

NCJ HEALTH SERVICES, INC



EMPLOYEE NAME:		TITLE:	
EMPLOYMENT STATUS:	FULLTIME	PARTTIME	
HIRE DATE:	START DATE:		

NCJ HEALTH SERVICES, INC

PERSONNEL FILE CHECKLIST

- APPLICATION
- RESUME
- SS CARD
- DRIVERS LICENSE
- INSURANCE CARD
- W-4
- NON-COMPETE AGREEMENT
- REFERENCE VERIFICATION

NCJ HEALTH SERVICES, INC
APPLICATION FOR EMPLOYMENT

All prospective employees will receive consideration without discrimination because of race, color, sex, age, natural origin, or handicap. All information provided here in will be kept confidential.

PERSONAL

Last Name	First	Middle	Date
------------------	--------------	---------------	-------------

Street Address	City, State, Zip
-----------------------	-------------------------

Home Phone ; Cell Phone & Business Phone

S.S. #	Date of Birth
---------------	----------------------

Emergency Contact (person not living with you) _____ Phone # _____

Have you ever applied for employment with the Agency? ____ Yes ____ No

How many hours a week are you available for work? _____ Minimum _____ Maximum

When will you be available for work? _____.

Are you legally eligible for employment in the United States? ____ Yes ____ No

How did you learn of our organization? ____ Newspaper Ad ____ The Agency Employee ____ Other

Are you willing to work ____ Evenings ____ Weekends?

Position applying for:

____ Admin/Clerical ____ H H Aide ____ Provider ____ LP ____ RN ____ Therapist (Specify Below)

Was your last name different from your present one during the above listed jobs? __ Yes __ No, If Yes, what was your name? _____ Are you currently employed? ____ Yes ____ No.

May we contact your present employer? ____ Yes ____ No

Do you have reliable transportation if required? ____ Yes ____ No

NCJ HEALTH SERVICES, INC

APPLICATION FOR EMPLOYMENT

EDUCATION:

SCHOOL NAME	LOCATION OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	DEGREE/DIPLOMA
COLLEGE/VOCATIONAL-TECH OR TRADE SCHOOL				
HIGH SCHOOL				
OTHER				

EMPLOYMENT:

--List the last 5 years of your employment history, starting with the most recent employer.

1. Company Name: _____ Telephone: _____

Address: _____ Dates of Employment: from: ____ To: ____

Name of Supervisor: _____ Starting Pay: _____ Ending Pay: _____

Job Title and describe your work: _____

Reason for Leaving: _____

2. Company Name: _____ Telephone: _____

Address: _____ Dates of Employment: from: ____ To: ____

Name of Supervisor: _____ Starting Pay: _____ Ending Pay: _____

Job Title and describe your work: _____

Reason for Leaving: _____

3. Company Name: _____ Telephone: _____

Address: _____ Dates of Employment: from: ____ To: ____

Name of Supervisor: _____ Starting Pay: _____ Ending Pay: _____

Job Title and describe your work: _____

Reason for Leaving: _____

NCJ HEALTH SERVICES, INC

APPLICATION FOR EMPLOYMENT

PROFESSIONAL REFERENCES

--Persons who can furnish information about job performance.

1. Name: _____ Telephone# _____

Address: _____

2. Name: _____ Telephone# _____

Address: _____

3 Name: _____ Telephone# _____

Address: _____

GENERAL

Have you been convicted of a crime in the past 5years, barring employment in a Home and Community support services Agency? ___Yes ___No

Conviction will not necessarily disqualify an applicant from employment.

If yes, describe in full:

Are you capable of performing the job duties set forth in the job description? ___Yes ___No

If you answered No, which job requirements can you not meet?

CREDENTIALS/SPECIALIZED SKILLS & QUALIFICATIONS/EQUIPMENT OPERATED

List all states in which licensed giving registration and expiration date. Summarize special job-related skills and qualification acquired from employment or other experience.

NCJ HEALTH SERVICES, INC

APPLICATION FOR EMPLOYMENT

SIGNATURE

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application SHALL BE GROUNDS FOR DISMISSAL.

I authorized complete investigation of all statements contained herein and hereby give my full permission for the Agency to contact and fully discuss my background and history with all persons and entities listed above to give the Agency any and all information concerning my previous employment and any information they may have, and release all former employees and others listed above from all liability for any damage that my result from furnishing same to the Agency.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time for any lawful reason, without prior notice and with or without cause.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period shall inquire as to whether or not applications are being accepted at that time.

I, the undersigned understand all policies and procedures of the company and willing to comply and abide with all rules.

SIGNATURE _____ DATE _____

NCJ HEALTH SERVICES, INC

Personal Attendants Pay Rate Notification

§49.312

A contractor of this chapter must:

1. pay a personal attendant a base wage of at least \$8.00 per hour; and
2. notify a person who becomes employed or contracts as a personal attendant within three days after the person accepts the offer of employment or enters into the contract that the contractor is required to pay the wage described in paragraph (1) of this subsection.

Pursuant to §49.312 this is to inform you that effective 09/01/2015 you will be paid a wage of \$8.00 per hour.

Attendant Signature

Date:

NCJ HEALTH SERVICES, INC

SALARY/WAGE AGREEMENT

I, _____ an employee with NCJ HEALTH SERVICES, INC agreed that my salary with NCJ HEALTH SERVICES, INC is:

Hourly Base _____ Employee Initial _____

Employee Signature _____ Date: _____

Human Resources Signature _____ Date: _____

NCJ HEALTH SERVICES, INC

RESUME



NCJ HEALTH SERVICES, INC

SS CARD



DRIVERS LICENSE



NCJ HEALTH SERVICES, INC

AUTO INSURANCE CARD

INSURANCE COMPANY NAME		COVERAGE TYPE
MEMBER NAME: JOHN DOE MEMBER NUMBER: XXX-XX-XXXX		EFFECTIVE DATE: XX-XX-XXXX
GROUP #: XXXXXX-XXX-XXX		PRESCRIPTION GROUP #: XXXXX
PCP CO-PAY: \$15.00 SPECIALIST CO-PAY: \$25.00 EMER. ROOM CO-PAY: \$75.00		PRESCRIPTION CO-PAY: \$15 GENERIC \$20 NAME BRAND
MEMBER SERVICES: 1-800-XXX-XXXX CLAIMS/INQUIRIES: 1-800-XXX-XXXX		

NCJ HEALTH SERVICES, INC

W4

NCJ HEALTH SERVICES, INC

REFERENCE VERIFICATION

NAME OF APPLICANT:								
POSITION:								
NAME OF REFERENCE:				YEARS KNOWN:				
REFERENCE PHONE #:			DATE VERIFIED:					
ELEMENT				1	2	3	4	5
DEPENDABILITY								
CARING/HONEST/DEDICATED								
KNOWLEGABLE/WILLINGNESS TO LEARN								
ATTENDANCE: TIMELINESS/ABSENTISM								
MANAGEABILITY								

NAME OF APPLICANT:								
POSITION:								
NAME OF REFERENCE:				YEARS KNOWN:				
REFERENCE PHONE #:			DATE VERIFIED:					
ELEMENT				1	2	3	4	5
DEPENDABILITY								
CARING/HONEST/DEDICATED								
KNOWLEGABLE/WILLINGNESS TO LEARN								
ATTENDANCE: TIMELINESS/ABSENTISM								
MANAGEABILITY								

NAME OF APPLICANT:								
POSITION:								
NAME OF REFERENCE:				YEARS KNOWN:				
REFERENCE PHONE #:			DATE VERIFIED;					
ELEMENT				1	2	3	4	5
DEPENDABILITY								
CARING/HONEST/DEDICATED								
KNOWLEGABLE/WILLINGNESS TO LEARN								
ATTENDANCE: TIMELINESS/ABSENTISM								
MANAGEABILITY								

NCJ HEALTH SERVICES, INC

NON-COMPETITIVE AGREEMENT

I, _____ from this, the _____ day of _____ **2** _____
EMPLOYEE NAME DAY MONTH

do understand that the Patient List is the property of **NCJ HEALTH SERVICES, INC** To contact the patients once you are no longer assigned to the case is in direct violation of Agency Policy, and disciplinary actions will be taken.

