk@fmchealth.org or 401 North Ewing Street, Lancaster, Ohio 43130



Fairfield
Medical Center

CONFIDENTIALITY STATEMENT

TO BE SIGNED BY EACH STUDENT AS A CONDITION OF PARTICIPTION IN ANY
STUDENT/INTERN/SHADOW EXPERIENCE

I understand that as a student completing my internship/shadowing experience at Fairfield Medical Center, I may be exposed to confidential information regarding patients and financial information produced by or held by Fairfield Medical Center. During the term of my visit with Fairfield Medical Center and any related activities, or any time thereafter, I shall not directly or indirectly, make or cause to be made, any disclosure or other use not authorized by Fairfield Medical Center of any confidential information acquired during the course of my experience at Fairfield Medical Center unless such information is or becomes otherwise legally available to the public. For purposes of this agreement, the term “confidential information” means any business, medical or financial information not generally known to the public at large regarding the business and operations of Fairfield Medical Center and its patients, employees and physicians. Any breach of confidential information by me shall constitute grounds for immediate termination from my internship/shadowing experience at Fairfield Medical Center and can further be grounds for any legal action taken by the offended parties.

Date: _____

Student Signature

Student Name (printed)

If student is under 18 years of age, the student’s parent or guardian must also sign this statement:

Date: _____

Parent Signature

Parent Name (printed)



NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

By signing below, I acknowledge that I am in receipt of Fairfield Medical Center's Notice of Privacy Practices.

Date: _____

Student Signature

Student Name (printed)

FAIRFIELD MEDICAL CENTER

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The terms of this Notice of Privacy Practices apply to Fairfield Medical Center, located at 401 North Ewing Street and all affiliate locations.

Any physicians and other licensed professionals seeing and treating patients at Fairfield Medical Center and its associates.

The members of this clinically integrated health care arrangement work and practice at Fairfield Medical Center. All of the entities and persons listed will share personal health information of our patients as necessary to carry out treatment, payment, and health care operations as permitted by law.

We are required by law to maintain the privacy of our patients' personal health information and to provide patients with notice of our legal duties and privacy practices with respect to your personal health information. We are required to abide by the terms of this Notice so long as it remains in effect. We reserve the right to change the terms of this Notice of Privacy Practices as necessary and to make the new Notice effective for all personal health information maintained by us. You may receive a copy of any revised notices by submitting a request to the Medical Records Department.

USES AND DISCLOSURES OF YOUR PERSONAL HEALTH INFORMATION

Your Authorization. Except as outlined below, we will not use or disclose your personal health information for any purpose unless you have signed a form authorizing the use or disclosure. You have the right to revoke that authorization in writing unless we have taken any action in reliance on the authorization.

Uses and Disclosures For Treatment. We will make uses and disclosures of your personal health information as necessary for your treatment. For instance, doctors and nurses and other professionals involved in your care will use information in your medical record and information that you provide about your symptoms and reactions to plan a course of treatment for you that may include procedures, medications, tests, etc. We may also release your personal health information to another health care facility or professional who is not affiliated with our organization but who is or will be providing treatment to you. For instance, if, after you leave the



hospital, you are going to receive home health care, we may release your personal health information to that home health agency so that a plan of care can be prepared for you.

Uses and Disclosures For Payment. We will make uses and disclosures of your personal health information as necessary for the payment purposes of those health professionals and facilities that have treated you or provided services since you came to arrange payment for the services provided to you or we may use your information to prepare a bill to send to you or to the person responsible for your payment. We may also provide your personal health information to our collection agency, if necessary, to collect payment for services provided to you.

Uses and Disclosures For Health Care Operations. We will use and disclose your personal health information as necessary, and as permitted by law, for our health care operations, which include clinical improvement, professional peer review, business management, accreditation and licensing, etc. For instance, we may use and disclose your personal health information for purposes of improving the clinical treatment and care of our patients. We may also disclose your personal health information to another health care facility, health care professional, or health plan for such things as quality assurance and case management, but only if that facility, professional, or plan also has or had a patient relationship with you.

Our Facility Directory. We maintain a facility directory listing your name, room number, general condition and, if you wish, your religious affiliation. Unless you choose to have your information excluded from this directory, the information, excluding your religious affiliation, will be disclosed to anyone who requests it by asking for you by name. This information, including your religious affiliation, may be provided to members of the clergy. You have the right to have your information excluded from this directory at any time.

