Welcome. This packet is designed to introduce you to the policies and procedures you will be expected to follow when visiting our healthcare facility. Please take time to review the enclosed information. If you have any questions contact the department manager of the department you are visiting.

Prior to conducting business with staff/and or physicians:

- You must have current proof of Tuberculosis (TB) and current competencies on file (IPA*).
- You will not be under the influence of drugs or alcohol while on hospital property.
- You are required to schedule an appointment with the appropriate department manager whenever you visit. If you are contacted by a physician or a physician’s office requesting the use of your product for a scheduled procedure, you must contact Corporate Contracting before bringing the product to the department.
- You must complete an orientation process, either written or an informal verbal discussion, on proper attire, traffic patterns, infection control practices, standard precautions, fire safety, electrical safety, patient’s rights, confidentiality, and wearing identification at all times (IPA*).

Upon arrival, you must have a pre-scheduled appointment, register in the VendorStat vendor registration system and report to the department during normal working hours or to Security at the Emergency Department entrance after hours or on weekends.

- If you need to enter restricted and/or semi-restricted areas, you must wear facility approved freshly laundered surgical attire according to established policies and procedures (IPA*).

While in the hospital, the HIR will adhere to the following protocol:

- The HIR may be present to provide technical information and will function as a resource person. Representatives having specialized training may perform remote calibrations to adjust devices to the physician specifications, i.e. pacemakers, lasers, etc. (IPA*).
- Equipment from outside vendors must be checked by Clinical Engineering for electrical integrity and compatibility features before use. It is the responsibility of the HIR to check and certify the functional integrity of the device prior to use (IPA*).

*IPA=applies specifically to an invasive procedural area within the Hospital
• The HIR must respect the privacy and confidentiality of patients, staff, and employees at all times.

• The cost of supplies must be agreed upon by Corporate Contracting prior to the start of the procedure. Invoices not agreed upon prior to the procedure will not be honored.

• The HIR will not replace and/or remove any product and/or equipment without proper authorization from the department director, manager, and/or clinical coordinator.

• Failure of the HIR to comply with the following rules of conduct can result in immediate removal from patient care areas.
  o Do not approach and/or solicit other physicians/employees.
  o Do not attempt to attend procedures for which you have not been cleared.
  o Do not use hospital phones (public pay phones are available). The use of electronic devices (cell phones, lap top computers, etc.) should be used appropriately and not interfere with patient care.
  o If asked by a physician/employee to leave the area, do so immediately, do not request an explanation.

ASEPTIC TECHNIQUE (IPA*)

Adherence to aseptic practices by all individuals involved in surgical interventions aids in fulfilling the professional responsibility to protect patients from injury.

1. Conversations in the presence of a sterile field shall be kept to a minimum to reduce the spread of droplets. Air contains microorganisms of airborne particles, such as respiratory droplets. The primary source of airborne bacteria is healthcare personnel.
2. Unscrubbed personnel shall face sterile fields on approach, should not walk between two sterile fields, and should be aware of the need for distance from the sterile field. By establishing patterns of movement around the sterile field and keeping sterile area in view, accidental contamination can be reduced.

ATTIRE (IPA*)

All individuals who enter the semirestricted and restricted areas of the surgical suite shall wear freshly laundered surgical attire intended for use only within the surgical suite.

1. Facility approved, clean, and freshly laundered scrubs are to be donned in the designated dressing room upon entry to a restricted area.
2. If scrubs are worn into the institution from outside, they are to be changed before entering the semirestricted or restricted areas.

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3. Clothing that cannot be entirely covered by the scrub suit are not to be worn. Examples are long sleeve shirts or sweaters, turtleneck shirts or sweaters, etc.
4. Facility scrubs are not to be worn outside of the institution.

Individuals shall cover head and facial hair, including sideburns and necklines, when in the semirestricted and restricted areas of the surgical suite.

1. A clean surgical head cover or hood that confines all hair is to be worn.
2. Hair covering must be removed and discarded in a designated receptacle before leaving the department.

Individuals entering restricted areas shall wear a mask when open sterile items and equipment are present.

1. The mask shall fully cover both the mouth and nose and be secured in a manner that prevents venting.
2. Masks are to be removed carefully by handling only the strings and be discarded immediately.

Protective barriers must be worn to reduce the risk of exposure to potentially infectious materials.

1. Protective eyewear (i.e. goggles, glasses with side shields) or face shields must be worn when splashing or spraying is likely.

