



SALVATION ACADEMY

4613 Pinecrest Office Park Drive, Suite G, Alexandria, Virginia 22312
Agency Phone: 1 (866) 261-1014 Agency Fax: (703) 226-3328



EMPLOYMENT APPLICATION

Date Month and Year	Name and address of employer	Salary	Job	Reason for Leaving
From				
To				
From				
To				
From				
To				

References: Give the names of three persons not related to you to whom you have known at least 1 year

Name	Address	Phone	Yrs acquainted

List any foreign language(s) and check the box that best describes your skill level.

Language	Read and write	Read and speak	Speak only

In case of

Emergency notify _____
Name Address Relationship Phone

INITIAL Conditions of Employment – please read carefully

_____ Reporting to work with impaired abilities; or the possession, consumption or distribution of drugs or alcohol on company premises and/or worksites, shall be grounds for disciplinary action, including discharge. A condition of employment includes willingness on the part of the applicant or employee to agree to physical examination, polygraph and/or substance testing. If required by the company. We are committed to operating a drug free workplace. Violations of our drug and alcohol policy will result in dismissal.

_____ It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer’s service if I have been employed. Furthermore, I understand that just as I am free to resign anytime, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.



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EMPLOYMENT APPLICATION

_____ I give the employer the right to investigate all police, driving, and personal records and references, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

_____ The Employer is an Equal Opportunity Employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant’s consideration for employment on a basis prohibited by local, state or federal law.

_____ Any controversy of any kind arising between the parties under this agreement or otherwise (or any agent, officer, director or affiliate of any party), including but not limited to common law, statutory, tort or contract claims, will be submitted to mediation and failing settlement in mediation, to binding arbitration. Unless otherwise agreed a mediation and arbitration designated by staff professionals will govern any mediation and arbitration. The parties will select the mediator or arbitrator from the designated company panel of mediators and will notify the designated company, in writing, to initiate the selection process. The arbitration will be subject to and governed by the provisions of the Federal Arbitration Act. 9 U.S.C. Section 1-et seq. The parties hereto stipulate that this agreement involves matters affecting interstate commerce.

_____ This application is current for 60 days. At the conclusion of this time if I have not heard from the Employer and still wish to be considered for employment, it will be necessary to fill out a new application.

Signature of Applicant

Date

AGENCY MANAGEMENT NOTES:



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Employee Name: _____

ANNUAL TUBERCULOSIS QUESTIONNAIRE

For personnel who have a known positive PPD and previously negative chest x-ray, you are requested to complete this questionnaire with either a yes or no.

HAVE YOU NOTICED ANY OF THE FOLLOWING?

1. Unexplained Fevers	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Night Sweats	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Unintentional weight loss	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Cough	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Hoarseness	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Bloody Sputum	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you completed INH therapy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Have you ever had a BCG vaccine?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Have you had an x-ray while employed here?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Employee Signature

Date

Follow-up needed ___ Yes ___ No

Comments:

_____ *Date* _____

Agency Representative:



SALVATION ACADEMY



EMPLOYEE

SAFETY!



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Employee Name: _____

Print Name

CELLULAR PHONE USE

SALVATION ACADEMY does not permit employees while on company time to talk on the cellular phones while driving a vehicle. This is very dangerous and should be avoided any time. It is mandatory that I must pull over and stop my vehicle each time I conduct agency business per cellular phone.

The agency is not responsible for any moving violations, accidents or other incident that may occur while I am using my cellular phone and driving.

I have read and understand the above information of the agency regulation regarding cellular phone use and I will comply.

Employee Signature

Date

Agency Representative

Date



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**CRIMINAL HISTORY
SEARCH**

NAME: _____ DATE: _____

I _____, have had no prior convictions of an offense describe in the **Health and Safety Code** which will bar or potentially bar employment as listed below.

- | | |
|---------------------------|--|
| CRIMINAL HOMICIDE | KIDNAPPING AND FALSE IMPROSNMENT |
| INDECENCY WITH A CHILD | AGREEMENT TO ABDUCT FROM CUSTODY |
| SOLICITATION OF A CHILD | SALE OR PURCHASING OF A CHILD |
| ARSON | ROBERRY |
| AGRAVATED ROBBERY | ASSAULTIVE OFFENSES |
| BURGARY & CRIMINAL TREPAS | TEFT |
| WEAPONS | FRAUD |
| PUBLIC LEWDNESS | INDECENT EXPOSURE |
| PUBLIC INDECENCY | A FELONY VIOLATION OF A STATUE INTENDED TO CONTROL THE POSSESSION OR DISTRIBUTION OF SUBSTANCE (TEXAS CONTROLLED SUBSTANCES AC |

I UNDERSTAND THAT THE HOME HEALTH AGENCY IS REQUIRED TO CONDUCT A CRIMINAL HISTORY CHECK BEFORE

EMPLOYEE

SIGNATURE OF SUPERVISOR

SIGNATURE OF



SALVATION ACADEMY



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Name of Employee: _____
Print Name

DISCLAIMER AND WAIVER OF LIABILITY

I acknowledge and will adhere to the rules and regulations as set forth by the Department of Aging and Disability Services and Medicare and Medicaid. I understand the falsification of notes where documents, particularly those pertaining to the submission of visits notes where intact no visit was made is considered to be fraud and is subject to filing of criminal grievance, civil and or criminal prosecution and immediate termination

I therefore hold Salvation Academy, its shareholders, directors and officers, harmless from any falsified documents.

**I have read and understand the above information.
I understand that the falsification of documents particularly those pertaining to the submission of visits notes where intact no visit was made is considered to be fraud and is subject to filing of criminal grievance, civil and or criminal prosecution and immediate termination**

Employee Signature

Date

Agency Representative

Date



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CONFIDENTIALITY OF INFORMATION AGREEMENT

EMPLOYEE NAME: _____
PRINT NAME

Confidentiality of Information

- **All information designated confidential that is obtained or generated as a result of any or all of the operations of the agency will be dealt with in a confidential manner.**
- **All information that is gathered, maintained, or stored by the agency becomes the agency’s property and cannot be released without proper authorization from the administration.**
- **Altering information is prohibited by the agency and by law. Correction of any identified erroneous information must be done according to agency policy.**
-

WHAT WE CAN DO TO MAINTAIN CONFIDENTIALITY OF INFORMATION

- **In order to protect any individual from invasion of privacy and to protect the interest of the agency, any information gathered for patient care or operations will be gathered, maintained and stored in such a manner as to assure confidentiality.**
- **Access to information will be limited to a need to know basis to perform the scope of one’s duties and responsibilities.**
- **Dissemination of information will be handled according to agency policy, and staff will be informed during orientation, will sign the confidentiality statement and it will be placed in the employee’s file.**
- **Proven violation of breach of the confidentiality agreement may be cause for immediate termination.**

I understand that I am responsible for the following this Confidentiality Policy Agreement & the Guidelines, both written and verbal.

Employee Signature

Date



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Employee Name: _____

Print Name

DRUG TESTING POLICY

Agency employees may not possess, distribute and or use alcoholic beverages or controlled substances. Including inhalants while on premises of property controlled by the Agency or while in the course of conducting company business or engaged in any company sponsored activity.

Patients or visitors may not possess, distribute and or use alcoholic beverages or controlled substances, while on the premises of the property controlled by the Agency.

Any employee who has knowledge of a person or persons violating this policy must report it to his/her supervisor immediately.

Based on reasonable cause, the agency may conduct searches or inspections of an employee's personal belongings and may be asked to take a drug test. Refusal to consent may result in termination.

