

We are happy to provide you with the opportunity to observe at Cardinal Hill Hospital to gain important insight into the profession you are interested in. While you're here it is very important that you follow certain criteria to be professional and appropriate with the clients we serve. Therefore, before you begin your observation experience you must:

1. Read all the information you are given, including the dress code. You will be expected to follow the dress code. If you do not follow the therapy dress criteria, your experience here will be terminated.
2. Please be on time.
3. Please behave professionally.
4. It is very important that we protect any identifying information about the clients we serve so you must follow all guidelines that we give you.
5. It is very important to watch and observe during your time here. If you have questions, please do not interrupt the session, unless the supervisor gives permission. Otherwise ask your questions at the end of the session.

Thank you and we hope you enjoy your time here.

Cardinal Hill Rehabilitation Hospital Observation Health Questionnaire

Name: _____ Date: _____

Address: _____
Street City/State/Zip

Phone: _____
Home Work

Physician's Name and Address: _____

Street City/State/Zip

Have you had, or do you have any of the following problems? If yes, please explain.

1. Skin: (i.e., eruptions, rashes, discolorations, jaundice) _____

2. Circulation: (i.e., high blood pressure, chest pain, swelling, palpitations, blood clot, heart murmur)

3. Elimination: (i.e., frequent or painful urination, kidney stones, blood in urine)

4. Intestinal: (i.e., frequent nausea or vomiting, ulcer, chronic diarrhea, hemorrhoids)

5. Respiratory: (i.e., shortness of breath, coughing up blood) _____

6. Musculoskeletal: (i.e., neck, back, or joint stiffness, back pain, arthritis, rheumatism)

7. Senses: (i.e., vision, hearing) _____

8. Endocrine (hormone): (i.e., thyroid disease, diabetes) _____

9. Neurologic: (i.e., seizures or convulsions) _____

10. Are you allergic to any medicines? If yes, please list. _____
11. Please list any allergies. _____

For more information, contact Employee Health at 254-5701, extension 5369

CARDINAL HILL REHABILITATION HOSPITAL

HEALTH REQUIREMENTS FOR OBSERVERS

TB Screening - Proof of a negative PPD skin test within the 3 months. If you have a history of positive PPD, you must have documentation that you are free of the disease from a health department or physician - chest x-ray results and/or proof of medications. **Without this, you will not be allowed to remain in the hospital.**

Rubella - Also known as German Measles or 3 Day Measles - documentation of **ONE** vaccine (may be called Rubella Vaccine or **MMR** - which is a Measles, Mumps, and Rubella Vaccine or **MR** which is a Measles and Rubella Vaccine) OR documentation of a Rubella Titer that indicates immunity. Physician diagnosis of the disease is not acceptable because the disease is difficult to distinguish clinically from several other rash producing diseases.

Rubeola - Also known as Measles, 10 day Measles, or Hard Measles. No requirements if born before 1957 because no vaccine was available and almost everyone was exposed to the disease. If you were born after 1957 you must have documentation of **TWO** vaccines (may be called Measles Vaccine or **MMR**- Measles, Mumps, Rubella Vaccine or **MR**- Measles and Rubella Vaccine) OR Documentation of a Rubeola Titer that indicates immunity OR documentation of physician diagnosis of the disease. Physician diagnosis is considered reliable for rubeola. It would probably be advisable for those having only one vaccine to obtain the second vaccine rather than getting the blood test, which is expensive, and the vaccine may still be required for immunity.

****Application is NOT considered complete without the above documentation.****

Reviewed: August 2000, 8/02, 12/03, 9/06, 9/07, 10/07

Observation Requirements Cardinal Hill Rehabilitation Hospital

1. Each person desiring to observe therapies must present documentation of the following immunizations: TB/PPD screening, Reubella and Rubeola. See the health screening requirements sheet for further information. Please consult your physician, local health department or student health center.
2. Persons observing are not permitted to engage in direct hands-on client treatment due to insurance regulations. Persons observing should never assist clients with activities in or out of therapy. These activities include transfers, dressing, feeding activities, smoking, etc. If you are with a client, or observe a client in need of assistance, please alert a hospital employee immediately.
3. The confidentiality of our clients at CHRH is our utmost concern. Please do not discuss clients seen here or the client's disability with persons in your home or in your community.
4. When observing a client and therapist at work, please refrain from asking questions until the session ends. Exceptions to this are made by the therapists depending on the client and the focus of the treatment sessions.
5. Therapy sessions are Monday – Friday from 7:00 a.m. – 12:00 p.m. and from 1:00 p.m. – 6:00 p.m. You may observe during these hours.
6. Punctuality is important. Please be on time for your scheduled visit. If this is not possible, please phone and leave a message with the person coordinating your schedule at least one hour before your scheduled visit. If you do not provide proper notification for tardiness or absences, or if you have excessive cancellations or rescheduling (more than one), your privileges of observing client care at CHRH will be revoked.
7. Students are responsible for documentation of observation hours. You will be given an observation log sheet at your first session. After completing observation hours, you must turn in the observation log sheet to the coordinator to receive credit for the hours observed.
8. Observation students will be given a badge identifying them as students. This badge must be worn when observing and returned to the department when observation is completed.
9. Please inform the observation coordinator during your orientation of any necessary paperwork that needs to be completed for school.
10. CHRH does have a dress code in effect. The dress of choice is comfortable street clothing and shoes. Tennis shoes are permissible if they are neat. Stockings or socks must be worn. Denim of any color and shorts are not acceptable.
11. Smoking is not permitted in the building.

Please sign below that you have reviewed these requirements and agree to adhere to the requirements.

Signature: _____ Date: _____

If you are a minor (under 18 years of age), please have your legal guardian sign below in addition to your signature.

Legal Guardian: _____ Date: _____

Cardinal Hill Healthcare System

CONFIDENTIALITY AGREEMENT

I understand that Cardinal Hill Healthcare System has a legal and ethical responsibility to safeguard the privacy of all patients and to protect the confidentiality of their health information. Additionally, Cardinal Hill Healthcare System must assure the confidentiality of its human resources, payroll, fiscal, research, computer systems, and management information (collectively "Confidential Information").

In the course of my employment/assignment at Cardinal Hill Healthcare System, I understand that I may come into the possession of Confidential Information.

I further understand that I must sign and comply with this agreement in order to get authorization for access to any of Cardinal Hill Healthcare System's Confidential Information.

- 1. I will not disclose or discuss any Confidential Information with others, including friends or family, who do not have a need to know it. In addition, I understand that my personal access code, user ID(s), and passwords used to access computer systems are also an integral aspect of this Confidential Information.
2. I will not access or view any Confidential Information, or utilize equipment, other than what is required to do my job.
3. I will not discuss Confidential Information where others can overhear the conversation (for example, in hallways, on elevators, in the cafeteria, on public transportation, at restaurants, or at social events.) It is not acceptable to discuss Confidential Information in public areas even if a patient's name is not used. Such a discussion may raise doubts among patients and visitors about our respect for their privacy.
4. I will not make inquiries about Confidential Information for other personnel who do not have proper authorization to access such confidential information.
5. I will not willingly inform another person of my computer password or knowingly use another person's computer password of my own for any reason.
6. I will not make any unauthorized transmissions, inquiries, modifications, or purging of Confidential Information in Cardinal Hill Healthcare System's computer system. Such unauthorized transmissions include, but are not limited to, removing and/or transferring Confidential Information from Cardinal Hill Healthcare System's computer system to unauthorized locations (for instance, home).
7. I understand if I am permitted or requested to work from home where I will access the patient/hospital data electronically, I agree to protect all information in a manner which is compliant with hospital standards. I

- further agree to deny access/view by other family members, visitors, etc. and to shred any printed information obtained through the electronic patient/hospital system. Any information downloaded to the home-based storage devices will be password protected, and I guarantee that the password will not be shared with others within the home. If I become a home-based employee, I will ensure that the home-based computer includes approved anti-virus protection, encryption and other software that is compatible and meets the minimal hospital standard.
8. I will log off any computer or terminal prior to leaving it unattended.
9. I will comply with any security or privacy policy promulgated by Cardinal Hill Healthcare Systems to protect the security and privacy of Confidential Information.
10. I will immediately report to my supervisor any activity, by any person, including myself, that is a violation of the Agreement or of any Cardinal Hill Healthcare System security or privacy policy.
11. Upon termination of my employment, I will immediately return any documents or other media containing Confidential Information to Cardinal Hill Healthcare System.
12. I agree that my obligations under this agreement will continue after the termination of my employment.
13. I understand that violation of this Agreement may result in disciplinary action, up to and including termination of employment and/or suspension and loss of privileges, in accordance with Cardinal Hill Healthcare System's Sanction Policy, as well as legal liability.
14. I further understand that all computer access activity is subject to audit.

By signing this document I understand and agree to the following:

I have read the above agreement and agree to comply with all its terms.

Signature of employee/physician/student/volunteer _____

Print Name _____ Date _____

Cardinal Hill Rehabilitation Hospital

Observation Handbook

INTRODUCTION

Owned and operated by the Kentucky Easter Seal Society, Inc., Cardinal Hill Rehabilitation Hospital is a non-profit, 108-bed hospital for people of all ages.

MISSION

Cardinal Hill Rehabilitation Hospital is dedicated to providing “benchmark” client and customer services in physical rehabilitation.

OBJECTIVES

1. To provide high quality, effective rehabilitation services,
2. To provide high quality, appropriate medical services,
3. To continue to expand its programs in order to serve more people with disabilities as the need for these programs grows,
4. To contribute to the body of knowledge for physical rehabilitation by supporting basic/clinical research in rehabilitation-related areas.