**ELECTRICAL SAFETY (IPA*)**

All electrical equipment brought in by the HIR must:
- be in compliance with regulatory agencies
- have up to date preventive maintenance performed and documented
- have equipment checked by Clinical Engineering before use
- check and certify the functional integrity of the device prior to use

The HIR must provide documentation of his/her qualifications to provide training related to the operation of the equipment.

**FIRE SAFETY (IPA*)**

All HIRs are required to abide by the following guidelines:
- Make sure that your equipment and/or supplies are not obstructing doorways, hallways and/or other access areas.
- Observe the “no smoking” policy.
- Avoid panic, remain calm, and never shout “fire.”
- Be alert for signs of fire, smoke, and burning odor.

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• Be familiar with the location of exits, alarms, and fire fighting equipment.
  ❖ Extinguishers
  ❖ Pull alarms
  ❖ Fire bells

PATIENT RIGHTS AND CONFIDENTIALITY

The Federal Privacy Rules, under the Health Insurance Portability and Accountability Act of 1996 (HIPAA)
• Regulates the use and disclosure of patients’ protected health information (PHI), which is any information that is individually identifiable, such as demographics, physical or mental health or condition of an individual or payment for the provision of health care. PHI includes electronic records, paper records, and oral communications.
• The HIR is not permitted to view any scheduled procedure without authorization to ensure patient privacy. Vendors are not permitted to have access to patient medical records or surgery schedules without authorization.
• Complete Attachment A of this document entitled Confidentiality Statement.

MATERIAL SAFETY DATA SHEETS (MSDS)

To comply with the Right to Know Act, the institution maintains Material Safety Data Sheets (MSDS) on all hazardous chemicals and materials utilized. The MSDS information can be accessed by the following:

1. Healthcare Facility Intranet Site
2. Unit/Department-Specific MSDS Inventory Sheet

SMOKING POLICY

Smoking is not permitted on the premises or path of entrance to the hospital buildings.
CONFIDENTIALITY STATEMENT

I, ________________________________________, understand and agree that all information that I encounter during my observation day experience will remain strictly confidential.

I understand that the principles of confidentiality are applicable to all patients and to all medical record information regardless of the format or technology used to collect, store or release the information. I also understand that all verbal, written or electronic collection and dissemination of patient data will be conducted in a setting of maximum privacy precluding inadvertent disclosure.

I agree not to disclose any information that I may acquire during my observation experience at any healthcare facility hospital unless previously authorized in writing by the hospital. Further, I agree that I will not use confidential information to my benefit or the benefit of any third party.

In addition to the confidentiality principles described above, I recognize that I am not an employee or agent of the healthcare facility and I will not represent myself as such during my observation experience at the hospital. I will not undertake any actions independently during my observation day experience.

I recognize the healthcare facility has rules of conduct, behavior and personal health standards and I will be expected to conform to those rules that apply to my observation day.

I further understand that I will forfeit completion of the observation day if confidentiality is breached.

Signature below indicates understanding and acceptance of the contents of this statement.

_________________________________ ____________________________________  
Signature  Date

_________________________________ ____________________________________  
Signature  Date
Parent / Legal Guardian  
(required if observer is under 18 years of age)

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Proof of Required Immunity

Observer name: ______________________________________

All observers must show documented results of a Mantoux tuberculosis (TB) test within the past 12 months. The test is available at the Allegheny County Health Department or from your primary care provider. After you receive the test, it must be read within 48 to 72 hours. Please allow enough time to receive the test and have the test results read prior to your observation experience.

_____ / ____ Tuberculin status (PPD) documented within the last 12 months (if positive results must provide copy of radiology report and doctor’s letter)

Results: ☐ Negative ☐ Positive

Please attach a copy of the results to this form.

Have you had the following childhood diseases or been immunized for each of the following:

<table>
<thead>
<tr>
<th>Disease</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chicken Pox</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mumps</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Measles</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Rubeola</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

PLEASE NOTE:

It is strongly recommended if you have symptoms such as sore throat, runny nose, cough, muscle pain, fever blood shot eyes or rash, you should reschedule your observation experience.

I verify that the above information is accurate to the best of my knowledge.

_____________________________  Date: ____________________
Signature of Observer

_____________________________  Date: ____________________
Signature of Parent/Legal Guardian
(required if observer is under 18 years of age)

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