

# Whitman County

## Policy Acknowledgements

### **HIPAA ACKNOWLEDGEMENT**

I hereby acknowledge that I have received, reviewed and understand the Whitman County Notice of Privacy Practices.

I have also received training regarding Whitman County privacy policies and HIPAA regulations. I have had an opportunity to ask questions of the County's Privacy Compliance Officer about general privacy and HIPAA requirements concerning my department and/or position.

I acknowledge that I am responsible for protecting the Protected Health Information that I may come in contact with during my employment at Whitman County. Violations of those rules may result in disciplinary action.

Should I have further questions, I understand that I may contact Chris Skidmore, 509-397-5377 or [Chris.Skidmore@whitmancounty.net](mailto:Chris.Skidmore@whitmancounty.net)

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### **POLICY GUIDE, LEAVE SUMMARY, EEO POLICY, WORKPLACE VIOLENCE POLICY**

I acknowledge receipt of the Orientation Information Handbook and understand that I am responsible for knowing the information contained. I also understand that further information regarding personnel policies and procedures is contained in the Whitman County Personnel Policy and Procedures Guide. This guide is available for review through my department.

I have also received copies of the Whitman County Equal Opportunity (EEO) Policy and Plan Summary and the Preventing & Responding to Workplace Violence Policy.

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### **DRUG FREE WORKPLACE ACKNOWLEDGEMENT**

Whitman County recognizes alcohol and drug abuse as potential health, safety and security problems. Whitman County expects all employees to assist in maintaining a work environment free from the effects of alcohol, drugs, or other intoxicating substances. Compliance with this substance abuse policy is made a condition of employment.

- I. Whitman County prohibits employees from the manufacture, dispensing, possession, use, distribution, or purchase of non-prescribed drugs and intoxicants on County premises and from working under the influence of alcohol, prohibited substances, or intoxicants during work hours.

II. Employees are required to report to their jobs in an appropriate mental and physical condition, ready to work. If an employee may be impaired because of taking medication according to a doctor's prescription, they're required to discuss it with their supervisor before commencing work that day. If a supervisor has a reasonable suspicion that an employee is under the influence of drugs/alcohol, he/she may require the employee to undergo testing. Employees required to have a CDL will be subject to pre-employment and random drug/alcohol testing.

III. Any employee who is convicted of any violation of any criminal drug statute (including misdemeanors) for a violation occurring on Whitman County property or time shall notify his or her supervisor within five (5) days of the date of conviction. A conviction includes any finding of guilt (including one agreed to by the employee), or pleas of no contest and/or any imposition of a fine, jail sentence, or other penalty.

IV. Employees who have an alcohol or drug abuse problem are strongly encouraged to seek assistance through any programs offered through the County's health carriers or the Employee's Assistance Program. Any violation of this substance abuse policy will result in discipline up to, and including termination.

IV. Drug Abuse Education Program. The County will utilize available County resources to educate employees as to the dangers of drug abuse. I have read and understand Whitman County's Drug Free Workplace Policy and agree to abide by the terms thereof. \_\_\_\_\_

### **ANTI-SEXUAL HARASSMENT TRAINING**

I received anti-sexual harassment training. I have reviewed the training video and handout. I understand that I always have the opportunity to ask questions of a professional regarding this subject through the Whitman County Human Resources Department.

I have also received a copy of the Whitman County Harassment Policy and Complaint Procedure. I understand that harassing behavior may result in discipline up to and including termination.

I agree to abide by the Whitman County anti-harassment policy, as well as applicable state and federal regulations. \_\_\_\_\_

**BLOOD BORNE PATHOGENS**

On the date below, I received training on Blood Borne Pathogens. I had opportunity to ask questions of a qualified health professional regarding the information contained.

I agree to abide by the safety precautions required by Whitman County, in compliance with Washington Industrial Safety and Health Act (WISHA) and Occupational Safety and Health Act (OSHA) standards.

Universal/Standard Precautions refers to a system of infectious disease control that assumes that every contact with body fluids is infectious and requires every employee to be protected as though such body fluids were infected with infectious diseases.

The following are specific steps that must be taken for protection against contamination from infected blood or body fluids of another person or from injury by a contaminated sharp object:

- Wash hands frequently to reduce the risk of exposure to infectious disease.
- Wear gloves if there is even a possibility you might have contact with another person's body fluids.
- After the removal of gloves or after exposure to blood or other potentially infectious materials, wash hand (or affected areas) thoroughly with soap, friction, and running water as soon as possible. If direct mucous membrane contact occurs, flush affected mucous membranes with large amounts of water.
- Wear gloves once and discard: do not attempt to wash and reuse. The only gloves that are reused and washed are rubber household cleaning gloves.
- Clothing or supplies contaminated with body fluids should be placed in a biohazard (red) and marked with a biohazard label and tied.
- Used needles or pieces of glass or other sharp material that have been contaminated with potentially infectious materials must be discarded in a sharps container or an impenetrable container with a biohazard label.
- If a possible exposure incident has occurred, contact your supervisor or the Human Resources Director as soon as possible, but within 24 hours.
- Always assume all blood or body fluids are contaminated and potentially harmful to your health and practice Universal/Standard Precautions.

I have read and agree to abide by the Universal/Standard Precautions Procedures as listed above. I understand that if I have questions or concerns; I may contact my immediate supervisor or the Human Resources Director. \_\_\_\_\_

\_\_\_\_\_  
Printed Name /Department

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date