HISTORY

Cardinal Hill Rehabilitation Hospital opened in 1950 at the height of the polio epidemic as a 50-bed, convalescent home for children with polio and other orthopedic diagnoses. As the polio epidemic declined, the emphasis changed to include treatment of spinal cord injured children and young adults.

With census increasing, it became apparent to the Kentucky Easter Seal Society, the Board of Trustees, and the Kentucky Bureau of Rehabilitation that there was a great need for a rehabilitation program for clients with spinal cord injury. These three groups joined together to plan an expanded program of 50 additional rehabilitation beds. In 1976, the South Wing was opened with 50-bed capacity, plus education and training areas. At this time, the hospital began to treat adults as well as children and began to receive many referrals for clients with diagnoses of stroke and head injury. As a result, in 1978, a new program began for the rehabilitation of these clients.

As time went on, client rooms were no longer adequate due to crowding, etc., and there was a need for additional space. So, in 1987, a new wing was added to house 70 clients and all the clients were moved into that wing.

In 1989, a Coma Stimulation Program was developed and in 1990 the South Wing was renovated and the Extended Rehabilitation Unit for Head Injury survivors was opened. In 1991, the Extended Rehab Unit was moved into the new building and combined with the Acute Head Injury Unit and a General Rehab Unit was opened in the South Wing.

While the inpatient programs were evolving and changing, an outpatient program was developing and now includes outpatient Therapy Services for adults and children, a Developmental Stimulation program for preschool children, outpatient Clinics and much more.

In 1997, the Lyman V. Ginger Pediatric Center was opened on the Cardinal Hill Campus. This state-of-the-art facility houses the Cardinal Hill Pre-school and also Pediatric Outpatient Therapy.

POLICIES AND PROCEDURES

DRESS CODE

The Hospital has a dress code for employees, volunteers and observers in order to maintain a professional appearance. All observers are expected to adhere to this code. Students should wear attire that is consistent with professional and lay community standards of modesty in the workplace. Attire should be neat. Torn, tattered, frayed, wrinkled, dirty or stained clothing is unacceptable. Attire should be appropriately fitted for a professional environment.

<u>Acceptable/Required</u>	<u>Unacceptable</u>
Nice slacks, skirts, or dresses Shirts or blouses that appropriately cover the body with sleeves Shirts should be long enough to tuck in or to cover the abdomen when arms are raised. Socks or stockings Dress or non-skid close toed shoes	Shorts, jeans, denim of any color, wind suits Cropped slacks, leggings Low rise slacks (hip hugger) Skirts or dresses more than 2 inches above the knee T-shirts, sleeveless blouses, dresses and shirts Low-cut tops, tank tops, strapless tops Shirts with uneven bottoms which are not tucked in Shirts with short bottoms which expose abdomen Excessive jewelry Earrings for men Facial studs/rings Extreme hair styles

SMOKING

Smoking or the use of tobacco products is prohibited inside the Hospital by clients, staff, volunteers, observers and visitors. People may smoke in the covered patio area outside Outpatient Therapy Services.

MEALS

Observers are welcome to purchase meals in our staff dining room.

PARKING

Observers may park in the lot on the Versailles Road side of the building.

HOSPITAL BADGE

You will be given a student observer badge on your first day. For security purposes, observers must wear their badge while in the Hospital. When you have completed your observation hours, your badge **MUST** be returned to the Coordinator.

CONFIDENTIALITY

You have signed an agreement to assure confidentiality on your observer application. This is to make you aware that it is against state law for you or anyone working at this facility to reveal personal information about clients or former clients to anyone outside the hospital without their permission.

ILLNESS

If you are sick, have a cold, fever or sore throat, please do not come in to observe. Give your supervisor as much notice as possible.

Cardinal Hill Rehabilitation Hospital Emergency Codes

TORNADO WATCH.....	TORNADO WATCH
TORNADO WARNING.....	TORNADO WARNING
CODE BLACK.....	BOMB THREAT
CODE YELLOW.....	EXTERNAL DISASTER
ALARM.....	FIRE IN BUILDING
CODE RED ZONES.....	FIRE LOCATION
CODE BLUE.....	MEDICAL EMERGENCY/CARDIAC ARREST
CODE S.....	SHOW OF FORCE
CODE E.....	ELOPEMENT

TO NOTIFY SWITCHBOARD OPERATOR OF AN EMERGENCY:

DIAL 5500

Monday – Friday from 7:00 a.m. to 8:30 p.m.

Saturday – Sunday from 8:00 a.m. to 8:30 p.m.

DIAL 84 from 8:30 p.m. to 8:00 a.m. for the OVERHEAD PAGING SYSTEM

TO CALL FIRE DEPARTMENT/PARAMEDICS:

**DIAL 9-911 GIVE TYPE OF EMERGENCY AND
LOCATION**