

## CONTRACT SERVICE & STUDENT ORIENTATION

This form certifies that \_\_\_\_\_ from \_\_\_\_\_  
 (Your Name) (Agency or School)  
 has completed Contract Service/Student Orientation on \_\_\_\_\_. Information covered includes:  
 (Date)

SUBJECT	CONTRACT/ STUDENT INITIALS
<b>I. TRAINING</b>	
1. Hospital History, Mission	
2. Customer Service (Simply Better)	
3. Performance Improvement (Rapid Cycle Improvement, PDSA, Core Measure)	
4. Risk Management (Safety events, MemSafe, Sentinel Event, RCA, FMEA, Safety Plan)	
5. Patient's Safety & Regulatory Compliance (NPSG)	
a. Falls, Restraints	
b. Patient ID, Release of Medical Records	
6. Palliative Care	
7. Age Specific Populations	
8. Dress Code, Employee ID Badge,	
9. Substance Abuse, Diversion	
10. Policy Against Harassment, Termination of Assignment, WPV, MAB	
11. Patient's Rights and Responsibilities	
12. Multicultural Issues and Patients of Size in Patient Care	
13. Pain Management	
14. Environment of Care ~ Safety ~ Emergency Preparedness (H.I.C.S), Hazard Communication	
15. Radiation Safety, MRI Safety	
16. Body Mechanics	
17. Infection Control/Exposure Control, COVID, Hand Hygiene, PPE	
18. H.I.P.A.A. Confidentiality	
19. Abuse Reporting (forms attached)	

CONTRACT/STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**All contract/student personnel must complete this packet before beginning work.** The contract/student must initial each subject line that is completed.

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## **CHILD ABUSE REPORTING**

California Penal Code Section 11166.5 requires MemorialCare Orange Coast Medical Center (OCMC) to provide all "child care custodians," "medical practitioners," and "nonmedical practitioners" who commence employment on or after January 1, 1985 with the following statement. California law requires that this statement be signed by the employee as a prerequisite to employment and retained by OCMC Hospital.

Section 11166 of the Penal Code requires any child care custodian, medical practitioner, nonmedical practitioner or employee of a child protective agency who has knowledge of or observes a child in his or her professional capacity or within the scope of his or her employment who he or she suspects has been the victim of a child abuse to report the known or suspected instance of child abuse to a child protective agency immediately or as soon as practically possible and to prepare and send a written report thereof within 36 hours of receiving the information concerning the incident.

Child care custodian means a teacher, administrative officer, supervisor of child welfare and attendance, or certificated pupil, personnel employee of any public or private school; and administrator of a public or private day camp, a licensee, administrator, or employee of a community care facility license to care for children; head start teacher; a licensing worker or licensing evaluator; public assistance worker; employee of a child care institution, including but not limited to, foster parents, group home personnel and personnel of residential care facilities; a social worker or probation officer.

Medical practitioner means a physician and surgeon, psychiatrist, psychologist, dentist, resident, intern, podiatrist, chiropractor, licensed nurse, dental hygienist, or any other person who is currently license under Division 2 (commencing with Section 500) of the Business and Professions Code, any Emergency Medical Technician I or II, paramedic or other person certified pursuant to Division 2.5 (commencing with Section 1797) of the Health and Safety Code, or physiological assistant registered pursuant to Section 2913 of the Business and Professions Code.

Nonmedical practitioner means a state or county public health employee who treats a minor for venereal disease or any other condition; a coroner; a paramedic; a marriage, family or child counselor or religious practitioner who diagnoses, examines, or treats children.

I certify that I have read and understand this statement and will comply with my obligations under the child abuse reporting law.

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Signature

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Date

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## **ELDER AND DEPENDENT ABUSE REPORTING**

California Welfare and Institutions Code Section 15632 requires MemorialCare Orange Coast Medical Center (OCMC) to provide all "dependent adult care custodians" and "health practitioners" who are employees after January 1, 1986 (both continuing and new employees) with the following statement. The legal definition of "care custodian" includes all employees of a hospital. California law required that this statement be signed by the employee as a prerequisite to employment and be retained by OCMC.

Section 15630 of the Welfare and Institutions Code requires any care custodian, health practitioner, or employee of an adult protective services agency or a local law enforcement agency who, in his or her professional capacity or within the scope of his or her employment has observed or has knowledge of an incident that reasonably appears to be physical abuse, abandonment, isolation, financial abuse, or neglect; or is told by an elder or dependent adult that he or she has experienced behavior constituting physical abuse, abandonment, isolation, financial abuse, or neglect, or reasonably suspects abuse is mandated to report that abuse. The suspected or alleged abuse must be reported to the adult protective services agency or the local law enforcement agency, unless the abuse occurred in a long-term care facility; in that case it must be reported to the ombudsman or local law enforcement agency. The report must be made immediately by phone and followed up within 2 working days with a written report. Abuse of an elder or a dependent adult includes physical abuse, neglect, financial abuse, abandonment isolation, abduction, or other treatment with resulting physical harm or pain or mental suffering, or the deprivation by a care custodian of goods or services that are necessary to avoid physical harm or mental suffering. (Welfare and Institutions Code section 15610.07)

Elders are persons 65 years of age or older. Dependent adults are persons between ages 18 and 64 with physical or mental limitations such as physical or developmental disabilities or age-diminished physical or mental abilities. Any person between the ages of 18 and 64 who is admitted as an inpatient in an acute care hospital is considered a dependent adult.

"Care custodian" means an administrator or an employee of any of the following public or private facilities:

- ◆ Health facility
- ◆ Clinic
- ◆ Home Health agency
- ◆ Educational institution
- ◆ Sheltered workshop
- ◆ Camp
- ◆ Respite Care facility
- ◆ Residential care facility
- ◆ Community care facility
- ◆ Adult day care facility including adult day care facilities
- ◆ Regional center for persons with developmental disabilities
- ◆ Licensing worker or evaluator
- ◆ Public assistance worker
- ◆ Adult protective services agency
- ◆ Patient's rights advocate
- ◆ Nursing home ombudsman
- ◆ Legal guardian or conservator
- ◆ Skilled nursing facility
- ◆ Intermediate care facility
- ◆ Local law enforcement agency
- ◆ Any other person who provides goods or service necessary to avoid physical harm or mental suffering and who performs such duties

"Health practitioner" means a physician and surgeon, psychiatrist, psychologist, dentist, resident, intern, podiatrist, chiropractor, licensed nurse, dental hygienist, marriage, family and child counselor, or any other person who is currently license under Division 2 (commencing with Section 500) of the Business and Professions Code, any emergency medical technician I or II, paramedic, a person certified pursuant of Division 2.5 (commencing with Section 1797 or the Health and Safety Code), or a psychological assistant registered pursuant to Section 2193 of the Business and Professions Code, a marriage, family and child counselor trainee, as defined in subdivision (c) of Section 4980.03 of the Business and professions Code, or an unlicensed marriage, family and child counselor intern registered under Section 4980.44 of the Business and Professions Code, a state or county public health employee who treats a dependent adult for any condition, a coroner, or religious practitioner who diagnoses, examines, or treats dependent adults.

I certify that I have read and understand this statement and will comply with my obligations under the dependent adult abuse reporting law.

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Signature

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Date

## **DOMESTIC VIOLENCE/SPOUSAL ABUSE REPORTING**

California Penal Code Section 11160 requires that MemorialCare Orange Coast Medical Center (OCMC) is to provide to all employees after January 1, 1994 the following statement regarding the reporting of adult assaultive or abusive conduct. California law requires that this statement be signed by the employee and retained by OCMC.

Section 11160 of the Penal Code requires that any "mandated reporter" will report to law enforcement any patient who in his/her professional capacity, he/she has knowledge of or reasonably suspects has suffered from any wound or injury resulting from a criminal act or as a result of assaultive or abusive conduct.

