



*St. Vincent  
Indianapolis Hospital*

# **NON-ASSOCIATE\* ORIENTATION AND REFERENCE BOOKLET**

**Applies to the following St. Vincent Hospital and Health Care Center, Inc. facilities:**

St. Vincent Indianapolis Hospital  
St. Vincent Women's Hospital  
St. Vincent Stress Center  
St. Vincent Pediatric Rehabilitation Center  
St. Vincent Children's Hospital  
St. Vincent Hospital Foundation

**\*Non-Associate designation includes students,  
independent contractors and shadows**

**Volunteers, Site Solutions contracted staff, physicians and vendors utilize  
a separate process.**

Oversite of these separate orientation processes:  
Volunteers – Indianapolis Volunteer department  
Site Solutions – Indianapolis Human Resources  
Physicians – Medical Affairs  
Vendors – Supply Chain Office

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<p style="color: blue; margin-left: 20px;"><i>Must be signed before any work and/or visiting can begin at St. Vincent Hospital and Health Care Center, Inc. This signed Confidentiality Agreement (pgs.9-10) will be maintained in the department for which work and/or visiting is being done.</i></p>	

## **NON-ASSOCIATE RESPONSIBILITY FOR THIS MATERIAL**

This booklet has been designed for the non-associate performing services at St. Vincent Hospital and Health Care Center, Inc. to use as an orientation to the Hospital.

All non-associates must review the orientation/training information provided in this booklet before performing work at any St. Vincent Hospital and Health Care Center, Inc. facility.

Depending on the activity or extent of work you are completing, some of the sections will not apply and for some work, additional orientation/training may be required. Non-associates will be notified by the department in which they are providing services if additional requirements need to be met before the commencement of work activity.

## **WELCOME AND GENERAL INFORMATION**

We welcome you to St. Vincent Hospital and Health Care Center, Inc., a member of St. Vincent Health, a values-based alliance of local healthcare providers in Central Indiana. This orientation booklet, along with the specific department's orientation booklets will provide you with the St. Vincent Hospital and Health Care Center, Inc. procedures and policies that must be followed during your contact with this organization.

St. Vincent Hospital and Health Care Center, Inc. is also a part of Ascension Health at the national level.

## **ASCENSION HEALTH MISSION**

Rooted in the loving ministry of Jesus as healer, we commit ourselves to serving all persons with special attention to those who are poor and vulnerable. Our

Catholic health ministry is dedicated to spiritually centered, holistic care, which sustains and improves the health of individuals and communities. We are advocates for a compassionate and just society through our actions and our words.

## **CORE VALUES**

The Spirit of Caring is alive at St. Vincent Hospital and Health Care Center, Inc., represented by the three doves of our logo, flying proudly in an integrated formation, depicting the three aspects of holistic healing – body, mind and spirit. We strive to deliver to our patients and families extraordinary patient care every day, with the three doves as our guiding symbol.

*As a member of Ascension Health and St. Vincent Health, we are called to:*

### **Service of the Poor**

Generosity of spirit, especially for persons most in need

### **Reverence**

Respect and compassion for the dignity and diversity of life

### **Integrity**

Inspiring trust through personal leadership

### **Wisdom**

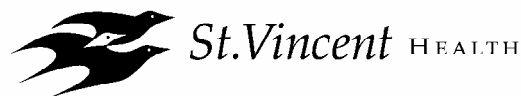
Integrating excellence and stewardship

### **Creativity**

Courageous Innovation

### **Dedication**

Affirming the hope and joy of our ministry



**ST.VINCENT HOSPITAL AND  
HEALTH CARE CENTER, INC.  
TELEPHONE NUMBERS AND  
CONTACTS**

Main Switchboard	338-2345
Report Emergencies	338-2000
Security Department	338-2297
Safety Department	338-6788
Administrative Rep	338-3936
STV Women's Security	415-7702
STV Women's Emergency	415-8111

**PARKING**

Upon arrival at a St. Vincent Hospital and Health Care Center, Inc. facility, you may park in any of the following areas:

St. Vincent Indianapolis Hospital - Main Lot, white lined areas.