Family and Friends Involved In Your Care. With your approval, we may from time to time disclose your personal health information to designated family, friends, and others who are involved in your care or in payment of your care in order to facilitate that person's involvement in caring for you or paying for your care. If you are unavailable, incapacitated, or facing an emergency medical situation, and we determine that a limited disclosure may be in your best interest, we may share limited personal health information with such individuals without your approval. We may also disclose limited health information to a public or private entity that is authorized to assist in disaster relief efforts in order for that entity to locate a family member or other persons that may be involved in some aspect of caring for you.

Business Associates. Certain aspects and components of our services are performed through contracts with outside persons or organizations, such as auditing, accreditation, legal services, etc. At times it may be necessary for us to provide certain of your personal health information to one or more of these outside persons or organizations who assist us with our health care operations. In all cases, we require these business associates to appropriately safeguard the privacy of your information.

Fundraising. We may contact you to donate to a fundraising effort for or on our behalf. You have the right to "opt-out" of receiving fundraising materials/communications and may do so by sending your name and address to the Marketing Department together with a statement that you do not wish to receive fundraising materials or communications from us.

Appointments and Services. We may contact you to provide appointment reminders and/or test results. You have the right to request and we will accommodate reasonable request by you to receive communications regarding your personal health information from us by alternative means or at alternative locations. For instance, if you wish appointment reminders not to be left on voice mail or sent to a particular address, we will accommodate reasonable requests. You may request such confidential communication in writing and may send your request to the Medical Records Department.



Health Products and Services. We may from time to time use your personal health information to communicate with you about health products and services necessary for your treatment, to advise you of new products and services we offer, and to provide general health and wellness information.

Research. In limited circumstances, we may use and disclose your personal health information for research purposes. For example, a research organization may wish to compare outcomes of all patients that receive a particular drug and will need to review a series of medical records. In all cases where your specific authorization has not been obtained, your privacy will be protected by strict confidentiality requirements applied by an Institutional Review Board or privacy board which oversees the research or by representations of the researchers that limit their use and disclosure of patient information.

Confidentiality of Alcohol and Drug Abuse Patient Records. The Confidentiality of alcohol and drug abuse patient records maintained by this facility is protected by federal law and regulations. Generally, the facility may not say to a person outside the program that you attend a drug or alcohol program, or disclose any information identifying you as an alcohol or drug abuser unless: (1) you consent in writing; (2) the disclosure is allowed by a court order; or (3) the disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation. Federal law and regulations do not protect any information about a crime committed by you either at our facility or against any person who works for the facility or about any threat to commit such a crime. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.

Other Uses and Disclosures. We are permitted or required by law to make certain other uses and disclosures of your personal health information without your consent or authorization.

- We may release your personal health information for any purpose required by law
- We may release your personal health information for public health activities, such as required reporting of disease, injury, and birth and death, and for required public health investigations
- We may release your personal health information as required by law if we suspect child abuse or neglect; we may also release your personal health information as required by law if we believe you to be a victim of abuse, neglect, or domestic violence
- We may release your personal health information to the Food and Drug Administration if necessary to report adverse events, product defects, or to participate in product recalls
- We may release your personal health information to your employer when we have provided health care to you at the request of your employer to determine workplace-related illness or injury; in most cases you will receive notice that information is disclosed to your employer
- We may release your personal health information if required by law to a government oversight agency conducting audits, investigations, or civil or criminal proceedings
- We may release your personal health information if required to do so by subpoena or discovery request; in some cases you will have notice of such release
- We may release your personal health information to law enforcement officials as required by law to report wounds and injuries and crimes
- We may release your personal health information to coroners and/or funeral directors consistent with law
- We may release your personal health information if necessary to arrange an organ or tissue donation from you or a transplant for you
- We may release your personal health information if in limited instances if we suspect a serious threat to health or safety
- We may release your personal health information if you are a member of the military as required by armed forces services we may also release your personal health information if necessary for national security or intelligence activities
- We may release your personal health information to workers' compensation agencies if necessary for your workers' compensation benefit determination Ohio law requires that we obtain a consent from you before disclosing the performance or results of an HIV test or diagnoses of AIDS or an AIDS-related condition.