"Mandated reporter" is defined as any health practitioner employed in a health facility, clinic or physicians office who in his/her professional capacity or within the scope of his/her employment has knowledge of, observes, or reasonably suspects the patient has suffered from any wound or injury inflicted on the person as a result of assaultive or abusive conduct (even if the person who suffered the wound, injury, assaultive or abusive conduct has expired, regardless of whether or not the wound or injury was a contributing factor to the death, and even if found during an autopsy).

Domestic violence is an abuse committed against an adult or fully emancipated minor who is one of the following: 1) a spouse or former spouse; 2) a cohabitant or former cohabitant; 3) a person with whom the suspect has had a child; 4) a person with whom the suspect is having or has had a dating or engagement relationship.

Staff is mandated to immediately report instances of domestic violence in all cases in which a patient is receiving medical treatment for a physical condition or injury inflicted on the person as a result of assaultive or abusive conduct to the law enforcement agency where the abuse was committed. A written report must be sent to that agency within two (2) working days of receiving the information regarding the person.

"Assaultive or abusive conduct" is defined as murder; mayhem; aggravated mayhem; torture; assault with intent to commit mayhem, rape, sodomy or oral copulation; administering controlled substances or anesthetic to aid in commission of a felony; battery; sexual battery; incest; corrosive acid, or caustic chemical with intent to injure or disfigure; assault with a stun gun or taser; assault with a deadly weapon, firearm, assault weapon or machine gun or by means likely to produce great bodily injury; rape; spousal rape; procuring any female to have sex with another man; child abuse or endangerment; abuse of spouse or cohabitant; sodomy; lewd and lascivious acts with a child; oral copulation; genital or any penetration by foreign object; elder abuse; an attempt to commit any crime specified (above).

Consider the possibility of domestic violence if any of the following are observed:

- 1) Suicide attempt
- 2) Evidence of alcohol or drug abuse
- 3) Vague or non-specific physical or psychological complaints; i.e., fatigue, anxiety, depression, “nerves”, fearfulness, sleeplessness, ragefulness, loss of appetite and dissociation
- 4) Low self-esteem, sense of apprehension or hopelessness, crying, inappropriate laughing, avoidance of eye contact, angry, or defensive
- 5) Extent or type of injury inconsistent with patient’s explanation
- 6) Multiple injuries or fractures in various stages of healing
- 7) Injury to head, face, neck/throat, chest, breasts, or bilateral extremities.
- 8) Injury to abdomen, genitals, pelvic area, back, or spine
- 9) Unusual pattern of injuries; i.e., bilateral marks from a belt, rope, hairbrush, etc
- 10) Repeated use of Emergency Department services with multiple somatic complaints or injuries of increasing severity
- 11) Delay between injury and medical treatment
- 12) Patient minimizes frequency or seriousness of injury
- 13) Problems during pregnancy, specifically, preterm abortion, bleeding, intrauterine growth retardation, hyperemesis, and any other injuries
- 14) Self-induced abortions or multiple therapeutic abortions or miscarriages
- 15) Evidence of sexual assault
- 16) Signs of physical neglect (unclear physical appearance, decayed teeth, broken glasses, inadequately dressed, torn clothing, urine in clothing, overgrown nails, etc)
- 17) Eating disorders
- 18) Report of self-mutilation
- 19) Single-car accident (victim may also be passenger)
- 20) Burns (cigarette, friction, splash, or chemical)
- 21) Fecal impaction
- 22) Emotional abuse or family discord observed by staff
- 23) Overly controlling or protecting spouse/partner

I certify that I have read and understand this statement and will comply with my obligations under the Domestic Violence/Spousal Abuse reporting law.

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Signature

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Date



## ADULT ABUSE/ASSAULT REPORTING STATEMENT

California Penal Code Section 11160. requires that MemorialCare Orange Coast Medical Center (OCMC) is to provide to all employees after January 1, 1994 the following statement regarding the reporting of adult assaultive or abusive conduct. California law requires that this statement be signed by the employee and retained by OCMC.