St. Vincent Women's Hospital - Behind the hospital on the northeast corner, adjacent to the receiving area.

St. Vincent Stress Center – Main Lot.

St. Vincent Pediatric Rehabilitation Center – Main Lot.

**SIGN IN/CHECK IN**

Upon arrival at the hospital, all non-associates should report as directed by the hiring department.

**IDENTIFICATION**

All individuals must wear a hospital issued identification badge, or other identification deemed appropriate by Security at all times. Uniforms, where applicable, must be worn and shall be maintained in a clean and orderly fashion.

**ENFORCEMENT OF SAFETY  
REGULATIONS**

St.Vincent Hospital and Health Care Center, Inc. is highly concerned about

the safety and well being of our patients, visitors, associates and contract employees. All persons are expected to be concerned for their own safety and the safety of others. Compliance with St.Vincent Hospital and Health Care Center, Inc. policies, procedures and governmental safety regulations is required, as well as correction of any deficiencies noted during the completion of a project.

**JCAHO REQUIREMENTS**

St.Vincent Hospital and Health Care Center, Inc. is accredited by the Joint Commission for the Accreditation of Healthcare Organizations. As an accredited facility, all non-associates are required to complete this orientation booklet and return the signed acknowledgement form (pages 9-10) prior to working in any St.Vincent Hospital and Health Care Center, Inc. facility.

**CONFIDENTIALITY**

All patient medical and financial information, records and data to which you have knowledge and access during the course of your work with St.Vincent Hospital and Health Care Center, Inc. is to be kept strictly confidential. Confidentiality is a condition of work and confidential information shall not be disclosed to anyone under any circumstances, except to the extent necessary to fulfill work requirements. Permission from St.Vincent Hospital and Health Care Center, Inc. should be obtained before disclosing any information. Unauthorized disclosure of confidential information is grounds for immediate dismissal and/or termination of contract and/or is open to civil or criminal penalties.

The attached St.Vincent Hospital and Health Care Center, Inc. Confidentiality Agreement must be signed before any

work can begin at St.Vincent Hospital and Health Care Center, Inc. This signed agreement form will be kept on file within the department to which the non-associate is working and/or visiting.

St.Vincent Hospital and Health Care Center, Inc. and you agree that the services provided under this Agreement, or any future Agreement, will comply in all material respects with all federal and state regulations, rules or orders, including but not limited to regulations promulgated under Section 264 of the Health Insurance Portability and Accountability Act (Public Law 104-91 – “HIPAA”). Persons shall in good faith execute any and all agreements that St.Vincent Hospital and Health Care Center, Inc. is required to have the contractor execute in order that St.Vincent Hospital and Health Care Center, Inc. may comply with “HIPAA”.

### **INSURANCE/LICENSURE REQUIREMENTS**

Each non-associate whose position requires insurance and all pertinent licenses related to their work must provide original documentation to be copied and maintained with the signed acknowledgement form (pages 9-10.)

### **TOBACCO FREE WORKPLACE**

There will be no tobacco usage at any St.Vincent Hospital and Health Care Center, Inc. facility. This policy will be strictly enforced and non-associates will be sanctioned up to and including termination of contract. St.Vincent maintains a smoke-free campus.

### **FIRE SAFETY PROCEDURE**

As each such occurrence is unique, St.Vincent Hospital and Health Care Center, Inc. relies upon the judgment of associates and non-associates to react in a manner most conducive to the safety of

patients, visitors and hospital associates. Should a life-threatening situation exist, preservation of human life should take priority.

During a Code R.A.C.E, which is the code name for a fire, remain calm. The greatest danger in most fires is panic. NEVER SHOUT “FIRE!” It is the responsibility of the individual to be oriented as to the nearest fire escape route in relation to where they have been contracted to work. Contact the department with whom you will be working for information concerning fire safety procedures and locations of fire equipment. This should be done immediately upon arrival at the designated work site.

If you have any questions about restrictions or requirements for entering a certain area of a facility, please consult with an associate in the area of the department for which you are working.

