



Ohio Attorney General's Office
 Bureau of Criminal Investigation
 Investigative Report



2021-0888
 Officer Involved Critical Incident – 500 South Cleveland Ave.,
 Westerville, Ohio 43081 (L)

Investigative Activity: Document Review, Records Received
Involves: Security [REDACTED] (S), Security [REDACTED] (S), Security [REDACTED] (S), Security [REDACTED] (S)
Date of Activity: 05/04/2021
Activity Location: Mount Carmel St. Ann's Hospital – Business – 500 S. Cleveland Ave., Westerville, OH 43081, Franklin County
Author: SAS Kevin Barbeau, #142

Narrative:

On Tuesday, May 4, 2021, the Bureau of Criminal Investigation (BCI) Special Agent Supervisor (SAS) Kevin Barbeau arrived at Mount Carmel Health System Building (6150 E. Broad St., Columbus, Ohio) in order to obtain records requested prior to this date pursuant to a subpoena service; also served prior to this date. The purpose of the subpoenaed records was to request information relevant to an Officer-Involved Critical Incident (OICI), which occurred at St. Ann's Hospital (500 South Cleveland Ave., Westerville, Ohio) on April 12, 2021. BCI learned Columbus Police officers were taking Miles Jackson (involved subject) into custody at St. Ann's Hospital Emergency Department (ED) room. A struggle ensued and CPD officers and St. Ann's (armed) Security Officers discharged their duty weapons. Miles died from apparent gunshot wounds.

SAS Barbeau was contacted by Jill Koppel (Associate General Counsel) and advised the records were ready to be picked up. SAS Barbeau received the following from Mount Carmel:

- Mount Carmel communication
- Mount Carmel Safety and Security Incident Report completed by Supervisor Chad Taylor
- Mount Carmel Use of Force Policy
- Personnel Files for:
 - Security Officer [REDACTED]
 - Security Officer [REDACTED]
 - Security Officer [REDACTED]
 - Security Officer [REDACTED]

It should be noted a thumb drive was also provided that contained a file of St. Ann's Emergency Department video surveillance. This is a duplicate file; however, this video surveillance has

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been REDACTED. See IR-32 for a synopsis of the video surveillance previously received. The thumb drive is maintained in the physical case file.

The following was noted while reviewing the personnel file records:

- Security Officer [REDACTED]
 - Hired July 23, 2019
 - Completed Ohio Peace Officer Training Commission; Private Security Firearms Requalification on November 20, 2020
- Security Officer [REDACTED]
 - Hired February 24, 2015
 - Completed Ohio Peace Officer Training Commission; Private Security Firearms Requalification on August 2, 2020
- Security Officer [REDACTED]
 - Hired November 7, 2016
 - Completed Ohio Peace Officer Training Commission; Private Security Firearms Requalification on August 2, 2020
- Security Officer [REDACTED]
 - Hired August 8, 2020
 - Completed Ohio Peace Officer Training Commission; Private Security Firearms Requalification on November 27, 2019

See attached for additional details.

Attachments:

- Attachment # 01: Mount Carmel Records Communication
- Attachment # 02: Mount Carmel Use of Force
- Attachment # 03: Mount Carmel Safety and Security Report
- Attachment # 04: [REDACTED] Personnel File
- Attachment # 05: [REDACTED] Personnel File
- Attachment # 06: [REDACTED] Personnel File
- Attachment # 07: [REDACTED] Personnel File

References:

USB Thumbdrive – St. Ann's REDACTED VIDEO

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Via Hand Delivery

May 3, 2021

Kevin Barbeau
Special Agent Supervisor
Special Investigations Unit – Major Crime
Bureau of Criminal Investigation

Re: Mount Carmel St. Ann's

Investigator Barbeau:

Pursuant to the Bureau of Criminal Investigations subpoena issued on April 16, 2021 please find the enclosed documents:

- Personnel file for [REDACTED];
- Use of Force Policy; and
- Security report regarding the shooting on April 12, 2021.

It is my understanding that Christie Santa-Emma, Mount Carmel's Chief Compliance Officer, is providing you with copies of Mount Carmel's internal security video and Miles Jackson's medical record.

Please let me know if you have any questions or need any additional information.

Jill M. Koppel

Jill M. Koppel
Associate General Counsel
Mount Carmel Health System
Trinity Health

Enclosures

**MOUNT CARMEL HEALTH
SAFETY AND SECURITY
Policy**

SUBJECT: Use of Force

PURPOSE

To provide guidelines for Security Officers in using force to control hostile persons and to provide guidelines for the use of defensive weapons.

POLICY

Security Officers must be prepared to perform assigned duties at all times. When using force to control a subject or to overcome resistance, the force must be based on the actions and behavior of the subject and be reasonable for the situation. The level of force used must be balanced against the likelihood of injury to the subject and/or officer.

The Safety and Security Department will use the USE OF FORCE CONTINUUM as a guide when dealing with an uncooperative subject. The USE OF FORCE CONTINUUM is a general guideline to be used in subject control and officer defense. Since confrontation is dynamic and is often unpredictable, an officer may be forced to escalate, de-escalate, or go from minimum to maximum use of force without resorting to each intermediate step. The Department's Use of Force Continuum is designed to aid and assist officers in the decision-making process.

Use of Force continuum and training in defensive weapons will take place within the first 90 days of employment for Safety & Security Officers and annual thereafter. Competencies/methodology of training will be tracked. Safety & Security will provide training on OC repellent, ASP Expandable Baton, and Defensive Tactics annually. In addition, Security Officers will have initial 20-hour security firearms training authorized by the State of Ohio and annual re-qualifications thereafter.

USE OF FORCE CONTINUUM

Level One

1. Physical Presence of the Officer
2. Issuance of Verbal and Physical Directions or Commands
 - a. To direct subject
 - b. To inform bystanders
 - c. To create a voice stunning value
 - d. To calm subject
3. Empty Hand Control
 - a. Soft
 1. Assistance from other officers
 2. Escort Position

Level Two

- b. Hard Defensive Tactics
 1. Joint Manipulations or pressure points, takedowns,
 2. Handcuffing

Level Three

Use of Non-Lethal Defensive Weapons

A. OC Repellent-Chemical

1. The OC repellent is a liquid or foam irritant. It requires direct application to the subject's face to be effective.
2. The application of the agent should be made ideally from a range of 6-12 feet. This distance also provides safety for the officer. If the agent is applied at a closer range it may affect the officer. When spraying the subject, the spray should be directed at the eyes for maximum effect. If the subject is wearing glasses spray at the top of the glasses and allow the agent to splash into the eyes. The agent should take full effect in 2-5 seconds.
3. Officers using the agent should not touch their face until they have had the opportunity to wash their hands with soap and water.

After spraying a person, afford that person an opportunity to wash the contaminated areas and remove any saturated clothing. The most effective antidote is a large amount of air. The subject should be taken to the Emergency Department to be checked.

If the agent is used in an enclosed area, such as a small room or vehicle, open all windows and allow the area to ventilate.
4. The OC agent should only be used when a physical confrontation is occurring or is about to occur.

B. Canine (K9)

If a perpetrator becomes violent and physically assaulting by way of non-deadly measures, K9s can be deployed to get the perpetrator(s) under control to prevent bodily harm/physical assault.

C. Expandable Baton

1. The expandable baton is to be primarily used as a defensive weapon. Striking a person with the baton is justified when an officer is:
 - a. Protecting him/herself or another from assault
 - b. Attempting to stop an individual's aggression or to overcome resistance or violent behavior where lesser means of physical force are ineffective.
2. The primary target areas for applying non-lethal force with the baton are the large muscle groups or bones. Light strikes to these areas will cause pain and minor bruising, although such a strike can potentially disable an assailant and bring the attack to an abrupt halt.
3. It is important to avoid striking the head, temple, throat, and the back of the neck. Even light strikes or pressure these areas could inflict serious or possibly fatal injuries.
4. If an officer strikes a person with the baton that person will be taken to the Emergency department to be checked.

Lethal/Deadly Force Firearms

Select officers/ supervisors carry firearms and the use of firearms on a person is considered lethal and deadly force. The use of deadly force will be in accordance with Ohio State Laws (ORC) – and will only be used on a perpetrator for the protection of life from substantial risk of death or serious bodily injury to self or others. Officers/supervisors that carry firearms have gone through the OPOTA Security Firearms training program and have met proficiency/competency and will re-qualify on an annual basis. Armed security must make sound judgment when using fire arms in the above circumstances, but be cognizant to their action as it relates to the potential of bullets hitting and wounding innocent bystanders. Firearms should not be discharged on moving vehicles unless it is a situation that is life-threatening. Only authorized department firearms will be used.

SPECIAL PROVISIONS

Anytime that an officer uses the OC repellant, K9, baton, handcuffs, or firearm on any individual an Incident Report will be completed by the Officer's Supervisor/In Charge Officer. Local Law Enforcement Agency will also be contacted for possible charges on subject that OC repellant, K9, handcuffs, baton, firearm was used on. This report will be forwarded to the Regional System Manager of the Safety and Security Department. All Use of Force Incidents will be investigated by the Defensive Tactics Instructors.

*Reviewed 09-2011
Revised 12/2012
Reviewed 08/2014
Reviewed 08/2016
Revised 11/2016, 12/2016
Firearms effective: 2/1/17*

DEFINITIONS:

1. **Active Resistance** – Behavior that consists of non-threatening physical opposition to being controlled.
2. **Assaultive Behavior** – Aggressive physical opposition directed towards the officer or others by a subject. Assaultive behavior can be either an actual attack, or threat of attack conveyed through body language and assaultive verbalization.
3. **Controlling Force** – Usually the minimal amount of physical force needed to control a subject who will not submit to verbal commands. Generally, this level of force involves the application of pain without injury. Controls techniques are used to encourage a subject to go in a desired direction, and usually are applied to subjects that are either passively or actively resisting the officer's attempt to control them.
4. **Deadly/Lethal Force** – Any force which carries a substantial risk that it will proximately result in the death or serious bodily injury of any person.
5. **Reasonable Belief** – That belief by an officer, acting on personal knowledge of facts and circumstances which are reasonably trustworthy, that would justify a person of average caution to believe that a crime has been or is being committed. Similar to the probable cause standard.
6. **Reasonable Force** – Force that will likely lead to a safe control of the subject. If a lesser force would likely lead to safe control the lesser force should be used.
7. **Serious Physical Injury** – Injuries being inflicted or about to be inflicted which could cause the death of any person.

MOUNT CARMEL SAFETY AND SECURITY Incident Report

Report #: MCSA3672021
Category: SAFETY INCIDENTS

Location: MT. CARMEL ST. ANNS
Sub Catg: CODE SILVER

Report Date: 4/13/2021 **Occur Day:** Monday
Occurred Date: 4/12/2021 **Occurred Time:** 2:16:00 PM

Outside Agency Notified/Name/Case #:

Solucient Tracking: E

K-9 Notified/Name:

Supervisor Notified/Name/Date: AE265153

4/12/2021

Specific Location: Emergency Room

Hospital Administrator Notified/Name/Date:

Time Spent: **Sign off/Reviewer:**

Narrative:

Incident report will be saved on another platform.

Officer(s)

Property Description(s)/Value

Person(s) Involved

Vehicle(s)

Supplements

On 04/12/2021 at approximately 1421 hours I received a communication via radio advising "shots fired" from Officer [REDACTED]. I was inside my office located on the 3rd floor of the West Wing in suite #300. I immediately began running to the main hospital. I attempted to contact Officer [REDACTED] via radio to advise additional details needed for response. The radio traffic was broken however I did hear Officer [REDACTED] advise that he heard a gunshot in the ER.

I quickly responded to the ER where I witnessed staff huddling near the doors exiting the department by ER zone #3. I proceeded through ER zone #4 and began to round the corner where I could see officers with guns drawn on ER room #9. I immediately unholstered my weapon and assumed a position behind the partition directly in front of ER room #9. Officers [REDACTED], [REDACTED] and [REDACTED] were positioned behind the partition directly to my left. A male CPD officer was in front of the partition to my right. The suspect (later identified as Miles Jackson) was laying on the floor just inside the doorway to the room on the left side of the bed. His feet were facing the doorway and his right side including his right hand was hidden from view. The CPD officer as well as several security officers were giving verbal commands for the suspect to show his hands and drop his weapon. The suspect replied to each command with "if I show you my hands you will shoot me" and "I'm showing my hands sir" however his right hand was still hidden and only his left hand was visible. After approximately 2 or 3 minutes a female CPD officer came from the hallway by ER rooms #6, 7, and 8 and assumed a kneeling position in front of the partition just to the right of my position. Security Officer [REDACTED] arrived at ER room #9 and assumed a position with the other security officers behind the partition. He then moved over to the female CPD officer to provide cover.

The male CPD officer instructed the female CPD officer to holster her weapon and deploy her taser in an effort to gain compliance from the suspect without using deadly force. Officer [REDACTED] provided cover while she transitioned between weapons. Once the female CPD officer had possession of her taser, she moved toward ER room #9 to deploy while Officer [REDACTED] continued to provide cover. The female CPD officer stepped into my line of fire so I immediately transitioned my weapon to a low-ready position. At that time I lost eye contact with the suspect. I heard the female CPD officer deploy her taser at the suspect and I also heard a single gunshot come from the direction of ER room #9. I immediately heard one of the officers shout "Gun, Gun, Gun!". At that time, all three officers to my left as well as the officers in front of me returned fire to the suspect in ER room #9. Several rounds were exchanged in a very short time.

Once the shooting ceased, Officers [REDACTED], [REDACTED], and [REDACTED] were very emotional. I instructed them to holster their weapons and return to the security office to await further instructions. Officer [REDACTED] was stuck inside the crime scene, so he was instructed to return to the office when he was cleared from the scene. I looked around and noticed several brass shell casings in the area behind the partition as well as in front. WPD officers and CPD officers began processing the scene immediately following the shooting.

ER clinical staff members rushed into the room to employ life-saving measures on the suspect. He was placed onto an ER cot and rushed to ER Trauma #98. The area was then taped off to preserve the scene. WPD Officer Ward was assigned to me and he escorted me to my office to review CCTV footage of the incident. He was informed by his administration that Ohio BCI (Bureau of Criminal Investigations) would be handling the investigation. Once BCI started the investigation, WPD Officer Ward never left my side until I was escorted to Conference Room B to be photographed by a BCI agent. I was then escorted to

Conference room A where crisis intervention specialists were staged to provide relief to myself as well as Officers Stanley Miller, Luke Smith, Zachary Powell, and Phillip Blackburn. We were staged in conference room A until we were called one by one into conference room B to meet with BCI investigators where each officer provided a recorded oral interview and statement. Once officers were finished and cleared by BCI investigators, they were released from the room and the hospital.

Officers were advised that protestors were gathering near the hospital so they were instructed to remove their uniforms before exiting the building to maximize their safety until they were able to leave campus. I stayed at the hospital to assist officers who were stationed in parking lot D awaiting the protestors who were in route to the hospital.

Protestors arrived at the hospital entrance at approximately 2100 hours to protest. WPD officers as well as security staged in parking lot D during the protest which lasted approximately 45 minutes. Once the protestors disbursed, officers cleared parking lot D and returned to hospital interior patrol. Officers Brandon Stone and Andrew Francis continued to provide exterior patrol in the marked patrol vehicle. Nothing further to report at this time.

Chad Taylor

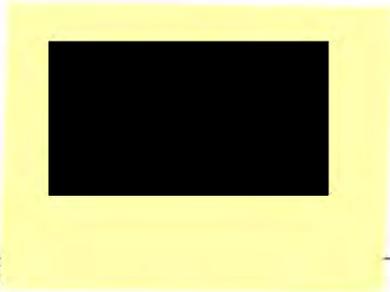
Safety and Security Supervisor

380-898-4125



MOUNT CARMEL

A MEMBER OF  TRINITY HEALTH



POSITION DESCRIPTION

Job Title: Armed Safety & Security Officer	DEPARTMENT: Safety & Security
JOB CODE: M4850	REPORTS TO: Armed Supervisor of Safety & Security
DATE ISSUED: 2/1/2017	SUPERVISES: N/A
DATE REVISED: 2/1/2017	MATRIX REPORTING RELATIONSHIPS: N/A

Mount Carmel Mission Statement and Guiding Behaviors

Mission: We serve together in Trinity Health, in the spirit of the Gospel, to heal body, mind and spirit, to improve the health of our communities and to steward the resources entrusted to us.

The Guiding Behaviors set the expectation for how we work together in living our Mission and Core Values. They are:

- We support each other in serving our patients and communities.
- We communicate openly, honestly, respectfully and directly.
- We are fully present.
- We are all accountable.
- We trust and assume goodness in intentions.
- We are continuous learners.

Job Summary

- In accordance with the Mission and Guiding Behaviors; the Safety & Security Officer is to provide protective services to all persons and property across the Mount Carmel Health System.
- Ensure a safe environment for all associates, physicians, patients, and visitors in compliance with various regulatory standards to include, JC, OSHA, ect.
- Provide a quality service consistent with the values of Mount Carmel Health System for our associates, physicians, patients and visitors.

Job Qualifications (Knowledge, Skills, and Abilities)

- Education: High school graduate or GED required.
- Licensure / Certification: Receipt of Ohio Peace Officer Training Academy certificate of completion prior to being assigned a shift as an Armed Safety and Security Officer for Mount Carmel
- Experience: Three to five years experience in security, law enforcement or military disciplines or equivalent training which might include criminal justice, homeland security, or law enforcement academy is preferred.
- Effective Communication Skills
- Valid driver's license with good driving record maintained
- Customer service oriented able to function in high stress situations with personal restraint, integrity, and control.
- Basic computer skills that commensurate with the job.
- Ability to communicate effectively and appropriately with diverse populations.
- Ability to write, read, and communicate effectively in the English language.

Essential Responsibilities

- Exhibits each of the Mount Carmel Service Excellence Behavior Standards holding self and others accountable and role modeling excellence for all to see. For example: demonstrates friendliness and courtesy, effective communication creates a professional environment and provides first class service.
- Meets population specific and all other competencies according to department requirements.
- Promotes a Culture of Safety by adhering to policy, procedures and plans that are in place to prevent workplace injury, violence or adverse outcome to associates and patients.
- Relationship-based Care: Creates a caring and healing environment that keeps the patient and family at the center of care throughout their experience at Mount Carmel following the principles of our interdisciplinary care delivery system.
- **(For patient care providers)** Provides nursing care, ensures an environment of patient safety, promotes evidence-based practice and quality initiatives and exhibits professionalism in nursing practice within the model of the ANCC Magnet Recognition Program®.
- Maintain a safe and secure environment through job knowledge, skills and engagement. Intervene as appropriate in any safety & security observed issues.
- Enforces all governmental regulations, standards, policies associated with Mount Carmel Health System and Safety & Security policies, (i.e. smoking policy).
- Communicate safety and security discrepancies to the appropriate parties for mitigation.
- Ensure department goals & objectives are reached/maintained during assigned shift(s).
- Responsible for assuring that the Safety, Life Safety, security, and Emergency Management, and the JC standards are followed as it relates to the position.
- Responsible for completing and documenting assigned tasks, such as fire drill and safety tours on time.
- Ensure accurate documentation during assigned shift (i.e. security reports, safety incidents, activity logs).
- Ensure consistent delivery of professional, friendly, and courteous service.
- Comply with the organization and department dress code.
- Conduct initial and follow-up investigations, if warranted or directed, ensuring documentation of investigative steps.
- Proactive patrolling of the campus by foot, segway, or vehicle as assigned.
- Respond to all "STAT" calls expeditiously and safely.

- Be familiar with all hospital emergency codes and appropriate responses
- Responsible for completing assigned tasks/duties on time (i.e. fire drills and safety tours).
- Provide on-the-spot in-service training to staff where knowledge related discrepancies are noted.
- Demonstrate sound judgment, decision skills, and prioritizing responses to emergency situations.
- Ability to perform duties in an independent manner.
- Custodial responsibility for patient valuables and maintaining lost and found by following the proper protocols.

Other Job Responsibilities

- Inspects panic alarms, AED's, and call boxes as assigned.
- Provides escorts for associates, patients, visitors and students (where located) in the hospital areas and areas contiguous to the hospital areas.
- Issue parking citations and enforce the parking policy.
- Provide helipad duties during helicopter landings and departures
- Assist in the collection of ICES data as directed
- Monitoring of cameras and access control responsibilities as assigned
- Citizen arrest duties only in accordance with applicable laws and statutes
- Assist motorist with vehicle assistance as appropriate (i.e. jump start)
- Traffic enforcement keeping emergency entrances and approaches clear of non-emergency vehicle traffic
- Respond to safety incidents/visitor injuries as appropriate, ensuring medical is summoned as appropriate.
- During emergent events direct media to the proper area/contact
- Perform other assigned duties as directed by Management.
- Use proper radio procedures and monitors on-going activity
- Be familiar with geographic location and facility layout
- Immediately report and respond appropriately to Salient events, communicating the event to your supervisor.
- Provide for security per policy for VIPs
- Chemical spill clean up as assigned.
- Responsible for compliance with Organizational Integrity through raising questions and promptly reporting actual or potential wrongdoing.
- All other duties as assigned.

EQUIPMENT: This section requires a response of Yes or No from drop down box.

Radiation: No Electrical: Yes
Chemical: Yes Mechanical: No

KEY TO FREQUENCY CODES for Physical Requirement Sections: This section requires a numerical response from drop down box.

1 = Up to 33% of the time 3 = Over 66% of the time
2 = From 33% - 66% of the time 4 = Not Applicable

PHYSICAL REQUIREMENTS

Sitting: 3 Balancing: 3
Standing: 3 Reaching Overhead: 1
Walking: 3 Grasping: 3
Ability to be Mobile: 3 Keyboarding : 3
Bending: 2 Pinching: 3
Kneeling/Crawling: 1 Twisting: 2
Stooping: 1 Climbing: 1
Turning/Pivoting: 2 Pulling: 2
Working Above Shoulder Level: 4

Pushing: 2 Maximum Weight: Equal to or greater than 35 lbs
Lifting: 3 Maximum Weight: Equal to or greater than 35 lbs

POTENTIAL EXPOSURE: This section requires a response of Yes or No from drop down box.

Blood / Body Fluid Contact: Yes Humidity: No Temperature: No
Air-borne Pathogen: Yes Chemicals (Fumes / Burns): No Dust: No
Radiation: No Vibrations: No Noise: No

Personal Protective Equipment: This section requires a response of Yes or No from drop down box.

Gloves: Yes Shoes: No Goggles: Yes Aprons: No
Masks: Yes Head Covering: No Gowns: Yes

Emotional / Psychological Factors: This section requires a response of Yes or No from drop down box.

Trauma: Yes Grief: Yes Death: Yes Public Contact: Yes Deadlines: Yes

This job description is intended to describe the general content of and requirements for the performance of this job. It is not to be considered an exhaustive statement of duties, responsibilities, or requirements.

Reviewed and Approved by: Drew Evans
Title: Manager System Safety and Security
Date: 3/15/2017
Compensation Rep: Jim Kouaie
Title: Sr. Compensation Consultant
Date: 3/15/2017

HealthStream.

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2016 / 2017 "Blackout Period" Election Form

Due to our upcoming transition to Workday at the end of 2016, Peoplesoft Self-Service is "view-only" for colleagues starting November 14, 2016. Please use this manual form to make your elections as a new hire or as a result of a life event. Send to the Benefits Team by fax or email, along with dependent documentation and life event documentation (if applicable). Please call or email with questions.

Colleague Name: [redacted]

Colleague ID#: [redacted]

Event type: New Hire Date of Hire: 11/07/2016

Marriage Date of Marriage:

Divorce Date Divorce was finalized:

Birth / Adoption Baby's date of birth:

Gain of Coverage Effective date of New Coverage: 01/01/2017

Loss of Coverage Date other coverage ended:

Employment Status Change Date of Change:

Attached is a rate sheet for 2017, showing the per pay period premiums you will pay for each coverage elected. If you are adding dependents for the first time, please attach dependent documentation before sending to the Benefits Team for processing.

You can fax documentation to 614-234-6266 or email it to benefits@mchs.com. We do NOT recommend sending it by inter-office mail or US mail as it may not reach us in a timely manner.

Please call us at 614-234-6274, option 3, then option 0, or email us at benefits@mchs.com if you have any questions or need assistance. Thank you!



2016 / 2017 "Blackout Period" Election Form

VISION

You have the following plan options.

Standard Plan High Plan No Coverage

Coverage Level

Employee Only Coverage
Employee + Spouse / Eligible Adult Coverage
Employee + Child(ren) Coverage
Family Coverage

LIFE INSURANCE

You have Basic Life Insurance provided at 1X your base annual salary. In addition, you have the option to purchase additional coverage for yourself in the increments displayed below.

COLLEAGUE SUPPLEMENTAL LIFE INSURANCE

No coverage
Additional 1x annual salary
Additional 2x annual salary
Additional 3x annual salary
Additional 4x annual salary
Additional 5x annual salary
Additional 6x annual salary
Additional 7x annual salary
Additional 8x annual salary

COLLEAGUE SUPPLEMENTAL AD&D INSURANCE

No coverage
Additional 1x annual salary
Additional 2x annual salary
Additional 3x annual salary
Additional 4x annual salary
Additional 5x annual salary
Additional 6x annual salary
Additional 7x annual salary
Additional 8x annual salary

SPOUSE LIFE INSURANCE

No coverage
\$10,000
\$20,000
\$50,000
\$80,000
\$100,000

CHILD(REN) LIFE INSURANCE

No coverage
\$5,000
\$10,000
\$20,000

LONG TERM DISABILITY

You have Long Term Disability provided at 60%. You have the option to buy up to 66 2/3%.

60% (default) 66 2/3%

LEGAL

You have the following plan options:

Hyatt Legal Program No Coverage

Coverage Level

Employee Only Coverage
Family Coverage



2016 / 2017 "Blackout Period" Election Form

FLEXIBLE SPENDING ACCOUNTS

You have the option to contribute money pre-tax to offset your health care and dependent care expenses. You MUST make an election for 2017 – prior year elections will NOT carry forward.

HEALTH CARE SPENDING ACCOUNT

You have the option to contribute pre-tax dollars in amount between \$130 and \$2,550 annually. If you have enrolled in the Health Savings PPO plan you are not eligible for the Health Care Spending Account.

No coverage
 I elect to contribute _____ annually to a Health Care Spending Account

DEPENDENT CARE SPENDING ACCOUNT

You have the option to contribute pre-tax dollars in amount between \$130 and \$5,000 annually.

No coverage
 I elect to contribute _____ annually to a Dependent Care Spending Account

COLLEAGUE ACKNOWLEDGEMENT

I understand that the benefits I elect with this form will become effective as of the date of my life event or after the waiting period if I am a new hire. I authorize Trinity Health to make the necessary deductions from my pay for the benefits I elect.

Colleague signature

11/16/2016
Date

Colleague printed name

Colleague ID#

Please remember to attach all required documents, consistent to your election (dependent verification documentation for new dependents and documentation for your life event, as applicable).

2017 Rates per Pay Check

Medical	Traditional PPO										Health Savings PPO										Essential PPO									
	Full-time			Part-time			Full-time			Part-time			Full-time			Part-time			Full-time			Part-time			Full-time			Part-time		
	Full Incentive	No Incentive	1-Person Incentive	Full Incentive	No Incentive	1-Person Incentive	Full Incentive	No Incentive	1-Person Incentive	Full Incentive	No Incentive	1-Person Incentive	Full Incentive	No Incentive	1-Person Incentive	Full Incentive	No Incentive	1-Person Incentive	Full Incentive	No Incentive	1-Person Incentive	Full Incentive	No Incentive	1-Person Incentive	Full Incentive	No Incentive	1-Person Incentive			
Your per pay period cost	\$87.77	\$106.22	\$116.03	\$124.01	\$136.59	\$83.18	\$96.18	\$24.83	\$39.83	\$88.53	\$98.53	\$111.95	\$117.07	\$127.07	\$137.44	\$146.27	\$151.59	\$166.59	\$174.51	\$259.51	\$274.51	\$289.51	\$384.51	\$410.29	\$420.29	\$432.02	\$455.37	\$489.51		
For colleagues earning less than \$18,500																														
Colleague Only	\$11.30	\$20.50	\$25.33	\$28.50	\$35.90	\$41.59	\$45.00	\$52.00	\$57.50	\$65.96	\$72.50	\$78.50	\$85.00	\$92.50	\$100.00	\$107.50	\$115.00	\$122.50	\$130.00	\$137.50	\$145.00	\$152.50	\$160.00	\$167.50	\$175.00	\$182.50	\$190.00	\$197.50		
Colleague plus spouse / eligible adult	\$17.11	\$26.31	\$31.14	\$34.31	\$41.71	\$47.40	\$50.61	\$57.61	\$63.11	\$71.57	\$77.07	\$83.07	\$89.57	\$97.07	\$104.57	\$112.07	\$119.57	\$127.07	\$134.57	\$142.07	\$149.57	\$157.07	\$164.57	\$172.07	\$179.57	\$187.07	\$194.57	\$202.07		
Colleague plus children	\$21.88	\$31.08	\$35.91	\$39.08	\$46.48	\$52.17	\$55.38	\$62.38	\$67.88	\$76.34	\$81.84	\$87.84	\$94.34	\$101.84	\$109.34	\$116.84	\$124.34	\$131.84	\$139.34	\$146.84	\$154.34	\$161.84	\$169.34	\$176.84	\$184.34	\$191.84	\$199.34	\$206.84		
Colleague plus family	\$26.65	\$35.85	\$40.68	\$43.85	\$51.25	\$56.94	\$60.15	\$67.15	\$72.65	\$81.11	\$86.61	\$92.61	\$99.11	\$106.61	\$114.11	\$121.61	\$129.11	\$136.61	\$144.11	\$151.61	\$159.11	\$166.61	\$174.11	\$181.61	\$189.11	\$196.61	\$204.11	\$211.61		
For colleagues earning more than \$18,500																														
Colleague Only	\$10.79	\$19.99	\$24.82	\$28.00	\$35.40	\$41.09	\$44.50	\$51.50	\$57.00	\$65.46	\$71.00	\$77.00	\$83.50	\$91.00	\$98.50	\$106.00	\$113.50	\$121.00	\$128.50	\$136.00	\$143.50	\$151.00	\$158.50	\$166.00	\$173.50	\$181.00	\$188.50	\$196.00	\$203.50	
Colleague plus spouse / eligible adult	\$16.60	\$25.80	\$30.63	\$33.80	\$41.20	\$46.89	\$50.10	\$57.10	\$62.60	\$71.06	\$76.56	\$82.56	\$89.06	\$96.56	\$104.06	\$111.56	\$119.06	\$126.56	\$134.06	\$141.56	\$149.06	\$156.56	\$164.06	\$171.56	\$179.06	\$186.56	\$194.06	\$201.56		
Colleague plus children	\$21.37	\$30.57	\$35.40	\$38.57	\$45.97	\$51.66	\$54.87	\$61.87	\$67.37	\$75.83	\$81.33	\$87.33	\$93.83	\$101.33	\$108.83	\$116.33	\$123.83	\$131.33	\$138.83	\$146.33	\$153.83	\$161.33	\$168.83	\$176.33	\$183.83	\$191.33	\$198.83	\$206.33		
Colleague plus family	\$26.14	\$35.34	\$40.17	\$43.34	\$50.74	\$56.43	\$59.64	\$66.64	\$72.14	\$80.60	\$86.10	\$92.10	\$98.60	\$106.10	\$113.60	\$121.10	\$128.60	\$136.10	\$143.60	\$151.10	\$158.60	\$166.10	\$173.60	\$181.10	\$188.60	\$196.10	\$203.60	\$211.10		

Dental	High Plan			Standard Plan		
	Full-time	Part-time	Part-time	Full-time	Part-time	Part-time
	Your per pay period cost	\$7.83	\$2.57	\$2.87	\$5.02	\$6.27
Colleague Only	\$1.59	\$0.87	\$0.87	\$1.29	\$1.80	\$1.80
Colleague plus spouse / eligible adult	\$3.57	\$2.48	\$2.48	\$3.70	\$5.53	\$5.53
Colleague plus children	\$4.77	\$3.91	\$3.91	\$4.73	\$7.43	\$7.43
Colleague plus family	\$5.97	\$4.77	\$4.77	\$5.93	\$9.23	\$9.23

Vision	High Plan			Standard Plan		
	Full-time	Part-time	Part-time	Full-time	Part-time	Part-time
	Your per pay period cost	\$5.29	\$1.98	\$2.11	\$3.11	\$4.11
Colleague Only	\$1.59	\$0.87	\$0.87	\$1.29	\$1.80	\$1.80
Colleague plus spouse / eligible adult	\$3.57	\$2.48	\$2.48	\$3.70	\$5.53	\$5.53
Colleague plus children	\$4.77	\$3.91	\$3.91	\$4.73	\$7.43	\$7.43
Colleague plus family	\$5.97	\$4.77	\$4.77	\$5.93	\$9.23	\$9.23

Incentive rates on the medical plan refer to compliance with the LYWL Wellness Initiative during two (2) separate periods. Colleagues and their spouses / eligible adults must meet requirements to keep premiums lower. More information is available at <http://mybenefits.trinity-health.org>.
NOTE: Colleagues enrolling in medical with an effective date of 1/10/2017 or later are exempt from plan requirements and will automatically receive the "incentive" rate all year.

Life Insurance		
Coverage Type	Rate	
Basic Life	All	
Basic AD&D	All	
Colleague Supplemental Life / Spouse Life	Under 35	\$0.90 / \$0.97
	35-39	\$0.94 / \$0.98
	40-44	\$0.98 / \$1.06
	45-49	\$1.08 / \$1.16
	50-54	\$1.14 / \$1.17
	55-59	\$1.37 / \$1.39
	60-64	\$1.47 / \$1.48
	65-69	\$1.72 / \$1.71
	70-74	\$1.92 / \$1.75
	75	\$1.57 / \$1.59
Dependent Life	Up to 26	
Colleague Supplemental AD&D	All	

Legal	
Cost per pay period	
Colleague	\$5.12
Family	\$6.97



2017-18 Staff Annual Performance Review

MCHS_Armed Safety and Security Officer_M4850

Organization: Valet Parking Mcsa (Taylor, Chad E (273267))

Manager: Taylor, Chad E (273267)

Location: MCHS - Mount Carmel St. Ann's

Evaluated By: Taylor, Chad E (273267)

07/01/2017 - 06/30/2018

Overall

Manager Overall Evaluation

Calculated Rating: 3.14

Rating: Fully Met

Comment: [REDACTED] is a great addition to the safety and security team! He works diligently to keep MCSA a safe environment for all patients, visitors, and staff, Job well done!

Acknowledgement

Manager

Entered by: Taylor, Chad E (273267) Date: 08/17/2018

Status: Acknowledge Review without Comments

Comment:

Employee

Entered by: [REDACTED] (On Leave) [REDACTED] Date: 08/17/2018

Status: Acknowledge Review without Comments

Comment:

Goals

Improve upon communication skills with patients and visitors to become better at resolving problems as they arise.

Due Date: 08/18/2018 Status: Completed Completion Date: 06/18/2018

Category: 1. People Centered Care

Weight: 33.4

Manager Evaluation

Rating: Exceeds

Comment: [REDACTED] works extremely well with his communication skills. He is able to de-escalate situations and communicate effectively with other colleagues to assure situations are handled appropriately.

Employee Evaluation

Rating: Exceeds

Comment: N/A

Additional Manager Evaluation

To become an effective leader with in the security department using the skills I have learned to

improve the quality of work.

Due Date: 08/18/2018 Status: Completed Completion Date: 06/18/2018
Category: 6. Effective Stewardship
Weight: 33.3

Manager Evaluation

Rating: **Fully Meets**

Comment: [REDACTED] continues to increase his knowledge of safety and security policies and procedures in a hospital setting. He helps the ILSM officer as needed and completes other tasks in the safety field, making him a more well-rounded officer.

Employee Evaluation

Rating: **Exceeds**

Comment: N/A

Additional Manager Evaluation

To complete and obtain certification for hospital security and safety through International association of healthcare security and safety.

Due Date: 08/18/2018 Status: In Progress Completion Date:
Category: 3. Operational Excellence
Weight: 33.3

Manager Evaluation

Rating: **Partially Meets**

Comment: [REDACTED] has currently started the process of obtaining the certification. With the study guide, he should be able to complete this goal for next year.

Employee Evaluation

Rating: **Partially Meets**

Comment: N/A

Additional Manager Evaluation

Section Summary

Manager Evaluation

Rating: **Fully Meets**

Employee Evaluation

Rating: **Fully Meets**

Core Values

Reverence

We honor the sacredness and dignity of every person.

- I connect with compassion and courtesy
- I respect every person.
- I use preferred names, introduce myself, my role, and what I am doing.
- I smile, acknowledge others, open doors, make eye contact, and say please and thank you.
- I am aware of my facial expressions and body language.

Manager Evaluation

Employee Evaluation

Rating: **Exceeded**

Rating: **Exceeded**

Commitment to Those Who are Poor

We stand with and serve those who are poor, especially those most vulnerable.

- I reach out to help those in need.
- I escort patients/family to their location.
- I notice when others are suffering or struggling and reach out to comfort and assist them.

Manager Evaluation

Rating: **Exceeded**

Employee Evaluation

Rating: **Exceeded**

Justice

We foster right relationships to promote the common good, including sustainability of Earth.

- I make every moment matter.
- I build and maintain healthy and trusting relationships.
- I avoid judging others because of differences or circumstances.
- I listen and avoid interrupting and multitasking.

Manager Evaluation

Rating: **Exceeded**

Employee Evaluation

Rating: **Exceeded**

Stewardship

We honor our heritage and hold ourselves accountable for the human, financial and natural resources entrusted to our care.

- I engage every day with an owner's mind and a servant's heart.
- I support others in fulfilling our Mission.
- I own every problem and seek to find a resolution.
- I practice self-care and invest in my own resilience.

Manager Evaluation

Rating: **Exceeded**

Employee Evaluation

Rating: **Exceeded**

Integrity

We are faithful to who we say we are.

- I am a champion for our Mission and Core Values.
- I put people at the center of all I do by being present and attentive.
- I practice gratitude.
- I take responsibility for my role as a team member.

Manager Evaluation

Rating: **Exceeded**

Employee Evaluation

Rating: **Exceeded**

Section Summary

Manager Evaluation

Rating: **Exceeded**

Comment: Eric is a role model for the MCH Mission and Core Values. He is always fully present and attentive to the needs of patients, visitors, and colleagues.

Employee Evaluation

Rating: **Exceeded**

Comment:

Manager Role Specific Accountabilities of the Job Description

Colleague demonstrates the essential functions, knowledge and skills in the job description, including other duties and competencies as assigned.

Manager Evaluation

Rating: **Fully Met**

Response: [REDACTED]'s years of experience in law enforcement make him a great officer. He knows his role as safety and security officer and is able to make critical decisions as needed to provide the best possible outcomes for all patients, visitors, and colleagues. He is currently working through the IAHS course to improve his knowledge of the safety aspects of the job.

Additional Manager Evaluation

In consideration and review of the colleague's job description, describe and give specific examples of what essential functions of the job the colleague is meeting or exceeding. What does the colleague do well?

Manager Evaluation

Rating: **Fully Met**

Response: [REDACTED] really shines with customer service. He is able to effectively de-escalate situations through verbal communication. This is great because the safety of all individuals increases when officers do not have to use force. He is also great with his knowledge of the law and is often relied upon to make decisions regarding police interactions.

Additional Manager Evaluation

In consideration and review of the colleague's job description, describe and give specific examples of any essential functions of the job where the colleague is partially meeting or not meeting. Identify any areas for improvement.

Manager Evaluation

Rating: **Partially Met**

Response: [REDACTED] has struggled in the past with turning in paperwork such as DAR reports before deadlines. He continues to improve in this area.

Additional Manager Evaluation

Section Summary

Manager Evaluation

Rating: **Fully Met**

Colleague Role Specific Accountabilities of the Job Description

Colleague demonstrates the essential functions, knowledge and skills in the job description, including other duties and competencies as assigned.

Manager Evaluation

Rating: **Fully Meets**

Response: [REDACTED] is a great officer, he is respected by his peers for his decision-making skills and his knowledge of the environment in which he works. He will continue to increase his knowledge of safety which will make him more "well-rounded" in the healthcare safety and security field and ultimately prepare him for a supervisory role in the organization.

Employee Evaluation

Rating: **Exceeds**

Response: Feel I have preformed at an exceptional level, followed the guidelines provided by the hospital, demonstrates abilities to adapt to any situational experience I encounter.

Additional Manager Evaluation

2018-19 Staff Annual Performance Review

MCHS_Armed Safety and Security Officer_M4850

Organization: Valet Parking Mcsa (Taylor, Chad E (273267))

Manager: Taylor, Chad E (273267)

Location: MCHS - Mount Carmel St. Ann's

Evaluated By: Taylor, Chad E (273267)

07/01/2018 - 06/30/2019

Overall

Manager Overall Evaluation

Calculated Rating: 3.23

Rating: Fully Met

Acknowledgement

Manager

Entered by: Taylor, Chad E (273267) Date: 08/22/2019

Status: Acknowledge Review without Comments

Comment:

Employee

Entered by: (On Leave) Date: 08/22/2019

Status: Acknowledge Review without Comments

Comment:

Goals

Become more engaged in colleague work groups or forums to assist in the daily functions of the security department.

Due Date: 06/30/2019 Status: Completed Completion Date: 06/14/2019

Category: 2. Engaged Colleagues

Weight: 33.3

Manager Evaluation

Rating: Fully Meets

Comment: has attended lunch with Unhee and speaks up at forums and department meetings to assure a better work environment for his co-workers as well as himself. He assures that information is passed on to a supervisor for follow-up in a timely manner.

Employee Evaluation

Rating: Fully Meets

Comment: being able to communicate opening and freely allows for a better work environment all around.

To complete and obtain certification for hospital security and safety through International association of healthcare security and safety.

Due Date: 06/30/2019 Status: In Progress Completion Date:
Category: 3. Operational Excellence
Weight: 33.3

Manager Evaluation

Rating: **Partially Meets**
Comment: [REDACTED] has studied the materials needed to complete the training but is currently waiting to take the test to obtain the certification.

Employee Evaluation

Rating:
Comment:

to help instruct in-service classes such as asp baton and OC

Due Date: 06/30/2019 Status: In Progress Completion Date:
Category: 6. Effective Stewardship
Weight: 33.4

Manager Evaluation

Rating: **Fully Meets**
Comment: [REDACTED] has helped other officers with Defensive Tactics training and use of force scenarios to assure officers have the essential skills needed to perform the duties of the job. He is often relied on for guidance in law enforcement related situations.

Employee Evaluation

Rating:
Comment:

Section Summary

Manager Evaluation

Rating: **Fully Meets**

Employee Evaluation

Rating: **Does Not Meet**

Core Values

Colleague demonstrates the Core Values of Trinity Health on a daily basis through his/her behavior and interaction with others, internally and externally, to achieve the goals and priorities of the organization. The Trinity Health Core Values are: Reverence, Commitment to Those Who Are Poor, Justice, Stewardship, and Integrity.

Manager Evaluation

Rating: **Exceeded**
Response: [REDACTED] exhibits all Trinity Health Core Values through his interactions with patients, visitors, and staff. He is always friendly and polite and very easy to work with. He works with staff to assure patient and visitor needs are met in a timely manner. He also assures that less fortunate patients and visitors are provided assistance with transportation as

Employee Evaluation

Rating: **Exceeded**
Response: I strive to work in harmony with all my fellow coworkers to provide the best experience possible for everyone involved.

needed. He is a steward of resources and maintains his integrity in difficult situations.

Section Summary

Manager Evaluation

Rating: **Exceeded**

Employee Evaluation

Rating: **Exceeded**

Role Specific Job Duties

Colleague demonstrates the essential functions, knowledge and skills in the job description, including other duties and competencies as assigned.

Manager Evaluation

Rating: **Fully Met**

Response: [REDACTED] is a great officer! He is able to work with little supervision but assures that communication with security management is maintained when needed. He is often consulted by other officers for his extensive knowledge in law enforcement and conflict resolution. He maintains visibility while on duty and assures that safety concerns are addressed. He is well respected by other colleagues and maintains healthy relationships to assure important information is communicated to the department. He is constantly looking to improve processes and asks questions when he doesn't understand something. [REDACTED] has needed to be reminded to turn in necessary paperwork on occasion but excels in all other duties of the position. He has taken the initiative to learn some of the safety aspects of the job and is currently working to obtain his IAHS certification.

Employee Evaluation

Rating: **Fully Met**

Response: I am always learning new and improved ways to perform my duties in the most proficient manner.

Section Summary

Manager Evaluation

Rating: **Fully Met**

Employee Evaluation

Rating: **Fully Met**

Staff Annual Performance Review
2016 - 17

MCHS_Armed Safety and Security Officer_M4850

Organization: Valet Parking Mcsa (Taylor, Chad E (273267))

Manager: Taylor, Chad E (273267)

Location: MCHS - Mount Carmel St. Ann's

Evaluated By: Taylor, Chad E (273267)

07/01/2016 - 06/30/2017

Overall

Manager Overall Evaluation

Calculated Rating: 3.23

Rating: Fully Met

Comment: Eric keep up the good work!

Acknowledgement

Manager

Entered by: Taylor, Chad E (273267) Date: 09/29/2017

Status: Acknowledge Review without Comments

Comment:

Employee

Entered by: (On Leave) Date: 09/21/2017

Status: Acknowledge Review without Comments

Comment:

Goals

expand job knowledge of ILSM procedures and inspections

Due Date: 07/31/2017 Status: Completed Completion Date: 07/31/2017

Category: 3. Operational Excellence

Weight: 33.3

Manager Evaluation

Rating: Fully Meets

Comment: has recently improved his knowledge of ILSM procedures at MCSA. He worked with Sgt. Dexter Josey (ILSM Officer) to learn the process and also completed the proper paperwork associated with the task. He has assumed these responsibilities as needed to assure ILSM procedures are completed.

Employee Evaluation

Rating: Fully Meets

Comment: Working towards gain the experience necessary to perform the assessments needed.

Additional Manager Evaluation

obtain an armed position with Mount Carmel health system

Due Date: 07/31/2017 Status: Completed Completion Date: 06/14/2017
Category: 3. Operational Excellence
Weight: 33.3

Manager Evaluation

Rating: **Fully Meets**

Comment: [REDACTED] became an armed security officer in June of 2017. His knowledge and skills as a police officer made him a good choice for the position.

Employee Evaluation

Rating: **Fully Meets**

Comment:

Additional Manager Evaluation

to help instruct in-service classes such as asp baton and OC

Due Date: 07/31/2017 Status: In Progress Completion Date:
Category: 6. Effective Stewardship
Weight: 33.3

Manager Evaluation

Rating: **Partially Meets**

Comment: [REDACTED] has expressed his desire to assist with officer training in the future. We will continue to provide additional training opportunities for Eric as they become available.

Employee Evaluation

Rating: **Fully Meets**

Comment: have the educational background to assist in this area.

Additional Manager Evaluation

Section Summary

Manager Evaluation

Rating: **Fully Meets**

Comment:

Employee Evaluation

Rating: **Fully Meets**

Comment:

Core Values

Reverence

We honor the sacredness and dignity of every person.

- I connect with compassion and courtesy
- I respect every person.
- I use preferred names, introduce myself, my role, and what I am doing.
- I smile, acknowledge others, open doors, make eye contact, and say please and thank you.
- I am aware of my facial expressions and body language.

Manager Evaluation

Rating: **Exceeded**

Comment: [REDACTED] always treats patients, visitors, and staff with respect. He is always professional and approachable at MCSA.

Employee Evaluation

Rating: **Exceeded**

Comment: communication and behaviors are consistent with the core value of Reverence

Additional Manager Evaluation

Commitment to Those Who are Poor

We stand with and serve those who are poor, especially those most vulnerable.

- I reach out to help those in need.
- I escort patients/family to their location.
- I notice when others are suffering or struggling and reach out to comfort and assist them.

Manager Evaluation

Rating: **Exceeded**

Comment: [REDACTED] is an advocate for MCSA. He will engage individuals who need assistance and assure that they find the right person who can help.

Employee Evaluation

Rating: **Exceeded**

Comment: I assist those who are in need and offer support when needed.

Additional Manager Evaluation

Justice

We foster right relationships to promote the common good, including sustainability of Earth.

- I make every moment matter.
- I build and maintain healthy and trusting relationships.
- I avoid judging others because of differences or circumstances.
- I listen and avoid interrupting and multitasking.

Manager Evaluation

Rating: **Exceeded**

Comment: [REDACTED] continues to build relationships with other colleagues at MCSA. He is friendly and approachable and engages in conversation. He approaches incidents with a neutral perspective which allows for more positive experiences at MCSA.

Employee Evaluation

Rating: **Exceeded**

Comment:

Additional Manager Evaluation

Stewardship

We honor our heritage and hold ourselves accountable for the human, financial and natural resources entrusted to our care.

- I engage every day with an owner's mind and a servant's heart.
- I support others in fulfilling our Mission.
- I own every problem and seek to find a resolution.
- I practice self-care and invest in my own resilience.

Manager Evaluation

Rating: **Exceeded**

Comment: [REDACTED] embraces Mount Carmel's mission every day at MCSA. He is always looking for best practices and ways to help the department by improving forms and documents to reduce time needed to complete.

Employee Evaluation

Rating: **Exceeded**

Comment:

Additional Manager Evaluation

Integrity

We are faithful to who we say we are.

- I am a champion for our Mission and Core Values.

- I put people at the center of all I do by being present and attentive.
- I practice gratitude.
- I take responsibility for my role as a team member.

Manager Evaluation

Rating: **Exceeded**
 Comment: [redacted] is always fully present and attentive while on duty. He is always visible and rounds frequently through the units.

Employee Evaluation

Rating: **Exceeded**
 Comment:

Additional Manager Evaluation

Section Summary

Manager Evaluation

Rating: **Exceeded**

Employee Evaluation

Rating: **Exceeded**

Role Specific Accountabilities of the Job Description

Colleague demonstrates the essential functions, knowledge and skills in the job description, including other duties and competencies as assigned.

Manager Evaluation

Rating: **Fully Met**
 Response: [redacted] has embraced his role as Safety and Security Officer here at MCSA. His prior knowledge and skills helped him adapt to the environment and learn quickly. I would like to see Eric continue to improve his knowledge of the safety aspect of the job as it relates to Environment of Care and Joint Commission. This will make him more well-rounded as a hospital safety and security officer.

Employee Evaluation

Response: My job descriptions consist of protecting, preventing and assisting in the safety of employees, patients, and visitors. Officers providing preventative security to be proactive in locating possible problems or issues that may arise, then find a solution to correct it.

Additional Manager Evaluation

Section Summary

Manager Evaluation

Rating: **Fully Met**

**Mount Carmel Health System
Competency-Based Orientation and Introductory Period Evaluation
Safety & Security**

Associate Name: [REDACTED]	ID Number: [REDACTED]	Job Title: Safety and Security Officer	<input checked="" type="checkbox"/> New Hire <input type="checkbox"/> Transfer <input type="checkbox"/> Additional job code
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Core Competencies Based upon job description, performance standards, and regulatory/accrediting standards.	Method of Competency Validation (may use more than one method)								Date	Competency Assessed by: (signature and credentials)
	Return Demonstration	Observation of daily work	Post-test	Mock Event/ Simulation	QI Monitors/ Audits	Peer Review	Case Study	Discussion Group		
Effective in patrol techniques, communications use of cameras-monitoring/recording, escorts, door openings, assist calls. Knowledge of location of Security sensitive areas.		X							12/5/16	<i>Chad Taylor</i>
Enforces policies & procedures		X							12/5/16	<i>Chad Taylor</i>
Completes accurate incident report documentation/investigation and follow-ups as appropriate	X	X							12/5/16	<i>Chad Taylor</i>
Completes accurate activity logs	X	X							11/14/16	<i>Chad Taylor</i>
Ability to apply clinical restraints and assistance	X	X							11/11/16	<i>Chad Taylor</i>
Ability to work independently	X	X							12/5/16	<i>Chad Taylor</i>
Completes timely fire drills and critiques	X	X	X						12/5/16	<i>Chad Taylor</i>
Understands ILSM protocols	X								11/15/16	<i>Chad Taylor</i>
Ability to turn off Med Gas per policy	X					X			01/07/17	<i>Chad Taylor</i>
Workplace Violence policy knowledge		X							11/11/16	<i>Chad Taylor</i>
Ability to process visitors after-hours or as required		X							12/5/16	<i>Chad Taylor</i>
Ability to lock and unlock facility (includes Lockdown plan)		X							10/14/16	<i>Chad Taylor</i>
Management of Aggressive Behavior and de-escalation techniques		X				X			11/11/16	<i>Chad Taylor</i>
Understands Safe Medical Device Act responsibilities						X			12/5/16	<i>Chad Taylor</i>
Helicopter operations- Safety duties		X							12/5/16	<i>Chad Taylor</i>
Discernment of sentinel events-notification protocols		X							12/5/16	<i>Chad Taylor</i>
Knowledge of Emergency Codes and security response (i.e. Code Red, Code Adam, Code Orange, etc).		X							12/5/16	<i>Chad Taylor</i>
Follows the department uniform and dress code		X							11/14/16	<i>Chad Taylor</i>
Disseminates pertinent info (pass on book, memo, reports, BOLO)		X							12/5/16	<i>Chad Taylor</i>
Understands Forensic responsibilities		X				X			12/5/16	<i>Chad Taylor</i>
Understands role and actions- VIP/Media event		X				X			12/5/16	<i>Chad Taylor</i>
Enforces Tobacco -Free policy		X							11/14/16	<i>Chad Taylor</i>
Officer can articulate use of force and demonstrate "take downs" and the use of defensive weapons: ASP & Pepper Spray and law enforcement restraints: (i.e. handcuffs)				X		X			11/11/16	<i>Chad Taylor</i>
Officer demonstrates the ability to co-operate with other agencies, departments, and staff as appropriate		X							12/5/16	<i>Chad Taylor</i>
Officer has a basic understanding of the National Patient Safety Goals.		X							12/5/16	<i>Chad Taylor</i>
Officer demonstrates proper telephone etiquette.		X							11/14/16	<i>Chad Taylor</i>

Officer demonstrates the proper radio communications-understands RF interference		X								12/5/16	Chad Taylor
Officer is knowledgeable of all security alarms and responds appropriately (panic, infant, etc).		X								5/25/16	Chad Taylor
Officer conducts proper patient valuables receiving and returning	X	X								11/14/16	Chad Taylor
Morgue procedures (MCSA only)		X								11/10/16	Chad Taylor
Traffic ingress/egress control- normal and emergency (i.e. emergency room areas)		X								12/5/16	Chad Taylor
The officer has demonstrated the proper use of Fire Extinguisher and knows where and what K type extinguishers are used for.									X	12/19/16	Chad Taylor
Officer knows the Emergency Procedures for handling Hazardous Materials (chemical, asbestos, etc) and security response.									X	11/10/16	Chad Taylor
Officer understands their role in the incident command structure (HICS)									X	12/5/16	Chad Taylor
Understanding of response to elevator malfunction									X	11/10/16	Chad Taylor
Proper PPE use- Infectious, Chemical, Noise, PAPR etc (i.e. universal precautions- chemical protection)									X	11/14/16	Chad Taylor
MRI Safety									X	12/5/16	Chad Taylor
Role in Bomb Threat- search techniques/staging									X	11/7/17	Chad Taylor
Knowledge of Burn Permit process									X	12/5/16	Chad Taylor
Understands Property Search policy and role	X								X	11/15/16	Chad Taylor
Suicide precautions/assessment	X									12/5/16	Chad Taylor
Proper lifting/body mechanics	X									12/5/16	Chad Taylor
Pediatric; (1 year – 12 years) Needs to involve parents if possible: <ul style="list-style-type: none"> • Provide privacy as appropriate. • Allow child to exercise some control. • Speaks at eye level maintaining eye contact • Uses direct approach with child, giving one direction at a time. • Allows choice when possible. 		X								12/5/16	Chad Taylor
Adolescent: (13-17 years) Needs to recognize that this age group: <ul style="list-style-type: none"> • Needs to be called by name or preferred name. • Provide privacy/modesty • Allows choice when possible, and encourages verbalization of concerns and fears. • Tells patients behaviors that are permitted. • Watches for body language and cue for feelings. • Speaks directly to patient in simple medical terms. • Concerns and fears. 		X								12/5/16	Chad Taylor
Geriatric: (65+) <ul style="list-style-type: none"> • Needs to establish that the patient is wearing glasses, hearing aids, or may have memory loss and recognizes the tools that are needed for effective communications during interviews and investigations. • Does not shout at patients, speak slowly and distinctly. • Does not rush patient, gives them time to process information. 		X								12/5/16	Chad Taylor

<ul style="list-style-type: none"> • Repeats instructions several times. • Discuss one item at a time. • Assist in transferring patient under direction of a Registered Nurse. • Provide privacy/modesty 	X								12/5/16	
<p>Adult (18-64 years)</p> <ul style="list-style-type: none"> • Calls patient by preferred name. • Allows choices when possible • Provides for privacy/modesty • Respects patient right to make informed decisions. • Assists in relinquishing valuables • Watches body language as cue for feelings. • Interviews patient in a calm, reassuring manner concerning lost articles. • Assists in controlling confused patient. 	X								12/5/16	

Mount Carmel Health System
Competency-Based Orientation and Introductory Period Evaluation
(Safety and Security Department)

Associate Name: [REDACTED]	ID Number: [REDACTED]	Job Title: Safety and Security Officer	<input checked="" type="checkbox"/> New Hire <input type="checkbox"/> Transfer <input type="checkbox"/> Additional job code Date entered into role: <u>11 / 17 / 2017</u>
-------------------------------	--------------------------	--	--

Attach above Competency Based Orientation to Introductory Evaluation below and forward original copies to Human Resources

[REDACTED] has successfully completed the Introductory Period.

Developmental Needs identified related to competency:

Additional needs identified during Introductory Period:

Goals (includes identified competency and developmental needs):

1. To learn more about special functions such as Hazmat training.
2. To help instruct in-service classes.
3. To be a positive role model for fellow officers.

Associate Signature

[REDACTED]

Date 2/17/17

Manager Signature

[Handwritten Signature]

Date 2/17/2017



Position Applied For

Position: Safety and Security Officer
Facility: Mount Carmel -New Albany
Department: Security MCNA
Schedule: Full Time
Req Num: 15356

Application for Employment

We consider applicants for all positions without regard to race, color, religion, creed, national origin, age, disability, sexual orientation, marital status, or any other legally protected status.

Instructions to Applicant

1. You must fully and accurately complete the Application for Employment. Incomplete applications will not be considered. Mount Carmel Health System may use the information given in the application to investigate the applicant's previous employment and background.
2. If you are hired, proof of citizenship or immigration status will be required to verify your lawful right to work in the United States.

*** Required Information**

October 6, 2016

SOURCE TRACKING

How did you find out about this position?* Email

Specific Source:* Email Blast

PERSONAL INFORMATION

Prefix:
 First Name:* [Redacted]
 MI: [Redacted]
 Last Name:* [Redacted]
 Suffix:
 Address:* [Redacted]
 City:* Lancaster
 State:* OH
 Province/Region:
 Zip:* 43130
 Country:* United States

Home/Other [Redacted]
 Phone:*
 Work Phone:
 Cell Phone:
 Best way to Home Phone contact:*
 Email Address:* [Redacted]

WORK HISTORY

List all work experience below beginning with your current (or most recent) position.

Are you currently employed?* Yes

Name of Company:* Hocking County Sheriff's Office
 Street: 25 East 2nd street
 City:* Logan
 State:* OH

Job Duties and Responsibilities:*
 Supervised other deputies, dispatchers, transport officers, investigate crimes, and wrote reports, issued citations, made arrest when appropriate, processed crime scenes.
 Reason For Leaving:*

Zip:* 43138 Province/Region: Country: United States Employer's Phone:* 740-385-2131 Job Title:* Sergeant Road Patrol Employed From:* 05 1992 Employed To:* 08 2013 19.00 Jerod Alford Full Time	Moved out of area May we contact this employer for a reference?*
	Yes While in this position, if you were employed under a different legal name, please list that here:

Name of Company: Hocking College Street: City: State: Zip: Province/Region: Country: Employer's Phone: 740-753-6451 Job Title: Adjunct instructor Employed From: Employed To: Ending Salary: Supervisor's Name: Tim Voris Employment Status:	Job Duties and Responsibilities: Instructed classes in Ohio Peace Office Academy, taught introduction to firearms in Police Science program. Reason For Leaving: Moved out of area May we contact this employer for a reference? Yes While in this position, if you were employed under a different legal name, please list that here:
---	--

Name of Company: Columbus Dispatch Corporate Security Street: 34 south Third Street City: Columbus State: OH Zip: 43215 Province/Region: Country: United States Employer's Phone: 614-469-5143 Job Title: Supervisor of Security Employed From: 10 2013 Employed To: 11 2015 Ending Salary: 52,000 Supervisor's Name: Donald Burrier Employment Status: Full Time	Job Duties and Responsibilities: Supervisor on third shift, check alarms, monitor closed circuit video, respond to incidents on property or off property related to company activity, check commercial and residential properties. Reason For Leaving: Laid Off May we contact this employer for a reference? Yes While in this position, if you were employed under a different legal name, please list that here:
--	---

Name of Company: The Dispatch Printing Company

Street: 34 South Third Street

City: Columbus

State: OH

Zip: 43215

Province/Region:

Country: United States

Employer's Phone: 614-461-5012

Job Title: Security Officer

Employed From: 09 2016

Employed To:

Ending Salary: 14.00

Supervisor's Name: Ed CASner

Employment Status: Part Time

Job Duties and Responsibilities:

Check of interior and exterior building, offices and personal, check of properties owned or occupied by Dispatch Printing Company, monitor fire, and burglary alarms, responding to accidents involving employee's, writing reports, keeping detailed log.

Reason For Leaving:

Still Employeed

May we contact this employer for a reference?

Yes

While in this position, if you were employed under a different legal name, please list that here:

EDUCATION

High School/GED

Name of school:* Logan Elm High School Did you graduate?*" Yes

City:* Circleville

Diploma Type:* HIGH SCHOOL

State:* OH Province/Region:

Zip:* 28840

Country:* United States

List scholastic honors, specialized training and/or apprenticeship details that may be helpful in considering your application. When adding, please provide as much detail as possible about the dates of these activities, locations and skills or experience obtained.

CPR/FIRST AID
Ohio Peace Officer Certificate
OPOTA Instructor Certificate

LICENSES/CERTIFICATIONS

Professional Licensure

Please Provide Professional Licenses/Registrations held. Include License Number and Expiration Date.

Type	State	Number	Date Issued	Expiration Date
------	-------	--------	-------------	-----------------

If you are applying for a job category that requires licensure, please answer the following question:
Is your license currently subject to any investigation by a licensing agency?

EMPLOYMENT PREFERENCES

Please indicate your employment preferences below:

Minimum Salary Desired:* 14.00

Date Available for Work:* 10/05/2016

Are you willing to relocate? Yes

Which shifts are you willing to work?

Which schedules are you willing to work?

Please answer all of the following questions.

- * No **Do you have any relatives that currently work for Mount Carmel Health System or any of its affiliates?**
If yes, please list their name(s):
- * No **Have you ever been employed by Mount Carmel Health System or any other facility sponsored by Mount Carmel Health System?**
If yes, enter the name and address of member/facility and dates of employment:
Name:
Address:
Dates of employment:

WORK AUTHORIZATION/ELIGIBILITY

Please answer all of the following questions.

- * Yes **Are you 18 years of age or older?**
- * Yes **Are you legally able to remain and work in the United States without Sponsorship?**
- * No **Other than a minor traffic violation, have you ever pled guilty to or been convicted of a crime?**
Consideration will be given to the nature, timing and severity of the crime.
If yes, give the Offense, the dates plead guilty or convicted, and the Name and Location of the court that convicted you.
- * No **Have you ever been sanctioned by the Office of Inspector General of the Department of Health and Human Services (HHS/OIG) or the Government Services Administration (GSA) or excluded or suspended from participation in any federal or state health care program?**
- * No **Have you ever been found to have engaged in substantiated abuse or neglect of children or adults under the laws of any state of the United States?**
If yes, please list the States, dates, and explain the findings.

REFERENCES

Please give three professional references (DO NOT list relatives or personal references). All fields required.

Name*	Name of Company*	Phone Number*	Email Address*	Relationship*	Years Known*
Jerod Alford	Hocking County Sheriff Office	740-385-2131	alford9@hockingsheriff.org	Professional	16
Derek Boch	Ohio Casino Commission	740-283-8155	Hcso37S3@gmail.com	Professional	16
Steve Barron	Hocking College	740-603-1102	csrcka2177@roadrunner.com	Professional	25

RESUME

To copy and paste your resume:

1. Highlight the text on the resume you want to copy.
2. Press 'Ctrl C' to copy (Hold down the Ctrl key and press C).
3. Place the cursor in the **RESUME** box below.
4. Press 'Ctrl V' to paste the information.

Cover Letter

Resume

[Redacted] Logan, Ohio 43138, Primary Phone [Redacted] email: HYPERLINK
"mailto:[Redacted]"

Summary

I was a Police Officer with 21 years in law enforcement, including assisting citizens, investigating accidents and conducting routine patrols. Exceptional report writing ability. I am a police officer versed in dealing with a wide range of difficult situations with a level head and calm disposition.

Highlights

- * Certified Police Officer OPOTA
- * Able to resolve conflicts
- * Familiar with Search and Seizure laws
- * Firearms instructor
- * Instructor in State of Ohio Police Academies
- * CPR/First Aid certified
- * Calm under pressure

- * Advanced lethal weapons training
- * Crime scene processing
- * Exceptional problem solver
- * Sex crimes training
- * Radar speed measurement
- * Patrol procedures
- * Fingerprinting
- * Arrest techniques
- * Able to defuse possible violent situation verbally

Accomplishments

Trained over 10 new officers as Field Training Officer (FTO). Obtained several certifications in the field of Law Enforcement to further my carrier. Ability to handle confrontational situations in a quick and timely manner.

Work Experience

The Columbus Dispatch Printing Company

September 2016 to current

Security Officer, Foot and Road patrol of company properties and residences, respond to burglary and fire, medical alarms, escort employees after hours to vehicles if requested, write reports on incidents.

*Columbus Dispatch Corporate Security

From October 2013 thru November 2015

Supervised third shift security employees, monitored CCTV systems, fire and burglary alarm systems, performed checks of buildings and all safety equipment, wrote reports, keep detailed logs,

* Hocking County Sheriff's Office, Sergeant Road Patrol

From: May 1992 to August 10, 2013

Supervised other deputies, dispatchers, transport officers, investigate crimes, and wrote reports, issued citations, made arrest when appropriate, processed crime scenes.

* Hocking College, Adjunct instructor

From: May 2010 to present

Instructed classes in Ohio Peace Office Academy, taught introduction to firearms in Police Science program.

Education

* Logan Elm High School, Circleville, Ohio 43113

Graduated 1990 with Diploma

* Hocking College, Nelsonville, Ohio 45764

Attended: September 1990 to May 1992

Course of Study: Natural Resources emphasizes on Law Enforcement

Degree: Never Obtained

Central Ohio Technical College

Attended: January 2016 to current

Course of Study: Health Care Services

Degree; in process

References available upon request.

READ AND SIGN

Read the following carefully before signing.

(X) * **I CERTIFY** that the information contained in this application is correct to the best of my knowledge. I UNDERSTAND I am applying for employment with Mount Carmel Health System. I understand that any false statements made as part of the application will be sufficient cause for dismissal. I also grant permission for the authorities of this institution to investigate my references and release said institution, as well as my former employers, from any and all liability resulting from such investigation. I further understand that the application does not constitute an employment contract and termination at will, by either me or Mount Carmel Health System, could occur during the employment relationship.

(X) * **I CONSENT** to any and all medical and physical examinations including Substance and Alcohol tests as a condition of employment. I UNDERSTAND that as a condition of employment and continuing employment, if hired, I will, at least annually, obtain influenza vaccinations and/or immunizations if required by my Regional Health Ministry, unless I qualify for an exemption permitted under organizational policy or unless mandatory vaccinations and/or immunizations are prohibited under applicable State law.

(X) * **I GRANT PERMISSION** to Mount Carmel Health System to investigate any and all healthcare fraud and abuse charges and convictions. I agree to release the organization from any and all liability resulting from such investigation. I understand that omission or misrepresentation of convictions for healthcare fraud and abuse, on my behalf, will be sufficient cause for cancellation of consideration for employment or dismissal from the organization if I have been employed.

(X) * **I UNDERSTAND** that unless prohibited by applicable state or federal law, Mount Carmel Health System will conduct a pre-employment background check including criminal history, education verification, reference checks, license verification and driving records (if required for the position).

(X) * **I UNDERSTAND and AGREE** that this application for employment and any of the investigations conducted regarding my application may be shared with other members of Mount Carmel Health System and/or affiliates for other employment opportunities.

(X) * **I AGREE** to comply with Mount Carmel Health System rules, regulations and policies and **ACKNOWLEDGE** that these rules, regulations and policies may be changed, interpreted, withdrawn, or supplemented anytime and without prior notice to me. I understand that any violation may result in disciplinary action including termination of my employment.

(X) * **I AGREE** to furnish proof of identity and employment eligibility to work in the U.S within 72 hours of commencing employment.

(X) * **I UNDERSTAND** that if I am employed I will be subject to any applicable introductory period established by the Regional Health Ministry at which I am hired.

Mount Carmel Health System is a member of CHE Trinity Inc. and an Equal Opportunity Employer (EEO).

My typed name below shall have the same force and effect as my written signature.

Candidate's/Applicant's Signature: 

Date: October 6, 2016

Case Status: - Review

Service	Description	Status
Subject Data	[REDACTED] ([REDACTED])	<input type="radio"/>
Sex Offenders	Subject Name: [REDACTED] - National	<input type="radio"/>
Sex Offenders	Subject Name: [REDACTED] State: Ohio	<input type="radio"/>
County Criminal	Felony, Misdemeanor and Other Offenses - Fairfield, Ohio	<input type="radio"/>
County Criminal	Felony, Misdemeanor and Other Offenses - Athens, Ohio	<input type="radio"/>
County Criminal	Felony, Misdemeanor and Other Offenses - Hocking, Ohio	<input type="radio"/>
County Criminal	Felony, Misdemeanor and Other Offenses - Licking, Ohio	<input type="radio"/>
County Criminal	Felony, Misdemeanor and Other Offenses - Pickaway, Ohio	<input type="radio"/>
Federal Criminal	Felony, Misdemeanor and Other Offenses - Athens, OH; Fairfield, OH; Hocking, OH; Licking, OH; Pickaway, OH	<input type="radio"/>
Driving History	Ohio	<input checked="" type="checkbox"/>
Prior Employment	Hocking County Sheriff's Office	<input type="radio"/>
Prior Employment	Hocking College	<input type="radio"/>
Prior Employment	Columbus Dispatch Corporate Security	<input type="radio"/>
Prior Employment	The Dispatch Printing Company	<input type="radio"/>
Education	Logan Elm High School	<input type="radio"/>
National Criminal Database	Subject Name: [REDACTED]	<input type="radio"/>
OIG & GSA Excluded Parties	OIG & GSA Excluded Parties	<input type="radio"/>
SanctionsBase	Certiphi SanctionsBase	<input type="radio"/>

Key: = Pass = Review = Pending = Pending Possible

NOTICE: Please be advised that Certiphi Screening's "Pass/Review" ratings are exclusively based on objective standards of interpreting background information legally obtained under The Fair Credit Reporting Act (15 U.S.C. section 1681). Such "Pass/Review" assessments should not be inferred nor understood as legally binding indications, recommendations or consumer rating assessments by Certiphi Screening. Any and all interpretive procedures utilized in characterizing what constitutes all "Pass/Review" ratings are established individually by each client of Certiphi Screening and are merely included in said report for that client's specific requirements. Certiphi Screening does not make any employment or contracting decisions for its clients based on background information in accordance with section 1681m of the FCRA.

Due Diligence Investigation Service Entry/Support Positions - Standard Level

1

Subject:

[REDACTED]
SSN/ID#: [REDACTED]

Client:	Mount Carmel Health System - Human Resources	Client Code: 200-200
Requester:	Nihal Abdalla / 72504.655500	Report #: 6732550
Request Date:	10/21/2016	Delivery Date: 10/26/2016

Personal & Confidential: This report is to only be used in strict adherence to the terms and conditions set forth in our Agreement. © Certiphi Screening, Inc., 2016. All rights reserved. Certiphi Screening, Inc. is a subsidiary company of Vertical Screen, Inc. Direct any questions to Certiphi Screening, Inc., P.O. Box 541, Southampton, PA 18966 USA. Phone: (800) 803-7860; Fax: (888) 260-1380.

Subject Data	Pass
---------------------	-------------

Name: [REDACTED]

Date of Birth: 01/29/1971

Social Security /ID#: [REDACTED]

<i>SSN/ID# Validation</i>	
State Issued:	OH
Date Issued:	01/01/1982-12/31/1983
DOB Scan:	Clear
Death Index:	Clear
Valid SSN/ID#:	Yes

Current Address: [REDACTED]
 Lancaster, OH 43130
 Fairfield County
 United States

Other Addresses: Education Address
 Circleville, OH 43113
 Pickaway County
 United States

[REDACTED]
 JOHNSTOWN, OH 43031
 Licking County
 United States

[REDACTED]
 Johnstown, OH 43031
 Licking County
 United States

[REDACTED]
 Logan, OH 43138
 Hocking County
 United States

[REDACTED]
 Nelsonville, OH 45764
 Athens County
 United States

Comments: None

Sex Offender Registry	Pass
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Source Searched: National Sex Offender Registry
Date of Search: 10/21/2016
Subject Covered: [REDACTED]
Date of Birth: 01/29/1971
Search Results: No Records Found
Comments: None

Sex Offender Registry	Pass
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Source Searched: Ohio's Sex Offender Registration and Notification System (SORN)
Date of Search: 10/21/2016
Subject Covered: [REDACTED]
Date of Birth: 01/29/1971
Search Results: No Records Found
Comments: None

County Criminal	Pass
------------------------	-------------

Source Searched: Fairfield County Common Pleas and County Seat Municipal Court
Records Covered: Felony, Misdemeanor and Other Offenses
Date of Search: 10/22/2016
Subject Covered: [REDACTED]
Search Results: No records found
Comments: None

County Criminal**Pass**

Source Searched: Athens County Common Pleas Court and County Seat Municipal Court
Records Covered: Felony, Misdemeanor and Other Offenses
Date of Search: 10/24/2016
Subject Covered: [REDACTED]
Search Results: No records found
Comments: None

County Criminal**Pass**

Source Searched: Hocking County Common Pleas and County Seat Municipal Court
Records Covered: Felony, Misdemeanor and Other Offenses
Date of Search: 10/25/2016
Subject Covered: [REDACTED]
Search Results: No records found
Comments: None

County Criminal**Pass**

Source Searched: Licking County Common Pleas Court and County Seat Municipal Court
Records Covered: Felony, Misdemeanor and Other Offenses
Date of Search: 10/22/2016
Subject Covered: [REDACTED]
Search Results: No records found
Comments: None

County Criminal	Pass
------------------------	-------------

Source Searched: Pickaway County Common Pleas and County Seat Municipal Court
Records Covered: Felony, Misdemeanor and Other Offenses
Date of Search: 10/25/2016
Subject Covered: [REDACTED]
Search Results: No records found
Comments: None

Federal Criminal	Pass
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Source Searched: USDC - Southern District of OH
Records Covered: Felony, Misdemeanor and Other Offenses
Date of Search: 10/24/2016
Subject Covered: [REDACTED]
Search Results: No records found
Comments: None

Driving History	Review
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Source Searched: Ohio Bureau of Motor Vehicles

Date of Search: 10/24/2016

License Number: [REDACTED]

License Type: PERSONAL

License Class: OPERATOR

License Status: Valid

Issue Date: 01/31/2015

Expiration Date: 01/29/2019

Endorsements: MOTORCYCLE

Restrictions: NONE

OH Total Current Points: This state did not return a current, active point total

Activity History: See Below

Date	Type	Description	OH Points
08/29/2014	Accident	** ACCIDENT **	0
09/12/2014	Conviction	ASSURED CLEAR DISTANCE	2

Comments: None

Supporting Documents: [MVR Report](#)

Prior Employment**Pass**

Employer: Hocking County Sheriff's Office
Location: Logan, OH

Position/Title: Sergeant Road Patrol
Title Reported by Subject: Sergeant Road Patrol

Employment/Contract Dates: 05/19/1992 to 08/00/2013
Dates Reported by Subject: 05/00/1992 to 08/00/2013
Reason For Leaving: The subject resigned.
Eligible for Rehire/Contract: not available

Source: DavidValkinberg, Chief Deputy Sheriff
Date of Search: 10/26/2016

Comments: No further information released per company policy.

Prior Employment**Pass**

Employer: Hocking College

Note: This employer was not contacted, as dates of employment were not provided.

Prior Employment**Pass**

Employer: Columbus Dispatch Corporate Security
Location: Columbus, OH

Position/Title: Security Supervisor
Title Reported by Subject: Supervisor Of Security

Employment/Contract Dates: 10/14/2013 to 11/15/2015
Dates Reported by Subject: 10/00/2013 to 11/00/2015
Reason For Leaving: The subject was laid off.
Eligible for Rehire/Contract: Yes.

Source: BarbieWitt, Human Resources Generalist
Date of Search: 10/25/2016

Comments: No further information released per company policy.

Prior Employment**Pass**

Employer: The Dispatch Printing Company
Location: not available

Position/Title: Contingent Security Officer
Title Reported by Subject: Security Officer

Employment/Contract Dates: 09/08/2016 to present
Dates Reported by Subject: 09/00/2016 to present
Reason For Leaving: not available
Eligible for Rehire/Contract: not available

Source: MarciaBlanchard, Human Resources Specialist
Date of Search: 10/24/2016

Comments: No further information released per company policy.

Education History	Pass
--------------------------	-------------

School:	Logan Elm High School
Location:	Circleville, OH
Years Attended:	00/00/1986 to 06/03/1990
Years Reported By Subject:	00/00/0000 - 00/00/0000
Degree:	High School Diploma
Degree Reported by Subject:	High School
DegreeScan:	Clear
Credit Hours Obtained:	not available
Major:	not available
Major Reported by Subject:	None reported
Source:	StephanieS., Guidance Secretary
Comments:	None

National Criminal Database	Pass
-----------------------------------	-------------

Source Searched:	National Criminal Database
Date of Search:	10/23/2016
Subject Covered:	Eric J. Matheny
Search Results:	No records found
Comments:	None

OIG & GSA Excluded Parties	Pass
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Source Searched:	OIG & GSA Excluded Parties
Date of Search:	10/24/2016
Subject Covered:	[REDACTED]
Search Results:	No records found
Comments:	None

Note: This search covers the HHS Office of Inspector General's (OIG) List of Excluded Individuals/Entities (LEIE), and the General Service Administration (GSA) - Excluded Parties List (EPLS) and System for Award Management (SAM). These lists include individuals and entities excluded from federally-funded health care programs, and parties debarred, suspended, proposed for debarment, or declared ineligible by agencies or by the General Accounting Office.

Certiphi SanctionsBase™**Pass**

Source Searched: Certiphi SanctionsBase™
Date of Search: 10/21/2016
Subject Covered: [REDACTED]
Search Results: No records found
Comments: None

Note: The Certiphi SanctionsBase is a proprietary database of sanctions, disciplinary and administrative actions taken by various federal and state healthcare regulatory authorities. The database currently contains information from the FDA, NIH, GSA, OFAC as well as hundreds of other federal and state-level licensing and regulatory bodies. Please advise if you would like more detailed information on the exact contents of Certiphi's SanctionsBase.

End of Report**Copy of Credit Report Attached**

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                                TRANSUNION ID REPORT
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(I) E PH0007282                25 CO      9/92      10/21/16   11:04CT

