

Orientation Requirements

Contracted Caregiver

Please Print:

Name:	Date:
Agency:	

Topic	Read & Initial	Return Signed Document
Dress Code Policy Review		N/A
Isolation Precautions		N/A
Emergency Code Responses		N/A
Washington State Emergency Code Sheet		N/A
Providence Code of Conduct		N/A
Code of Conduct Acknowledgement		✓
Acceptable Use Agreement		✓
Value-Based Service Standards & Behaviors		✓
Non-Employee Confidentiality & Nondisclosure Statement		✓
Caregiver Health Requirements: <ul style="list-style-type: none"> Complete & Return the following: <ol style="list-style-type: none"> Replacement Worker Health Requirements Caregiver Screening Form TB Screening Questionnaire 		<ul style="list-style-type: none"> ✓ ✓ ✓
Automated Drug Dispensing Device Security & Use Agreement: <ul style="list-style-type: none"> Read attached policies per Use Agreement: <ol style="list-style-type: none"> Pyxis Utilization Policy-8720-5479 Override List Attachment B_8720-5479 Medication Administration and Disposition-8720.5480 		<ul style="list-style-type: none"> ✓
Management of Clinical Alarms		N/A
Suicide Awareness, Prevention and Precautions: <ul style="list-style-type: none"> Read attachments: <ol style="list-style-type: none"> Continuous Visual Observation Guidelines Room Clearance Checklist 		N/A
Dying Patient Care		N/A
Organ & Tissue Donation		N/A

I have read and understand the contents of the information I have received. I understand that I am responsible for abiding by the Providence St Mary Medical Center policies in relation with this material and my experience. By my signature below, I acknowledge, I understand, I accept and I agree to comply with the information contained in the forms provided to me.

Signature:

Return all signed forms to Providence St. Mary Medical Center Human Resources office or as directed:

1. Orientation Checklist – This sheet
2. Code of Conduct Acknowledgement
3. Acceptable Use Agreement
4. Value Based Service Standards and Behaviors
5. Non-Employee Confidentiality & Nondisclosure Statement
6. Replacement Worker Health Requirements
7. Caregiver Screening Form
8. TB Screening Questionnaire
9. Automated Drug Dispensing Device Security & Use Agreement