NON-SOLICITATION

The employee agrees that during the employment period and for a period of twenty-four (24) months after the end of the employment period, he/she will not, directly or indirectly solicit health care service business from any person whom the employee has treated or has had any other relationship at any time during the twelve (12) month period preceding the expiration of the employment period, or with whom the employee was actively pursuing such a relationship (and with whom the employee had made contact in connection with such solicitation) within the same twelve (12) month period (the persons the employee has so treated or has had such relationship with, or with whom employee has pursued such a relationship, are referred to herein as 'Patients'). The parties hereto agree that nothing in this section 5.3 shall prevent the employee from providing health care services to any person (including any patient) if the employee did not actively solicit such person in violation of this section 5.3, and if the provision of such care does not otherwise violate Article 4 of this agreement.

NON-RECRUITMENT

The employee acknowledges that others with whom he or she works under this Agreement are employees of **NCJ HEALTH SERVICES, INC** and are vitally important to business. The employee covenants that during the employment period, and for a period of twenty-four (24) months after the end of the employment period, he/she shall not, without the prior written permission of **NCJ HEALTH SERVICES, INC** directly or indirectly, recruit or attempt to recruit for employment, or solicitor encourage to leave employment **with NCJ HEALTH SERVICES, INC** any other employee of **NCJ HEALTH SERVICES, INC** who has not at the time ceased employment by **NCJ HEALTH SERVICES, INC** for a period of at least one (1) year.

Employee Signature

DATE

Signature of Human Relations Director

DATE

NCJ HEALTH SERVICES, INC
PERSONNEL FILE CHECKLIST

- OTHER CERTIFICATES
- SIGNED JOB DESCRIPTION

NCJ HEALTH SERVICES, INC

CERTIFICATES



NCJ HEALTH SERVICES, INC

PERSONAL CARE ATTENDANT

NAME:

DATE OF HIRE:

MAIN FUNCTION:

Assumes the responsibility for the care of patients in their home under the direct supervision of a PAS SUPERVISOR.

DUTIES AND RESPONSIBILITIES:

BATHING

- Drawing bath water.
- Laying out supplies
- Assisting client In/Out of tub/shower
- Sponge bathing and drying
- Bed Bath
- Dressing/undressing client and laying out clothes

GROOMING

- Shaving (under arms and legs at clients request)
- Brushing client's teeth
- Applying makeup
- Caring for clients nails (no cutting of nails)

ROUTINE HAIR & SKIN CARE

- Washing & drying hair
- Assist with setting/rolling/braiding hair
- Combing and brushing hair
- Washing client's hands and feet

EXERCISE

- Take client for walk.
- Assist with prescribed home exercise program

FEEDING

- Spoon or bottle feed client with adaptive devices
- Standby to assist client and encourage client
- Assist with eating and drinking utensils

TOILETING

- Changing diapers, colostomy bag and empty catheter bag
- Assist client on/off pan and with urinal and changing external catheter
- Assist client with feminine hygiene
- Assist client with clothing during toileting hygiene (includes use of toilet paper or hand washing)
- Preparing toileting supplies and equipment. DO NOT PREPARE CATHETER EQUIPMENT
- Standby to assist client

TRANSFER

- Assist client with non-ambulatory movement from one stationary position to another
- Adjust and change client's position in bed and/or chair

AMBULATE

- Assist client in rising from a sitting to a standing position and/or position for use of walking devices

Job Description- Personal Care Attendant... continued

NCJ HEALTH SERVICES, INC

- Assist client with placing and removing leg braces and prosethic equipment to ambulate
- Assist client with ambulation using steps and standby assistance

CLEANING

- Clean up after personal care task, empty and clean beside commode, clean tub/shower, toilet, sink, floor, change bed linen and make bed
- Clean floor in clients living area
- Carry out trash, setting out garbage for pick-up
- Clean stove top, counters and wash dishes

LAUNDRY

- Hand wash, gather and sort clothing
- Load and unload washing machine in client's home.
- Hang clothes to dry, fold and place clothes in clients designated place.

MEAL PREPARATION

- Cook and/or warm and serve clients meals
- Plan client's meals
- Cut clients food to eatable portions
- Cut/grind and puree clients food

ESCORT

- Arrange for client's transportation
- Accompany client to clinic, doctors' appointments or medical related trips
- Wait for client at doctor's office or clinic when necessary due to clients' condition and/or distance from home.

SHOPPING

- Prepare shopping list
- Go to store and purchase or pick-up items (groceries and medication)
- Place food in pantry and/or refrigerator

ASSISTANCE WITH SELF-ADMINISTERED MEDICATIONS

- Remind client to medication times

EXPERIENCE:

1. Must hold a high school diploma and be at least 18 years of age.

RESPONSIBLE TO: PAS SUPERVISOR

This is to certify that I have read and agree with the JOB DESCRIPTION shown to me by Management.

EMPLOYEE SIGNATURE

DATE

NCJ HEALTH SERVICES, INC
PERSONNEL FILE CHECKLIST

- STATEMENT OF EMPLOYABILITY
- AUTHORIZATION FOR CRIMINAL BACKGROUND CHECK
- NON-DISCRIMINATION POLICY
- CONFIDENTIALITY POLICY
- PROHIBITED ILLEGAL RENUMERATION
- WORKERS COMPENSATION POLICY
- SICK-LEAVE POLICY

NCJ HEALTH SERVICES, INC

STATEMENT OF EMPLOYABILITY

Effective September 1, 1997, Chapter 250, of the Health and Safety Code prohibits employment of a person in a position the duties of which involve direct client contact if the agency determines, as a result of a criminal history check, that the person has been convicted of an offense listed in Chapter 250. The rule applies to any agency or facility licensed, certified or that contracts with the Texas Department of Health and that provides care to the aged or disabled. This law originally became effective September 1, 1993. It has been revised to include additional offenses.

An agency may employ a person pending the results of the criminal history check in an emergency situation only if the prospective employee certifies to the agency that he or she has no conviction of an offense which would bar employment.

Offenses which constitute a bar to employment include:

- ◆ an offense under Chapter 19, Penal Code (criminal homicide);
- ◆ an offense under Chapter 20, Penal Code (kidnapping and false imprisonment);
- ◆ an offense under Section 21.11, Penal Code (indecentcy with a child);
- ◆ an offense under Section 22.011, Penal Code (sexual assault);
- ◆ an offense under Section 22.02, Penal Code (aggravated assault);
- ◆ an offense under Section 22.04, Penal Code (injury to a child, elderly individual, or disabled individual);
- ◆ an offense under Section 22.041, Penal Code (abandoning or endangering child);
- ◆ an offense under Section 22.08, Penal Code (aiding suicide);
- ◆ an offense under Section 25.031, Penal Code (agreement to abduct from custody);
- ◆ an offense under Section 25.08, Penal Code (sale or purchase of a child);
- ◆ an offense under Section 28.02, Penal Code (arson);
- ◆ an offense under Section 29.02, Penal Code (robbery); or
- ◆ an offense under Section 29.03, Penal Code (aggravated robbery)
- ◆ an offense under Section 22.01, Penal Code (assault), that is punishable as a Class A misdemeanor or as felony;
- ◆ an offense under Section 21.15, Penal Code (improper photography or visual recording);
- ◆ an offense under Section 21.12, Penal Code (improper relationship between educator and student);
- ◆ an offense under Section 22.021, Penal Code (aggravated sexual assault);
- ◆ an offense under Section 22.07, Penal Code (terroristic threat);
- ◆ an offense under Section 33.021, Penal Code (online solicitation of a minor);
- ◆ an offense under Section 34.02, Penal Code (money laundering);
- ◆ an offense under Section 35A.02, Penal Code (Medicaid fraud);
- ◆ an offense under Section 42.09, Penal Code (cruelty to animals); or
- ◆ an offense under Section 22.05, Penal Code (deadly conduct);
- ◆ an offense under Section 21.08, Penal Code (indecent exposure);
- ◆ an offense under Section 30.02, Penal Code (burglary);

NCJ HEALTH SERVICES, INC

NCJ HEALTH SERVICES, INC STATEMENT OF EMPLOYABILITY

- ◆ a conviction under the laws of another state, federal law, or the Uniform Code of Military Justice for an offense containing elements that are substantially similar to the elements of an offense listed by this subsection;

A person may not be employed in a position the duties of which involve direct contact with a consumer in a facility before the fifth anniversary of the date the person is convicted of:

- ◆ an offense under Section 22.01, Penal Code (assault), that is punishable as a Class A misdemeanor or as a felony;
- ◆ an offense under Section 30.02, Penal Code (burglary);
- ◆ an offense under Chapter 31, Penal Code (theft), that is punishable as a felony;
- ◆ an offense under Section 37.12, Penal Code (false identification as peace officer);
- ◆ an offense under Section 42.01(a)(7), (8), or (9), Penal Code (disorderly conduct).
- ◆ an offense under Section 32.45, Penal Code (misapplication of fiduciary property or property of a financial institution), that is punishable as a Class A misdemeanor or as a felony;
- ◆ an offense under Section 32.46, Penal Code (securing execution of a document by deception), that is punishable as a Class A misdemeanor or a felony.