                                *** BEST MATCH ***
<SUBJECT>                <SSN>                <BIRTH DATE>
[REDACTED]                [REDACTED]           1/71
<CURRENT ADDRESS>
[REDACTED] LANCASTER OH. 43130                <DATE RPTD>
[REDACTED]                <FORMER ADDRESS>           1/15
[REDACTED]                JOHNSTOWN OH. 43031        6/14
[REDACTED]                LOGAN OH. 43138
ID REPORT SERVICED BY:
END OF TRANSUNION REPORT
  
```




Pre-Hire 360[®]

FEEDBACK REPORT



CANDIDATE



POSITION

Safety and Security Officer



SURVEY

Security Officer



CANDIDATE IP ADDRESS

24.145.224.12



CANDIDATE ASSIGNED TO

Nihal Abdalla



DATE

Wednesday, October 26, 2016



REPORT HISTORY

Report Generated: October 26, 2016 - 02:31PM



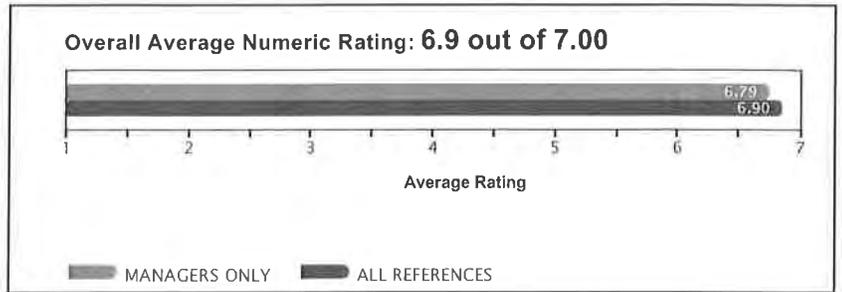
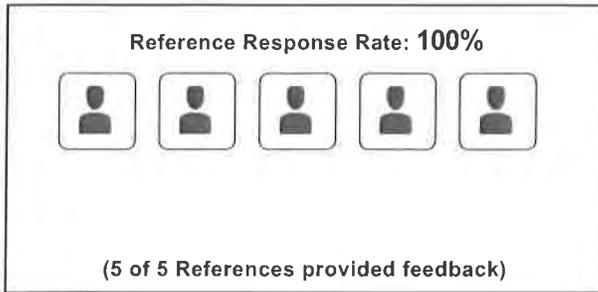
Note: The information provided in this report is based solely on Reference feedback submitted through SkillSurvey's Pre-Hire 360 solution. To preserve confidentiality of reference responses, this report should not be shared with the Candidate.

SKILLSURVEY

About SkillSurvey: SkillSurvey provides solutions that address critical points in the Candidate lifecycle to help talent management professionals contribute to their organization's business results by allowing them to obtain and apply more reliable, valid and compliant data to inform their hiring processes. The company's flagship solution, Pre-Hire 360, is an award-winning, patented technology that utilizes a unique combination of behavioral science and talent analytics, providing the customer with the ability to make comparisons to relevant norm groups. SkillSurvey's Pre-Hire 360 solution is scientifically proven to provide access to data that can be used to drive better hiring decisions based upon feedback provided by References on a Candidate's past job performance. SkillSurvey's cloud-based software products are being used by 1,400 companies, institutions and organizations. Visit SkillSurvey at www.skillsurvey.com.

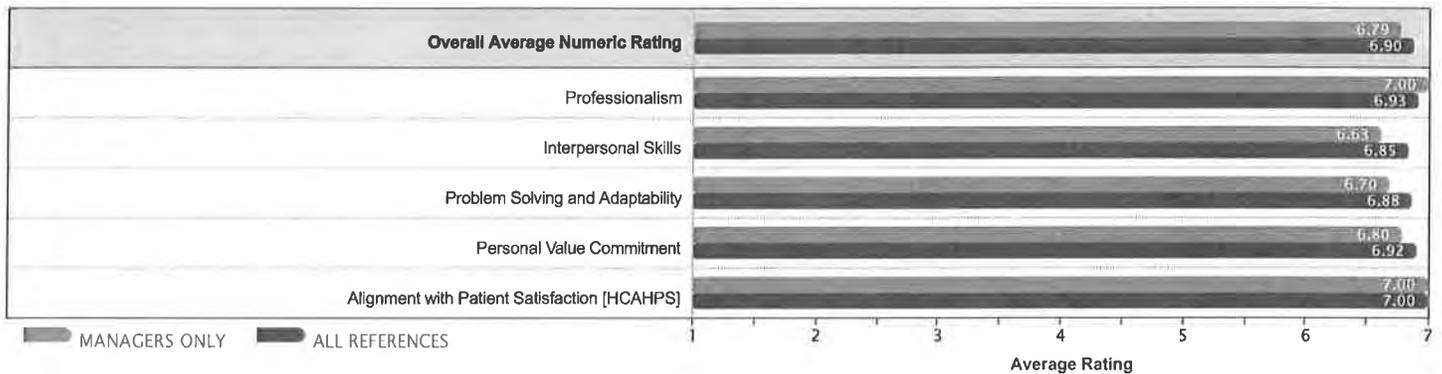
PREDICTIVE ANALYTICS

Numerous criterion-related validity studies conducted by the SkillSurvey analytics team who followed tens of thousands of new hires for an average of 21 months reveal that two factors - Reference response rate and overall average numeric rating - are statistically predictive of turnover for cause within a year of hire. These two factors are shown below.



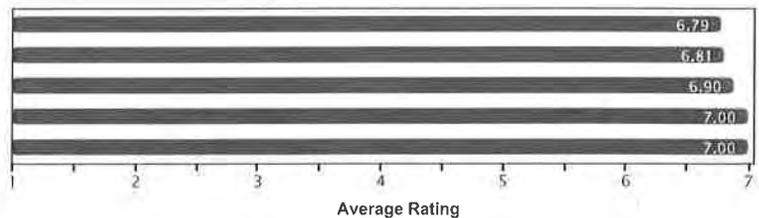
COMPETENCY CLUSTER SUMMARY

The Candidate's References rated him/her on job-specific behaviors which are grouped into a Competency Cluster. Below is a summary of the average ratings for each Competency Cluster. The job-specific behaviors that make up each Competency Cluster can be found in a later section of this report. If at least two of the Candidate's managers provided feedback, a "Managers Only" bar (in orange) is displayed.



AVERAGE RATING BY REFERENCE

The feedback from each Reference is presented in order by average numeric rating (shown at the end of the bar).



REFERENCE COMMENTS

Each Reference had the option of entering open-ended text comments on the Candidate's work-related areas for improvement and strengths. A horizontal line separates comments provided by different References. **Note:** comments are verbatim as provided by References.

WORK-RELATED STRENGTHS:
Interest in the welfare and safety of others, dedication to the job and loyalty
Dependable. Trust worthy. Loyal.
Eric is a strong leader, he is very brave, and keeps his emotions in check under extreme stress. I've seen this first hand, and would follow him anywhere.
Always cheerful and ready to work, strong communication skills, strong knowledge on how to handle any security situation as it may arise
Willing to help others Knowledge in the field Sound decision maker

WORK-RELATED AREAS FOR IMPROVEMENT:
Continued training and education, maintain physical and mental health, take time off for family
He is a good worker. I don't think there is anything that he needs to improve on.
Eric stays current in his field, my only suggestion is to obtain an advanced degree.
-always be in uniform -always work to be a better officer -always continue to learn new skills and techniques
The two years i worked with Eric I have no complaints and/or ways f5oe him to improve.

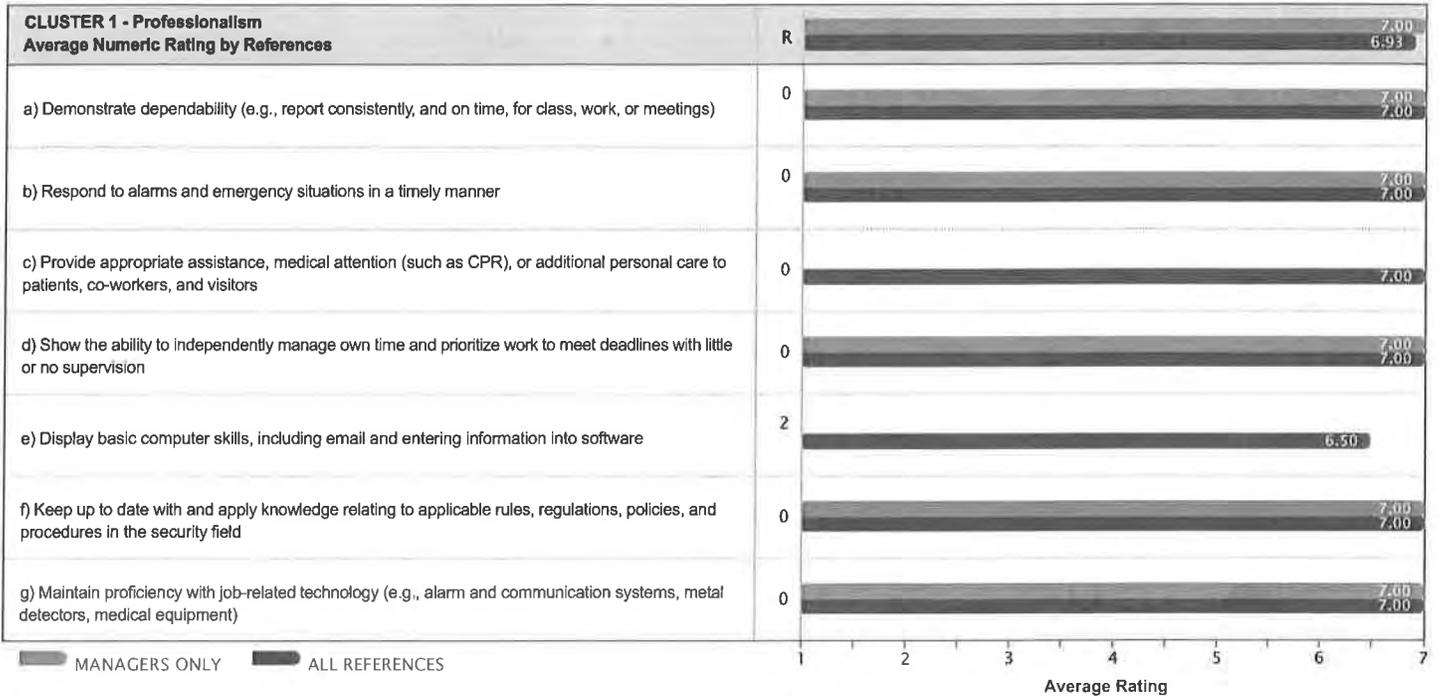
TIMELINE

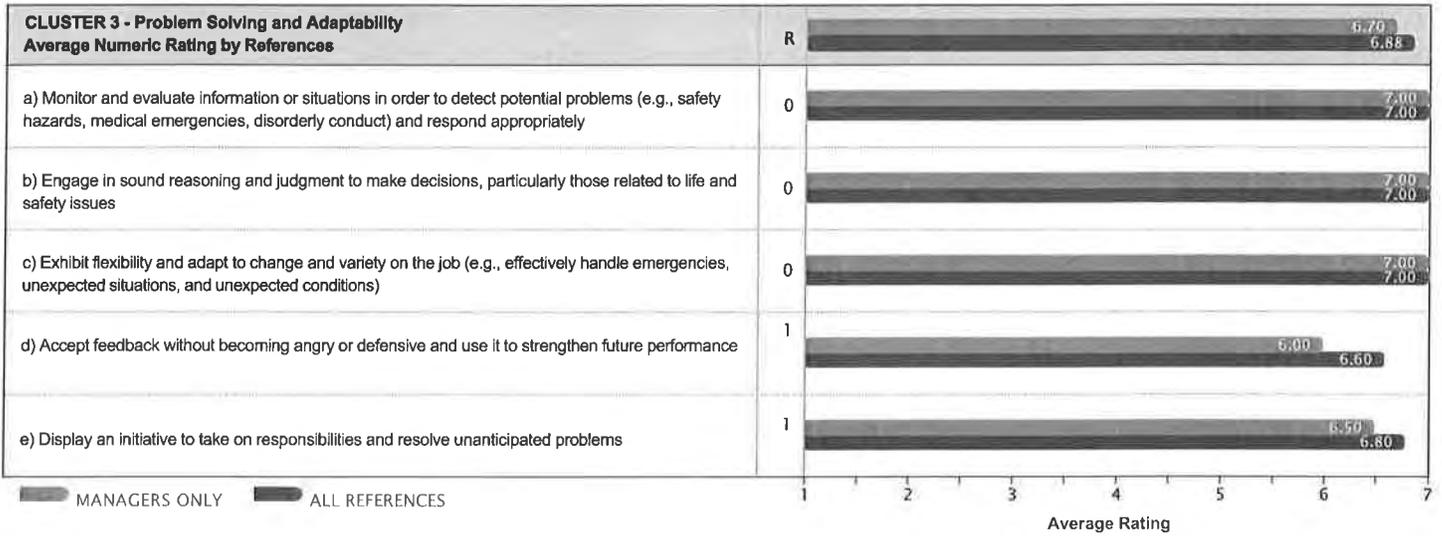
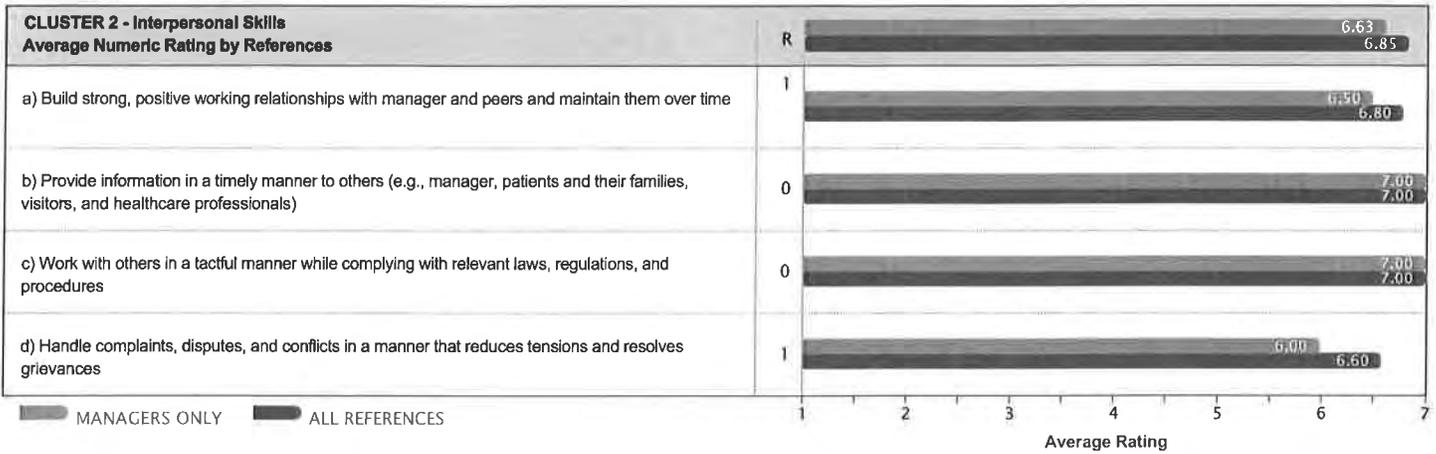
User Submitted Candidate: October 21, 2016 - 11:34AM (CST)	Candidate Submitted References: October 22, 2016 - 03:50PM (CST)
Candidate Response Time: 0.52 Business Days 1.18 Calendar Days	Median Reference Response Time: 0.00 Business Days 0.78 Calendar Days
Report First Ready to be Finalized: October 23, 2016 - 10:29AM (CST): 0.52 Business Days	Report First Finalized: October 26, 2016 - 02:31PM (CST): 3.12 Business Days

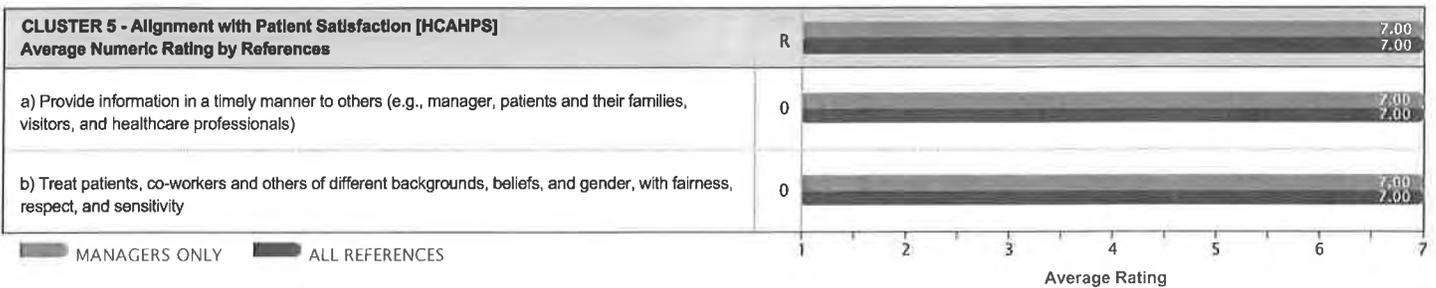
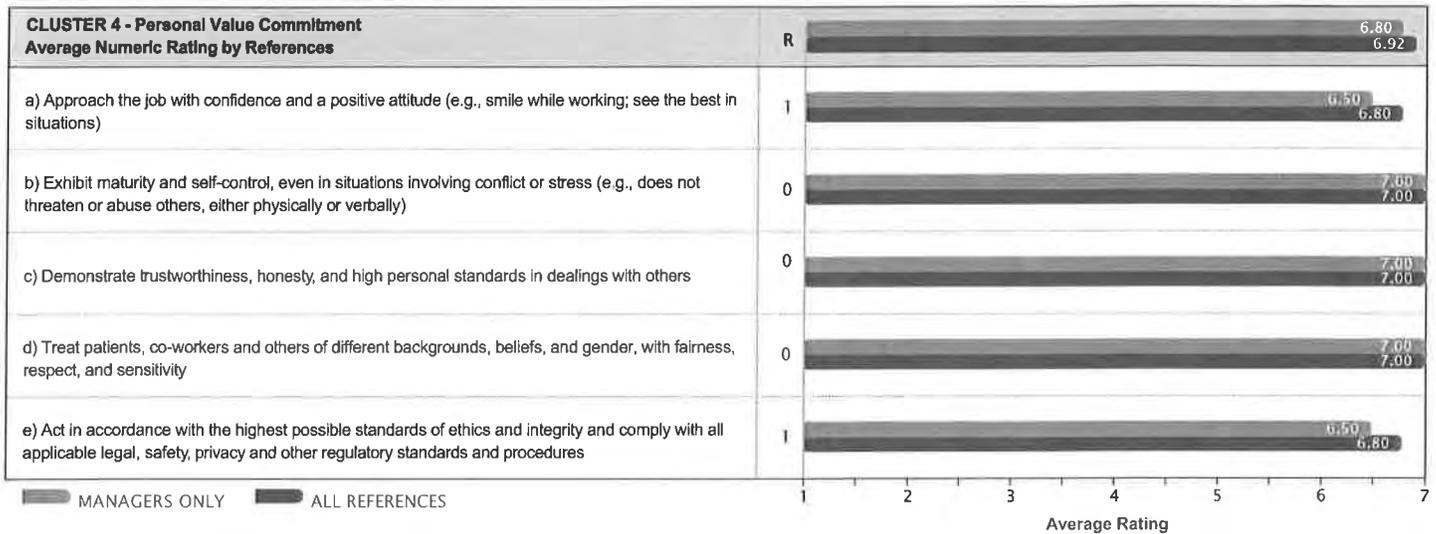
BEHAVIORAL QUESTIONS BY COMPETENCY CLUSTER

The section shows the average numeric ratings by competency cluster, such as "Interpersonal Skills". If at least two of the Candidate's managers submitted feedback, a "Managers Only" bar (in orange) is displayed.

The number in the column labeled "R" next to the behavioral question shows the range or difference between the highest and lowest rating submitted by the References for the behavior. Example with 3 References: Reference 1 rated a '7' on a behavior, Reference 2 rated a '6' on this same behavior, and Reference 3 rated a '5' on this same behavior. R = 2 (highest rating submitted minus lowest rating submitted, or 7 - 5 = 2).







ADDITIONAL REFERENCE FEEDBACK

This section shows the responses by References to the following two questions.

1. "Were you involved in the decision to hire this person at your company?"

Yes: 0/5 (0%)
No: 5/5 (100%)

*Based on responses from over 1 million References, 35.1% answered 'yes' to this question.

2. "Would you work with this person again?"

Yes: 5/5 (100%)
No: 0/5 (0%)

*Based on responses from over 1 million References, 99.2% answered 'yes' to this question.

REFERENCE CONTACT INFORMATION

Candidates initially submit information about their References, such as the nature and duration of their work relationship with them. If a Reference has changed any information supplied by the Candidate, the text of the information that was changed will appear in red font in this section. You may choose to discuss any text in red font with the Candidate.

The symbols indicating survey completion status of the Reference are as follows:

- Solid green checkmark (✓): the Reference submitted his/her survey feedback responses prior to the time that the report was finalized by the end user.
- Hollow checkmark outlined in black (⏹): the Reference submitted his/her survey feedback responses after the Candidate report was finalized, so this Reference's feedback is not included in the report. Re-finalize the report to include this Reference's feedback.
- The word "NO" in red font (NO): the Reference has not submitted his/her survey feedback responses.

MANAGER ✓	MANAGER ✓	NON-MANAGER ✓
<p>Mr. Jerrod Alford</p> <p>Company: Hocking County Sheriff</p> <p>Reference Job Title: Captian at Hocking County Sheriff office</p> <p>Relationship: Manager</p> <p>Phone#: Work: 740-403-1287 (Work: 740-703-1287)</p> <p>Email: alfordk9@gmail.com</p> <p>IP Address: 70.208.229.252</p> <p>Completed: 10/22/2016 4:19:49 PM (0 Business days, 0 Calendar days)</p> <p>Candidate Job Title:</p> <p>Dates: 01/01/2000 To 09/13/2013 (13 years, 9 months) (07/08/1999)</p> <p>Address: Logan,Ohio 43138 United States</p> <p>Does Reference/Referee want to be informed of professional development opportunities?: No</p>	<p>Mr. Steve Barron</p> <p>Company: Hocking College</p> <p>Reference Job Title: instructor during acadmey classes</p> <p>Relationship: Manager (Teacher (Professor, Instructor))</p> <p>Phone#: Work: 740-385-2177</p> <p>Email: csrcka2177@roadrunner.com</p> <p>IP Address: 45.52.122.21</p> <p>Completed: 10/23/2016 10:29:40 AM (0 Business days, 1 Calendar days)</p> <p>Candidate Job Title:</p> <p>Dates: 10/21/2016 To 10/22/2016 (0 years, 0 months)</p> <p>Address: Nelsonville,Ohio 45764 United States</p> <p>Does Reference/Referee want to be informed of professional development opportunities?: Yes</p>	<p>Mr. Derek Boch</p> <p>Company: Hocking County Sheriff</p> <p>Reference Job Title: Deputy and Sergeant</p> <p>Relationship: Coworker</p> <p>Phone#: Work: 740-243-8155</p> <p>Email: hcso37s3@gmail.com</p> <p>IP Address: 66.117.230.20</p> <p>Completed: 10/23/2016 7:25:38 PM (0 Business days, 1 Calendar days)</p> <p>Current Company: Ohio Casino Control Commission</p> <p>Candidate Job Title:</p> <p>Dates: 01/01/2000 To 09/13/2013 (13 years, 9 months)</p> <p>Address: Logan,Ohio 43138 United States</p> <p>Does Reference/Referee want to be informed of professional development opportunities?: No</p>

NON-MANAGER ✓	NON-MANAGER ✓
<p>Mr. Noah Bookman</p> <p>Company: Hocking county Sheriff</p> <p>Reference Job Title: supervised him at sheriff office (Deputy)</p> <p>Relationship: Coworker</p> <p>Phone#: Work: 740-438-6236 (Work: 740-385-7777)</p> <p>Email: n_bookman@hotmail.com</p> <p>IP Address: 45.52.111.198</p> <p>Completed: 10/23/2016 7:51:49 AM (0 Business days, 1 Calendar days)</p> <p>Current Company: Department of Justice</p> <p>Candidate Job Title:</p> <p>Dates: 01/01/2008 To 01/01/2013 (5 years, 0 months) (09/01/2005) To 01/07/2007 (1 year, 4 months)</p>	<p>Mrs. Sarah Tower</p> <p>Company: Columbus Dispatch</p> <p>Reference Job Title: Security</p> <p>Relationship: Peer (or Colleague) (Manager)</p> <p>Phone#: Work: 614-929-8340</p> <p>Email: stower223@gmail.com</p> <p>IP Address: 208.81.210.240</p> <p>Completed: 10/24/2016 12:46:14 AM (0 Business day, 1 Calendar day)</p> <p>Current Company: The Dispatch Printing Company</p> <p>Candidate Job Title:</p> <p>Dates: 10/01/2014 To 10/22/2016 (2 years, 1 month)</p> <p>Address: Columbus Ohio,Ohio 43138 United States</p>

Address: Logan, Ohio 43138 United States Does Reference/Referee want to be informed of professional development opportunities?: No	States (Columbus Ohio, Ohio 43215 United States) Does Reference/Referee want to be informed of professional development opportunities?: Yes
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REFERENCE IP ADDRESS HISTORY

Alford, Jerrod		
IP Address	Date	Action
70.208.229.252	10/22/2016 4:12PM	Email Link Clicked
70.208.229.252	10/22/2016 4:19PM	Survey Completed

Barron, Steve		
IP Address	Date	Action
45.52.122.21	10/23/2016 10:10AM	Email Link Clicked
45.52.122.21	10/23/2016 10:29AM	Survey Completed

Boch, Derek		
IP Address	Date	Action
66.117.230.20	10/23/2016 7:17PM	Email Link Clicked
66.117.230.20	10/23/2016 7:25PM	Survey Completed

Bookman, Noah		
IP Address	Date	Action
45.52.111.198	10/23/2016 7:37AM	Email Link Clicked
45.52.111.198	10/23/2016 7:51AM	Survey Completed

Tower, Sarah		
IP Address	Date	Action
208.81.210.240	10/24/2016 12:36AM	Email Link Clicked
208.81.210.240	10/24/2016 12:46AM	Survey Completed



OHIO PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that



has completed the Ohio
Private Security Firearms Qualification Program

Conducted by
AimHi Private Security Academy

Awarded on
July 28, 2019

Dave Kost

Dave Kost
Attorney General

Vernon P. Stanforth
Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission

640925 A PSR19-290
REQUALIFICATION DUE BY 08/26/20



Jeffrey K. Scott

Jeffrey K. Scott, Executive Director
Ohio Peace Officer Training Commission

Duplicate Certificate
School Commander

This certificate alone does not authorize you to work as a security guard or private investigator. For licensing requirements, contact the Ohio Department of Public Safety/Private Investigator Security Guard Services or visit <http://pisgs.ohio.gov/>



OHIO PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that

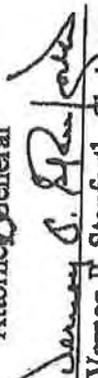


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**MOUNT CARMEL HEALTH SYSTEM
SAFETY AND SECURITY
SECURITY OFFICER
ORIENTATION**

Orientee: _____



Primary Preceptor: _____

Dexter Josey

Secondary Preceptor: _____

Chad Taylor # M-1

Start Date: _____

11-7-2016

Completion Date: _____

12-5-2016

Reviewed By: _____

Chad Taylor

*** Return to manager when completed ***

**INTRODUCTION AND OVERVIEW
OF THE MOUNT CARMEL HEALTH SYSTEM**

SYSTEM MISSION STATEMENT

**Mount Carmel Health System
is a community of committed persons
working to extend God's ministry of health.
We seek out and respond to the health needs
of our communities.**

**We serve and care for all people
with fairness, respect and compassion.**

**As a member of the Holy Cross Health System
we dedicate ourselves to
Fidelity, Excellence, Empowerment and Stewardship
by living the values of
Dignity of Persons, Service to Others,
Social Justice for All.**

**Faithful to the spirit of the
Congregation of the Sisters of the Holy Cross
both the Holy Cross Health System
and the Mount Carmel Health System
exist to witness Christ's love through excellence in the
delivery of health services
motivated by respect for those we serve.
While stewarding our resources, we foster a climate
that empowers those who serve with us.**

**INTRODUCTION AND OVERVIEW
OF THE MOUNT CARMEL HEALTH SYSTEM
SAFETY AND SECURITY DEPARTMENT**

Mission Statement

Safety and Security is a team of dedicated individuals working together to provide a safe and secure environment by providing high quality life safety, personal and property protection services.

We achieve timely, cost effective results through the collective knowledge, talents, and skills of Associates working together for the benefit of those we serve.

Simply stated, we:

- ☆ work as a team,
- ☆ strive for excellence,
- ☆ are on time,
- ☆ are within budget,
- ☆ enjoy our work and each other.

REQUIREMENTS

- Annual TB Test – See Employee Health Services
- Annual Safety Education Training
- Completion of a Private Security Officer Course or Basic Peace Officer
- Completion of Healthcare Security and Safety Training Course
- Good written and verbal skills
- Computer Skills – Windows 95 and Microsoft Office 97
 - Demonstrates the Use of the Mouse
 - Demonstrates the use of the Keyboard
 - Demonstrates the use of the Registrar

SECURITY OFFICER ORIENTATION WEEKLY PROGRESS

Week One:	✓	Day one: System Orientation
	✓	Day two: Introduction to Employees
	✓	Review Job Description
	✓	Review Supervisor/Take Charge Responsibilities
	✓	Department Goals and Objectives
	✓	Organizational Chart
	✓	Campus Tour
	✓	Work Schedule/Post Assignments/Overtime
		Meals and Breaks
	✓	PLT/DIS/LOA's
	✓	Clocking In/Absenteeism/Tardiness
	✓	Dress Code
	✓	Day three: Department Resources and Manuals
	✓	Review H.R. Policies and Procedures
	✓	Emergency Operations Manuals
Week Two:	✓	Safety Management
Week Three and Four:	✓	Security Management and Emergency Preparedness Management
Week Five and Six:	✓	Hazardous Materials Management
Week Seven and Eight:	✓	Life Safety Management

GENERAL ORIENTATION CHECKLIST

ITEM	RESPONSIBLE PERSON	TIME FRAME	DATE COMPLETED
Home Address & Telephone No.	Employee	Day 1	11/8/16 D.N.
Uniforms/Equipment	Supervisor	Day 1	11-10-16 CT
Shift Assignment	Supervisor	Day 1	11/8/16 D.N.
E-Mail Address	Supervisor	Week 1	11/10/16 CT
Review Progressive Counseling Policy	Supervisor	Week 1	11/14/16 CT
Confidentiality Policy	Supervisor	Week 1	11-10-16 CT
JCAHO/Life Safety/OSHA Regulations	Supervisor	Week 3	11/14/16 CT
Hospital Paging System	Supervisor	Week 1	11-10-16 CT
Complaints against Security Officers	Supervisor	Week 1	11-14-16 CT
Department Policies and Procedures	Supervisor	Week 1	11-14-16 CT
Department Forms/Pass-On Log	Supervisor	Week 1	11-14-16 CT
Productivity Data	Supervisor	Week 1	11-14-16 CT

SECURITY OFFICER

	Reviews Pertinent Information		Performs With Assistance		Performs Independently	
	Orientee Date & Initials	Preceptor Date & Initials	Orientee Date & Initials	Preceptor Date & Initials	Orientee Date & Initials	Preceptor Date & Initials
SAFETY MANAGEMENT						
Describes AMA Patients	11-10-16 SA	11-10-16 CF			12-5-16 SA	12-5-16 CF
Demonstrates Camera Center Operations	11-10-16 SA	11-10-16 CF			12-5-16 SA	12-5-16 CF
Describes Correction of Hazardous Conditions	11-10-16 SA	11-10-16 CF			12-5-16 SA	12-5-16 CF
Demonstrates Detainment/Restraint of Patients	11-10-16 SA	11-10-16 CF			12-5-16 SA	12-5-16 CF
Describes Elevator Locations & Operations	11-10-16 SA	11-10-16 CF			12-5-16 SA	12-5-16 CF
Demonstrates Heliport Lighting/Traffic Control	11-10-16 SA	11-10-16 CF			12-5-16 SA	12-5-16 CF
Describes and Demonstrates Infectious Control/Universal Precautions	11-10-16 SA	11-10-16 CF			12-5-16 SA	12-5-16 CF
Conducts Safety Inspections	11-10-16 SA	11-10-16 CF			12-5-16 SA	12-5-16 CF
Completes Evaluation Form	11-10-16 SA	11-10-16 CF			12-5-16 SA	12-5-16 CF
SECURITY MANAGEMENT						
Demonstrates 10 codes / Two-Way Radio Communications	11-14-16 SA	11-14-16 CF			12-5-16 SA	12-5-16 CF
Describes Areas Unauthorized	11-14-16 SA	11-14-16 CF			12-5-16 SA	12-5-16 CF
Demonstrates Vehicle Operations	11-14-16 SA	11-14-16 CF			12-5-16 SA	12-5-16 CF
Demonstrates Bureau of Motor Vehicles (BMV)	11-14-16 SA	11-14-16 CF			12-5-16 SA	12-5-16 CF
Demonstrates writing Departmental Forms / Pass-On Book	11-14-16 SA	11-14-16 CF			12-5-16 SA	12-5-16 CF
Demonstrates and describes Door Lock / Unlock Schedules	11-14-16 SA	11-14-16 CF			12-5-16 SA	12-5-16 CF
Demonstrates Identification / Package Checks	11-14-16 SA	11-14-16 CF			12-5-16 SA	12-5-16 CF
Demonstrates and describes Visitation Policy	11-14-16 SA	11-14-16 CF			12-5-16 SA	12-5-16 CF

SECURITY OFFICER

	Reviews Pertinent Information		Performs With Assistance		Performs Independently	
	Orientee Date & Initials	Preceptor Date & Initials	Orientee Date & Initials	Preceptor Date & Initials	Orientee Date & Initials	Preceptor Date & Initials
Demonstrates Numerical Keypads / Codes / Use of	11/14/16 ST	11-14-16 CT			12/5/16 ^{CT}	12-5-16 CT
Demonstrates Lost and Found	11/14/16 ST	11-14-16 CT			12/5/16 ST	12-5-16 CT
Describes Matrix System / Card Access	11/14/16 ST	11-14-16 CT			12/5/16 ST	12-5-16 CT
Demonstrates Money / Protective Escorts	11/14/16 ST	11-14-16 CT			12/5/16 ST	12-5-16 CT
Demonstrates and describes Off Property Duties / Alarms	11/14/16 ST	11-14-16 CT			12/5/16 ST	12-5-16 CT
Demonstrates and describes Parking Enforcement	11/14/16 ST	11-14-16 CT			12/5/16 ST	12-5-16 CT
Demonstrates and describes Patient Valuables Policy / Procedure	11/14/16 ST	11-14-16 CT			12/5/16 ST	12-5-16 CT
Demonstrates Patrols / Interior / Exterior / Emergency Room	11/14/16 ST	11-14-16 CT			12-5-16 ST	12-5-16 CT
Demonstrates PPCT and ASP Training	11/14/16 ST	11-14-16 CT			11/11/16 ST	11-11-16 CT
Describes Removal of Belligerent / Combative Visitors, Patients, or Associates	11/14/16 ST	11-14-16 CT			12/5/16 ST	12-5-16 CT
Demonstrates Safety / Security Vehicle Procedures	11/14/16 ST	11-14-16 CT			12/5/16 ST	12-5-16 CT
Demonstrates Signing on Computers / Work Orders	11/14/16 ST	11-14-16 CT			12/5/16 ST	12-5-16 CT
LIFE SAFETY MANAGEMENT						
Conducts Construction Safety Inspection	11/15/16 ST	11-15-16 DS			12/5/16 ST	12-5-16 CT
Completes Construction Safety Evolution Form	11/15/16 ST	11-15-16 DS			12/5/16 ST	12-5-16 CT
Describes Electrical Safety	11/15/16 ST	11-15-16 DS			12/5/16 ST	12-5-16 CT
Conducts Fire Drills	11/15/16 ST	11-15-16 DS			12/5/16 ST	12-5-16 CT
Completes Drill Evaluation Form	11/15/16 ST	11-15-16 DS			12/5/16 ST	12-5-16 CT

	Reviews Pertinent Information		Performs With Assistance		Performs Independently	
	Orientee Date & Initials	Preceptor Date & Initials	Orientee Date & Initials	Preceptor Date & Initials	Orientee Date & Initials	Preceptor Date & Initials
Describes Fire Hazards	11/17/16	11-17-16 DS			12/5/16	12-5-16 CT
Describes types of Fire Extinguishers	11/17/16	11-17-16 DS			12/5/16	12-5-16 CT
Describes types of fires	11/17/16	11-17-16 DS			12/5/16	12-5-16 CT
Describes Fire Response Team	11/17/16	11-17-16 DS			12/5/16	12-5-16 CT
Demonstrates inspection of Fire Extinguishers & Locations	11/17/16	11-17-16 DS			12/5/16	12-5-16 CT
Describes locations of Fire System Pull-Boxes	11/17/16	11-17-16 DS			12/5/16	12-5-16 CT
Describes locations of Halon Systems	N/A	N/A			N/A	N/A
Describes location of Mechanical Rooms & Airhandlers	11/17/16	11-17-16 DS			12/5/16	12-5-16 CT
Describes Simplex Fire Alarm System	11/17/16	11-17-16 DS			12/5/16	12-5-16 CT
Describes Safety and Security Fire Plan	11/14/16	11-14-16 CT			12/5/16	12-5-16 CT
Demonstrates Safety / Security Intervention Regarding Patients	11/14/16	11-14-16 CT			12/5/16	12-5-16 CT
HARARDOUS MATERIALS MANAGEMENT						
Demonstrates and describe Hazmat Suit / Location	11/17/16	11-17-16 DS			12/5/16	12-5-16 CT
Describes MSDS Manuals	11/17/16	11-17-16 DS			12/5/16	12-5-16 CT
Demonstrates use of MSDS	11/14/16	11-14-16 CT			12/5/16	12-5-16 CT
Describes Mercury & Chemotherapy Spills	11/17/16	11-17-16 DS			12/5/16	12-5-16 CT
Describes Personal Protective Equipment	11/14/16	11-14-16 CT			12/5/16	12-5-16 CT

	Reviews Pertinent Information		Performs With Assistance		Performs Independently	
	Orientees Date & Initials	Preceptor Date & Initials	Orientees Date & Initials	Preceptor Date & Initials	Orientees Date & Initials	Preceptor Date & Initials
EMERGENCY PREPAREDNESS MANAGEMENT						
Demonstrates Trauma Team Alerts	11/14/16	11-14-16			12/5/16	12-5-16

I  have been issued 52 rounds of Winchester Ranger 9mm +P 124 Grain ammunition on 10/21/19. I understand that this is the only duty ammunition I may use while on duty and must carry in my duty weapon and magazines at all times.

Received By:

 10/21/19

Issued By

Chad Taylor 10/21/2019

I, Eric Matheny, have received the following issued uniforms from the Security Department at Mount Carmel St. Ann's Hospital.

- ✓ 1) 1-Set of MCH collar insignia
- ✓ 2) 1- Badge
- ✓ 3) 3-Uniform Long sleeve shirts
- ✓ 4) 1-Glove Holder
- ✓ 5) 1-Key Holder
- ✓ 6) 1-Handcuff case
- ✓ 7) 1-Radio Holder
- ✓ 8) 1-Set of belt keepers
- ✓ 9) 1-Duty Belt
- ✓ 10) 1-Office key
- ✓ 11) 1-Set of handcuffs w/key
- ✓ 12) 1- Duty Coat w/ liner
- ✓ 13) 1- ASP/ Nylon Holder
- ✓ 14) 1-Can OC/Nylon Holder
- ✓ 15) 1- KENWOOD RADIO II [REDACTED]
- ✓ 16) 1- RADIO CHARGER

Upon termination of employment, I understand that the above issued property must be turned into the Security Supervisor.

Printed Name: [REDACTED]

Signed [REDACTED]

Date: 11/9/16

Issued By: [Signature]



OHIO PEACE OFFICER TRAINING COMMISSION &

THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that



has completed the Ohio
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Conducted by
AimHi Private Security Academy

Awarded On
August 02, 2020

Dave Kost

Dave Kost
Attorney General

Vernon P. Stanforth

Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission
644830 A PSR20-304
REQUALIFICATION DUE BY 8/26/2021



Dwight A. Holcomb

Dwight A. Holcomb, Executive Director
Ohio Peace Officer Training Commission

KSA

School Commander

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4/5/2017



MOUNT CARMEL

A MEMBER OF  TRINITY HEALTH

POSITION DESCRIPTION

POSITION TITLE: Armed Safety & Security Officer	DEPARTMENT: Safety & Security
JOB CODE: M4850	REPORTS TO: Armed Supervisor of Safety & Security
DATE ISSUED: 2/1/2017	SUPERVISES: N/A
DATE REVISED: 2/1/2017	MATRIX REPORTING RELATIONSHIPS: N/A

Mount Carmel Mission Statement and Guiding Behaviors

Mission: We serve together in Trinity Health, in the spirit of the Gospel, to heal body, mind and spirit, to improve the health of our communities and to steward the resources entrusted to us.

The Guiding Behaviors set the expectation for how we work together in living our Mission and Core Values. They are:

- We support each other in serving our patients and communities.
- We communicate openly, honestly, respectfully and directly.
- We are fully present.
- We are all accountable.
- We trust and assume goodness in intentions.
- We are continuous learners.

Job Summary

- In accordance with the Mission and Guiding Behaviors; the Safety & Security Officer is to provide protective services to all persons and property across the Mount Carmel Health System.
- Ensure a safe environment for all associates, physicians, patients, and visitors in compliance with various regulatory standards to include, JC, OSHA, ect.
- Provide a quality service consistant with the values of Mount Carmel Health System for our associates, physicians, patients and visitors.

Job Qualifications (Knowledge, Skills, and Abilities)

- Education: High school graduate or GED required.
- Licensure / Certification: Receipt of Ohio Peace Officer Training Academy certificate of completion
- Experience: Three to five years experience in security, law enforcement or military disciplines or equivalent training which might include criminal justice, homeland security, or law enforcement academy is preferred.
- Effective Communication Skills
- Valid driver's license with good driving record maintained
- Customer service oriented able to function in high stress situations with personal restraint, integrity, and control.
- Basic computer skills that commensurate with the job.
- Ability to communicate effectively and appropriately with diverse populations.
- Ability to write, read, and communicate effectively in the English language.

Essential Responsibilities

- Exhibits each of the Mount Carmel Service Excellence Behavior Standards holding self and others accountable and role modeling excellence for all to see. For example: demonstrates friendliness and courtesy, effective communication creates a professional environment and provides first class service.
- Meets population specific and all other competencies according to department requirements.
- Promotes a Culture of Safety by adhering to policy, procedures and plans that are in place to prevent workplace injury, violence or adverse outcome to associates and patients.
- Relationship-based Care: Creates a caring and healing environment that keeps the patient and family at the center of care throughout their experience at Mount Carmel following the principles of our interdisciplinary care delivery system.
- (For patient care providers) Provides nursing care, ensures an environment of patient safety, promotes evidence-based practice and quality initiatives and exhibits professionalism in nursing practice within the model of the ANCC Magnet Recognition Program®.
- Maintain a safe and secure environment through job knowledge, skills and engagement. Intervene as appropriate in any safety & security observed issues.
- Enforces all governmental regulations, standards, policies associated with Mount Carmel Health System and Safety & Security policies, (i.e. smoking policy).
- Communicate safety and security discrepancies to the appropriate parties for mitigation.
- Ensure department goals & objectives are reached/maintained during assigned shift(s).
- Responsible for assuring that the Safety, Life Safety, security, and Emergency Management, and the JC standards are followed as it relates to the position.
- Responsible for completing and documenting assigned tasks, such as fire drill and safety tours on time.
- Ensure accurate documentation during assigned shift (i.e. security reports, safety incidents, activity logs).
- Ensure consistent delivery of professional, friendly, and courteous service.
- Comply with the organization and department dress code.
- Conduct initial and follow-up investigations, if warranted or directed, ensuring documentation of investigative steps.
- Proactive patrolling of the campus by foot, segway, or vehicle as assigned.
- Respond to all "STAT" calls expeditiously and safely.
- Be familiar with all hospital emergency codes and appropriate responses

- Responsible for completing assigned tasks/duties on time (i.e. fire drills and safety tours).
- Provide on-the-spot in-service training to staff where knowledge related discrepancies are noted.
- Demonstrate sound judgment, decision skills, and prioritizing responses to emergency situations.
- Ability to perform duties in an independent manner.
- Custodial responsibility for patient valuables and maintaining lost and found by following the proper protocols.

Other Job Responsibilities

- Inspects panic alarms, AED's, and call boxes as assigned.
- Provides escorts for associates, patients, visitors and students (where located) in the hospital areas and areas contiguous to the hospital areas.
- Issue parking citations and enforce the parking policy.
- Provide helipad duties during helicopter landings and departures
- Assist in the collection of ICES data as directed
- Monitoring of cameras and access control responsibilities as assigned
- Citizen arrest duties only in accordance with applicable laws and statutes
- Assist motorist with vehicle assistance as appropriate (i.e. jump start)
- Traffic enforcement keeping emergency entrances and approaches clear of non-emergency vehicle traffic
- Respond to safety incidents/visitor injuries as appropriate, ensuring medical is summoned as appropriate.
- During emergent events direct media to the proper area/contact
- Perform other assigned duties as directed by Management.
- Use proper radio procedures and monitors on-going activity
- Be familiar with geographic location and facility layout
- Immediately report and respond appropriately to Salient events, communicating the event to your supervisor.
- Provide for security per policy for VIPs
- Chemical spill clean up as assigned.
- Responsible for compliance with Organizational Integrity through raising questions and promptly reporting actual or potential wrongdoing.
- All other duties as assigned.

EQUIPMENT: This section requires a response of Yes or No from drop down box.

Radiation: No Electrical: Yes
Chemical: Yes Mechanical: No

KEY TO FREQUENCY CODES for Physical Requirement Sections: This section requires a numerical response from drop down box.

1 = Up to 33% of the time 3 = Over 66% of the time
2 = From 33% - 66% of the time 4 = Not Applicable

PHYSICAL REQUIREMENTS

Sitting: 3 Balancing: 3
Standing: 3 Reaching Overhead: 1
Walking: 3 Grasping: 3
Ability to be Mobile: 3 Keyboarding : 3
Bending: 2 Pinching: 3
Kneeling/Crawling: 1 Twisting: 2
Stooping: 1 Climbing: 1
Turning/Pivoting: 2 Pulling: 2
Working Above Shoulder Level: 4
Pushing: 2 Maximum Weight: Equal to or greater than 35 lbs
Lifting: 3 Maximum Weight: Equal to or greater than 35 lbs

POTENTIAL EXPOSURE: This section requires a response of Yes or No from drop down box.

Blood / Body Fluid Contact: Yes Humidity: No Temperature: No
Air-borne Pathogen: Yes Chemicals (Fumes / Burns): No Dust: No
Radiation: No Vibrations: No Noise: No

Personal Protective Equipment: This section requires a response of Yes or No from drop down box.

Gloves: Yes Shoes: No Goggles: Yes Aprons: No
Masks: Yes Head Covering: No Gowns: Yes

Emotional / Psychological Factors: This section requires a response of Yes or No from drop down box.

Trauma: Yes Grief: Yes Death: Yes Public Contact: Yes Deadlines: Yes

This job description is intended to describe the general content of and requirements for the performance of this job. It is not to be considered an exhaustive statement of duties, responsibilities, or requirements.

Reviewed and Approved by: Drew Evans
Title: Manager System Safety and Security
Date: 3/15/2017
Compensation Rep: Jim Koussie
Title: Sr. Compensation Consultant
Date: 3/15/2017

MOUNT CARMEL
POLICY/PROCEDURE

SUBJECT: Authorized Access to Medication Storage Areas

Appendix A

Orientation Checklist

Medication Storage Areas - Access by Non-Licensed Personnel

Employee's Name: [REDACTED] Employee ID Number: [REDACTED]

Position: Security Dept: Security Date: 4/20/20

- € Access to medication storage areas is restricted to authorized personnel.
- € Access to medication storage areas by non-licensed support services personnel is based on the need for the individual to perform their assigned task.
- € Authorization for non-licensed personnel to access a medication storage area is identified by job classification and department specific job description with competencies related to the specific role(s).