*** I HAVE READ AND UNDERSTAND THE ABOVE AND WILL COMPLY WITH THIS AGREEMENT.**

Employee Signature

Date



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EMPLOYEE ORIENTATION

Employee Name: _____ Position: _____

Date of Hire: _____ Date of Orientation: _____

GENERAL ORIENTATION WITH HUMAN RESOURCES

- HIPAA Privacy Regulations- Review handbooks and examination
- Discuss policies and procedures included in employee handbook, with focus on new and added updated policies and review policy and procedure examination
- Review employee benefits as applicable to various employee statuses
- Review complaint and grievances procedures
- Review sexual harassment policy
- Review Body Mechanics video and materials

GENERAL ORIENTATION WITH NURSING

- **Instructive Memos from DOSS to clinical staff**
- **Sample Nurse’s Notes**
- **Nursing Peer Review Process**
- **OSHA Infection Control**
- **Nursing Skills Checklist**
- **Detecting Patient Abuse: Child Abuse and Abuse of the Elderly**

Employee Signature

Nursing Supervisor Signature

HR Signature



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EMPLOYEE DRESS CODE

Employee Name: _____ Date: _____

Print Name

SALVATION ACADEMY strives to present a professional and safe health care image to patients' families, the community, and other Health Care professionals. SALVATION ACADEMY staff members adhere to the following standards in their dress appearance.

1. All staff will wear an approved **SALVATION ACADEMY** name badge when providing patient care.
2. Clothing shall be clean, neat, and well maintained.
Allowed Clothing: Loose comfortable clothing, scrubs, walking shorts that are at least mid thigh in length, hemmed blue jeans, plain T-shirt, and Casual Street wear. Appropriate undergarments should be worn.
Not Allowed: mini skirts, short shorts, tank tops, halter-tops, midriffs, cut offs, frayed blue jeans, or T-shirts with any sayings on them.
3. Shoes should be conservative and comfortable. We encourage closed toed shoes for personal safety and infection control while providing patient care. No flip-flops or thong sandals.
4. When attending school with a patient, the employee will be provided with a copy of the schools dress code and must adhere to it
5. Nurses should keep a clean lab coat available to wear over their clothes when accompanying patients to any medical appointment. (These may be unexpected).



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Employee Name: _____
Print Name

6. **SALVATION ACADEMY** employees will try to meet the requests of clients, parents or primary caregivers within reason.
7. Employees are expected to keep their hair dry, neat, and clean. Long hair must be styled so it does not come in contact of the patient. Mustaches and beards must be clean and trimmed.
8. Perfume should be conservative. Strong odors can be offensive to patients.
9. Jewelry represents a safety hazard, so it must be worn with discretion, i.e. wedding rings, rings without large mountings, small earrings or studs. Visible piercing, except for earrings, should be removed when providing patient care. Both professionalism and safety should be considered when wearing jewelry.
10. Fingernails are to be kept clean, trimmed and moderately short for patient safety.

*** If an employee is sent home to change clothes due to inappropriate attire, the employee will be sent home on his/her own time and may result in disciplinary action.**

**** Interpretation of compliance to this dress code policy is subject to the discretion of the Administrator, DOSS, or acting supervisor.***

Signature

Date



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EMPLOYEE WAGE & MILEAGE AGREEMENT

NAME: _____ DATE: _____

POSITION: _____ Date of Hire _____

DEPARTMENT: _____ SUPERVISOR: _____

EXEMPT _____ YES _____ NO

PAID MILEAGE _____ YES _____ NO _____ ALLOWANCE

PAY RATE _____ SALARY/HOURLY (please circle one)

Annually

Monthly

Two-weeks

Weekly

***ALL INFORMATION RELATING TO SALARY, BONUS, AND WAGE INCREASE IS STRICTLY CONFIDENTIAL.**

EMPLOYEE SIGNATURE

DATE

COMPANY REPRESENTATIVE

DATE



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✓ EMPLOYEE REFERENCE CHECK

SALVATION ACADEMY has my authorization to check my references.

PRINT EMPLOYEE NAME: _____

EMPLOYEE SIGNATURE: _____

Company Contacted: _____

Mr. / Mrs.: _____ is seeking employment with our company. It is our policy to ask for references prior to employment. Please complete this form for our records and **sign below**. We would greatly appreciate your assistance.

PLEASE VERIFY EMPLOYMENT DATES:

From: _____ To: _____

ELIGIBLE FOR REHIRE? **YES** **NO**

COMMENTS:

INFORMATION WAS RECEIVED BY: **Phone** **Mail** **Fax**

Name of company _____

*** (IF FAXED) Company Contact Signature** _____

Signature of Agency Representative & Title

Date



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NON-COMPETE AGREEMENT

As an employee of SALVATION ACADEMY, the employee acknowledges that they will be in receipt of confidential information. This information shall include but not be limited to, procedures manuals, in-house policies, patient lists, patient’s medical records, financial information and billing records, certifications and applications, actual and prospective markets an patient’s, business plans and marketing strategies, customer lists, sales and marketing data, operating systems, income statements, asset and liability information, financial projections and any other confidential information gathered, revealed, acquired or generated by or for SALVATION ACADEMY Each employee shall protect and hold in confidence the confidential information to anyone except with the express written consent of RUDOLPH V. RANDOLPH JR, Administrator. The employee acknowledges and understands the competitive sensitivity of the confidential information and the potential for significant material harm that could result to SALVATION ACADEMY in the event that confidential information is disseminated to others, in particular competitors. Therefore, the employee agrees that the appropriate remedy would be an immediate injunction against the violating employee in joining and prohibiting the use and continued dissemination of the confidential information. Further, each employee agrees that the dissemination of the confidential information would cause damages for which damages could not be readily ascertained and would constitute a breach of duty owed by the employee to SALVATION ACADEMY Each employee agrees to pay SALVATION ACADEMY in any action to enforce this confidentiality agreement or cost of litigation, including attorney’s fees and other damages found by the trier of fact.

As consideration for employment and for the release of this confidential information, employee agrees not to compete against SALVATION ACADEMY or to utilize any of the confidential information for a period of two (2) years from the date of their employment terminated with SALVATION ACADEMY. This Non-Compete Agreement shall be limited to Frederick County and contiguous counties. This Non-Compete Agreement is not intended to prohibit employee from working as a nurse, therapist or other position in the health service industries but is intended to prohibit employee from working with a competitor of SALVATION ACADEMY in the home health industry and utilizing any of the confidential information of SALVATION ACADEMY or contacting any of SALVATION ACADEMY patients. Employee agrees and warrants that they will not contact, engage, discuss, negotiate or contract with any patient or family member of a patient for those purpose of developing or promoting home health care services of said patient. All parties acknowledge that this confidential information is of a proprietary nature to SALVATION ACADEMY and if the confidential information was revealed to the general public or to a competitor, the revelation would destroy or impair the expected success of SALVATION ACADEMY

ANY CONTROVERSY OR CLAIM ARISING OUT OF OR RELATING TO THIS AGREEMENT SHALL BE SUBMITTED TO ARBITRATION BEFORE ONE (1) ARBITRATOR IN F, VIRGINIA, IN ACCORDANCE WITH THE COMMERCIAL ARBITRATION RULES OF THE AMERICAN ARBITRATION ASSOCIATION. JUDGMENT UPON THE AWARD RENDERED BY THE ARBITRATOR MAY BE ENTERED BY ANY COURT HAVING JURISDICTION THEREOF. ARBITRATION SHALL BE THE EXCLUSIVE, FINAL AND BINDING METHOD OF RESOLUTION OF ANY CLAIM OR CONTROVERSY BETWEEN SALVATION ACADEMY AND EMPLOYEE ARISING FROM THIS AGREEMENT.

I HAVE READ AND UNDERSTAND THE ABOVE AND WILL COMPLY WITH THIS AGREEMENT.

Employee Name

Agency Representative

Date

Date



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Employee Name: _____

Print Name

FOLLOWING INFECTION CONTROL AGREEMENT

SALVATION ACADEMY wants to improve patient outcomes by identifying and reducing the risk of infection in patients and agency staff.