Employee Signature

Date

NCJ HEALTH SERVICES, INC
AUTHORIZATION FOR CRIMINAL BACKGROUND CHECK

I, _____ give **NCJ HEALTH SERVICES, INC** the
authorization to conduct a criminal background check.

Employee Signature

Date

Signature of Human Relations Director

Date

NCJ HEALTH SERVICES, INC

NONDISCRIMINATION POLICY

In accordance with Title VI of the Civil Rights Act of 1964 and its implementing regulation, **NCJ HEALTH SERVICES, INC** will not, directly or through contractual arrangements, discriminate on the basis of race, color or national origin in its admissions or its provision of services and benefits, including assignments or transfers or referrals to or from the agency/facility. Staff privileges (if appropriate) are granted without regard to race, color or national origin.

In accordance with Section 504 of the Rehabilitation Act of 1973 and its implementing regulation, **NCJ HEALTH SERVICES, INC** will not, directly or through contractual arrangements, discriminate on the basis of disability in admissions, access, treatment or employment. **NCJ HEALTH SERVICES, INC** has been designated as the coordinator for the implementation of this policy.

In accordance with the Age Discrimination Act of 1975 and its implementing regulation, **NCJ HEALTH SERVICES, INC** will not, directly or through contractual or other arrangements, discriminate on the basis of age in the provision of services, unless age is a factor necessary to normal operations or the achievement of any statutory objective.

Employee Signature

Date

Signature of Human Relations Director

Date

NCJ HEALTH SERVICES, INC

CONFIDENTIALITY POLICY

PURPOSE

To define guidelines for confidentiality regarding patients, employees and agency information.

PROCEDURE

All information concerning patients, employees, or this agency is to be kept confidential. Casual discussion of any patient information is unacceptable. Failure to observe and follow all policies regarding confidentiality of information may result in termination.

All agency and patient records are confidential. All records, papers, and equipment are the property of the agency and, are to be returned to the agency in the event of resignation or termination.

All computer passwords must be kept confidential.

Employee Signature

Date

NCJ HEALTH SERVICES, INC CONFIDENTIALITY STATEMENT

As an employee of **NCJ HEALTH SERVICES, INC** , I understand and agree that in the performance of my duties, I must hold medical and patient information in confidence.

I received in-service on confidentiality of medical records on _____
DATE

PROHIBITION OF ILLEGAL REMUNERATION

It is the policy of **NCJ HEALTH SERVICES, INC** , that no employee licensed, certified, or registered by a health care regulatory agency of the State of Texas commit the offense of intentionally or knowingly offer to pay or agree to accept any remuneration directly or indirectly, overtly or covertly, in cash or in any kind, to or from any person or soliciting patients or patronage. Any offense is subject to a Class-A misdemeanor. If it is shown in a trail that a violation had been previously committed, and the person was convicted, then that person will be punished for a felony of the third degree. This type of violation shall be grounds for disciplinary action or dismissal by the agency.

Employee Signature

Date

Signature of Human Relations Director

Date

NCJ HEALTH SERVICES, INC

NOTICE TO NEW EMPLOYEES ON WORKERS COMPENSATION

NCJ HEALTH SERVICES, INC

Does not have worker's compensation insurance coverage to protect you from damages because of work-related illness or injury.

I have read and understood the above statement.

