

Health Status Verification and Background Check Attestation for Students/Interns/Faculty

AFFILIATING INSTITUTION: _____

SEMESTER: _____ **PROGRAM:** _____

The following student(s)/intern(s)/faculty (participant) have met all Massachusetts Department of Health Regulations and hospital policy for health care workers. Their records, which are on file in the schools Health Services Office, include:

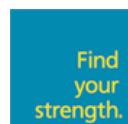
- ❖ Demonstrated proof of immunity to **Rubella** by positive antibody titer and /or re-immunization following a negative Rubella titer **or** proof of receiving 1 MMR immunization.
- ❖ Demonstrated proof of immunity to **Measles** by positive antibody titer and/or re-immunization following a negative Rubeola titer **or** proof of receiving 2 MMR immunizations.
- ❖ Demonstrated proof of immunity to **Mumps** by positive antibody titer and/or re-immunization following a negative Mumps titer **or** proof of receiving 2 MMR immunizations.
- ❖ Demonstrated proof of immunity to **Varicella** by positive anti-body titer and/or re-immunization following a negative titer **or** proof of receiving 2 Varicella immunizations.
- ❖ The results of a **Tuberculin skin test (PPD) or BAMT (Quantiferon Gold or T Spot)** within 6 months prior to the student's first clinical experience at the hospital, then annually thereafter.
For those students with a history of a positive TB test, a negative chest X-ray and negative TB symptom screen is on file.
- ❖ All students/interns/faculty have either completed or are in the process of completing the **Hepatitis B** series, have proof of immunity on file (HBSAB) or have a current signed Hepatitis B waiver on file in the schools Health Services Office.
- ❖ Proof of receiving the **Tetanus, Diphtheria and Pertussis (Tdap)** vaccine.
- ❖ All students/interns/faculty have received the **Influenza Vaccine** for the current influenza season (please provide documentation when it becomes available). Date of Influenza Vaccine _____
- ❖ **NEW FALL 2021** - All students/interns/faculty must be fully vaccinated against **COVID prior to beginning the clinical rotation** (please provide documentation of status and manufacturer)

COVID Vaccine Manufacturer: _____ Date of COVID Vaccine 1 _____
COVID Vaccine Manufacturer: _____ Date of COVID Vaccine 2 _____
COVID Vaccine Manufacturer: _____ Date of COVID Booster _____
- ❖ Respirator Medical Clearance with Fit Test on file: Type of N-95 Mask _____ Size _____

The following student(s)/intern(s)/faculty have undergone a national criminal background check no later than three months in advance of the date on which the participant is scheduled to begin their program as outlined in the SRN Student Contract. This background check has returned "no record"; or to the extent that a school's background check reveals the record(s) exists, the school has contacted Massachusetts General Hospital Police and Security Department at 617-724-4337 and has received a determination consistent with applicable law and Hospital policies, that the participant may take part in the program.

Name: _____

I hereby verify that the above named student/intern/faculty have met all the stated requirements for healthcare personnel



and have been cleared by the school's Health Services Office and or their personal health care provider for program participation:

Name: _____ Title: _____

Signature: _____ Date: _____



**PARTNERS HEALTHCARE SYSTEM
PARTNERS COMMUNITY HEALTHCARE**

CONFIDENTIALITY AGREEMENT

Partners HealthCare System, its affiliates and joint venturers, and Partners Community HealthCare have a legal and ethical responsibility to safeguard the privacy of all patients and to protect the confidentiality of their health information. Additionally, Partners HealthCare System, its affiliates and joint venturers, and Partners Community HealthCare must assure the confidentiality of its patient, fiscal, research, computer systems, management and other business information. In the course of my employment/assignment at a Partners organization/practice, I may come into the possession of confidential information. In addition, my personal access code [User ID and Password] used to access computer systems is also an integral aspect of this confidential information.

By signing this document I understand the following:

1. Access to confidential information without a patient care/business need-to-know in order to perform my job - whether or not that information is inappropriately shared - is a violation of this policy. I agree not to disclose confidential or proprietary patient care and/or business information to outsiders (including family or friends) or to other employees who do not have a need-to-know.
2. I agree not to discuss confidential patient, fiscal, research, computer systems, management and other business information, where others can overhear the conversation, e.g., in hallways, on elevators, in the cafeterias, on the shuttle buses, on public transportation, at restaurants, at social events. It is not acceptable to discuss clinical information in public areas even if a patient's name is not used. This can raise doubts with patients and visitors about our respect for their privacy.
3. I agree not to make inquiries for other personnel who do not have proper authority.
4. I know that I am responsible for information that is accessed with my password. I am responsible for every action that is made while using that password. Thus, I agree not to willingly inform another person of my computer password or knowingly use another person's computer password instead of my own.
5. I agree not to make any unauthorized transmissions, inquiries, modifications, or purgings of data in the system. Such unauthorized transmissions include, but are not limited to, removing and/or transferring data from Partner's computer systems to unauthorized locations, e.g., home.
6. I agree to log off a Partners workstation prior to leaving it unattended. I know that if I do not log off a computer and someone else accesses confidential information while the computer is logged on with my password, I am responsible for the information that is accessed.

Partners HealthCare System, its affiliates and joint venturers, and Partners Community HealthCare have the ability to track and monitor access to on-line records and reserves the right to do so. Partners HealthCare System, its affiliates and joint venturers, and Partners Community HealthCare can verify that those who accessed records did so appropriately.

I have read the above special agreement and agree to make only authorized entries for inquiry and changes into the system and to keep all information described above confidential. I understand that violation of this agreement may result in corrective action, up to and including termination of employment and/or suspension and loss of privileges. I understand that in order for any User ID and/or Password to be issued to me, this form must be completed.

Signature of Employee / Physician / Student / Volunteer / Non-Partners Personnel

Date

Print Name

SRN ORIENTATION AND ANNUAL REVIEW SUMMARY



FOR USE BY: *INCLUDING BUT NOT LIMITED TO - CONTRACT PERSONNEL (E.G. IV ACCESS-RN, SODEXO, NOVA, ETC), VOLUNTEERS, STUDENTS, HAIRDRESSERS, INTERPRETERS, RESEARCH STAFF, COMMUNITY PARTNERS (E.G. ELDER SERVICES, SCI ASSOC. OF MA, MA COMMISSION, ETC.), MGB EMPLOYEES, OUTSIDE POLICE/SECURITY, AND OTHER NON-EMPLOYEES*

Welcome to the Spaulding Rehabilitation Network (SRN). We are pleased to have you as part of our team. Providing a safe and caring environment for our patients and staff is our utmost priority. Please thoroughly read this brochure to understand your role in maintaining this environment. Speak to your supervisor promptly if you have any questions or concerns.

SCC – Spaulding Cape Cod : SHC – Spaulding Hospital Cambridge :
SNS – Spaulding North Shore : SRB – Spaulding Rehabilitation
Brighton : SRH – Spaulding Rehabilitation Hospital

MISSION STATEMENT

SRN is committed to delivering compassionate care across the healthcare continuum to **improve quality of life** for persons recovering from or learning to live fully with illness, injury and disability.

VISION STATEMENT

SRN will be the nationally recognized leader in innovation, research and education, achieving exceptional patient outcomes and known for delivering a broad range of integrated health care solutions. We will exercise leadership to shape health policy and **advocate for our patients, their families and our staff.**

Important items to remember:

- You are required to **wear your picture ID badge at all times** while in SRN facilities.

- No weapons of any kind are allowed at our SRN facilities.
- Smoking/vaping is not allowed at our SRN facilities.
- You must complete your job-specific orientation program in your assigned work area.
- SRN InSite = www.pccinsite.partners.org
Helpful information, and SRN Policies, are located on SRN InSite

- Facility-specific emergency dial numbers:
SCC = 0 : SHC = 2222 : SRB = 60 : SRH = 86666 : Bldg. 79/96 = 911 : Stand alone outpatient = 911
Refer to your SRN employee badge emergency card

WORK PLACE VIOLENCE

If a person exhibits sudden and negative behavioral changes, call your supervisor to assist in de-escalating the situation. If necessary, dial the emergency number in your facility and request a “Security Alert,” specifying the location. Specially trained staff will arrive to help resolve the situation. If you feel that you or someone else is at imminent risk of harm, please dial 911 immediately.

EMERGENCY MANAGEMENT

Familiarize yourself with the location of exits, fire extinguishers and fire alarm pull stations. Please notify your supervisor or call the operator to announce the following emergencies:

Types of Alerts:

- Medical Alert** – e.g. cardiac/respiratory arrest, or trach emergency
- Security Alert** – e.g. missing person, aggressive person, or active shooter.
- Weather Alert** – e.g. sudden or severe weather, tornado, hurricane or flash flood
- Facility Alert** – e.g. hazardous spills or fires

Rapid Response Team (RRT):

An RRT is activated when a patient has a significant change in medical status (BP, HR, O2, Cognition, Fall). Any member of the healthcare team or the patient/patient’s family can activate the RRT. It is available at the following inpatient facilities: SCC, SHC, and SRH. A ‘Medical Alert’ should be requested in these circumstances at SRB and at stand-alone outpatient facilities. Follow all **current** facility-based response protocols.

Unique RRT emergency dial number at SCC = 4222

For Active Shooter:

- Run
- Hide
- Fight

Call 911 to activate Emergency Response

FIRE SAFETY

Our code for fire is “Facility Alert.” Upon discovery of a fire, smoke, or suspected fire, remember:

R-A-C-E: Rescue – Alarm – Contain – Extinguish

Rescue patients and get anyone out of danger

Alarm: Pull the alarm; indicate the location

Confine: Close all doors and windows

Extinguish the fire with a fire extinguisher or evacuate to a safe area. Do **not** move through the building. Do **not** use elevators. If you are in the immediate area of the fire, evacuate to a safe location, horizontally or vertically, bringing patients and visitors with you.

To use a fire extinguisher: P.A.S.S.

Pull pin

Aim nozzle

Squeeze handle

Sweep at base of fire

ELECTRICAL EQUIPMENT

To ensure continuous electrical power supply, patient care equipment should be plugged into the **red emergency receptacles**. All electrical equipment must be tested and approved by the Maintenance Department prior to use at SRN.

INFECTION PREVENTION and BLOODBORNE PATHOGENS

HAND HYGIENE is the single most important procedure in preventing the spread of infection. Specific hand hygiene requirements are noted at the entry to patient rooms:

Hand Washing – Use soap and water for a vigorous 20-second rubbing together of well-lathered hands followed by a thorough rinsing. (Must use when hands are visibly soiled and after using the bathroom and before eating)

Hand-Rub – Use alcohol-based hand sanitizer when frequent hand hygiene is required (entering/leaving patient rooms, donning/doffing gloves, before and after contact with patients or patient equipment.) Cover

entire hands and fingers rubbing all surfaces, allow to air dry.

Wear eye protection or face shield to protect mucous membranes during procedures and patient care activities that are likely to generate splashes or sprays of body fluid.

STANDARD PRECAUTIONS & PERSONAL PROTECTIVE EQUIPMENT (PPE) SRN recognizes Standard Precautions as the minimum infection prevention measures for patient care in both inpatient and outpatient settings. These practices protect healthcare personnel and prevent the spread of infections among patients. Standard Precautions include:

- 1) hand hygiene,
- 2) use of appropriate PPE (e.g. gloves, gowns, masks, protective eyewear),
- 3) respiratory hygiene / cough etiquette,
- 4) safe injection practices, and
- 5) safe handling of potentially contaminated equipment or surfaces in the patient environment.

*Follow all **current** facility-based PPE protocols.*

TRANSMISSION-BASED PRECAUTIONS are used to supplement Standard Precautions for patients with known or suspected infection.

Transmission-Based Precautions include:

- 1) Contact Precautions (requires gown and gloves when entering a patient's room)
- 2) Contact Precautions Plus (as noted above plus handwashing and disinfection with bleach)
- 3) Droplet Precautions (requires a mask and goggles or face shield when entering a patient's room) and
- 4) Airborne Precautions (requires a fit-tested N95 respirator)
- 5) Enhanced Respiratory Isolation (requires gown, gloves, fit-tested N95 respirator, goggles or face shield – and door remains closed at all times)
- 6) Strict Isolation (gown, gloves, fit-tested N95, goggles or face shield – requires a NEGATIVE PRESSURE room and door remains closed at all times)

Precaution instruction signs are posted outside of patient rooms.

BLOODBORNE PATHOGENS All blood and body fluids are considered infectious. Any exposure to blood and/or other body fluids and sharps injuries must be washed immediately (for 5 – 10 minutes) and then

reported to the nursing supervisor for assistance to ensure timely activation of the Post Exposure protocol. Follow all **current** facility-based infection prevention protocols.

HAZARDOUS CHEMICALS & SDS

Safety Data Sheets (SDS) provide information about the chemical substances within products, safe handling procedures, first aid measures and procedures to be taken when a product is accidentally spilled or released. The SDS can be found on SRN InSite under 'Quicklinks.'

CORPORATE COMPLIANCE

Legal or ethical questions, or a belief that a member of the SRN community has violated a legal, ethical or regulatory responsibility, should be raised with your supervisor. You may also consult directly with SRN entity Directors of Quality and Compliance or the SRN Chief Compliance Officer (617-952-5991) or by calling the **confidential MGB Compliance Hotline at 1-800-856-1983.**

DIVERSITY, EQUITY & INCLUSION

At SRN, we have a commitment to respecting all people we serve, including our co-workers. We accept and embrace a wide variety of human differences and the values of cultural humility. Our policies protect our patients and our workforce from disrespect and discrimination. Please consult your supervisor for information and resources when needed.