 - Environmental Services
 - Facility Operations/Engineering/Management
 - Security
- € Support services personnel that are not authorized access may only access a secure medication storage area in the presence of an authorized individual. (e.g. nurse, pharmacy)
- € Medications must be stored in a secure environment.
- € Medication storage areas (patient servers, medication carts, medication rooms, medication refrigerators, etc.) must be secured at all times.
- € Medications in patient care areas that are not actively staffed must be locked.
- € Medication storage areas must be clean and provide sanitary conditions for medication storage and preparation.
- € Medications and medication related supplies may not be placed by the sink or drain.
- € Contact the area supervisor or the pharmacy if work in a medication storage area may interfere with medication security or integrity (e.g. if medications need to be moved).
- € Report any suspected employee impairment, diversion or theft of medications, syringes, needles or any supplies to the area supervisor or pharmacy.

Preceptor's Name: Chad Taylor (print)

Preceptor's Signature: Chad Taylor Date: 4/20/2020

Employee's Name: [REDACTED] (print)

I acknowledge that I have read and understand my responsibilities related accessing medication storage areas.

Employee's Signature: [REDACTED] Date: 4/20/20

**MOUNT CARMEL
POLICY/PROCEDURE**

SUBJECT: Authorized Access to Medication Storage Areas

Appendix B

**Medication Storage Areas - Access by Non-Licensed Personnel
Competency**

1. Medication storage areas can be accessed by any hospital employee.
 - a. True
 - b. False

2. If you have a job to do in a secure medication storage area you;
 - a. May access the area to do the job without authorization
 - b. May access the area if authorized by your job description
 - c. May access the area under the supervisor of an authorized nurse or pharmacy staff
 - d. B and C

3. Medication carts, medication rooms, medication refrigerators, freezers and warmers are all medication storage areas.
 - a. True
 - b. False

4. An unlocked mobile medication cart containing medications is in the hallway on a unit that is closed. You should;
 - a. Move the cart to a secure area
 - b. Report by contacting the area supervisor or pharmacy
 - c. Leave the cart alone because the unit may reopen soon
 - d. None of the above

5. You find used needles and syringes when cleaning a restroom in a restricted access area of the hospital. You should;
 - a. Clean it up and continue working
 - b. Not report this because you don't know who used them
 - c. Not report this because it is not your responsibility
 - d. Immediately report the finding to your supervisor

BASIC LIFE SUPPORT

**BLS
Provider**



**American
Heart
Association®**



**has successfully completed the cognitive and skills
evaluations in accordance with the curriculum of the
American Heart Association Basic Life Support
(CPR and AED) Program.**

Issue Date

11/22/2019

Recommended Renewal Date

11/2021

Training Center Name

Mount Camel Health System

Instructor Name

Voice Assisted Manikin

Training Center ID

OH03247

Instructor ID

10190824478

Training Center Address

6150 E. Broad St
Columbus OH 43213 USA

eCard Code

195508537975

**Training Center Phone
Number**

614-234-5570

QR Code



To view or verify authenticity, students and employers should scan this QR code with their mobile device or go to www.heart.org/cpr/mycards.
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OHIO PEACE OFFICER TRAINING COMMISSION

THE OFFICE OF THE ATTORNEY GENERAL &

This is to certify that



has completed the Ohio
Private Security Firearms Qualification Program

Conducted by
AimHi Private Security Academy

Awarded on
July 28, 2019



Dave Kost
Attorney General



Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission

640925 A PSR19-290
REQUALIFICATION DUE BY 08/26/20





Jeffrey K. Scott, Executive Director
Ohio Peace Officer Training Commission

Duplicate Certificate

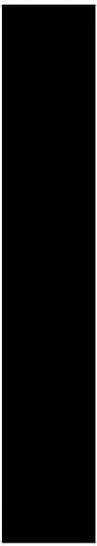
School Commander

This certificate alone does not authorize you to work as a security guard or private investigator. For licensing requirements, contact the Ohio Department of Public Safety/Private Investigator Security Guard Services or visit <http://pisgs.ohio.gov/>



OHIO PEACE OFFICER TRAINING COMMISSION
&
THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that



has completed the Ohio
Private Security Firearms Requalification Program

Conducted by
AimHi Private Security Academy
Awarded on
July 01, 2018

Mike DeWine
Mike DeWine
Attorney General

Vernon P. Stanforth
Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission

636258 A PSR18-259
REQUALIFICATION DUE BY 08/26/19



Mary E. Davis
Mary E. Davis, Executive Director
Ohio Peace Officer Training Commission
[Signature]
School Commander

This certificate alone does not authorize you to work as a security guard or private investigator. For licensing requirements, contact the Ohio Department of Public Safety/Private Investigator Security Guard Services or visit <http://pissg.ohio.gov/>



OHIO PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that



has completed the Ohio
Private Security Firearms Training Program

Conducted by
L.E.P.D. Training Academy

Awarded on
February 26, 2017

Mike DeWine

Mike DeWine
Attorney General

Vernon P. Stanforth

Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission

630439 A PSB17-090
REQUALIFICATION DUE BY 08/26/18



Mary E. Davis

Mary E. Davis, Executive Director
Ohio Peace Officer Training Commission

[Signature]

School Commander



Name: [REDACTED]
Campus: St. Ann's
Date: 4/2/21

HANDCUFFING TEST

100%
Chris Taylor

1.) WHEN TO USE HANDCUFFS?

- A.) ON A VIOLENT PATIENT
- B.) AFTER COMMITTING A FELONY IN YOUR PRESENCE
- C.) ON VIOLENT INDIVIDUALS WHO POSE AN IMMEDIATE THREAT TO STAFF, VISITORS, PATIENTS, OR YOURSELF
- D.) ALL OF THE ABOVE
- E.) BOTH B AND C

2.) CMS ALLOWS YOU TO HANDCUFF PATIENTS?

- A.) TRUE
- B.) FALSE

3.) WHAT ACTIONS NEED TO OCCUR AFTER THE USE OF HANDCUFFS?

- A.) INCIDENT REPORT AND VOICE
- B.) LOCAL POLICE, SIR, AND VOICE
- C.) SUPERVISOR, LOCAL POLICE, SIR, AND VOICE

4.) SECURITY IS ABLE TO HANDCUFF TO A STATIONARY OBJECT?

- A.) TRUE
- B.) FALSE

OC Test
Mount Carmel Health System
Safety and Security

100%
Chad Taylor

- 1.) What does OC stand for?
 - A. Orange Crush
 - B. Ocean Crust
 - C. Oleoresin Capsicum

- 2.) What is the average expiration date on an OC canister?
 - A. 1-2 years
 - B. 3-4 years
 - C. 4-5 years

- 3.) How often should you check your OC spray for adequate spray strength?
 - A. 30 days
 - B. 60 days
 - C. 90 days

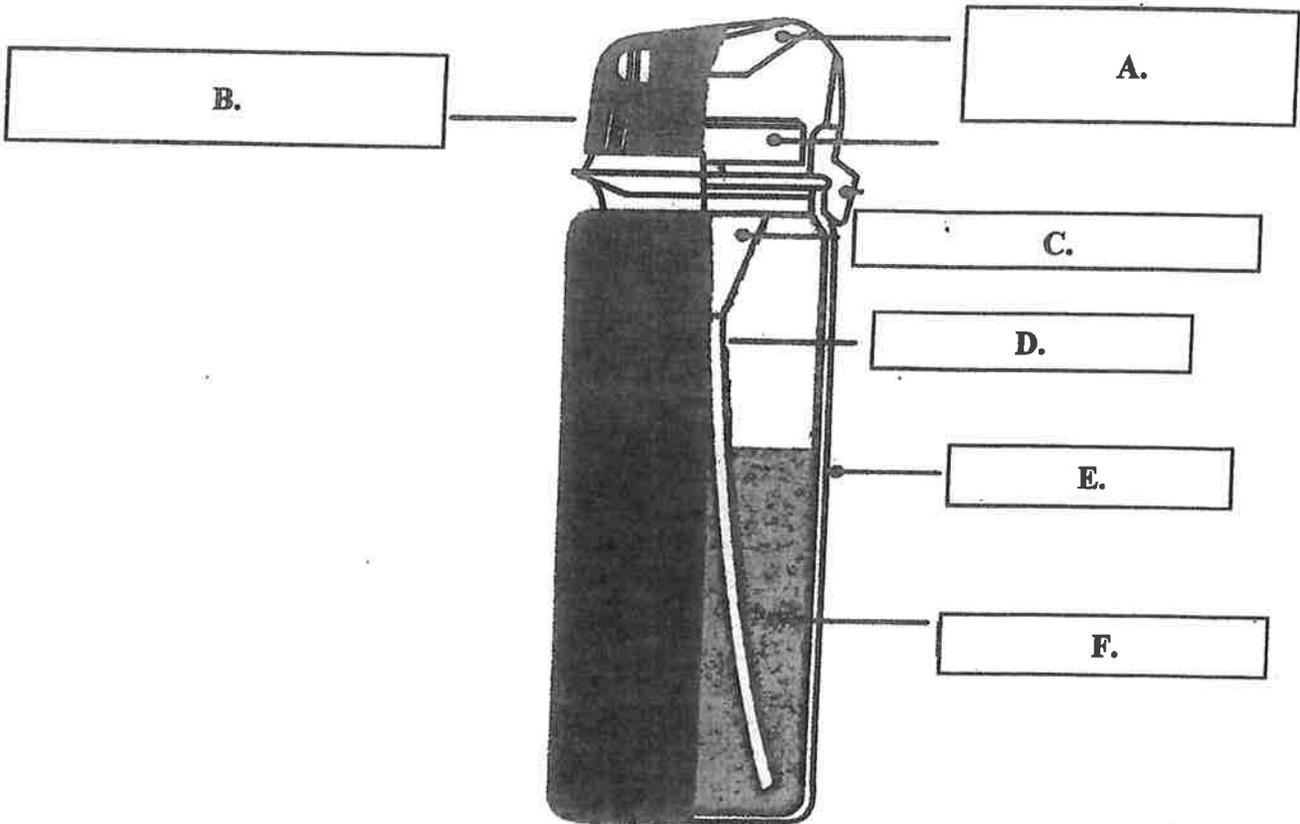
- 4.) How long of a burst should you use on a threat?
 - A. 1-2 seconds
 - B. 2-4 seconds
 - C. Empty the entire can

- 5.) What is Oleoresin Capsicum commonly known as?
 - A. Mace
 - B. Pepper Spray
 - C. Gas

- 6.) When deploying OC, what area of the body should you deploy the OC towards?
 - A. Arms
 - B. Chest
 - C. Face and eyes

- 7.) After using OC on a subject, what should you immediately do with the subject?
 - A. Leave lying on the ground.
 - B. Remove from contaminated area
 - C. Spray again

- 8.) What is the second step in the decontamination process?
A. Spray them again
B. Tell them to stop crying like a baby
 C. Offer verbal rapport to the subject
- 9.) What is the third step of the decontamination process?
 A. Expose subject to fresh air
B. Throw the subject a bottle of water
C. Stand there and record them with your cellphone
- 10.) What is the best way to flush the eyes?
A. Using milk
B. Rubbing eyes continually
 C. Water
- 11.) What type of agent is OC?
A. Glue
B. Cleaning Fluid
 C. Inflammatory
- 12.) What is the main ingredient of OC?
A. Water
 B. Cayenne Pepper
C. Powder
- 13.) Does CMS (Center for Medicaid/Medicare System) guidelines allow for OC to be used on a PATIENT?
A. Yes
 B. No
C. Only if they deserve it.
- 14.) List the nomenclature of a canister of OC
- A. Flip top
- B. Nozzle / Actuator
- C. Valve Assembly
- D. Tube
- E. Canister
- F. Formulation





Box 1794 Appleton, WI 54912 (920) 735-8242 Fax (920) 735-8245 asp-usa.com

ASP Basic Certification (ABC)

EXPANDABLE BATON TRAINING

Information Sheet

(Please Print)

Date 4/2/21

Initial Certification Recertification
 First Name [REDACTED] Last Name [REDACTED]
 Home Address [REDACTED]
 City Lancaster State OH Province _____ Zip 43130
 Telephone [REDACTED] E-mail Address [REDACTED]
 Employing Agency Mt. Carmel St. Ann's
 Agency Address 500 S. Cleveland
 City Westerville State OH Province _____ Zip _____
 Agency Telephone (380) 898 4000 E-mail Address _____

✓ Duty Status: Full Duty Restricted Duty
 Has your agency adopted or authorized the use of the ASP Baton? YES
 How many officers are in your agency? 20
 Height 6'4 Weight 289 Age 50 Date of Birth 1/29/71
 Have you been exercising? YES
 Do you have any knee, back or health problems? YES
 Are you on any medication? YES

Person to be notified in case of emergency:
 Name [REDACTED]
 Phone [REDACTED] Alternate () _____
 Relationship wife

✓ Briefly describe any health problems: _____ Injury Check: 1A 1P

WAIVER

Release from Liability and Assumption of Risk Agreement

1) Intending that this Agreement be legally binding upon me, my heirs, executors, administrators, and assigns, I hereby waive, release, and forever discharge Armament Systems and Procedures, INC, and all of their agents, representatives, heirs, executors, administrators, successors and assigns, of and from any and all claims, demands, rights and causes of action of whatsoever kind and nature, arising from, and by reason of any and all known and unknown, foreseen and unforeseen physical and mental injuries and consequences thereof, suffered by me during any and all ASP Expandable Baton certification training activities.
 2) In signing this Release, I assert that (a) I am presently in good physical and mental health; (b) I have no reason to believe that I am not in good physical and mental health; (c) I am fully aware of, and do acknowledge and assume all risk of injury inherent in my participation in this training seminar; (d) I have read and fully understand the terms and conditions of this Agreement.

This program is competency based. Mere participation does not automatically assure successful completion.

4/2/21 _____
 Date

ASP Basic Certification

WRITTEN EXAMINATION

1. A defensive tactic is evaluated by it's ability to:
 - a. Control v Injure
 - b. Maim v Destroy
 - c. Threaten v Control
 - d. React v Act
 - e. Demonstrate the Officers skill
2. The primary striking surface of an open ASP Baton is the:
 - a. Cap
 - b. Center of the shaft
 - c. Last 3" of the baton
 - d. First Joint
 - e. Handle
3. The hand using the service firearm is the:
 - a. Weak hand
 - b. Contact hand
 - c. Weapon hand
 - d. Reaction hand
 - e. Support hand
4. The ASP baton should not be opened:
 - a. To the sky
 - b. To the ground
 - c. During a strike
 - d. To the side
 - e. Towards the threat
5. The two baton modes are:
 - a. Open and Closed
 - b. Interview and Combat
 - c. Weapon and Reaction
 - d. Concealed and Loaded
 - e. Ready and Extended
6. Which is not an ASP target area:
 - a. Center mass of the arms
 - b. Center mass of the legs
 - c. Center mass of the body
 - d. Groin or Sternum
 - e. The Weapon Delivery System
7. Targeting specific points violates which training principle:
 - a. Forgiving techniques
 - b. Fine motor skills
 - c. Spaced practice
 - d. Static training
 - e. Complex techniques
8. The ASP baton is always carried:
 - a. On the right side
 - b. In the front
 - c. On the reaction side
 - d. Tip down
 - e. Left side
9. The Reaction Strike is primarily a:
 - a. Strong strike
 - b. Closed strike
 - c. Clearance strike
 - d. Offensive strike
 - e. Initial strike
10. The most frequently used ASP strike is the:
 - a. Reaction strike
 - b. Weapon strike
 - c. Straight strike
 - d. Clearance strike
 - e. Reverse strike
11. When performing an Open Straight Strike, the Reaction Hand is:
 - a. Palm up on the shaft
 - b. Maintaining distance
 - c. Guarding the face
 - d. Palm down gripping the shaft
 - e. Executing a downward block
12. If the baton opens too easily:
 - a. Make the retaining clip smaller
 - b. Replace the o-ring
 - c. Widen the retaining clip
 - d. Remove the retaining clip
 - e. Lubricate the baton
13. The most common problem in opening the baton is:
 - a. Grip of the baton
 - b. Loose o-ring
 - c. Broken retaining clip
 - d. Operator error
 - e. Loose handle cap
14. Special Circumstances include:
 - a. Age
 - b. Size
 - c. Weapon proximity
 - d. Skill level
 - e. Mutiple Officers

15. ASP Weapon Side Strikes are intended to be performed at a:
- a. 45 degree angle
 - b. 180 degree angle
 - c. Horizontal angle
 - d. 90 degree angle
 - e. Vertical angle
16. When striking the ASP Baton is gripped with:
- a. The index finger and thumb
 - b. A loose flexible grip
 - c. Two fingers and the thumb
 - d. Full hand grip
 - e. Both hands
17. Officer/Subject factors include:
- a. Special knowledge
 - b. Imminent danger
 - c. Injury or exhaustion
 - d. Size
 - e. Officer on the ground
18. If the subject complies, the Officer does ~~not~~ advance/strike
- a. True
 - b. False
19. The ASP Baton is designed to be
- a. An offensive weapon
 - b. A comealong device
 - c. A defensive weapon
 - d. A deadly force option
 - e. A restraining device
20. The principle goal of any arrest or physical confrontation is:
- a. Establishing control
 - b. Superior Officer skill
 - c. Subject safety
 - d. Documentation
 - e. Punishment

Graded By: NOAH YINGER Kyff

ASP Written Exam: Pass ✓ Fail

Instructor: Chad Taylor B-41764

Date: 4/2/21

Baton Basic Certification

TECHNIQUE PROFICIENCY CHECKLIST

- | | | |
|--------------------------------|---|--------------------------------|
| 1) Check: | Pass: <input checked="" type="checkbox"/> | Fail: <input type="checkbox"/> |
| 2) Redirection: | Pass: <input checked="" type="checkbox"/> | Fail: <input type="checkbox"/> |
| 3) Closed Mode Weapon Strike | Pass: <input checked="" type="checkbox"/> | Fail: <input type="checkbox"/> |
| 4) Closed Mode Reaction Strike | Pass: <input checked="" type="checkbox"/> | Fail: <input type="checkbox"/> |
| 5) Closed Mode Straight Strike | Pass: <input checked="" type="checkbox"/> | Fail: <input type="checkbox"/> |
| 6) Opening the Baton | Pass: <input checked="" type="checkbox"/> | Fail: <input type="checkbox"/> |
| 7) Open Mode Weapon Strike | Pass: <input checked="" type="checkbox"/> | Fail: <input type="checkbox"/> |
| 8) Open Mode Reaction Strike | Pass: <input checked="" type="checkbox"/> | Fail: <input type="checkbox"/> |
| 9) Open Mode Straight Strike | Pass: <input checked="" type="checkbox"/> | Fail: <input type="checkbox"/> |
| 10) Closing the Baton | Pass: <input checked="" type="checkbox"/> | Fail: <input type="checkbox"/> |

TECHNIQUE PROFICIENCY

PASS:

FAIL:

COUNSELED: _____

CERTIFICATION APPROVED: _____ CERTIFICATION DENIED: _____

INSTRUCTOR: Chat Taylor B-41764

DATE: 4/2/21

DT Training Scenarios

1. Patient Wandering – Patient arrives at the hospital via private transport. Patient checks in stating " I do not wish to live anymore" and is immediately taken to the triage area for further evaluation. Patient is carrying a small bag and has on street clothes. Charge RN contacts Safety and Security regarding wandering the patient due to the statements made by the patient. Verbalize response and next steps prior to intervention with patient.

PASS / FAIL

2. Code Violet – Security is called STAT to ER for verbally aggressive patient. While responding to STAT call, Security hears "Code Violet – ER #9" paged overhead. Security arrives to find staff attempting to hold patient down in bed. Patient is making verbal threats while trying to bite, spit, kick, and punch at staff who are attempting to control patient. Verbalize response to code violet and further information needed before scenario resumes.

PASS / FAIL

3. Restraint – Security is responding to call for service on in-patient unit. Not much information is given prior to responding. Upon arrival Security witnesses several staff members attempting to keep confused patient in bed. Patient is flailing his arms and legs attempting to "escape" from the hospital. Patient recognizes Security as law enforcement and begins to focus on officers. Patient is begging Security to take him with them because he is not safe around nursing staff. Verbalize response and de-escalation efforts needed before scenario resumes. Obtain additional information as needed.

PASS / FAIL

DT Training Scenarios

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PASS / FAIL

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PASS / FAIL

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PASS / FAIL

4. Pink Slip – Security responding to disturbance in ER. Upon arrival Security intercepts patient attempting to leave the hospital. Staff is stating that the patient cannot leave. What is the response by Security at that exact moment? Patient becomes verbally aggressive with Security stating "you cannot hold me!" Verbalize efforts to get the patient back to his room and information needed to make appropriate decisions during the incident. What factors are important to consider? Resume scenario...

PASS / FAIL

5. Suspicious Person – Security receives a call from a visitor stating that they have observed a vehicle on campus that appears to be occupied sitting at the edge of property near connex boxes that contain contractor tools and equipment. This box has already been broken into previously and several thousands of dollars in equipment was stolen. Describe steps taken when dispatched and actions on-scene. Start scenario...

PASS / FAIL

6. Domestic Situation – Security responding to a disturbance in Maternity unit. Upon arrival security speaks with RN who advises that she has heard yelling and screaming coming from inside the room. She further advises that the only people inside the room are the patient and the father of the baby. Security responds to the room and finds patient in tears stating that she has been physically assaulted by the male party. Male party states that is not leaving his baby! Start scenario...

PASS / FAIL

7. Elopement – Security receives frantic call from ER staff stating that the patient in ER #9 is running out the squad bay doors. Security responds and sees patient attempting to run off property. Describe steps taken and ask for any additional information needed at that time. Security catches up to patient just before he leaves property but are unable to stop and hold at that point. Describe next steps needed at that time. Begin scenario....

PASS / FAIL

8. Security is advised of a juvenile patient who arrived at the hospital due to an overdose. Patient took multiple prescription pills as an attempt to end her life. She had made comments that she does not wish to live anymore and wants the pain to go away. Patient's parents show up to the hospital and demand to be reunited with their daughter immediately. Mom makes the statement that she has not given MCHS consent to treat her daughter and will not be cooperating with staff requests. Urine test completed by daughter with mother inside the bathroom. Results of urine show that urine has been diluted with water and mother states that MCHS will never get an accurate urine sample from the patient. Physician responds to the room and advises that discharge of the patient is dependent on blood lab results. Parents consent to the blood draw which shows serious medical concerns and patient is pink slipped for medical conditions and is being transferred to Nationwide Children's Hospital for further evaluation. Mother makes the statement that she will not allow the hospital to put her daughter in a purple gown because she knows what it represents...GO!

PASS / FAIL

9. GSW – Security is sitting post in ER lobby when GSW arrives via private vehicle. Two individuals carry the GSW into the ER lobby and drop him near the entrance. Both individuals flee the ER to their vehicle (Late model Infinity SUV, black with orange wheels with orange Infinity logo on each side). Patient has been shot in the chest. Gather additional information and advise response. Action...

PASS / FAIL

10. Property Search/Overdose - Security called to in-patient room for suspicion of patient using drugs in the room. Upon arrival security speaks with physician who advises that she has spoken with the patient on two occasions today. The first time he was alert and oriented and even energetic. The second time he appeared lethargic and completely out of it, he was having trouble finishing sentences without falling asleep. None of the medications he is receiving would cause the change in behavior. The patient also has a history of IV drug abuse and admitted to using drugs 3 days prior to admission into the hospital. He is there for an abscess that is infected on his arm that he needs to receive surgery for. Please provide steps needed to perform search and explain how these are communicated to the patient. Also state any notifications that are made and any witnesses to the search. Begin...

PASS / FAIL

11. Discharged Patient – Security called to ER because discharged patient is refusing to leave the room. Patient states that he is not ready to leave because staff and the doctor has not addressed his concerns. Patient is being passive aggressive with staff and stating that he will not leave until he has had an opportunity to speak with the doctor about his care. Ask any additional questions as appropriate and determine your strategy for his removal from the room. Scenario resumes when ready...

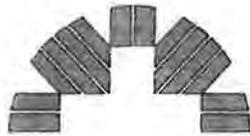
PASS / FAIL

12. Criminal Trespass – Security called to suspicious visitor who was found sleeping in an empty patient room by staff on the unit. Security speaks with visitor upon arrival, but visitor refuses to identify himself to security. He further states that he is homeless, and he needs to be seen because he is having suicidal thoughts. Officer evaluates the situation and determines course of action...Play scenario

PASS / FAIL

Patient checks in to ER for psychiatric evaluation. Case Management and doctor both evaluate patient and determine that he is not suicidal. Patient is discharged from the ER but again refusing to leave...resume scenario

PASS / FAIL



MOUNT CARMEL

A MEMBER OF TRINITY HEALTH

Safety and Security Defensive Tactics / OC Repellant / ASP Baton Competency Form

Students Name (print):
I.D. Number:
Date: 4/2/21
Campus: St. Ann's

1. Escort Position	<u>Pass</u>	Fail
2. Balance Displacement		
a. At the shoulder	<u>Pass</u>	Fail
b. Friction on the back	<u>Pass</u>	Fail
c. At the hip	<u>Pass</u>	Fail
3. Handcuffing		
a. Standing/Prone Position	<u>Pass</u>	Fail
b. Removing Handcuffs	<u>Pass</u>	Fail
4. Armbars/Wristlocks		
a. Transport Wristlock	<u>Pass</u>	Fail
b. Transport Wristlock Takedown to Handcuffs	<u>Pass</u>	Fail
c. Straight Arm bar	<u>Pass</u>	Fail
d. Straight Arm bar Takedown to Handcuffs	<u>Pass</u>	Fail
5. Weapon Retention Drills		
a. Holstered	<u>Pass</u>	Fail
b. Un-holstered	<u>Pass</u>	Fail
c. Stripping Weapon from Subject	<u>Pass</u>	Fail
6. Oleoresin Capsicum (OC)		
a. Nomenclature	<u>Pass</u>	Fail
b. Spray Patterns		
i. Balance/Movement/Verbal Commands/Control	<u>Pass</u>	Fail
ii. Up/Down	<u>Pass</u>	Fail
iii. Side to Side	<u>Pass</u>	Fail
iv. Circular	<u>Pass</u>	Fail
c. Decon Process	<u>Pass</u>	Fail

7. ASP Baton

a. Balance/Movement/Verbalization/Technique/Targeting	Pass	Fail
b. Ready Position	Pass	Fail
c. Closed Mode Weapon Strike	Pass	Fail
d. Closed Mode Reaction Strike	Pass	Fail
e. Closed Mode Straight Strike	Pass	Fail
f. Closed Mode Weapon/Reaction/Straight Strike	Pass	Fail
g. Opening the ASP Baton	Pass	Fail
h. Open Mode Weapon Strike	Pass	Fail
i. Open Mode Reaction Strike	Pass	Fail
j. Open Mode Straight Strike	Pass	Fail
k. Open Mode Weapon/Reaction/Straight Strike	Pass	Fail
l. Closing the ASP Baton/Transitioning to baton holster	Pass	Fail
m. Emergency Open Strike/Closing baton/holster	Pass	Fail

****If an Officer cannot close their baton, a recommendation needs to be forwarded to their Supervisor that an ASP Talon baton be issued to that Officer****

8. Scenario Based Training

a. Patient Wandering	Pass	Fail
b. Code Violet	Pass	Fail
c. Patient Restraint	Pass	Fail
d. Combative Patient Restraint	Pass	Fail
e. Pink Slip Patient	Pass	Fail
f. Suspicious Person(s)	Pass	Fail
g. Domestic Dispute	Pass	Fail
h. Elopement	Pass	Fail
i. Juvenile Patient Elopement via Parent/Guardian	Pass	Fail
j. GSW Patient	Pass	Fail
k. Property Search	Pass	Fail
l. Discharged Patient Refusing to Leave	Pass	Fail
m. Criminal Trespass	Pass	Fail

**Grading Scale: Passing = performs w/out prompting
 Failed = needs prompting / repeated instruction, or cannot perform task**

Student Signature and ID Number: 

Instructors Signature and ID Number: Chris Taylor 273267

Instructors Signature and ID Number: _____

**Mount Carmel Health System
Competency Assessment
Safety & Security
Safety & Security Officer**

Associate Name:

ID Number:

Job Title:

Armed Security Officer

High Risk Low Volume Problem Prone New Equipment/Service Process Change

CARING COMPONENTS:

Demonstrates service excellence behavior

KNOWLEDGE AND SKILL COMPONENTS:

Effective in patrol techniques, communications use of cameras-monitoring/recording, escorts, door openings, assist calls.
Knowledge of location of Security sensitive areas.

Enforces policies & procedures

Completes accurate incident report documentation/investigation and follow-ups as appropriate

Completes accurate activity logs

Ability to apply clinical restraints and assistance

Ability to work independently

Completes timely fire drills and critiques

Understands ILSM protocols

Ability to turn off Med Gas per policy

Workplace Violence policy knowledge

Ability to process visitors after-hours or as required

Ability to lock and unlock facility (includes Lockdown plan)

Management of Aggressive Behavior and de-escalation techniques

Understands Safe Medical Device Act responsibilities

Helicopter operations- Safety duties

Discernment of sentinel events-notification protocols

Knowledge of Emergency Codes and security response (i.e. Code Red, Code Adam, Code Orange, etc).

Follows the department uniform and dress code

Disseminates pertinent info (pass on book, memo, reports, BOLO)

Understands Forensic responsibilities

Understands role and actions- VIP/Media event

Officer can articulate use of force and demonstrate "take downs" and the use of defensive weapons: ASP & Pepper Spray and law enforcement restraints: (i.e. handcuffs)

Officer demonstrates the ability to co-operate with other agencies, departments, and staff as appropriate

Officer has a basic understanding of the National Patient Safety Goals.

Officer demonstrates proper telephone etiquette.

Officer demonstrates the proper radio communications-understands RF interference

Officer is knowledgeable of all security alarms and responds appropriately (panic, infant, etc).

Officer conducts proper patient valuables receiving and returning

Morgue procedures (MCSA only)

Traffic ingress/egress control- normal and emergency (i.e. emergency room areas)

The officer has demonstrated the proper use of Fire Extinguisher and knows where and what K type extinguishers are used for.

Officer knows the Emergency Procedures for handling Hazardous Materials (chemical, asbestos, etc) and security response.

Officer understands their role in the incident command structure (HICS)

Understanding of response to elevator malfunction

Proper PPE use- Infectious, Chemical, Noise, PAPR etc (i.e. universal precautions- chemical protection)

MRI Safety

Role in Bomb Threat- search techniques/staging

Knowledge of Burn Permit process

Understands Property Search policy and role

Suicide precautions/assessment

Proper lifting/body mechanics

Pediatric; (1 year – 12 years)

Needs to involve parents if possible:

- Provide privacy as appropriate.
- Allow child to exercise some control.
- Speaks at eye level maintaining eye contact
- Uses direct approach with child, giving one direction at a time.

Allows choice when possible.

Adolescent: (13-17 years)

Needs to recognize that this age group:

- Needs to be called by name or preferred name.
- Provide privacy/modesty
- Allows choice when possible, and encourages verbalization of concerns and fears.
- Tells patients behaviors that are permitted.
- Watches for body language and cue for feelings.
- Speaks directly to patient in simple medical terms.
- Concerns and fears.

Geriatric: (65+)

- Needs to establish that the patient is wearing glasses, hearing aids, or may have memory loss and recognizes the tools that are needed for effective communications during interviews and investigations.
- Does not shout at patients, speak slowly and distinctly.
- Does not rush patient, gives them time to process information.
- Repeats instructions several times.
- Discuss one item at a time.
- Assist in transferring patient under direction of a Registered Nurse.
- Provide privacy/modesty

Adult (18-64 years)

- Calls patient by preferred name.
- Allows choices when possible
- Provides for privacy/modesty
- Respects patient right to make informed decisions.
- Assists in relinquishing valuables
- Watches body language as cue for feelings.
- Interviews patient in a calm, reassuring manner concerning lost articles.
- Assists in controlling confused patient.

Knowledge of Automated External Defibrillator (AED) –location and use

Able to act appropriately in an emergent or sentinel type of event

METHOD OF COMPETENCY VALIDATION:

- Return Demonstration
- Observation of Daily Work
- Post Test
- Mock Event/Simulation

- QI Monitors/Audits
- Peer Review
- Case Study
- Discussion Group

Competency Validated By: (Signature and credentials)

Date 3/12/20

Developmental Needs identified: (See Performance Evaluation for related goals)

Associate Signature _____ Date _____ Manager Signature _____ Date _____

Evidence Based References/Resources (if applicable):

Mount Carmel Health System
Competency Assessment
Safety & Security

DEFENSIVE TACTICS/HANDCUFFING/STRAIGHT BATON/O.C. REPELLANT/DE-ESCALATION/RESTRAINTS

Associate Name:

ID Number:

Job Title:

Security

High Risk Low Volume Problem Prone New Equipment/Service Process Change

CARING COMPONENTS:

Demonstrates service excellence behavior

KNOWLEDGE AND SKILL COMPONENTS:

ABILITY TO EXPLAIN THE USE OF FORCE CONTINUUM

ABILITY TO PERFORM BALANCE DISPLACEMENT AT THE SHOULDER

ABILITY TO PERFORM BALANCE DISPLACEMENT ON THE BACK

ABILITY TO PERFORM BALANCE DISPLACEMENT AT THE HIP

ABILITY TO PERFORM A TRANSPORT WRIST LOCK TO BOTH THE RIGHT AND LEFT SIDE

ABILITY TO PERFORM A TRANSPORT WRIST LOCK TAKEDOWN INTO HANDCUFFING

ABILITY TO PERFORM A STRAIGHT ARM BAR TO BOTH THE RIGHT AND LEFT SIDE

ABILITY TO PERFORM A STRAIGHT ARM BAR TAKEDOWN INTO HANDCUFFING

ABILITY TO USE HANDCUFFS IN THE STANDING METHOD

ABILITY TO USE HANDCUFFS FROM THE KNEELING POSITION

ABILITY TO REMOVE HANDCUFFS

ABILITY TO UNDERSTAND WHEN TO PLACE HANDCUFFS ON SUBJECT

ABILITY TO PERFORM WEAPON RETENTION FROM THE HOLSTER

ABILITY TO PERFORM WEAPON RETENTION FROM SHOOTING POSITION

ABILITY TO PERFORM WEAPON STRIP FROM SUBJECT IN SHOOTING POSITION

ABILITY TO PERFORM THE USE OF STRAIGHT BATON FROM THE FIELD INTERVIEW STANCE

ABILITY TO PERFORM THE USE OF STRAIGHT BATON FROM THE READY STANCE

ABILITY TO PERFORM THE USE OF STRAIGHT BATON USING THE FORWARD FLUID SHOCKWAVE STRIKE

ABILITY TO PERFORM THE USE OF STRAIGHT BATON USING THE FORWARD CUTTING STRIKE

ABILITY TO PERFORM THE USE OF STRAIGHT BATON USING THE BACKHAND STRIKE

ABILITY TO CLOSE THE BATON FROM THE STANDING POSITION

ABILITY TO CLOSE THE BATON FROM THE KNEELING POSITION

ABILITY TO OPEN AND USE THE BATON FROM THE CRISIS POSITION

ABILITY TO EXPLAIN WHEN TO USE BATON AND WHEN NOT TO USE BATON

ABILITY TO EXPLAIN WHAT O.C. STANDS FOR