Section 11160 of the Penal Code requires that any "mandated reporter" will report to law enforcement any patient who in his/her professional capacity, he/she has knowledge of or reasonably suspects has suffered from any wound or injury resulting from a criminal act or as a result of assaultive or abusive conduct.

"Mandated reporter" is defined as any health practitioner employed in a health facility, clinic or physicians office who in his/her professional capacity or within the scope of his/her employment has knowledge of, observes, or reasonably suspects the patient has suffered from any wound or injury inflicted on the person as a result of assaultive or abusive conduct (even if the person who suffered the wound, injury, assaultive or abusive conduct has expired, regardless of whether or not the wound or injury was a contributing factor to the death, and even if found during an autopsy).

"Adult" is defined as any person residing in this state between the ages of 18 and 64. who does not have physical or mental limitations which restrict his/her ability to carry out normal activities to protect his/her rights.

"Assaultive or abusive conduct" is defined as murder; mayhem; aggravated mayhem; torture; assault with intent to commit mayhem, rape, sodomy or oral copulation; administering controlled substances or anesthetic to aid in commission of a felony; battery; sexual battery; incest; corrosive acid, or caustic chemical with intent to injure or disfigure; assault with a stun gun or taser; assault with a deadly weapon, firearm, assault weapon or machine gun or by means likely to produce great bodily injury; rape; spousal rape; procuring any female to have sex with another man; child abuse or endangerment; abuse of spouse or cohabitant; sodomy; lewd and lascivious acts with a child; oral copulation; genital or any penetration by foreign object; elder abuse; an attempt to commit any crime specified (above).

I certify that I have read and understand this statement and will comply with my obligations under the adult abuse/assaultive conduct reporting law.

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Signature

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Date

## HAZARDOUS MATERIAL - RIGHT TO KNOW

### ACKNOWLEDGEMENT

The MemorialCare Orange Coast Medical Center Hazardous Material Program information has been given to me in my New Employee Desk Orientation.

I have received written information explaining the hospital Hazardous Material Program. I understand that I am responsible to seek information and take appropriate precautions when using hazardous material. I am responsible to report the observance of any unsafe conditions/practices to my supervisor. I further understand that my supervisor will be available to provide specific information and that the Safety Data Sheets are catalogued in Plant Operations and available for review at all times.

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Print Name

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Signature

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Date

## HIPAA Security Quiz

### Privacy and Security Questions

Name: \_\_\_\_\_ School: \_\_\_\_\_

Instructor Name: \_\_\_\_\_ Rotation Dates: \_\_\_\_\_

#### Question 1:

Protected Health Information includes:

- a. The individual's past, present, or future physical or mental health or condition
- b. The provision of health care to the individual
- c. The past, present, or future payment for the provision of health care to the individual
- d. All the above

#### Question 2:

MemorialCare is required to comply with the HIPAA Privacy and Security Rules:

- a. True
- b. False

#### Question 3:

Common violations of the HIPAA Privacy and Security Rule includes:

- a. Impermissible PHI use and disclosure
- b. Use or disclosure of more than the minimum necessary PHI
- c. Lack of PHI safeguards
- d. All the above

#### Question 4:

Under California law, a hospital can be fined \$100 a day up to \$25,000 for failing to report a privacy breach:

- a. True
- b. False

#### Question 5:

MemorialCare Health System will not knowingly interfere with access, exchange, or use of EHI unless the practice is required by law or a Regulatory Exception applies.

- a. True
- b. False

#### Question 6:

Which action below is a covered exception under the Information Blocking rule:

- a. Preventing Harm Exception: It will not be information blocking to engage in practices that are reasonable and necessary to prevent harm to a patient or another person, provided certain conditions are met.
- b. Privacy Exception: It will not be information blocking to not fulfill a request to access, exchange, or use EHI in order to protect an individual's privacy, provided certain conditions are met.
- c. Security Exception: It will not be information blocking to interfere with the access, exchange, or use of EHI in order to protect the security of EHI, provided certain conditions are met.
- d. All the above

**Question 7:**

Any employee, physician, contractor or volunteer who learns of a practice that interferes with a third party's access, exchange, or use of EHI should immediately report the practice to The Chief Compliance Officer by calling the Compliance and Ethics Hotline at 888-933-9044