RIGHTS THAT YOU HAVE



Access to Your Personal Health Information. You have the right to copy and/or inspect much of the personal health information that we retain on your behalf. Requests for access may be made verbally or in writing to the Medical Records Department and require an authorization for release of information signed by you or your legal representative. If you request a copy of the information, we will charge you as follows:

- No records search fee
- For data recorded on paper:
 - \$2.67 per page for the first 10 pages
 - \$ 0.55 per page for pages 11 through 50
 - \$ 0.22 per page, for pages 51 and higher

Fee schedule for a person/entity other than a patient or patients personal representative (for example an attorney or insurance company):

- \$16.38 records search fee
- For data recorded on paper:
 - \$1.08 per page for the first 10 pages
 - \$0.55 per page for pages 11 through 50
 - \$0.22 per page for pages 51 and higher

Chart reviews will also be scheduled with the Medical Records Department and will be charged at \$10.00 (records reviewed within the department). There is no charge for the copying and release of your health information when it is released to another health care provider for continuity of care.

Amendments to Your Personal Health Information. You have the right to request in writing that personal health information that we maintain about you be amended or corrected. We are not obligated to make all requested amendments but will give each request careful consideration. All amendment requests, in order to be considered by us, must be in writing, signed by you or your representative, and must state the reason for the amendment/correction request. If an amendment or correction to your request is made by us, we may also notify others who work with us and have copies of the uncorrected record if we believe that such notification is necessary. You may obtain an amendment request form from the Medical Records Department at Fairfield Medical Center.

Accounting for Disclosures of Your Personal Health Information. You have the right to receive an accounting of certain disclosures made by us of your personal health information after April 14, 2003. Requests must be made in writing and signed by you or your representative. Accounting request forms are available from the Medical Records Department at Fairfield Medical Center. The first accounting in any 12-month period is free; you will be charged a fee of \$15.00 for each subsequent accounting you request within the same 12-month period.

Restrictions on Use and Disclosure of Your Personal Health Information. You have the right to request restrictions on certain of our uses and disclosures of your personal health information for treatment, payment, or health care operations. A restriction request form can be obtained from the Medical Records Department at Fairfield Medical Center. We are not required to agree to your restriction request but will attempt to accommodate reasonable requests when appropriate and we retain the right to terminate an agreed-to restriction if we believe such termination is appropriate. In the event of a termination by us, we will notify you of such termination. You also have the right to terminate, in writing or orally, an agreed-to restriction by sending such termination notice to the Medical Records Department at Fairfield Medical Center.

Complaints. If you believe your privacy rights have been violated, you can file a complaint in writing to the Privacy Officer at 401 North Ewing Street, Lancaster, Ohio 43130. You may also file a complaint with the Secretary of the U.S. Department of Health and



Fairfield Medical Center

Human Services in Washington D.C. in writing within 180 days of a violation of your rights. There will be no retaliation for filing a complaint.

Acknowledgment of Receipt of Notice. You will be asked to sign an acknowledgment form that you received this Notice of Privacy Practices.

FURTHER INFORMATIONIf you have questions or need further assistance regarding this Notice, you may contact the Privacy Officer at (740) 687-8011. As a patient you retain the right to obtain a paper copy of this Notice of Privacy Practices, even if you have requested such copy by e-mail or other electronic means.

EFFECTIVE DATEThis Notice of Privacy Practices is effective April 14, 2003.

Fairfield Medical Center Student Orientation Post Test

Name: _____ School: _____ Date: _____

For questions 1-10 write the letter which matches the proper emergency code.

- | | |
|----------------------|---|
| 1. _____ Code Red | A. Stay Away – Violence of Hazard |
| 2. _____ Code Blue | B. Missing Adult |
| 3. _____ Code Black | C. Large influx of patients, Emergency plan activated |
| 4. _____ Code Green | D. Fire |
| 5. _____ Code Orange | E. Medical Emergency |
| 6. _____ Code Violet | F. Child Abduction |
| 7. _____ Code Silver | G. Severe Weather |
| 8. _____ Code Grey | H. Person With Weapon |
| 9. _____ Code Brown | I. Combative Person |
| 10. _____ Code Adam | J. Bomb Threat |

11. If there is an emergency in the hospital what number would you dial? _____

12. What do the initials PASS mean?

P _____
A _____
S _____
S _____

13. As part of the hospital's commitment to the "Patient's First" ethic, you must respect a patient's religious and cultural beliefs or practices unless safety or medical necessity dictates otherwise?
True ___ False ___

14. The type of event report that is used for visitors is? _____

15. What is an example of a blood borne pathogen? _____

16. What color denotes that the patient is at high risk for falling? _____



17. We have the responsibility to report any suspected signs of abuse. No individual reporting abuse shall be criminally liable for any report required or authorized by law unless it can be proven that a false report was made and that the person knew that the report was false.
True ___ False___
18. It is the responsibility of any employee or student to keep all information about our patients and their families confidential.
True ___ False___
19. Who is responsible for providing customer service for our patients and their families?
a. Physicians b. Nurses c. No One d. Every One
20. What are Universal Precautions? _____
21. If you have lost your coat at Fairfield Medical Center who would you go see to help locate it.