ABILITY TO EXPLAIN WHEN TO USE O.C.

ABILITY TO EXPLAIN WHEN NOT TO USE O.C.

ABILITY TO EXPLAIN WHETHER TO USE O.C. ON A PATIENT OR NOT

ABILITY TO EXPLAIN THE EFFECTS OF O.C. ON A SUBJECT

ABILITY TO EXPLAIN THE DECONTAMINATION PROCEDURES

ABILITY TO VERBALLY DE-ESCALATE (CIT TRAINING/AGGRESSIVE BEHAVIOR TRAINING)

ABILITY TO APPLY RESTRAINTS

ABILITY TO POSITION PATIENT ON THE BED/CART

ABILITY TO LOOP THE CONNECTING STRAP AROUND THE BED FRAME

ABILITY TO PLACE THE PROPER COLORED CUFF ON THE PROPER LIMB (BLUE FOR WRISTS/RED FOR ANKLES, LOCKING)

ABILITY TO PASS TWO FINGERS BETWEEN THE RESTRAINT AND PATIENTS WRIST/ANKLE

ABILITY TO PASS DT TRAINING SCENARIOS ANNUALLY

- Able to act appropriately in an emergent or sentinel type of event

METHOD OF COMPETENCY VALIDATION:

- Return Demonstration
- Observation of Daily Work
- Post Test
- Mock Event/Simulation

- QI Monitors/Audits
- Peer Review
- Case Study
- Discussion Group

Competency Validated By: (Signature and credentials)

Chad Layton

Date 3/6/20

Developmental Needs identified: (See Performance Evaluation for related goals)

Associate Signature _____ Date _____

Instructor(s) Signature _____ Date _____

Evidence Based References/Resources (if applicable):



MOUNT CARMEL

A MEMBER OF  TRINITY HEALTH

Safety and Security Defensive Tactics / OC Repellant / ASP Baton Competency Form

Students Name (print): [REDACTED]
I.D. Number: [REDACTED]
Date: 3/5/20
Campus: St. Anns

1. Escort Position	<u>Pass</u>	Fail
2. Balance Displacement		
a. At the shoulder	<u>Pass</u>	Fail
b. Friction on the back	<u>Pass</u>	Fail
c. At the hip	<u>Pass</u>	Fail
3. Handcuffing		
a. Standing/Prone Position	<u>Pass</u>	Fail
b. Removing Handcuffs	<u>Pass</u>	Fail
4. Armbars/Wristlocks		
a. Transport Wristlock	<u>Pass</u>	Fail
b. Transport Wristlock Takedown to Handcuffs	<u>Pass</u>	Fail
c. Straight Arm bar	<u>Pass</u>	Fail
d. Straight Arm bar Takedown to Handcuffs	<u>Pass</u>	Fail
5. Weapon Retention Drills		
a. Holstered	<u>Pass</u>	Fail
b. Un-holstered	<u>Pass</u>	Fail
c. Stripping Weapon from Subject	<u>Pass</u>	Fail
6. Oleoresin Capsicum (OC)		
a. Nomenclature	<u>Pass</u>	Fail
b. Spray Patterns		
i. Balance/Movement/Verbal Commands/Control	<u>Pass</u>	Fail
ii. Up/Down	<u>Pass</u>	Fail
iii. Side to Side	<u>Pass</u>	Fail
iv. Circular	<u>Pass</u>	Fail
c. Decon Process	<u>Pass</u>	Fail

7. ASP Baton

a. Balance/Movement/Verbalization/Technique/Targeting	Pass	Fail
b. Ready Position	Pass	Fail
c. Closed Mode Weapon Strike	Pass	Fail
d. Closed Mode Reaction Strike	Pass	Fail
e. Closed Mode Straight Strike	Pass	Fail
f. Closed Mode Weapon/Reaction/Straight Strike	Pass	Fail
g. Opening the ASP Baton	Pass	Fail
h. Open Mode Weapon Strike	Pass	Fail
i. Open Mode Reaction Strike	Pass	Fail
j. Open Mode Straight Strike	Pass	Fail
k. Open Mode Weapon/Reaction/Straight Strike	Pass	Fail
l. Closing the ASP Baton/Transitioning to baton holster	Pass	Fail
m. Emergency Open Strike/Closing baton/holster	Pass	Fail

****If an Officer cannot close their baton, a recommendation needs to be forwarded to their Supervisor that an ASP Talon baton be issued to that Officer****

8. Scenario Based Training

a. Patient Wandering	Pass	Fail
b. Code Violet	Pass	Fail
c. Patient Restraint	Pass	Fail
d. Combative Patient Restraint	Pass	Fail
e. Pink Slip Patient	Pass	Fail
f. Suspicious Person(s)	Pass	Fail
g. Domestic Dispute	Pass	Fail
h. Elopement	Pass	Fail
i. Juvenile Patient Elopement via Parent/Guardian	Pass	Fail
j. GSW Patient	Pass	Fail
k. Property Search	Pass	Fail
l. Discharged Patient Refusing to Leave	Pass	Fail
m. Criminal Trespass	Pass	Fail

Grading Scale: **Passing = performs w/out prompting**
 Failed = needs prompting / repeated instruction, or cannot perform task

Student Signature and ID Number: _____

Instructors Signature and ID Number: Chad Taylor # 273267

Instructors Signature and ID Number: _____

ASP Basic Certification (ABC) EXPANDABLE BATON TRAINING

Information Sheet

(Please Print)

Date 3/6/20

Initial Certification

Recertification

First Name _____ Last Name _____

Home Address _____

City Lancaster State Ohio Province _____ Zip 43130

Telephone _____ E-mail Address _____

Employing Agency Mt. Carmel St. Ann's

Agency Address 500 S. Cleveland Ave

City Westerville State OH Province _____ Zip 43081

Agency Telephone (380) 898 4005 E-mail Address _____

Duty Status: Full Duty Restricted Duty

Has your agency adopted or authorized the use of the ASP Baton? _____

How many officers are in your agency? _____

Height 6'4 Weight 265 Age 49 Date of Birth 1/29/71

Have you been exercising? YES

Do you have any knee, back or health problems? YES

Are you on any medication? YES

Person to be notified in case of emergency:	
Name _____	Alternate (_____)
Phone _____	
Relationship <u>WIFE</u>	

Briefly describe any health problems: Recovering from Arthro Surgery, Torn Miniscus R+knee

Injury Check: 1A 1P

WAIVER

Release from Liability and Assumption of Risk Agreement

1) Intending that this Agreement be legally binding upon me, my heirs, executors, administrators, and assigns, I hereby waive, release, and forever discharge Armament Systems and Procedures, INC, and all of their agents, representatives, heirs, executors, administrators, successors and assigns, of and from any and all claims, demands, rights and causes of action of whatsoever kind and nature, arising from, and by reason of any and all known and unknown, foreseen and unforeseen physical and mental injuries and consequences thereof, suffered by me during any and all ASP Expandable Baton certification training activities.

2) In signing this Release, I assert that (a) I am presently in good physical and mental health; (b) I have no reason to believe that I am not in good physical and mental health; (c) I am fully aware of, and do acknowledge and assume all risk of injury inherent in my participation in this training seminar; (d) I have read and fully understand the terms and conditions of this Agreement.

This program is competency based. Mere participation does not automatically assure successful completion.

3/6/20
Date



ASP Basic Certification

WRITTEN EXAMINATION

1. A defensive tactic is evaluated by it's ability to:
 - a. Control v Injure
 - b. Maim v Destroy
 - c. Threaten v Control
 - d. React v Act
 - e. Demonstrate the Officers skill
2. The primary striking surface of an open ASP Baton is the:
 - a. Cap
 - b. Center of the shaft
 - c. Last 3" of the baton
 - d. First joint
 - e. Handle
3. The hand using the service firearm is the:
 - a. Weak hand
 - b. Contact hand
 - c. Weapon hand
 - d. Reaction hand
 - e. Support hand
4. The ASP baton should not be opened:
 - a. To the sky
 - b. To the ground
 - c. During a strike
 - d. To the side
 - e. Towards the threat
5. The two baton modes are:
 - a. Open and Closed
 - b. Interview and Combat
 - c. Weapon and Reaction
 - d. Concealed and Loaded
 - e. Ready and Extended
6. Which is not an ASP target area:
 - a. Center mass of the arms
 - b. Center mass of the legs
 - c. Center mass of the body
 - d. Groin or Sternum
 - e. The Weapon Delivery System
7. Targeting specific points violates which training principle:
 - a. Forgiving techniques
 - b. Fine motor skills
 - c. Spaced practice
 - d. Static training
 - e. Complex techniques
8. The ASP baton is always carried:
 - a. On the right side
 - b. In the front
 - c. On the reaction side
 - d. Tip down
 - e. Left side
9. The Reaction Strike is primarily a:
 - a. Strong strike
 - b. Closed strike
 - c. Clearance strike
 - d. Offensive strike
 - e. Initial strike
10. The most frequently used ASP strike is the:
 - a. Reaction strike
 - b. Weapon strike
 - c. Straight strike
 - d. Clearance strike
 - e. Reverse strike
11. When performing an Open Straight Strike, the Reaction Hand is:
 - a. Palm up on the shaft
 - b. Maintaining distance
 - c. Guarding the face
 - d. Palm down gripping the shaft
 - e. Executing a downward block
12. If the baton opens too easily:
 - a. Make the retaining clip smaller
 - b. Replace the o-ring
 - c. Widen the retaining clip
 - d. Remove the retaining clip
 - e. Lubricate the baton
13. The most common problem in opening the baton is:
 - a. Grip of the baton
 - b. Loose o-ring
 - c. Broken retaining clip
 - d. Operator error
 - e. Loose handle cap
14. Special Circumstances include:
 - a. Age
 - b. Size
 - c. Weapon proximity
 - d. Skill level
 - e. Mutiple Officers

15. ASP Weapon Side Strikes are intended to be performed at a:
- a. 45 degree angle
 - b. 180 degree angle
 - c. Horizontal angle
 - d. 90 degree angle
 - e. Vertical angle
16. When striking the ASP Baton is gripped with:
- a. The index finger and thumb
 - b. A loose flexible grip
 - c. Two fingers and the thumb
 - d. Full hand grip
 - e. Both hands
17. Officer/Subject factors include:
- a. Special knowledge
 - b. Imminent danger
 - c. Injury or exhaustion
 - d. Size
 - e. Officer on the ground
18. If the subject complies, the Officer doesn't not advance/strike
- a. True
 - b. False
19. The ASP Baton is designed to be
- a. An offensive weapon
 - b. A comealong device
 - c. A defensive weapon
 - d. A deadly force option
 - e. A restraining device
20. The principle goal of any arrest or physical confrontation is:
- a. Establishing control
 - b. Superior Officer skill
 - c. Subject safety
 - d. Documentation
 - e. Punishment

Graded By: Jennifer Hastings

ASP Written Exam: Pass Fail

Instructor: Chad Taylor

Date: 3/6/2020

Baton Basic Certification

TECHNIQUE PROFICIENCY CHECKLIST

- | | | |
|--------------------------------|---|--------------------------------|
| 1) Check: | Pass: <input checked="" type="checkbox"/> | Fail: <input type="checkbox"/> |
| 2) Redirection: | Pass: <input checked="" type="checkbox"/> | Fail: <input type="checkbox"/> |
| 3) Closed Mode Weapon Strike | Pass: <input checked="" type="checkbox"/> | Fail: <input type="checkbox"/> |
| 4) Closed Mode Reaction Strike | Pass: <input checked="" type="checkbox"/> | Fail: <input type="checkbox"/> |
| 5) Closed Mode Straight Strike | Pass: <input checked="" type="checkbox"/> | Fail: <input type="checkbox"/> |
| 6) Opening the Baton | Pass: <input checked="" type="checkbox"/> | Fail: <input type="checkbox"/> |
| 7) Open Mode Weapon Strike | Pass: <input checked="" type="checkbox"/> | Fail: <input type="checkbox"/> |
| 8) Open Mode Reaction Strike | Pass: <input checked="" type="checkbox"/> | Fail: <input type="checkbox"/> |
| 9) Open Mode Straight Strike | Pass: <input checked="" type="checkbox"/> | Fail: <input type="checkbox"/> |
| 10) Closing the Baton | Pass: <input checked="" type="checkbox"/> | Fail: <input type="checkbox"/> |

TECHNIQUE PROFICIENCY

PASS:

FAIL:

COUNSELED: _____

CERTIFICATION APPROVED:

CERTIFICATION DENIED: _____

INSTRUCTOR: _____

Chris Taylor # B-41764

DATE: 3/6/20



3/6/20
Mt. Carmel St Ann

OC Test
Mount Carmel Health System
Safety and Security

100
OK
P

- 1.) What does OC stand for?
 - A. Orange Crush
 - B. Ocean Crust
 - C. Oleoresin Capsicum

- 2.) What is the average expiration date on an OC canister?
 - A. 1-2 years
 - B. 3-4 years
 - C. 4-5 years

- 3.) How often should you check your OC spray for adequate spray strength?
 - A. 30 days
 - B. 60 days
 - C. 90 days

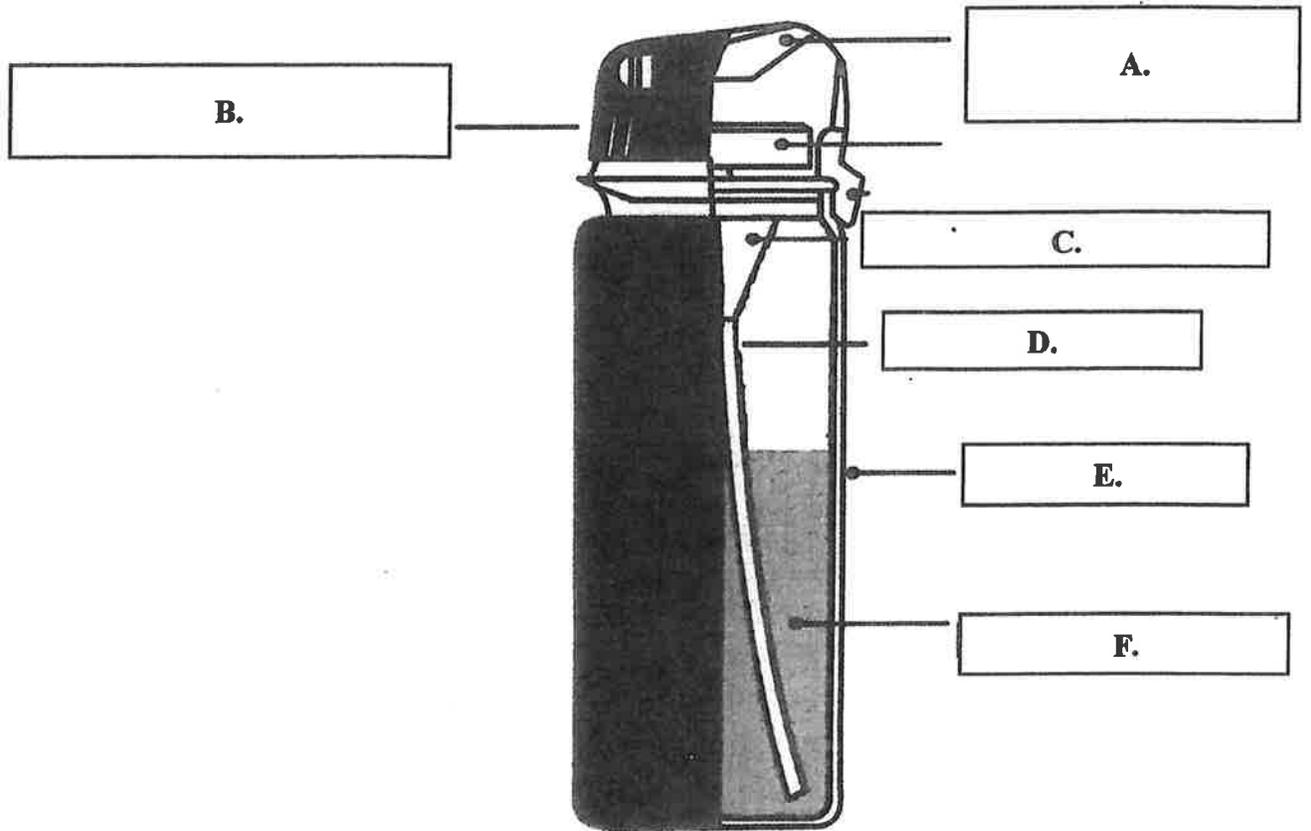
- 4.) How long of a burst should you use on a threat?
 - A. 1-2 seconds
 - B. 2-4 seconds
 - C. Empty the entire can

- 5.) What is Oleoresin Capsicum commonly known as?
 - A. Mace
 - B. Pepper Spray
 - C. Gas

- 6.) When deploying OC, what area of the body should you deploy the OC towards?
 - A. Arms
 - B. Chest
 - C. Face and eyes

- 7.) After using OC on a subject, what should you immediately do with the subject?
 - A. Leave lying on the ground.
 - B. Remove from contaminated area
 - C. Spray again

- 8.) What is the second step in the decontamination process?
A. Spray them again
B. Tell them to stop crying like a baby
 C. Offer verbal rapport to the subject
- 9.) What is the third step of the decontamination process?
 A. Expose subject to fresh air
B. Throw the subject a bottle of water
C. Stand there and record them with your cellphone
- 10.) What is the best way to flush the eyes?
A. Using milk
B. Rubbing eyes continually
 C. Water
- 11.) What type of agent is OC?
A. Glue
B. Cleaning Fluid
 C. Inflammatory
- 12.) What is the main ingredient of OC?
A. Water
 B. Cayenne Pepper
C. Powder
- 13.) Does CMS (Center for Medicaid/Medicare System) guidelines allow for OC to be used on a PATIENT?
A. Yes
 B. No
C. Only if they deserve it.
- 14.) List the nomenclature of a canister of OC
- A. Flip top
- B. Actuator Nozzle
- C. Valve Assembly
- D. Tube
- E. Canister
- F. Formulation



Name: [REDACTED]
Campus: St. Johns
Date: 3/6/20

(P)
Cox

HANDCUFFING TEST

- 1.) WHEN TO USE HANDCUFFS?
 - A.) ON A VIOLENT PATIENT
 - B.) AFTER COMMITTING A FELONY IN YOUR PRESENCE
 - C.) ON VIOLENT INDIVIDUALS WHO POSE AN IMMEDIATE THREAT TO STAFF, VISITORS, PATIENTS, OR YOURSELF
 - D.) ALL OF THE ABOVE
 - E.) BOTH B AND C

- 2.) CMS ALLOWS YOU TO HANDCUFF PATIENTS?
 - A.) TRUE
 - B.) FALSE

- 3.) WHAT ACTIONS NEED TO OCCUR AFTER THE USE OF HANDCUFFS?
 - A.) INCIDENT REPORT AND VOICE
 - B.) LOCAL POLICE, SIR, AND VOICE
 - C.) SUPERVISOR, LOCAL POLICE, SIR, AND VOICE

- 4.) SECURITY IS ABLE TO HANDCUFF TO A STATIONARY OBJECT?
 - A.) TRUE
 - B.) FALSE

Mount Carmel Health System
Competency Assessment
Safety & Security

DEFENSIVE TACTICS/HANDCUFFING/STRAIGHT BATON/O.C. REPELLANT/DE-ESCALATION/RESTRAINTS

Associate Name:

ID Number:

Job Title:

Security

High Risk Low Volume Problem Prone New Equipment/Service Process Change

CARING COMPONENTS:

Demonstrates service excellence behavior

KNOWLEDGE AND SKILL COMPONENTS:

- ABILITY TO EXPLAIN THE USE OF FORCE CONTINUUM
- ABILITY TO PERFORM BALANCE DISPLACEMENT AT THE HIP
- ABILITY TO PERFORM BALANCE DISPLACEMENT ON THE BACK
- ABILITY TO PERFORM BALANCE DISPLACEMENT AT THE SHOULDER
- ABILITY TO PERFORM A TRANSPORT WRIST LOCK TO BOTH THE RIGHT AND LEFT SIDE
- ABILITY TO PERFORM A STRAIGHT ARM BAR TO BOTH THE RIGHT AND LEFT SIDE
- ABILITY TO USE HANDCUFFS IN THE STANDING METHOD
- ABILITY TO USE HANDCUFFS FROM THE KNEELING POSITION
- ABILITY TO REMOVE HANDCUFFS
- ABILITY TO UNDERSTAND WHEN TO PLACE HANDCUFFS ON SUBJECT
- ABILITY TO PERFORM SEPERATION FROM SUBJECT GRABBING
- ABILITY TO PERFORM PEELING OF THE HAND(S) OF SUBJECT DURING A GRAB
- ABILITY TO PERFORM SEPERATION FROM A FINGER JAB
- ABILITY TO PERFORM PEELING OF FINGER(S)/HAND(S) DURING A FINGER JAB
- ABILITY TO PERFORM A SCARF POSITION ON SUBJECT
- ABILITY TO PERFORM A SIT OUT MANEUVER DURING THE SCARF
- ABILITY TO PERFORM A MOUNT POSITION ON A SUBJECT
- ABILITY TO MAINTAIN CONTROL OF SUBJECT WHILE IN THE MOUNTED POSITION
- ABILITY TO ESCAPE A MOUNT POSITION FROM A SUBJECT
- ABILITY TO PERFORM A GUARD POSITION ON A SUBJECT
- ABILITY TO ESCAPE A GUARD POSITION FROM A SUBJECT
- ABILITY TO PERFORM WEAPON RETENTION FROM THE HOLSTER
- ABILITY TO PERFORM WEAPON RETENTION FROM SHOOTING POSITION
- ABILITY TO PERFORM WEAPON STRIP FROM SUBJECT IN SHOOTING POSITION
- ABILITY TO PERFORM THE USE OF STRAIGHT BATON FROM THE FIELD INTERVIEW STANCE
- ABILITY TO PERFORM THE USE OF STRAIGHT BATON FROM THE READY STANCE
- ABILITY TO PERFORM THE USE OF STRAIGHT BATON USING THE FORWARD FLUID SHOCKWAVE STRIKE
- ABILITY TO PERFORM THE USE OF STRAIGHT BATON USING THE FORWARD CUTTING STRIKE
- ABILITY TO PERFORM THE USE OF STRAIGHT BATON USING THE BACKHAND STRIKE
- ABILITY TO CLOSE THE BATON FROM THE STANDING POSITION
- ABILITY TO CLOSE THE BATON FROM THE KNEELING POSITION
- ABILITY TO OPEN AND USE THE BATON FROM THE CRISIS POSITION
- ABILITY TO EXPLAIN WHEN TO USE STRAIGHT BATON AND WHEN NOT TO USE STRAIGHT BATON
- ABILITY TO EXPLAIN WHAT O.C. STANDS FOR
- ABILITY TO EXPLAIN WHEN TO USE O.C.
- ABILITY TO EXPLAIN WHEN NOT TO USE O.C.
- ABILITY TO EXPLAIN WHETHER TO USE O.C. ON A PATIENT OR NOT
- ABILITY TO EXPLAIN THE EFFECTS OF O.C. ON A SUBJECT
- ABILITY TO EXPLAIN THE DECONTAMINATION PROCEDURES
- ABILITY TO VERBALLY DE-ESCALATE (CIT TRAINING/AGGRESSIVE BEHAVIOR TRAINING)
- ABILITY TO APPLY RESTRAINTS
- ABILITY TO POSITION PATIENT ON THE BED/CART

- ABILITY TO LOOP THE CONNECTING STRAP AROUND THE BED FRAME
- ABILITY TO PLACE THE PROPER COLORED CUFF ON THE PROPER LIMB (BLUE FOR WRISTS/RED FOR ANKLES, LOCKING)
- ABILITY TO PASS ONE FINGER BETWEEN THE RESTRAINT AND PATIENTS WRIST/ANKLE
- ABILITY TO PLACE PATIENT INTO POSEY VEST
- ABILITY TO SECURE POSEY VEST STRAPS TO THE BED FRAME
- ABILITY TO PASS DT TRAINING SCENARIOS ANNUALLY
- Able to act appropriately in an emergent or sentinel type of event

METHOD OF COMPETENCY VALIDATION:

- Return Demonstration
- Observation of Daily Work
- Post Test
- Mock Event/Simulation

- QI Monitors/Audits
- Peer Review
- Case Study
- Discussion Group

Competency Validated By: (Signature and credentials) *Chad Taylor* Date 12/17/2018

Developmental Needs identified: (See Performance Evaluation for related goals)

Associate Signature _____ Date _____ Instructor(s) Signature _____ Date _____

Evidence Based References/Resources (if applicable):

Defensive Tactics / Impact Weapon
Competency Form

STUDENTS NAME: _____

INSTRUCTORS: Chad Taylor

Chad Taylor
12/17/18

JOINT LOCKS

1. BALANCE DISPLACEMENT TECHNIQUE

(At the hip)

- | | | | |
|---|---|---|---|
| a. Starts from Escort Position | S | A | F |
| b. Removes hand from Triceps and places it on rear waist of suspect | S | A | F |
| c. Presses hand forward and downward, displacing balance | S | A | F |
| d. Suspect steps in desired direction | S | A | F |

Comments: _____

(Friction on the Back)

- | | | | |
|--|---|---|---|
| a. Starts from Escort Position | S | A | F |
| b. Places hand in the middle of suspect's back and presses forward | S | A | F |
| c. Moves hand in random manner, forcing steps in desired direction | S | A | F |

Comments: _____

(Random Motion at the Shoulder)

- | | | | |
|--|---|---|---|
| a. Starts from the Escort Position | S | A | F |
| b. Continually moves suspect's arm in a random manner | S | A | F |
| c. Suspect is off balance and moves in desired direction | S | A | F |

Comments: _____

2. TRANSPORT WRIST LOCK

- | | | | |
|--------------------------------------|---|---|---|
| e. Elbow tucked between arm and body | S | A | F |
| f. Forearm elevation | S | A | F |
| g. Wrist hyperextension | S | A | F |
| h. To the ground | S | A | F |

Comments: _____

3. STRAIGHT ARM BAR

- i. Decentralize the center of gravity
- j. Maintain control over subject's arm
- k. Maintained balance while lowering center for takedown
- l. To the ground
- m. Control for handcuffing procedure



A	F
A	F
A	F
A	F
A	F

Comments: _____

HANDCUFFING

4. STANDING METHOD

- a. Approach is from rear
- b. Simultaneous Control at application, thumb lock/cuff push
- c. Position maintained with the flip under technique
- d. Second cuff applied without loss of control

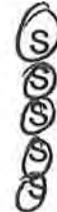


A	F
A	F
A	F
A	F

Comments: _____

5. TAKEDOWN FROM KNEELING POSITION

- e. All slack is removed from cuffed hand
- f. Decentralized towards the 2.5 position
- g. Iron wrist lock is applied simultaneously with decentralized pull
- h. Straight arm applied after proning the target
- i. Second cuff applied without loss of control



A	F
A	F
A	F
A	F
A	F

Comments: _____

6. REMOVING HANDCUFFS

- a. Officer Instructs suspect he is going to be de-cuffed
- b. Suspect is told to leave uncuffed hand on his hip
- c. Open handcuff closed immediately and put in weak hand
- d. Officer steps to rear 45 degrees while holding cuff at arms length
- e. Second cuff is removed



A	F
A	F
A	F
A	F
A	F

Defensive Counter Manuevers

7. GRABBING

- a. Seperation
- b. Verbal Commands
- c. Peeling the hand(s)
 - 1. Outside/In
 - 2. Inside/Out

S	A	F
S	A	F
S	A	F
S	A	F
S	A	F

Comments: _____

8. FINGER POKES

- a. Seperation
- b. Verbal Commands
- c. Peeling the fingers/hands
- d. Second Responding Officer Action

S	A	F
S	A	F
S	A	F
S	A	F

Comments: _____

Ground Techniques

9. Scarf Position (Left/Right)

- a. From the side/cross mount position
- b. Perform a sit out maneuver
- c. Right leg ends at 10 o'clock position
- d. Keep hips off of the ground
- e. Left foot is at 8 o'clock position
- f. Right arm around subjects neck/head
- g. Left arm and hand secures subjects arm
- h. Pin your chest to subjects chest

S	A	F
S	A	F
S	A	F
S	A	F
S	A	F
S	A	F
S	A	F
S	A	F

Comments: _____

10. Mounted Position

- a. Knees slide up
- b. Feet are used to feel where hips
- c. Moving to control positions

S	A	F
S	A	F
S	A	F

Comments: _____

Grading Scale: S = Satisfactory (performs w/out prompting)
 A = Acceptable (performs with minimal prompting)
 F = Failed (needs prompting / repeated instruction, or can not perform task)



Box 1794 · Appleton, WI 54912 · (920) 735-6242 · Fax (920) 735-6245 · asp-usa.com

ASP Basic Certification (ABC) EXPANDABLE BATON TRAINING

Information Sheet

(Please Print)

Date 12-17-18

Initial Certification Recertification

First Name Dexter Last Name Josay

Home Address [REDACTED]

City Reynoldsburg State OH Province _____ Zip 43068

Telephone [REDACTED] E-mail Address _____

Employing Agency Mount Carmel St Ann's

Agency Address 500 S Cleveland

City Westerville State OH Province _____ Zip 43081

Agency Telephone (380) 898-4000 E-mail Address _____

Duty Status: Full Duty Restricted Duty

Has your agency adopted or authorized the use of the ASP Baton? yes

How many officers are in your agency? 17

Height 6 Weight 195 Age 36 Date of Birth 7-14-82

Have you been exercising? yes

Do you have any knee, back or health problems? No

Are you on any medication? No

Person to be notified in case of emergency:

Name Latia Ogden

Phone [REDACTED] Alternate (_____)

Relationship Girlfriend

Briefly describe any health problems: _____ Injury Check: 1A 1P

WAIVER

Release from Liability and Assumption of Risk Agreement

1) Intending that this Agreement be legally binding upon me, my heirs, executors, administrators, and assigns, I hereby waive, release, and forever discharge Armament Systems and Procedures, INC, and all of their agents, representatives, heirs, executors, administrators, successors and assigns, of and from any and all claims, demands, rights and causes of action of whatsoever kind and nature, arising from, and by reason of any and all known and unknown, foreseen and unforeseen physical and mental injuries and consequences thereof, suffered by me during any and all ASP Expandable Baton certification training activities.

2) In signing this Release, I assert that (a) I am presently in good physical and mental health; (b) I have no reason to believe that I am not in good physical and mental health; (c) I am fully aware of, and do acknowledge and assume all risk of injury inherent in my participation in this training seminar; (d) I have read and fully understand the terms and conditions of this Agreement.

This program is competency based. Mere participation does not automatically assure successful completion.

12-17-18
Date

Dexter Josay
Signed

Baton Basic Certification

WRITTEN EXAMINATION

For each question below, circle the option that is the most correct.

- A defensive tactic is evaluated by its ability to:
 a) Control v Injure
 b) Maim v Destroy
 c) Threaten v Control
 d) React v Act
 e) Demonstrate the officer's skill
- The primary striking surface of an open ASP Baton is the:
 a) Cap
 b) Center of the shaft
 c) Last 3" of the baton
 d) First joint
 e) Handle
- The hand using the service firearm is the:
 a) Weak Hand
 b) Contact Hand
 c) Weapon Hand
 d) Reaction Hand
 e) Support Hand
- The ASP Baton should **not** be opened:
 a) To the sky
 b) To the ground
 c) During a strike
 d) To the side
 e) Towards the threat
- The two baton modes are:
 a) Open and Closed
 b) Interview and Combat
 c) Weapon and Reaction
 d) Concealed and Loaded
 e) Ready and Extended
- Which is **not** an ASP Target area:
 a) Center mass of the arms
 b) Center mass of the legs
 c) Center mass of the body
 d) Groin or sternum
 e) The Weapon Delivery System
- Targeting specific points violates which training principle:
 a) Forgiving techniques
 b) Fine motor skills
 c) Spaced practice
 d) Static training
 e) Complex techniques
- The ASP Baton is **always** carried:
 a) On the right side
 b) In the front
 c) On the Reaction Side
 d) Tip down
 e) On the left side
- The Reaction Strike is primarily a:
 a) Strong strike
 b) Closed strike
 c) Clearance strike
 d) Offensive strike
 e) Initial strike
- The most frequently used ASP strike is the:
 a) Reaction Strike
 b) Weapon Strike
 c) Straight Strike
 d) Clearance Strike
 e) Reverse Strike
- When performing an Open Straight Strike, the Reaction Hand is:
 a) Palm up on the shaft
 b) Maintaining distance
 c) Guarding the face
 d) Palm down gripping the shaft
 e) Executing a downward block
- If the baton opens too easily:
 a) Make the retaining clip smaller
 b) Replace the o-ring
 c) Widen the retaining clip
 d) Remove the retaining clip
 e) Lubricate the baton
- The most common problem in opening the baton is:
 a) Grip of the baton
 b) Loose o-ring
 c) Broken retaining clip
 d) Operator error
 e) Loose handle cap
- Officer-Subject Factors do not include:
 a) Age
 b) Size
 c) Weapon proximity
 d) Skill level
 e) Multiple officers
- ASP Weapon Side Strikes are intended to be performed at a:
 a) 45 degree angle
 b) 180 degree angle
 c) Horizontal angle
 d) 90 degree angle
 e) Vertical angle
- When striking, the ASP Baton is gripped with:
 a) The index finger and thumb
 b) A loose flexible grip
 c) Two fingers and the thumb
 d) Full hand grip
 e) Both hands
- Special circumstances do not include:
 a) Special knowledge
 b) Imminent danger
 c) Injury or exhaustion
 d) Size
 e) Officer on the ground
- Safety is the ultimate responsibility of the:
 a) Student
 b) Training partner
 c) Course coordinator
 d) Instructor
 e) Administrative officer
- The ASP Baton is **designed** to be:
 a) An offensive weapon
 b) A comealong device
 c) A defensive weapon
 d) A deadly force option
 e) A restraining device
- The principle goal of any arrest or physical confrontation is:
 a) Establishing control
 b) Superior officer skill
 c) Subject safety
 d) Documentation
 e) Punishment

- Each question is worth five (5) points.
- The minimum acceptable score is 80% (16 correct).

FINAL SCORE: 100% GRADED BY: [REDACTED]
ASP WRITTEN EXAM: ACCEPTABLE NOT ACCEPTABLE
COUNSELED _____
INSTRUCTOR: Chad Taylor B-41764 DATE: 12/17/2018

Baton Basic Certification

TECHNIQUE PROFICIENCY CHECKLIST

The following checklist is designed to assist you and the ASP Instructor in evaluating your performance of ASP Techniques. Those components of the technique that are acceptable are checked.

- | | |
|--|--|
| <p>1) Check</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Balance <input checked="" type="checkbox"/> Movement <input checked="" type="checkbox"/> Verbalization <input checked="" type="checkbox"/> Technique <input checked="" type="checkbox"/> Target | <p>6) Opening the Baton</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Balance <input checked="" type="checkbox"/> Movement <input checked="" type="checkbox"/> Verbalization <input checked="" type="checkbox"/> Technique <input checked="" type="checkbox"/> Target |
| <p>2) Redirection</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Balance <input checked="" type="checkbox"/> Movement <input checked="" type="checkbox"/> Verbalization <input checked="" type="checkbox"/> Technique <input checked="" type="checkbox"/> Target | <p>7) Open Mode Weapon Strike</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Balance <input checked="" type="checkbox"/> Movement <input checked="" type="checkbox"/> Verbalization <input checked="" type="checkbox"/> Technique <input checked="" type="checkbox"/> Angle <input checked="" type="checkbox"/> Target |
| <p>3) Closed Mode Weapon Strike</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Balance <input checked="" type="checkbox"/> Movement <input checked="" type="checkbox"/> Verbalization <input checked="" type="checkbox"/> Technique <input checked="" type="checkbox"/> Angle <input checked="" type="checkbox"/> Target | <p>8) Open Mode Reaction Strike</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Balance <input checked="" type="checkbox"/> Movement <input checked="" type="checkbox"/> Verbalization <input checked="" type="checkbox"/> Technique <input checked="" type="checkbox"/> Target |
| <p>4) Closed Mode Reaction Strike</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Balance <input checked="" type="checkbox"/> Movement <input checked="" type="checkbox"/> Verbalization <input checked="" type="checkbox"/> Technique <input checked="" type="checkbox"/> Angle <input checked="" type="checkbox"/> Target | <p>9) Open Mode Straight Strike</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Balance <input checked="" type="checkbox"/> Movement <input checked="" type="checkbox"/> Verbalization <input checked="" type="checkbox"/> Technique <input checked="" type="checkbox"/> Target |
| <p>5) Closed Mode Straight Strike</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Balance <input checked="" type="checkbox"/> Movement <input checked="" type="checkbox"/> Verbalization <input checked="" type="checkbox"/> Technique <input checked="" type="checkbox"/> Target | <p>10) Closing the Baton</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Balance <input checked="" type="checkbox"/> Movement <input checked="" type="checkbox"/> Technique |

- A check mark indicates an acceptable observed action.
- Three of the components must be acceptable for a passing score.
- Each technique must have a passing score for certification.
- The minimum passing score is 100% (10 techniques).

TECHNIQUE PROFICIENCY: ACCEPTABLE NOT ACCEPTABLE

COUNSELED _____

INSTRUCTOR Chad Caylor B-41764 DATE 12/17/18

WRITTEN EXAMINATION
TECHNIQUE PROFICIENCY CHECKLIST

✓

COMMENTS:

Certification Approved

Certification Denied

INSTRUCTOR

Chad Taylor

AIC

B-41764

OC Test
Mount Carmel Health System
Safety and Security

Dexter Jasey
12-17-18

-0
10070
Dexter Jasey

- 1.) What does OC stand for?
 - A. Orange Crush
 - B. Ocean Crust
 - C. Oleoresin Capsicum

- 2.) What is the average expiration date on an OC canister?
 - A. 1-2 years
 - B. 3-4 years
 - C. 4-5 years

- 3.) How often should you check your OC spray for adequate spray strength?
 - A. 30 days
 - B. 60 days
 - C. 90 days

- 4.) How long of a burst should you use on a threat?
 - A. 1-2 seconds
 - B. 2-4 seconds
 - C. Empty the entire can

- 5.) What is Oleoresin Capsicum commonly known as?
 - A. Mace
 - B. Pepper Spray
 - C. Gas

- 6.) When deploying OC, what area of the body should you deploy the OC towards?
 - A. Arms
 - B. Chest
 - C. Face and eyes

- 7.) After using OC on a subject, what should you immediately do with the subject?
 - A. Leave lying on the ground.
 - B. Remove from contaminated area
 - C. Spray again

- 8.) What is the second step in the decontamination process?
- A. Spray them again
 - B. Tell them to stop crying like a baby
 - C. Offer verbal rapport to the subject
- 9.) What is the third step of the decontamination process?
- A. Expose subject to fresh air
 - B. Throw the subject a bottle of water
 - C. Stand there and record them with your cellphone
- 10.) What is the best way to flush the eyes?
- A. Using milk
 - B. Rubbing eyes continually
 - C. Water
- 11.) What type of agent is OC?
- A. Glue
 - B. Cleaning Fluid
 - C. Inflammatory
- 12.) What is the main ingredient of OC?
- A. Water
 - B. Cayenne Pepper
 - C. Powder
- 13.) Does CMS (Center for Medicaid/Medicare System) guidelines allow for OC to be used on a PATIENT?
- A. Yes
 - B. No
 - C. Only if they deserve it.

Name: Decker Jessy
Campus: St Ann's
Date: 12-17-18

-0
100%
Chad Taylor

HANDCUFFING TEST

1.) WHEN TO USE HANDCUFFS?

- A.) ON A VIOLENT PATIENT
- B.) AFTER COMMITTING A FELONY IN YOUR PRESENCE
- C.) ON VIOLENT INDIVIDUALS WHO POSE AN IMMEDIATE THREAT TO STAFF, VISITORS, PATIENTS, OR YOURSELF
- D.) ALL OF THE ABOVE
- E.) BOTH B AND C

2.) CMS ALLOWS YOU TO HANDCUFF PATIENTS?

- A.) TRUE
- B.) FALSE

3.) WHAT ACTIONS NEED TO OCCUR AFTER THE USE OF HANDCUFFS?

- A.) INCIDENT REPORT AND VOICE
- B.) LOCAL POLICE, SIR, AND VOICE
- C.) SUPERVISOR, LOCAL POLICE, SIR, AND VOICE

4.) SECURITY IS ABLE TO HANDCUFF TO A STATIONARY OBJECT?

- A.) TRUE
- B.) FALSE

Mount Carmel Health System
Competency Assessment
Safety & Security

DEFENSIVE TACTICS/HANDCUFFING/STRAIGHT BATON/O.C. REPELLANT/DE-ESCALATION/RESTRAINTS

Associate Name:

ID Number:

Job Title:

[REDACTED]

[REDACTED]

Security

- High Risk Low Volume Problem Prone New Equipment/Service Process Change

CARING COMPONENTS:

Demonstrates service excellence behavior

KNOWLEDGE AND SKILL COMPONENTS:

ABILITY TO EXPLAIN THE USE OF FORCE CONTINUUM

ABILITY TO PERFORM BALANCE DISPLACEMENT AT THE HIP

ABILITY TO PERFORM BALANCE DISPLACEMENT ON THE BACK

ABILITY TO PERFORM BALANCE DISPLACEMENT AT THE SHOULDER

ABILITY TO PERFORM A TRANSPORT WRIST LOCK TO BOTH THE RIGHT AND LEFT SIDE

ABILITY TO PERFORM A STRAIGHT ARM BAR TO BOTH THE RIGHT AND LEFT SIDE

ABILITY TO USE HANDCUFFS IN THE STANDING METHOD

ABILITY TO USE HANDCUFFS FROM THE KNEELING POSITION

ABILITY TO REMOVE HANDCUFFS

ABILITY TO UNDERSTAND WHEN TO PLACE HANDCUFFS ON SUBJECT

ABILITY TO PERFORM SEPERATION FROM SUBJECT GRABBING

ABILITY TO PERFORM PEELING OF THE HAND(S) OF SUBJECT DURING A GRAB

ABILITY TO PERFORM SEPERATION FROM A FINGER JAB

ABILITY TO PERFORM PEELING OF FINGER(S)/HAND(S) DURING A FINGER JAB

ABILITY TO PERFORM A SCARF POSITION ON SUBJECT

ABILITY TO PERFORM A SIT OUT MANEUVER DURING THE SCARF

ABILITY TO PERFORM A MOUNT POSITION ON A SUBJECT

ABILITY TO MAINTAIN CONTROL OF SUBJECT WHILE IN THE MOUNTED POSITION

ABILITY TO ESCAPE A MOUNT POSITION FROM A SUBJECT

ABILITY TO PERFORM A GUARD POSITION ON A SUBJECT

ABILITY TO ESCAPE A GUARD POSITION FROM A SUBJECT

ABILITY TO PERFORM WEAPON RETENTION FROM THE HOLSTER

ABILITY TO PERFORM WEAPON RETENTION FROM SHOOTING POSITION

ABILITY TO PERFORM WEAPON STRIP FROM SUBJECT IN SHOOTING POSITION

ABILITY TO PERFORM THE USE OF STRAIGHT BATON FROM THE FIELD INTERVIEW STANCE

ABILITY TO PERFORM THE USE OF STRAIGHT BATON FROM THE READY STANCE

ABILITY TO PERFORM THE USE OF STRAIGHT BATON USING THE FORWARD FLUID SHOCKWAVE STRIKE

ABILITY TO PERFORM THE USE OF STRAIGHT BATON USING THE FORWARD CUTTING STRIKE

ABILITY TO PERFORM THE USE OF STRAIGHT BATON USING THE BACKHAND STRIKE

ABILITY TO CLOSE THE BATON FROM THE STANDING POSITION

ABILITY TO CLOSE THE BATON FROM THE KNEELING POSITION

ABILITY TO OPEN AND USE THE BATON FROM THE CRISIS POSITION

ABILITY TO EXPLAIN WHEN TO USE STRAIGHT BATON AND WHEN NOT TO USE STRAIGHT BATON

ABILITY TO EXPLAIN WHAT O.C. STANDS FOR

ABILITY TO EXPLAIN WHEN TO USE O.C.

ABILITY TO EXPLAIN WHEN NOT TO USE O.C.

ABILITY TO EXPLAIN WHETHER TO USE O.C. ON A PATIENT OR NOT

ABILITY TO EXPLAIN THE EFFECTS OF O.C. ON A SUBJECT

ABILITY TO EXPLAIN THE DECONTAMINATION PROCEDURES

ABILITY TO VERBALLY DE-ESCALATE (CIT TRAINING/AGGRESSIVE BEHAVIOR TRAINING)

ABILITY TO APPLY RESTRAINTS

ABILITY TO POSITION PATIENT ON THE BED/CART

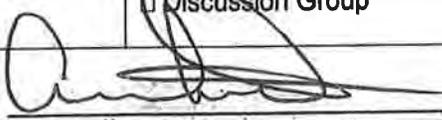
- ABILITY TO LOOP THE CONNECTING STRAP AROUND THE BED FRAME
- ABILITY TO PLACE THE PROPER COLORED CUFF ON THE PROPER LIMB (BLUE FOR WRISTS/RED FOR ANKLES, LOCKING)
- ABILITY TO PASS ONE FINGER BETWEEN THE RESTRAINT AND PATIENTS WRIST/ANKLE
- ABILITY TO PLACE PATIENT INTO POSEY VEST
- ABILITY TO SECURE POSEY VEST STRAPS TO THE BED FRAME
- ABILITY TO PASS DT TRAINING SCENARIOS ANNUALLY

- Able to act appropriately in an emergent or sentinel type of event

METHOD OF COMPETENCY VALIDATION:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Return Demonstration
<input checked="" type="checkbox"/> Observation of Daily Work
<input type="checkbox"/> Post Test
<input checked="" type="checkbox"/> Mock Event/Simulation | <input type="checkbox"/> QI Monitors/Audits
<input checked="" type="checkbox"/> Peer Review
<input type="checkbox"/> Case Study
<input type="checkbox"/> Discussion Group |
|--|--|

Competency Validated By: (Signature and credentials)



Date 10 Nov 17

Developmental Needs identified: (See Performance Evaluation for related goals)

Associate Signature _____ Date _____ Instructor(s) Signature _____ Date _____

Evidence Based References/Resources (if applicable):

Defensive Tactics / Impact Weapon
Competency Form

STUDENTS NAME: _____



Saint Ann's

INSTRUCTORS: _____

JOINT LOCKS

1. BALANCE DISPLACEMENT TECHNIQUE

(At the hip)

- | | | | |
|---|-----|---|---|
| a. Starts from Escort Position | (S) | A | F |
| b. Removes hand from Triceps and places it on rear waist of suspect | (S) | A | F |
| c. Presses hand forward and downward, displacing balance | (S) | A | F |
| d. Suspect steps in desired direction | (S) | A | F |

Comments: _____

(Friction on the Back)

- | | | | |
|--|-----|---|---|
| a. Starts from Escort Position | (S) | A | F |
| b. Places hand in the middle of suspect's back and presses forward | (S) | A | F |
| c. Moves hand in random manner, forcing steps in desired direction | (S) | A | F |

Comments: _____

(Random Motion at the Shoulder)

- | | | | |
|--|-----|---|---|
| a. Starts from the Escort Position | (S) | A | F |
| b. Continually moves suspect's arm in a random manner | (S) | A | F |
| c. Suspect is off balance and moves in desired direction | (S) | A | F |

Comments: _____

2. TRANSPORT WRIST LOCK

- | | | | |
|--------------------------------------|-----|---|---|
| e. Elbow tucked between arm and body | (S) | A | F |
| f. Forearm elevation | (S) | A | F |
| g. Wrist hyperextension | (S) | A | F |
| h. To the ground | (S) | A | F |

Comments: _____

3. STRAIGHT ARM BAR

- i. Decentralize the center of gravity
- j. Maintain control over subject's arm
- k. Maintained balance while lowering center for takedown
- l. To the ground
- m. Control for handcuffing procedure

S	A	F
S	A	F
S	A	F
S	A	F
S	A	F

Comments: _____

HANDCUFFING

4. STANDING METHOD

- a. Approach is from rear
- b. Simultaneous Control at application, thumb lock/cuff push
- c. Position maintained with the flip under technique
- d. Second cuff applied without loss of control

S	A	F
S	A	F
S	A	F
S	A	F

Comments: _____

5. TAKEDOWN FROM KNEELING POSITION

- e. All slack is removed from cuffed hand
- f. Decentralized towards the 2.5 position
- g. Iron wrist lock is applied simultaneously with decentralized pull
- h. Straight arm applied after proning the target
- i. Second cuff applied without loss of control

S	A	F
S	A	F
S	A	F
S	A	F
S	A	F

Comments: _____

6. REMOVING HANDCUFFS

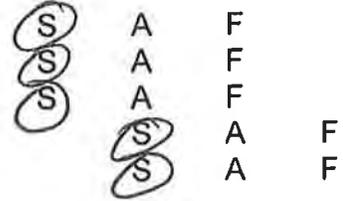
- a. Officer Instructs suspect he is going to be de-cuffed
- b. Suspect is told to leave uncuffed hand on his hip
- c. Open handcuff closed immediately and put in weak hand
- d. Officer steps to rear 45 degrees while holding cuff at arms length
- e. Second cuff is removed

S	A	F
S	A	F
S	A	F
S	A	F
S	A	F

Defensive Counter Maneuvers

7. GRABBING

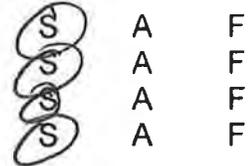
- a. Separation
- b. Verbal Commands
- c. Peeling the hand(s)
 - 1. Outside/In
 - 2. Inside/Out



Comments: _____

8. FINGER POKES

- a. Separation
- b. Verbal Commands
- c. Peeling the fingers/hands
- d. Second Responding Officer Action



Comments: _____

Ground Techniques

9. Scarf Position (Left/Right)

- a. From the side/cross mount position
- b. Perform a sit out maneuver
- c. Right leg ends at 10 o'clock position
- d. Keep hips off of the ground
- e. Left foot is at 8 o'clock position
- f. Right arm around subjects neck/head
- g. Left arm and hand secures subjects arm
- h. Pin your chest to subjects chest



Comments: _____

10. Mounted Position

- a. Knees slide up
- b. Feet are used to feel where hips
- c. Moving to control positions

	A	F
	A	F
	A	F

Mounted Position – subject sits back

- a. Protect Face
- b. Reach Up and Grab
- c. Pull Subject to you/ pull yourself to subject
- d. Two arm body lock (bear hug)
- e. Slide down toward waist
- f. Place foot flat on floor
- g. Stomp foot and turn subject

	A	F
	A	F
	A	F
	A	F
	A	F
	A	F
	A	F

Mounted Position – subject traps your arms

- a. Bridge-Arch-Push and turn
- b. Work your way out the back door
- c. Protect Head

	A	F
	A	F
	A	F

Mounted Position – escape

- a. Table Theory
- b. Keep them off your chest
- c. Protect your air
- d. Elbows to thighs/ squirm forward
- e. Protect your head
- f. Buck your hips
- g. Trap leg and arm
- h. Opposite foot flat on the floor
- i. Stomp foot and push

	A	F
	A	F
	A	F
	A	F
	A	F
	A	F
	A	F
	A	F
	A	F

Guard Position(subject on top)

- a. Wrap legs around waist or feet flat on floor
- b. Sit up on forearm
- c. Free arm grabs elbow
- d. Roll subject toward forearm side
- e. Techniques for large person

	A	F
	A	F
	A	F
	A	F
	A	F

11. *Weapon Retention Drills(Holstered)*

- a. subject grabs holstered weapon
- b. weapon hand on subject's hand
- c. spin body toward weapon side
- d. maintain control of subject's hand/wrist
- e. Practice subject front/back/side position

S	A	F
S	A	F
S	A	F
S	A	F
S	A	F

Weapon Retention Drills(un-holstered)

- a. lunge forward toward subject
- a. push weapon toward subject
- c. pull weapon toward officer
- d. create distance

S	A	F
S	A	F
S	A	F
S	A	F

Weapon Stripping Drills

- a. hand grabs slide of weapon pushing off target
- b. other hand grabs other side of slide
- c. step towards subject utilizing strength
- d. hands push weapon barrel upward toward subject
- e. step back to create space
- f. pull weapon toward officer

S	A	F
S	A	F
S	A	F
S	A	F
S	A	F
S	A	F

Comments: _____

Grading Scale: S = Satisfactory (performs w/out prompting)
 A = Acceptable (performs with minimal prompting)
 F = Failed (needs prompting / repeated instruction, or can not perform task)



Box 1794 · Appleton, WI 54912 · (920) 735-6242 · Fax (920) 735-6245 · asp-usa.com

ASP Basic Certification (ABC) EXPANDABLE BATON TRAINING

Information Sheet

(Please Print)

Date 11/10/17

Initial Certification

Recertification

First Name [Redacted]

Last Name [Redacted]

Home Address [Redacted]

City Lancaster

State OH

Province _____

Zip 43130

Telephone [Redacted]

E-mail Address [Redacted]

Employing Agency Mt. Carmel Saint Ann's

Agency Address 300 S. Cleveland Ave

City Westerville

State OH

Province _____

Zip _____

Agency Telephone (380) 8984005

E-mail Address _____

Duty Status: Full Duty Restricted Duty

Has your agency adopted or authorized the use of the ASP Baton? yes

How many officers are in your agency? 18

Height 6'4 Weight 265 Age 46 Date of Birth 1/25/1971

Have you been exercising? yes

Do you have any knee, back or health problems? yes

Are you on any medication? yes

Person to be notified in case of emergency:

Name [Redacted]

Phone [Redacted]

Relationship son

Alternate () _____

Briefly describe any health problems: Torn Right meniscus (knee)

Injury Check: 1A 1P

WAIVER

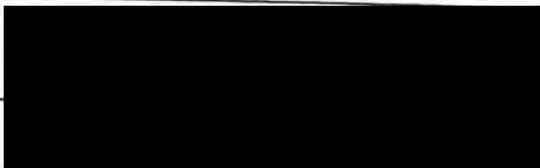
Release from Liability and Assumption of Risk Agreement

1) Intending that this Agreement be legally binding upon me, my heirs, executors, administrators, and assigns, I hereby waive, release, and forever discharge Armament Systems and Procedures, INC, and all of their agents, representatives, heirs, executors, administrators, successors and assigns, of and from any and all claims, demands, rights and causes of action of whatsoever kind and nature, arising from, and by reason of any and all known and unknown, foreseen and unforeseen physical and mental injuries and consequences thereof, suffered by me during any and all ASP Expandable Baton certification training activities.

2) In signing this Release, I assert that (a) I am presently in good physical and mental health; (b) I have no reason to believe that I am not in good physical and mental health; (c) I am fully aware of, and do acknowledge and assume all risk of injury inherent in my participation in this training seminar; (d) I have read and fully understand the terms and conditions of this Agreement.

This program is competency based. Mere participation does not automatically assure successful completion.

11/10/17
Date



Baton Basic Certification

WRITTEN EXAMINATION

For each question below, circle the option that is the most correct.

1. A defensive tactic is evaluated by its ability to:
 - a) Control v Injure
 - b) Maim v Destroy
 - c) Threaten v Control
 - d) React v Act
 - e) Demonstrate the officer's skill
2. The primary striking surface of an open ASP Baton is the:
 - a) Cap
 - b) Center of the shaft
 - c) Last 3" of the baton
 - d) First joint
 - e) Handle
3. The hand using the service firearm is the:
 - a) Weak Hand
 - b) Contact Hand
 - c) Weapon Hand
 - d) Reaction Hand
 - e) Support Hand
4. The ASP Baton should not be opened:
 - a) To the sky
 - b) To the ground
 - c) During a strike
 - d) To the side
 - e) Towards the threat
5. The two baton modes are:
 - a) Open and Closed
 - b) Interview and Combat
 - c) Weapon and Reaction
 - d) Concealed and Loaded
 - e) Ready and Extended
6. Which is not an ASP Target area:
 - a) Center mass of the arms
 - b) Center mass of the legs
 - c) Center mass of the body
 - d) Groin or sternum
 - e) The Weapon Delivery System
7. Targeting specific points violates which training principle:
 - a) Forgiving techniques
 - b) Fine motor skills
 - c) Spaced practice
 - d) Static training
 - e) Complex techniques
8. The ASP Baton is always carried:
 - a) On the right side
 - b) In the front
 - c) On the Reaction Side
 - d) Tip down
 - e) On the left side
9. The Reaction Strike is primarily a:
 - a) Strong strike
 - b) Closed strike
 - c) Clearance strike
 - d) Offensive strike
 - e) Initial strike
10. The most frequently used ASP strike is the:
 - a) Reaction Strike
 - b) Weapon Strike
 - c) Straight Strike
 - d) Clearance Strike
 - e) Reverse Strike
11. When performing an Open Straight Strike, the Reaction Hand is:
 - a) Palm up on the shaft
 - b) Maintaining distance
 - c) Guarding the face
 - d) Palm down gripping the shaft
 - e) Executing a downward block
12. If the baton opens too easily:
 - a) Make the retaining clip smaller
 - b) Replace the o-ring
 - c) Widen the retaining clip
 - d) Remove the retaining clip
 - e) Lubricate the baton
13. The most common problem in opening the baton is:
 - a) Grip of the baton
 - b) Loose o-ring
 - c) Broken retaining clip
 - d) Operator error
 - e) Loose handle cap
14. Officer-Subject Factors do not include:
 - a) Age
 - b) Size
 - c) Weapon proximity
 - d) Skill level
 - e) Multiple officers
15. ASP Weapon Side Strikes are intended to be performed at a:
 - a) 45 degree angle
 - b) 180 degree angle
 - c) Horizontal angle
 - d) 90 degree angle
 - e) Vertical angle
16. When striking, the ASP Baton is gripped with:
 - a) The index finger and thumb
 - b) A loose flexible grip
 - c) Two fingers and the thumb
 - d) Full hand grip
 - e) Both hands
17. Special circumstances do not include:
 - a) Special knowledge
 - b) Imminent danger
 - c) Injury or exhaustion
 - d) Size
 - e) Officer on the ground
18. Safety is the ultimate responsibility of the:
 - a) Student
 - b) Training partner
 - c) Course coordinator
 - d) Instructor
 - e) Administrative officer
19. The ASP Baton is designed to be:
 - a) An offensive weapon
 - b) A comealong device
 - c) A defensive weapon
 - d) A deadly force option
 - e) A restraining device
20. The principle goal of any arrest or physical confrontation is:
 - a) Establishing control
 - b) Superior officer skill
 - c) Subject safety
 - d) Documentation
 - e) Punishment

• Each question is worth five (5) points.

• The minimum acceptable score is 80% (16 correct).

FINAL SCORE: 100% GRADED BY: W. J. Miller
ASP WRITTEN EXAM: ACCEPTABLE NOT ACCEPTABLE _____
COUNSELED _____
INSTRUCTOR: [Signature] DATE 10 Nov 17

WRITTEN EXAMINATION

100%

TECHNIQUE PROFICIENCY CHECKLIST

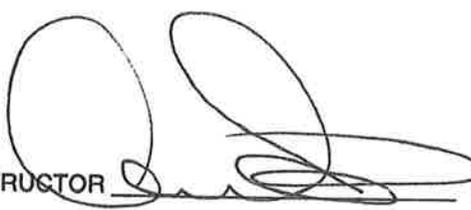
✓

COMMENTS:

Certification Approved

Certification Denied

INSTRUCTOR



AIC


Saint Ann's
11/10/17
100%
cap

OC Test
Mount Carmel Health System
Safety and Security

- 1.) **What does OC stand for?**
 - A. Orange Crush
 - B. Ocean Crust
 - C. Oleoresin Capsicum

- 2.) **What is the average expiration date on an OC canister?**
 - A. 1-2 years
 - B. 3-4 years
 - C. 4-5 years

- 3.) **How often should you check your OC spray for adequate spray strength?**
 - A. 30 days
 - B. 60 days
 - C. 90 days

- 4.) **How long of a burst should you use on a threat?**
 - A. 1-2 seconds
 - B. 2-4 seconds
 - C. Empty the entire can

- 5.) **What is Oleoresin Capsicum commonly known as?**
 - A. Mace
 - B. Pepper Spray
 - C. Gas

- 6.) **When deploying OC, what area of the body should you deploy the OC towards?**
 - A. Arms
 - B. Chest
 - C. Face and eyes

- 7.) **After using OC on a subject, what should you immediately do with the subject?**
 - A. Leave lying on the ground.
 - B. Remove from contaminated area
 - C. Spray again

- 8.) **What is the second step in the decontamination process?**
A. **Spray them again**
B. **Tell them to stop crying like a baby**
C. **Offer verbal rapport to the subject**
- 9.) **What is the third step of the decontamination process?**
A. **Expose subject to fresh air**
B. **Throw the subject a bottle of water**
C. **Stand there and record them with your cellphone**
- 10.) **What is the best way to flush the eyes?**
A. **Using milk**
B. **Rubbing eyes continually**
C. **Water**
- 11.) **What type of agent is OC?**
A. **Glue**
B. **Cleaning Fluid**
C. **Inflammatory**
- 12.) **What is the main ingredient of OC?**
A. **Water**
B. **Cayenne Pepper**
C. **Powder**
- 13.) **Does CMS (Center for Medicaid/Medicare System) guidelines allow for OC to be used on a PATIENT?**
A. **Yes**
B. **No**
C. **Only if they deserve it.**

Name: [REDACTED]
Campus: Saint Ann's
Date: 11/10/17

100%
CXC

HANDCUFFING TEST

- 1.) WHEN TO USE HANDCUFFS?
 - A.) ON A VIOLENT PATIENT
 - B.) AFTER COMMITTING A FELONY IN YOUR PRESENCE
 - C.) ON VIOLENT INDIVIDUALS WHO POSE AN IMMEDIATE THREAT TO STAFF, VISITORS, PATIENTS, OR YOURSELF
 - D.) ALL OF THE ABOVE
 - E.) BOTH B AND C

- 2.) CMS ALLOWS YOU TO HANDCUFF PATIENTS?
 - A.) TRUE
 - B.) FALSE

- 3.) WHAT ACTIONS NEED TO OCCUR AFTER THE USE OF HANDCUFFS?
 - A.) INCIDENT REPORT AND VOICE
 - B.) LOCAL POLICE, SIR, AND VOICE
 - C.) SUPERVISOR, LOCAL POLICE, SIR, AND VOICE

- 4.) SECURITY IS ABLE TO HANDCUFF TO A STATIONARY OBJECT?
 - A.) TRUE
 - B.) FALSE

Mount Carmel Health System
Competency-Based Orientation and Introductory Period Evaluation
Safety & Security

Associate Name: [REDACTED]	ID Number: [REDACTED]	Job Title: Safety and Security Officer	<input checked="" type="checkbox"/> New Hire <input type="checkbox"/> Transfer <input type="checkbox"/> Additional job code
-------------------------------	--------------------------	---	---

Core Competencies Based upon job description, performance standards, and regulatory/accrediting standards.	Method of Competency Validation (may use more than one method)								Date	Competency Assessed by: (signature and credentials)
	Return Demonstration	Observation of daily work	Post-test	Mock Event/ Simulation	QI Monitors/ Audits	Peer Review	Case Study	Discussion Group		
Effective in patrol techniques, communications use of cameras-monitoring/recording, escorts, door openings, assist calls. Knowledge of location of Security sensitive areas.		X							12/5/16	<i>Chad Taylor</i>
Enforces policies & procedures		X							12/5/16	<i>Chad Taylor</i>
Completes accurate incident report documentation/investigation and follow-ups as appropriate	X	X							12/5/16	<i>Chad Taylor</i>
Completes accurate activity logs	X	X							11/14/16	<i>Chad Taylor</i>
Ability to apply clinical restraints and assistance	X	X							11/11/16	<i>Chad Taylor</i>
Ability to work independently	X	X							12/5/16	<i>Chad Taylor</i>
Completes timely fire drills and critiques	X	X	X						12/5/16	<i>Chad Taylor</i>
Understands ILSM protocols	X								11/15/16	<i>Chad Taylor</i>
Ability to turn off Med Gas per policy	X					X			01/07/17	<i>Chad Taylor</i>
Workplace Violence policy knowledge		X							11/11/16	<i>Chad Taylor</i>
Ability to process visitors after-hours or as required		X							12/5/16	<i>Chad Taylor</i>
Ability to lock and unlock facility (includes Lockdown plan)		X							11/14/16	<i>Chad Taylor</i>
Management of Aggressive Behavior and de-escalation techniques		X				X			11/11/16	<i>Chad Taylor</i>
Understands Safe Medical Device Act responsibilities						X			12/5/16	<i>Chad Taylor</i>
Helicopter operations- Safety duties		X							12/5/16	<i>Chad Taylor</i>
Discernment of sentinel events-notification protocols		X							12/5/16	<i>Chad Taylor</i>
Knowledge of Emergency Codes and security response (i.e. Code Red, Code Adam, Code Orange, etc).		X							12/5/16	<i>Chad Taylor</i>
Follows the department uniform and dress code		X							11/14/16	<i>Chad Taylor</i>
Disseminates pertinent info (pass on book, memo, reports, BOLO)		X							12/5/16	<i>Chad Taylor</i>
Understands Forensic responsibilities		X				X			12/5/16	<i>Chad Taylor</i>
Understands role and actions- VIP/Media event		X				X			12/5/16	<i>Chad Taylor</i>
Enforces Tobacco -Free policy		X							11/14/16	<i>Chad Taylor</i>
Officer can articulate use of force and demonstrate "take downs" and the use of defensive weapons: ASP & Pepper Spray and law enforcement restraints: (i.e. handcuffs)				X		X			11/11/16	<i>Chad Taylor</i>
Officer demonstrates the ability to co-operate with other agencies, departments, and staff as appropriate		X							12/5/16	<i>Chad Taylor</i>
Officer has a basic understanding of the National Patient Safety Goals.		X							12/5/16	<i>Chad Taylor</i>
Officer demonstrates proper telephone etiquette.		X							11/11/16	<i>Chad Taylor</i>

Officer demonstrates the proper radio communications-understands RF interference		X								12/5/16	Chad Taylor
Officer is knowledgeable of all security alarms and responds appropriately (panic, infant, etc).		X								12/5/16	Chad Taylor
Officer conducts proper patient valuables receiving and returning	X	X								11/14/16	Chad Taylor
Morgue procedures (MCSA only)		X								11/10/16	Chad Taylor
Traffic ingress/egress control- normal and emergency (i.e. emergency room areas)		X								12/5/16	Chad Taylor
The officer has demonstrated the proper use of Fire Extinguisher and knows where and what K type extinguishers are used for.									X	12/19/16	Chad Taylor
Officer knows the Emergency Procedures for handling Hazardous Materials (chemical, asbestos, etc) and security response.									X	11/10/16	Chad Taylor
Officer understands their role in the incident command structure (HICS)									X	12/5/16	Chad Taylor
Understanding of response to elevator malfunction									X	11/10/16	Chad Taylor
Proper PPE use- Infectious, Chemical, Noise, PAPR etc (i.e. universal precautions- chemical protection)									X	11/14/16	Chad Taylor
MRI Safety									X	12/5/16	Chad Taylor
Role in Bomb Threat- search techniques/staging									X	11/7/17	Chad Taylor
Knowledge of Burn Permit process									X	12/5/16	Chad Taylor
Understands Property Search policy and role	X								X	11/14/16	Chad Taylor
Suicide precautions/assessment	X									12/5/16	Chad Taylor
Proper lifting/body mechanics	X									12/5/16	Chad Taylor
Pediatric: (1 year – 12 years) Needs to involve parents if possible: <ul style="list-style-type: none"> • Provide privacy as appropriate. • Allow child to exercise some control. • Speaks at eye level maintaining eye contact • Uses direct approach with child, giving one direction at a time. • Allows choice when possible. 		X								12/5/16	Chad Taylor
Adolescent: (13-17 years) Needs to recognize that this age group: <ul style="list-style-type: none"> • Needs to be called by name or preferred name. • Provide privacy/modesty • Allows choice when possible, and encourages verbalization of concerns and fears. • Tells patients behaviors that are permitted. • Watches for body language and cue for feelings. • Speaks directly to patient in simple medical terms. • Concerns and fears. 			X							12/5/16	Chad Taylor
Geriatric: (65+) <ul style="list-style-type: none"> • Needs to establish that the patient is wearing glasses, hearing aids, or may have memory loss and recognizes the tools that are needed for effective communications during interviews and investigations. • Does not shout at patients, speak slowly and distinctly. • Does not rush patient, gives them time to process information. 		X								12/5/16	Chad Taylor

<ul style="list-style-type: none"> • Repeats instructions several times. • Discuss one item at a time. • Assist in transferring patient under direction of a Registered Nurse. • Provide privacy/modesty 	X									12/5/16	
<p>Adult (18-64 years)</p> <ul style="list-style-type: none"> • Calls patient by preferred name. • Allows choices when possible • Provides for privacy/modesty • Respects patient right to make informed decisions. • Assists in relinquishing valuables • Watches body language as cue for feelings. • Interviews patient in a calm, reassuring manner concerning lost articles. • Assists in controlling confused patient. 	X									12/5/16	

Mount Carmel Health System
Competency-Based Orientation and Introductory Period Evaluation
(Safety and Security Department)

Associate Name: <div style="background-color: black; width: 100px; height: 15px; margin-top: 5px;"></div>	ID Number: <div style="background-color: black; width: 60px; height: 15px; margin-top: 5px;"></div>	Job Title: Safety and Security Officer	<input checked="" type="checkbox"/> New Hire <input type="checkbox"/> Transfer <input type="checkbox"/> Additional job code Date entered into role: <u>11 / 17 / 2017</u>
--	--	--	--

Attach above Competency Based Orientation to Introductory Evaluation below and forward original copies to Human Resources

<p><input checked="" type="checkbox"/> (Eric Matheny) has successfully completed the Introductory Period.</p> <p><input type="checkbox"/> Developmental Needs identified related to competency:</p> <p><input type="checkbox"/> Additional needs identified during Introductory Period:</p> <p>Goals (includes identified competency and developmental needs):</p> <ol style="list-style-type: none">1. To learn more about special functions such as Hazmat training.2. To help instruct in-service classes.3. To be a positive role model for fellow officers.				
<table style="width: 100%; border: none;"><tr><td style="border: none; width: 30%;">Associate Signature <div style="background-color: black; width: 100px; height: 20px; display: inline-block; vertical-align: middle;"></div></td><td style="border: none; width: 20%;">Date <u>2/17/17</u></td><td style="border: none; width: 30%;">Manager Signature </td><td style="border: none; width: 20%;">Date <u>2/17/2017</u></td></tr></table>	Associate Signature <div style="background-color: black; width: 100px; height: 20px; display: inline-block; vertical-align: middle;"></div>	Date <u>2/17/17</u>	Manager Signature	Date <u>2/17/2017</u>
Associate Signature <div style="background-color: black; width: 100px; height: 20px; display: inline-block; vertical-align: middle;"></div>	Date <u>2/17/17</u>	Manager Signature	Date <u>2/17/2017</u>	

Mount Carmel Health System
Competency Assessment
Safety & Security

DEFENSIVE TACTICS/HANDCUFFING/STRAIGHT BATON/O.C. REPELLANT/DE-ESCALATION/RESTRAINTS

Associate Name: [REDACTED]	ID Number: [REDACTED]	Job Title: Security
-------------------------------	--------------------------	------------------------

- High Risk Low Volume Problem Prone New Equipment/Service Process Change

CARING COMPONENTS:

Demonstrates service excellence behavior

KNOWLEDGE AND SKILL COMPONENTS:

- ABILITY TO EXPLAIN THE USE OF FORCE CONTINUUM
- ABILITY TO PERFORM BALANCE DISPLACEMENT AT THE HIP
- ABILITY TO PERFORM BALANCE DISPLACEMENT ON THE BACK
- ABILITY TO PERFORM BALANCE DISPLACEMENT AT THE SHOULDER
- ABILITY TO PERFORM A TRANSPORT WRIST LOCK TO BOTH THE RIGHT AND LEFT SIDE
- ABILITY TO PERFORM A STRAIGHT ARM BAR TO BOTH THE RIGHT AND LEFT SIDE
- ABILITY TO USE HANDCUFFS IN THE STANDING METHOD
- ABILITY TO USE HANDCUFFS FROM THE KNEELING POSITION
- ABILITY TO REMOVE HANDCUFFS
- ABILITY TO UNDERSTAND WHEN TO PLACE HANDCUFFS ON SUBJECT
- ABILITY TO PERFORM SEPERATION FROM SUBJECT GRABBING
- ABILITY TO PERFORM PEELING OF THE HAND(S) OF SUBJECT DURING A GRAB
- ABILITY TO PERFORM SEPERATION FROM A FINGER JAB
- ABILITY TO PERFORM PEELING OF FINGER(S)/HAND(S) DURING A FINGER JAB
- ABILITY TO PERFORM A SCARF POSITION ON SUBJECT
- ABILITY TO PERFORM A SIT OUT MANEUVER DURING THE SCARF
- ABILITY TO PERFORM A MOUNT POSITION ON A SUBJECT
- ABILITY TO MAINTAIN CONTROL OF SUBJECT WHILE IN THE MOUNTED POSITION
- ABILITY TO PERFORM THE USE OF STRAIGHT BATON FROM THE FIELD INTERVIEW STANCE
- ABILITY TO PERFORM THE USE OF STRAIGHT BATON FROM THE READY STANCE
- ABILITY TO PERFORM THE USE OF STRAIGHT BATON USING THE FORWARD FLUID SHOCKWAVE STRIKE
- ABILITY TO PERFORM THE USE OF STRAIGHT BATON USING THE FORWARD CUTTING STRIKE
- ABILITY TO PERFORM THE USE OF STRAIGHT BATON USING THE BACKHAND STRIKE
- ABILITY TO CLOSE THE BATON FROM THE STANDING POSITION
- ABILITY TO CLOSE THE BATON FROM THE KNEELING POSITION
- ABILITY TO OPEN AND USE THE BATON FROM THE CRISIS POSITION
- ABILITY TO EXPLAIN WHEN TO USE STRAIGHT BATON AND WHEN NOT TO USE STRAIGHT BATON
- ABILITY TO EXPLAIN WHAT O.C. STANDS FOR
- ABILITY TO EXPLAIN WHEN TO USE O.C.
- ABILITY TO EXPLAIN WHEN NOT TO USE O.C.
- ABILITY TO EXPLAIN WHETHER TO USE O.C. ON A PATIENT OR NOT
- ABILITY TO EXPLAIN THE EFFECTS OF O.C. ON A SUBJECT
- ABILITY TO EXPLAIN THE DECONTAMINATION PROCEDURES
- ABILITY TO EXPLAIN THE NOMENCLATURE OF THE PRO V2 DEVICE
- ABILITY TO EXPLAIN THE USE OF PRO V2 DEVICE IN REGARDS TO USE OF FORCE CONTINUUM
- ABILITY TO PERFORM THE USE OF PRO V2 DEVICE
- ABILITY TO VERBALLY DE-ESCALATE (CIT TRAINING/AGGRESSIVE BEHAVIOR TRAINING)
- ABILITY TO APPLY RESTRAINTS
- ABILITY TO POSITION PATIENT ON THE BED/CART
- ABILITY TO LOOP THE CONNECTING STRAP AROUND THE BED FRAME
- ABILITY TO PLACE THE PROPER COLORED CUFF ON THE PROPER LIMB (BLUE FOR WRISTS/RED FOR ANKLES, LOCKING)

ABILITY TO PASS ONE FINGER BETWEEN THE RESTRAINT AND PATIENTS WRIST/ANKLE
ABILITY TO PLACE PATIENT INTO POSEY VEST
ABILITY TO SECURE POSEY VEST STRAPS TO THE BED FRAME
ABILITY TO PASS DT TRAINING SCENARIOS ANNUALLY

- Able to act appropriately in an emergent or sentinel type of event

METHOD OF COMPETENCY VALIDATION:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Return Demonstration | <input type="checkbox"/> QI Monitors/Audits |
| <input type="checkbox"/> Observation of Daily Work | <input type="checkbox"/> Peer Review |
| <input type="checkbox"/> Post Test | <input type="checkbox"/> Case Study |
| <input checked="" type="checkbox"/> Mock Event/Simulation | <input type="checkbox"/> Discussion Group |

Competency Validated By: (Signature and credentials)



Date 11-11-16

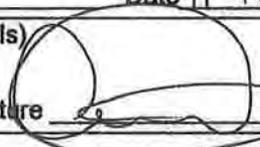
Developmental Needs identified: (See Performance Evaluation for related goals)

Associate Signature



Date 11-11-16

Instructor(s) Signature



Date 11-11-16

Evidence Based Resources (if applicable):

Defensive Tactics / Impact Weapon
Competency Form

STUDENTS NAME: _____

INSTRUCTORS: _____

JOINT LOCKS

1. BALANCE DISPLACEMENT TECHNIQUE

“(At the hip)

- | | | | |
|---|-----|---|---|
| a. Starts from Escort Position | (S) | A | F |
| b. Removes hand from Triceps and places it on rear waist of suspect | (S) | A | F |
| c. Presses hand forward and downward, displacing balance | (S) | A | F |
| d. Suspect steps in desired direction | (S) | A | F |

Comments: _____

(Friction on the Back)

- | | | | |
|--|-----|---|---|
| a. Starts from Escort Position | (S) | A | F |
| b. Places hand in the middle of suspect's back and presses forward | (S) | A | F |
| c. Moves hand in random manner, forcing steps in desired direction | (S) | A | F |

Comments: _____

(Random Motion at the Shoulder)

- | | | | |
|--|-----|---|---|
| a. Starts from the Escort Position | (S) | A | F |
| b. Continually moves suspect's arm in a random manner | (S) | A | F |
| c. Suspect is off balance and moves in desired direction | (S) | A | F |

Comments: _____

2. TRANSPORT WRIST LOCK

- | | | | |
|--------------------------------------|-----|---|---|
| e. Elbow tucked between arm and body | (S) | A | F |
