

Attestation of Orientation & Liability Release Form

Sign and return this form prior to starting your observation

● By signing below, I _____ attest that I have reviewed the Student Orientation Packet in its entirety and take responsibility for the information contained therein. If I have any questions regarding the material in the orientation packet, I will seek clarification from the person in charge of my assigned area prior to starting my first shift at PIH Health.

● I, _____, have been approved by PIH Health for the following:

Assignment _____

● All consequences of such above-mentioned selection, including any actions that occur off school grounds, rest solely with the participant. I understand that PIH Health is not responsible or liable for any actions taken while participating in the Job Shadowing assignment. I agree to hold the hospital harmless from any potential injuries that I may sustain while engaged in any action or activity necessitated by the Job Shadowing assignment.

Participant Signature: _____

Participant Contact Number: _____

Parent Signature: If observer under 18 years of age: _____

Parent Name: _____

Emergency Contact Number: _____

Date: _____ School: _____

Name of Instructor: _____ Instructor phone # _____

Date and Times here at PIH Health: _____

Attached Documents:

- Proof of current flu shot**
- Proof of clear TB Test with one year**
- Signed Privacy, Information Security & Confidentiality Form**



Environmental Safety Procedures

- **Emergency Codes:**

▪ Code Red	Fire
▪ Code Blue	Medical Emergency – Adult
▪ PALS Code Blue	Medical Emergency Pediatric
▪ Code White	Medical Emergency Neonate/Infant
▪ Code Pink	Infant Abduction
▪ Code Purple	Child Abduction
▪ Code Yellow	Bomb Threat
▪ Code Gray	Combative Person
▪ Code Silver	Person with a Weapon / Hostage Situation
▪ Code Orange	Hazardous Material Spill / Release
▪ Code Green	Evacuation (Precautionary)
▪ Code Green STAT	Evacuation (Crisis)
▪ Code Triage – Internal	Internal Disaster
▪ Code Triage – External	External Disaster
▪ Code Decon	Patient Decontamination
▪ Code Gold	Unannounced Survey
▪ Code STEMI	Impending heart attack patient arriving in the ED
▪ Code Hyperthermia	Triggered by drugs commonly used in Anesthesia
▪ Infant Rapid Response Team	Infant (less than 28 day old) prevent cardiac arrest
▪ Pediatric Rapid Response Team	Pediatric (29 days – 13 years old) prevent cardiac arrest
▪ Infant Rapid Response Team	Infant (less than 28 day old) prevent cardiac arrest
▪ Pediatric Rapid Response Team	Pediatric (29 days – 13 years old) prevent cardiac arrest
▪ Adult Rapid Response Team	Adult Patient who condition appears to be worsening.
▪ Stroke Team Level 1:	Patient onset of stroke symptoms less than 8 hrs prior
▪ Stroke Team Level 2:	Patient onset of stroke symptoms more than 8 hrs prior
▪ Code Hyperthermia	Triggered by drugs commonly used in anesthesia
▪ Code Obstetric (OB)	OB Hemorrhage

- **Electrical Safety**

- In the event of power failure, utilize red outlets.
- Only use extension cords provided by Maintenance or Biomedical Services.

- Do not use any equipment with worn or frayed cord. Report damage to supervisor. **In Case of Fire**

- R – Rescue anyone in danger
- A – Alarm (pull nearest alarm, call 12999, and inform CBX)
- C – Contain fire by closing all doors
- E – Extinguish fire if safe to do so, or evacuate if the order is given
 - Know the location fire alarms, extinguishers and emergency exits.

- **Medical Emergencies**

- In case of a medical emergency within the hospital, note your location and call extension 12999 immediately. Tell the operator you have a medical emergency and a special team will be deployed to handle the situation. Outside of the hospital, call 911.

- **Infection Control**

- Hand washing is the number one way employees can prevent the spread of infections. Hand hygiene is the responsibility of EVERYONE! Waterless hand gel dispensers are located in every department and all patient rooms. *Please use before and after contact with others, preparing or eating food, or when common sense dictates. Please stay home when ill and maintain appropriate vaccinations.*

- **Fall Prevention and Management PIH policy/procedure #87200.609**

- All patients are considered to be at risk for falls based on being in an unfamiliar environment. We have an organizational initiative to reduce falls by patients in the hospital.
- EVERYONE is responsible for identifying and responding to situations that could potentially lead to a fall.



PRIVACY, INFORMATION SECURITY AND CONFIDENTIALITY

Acknowledgement of Responsibility

I understand and acknowledge that in the course of my employment or involvement with Presbyterian Intercommunity Hospital, Inc., a California nonprofit public benefit corporation dba PIH Health Hospital – Whittier and/or any of its related entities, collectively referred to as (“Organization”), there will be times when I will see, hear, or otherwise have access to confidential and private information such as patient health information, whose privacy and security I must maintain. To that end, I understand and acknowledge that:

- I agree to preserve and protect the privacy, confidentiality and security of all confidential information relating to the Organization, its patients, activities and affiliates, in accordance with applicable state and federal laws, including but not limited to the Health Information Portability and Accountability Act (HIPAA), and the Organization’s policies.
- I will only access, use or disclose confidential information only in the performance of my duties for the Organization, when required or permitted by law, and disclose information only to persons who have the right to receive that information. When using or disclosing confidential information, I will use or disclose only the minimum information necessary.
- The Organization is committed to protecting patient privacy and keeping patient information confidential and secure. I support this obligation during the course of my employment or involvement with the Organization. How I treat, protect, and secure confidential information applies even when I am not at the Organization.
- I recognize that posting, transferring, or reproducing patient health information on the internet such as on a social media or networking site or on any electronic or mobile device or via electronic communication methods (e.g. email, text, or instant messaging) without appropriate authorization is not allowed and may compromise the privacy and security of that information and subject me to disciplinary and/or legal action.
- If I am provided a user name / log in and password to access any of the Organization’s electronic medical record, billing and financial, or other computer or information systems, I understand that it is my responsibility to follow safe computing guidelines. To this end, I agree not to share my user name / log in and/or password with any other person. I am responsible for any potential breach of confidentiality or privacy resulting from access made to the Organization’s electronic information systems (including mobile devices) using my user name / log in and password. If I believe someone else has used my user name / log in or password, I will immediately report the use to the appropriate information technology department and request a new password. My user name / log in and password constitutes my signature and I will be responsible for all entries made under my user name / log in. I agree to always log off shared workstations and lock personal workstation if left unattended.
- I understand that my access to any of the Organization’s electronic information systems is subject to audit in accordance with the Organization’s policies.
- Under state and federal laws and regulations and the Organization’s policies governing a patient’s right to privacy, unlawful or unauthorized access to, or use or disclose of, patients’ confidential patient information may subject me to disciplinary action up to and including immediate termination from my employment/professional relationship with the Organization, civil fines for which I will be personally responsible, and criminal sanctions.
- I agree to report to the Organization’s management, the HIPAA Privacy and Data Security Officer any instance where I suspect that the Organization’s privacy or security policies are being violated or where the security or privacy of the Organization’s confidential or patient information may be compromised.

I have read, understand and acknowledge all of the above **PRIVACY, INFORMATION SECURITY AND CONFIDENTIALITY; Acknowledgement of Responsibility**

Signature

Print Name

Date

Employee; ID #: _____ Student Medical Staff observer Contract Staff Volunteer Other:

