

**ATTACHMENT A**



**AGENCY/CONTRACTOR HR & ORIENTATION REQUIREMENTS**

**Name of Contracted Personnel** \_\_\_\_\_ **Skill Type** \_\_\_\_\_

**Name of Agency:** \_\_\_\_\_

| Items Required   | Received Yes | Received No | Renewal/Expiration Date | Comments  |
|--|--------------|-------------|-------------------------|---|
| Required credentials<br>Licensure/Certification<br>(See Job Description)- <b>Clinical Personnel - Refer to section II for additional Credential Requirements</b> <ul style="list-style-type: none"> <li>• Primary Source License and Verification</li> <li>• CPR if applicable</li> </ul>  |              |             |                         |   |
| <ul style="list-style-type: none"> <li>• Supportive ID Documentation</li> </ul>  |              |             |                         | <input type="checkbox"/> Passport, <input type="checkbox"/> DL<br><input type="checkbox"/> State ID |
| <ul style="list-style-type: none"> <li>• Reviewed list of excluded individuals/entities (LEIE) via the online database.<br/> <a href="http://www.oig.hhs.gov">http://www.oig.hhs.gov</a></li> <li>• <a href="http://Offender.fdle.state.fl.us">Completed National Sexual Predator/Offender Search Verification</a><br/> <a href="http://Offender.fdle.state.fl.us">http://Offender.fdle.state.fl.us</a></li> </ul> |              |             |                         |   |
| <ul style="list-style-type: none"> <li>• Contracting Company Verification of Background check with a minimum of 7 year criminal history – Level I , Level II background screen for behavioral health and pediatric areas.</li> </ul>   |              |             |                         |   |
| <ul style="list-style-type: none"> <li>• Contracting Company Verification of negative ten (10) panel Drug Testing (in accordance with Drug Free Workplace Standards)</li> </ul>  |              |             |                         |   |
| <ul style="list-style-type: none"> <li>• Signed Acknowledgement of Job Description</li> </ul>  |              |             |                         | N/A for contracted vendors  |
| <ul style="list-style-type: none"> <li>• Verification of Initial Health screening (free of any communicable diseases, Rubella, Measles, Mumps and any other vaccinations).</li> </ul>  |              |             |                         |   |
| <ul style="list-style-type: none"> <li>• Provide proof of completed Mantoux (Also known as Purified Protein Derivative "PPD) test within the past six months and annually thereafter.</li> </ul>   |              |             |                         |   |
| <ul style="list-style-type: none"> <li>• Signed Confidentiality &amp; Data Security Form</li> </ul>  |              |             |                         |   |
| <b>ORIENTATION REQUIREMENTS ALL</b>  |              |             |                         |   |
| <ul style="list-style-type: none"> <li>• BH Orientation Module v 2.0</li> <li>• BH Risk Management</li> <li>• General Compliance Training</li> <li>• CIA Compliance Training</li> <li>• Code of Conduct Training</li> <li>• Compliance &amp; Ethics Policies and Procedures</li> <li>• Emergency Mgt Module</li> <li>• Preventing &amp; Reporting Workplace Harassment</li> </ul>                                  |              |             |                         |   |

| <b>ORIENTATION REQUIREMENTS CLINICAL NURSING (IN ADDITIOIN TO ALL REQUIREMENTS)</b>   |  |  |  |  |
|---|--|--|--|--|
| <ul style="list-style-type: none"> <li>• Dysphagia &amp; Aspiration Precautions</li> <li>• Recognizing Impairment</li> <li>• Clinical Reference Guide (Challenging Pts, Pain Mgt, Blood Admin/Anticoaulation, Restraints &amp; Antimicrobial Stewardship)</li> <li>• Plum A Plus</li> </ul> |  |  |  |  |
| <p>Once every 3 years Proof OF:</p> <ul style="list-style-type: none"> <li>• IV medication Administration</li> <li>• Preventable Events</li> <li>• Living, Dying &amp; Death</li> </ul>   |  |  |  |  |
| <ul style="list-style-type: none"> <li>• Initial Shift Assessment of Competency/ Evaluation</li> </ul>  |  |  |  |  |



**AGENCY/CONTRACTOR HR & ORIENTATION REQUIREMENTS page 2**

**Name of Contracted Personnel** \_\_\_\_\_ **Skill Type** \_\_\_\_\_

**Name of Agency:** \_\_\_\_\_

| <b>Items Required</b>  | <b>Received Yes</b> | <b>Received No</b> | <b>Renewal/Expiration Date</b> | <b>Comments</b> |
|--|---------------------|--------------------|--------------------------------|-----------------|
| <b>ANNUALS</b>   |                     |                    |                                |                 |
| <ul style="list-style-type: none"> <li>• Verification of annual Health Screening including PPD</li> </ul>  |                     |                    |                                |                 |
| <ul style="list-style-type: none"> <li>• Evidence of completion of all Broward Health Annual Updates:</li> <li>• Broward Health Orientation v 2.0</li> <li>• BH Risk Management</li> <li>• General Compliance Training</li> <li>• CIA Compliance Training</li> <li>• Code of Conduct Training</li> <li>• Compliance &amp; Ethics Policies and Procedures</li> <li>• Emergency Management</li> <li>• And others as required by BH region</li> </ul> |                     |                    |                                |                 |
| <ul style="list-style-type: none"> <li>• Facility Required Annual Policy Reviews</li> </ul>  |                     |                    |                                |                 |
| <ul style="list-style-type: none"> <li>• Annual Assessment of Competency/Evaluation</li> </ul>   |                     |                    |                                |                 |
| <ul style="list-style-type: none"> <li>• License Verification (renewal)</li> </ul>   |                     |                    |                                |                 |