The agency will document infections that are acquired while the patient is receiving services from the agency. The documentation will include at a minimum the date that the infection was detected, patients name or number, primary diagnosis, signs/symptoms, type of infection, pathogens identified and treatment.

The infection control program will include surveillance, identification, prevention, control, and reporting. Targeted surveillance of infections will focus on specific patient population or procedures.

Infection Control Standards are established in compliance with the recommendations of the National Center for Disease Control in Atlanta, Georgia. All staff is educated on these standards and they are practiced consistently. Any incidents of infection related to care and service are reported.

I recognize, and am fully aware of the fact that any patient may be contagious at any time and that this may not always be a known fact while care is being provided. I will follow all Infection Control and Universal Precautions Procedures of the agency. I also state that currently I am in excellent health and have no impairments that may alter my job performance.

Employee Signature

Date

Agency Representative

Date



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Employee Name: _____
Print Name

EMPLOYMENT AGREEMENT

1. The employee will carry out the duties and responsibilities listed in the job description/ list of assigned tasks, and signed by employee and employer.
2. Following are the hours the employee will work:

Monday	_____	Friday	_____
Tuesday	_____	Saturday	_____
Wednesday	_____	Sunday	_____
Thursday	_____		
3. The employee will have the following time off:

4. The Salvation Academy will pay the employee \$ _____.____ per hour/week/month
5. When leaving, the employee will give the approximate time of return and, if possible, leave a phone number where he/she can be reached. Also, when the employee will be late in returning, he/she will call to let the employer know.
6. The employee is responsible for paying for long-distance telephone calls made/received by the employee.
7. The employee will not be paid for scheduled hours not worked unless the time not worked is covered by a benefit as provided by the employer.
8. Both parties to this agreement will respect each other's individuality and treat each other accordingly. Both will attempt to be flexible and work at solving problems as they arise.
9. At least 2 weeks' notice will be given by employee regarding termination of this agreement.

Other agreements/ benefits:

Employer Signature

Date

Employee Signature

Date



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Employee Name: _____

Print Name

HEALTH & SAFETY AGREEMENT

I do understand the physical requirements of my job and understand proper lifting and moving techniques, which I am expected to use in moving and lifting objects and/or patients.

I have been informed and do fully understand that any injury claimed by me while on the job must be reported immediately to my supervisor and documented on an Accident/Incident Report form. I understand that unless an incident report is completed immediately and signed by me, the agency may not consider a voluntary payment of any medical bills or any other benefits as a result of my injury. I further understand that if the accident/injury is proven to be a result of my failing to follow policy/procedure, the agency may not be expected to cover medical payments.

I do fully understand that I am not encouraged to lift or transfer any object or patient by myself unless I know that I can safely lift or transfer alone. If I believe there is no one readily available to assist me in lifting or moving patients or equipment while on duty, I am to wait until I can obtain assistance before moving or lifting.

I have had the opportunity to review and have all questions answered regarding *Health & Safety*.

Employee Signature

Date

Agency Representative

Date



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HBV VACCINE / WAIVER FORM

Employee Name: _____ **Date of Hire:** _____

Print Name

Social Security Number: _____

I understand that due to my occupational exposure to blood or other potential infectious materials, I may be at risk of acquiring Hepatitis B Virus (HBV) Infection. **I have been given the opportunity to be vaccinated with Hepatitis B Vaccine, at no charge to myself.** I understand that by declining this vaccine I continue to be at risk of acquiring Hepatitis B, a serious disease. If, in the future, I continue to have occupational exposure to blood or other potentially Infectious materials and I want to be vaccinated with Hepatitis B Vaccine, I can receive the vaccination series at no charge to me.

I have been advised to my rights to accept or decline the HBV Vaccine. HBV (Hepatitis B Virus) has been fully explained to me.