### **EMERGENCY CODES**

**Code 1** – Cardiac or Respiratory Arrest

**Fire Plan Code R.A.C.E** – The hospital’s response to a fire is to:

**Rescue** affected persons from immediate danger

**Alarm** – alert others of the emergency and call the appropriate telephone number

**Contain** the smoke and fire by closing all doors

**Extinguish** the fire or prepare for possible further evacuation.

**Severe Weather Watch** – announced when conditions are present that may produce severe weather

**Severe Weather Warning** – severe weather is imminent, take appropriate actions

**Disaster Plan** – plan that takes effect whenever an event occurs that disrupts the normal operations of the facility

**Utility Interruption Plan** – announced when outside utility supplies are disrupted, i.e. water, power, etc.

**Essential Service Interruption Plan** – announced when internal services are disrupted, i.e. piped gases, information systems, etc.

**Code “Adam”** – announced when an infant or child is missing

**Bomb Threat** – never announced via the public address system. Affected departments will be contacted by Security or other representative

**Bio-Terrorism Response Plan** – announced in the event of a bio-terrorism attack or other event requiring mass decontamination of patients

**Chemical Response Plan** – announced in the event of a spill or release of hazardous chemicals or wastes

**Evacuation Plan** – will be announced along with department(s) affected by the evacuation notice, normally in conjunction with a previously announced emergency

**Civil Disorder Plan** – announced when there is need to control access to the facility due to an external emergency

**Snow Plan** – announced when a significant snowfall is anticipated and/or incoming staff are unable to report for duty due to heavy snow

### **SAFE FOOD HANDLING**

Any person who will handle, transport, prepare or repair equipment that

prepares or handles food that is to be distributed to patients must complete an in-service on the safe handling of patient food and the equipment related to preparing and transporting patient food. The vendor must maintain this documentation and be able to produce the documentation upon request.

### **COMMUNICATION DEVICES**

The use of communication devices in our hospitals is prohibited in designated areas. Hospital or pay phones must be used.

### **GIFTS AND GRATUITIES**

St. Vincent Hospital and Health Care Center, Inc. asks that all non-associates refrain from offering gifts or gratuities of any kind to any Hospital Associate. Likewise, non-associates are prohibited from accepting gifts or gratuities from patients and visitors.

### **CORPORATE RESPONSIBILITY AND PROFESSIONAL ETHICS**

Non-associates shall comply with the St. Vincent Hospital and Health Care Center, Inc. Corporate Responsibility Program and the standards of Conduct of Ascension Health. This may include education and investigational components of these programs.

### **ETHICAL AND RELIGIOUS DIRECTIVES**

Parties acknowledge that St. Vincent Hospital and Health Care Center, Inc. is a member of the Ascension Health system. The operation of St. Vincent Hospital and Health Care Center, Inc. is in accordance with the Ethical and Religious Directives for Catholic Health Care Services (“Ethical and Religious Directives”), and that the principles and beliefs of the Roman Catholic Church are a matter of conscience to St. Vincent Hospital and Health Care Center, Inc. It is the intent and agreement of the parties

that no Agreement or any part thereof shall be construed to require St. Vincent Hospital and Health Care Center, Inc. to violate said Ethical and Religious Directives in its operation. All services conducted by the non-associate must be consistent with the Ethical and Religious Directives as promulgated by the United States conference of Catholic Bishops, Washington, D.C. of the Roman Catholic Church or its successor.

### **SAFETY ENGINEERED SHARPS**

The Occupational Safety and Health Administration (OSHA) through their Bloodborne Pathogen Standard mandates that safety engineered sharps be utilized by all personnel with three exceptions: 1) When there is no safety engineered sharp on the market applicable to the need. 2) When the safety engineered sharp endangers the safety of the patient. 3) When the safety engineered sharp endangers the safety of the user. At all other times the safety engineered devices are to be utilized. Competency on each type of device must be demonstrated prior to use of the device.

### **WARNING SIGNS AND LABELS**

Non-associates are expected to observe and obey all warning signs and labels. These include, but are not limited to the following:

1. Biohazard labels or the color red for biohazards or infectious waste;
2. Signs on rooms specifying restricted entry or required personal protective equipment; and
3. Restricted entry to Authorized Personnel Only.