Date _____

Print Applicant Name: _____

Signature of Employee: _____

Social Security Number: _____

Signature of Human Relations Director: _____

NCJ HEALTH SERVICES, INC

SICK LEAVE POLICY

AGENCY: **NCJ HEALTH SERVICES, INC**

EMPLOYEE NAME: _____

EMPLOYEE NUMBER: _____

I understand that my immediate supervisor/agency administrator may require documentation to confirm any illness or injury from a licensed physician when the following conditions exist:

- 1.) The absence consists of three or more working days in succession for a claimed illness or injury.
- 2.) There are repeated absences on scheduled weekends to work, absences in connection with scheduled days off, or the one and two day absences that occur on a repeated basis.
- 3.) The organization retains the right of requiring evidence of an illness for any absence.

SIGNATURE OF EMPLOYEE

DATE

NCJ HEALTH SERVICES, INC
PERSONNEL FILE CHECKLIST

- ORIENTATION INFORMATION
- ORIENTATION CONFIRMATION
- EMPLOYEE COMPLIANCE FORM
- EMPLOYEE CONFIRMATION OF RECEIPT OF
PATIENT RIGHTS

NCJ HEALTH SERVICES, INC

POLICIES AND PROCEDURES ORIENTATION

- DRESS CODE
 - A. Scrubs, or street clothes with a lab coat are acceptable for appropriate areas.
 - B. Name badge with classification,
 - C. Professional appearance at all times is definitely required, as well as good personal hygiene.
 - D. Watch with second hand or digital seconds counter
- To make it more efficient and less difficult to reschedule anyone, you are responsible to inform **NCJ HEALTH SERVICES, INC** of your work availability.
- The cancellation of assignment (except in emergency situations with acceptable documentation) is acceptable when the call is within four (4) hours of assigned visits.
- All employees are expected to arrive promptly to all assignments. If an emergency arises and you are going to be tardy, please inform **NCJ HEALTH SERVICES, INC** immediately. Never call directly to the assignment.
- In the event of a family related crisis, the responsible party must initially inform **NCJ HEALTH SERVICES, INC**. We will immediately inform you and make the necessary arrangements.
- Professional or personal problems on any assignment, whether a co-worker or a patient is involved in the conflict, must be immediately brought to the attention of **NCJ HEALTH SERVICES, INC**
- In the event of an on-the-job injury to yourself, you must notify **NCJ HEALTH SERVICES, INC** immediately.
- An injury of any nature sustained by a patient of whom you are assigned must be promptly reported to **NCJ HEALTH SERVICES, INC** immediately.
- Never, for any reason give your telephone number to a patient or family of a patient. Likewise, your number will not be released by **NCJ HEALTH SERVICES, INC**. The attempt will be made by us to reach you and give you the number of the caller.
- You are responsible to inform **NCJ HEALTH SERVICES, INC** of any change of address and or telephone number.
- Being a medical professional employed by **NCJ HEALTH SERVICES, INC**, it is your responsibility to prepare and submit whatever records necessary to complete your assignment.
- Acceptance of any gifts, gratuities, loans or favors from any patient, client or related family members for services rendered under this contract is unacceptable to our agency.
- It is our policy that each nurse must attend 6 hours of In-service and aides attend 12 hours of In-service programs per year.

NCJ HEALTH SERVICES, INC

NCJ HEALTH SERVICES, INC

POLICIES AND PROCEDURES ORIENTATION

- You will agree to provide services only to patients properly admitted to this agency, and further agree that the services which you render will be consistent with the limitations delegated in the Physician's plan of treatment and will not be altered by you.
- You will agree to accept patients and/or clients without regard to race, color, medical treatment, or national origin, and will unhesitant, contend to provide services to the highest degree of quality within reason.
- To agree to turn all complete documentation into the office weekly and all end-of-the-month paper work into the office by the end of the first week of the new month.
- To supply all necessary documents to keep personnel files updated.

SIGNATURE OF EMPLOYEE

DATE

NCJ HEALTH SERVICES, INC

I have been orientated to the agencies policies and procedures and I am fully aware of what is expected of me in my role with **NCJ HEALTH SERVICES, INC**

I have received orientation on the following:

- Confidentiality
- Infection Control
- Universal Precautions; Standard Precautions and Blood Bourne Pathogens
- OSHA
- Patient Rights: Rights of the Elderly; Abuse, Neglect & Exploitation; Freedom of Choice
- Advanced Directives
- Job Description
- Emergency Preparedness
- Conduct/Ethical Behavior
- Clinical Record
- Dress Code
- Name Badge
- Proper Body Mechanics
- Chain of Command
- Payroll Policy
- MSDS (Material Safety Data Sheet)
- Medical Device Act
- Staff meetings and in-services
- Documentation

Employee Signature

Date

Agency Signature

Date

NCJ HEALTH SERVICES, INC

EMPLOYEE COMPLIANCE FORM

I, _____, have read, understand and will comply with all applicable Agency policies.