ANTI - HARASSMENT

If any person believes that they have been subjected to sexual, racial or other types of harassment, the person has the right to file a complaint with SRN. This may be done in writing or verbally. The incident should be reported immediately to the supervisor, or your Human Resources representative.

HIPAA – CONFIDENTIALITY & PRIVACY

Privacy and Security of protected health information (PHI) is a patient right. Only access information that is needed to perform your job. Do not discuss PHI in public areas. Encrypt all devices used for SRN business – contact IS for assistance (617) 952-5555. Instead of email, use MyChart/Patient Gateway whenever possible to communicate with patients.

CYBER-SECURITY

Healthcare organizations are targets for online attacks launched to gain access to patient and employee health

and financial data. Do your part to guard against cyber phishing – never click on attachments or links from unknown individuals. When in doubt – send an email to "Report Phishing" or nospam@partners.org. Lock your computer screen when you leave your work station. Never share your passwords. Make sure to encrypt all devices.

RESTRAINTS

Non-behavioral restraints may be used if a person is at risk of interfering with medical treatment, and only after alternative, less-restrictive methods are proven ineffective. Please refer to the SRN Restraint Policy/Procedure for details.

ABUSE NEGLECT / DOMESTIC VIOLENCE

All staff are mandated reporters for the possible abuse and neglect of a minor child, adult disabled person or elderly person. The Joint Commission requires healthcare providers to share resource information with persons who may be involved with domestic violence. If you suspect abuse and neglect or domestic violence, immediately contact your supervisor.

NATIONAL PATIENT SAFETY GOALS (NPSG)

Recognizing and responding to changes in a patient's status is a primary patient safety goal. SRN actively addresses recognized NPSGs. Information about the current NPSGs can be located on SRN InSite under 'Quicklinks' and 'Joint Commission Resources.'

PATIENT RIGHTS

Patient Rights are posted in a public area at all sites. If you observe or suspect a breach of patient rights, you have a responsibility to contact your supervisor.

PATIENT FALLS

It is everyone's job to prevent patient falls. If you see a fall, please do not attempt to move the patient. Someone must always stay with the patient. Alert a nurse or notify a supervisor.

Please keep this brochure for your reference and give a signed copy to your SRN supervisor/liaison.

I have read and understand the Orientation Summary brochure.

Name(print): _____

Position: _____

Signature: _____

Date: _____

SHC Non Employee Request

A Non Employee is defined as a volunteer, student intern or contract person working on-site for 30 days or more.

Type:	<input style="width: 100%;" type="text"/>	HR Generalist:	<input style="width: 100%;" type="text"/>
Start Date:	<input style="width: 100%;" type="text"/>	Manager:	<input style="width: 100%;" type="text"/>
Anticipated end date:	<input style="width: 100%;" type="text"/>	Department:	<input style="width: 100%;" type="text"/>
Affiliation:	<input style="width: 100%;" type="text"/> (school, Temp (non-Bulfinch, other)	Contact phone:	<input style="width: 100%;" type="text"/>
		Date prepared:	<input style="width: 100%;" type="text"/>

Personal Information

First Name: _____	Gender: _____
Middle: _____	Date of Birth: _____
Last Name: _____	Social Security: _____
Address: _____	Phone number: _____
City, State, Zip: _____	Emergency contact name: _____
E-mail address: _____	Emergency contact number: _____

Job Information

Action: Add Non-Employee	Job Code: 001001
Reason: ANE	Status: Regular
Company: SRH	Shift: Day
Business Unit: 1460	Work Group: WSC000
Department: <input style="width: 100%;" type="text"/> SCR	Payroll: Other
Occupational Health Appt	Licensure (if applicable)
Date: <input style="width: 100%;" type="text"/>	License Type: <input style="width: 100%;" type="text"/>
Time: <input style="width: 100%;" type="text"/>	Issue Date: <input style="width: 100%;" type="text"/>
MA CORI	License Number: <input style="width: 100%;" type="text"/>
HIRE RIGHT	Issued By: <input style="width: 100%;" type="text"/>
Submitted date: <input style="width: 100%;" type="text"/>	Expiration Date: <input style="width: 100%;" type="text"/>
Results on file? <input style="width: 100%;" type="text"/>	Verified?: <input style="width: 100%;" type="text"/>
HHS-OIG and EPLS	Orientation Date <input style="width: 100%;" type="text"/>
Date: <input style="width: 100%;" type="text"/>	