_____ **I choose to waive my rights to receive the HBV Vaccine**

_____ **I choose to receive the HBV Vaccine and I understand that the vaccine is given in a 3 part series.**

<i>Series # 1 Date</i>	<i>Series # 2 Date</i>	<i>Series # 3 Date</i>

Employee Signature

Date

Agency Rep. Signature

Date



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REPORTING: ABUSE / NEGLECT / EXPLOITATION

EMPLOYEE NAME: _____
PRINT NAME

REPORTING:

- ABUSE
- NEGLECT
- EXPLOITATION

All agency staff is required to report suspected abuse/neglect/exploitation and develop a plan to minimize the risk of such. The home health employee is responsible to report & document:

- **A child’s susceptibility to abuse includes self-abuse and neglect.**
- **Elderly individuals as children are susceptible to abuse as well.**
- **Physical components, such as impairments and the ability of patient/caregiver to provide adequate care.**
- **Mental impairments, such as mental retardation, Alzheimer’s disease, disorientation, confusion, etc.**
- **Emotional status, such as passive personality, depression, etc.**
- **Physical environment, such as safety in or outside the home.**

The employee is responsible to report all incidents to DOSS and/or Supervisor. A written report may be forwarded for Social Services with the request for referral. The Supervisor will review the situation and investigate to determine if this is a reportable incident. If, so it will be reported to the appropriate agency or Adult/ Child Protection Agency by the DOSS/Administrator or an appropriate designee.

*** I have read and understand the information above. As a home health employee it is my responsibility to report & document any suspected Abuse, Neglect, or Exploitation.**

Signature

Date



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NAME OF EMPLOYEE: _____
Print Name

**POLICIES & PROCEDURES
ORIENTATION ACKNOWLEDGEMENT**

I acknowledge that I have been oriented to agencies Policies and Procedures Manual and agree to follow all guidelines, both written and verbal. I understand that, if the guidelines, policies and procedures are not followed, that I may be immediately terminated. I also had the opportunity to ask questions regarding the Policies and Procedures Manual and I know where it's located for future reference.

Employee Signature

Date

Agency Representative Signature

Date



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**UNIVERSAL PRECAUTIONS
Training Document**

Name: _____ Date: _____
PRINT NAME

✓ **LESSON 1- BLOOD BORNE INFECTION**

Definition of exposure

Spread of HIV infection in the general population

Symptoms and effects of HIV infection

Spread of Hepatitis B, including number of infections, hospitalization, and deaths caused by HBV each year.

Symptoms of effects of HBV infection and HBV vaccination

The hepatitis B virus and HIV virus can transmitted in the workplace

It is estimated that there are 1 and ½ million HIV carriers in the U.S.

There may be as many as one million carriers of HBV

✓ **LESSON 2 – TRANSMISSION OF BLOOD BORNE INFECTION**

Sources of blood borne infections in the workplace

Four primary ways of getting blood borne infections outside the workplace

Three primary ways of getting blood borne infections at work

Risky jobs, tasks, and work practices

✓ **LESSON 3 – EXPOSURE CONTROL**

The HBV vaccine for all workers who come into contact with blood or other potentially infectious body fluids on the job.

The definition of Universal Precautions

The steps that should be taken after an exposure incident in order to prevent infection

My rights in case of exposure and / or infection

I have the right to have HBV vaccinations provided to me free of charge if I am at risk for infection. If I refuse it at this time, I have the right to be vaccinated free of charge at any time in the future provided I am still at risk for infection.



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Name: _____

PRINT NAME

Training Documentation on Universal Precautions (continued):

✓ **LESSON 4 – USING PERSONAL PROTECTIVE EQUIPMENT**

Types of personal protective equipment (PPE) required for different tasks or situations

Key requirements for selecting, providing, using, and disposing of or cleaning PPE

Limitations of personal protective equipment

✓ **LESSON 5 – WORK PRACTICE CONTROLS**

Disposing of used needles or other sharps

Working with lab materials

Decontaminating work areas, instruments, and equipment

Identifying and handling regulated waste

Hand washing and other personal hygiene and health practices

*** I have received training covering all of the above topics and been informed of my rights accordingly.**

Employee Signature

Date



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Employee Name: _____

Print Name

SEXUAL HARASSMENT

SALVATION ACADEMY does not tolerate **Sexual Harassment**, as it is a form of gender-based discrimination.