### **BLOODBORNE PATHOGENS**

Where potential exposure to blood and/or other potentially infectious materials is likely, the contractor's/vendor's employer is

responsible for OSHA bloodborne pathogens training.

Non-associates/vendors who need additional information on personal protective equipment requirements should contact the unit's/department's charge person or bloodborne pathogens trainer.

### **TUBERCULOSIS (TB)**

Non-associates will not routinely be permitted to enter isolation, procedure or patient rooms where a suspect or known TB patient is present and unmasked. If a non-associate is required to enter such an area to fulfill a contractual obligation, the unit charge person must be notified. The non-associate will be supplied with the positive air-purifying respirator (PAPR) to wear.

### **HAND HYGIENE**

Good hand hygiene prevents the spread of infection. Hand hygiene includes hand washing and the use of alcohol foams and gels. Hand washing must be performed for 20 seconds with the use of hospital approved antibacterial soap. Alcohol foams and gels are available for use on hands that are not visibly soiled or have not had contact with blood or body fluids. Artificial nails and long nails are not permitted for health care workers who have patient care contact or contact with patient care products. Additional information is available in policy 001.004 Hand Hygiene.

### **FITNESS FOR DUTY:**

It is the responsibility of each individual to ensure they are compliant with all requirements for the duties and tasks they will be performing.

The minimum requirements for all persons working in any clinical environment whether or not they are involved in direct patient care include:

1. Documented and demonstrated immunity to rubella, rubeola, and varicella. (Available record of immunization completion or lab testing confirming immunity must be made available on request).
2. Screening for Tuberculosis – TB skin testing within one year or TB symptom questionnaire and negative chest x-ray for previously positive TB skin test responders.\*

\* Documentation of TB screening is not required of student shadowers who are in the facility for less than one day. (ie. “*Day in the Life*” students.)

Personnel must be free of infectious (communicable) disease, which includes but is not limited to: TB, chickenpox, influenza, conjunctivitis, infectious food borne illness, skin infections, respiratory infections, etc.

Personnel should not report to work with fever, diarrhea, any infectious disease, or disabling physical conditions until symptoms have resolved and/or they have been cleared to work by their respective private or occupational health professional.

### **Work Related Injury and Illness Care**

It is the responsibility of the individual and their respective employer to have in place a procedure for managing work related injury and/or illness. This includes event reporting, a process for accessing appropriate medical services for illness / injury care, and managing worker restrictions. Integration with the employer’s workers’ compensation program assuming liability related to the non-associate’s work injury / illness along with claims management and bill

payment is an exclusive responsibility of the individual and the respective employer.

### **DRUG FREE WORKPLACE**

Individuals will not be permitted to report to work under the influence of drugs or alcohol nor will they be permitted to bring beverage alcohol or drugs into the workplace.

When using prescription drugs according to their physician's directions or over-the-counter drugs, any job safety concerns involving the effects of such drugs will need to be discussed with their private physician and/or the employer’s assigned occupational health physician that would determine fitness-for-duty. Non-associates taking medications which could compromise the safety of others should remove themselves from the St. Vincent Hospital and Health Care, Inc. work environment.

The Hospital reserves the right to indefinitely remove any individual from work assignment if there is a suspicion of impairment. If there is the suspicion of impairment, this will be reported to the individual’s employer. In addition, if there is a suspicion of impairment and the individual operates any motor vehicle, this may be reported to local law enforcement.

**This area intentionally left blank.**

**ACKNOWLEDGEMENT OF RECEIPT  
AND UNDERSTANDING OF NON-  
ASSOCIATE ORIENTATION AND  
REFERENCE BOOKLET AND  
CONFIDENTIALITY AGREEMENT**

**THIS AGREEMENT** was entered into by and between St. Vincent Hospital and Health Care Center, Inc., an Indiana nonprofit corporation, (hereinafter "Hospital") and

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(hereinafter "Non-Associate").