22. You are allowed to wear jeans and sandals at Fairfield Medical Center?
True ___ False___
23. As a student you are allowed to park in the parking garage.
True ___ False___
24. Are students allowed to use their cell phones on units that have patients?
Yes___ No _____
25. You are allowed to smoke in the bathrooms at Fairfield Medical Center?
Yes___ No _____
26. As a student, selling Avon while you are on duty is considered solicitation.
Yes___ No _____
27. What is the phone number to call the Center Police? _____
28. What is the Safety Hotline Number? _____
29. A piece of equipment that you are using breaks. You should tell your instructor and manager of the unit, mark it as broken and take it out of service. Yes_____ No _____
30. In the event of a power failure the generators start up in how many seconds. _____



Fairfield Medical Center

31. _____ is the single most important procedure in Infection Control

32. List the two patient identifiers that are used here at Fairfield Medical Center.

1. _____ 2. _____

33. Tattoos are permitted to be seen by our patients? Yes _____ No _____

34. What is the total number of piercings you are allowed to have showing while at Fairfield Medical Center. _____

35. What does TJC stand for? _____

36. Personal Protective Equipment includes: select as many as apply

_____ Goggles _____ Gloves _____ Gowns _____ Masks

37.

I have read the student manual and will comply with the rules and regulations set forth. Non-compliance may lead to dismissal from the Center.

Signature

Date



STUDENT SYSTEMS ACCESS SECURITY AGREEMENT

I, _____ have read, understood and will comply with the following:
(Last name, First name, Middle Initial)

Please initial all items below

- _____ 1. **I understand that my system access is a function of my official duties and student status:**
- a. System access is subject to annual renewal, and may be reviewed, modified, or revoked in the event that a system user's duties or student status change,
 - b. Accounts can be disabled or revoked at any time – with or without notification – in the interest of network security.
 - c. System access will be deactivated after 90 days of non-use, and account will be deleted upon termination of student rotation.
 - d. The Systems department maintains an audit trail of accesses to patient information that records the user, date, and patient identification of all accesses to electronic medical records.
 - e. All information stored on Fairfield Medical Center devices is the property of Fairfield Medical Center.
- _____ 2. **I am required to protect my accounts, passwords, system and any information that I access:**
- a. I am absolutely liable for all activity that takes place under my credentials.
 - b. I am the only person authorized to use my password(s) and user Id(s) and I will not disclose them to anyone; nor will I attempt to learn or use another person's password(s)/user ID(s).
 - c. If I have reason to believe that the confidentiality of any password(s) or account(s) has been compromised I will contact the Systems
- _____ 3. **I agree to maintain the confidentiality of any electronic patient data that I access or otherwise encounter:**
- a. I will access protected health information only for the purpose of facilitating treatment, payment, or other approved hospital operations (which may include educational or research purposes).
 - b. I am required to either log-out of the computer or lick the screen before leaving my system unattended.
 - c. I will immediately report any unknown or suspected breach of the confidentiality of the system or records/data obtained from it to the Medical Information Services Manager.
 - d. I understand that medical records confidentiality is required by law, and that there are statutes specifically mandating the confidentiality of, among other areas, mental health, HIV, and drug and alcohol-related treatment records.
- _____ 4. **I understand that I am restricted I what I am allowed to do as a system user:**
- a. I will not attempt to alter any security software, filters, policy, or configuration on any hospital devices.
 - b. I will not load, install, or remove any software on a hospital device or on the Common Desktop without assistance or approval from the FMC Systems department, including screensavers and Internet toolbars.
 - c. I will not attempt to connect any unauthorized personal laptop, PC, or hand-held devices to FMC wired or wireless networks.
 - d. I understand that if I do not accept these restrictions of access I may be denied access or have access terminated to relevant computer systems and networks.
 - e. I understand that any fraudulent application, violation of confidentiality or any violation of the above provisions may result in disciplinary action from termination of access to the system or appropriate medical staff or university disciplinary measures up to termination of student status.

Student: _____

Printed Name _____

Start Date _____

E-Mail _____



Fairfield
Medical Center

Instructor Name _____

School _____

Signature _____

Date _____