- a. True
- b. False

**Question 8:**

Suspected privacy incidences should be immediately entered into Memsafe

- a. True
- b. False

**Question 9:**

MemorialCare policy prohibits accessing patient information unless it is for an authorized business need (treatment, payment or healthcare operations)

- a. True
- b. False

**Question 10:**

Which actions below can help prevent you from being a victim of a phishing attack

- a. Never click on a suspicious link from an unknown sender, or open a document or attachment from an unknown sender or suspicious sender
- b. Immediately report to the MHS Service Desk (562-933-9450) any suspicious activity on any of your accounts, or any suspicious email that you might receive
- c. If you receive an email asking you for your username or password DELETE it
- d. All the above

**Acknowledgement of HIPAA Security Education**

I acknowledge that I have received education on MemorialCare's practices and policies related to information security. I fully agree to comply with MemorialCare's HIPAA Security policies. I understand that if I have any questions related to HIPAA Security, I can ask my supervisor or the MemorialCare HIPAA Security Officer.

Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

## CONTRACT SERVICE ~ STUDENT ORIENTATION QUIZ

Name: \_\_\_\_\_ Agency/School: \_\_\_\_\_

Date: \_\_\_\_\_

1. Explain the following codes: (Matching)
- |             |       |                     |
|-------------|-------|---------------------|
| Code Yellow | _____ | A. Combative Person |
| Code Red    | _____ | B. Fire             |
| Code Blue   | _____ | C. Resuscitation    |
| Code Grey   | _____ | D. Infant Abduction |
| Code Pink   | _____ | E. Bomb Threat      |

**Multiple Choice: (Circle the letter of the correct response)**

2. What is the best way to prevent the spread of infection?
- Ensure all patients receive antibiotics
  - Wash your hands
  - Answer the call light quickly
3. The Simply Better step defines how we can ***provide an opportunity to enhance the guest experience*** is:
- Greet and connect
  - Extraordinary Host
  - Guide people
  - Express appreciation
4. SDS stands for:
- System Disease States.
  - Sinus Deceleration Syndrome.
  - Safety Data Sheets.
5. What information would you NOT find in the Emergency Kardex?
- Bomb threat
  - Age specific populations
  - Chemical Spill
  - Infection control
6. What are the 5 fundamental steps of AIDET?
- Acknowledge, Investigate, Decipher, Encourage, Transition
  - Acceptance, Introduce, Duration, Engage, Thank
  - Acknowledge, Introduce, Duration, Explain, Thank
  - Allow, Implement, Diversity, Encourage, Transfer

7. Orange Coast Medical Center's Performance Improvement Model is:
- a. Investigate, Pursue, Design, Master
  - b. Try, Try again, Discover, Implement
  - c. Plan, Do, Study, Act
  - d. Find, Explore, Explain, Publish

**True/False (Circle the correct response):**

8. A fit (seal) check is to be performed each time you don a mask?  
True False
9. Never apologize to a patient who is visibly angry about a long wait time, as it will only escalate the issue further  
True False
10. Indications of possible drug diversion include: putting narcotics in uniform pockets, tampering with sharps containers and not wasting narcotics with another employee.  
True False

Orange Coast Medical Center

Employee Parking Permit

**\*\*CONTRACT/STUDENT\*\***

Name: \_\_\_\_\_

Employee ID Badge # \_\_\_\_\_

Location:  PCP  9900 Bldg.  9940 Bldg.  HWP  OCMC  Mariposa

Department: \_\_\_\_\_

Department Ext # \_\_\_\_\_

Employee Supervisor: \_\_\_\_\_

Parking Permit: \_\_\_\_\_

Department: \_\_\_\_\_

Vehicle#1:

License Plate # \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_

Vehicle#2:

License Plate # \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_

Vehicle#3:

License Plate # \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_

Notes and Comments:

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Security Officer inputting information: \_\_\_\_\_

Date: \_\_\_\_\_