**WITNESSETH:**

**WHEREAS**, Hospital is the owner and operator of a hospital known as St. Vincent Hospital and Health Care Center, Inc. located in Indianapolis, Indiana; and

**WHEREAS**, Hospital recognizes the need to facilitate visits of contracted health care professionals, students, independent contractors, and shadowers in the facility while maintaining all departmental operations, patient safety and privacy.

**NOW, THEREFORE**, in consideration of the mutual covenants contained herein, the parties agree as follows:

**I. OBLIGATIONS OF NON-ASSOCIATE and/or SPONSORING ENTITY**

It is required that all Non-Associates read the Non-Associate Orientation and Reference Booklet before performing any services at any St. Vincent facility. After reading and clearly understanding the information contained in the Non-Associate Orientation and Reference Booklet, each Non-Associate is required to sign and date this form. This form is to be maintained in the department where Non-Associate is to be

working/visiting unless the Non-Associate is a vendor, whereby this will be maintained in Materials and Logistics.

1.1 Non-Associate agrees to follow all applicable Hospital policies and/or Department policies in regard to Non-Associate visitation.

1.2 Non-Associate agrees to protect the confidentiality of all patient information and health records, including information on the patient's chart, the patient's diagnosis, treatment and condition, as well as information pertaining to Hospital policies (hereinafter "Confidential Information"). Non-Associate agrees not to disclose this Confidential Information to any third party without the consent of the Hospital.

1.3 Non-Associate agrees not to enter any clinical areas without Hospital or Physician approval

1.4 Non-Associate agrees to abide by all applicable state and federal laws regarding confidentiality of patient records and further agrees that: (1) no copies of records will be obtained or leave Hospital premises; and (2) no patient identifying information will be taken from any patient records without Hospital approval.

1.5 Non-Associate agrees to disclose any criminal convictions and whether Non-Associate is currently or has previously been excluded, suspended or otherwise ineligible for participation in federal programs, or has a controlling interest in an entity that has been so excluded or suspended.

1.6 Non-Associate and/or their sponsoring entity agrees to inform the appropriate Hospital department where

they will be working/visiting if the nature of their work for the Hospital relates to or involves the Hospital's Medicare, Medicaid or other federal health care program business. This includes Non-Associates working as independent contractors and/or allied health professionals that could influence or have responsibility for record or billing activity.

1.7 Non-Associates and/or their sponsoring entity assumes all liability for work-related injury or illness; including all workers' compensation costs, injury and illness care claims costs, loss of employment related to work injuries and/or illness; and any disability associated cost or liability whether temporary, permanent, and/or requiring special accommodation.

## II. OBLIGATIONS OF HOSPITAL

2.1 Hospital will provide access to Hospital premises in accordance with Hospital policies.

2.2 Hospital will make available all Hospital policies and procedures related to job being performed

2.3 Hospital will provide pertinent information consistent with the Hospital's policies and procedures with regard to disclosure of information and with applicable state and federal laws.

2.4 For any person named in previous section 1.6, Hospital will perform an OIG criminal background check to ensure that the individual in question has not been charged with or convicted of a criminal offense relating to Medicare, Medicaid or other federal health care program business, or any other felony involving health care matters.

## III. COMPENSATION

3.1 This Agreement does not contemplate the payment of any fee or remuneration by either party due to the other, but is intended to jointly benefit both parties.

## IV. GOVERNING LAW

4.1 This Agreement shall be construed and governed by the laws of the State of Indiana.

**IN WITNESS WHEREOF**, the duly authorized officers and representatives of Non-Associate and Hospital have executed the Agreement this \_\_\_\_ day of \_\_\_\_\_ 200\_\_.

### ST.VINCENT HOSPITAL AND HEALTH CARE CENTER, INC.

By: \_\_\_\_\_

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

### FOR NON-ASSOCIATE:

By: \_\_\_\_\_

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

Title or  
Function: \_\_\_\_\_

Sponsoring Entity: \_\_\_\_\_

**Signed original along with applicable insurance/licensure documentation is to be maintained in departmental files where the non-associate is to be working/visiting.**

**\*For purpose of this process, Non-Associate designation includes students, independent contractors and shadders.**

**Volunteers, Site Solutions contracted staff, physicians and vendors utilize a separate process.**