Definition:

Under Title VII of the Civil Rights Act of 1964, any type of discrimination based on an individual's gender (male or female) is illegal. Sexual harassment is considered to be a form of gender discrimination. According to the Equal Employment Opportunity Commission, sexual harassment is "unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when submission to the conduct enters into employment decisions and/ or the conduct unreasonably interferes with an individual's work performance or creates an intimidating, hostile, or offensive working environment."

The Agency will not tolerate any form of sexual harassment from any of its employees. The Agency encourages that any behavior which could be construed as sexual harassment be reported immediately to the supervisor and/ or Administrator. There is no need to fear retaliation. Both females and males can be sexually harassed when exposed to unwelcome sexual advances or to a pattern of verbal abuse, threatening, crude, impolite, or unprofessional conduct.

- Quid pro quo sexual harassment is also against company policy.
- The Agency encourages and urges an employee to come forward and discuss any sexual harassment that may have occurred with an Administrator.
- Every complaint will be taken seriously and investigated immediately. Investigations will be documented.
- Any employee involved in a sexual harassment complaint will have a full opportunity to give a full account of their recollection of the incident or incidents.
- The incident(s) will be investigated thoroughly and appropriate action will be taken.

Employee Signature

Date



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Date of Hire: _____

VERIFICATION OF PROFESSIONAL LICENSE

Employee Name: _____
Print Employee Name

✓ **CHECK OFF DISCIPLINE NEEDING VERIFICATION**

RN LPN PT OT ST MSW HHA

LICENSE NUMBER	EXPIRATION DATE OF LICENSE

DATE VERIFIED: _____

LICENSE VERIFIED BY:

_____ written _____ Phone _____ Fax

Action Outstanding:

YES NO

COMMENTS:

I HAVE READ THE LICENSE OF THE ABOVE INDIVIDUAL ACCORDING TO THE AGENCY POLICY. THE LICENSE IS CURRENT AND IN GOOD STANDING WITH THE STATE OF VIRGINIA.

Signature of Agency Representative

Date



SALVATION ACADEMY

4613 Pinecrest Office Park Drive, Suite G, Alexandria, Virginia 22312
Agency Phone: 1 (866) 261-1014 Agency Fax: (703) 226-3328



New Employee Processing Checklist

The following is a checklist of items required during processing:

Name _____ Hire Date _____

Title _____ Department _____

Category (check one)

- Full time
- Part time
- Per Diem
- Independent Contractor

Pay/FLSA (check one)

- Hourly/nonexempt
- Salaried/nonexempt
- Salaried/exempt
- Per visit
- Independent Contractor

Hiring paperwork to be completed

- Employment application
- Employer references
- Proof of professional license or certification
- Written proof of freedom from Tuberculosis
- Hepatitis B vaccination record
- Current CPR card (copy)
- I-9 Form

- Confidentiality agreement
- Emergency contact record
- Voluntary self identification form
- Workers Comp. notice (if applicable)
- Statement of employability (if applicable)
- Auto liability insurance (if applicable)
- Criminal history check (if applicable)

Benefits

- Pension plan
- Cafeteria plan
- Holiday's
- PTO
- Jury duty pay
- Military leave

Insurance

- Group medical insurance
- Group dental insurance
- Life insurance
- COBRA rights

Personnel Policies

- Education / Training
- Promotion from within
- Performance appraisals
- Discipline
- Absences and tardiness
- Rest breaks

- Smoking in the workplace
- Sexual harassment
- Drug free workplace
- Ethical/professional conduct
- Dress code

Pay forms

- Employment agreement
- Employee pay status report

Other

- Organizational chart
- Employee handbook
- Personal policy manual (supervisors)
- Safety information
- Orientation checklist
- Skilled Nursing clinical checklist
- Skilled Nursing specialized skills competency