Signature of Employee

Title

Date

Signature of Human Relations Director

Date

Check the appropriate category:

Employee

☐

Volunteer

☐

Contracted Staff

☐

NCJ HEALTH SERVICES, INC
TRAINING ON PATIENT RIGHTS

I _____ HAVE OBTAINED AND READ A COPY OF:
NCJ HEALTH SERVICES, INC , PATIENT RIGHTS, RIGHTS OF THE ELDERLY AND
ABUSE NEGLECT & EXPLOITATION POLICY. AFTER READING THE ABOVE
INFORMATION I FULLY UNDERSTAND THE INFORMATION I HAVE RECEIVED.

Employee Signature

DATE

Signature of Human Relations Director

DATE

NCJ HEALTH SERVICES, INC

PERSONNEL FILE CHECKLIST

- INSERVICE DOCUMENTS
- CONFIRMATION OF TRAINING
- UNIVERSAL PRECAUTIONS INSERVICE

NCJ HEALTH SERVICES, INC

CONFIRMATION OF TRAINING

EMPLOYEE NAME:

DATE OF TRAINING

_____ I certify that I have received training and understand the OSHA standards on Occupational Exposure to Blood Borne Pathogens. I have been shown the video which includes the Exposure Control Plan; understand the company policy regarding infection control and the use of personal Protective equipment.

_____ I certify that I have received training and understand the OSHA standards on Occupational Exposure to Tuberculosis. I have read the safety manual chapter on Tuberculosis and understand the company policy regarding TB testing, infection control and the use of personal protective equipment.

_____ I certify that I have received training and understand the OSHA regulations on the Application of Ergonomics to job tasks in order to prevent repetitive injury (ies).

_____ I certify that I have received training in the correct way to fit check, use and maintain the TB Mask.

Employee Signature

Date

Signature of Human Relations Director

Date

NCJ HEALTH SERVICES, INC
UNIVERSAL PRECAUTIONS

ACTION

REASON

-
- | | |
|--|--|
| 1. Wash hands before and after any care | Prevent cross-contamination of the patient. |
| 2. Wear disposable gloves at all times when contact with blood or body fluids is probable. | All blood and body fluids are treated as infectious. |
| 3. Wear protective gowns or aprons if splashes of blood or body fluids are likely. | All blood and body fluids are treated as infectious. |
| 4. Use disposable supplies whenever possible. | To be discarded. |
| 5. Use the "red Box" or sharps disposal container provided to you by your pharmaceutical company. (DO NOT RECAP ANY NEEDLES) | For safe and proper disposal of all needles and sharps. |
| 6. Place any soiled bed clothes/linens in plastic bag and take to washing machine. Wash with hot water, detergent and bleach additives. Wear gloves if handling soiled lines. Do not put laundry on the floor or mix with family laundry. | Prevent cross-contamination. |
| 7. Wear gloves anytime a dressing with drainage is being changed. Spray wound dressing with a solution of one part bleach and 10 parts water. Place in a plastic bag, place in a second plastic bag and close the bag and discard in the trash | Contact with blood and body fluids can be infectious. Any drainage is a body fluid |
| 8. Clean any spills of blood or body fluid with fresh bleach
Water ratio is 1 to 10. | Contact with blood and body fluids can be infectious. |
-

NCJ HEALTH SERVICES, INC

NCJ HEALTH SERVICES, INC

I have participated and received instructions on the above topics.

Employee: _____

Date: _____

Human Relations Director: _____

NCJ HEALTH SERVICES, INC PERSONNEL FILE CHECKLIST

- 19
- CRIMINAL HISTORY CHECKS
- EMPLOYEE MISCONDUCT RESGISTRY CHECKS

**ALL INFORMATION LOCATED IN THIS SECTION IS CONFIDENTIAL AND
KEPT SEPARATE FROM ALL OTHER PERSONNEL RECORDS.**