| f. Forearm elevation | (S) | A | F |
| g. Wrist hyperextension | (S) | A | F |
| h. To the ground | (S) | A | F |

Comments: _____

STRAIGHT ARM BAR

- i. Decentralize the center of gravity
- j. Maintain control over subject's arm
- k. Maintained balance while lowering center for takedown
- l. To the ground
- m. Control for handcuffing procedure

(S)	A	F

Comments: _____

HANDCUFFING

4. STANDING METHOD

- a. Approach is from rear
- b. Simultaneous Control at application, thumb lock/cuff push
- c. Position maintained with the flip under technique
- d. Second cuff applied without loss of control

(S)	A	F

Comments: _____

5. TAKEDOWN FROM KNEELING POSITION

- e. All slack is removed from cuffed hand
- f. Decentralized towards the 2.5 position
- g. Iron wrist lock is applied simultaneously with decentralized pull
- h. Straight arm applied after proning the target
- i. Second cuff applied without loss of control

(S)	A	F

Comments: _____

6. REMOVING HANDCUFFS

- a. Officer Instructs suspect he is going to be de-cuffed
- b. Suspect is told to leave uncuffed hand on his hip
- c. Open handcuff closed immediately and put in weak hand
- d. Officer steps to rear 45 degrees while holding cuff at arms length
- e. Second cuff is removed

(S)	A	F

Defensive Counter Manuevers

7. GRABBING

- a. Seperation
- b. Verbal Commands
- c. Peeling the hand(s)
 - 1. Outside/In
 - 2. Inside/Out



A	F
A	F
A	F
A	F
A	F

Comments: _____

8. FINGER POKES

- a. Seperation
- b. Verbal Commands
- c. Peeling the fingers/hands
- d. Second Responding Officer Action



A	F
A	F
A	F
A	F

Comments: _____

Ground Techniques

9. Scarf Position (Left/Right)

- a. From the side/cross mount position
- b. Perform a sit out maneuver
- c. Right leg ends at 10 o'clock position
- d. Keep hips off of the ground
- e. Left foot is at 8 o'clock position
- f. Right arm around subjects neck/head
- g. Left arm and hand secures subjects arm
- h. Pin your chest to subjects chest



A	F
A	F
A	F
A	F
A	F
A	F
A	F
A	F

Comments: _____

10. Mounted Position

- a. Knees slide up
- b. Feet are used to feel where hips
- c. Moving to control positions

S	A	F
S	A	F
S	A	F

Comments: _____

Grading Scale: S = Satisfactory (performs w/out prompting)
 A = Acceptable (performs with minimal prompting)
 F = Failed (needs prompting / repeated instruction, or can not perform task)



Box 1794 · Appleton, WI 54912 · (920) 735-6242 · Fax (920) 735-6245 · asp-usa.com

ASP Basic Certification (ABC) EXPANDABLE BATON TRAINING

Information Sheet

(Please Print)

Date 11-11-2016

✓ Initial Certification Recertification

First Name [REDACTED] Last Name [REDACTED]

Home Address [REDACTED]

City Lancaster State OH Province US Zip 43130

Telephone [REDACTED] E-mail Address [REDACTED]

Employing Agency Saint Ann's Mount Carmel

Agency Address 500 Cleveland Ave

City Westerville State OH Province US Zip 43081

Agency Telephone (614) 898 4000 E-mail Address _____

✓ Duty Status: Full Duty Restricted Duty

Has your agency adopted or authorized the use of the ASP Baton? yes

How many officers are in your agency? 13

Height 6'4 Weight 270 Age 45 Date of Birth 1-29-71

Have you been exercising? no

Do you have any knee, back or health problems? no

Are you on any medication? no

Person to be notified in case of emergency:

Name [REDACTED]

Phone [REDACTED] Alternate () _____

Relationship wife

✓ Briefly describe any health problems: _____ Injury Check: 1A 1P

WAIVER

Release from Liability and Assumption of Risk Agreement

1) Intending that this Agreement be legally binding upon me, my heirs, executors, administrators, and assigns, I hereby waive, release, and forever discharge Armament Systems and Procedures, INC, and all of their agents, representatives, heirs, executors, administrators, successors and assigns, of and from any and all claims, demands, rights and causes of action of whatsoever kind and nature, arising from, and by reason of any and all known and unknown, foreseen and unforeseen physical and mental injuries and consequences thereof, suffered by me during any and all ASP Expandable Baton certification training activities.

2) In signing this Release, I assert that (a) I am presently in good physical and mental health; (b) I have no reason to believe that I am not in good physical and mental health; (c) I am fully aware of, and do acknowledge and assume all risk of injury inherent in my participation in this training seminar; (d) I have read and fully understand the terms and conditions of this Agreement.

This program is competency based. Mere participation does not automatically assure successful completion.

11-11-2016 _____
Date

[REDACTED]

Baton Basic Certification

WRITTEN EXAMINATION



11-11-16

For each question below, circle the option that is the most correct.

- A defensive tactic is evaluated by its ability to:
 a) Control v Injure
 b) Malm v Destroy
 c) Threaten v Control
 d) React v Act
 e) Demonstrate the officer's skill
- The primary striking surface of an open ASP Baton is the:
 a) Cap
 b) Center of the shaft
 c) Last 3" of the baton
 d) First joint
 e) Handle
- The hand using the service firearm is the:
 a) Weak Hand
 b) Contact Hand
 c) Weapon Hand
 d) Reaction Hand
 e) Support Hand
- The ASP Baton should not be opened:
 a) To the sky
 b) To the ground
 c) During a strike
 d) To the side
 e) Towards the threat
- The two baton modes are:
 a) Open and Closed
 b) Interview and Combat
 c) Weapon and Reaction
 d) Concealed and Loaded
 e) Ready and Extended
- Which is not an ASP Target area:
 a) Center mass of the arms
 b) Center mass of the legs
 c) Center mass of the body
 d) Groin or sternum
 e) The Weapon Delivery System
- Targeting specific points violates which training principle:
 a) Forgiving techniques
 b) Fine motor skills
 c) Spaced practice
 d) Static training
 e) Complex techniques
- The ASP Baton is always carried:
 a) On the right side
 b) In the front
 c) On the Reaction Side
 d) Tip down
 e) On the left side
- The Reaction Strike is primarily a:
 a) Strong strike
 b) Closed strike
 c) Clearance strike
 d) Offensive strike
 e) Initial strike
- The most frequently used ASP strike is the:
 a) Reaction Strike
 b) Weapon Strike
 c) Straight Strike
 d) Clearance Strike
 e) Reverse Strike
- When performing an Open Straight Strike, the Reaction Hand is:
 a) Palm up on the shaft
 b) Maintaining distance
 c) Guarding the face
 d) Palm down gripping the shaft
 e) Executing a downward block
- If the baton opens too easily:
 a) Make the retaining clip smaller
 b) Replace the o-ring
 c) Widen the retaining clip
 d) Remove the retaining clip
 e) Lubricate the baton
- The most common problem in opening the baton is:
 a) Grip of the baton
 b) Loose o-ring
 c) Broken retaining clip
 d) Operator error
 e) Loose handle cap
- Officer-Subject Factors do not include:
 a) Age
 b) Size
 c) Weapon proximity
 d) Skill level
 e) Multiple officers
- ASP Weapon Side Strikes are intended to be performed at a:
 a) 45 degree angle
 b) 180 degree angle
 c) Horizontal angle
 d) 90 degree angle
 e) Vertical angle
- When striking, the ASP Baton is gripped with:
 a) The index finger and thumb
 b) A loose flexible grip
 c) Two fingers and the thumb
 d) Full hand grip
 e) Both hands
- Special circumstances do not include:
 a) Special knowledge
 b) Imminent danger
 c) Injury or exhaustion
 d) Size
 e) Officer on the ground
- Safety is the ultimate responsibility of the:
 a) Student
 b) Training partner
 c) Course coordinator
 d) Instructor
 e) Administrative officer
- The ASP Baton is designed to be:
 a) An offensive weapon
 b) A comealong device
 c) A defensive weapon
 d) A deadly force option
 e) A restraining device
- The principle goal of any arrest or physical confrontation is:
 a) Establishing control
 b) Superior officer skill
 c) Subject safety
 d) Documentation
 e) Punishment

- Each question is worth five (5) points.
- The minimum acceptable score is 80% (16 correct)

FINAL SCORE: 100% GRADED BY: Chad Taylor
ASP WRITTEN EXAM: ACCEPTABLE NOT ACCEPTABLE
COUNSELED [Signature]
INSTRUCTOR [Signature] DATE 11-11-16

Baton Basic Certification

TECHNIQUE PROFICIENCY CHECKLIST

The following checklist is designed to assist you and the ASP Instructor in evaluating your performance of ASP Techniques. Those components of the technique that are acceptable are checked.

- | | |
|--|--|
| <p>1) Check</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Balance <input checked="" type="checkbox"/> Movement <input checked="" type="checkbox"/> Verbalization <input checked="" type="checkbox"/> Technique <input checked="" type="checkbox"/> Target | <p>6) Opening the Baton</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Balance <input checked="" type="checkbox"/> Movement <input checked="" type="checkbox"/> Verbalization <input checked="" type="checkbox"/> Technique <input checked="" type="checkbox"/> Target |
| <p>2) Redirection</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Balance <input checked="" type="checkbox"/> Movement <input checked="" type="checkbox"/> Verbalization <input checked="" type="checkbox"/> Technique <input checked="" type="checkbox"/> Target | <p>7) Open Mode Weapon Strike</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Balance <input checked="" type="checkbox"/> Movement <input checked="" type="checkbox"/> Verbalization <input checked="" type="checkbox"/> Technique <input checked="" type="checkbox"/> Angle <input checked="" type="checkbox"/> Target |
| <p>3) Closed Mode Weapon Strike</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Balance <input checked="" type="checkbox"/> Movement <input checked="" type="checkbox"/> Verbalization <input checked="" type="checkbox"/> Technique <input checked="" type="checkbox"/> Angle <input checked="" type="checkbox"/> Target | <p>8) Open Mode Reaction Strike</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Balance <input checked="" type="checkbox"/> Movement <input checked="" type="checkbox"/> Verbalization <input checked="" type="checkbox"/> Technique <input checked="" type="checkbox"/> Target |
| <p>4) Closed Mode Reaction Strike</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Balance <input checked="" type="checkbox"/> Movement <input checked="" type="checkbox"/> Verbalization <input checked="" type="checkbox"/> Technique <input checked="" type="checkbox"/> Angle <input checked="" type="checkbox"/> Target | <p>9) Open Mode Straight Strike</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Balance <input checked="" type="checkbox"/> Movement <input checked="" type="checkbox"/> Verbalization <input checked="" type="checkbox"/> Technique <input checked="" type="checkbox"/> Target |
| <p>5) Closed Mode Straight Strike</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Balance <input checked="" type="checkbox"/> Movement <input checked="" type="checkbox"/> Verbalization <input checked="" type="checkbox"/> Technique <input checked="" type="checkbox"/> Target | <p>10) Closing the Baton</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Balance <input checked="" type="checkbox"/> Movement <input checked="" type="checkbox"/> Technique |

*A check mark indicates an acceptable observed action.
 Three of the components must be acceptable for a passing score.
 Each technique must have a passing score for certification.
 The minimum passing score is 100% (10 techniques).*

TECHNIQUE PROFICIENCY: ACCEPTABLE NOT ACCEPTABLE

COUNSELED _____

INSTRUCTOR _____

DATE 11-1-16

WRITTEN EXAMINATION

100%

TECHNIQUE PROFICIENCY CHECKLIST

✓

COMMENTS:

Certification Approved

Certification Denied

INSTRUCTOR



AIC

11-11-16
100%
C.V.

OC Test
Mount Carmel Health System
Safety and Security

- 1.) What does OC stand for?
 - A. Orange Crush
 - B. Ocean Crust
 - C. Oleoresin Capsicum

- 2.) What is the average expiration date on an OC canister?
 - A. 1-2 years
 - B. 3-4 years
 - C. 4-5 years

- 3.) How often should you check your OC spray for adequate spray strength?
 - A. 30 days
 - B. 60 days
 - C. 90 days

- 4.) How long of a burst should you use on a threat?
 - A. 1-2 seconds
 - B. 2-4 seconds
 - C. Empty the entire can

- 5.) What is Oleoresin Capsicum commonly known as?
 - A. Mace
 - B. Pepper Spray
 - C. Gas

- 6.) When deploying OC, what area of the body should you deploy the OC towards?
 - A. Arms
 - B. Chest
 - C. Face and eyes

- 7.) After using OC on a subject, what should you immediately do with the subject?
 - A. Leave lying on the ground.
 - B. Remove from contaminated area
 - C. Spray again

- 8.) What is the second step in the decontamination process?
- A. Spray them again
 - B. Tell them to stop crying like a baby
 - C. Offer verbal rapport to the subject
- 9.) What is the third step of the decontamination process?
- A. Expose subject to fresh air
 - B. Throw the subject a bottle of water
 - C. Stand there and record them with your cellphone
- 10.) What is the best way to flush the eyes?
- A. Using milk
 - B. Rubbing eyes continually
 - C. Water
- 11.) What type of agent is OC?
- A. Glue
 - B. Cleaning Fluid
 - C. Inflammatory
- 12.) What is the main ingredient of OC?
- A. Water
 - B. Cayenne Pepper
 - C. Powder
- 13.) Does CMS (Center for Medicaid/Medicare System) guidelines allow for OC to be used on a PATIENT?
- A. Yes
 - B. No
 - C. Only if they deserve it.

NAME: [REDACTED]

DATE: 11-11-16

100%
Cheryl Taylor

HANDCUFFING TEST

1.) WHEN TO USE HANDCUFFS?

- A.) ON A VIOLENT PATIENT
- B.) AFTER COMMITTING A FELONY IN YOUR PRESENCE
- C.) ON VIOLENT INDIVIDUALS WHO POSE AN IMMEDIATE THREAT TO STAFF, VISITORS, PATIENTS, OR YOURSELF
- D.) ALL OF THE ABOVE
- E.) BOTH B AND C

2.) CMS ALLOWS YOU TO HANDCUFF PATIENTS?

- A.) TRUE
- B.) FALSE

3.) WHAT ACTIONS NEED TO OCCUR AFTER THE USE OF HANDCUFFS?

- A.) INCIDENT REPORT AND VOICE
- B.) LOCAL POLICE, SIR, AND VOICE
- C.) SUPERVISOR, LOCAL POLICE, SIR, AND VOICE

4.) SECURITY IS ABLE TO HANDCUFF TO A STATIONARY OBJECT?

- A.) TRUE
- B.) FALSE



Name: [REDACTED]

ProV2 User Course Written Test

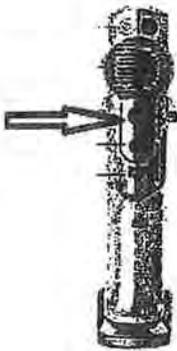
100%
CP

- 1) At what Activation Level would the Pro V2 start recording audio and photo/video?
 - a. Upon power-up
 - b. Level-1
 - c. Level-2
 - d. Level-3

- 2) At what Activation Level would the Laser Spotter come on?
 - a. Upon power-up
 - b. Level-1
 - c. Level-2
 - d. Level-3

- 3) At what Activation Level would the Alerting Siren come on?
 - a. Upon power-up
 - b. Level-1
 - c. Level-2
 - d. Level-3

- 4) At what Activation Level would O.C. Pepper Spray be deployed?
 - a. Upon power-up
 - b. Level-1
 - c. Level-2
 - d. Level-3



- 5) What is the arrow pointing to in the above photo above?
 - a. Strobe Light
 - b. Alerting Siren
 - c. Digital imager
 - d. Spray port



- 6) What is the arrow pointing to in the photo above?
- a. On-Off switch
 - b. Speaker
 - c. Battery release
 - d. Illuminated sight



- 7) What is the arrow pointing to in the photo above?
- a. Ambidextrous Call-button
 - b. Ambidextrous Trigger
 - c. USB port
 - d. Arming Switch
- 8) The left-side LED indicator on the Pro V2 indicates:
- a. An failed Bluetooth connection
 - b. Spray canister has been used
 - c. Fault error
 - d. Battery needs charging
- 9) How long does it take for the Pro V2 battery to charge completely?
- a. 30 minutes
 - b. 60 minutes
 - c. 90 minutes
 - d. 120 minutes
- 10) What is the range of the Bluetooth capability of the Pro V2
- a. 5 feet
 - b. 10 feet
 - c. 15 feet
 - d. 20 feet
- 11) What is the size of the internal memory card for audio/photo/video files
- a. 1 GB
 - b. 2 GB
 - c. 4 GB
 - d. 8 GB



- 12) Where is the Serial Number located on the Pro V2?
- a. Inside the battery/canister compartment
 - b. At the base of the battery
 - c. On the right-side of the ProV2
 - d. On the left-side of the ProV2
- 13) What color is the label on the Practice (Water) Spray canister?
- a. White with blue text
 - b. Red with yellow text
 - c. Black with white text
 - d. Blue with green text
- 14) Can the O.C. Pepper Spray be activated without the ProV2 being turned on?
- a. Yes
 - b. No
- 15) On the battery gauge LED lights, what does 2 lights indicate?
- a. Less than 25% charge
 - b. 50% charged
 - c. 75% charged
 - d. 100% charged
- 16) Does the Pro V2, by itself without Bluetooth connectivity, have the ability to dial the Command Center?
- a. Yes
 - b. No
- 17) How long is the pre-recorded message?
- a. 5 seconds
 - b. 10 seconds
 - c. 15 seconds
 - d. 20 seconds
- 18) How would a Pro V2 user activate Level-2?
- a. Power-on the Pro V2
 - b. Power-on the Pro V2 and turn the Arming Switch on
 - c. Power-on the Pro V2, turn the Arming Switch on, and a ½-pull of the trigger
 - d. Power-on the Pro V2, turn the Arming Switch on, and a full-pull of the trigger
- 19) At what Activation Level will the Pro V2 automatically call the Command Center?
- a. Upon power-up
 - b. Level-1
 - c. Level-2
 - d. Level-3
- 20) How soon after O.C. Pepper Spray is used, should first-aid be rendered?
- a. When help arrives
 - b. Anytime, but not more than 1 hour
 - c. Immediately
 - d. As soon as practical



MOUNT CARMEL

Position Applied For

Position: Safety and Security Officer
Facility: Mount Carmel -New Albany
Department: Security MCNA
Schedule: Full Time
Req Num: 15356

Application for Employment

We consider applicants for all positions without regard to race, color, religion, creed, national origin, age, disability, sexual orientation, marital status, or any other legally protected status.

Instructions to Applicant

1. You must fully and accurately complete the Application for Employment. Incomplete applications will not be considered. Mount Carmel Health System may use the information given in the application to investigate the applicant's previous employment and background.
2. If you are hired, proof of citizenship or immigration status will be required to verify your lawful right to work in the United States.

* Required Information

October 6, 2016

SOURCE TRACKING

How did you find out about this position?* Email

Specific Source:* Email Blast

PERSONAL INFORMATION

Prefix:
 First Name:* [REDACTED]

Home/Other Phone:* [REDACTED]

MI: [REDACTED]
 Last Name:* [REDACTED]

Work Phone:

Cell Phone:

Suffix:

Best way to Home Phone contact:*

Address:* [REDACTED]

Email Address:* [REDACTED]

City:* Lancaster

State:* OH

Province/Region:

Zip:* 43130

Country:* United States

WORK HISTORY

List all work experience below beginning with your current (or most recent) position.

Are you currently employed?* Yes

Name of Company:* Hocking County Sheriff's Office

Street: 25 East 2nd street

City:* Logan

State:* OH

Job Duties and Responsibilities:*

Supervised other deputies, dispatchers, transport officers, investigate crimes, and wrote reports, issued citations, made arrest when appropriate, processed crime scenes.

Reason For Leaving:*

Zip:* 43138

Province/Region:

Country: United States

Employer's Phone:* 740-385-2131

Job Title:* Sergeant Road Patrol

Employed From:* 05 1992

Employed To:* 08 2013

Moved out of area

May we contact this employer for a reference?*

Yes
While in this position, if you were employed under a different legal name, please list that here:

19.00

Jerod Alford
Full Time

Name of Company: Hocking College

Street:

City:

State:

Zip:

Province/Region:

Country:

Employer's Phone: 740-753-6451

Job Title: Adjunct instructor

Employed From:

Employed To:

Ending Salary:

Supervisor's Name: Tim Voris

Employment Status:

Job Duties and Responsibilities:

Instructed classes in Ohio Peace Office Academy, taught introduction to firearms in Police Science program.

Reason For Leaving:

Moved out of area

May we contact this employer for a reference?*

Yes
While in this position, if you were employed under a different legal name, please list that here:

Name of Company: Columbus Dispatch Corporate Security

Street: 34 south Third Street

City: Columbus

State: OH

Zip: 43215

Province/Region:

Country: United States

Employer's Phone: 614-469-5143

Job Title: Supervisor of Security

Employed From: 10 2013

Employed To: 11 2015

Ending Salary: 52,000

Supervisor's Name: Donald Burrier

Employment Status: Full Time

Job Duties and Responsibilities:

Supervisor on third shift, check alarms, monitor closed circuit video, respond to incidents on property or off property related to company activity, check commercial and residential properties.

Reason For Leaving:

Laid Off

May we contact this employer for a reference?*

Yes
While in this position, if you were employed under a different legal name, please list that here:

Name of Company: The Dispatch Printing Company

Street: 34 South Third Street

City: Columbus

State: OH

Zip: 43215

Province/Region:

Country: United States

Employer's Phone: 614-461-5012

Job Title: Security Officer

Employed From: 09 2016

Employed To:

Ending Salary: 14.00

Supervisor's Name: Ed Casner

Employment Status: Part Time

Job Duties and Responsibilities:

Check of interior and exterior building, offices and personal, check of properties owned or occupied by Dispatch Printing Company, monitor fire, and burglary alarms, responding to accidents involving employee's, writing reports, keeping detailed log.

Reason For Leaving:

Still Employed

May we contact this employer for a reference?

Yes

While in this position, if you were employed under a different legal name, please list that here:

EDUCATION

High School/GED

Name of school:* Logan Elm High School Did you graduate?* Yes

City:* Circleville

Diploma Type:* HIGH SCHOOL

State:* OH Province/Region:

Zip:* 28840

Country:* United States

List scholastic honors, specialized training and/or apprenticeship details that may be helpful in considering your application. When adding, please provide as much detail as possible about the dates of these activities, locations and skills or experience obtained.

CPR/FIRST AID

Ohio Peace Officer Certificate

OPOTA Instructor Certificate

LICENSES/CERTIFICATIONS

Professional Licensure

Please Provide Professional Licenses/Registrations held. Include License Number and Expiration Date.

Type	State	Number	Date Issued	Expiration Date
------	-------	--------	-------------	-----------------

If you are applying for a job category that requires licensure, please answer the following question:
Is your license currently subject to any investigation by a licensing agency?

EMPLOYMENT PREFERENCES

Please indicate your employment preferences below:

Minimum Salary Desired:* 14.00

Date Available for Work:* 10/05/2016

Are you willing to relocate? Yes

Which shifts are you willing to work?

Which schedules are you willing to work?

Please answer all of the following questions.

* No Do you have any relatives that currently work for Mount Carmel Health System or any of its affiliates?
If yes, please list their name(s):

* No Have you ever been employed by Mount Carmel Health System or any other facility sponsored by Mount Carmel Health System?

If yes, enter the name and address of member/facility and dates of employment:
Name:
Address:
Dates of employment:

WORK AUTHORIZATION/ELIGIBILITY

Please answer all of the following questions.

* Yes Are you 18 years of age or older?

* Yes Are you legally able to remain and work in the United States without Sponsorship?

* No Other than a minor traffic violation, have you ever pled guilty to or been convicted of a crime?

Consideration will be given to the nature, timing and severity of the crime.

If yes, give the Offense, the dates plead guilty or convicted, and the Name and Location of the court that convicted you.

* No Have you ever been sanctioned by the Office of Inspector General of the Department of Health and Human Services (HHS/OIG) or the Government Services Administration (GSA) or excluded or suspended from participation in any federal or state health care program?

* No Have you ever been found to have engaged in substantiated abuse or neglect of children or adults under the laws of any state of the United States?

If yes, please list the States, dates, and explain the findings.

REFERENCES

Please give three professional references (DO NOT list relatives or personal references). All fields required.

Name*	Name of Company*	Phone Number*	Email Address*	Relationship*	Years Known*
Jerod Alford	Hocking County Sheriff Office	740-385-2131	alford9@hockingsheriff.org	Professional	16
Derek Boch	Ohio Casino Commission	740-283-8155	Hcso37S3@gmail.com	Professional	16
Steve Barron	Hocking College	740-603-1102	csrcka2177@roadrunner.com	Professional	25

RESUME

To copy and paste your resume:

1. Highlight the text on the resume you want to copy.
2. Press 'Ctrl C' to copy (Hold down the Ctrl key and press C).
3. Place the cursor in the RESUME box below.
4. Press 'Ctrl V' to paste the information.

Cover Letter

Resume

Eric J. Matheny
9099 St Rt 664 North Logan, Ohio 43138, Primary Phone (740)603-2442 C (740)707-7028 email: HYPERLINK "mailto:ejmatheny@gmail.com" ejmatheny@gmail.com

Summary

I was a Police Officer with 21 years in law enforcement, including assisting citizens, investigating accidents and conducting routine patrols. Exceptional report writing ability. I am a police officer versed in dealing with a wide range of difficult situations with a level head and calm disposition.

Highlights

- * Certified Police Officer OPOTA
- * Able to resolve conflicts
- * Familiar with Search and Seizure laws
- * Firearms instructor
- * Instructor in State of Ohio Police Academies
- * CPR/First Aid certified
- * Calm under pressure

- * Advanced lethal weapons training
- * Crime scene processing
- * Exceptional problem solver
- * Sex crimes training
- * Radar speed measurement
- * Patrol procedures
- * Fingerprinting
- * Arrest techniques
- * Able to defuse possible violent situation verbally

Accomplishments

Trained over 10 new officers as Field Training Officer (FTO). Obtained several certifications in the field of Law Enforcement to further my carrier. Ability to handle confrontational situations in a quick and timely manner.

Work Experience

The Columbus Dispatch Printing Company

September 2016 to current

Security Officer, Foot and Road patrol of company properties and residences, respond to burglary and fire, medical alarms, escort employees after hours to vehicles if requested, write reports on incidents.

* Columbus Dispatch Corporate Security

From October 2013 thru November 2015

Supervised third shift security employees, monitored CCTV systems, fire and burglary alarm systems, performed checks of buildings and all safety equipment, wrote reports, keep detailed logs,

* Hocking County Sheriff's Office, Sergeant Road Patrol

From: May 1992 to August 10, 2013

Supervised other deputies, dispatchers, transport officers, investigate crimes, and wrote reports, issued citations, made arrest when appropriate, processed crime scenes.

* Hocking College, Adjunct instructor

From: May 2010 to present

Instructed classes in Ohio Peace Office Academy, taught introduction to firearms in Police Science program

Education

* Logan Elm High School, Circleville, Ohio 43113

Graduated 1990 with Diploma

* Hocking College, Nelsonville, Ohio 45764

Attended: September 1990 to May 1992

Course of Study: Natural Resources emphasizes on Law Enforcement

Degree: Never Obtained

Central Ohio Technical College

Attended: January 2016 to current

Course of Study: Health Care Services

Degree: in process

References available upon request.

READ AND SIGN

Read the following carefully before signing.

(X) * I CERTIFY that the information contained in this application is correct to the best of my knowledge. I UNDERSTAND I am applying for employment with Mount Carmel Health System. I understand that any false statements made as part of the application will be sufficient cause for dismissal. I also grant permission for the authorities of this institution to investigate my references and release said institution, as well as my former employers, from any and all liability resulting from such investigation. I further understand that the application does not constitute an employment contract and termination at will, by either me or Mount Carmel Health System, could occur during the employment relationship.

(X) * I CONSENT to any and all medical and physical examinations including Substance and Alcohol tests as a condition of employment. I UNDERSTAND that as a condition of employment and continuing employment, if hired, I will, at least annually, obtain influenza vaccinations and/or immunizations if required by my Regional Health Ministry, unless I qualify for an exemption permitted under organizational policy or unless mandatory vaccinations and/or immunizations are prohibited under applicable State law.

(X) * I GRANT PERMISSION to Mount Carmel Health System to investigate any and all healthcare fraud and abuse charges and convictions. I agree to release the organization from any and all liability resulting from such investigation. I understand that omission or misrepresentation of convictions for healthcare fraud and abuse, on my behalf, will be sufficient cause for cancellation of consideration for employment or dismissal from the organization if I have been employed.

(X) * I UNDERSTAND that unless prohibited by applicable state or federal law, Mount Carmel Health System will conduct a pre-employment background check including criminal history, education verification, reference checks, license verification and driving records (if required for the position).

(X) * I UNDERSTAND and AGREE that this application for employment and any of the investigations conducted regarding my application may be shared with other members of Mount Carmel Health System and/or affiliates for other employment opportunities.

(X) * I AGREE to comply with Mount Carmel Health System rules, regulations and policies and ACKNOWLEDGE that these rules, regulations and policies may be changed, interpreted, withdrawn, or supplemented anytime and without prior notice to me. I understand that any violation may result in disciplinary action including termination of my employment.

(X) * I AGREE to furnish proof of identity and employment eligibility to work in the U.S within 72 hours of commencing employment.

(X) * I UNDERSTAND that if I am employed I will be subject to any applicable introductory period established by the Regional Health Ministry at which I am hired.

Mount Carmel Health System is a member of CHE Trinity Inc. and an Equal Opportunity Employer (EEO).

My typed name below shall have the same force and effect as my written signature.

Candidate's/Applicant's Signature: Eric J. Matheny

Date: October 6, 2016



Position Applied For

Position: Safety and Security Officer
Facility: Mount Carmel St. Ann's
Department: Security MCSA
Schedule: Contingent
Req Num: 2765

Application for Employment

We consider applicants for all positions without regard to race, color, religion, creed, national origin, age, disability, sexual orientation, marital status, or any other legally protected status.

Instructions to Applicant

1. You must fully and accurately complete the Application for Employment. Incomplete applications will not be considered. Mount Carmel Health System may use the information given in the application to investigate the applicant's previous employment and background.
2. If you are hired, proof of citizenship or immigration status will be required to verify your lawful right to work in the United States.

*** Required Information**

November 25, 2014

SOURCE TRACKING

How did you find out about this position?* Job Board
 Specific Source:* Indeed.com

PERSONAL INFORMATION

Prefix: Mr.
 First Name:*
 MI:
 Last Name:*
 Suffix:
 Address:*
 City:* Columbus
 State:* OH
 Province/Region:
 Zip:* 43228
 Country:* United States

Home/Other Phone:*
 Work Phone:
 Cell Phone:
 Best way to No Preference contact:*
 Email Address:*

WORK HISTORY

List all work experience below beginning with your current (or most recent) position.

Are you currently employed?* Yes

Name of Company:* G4S secure solutions
 Street: 1418 Brice Road
 City:* Reynoldsburg
 State:* OH

Job Duties and Responsibilities:*
 In charge of 4 onsite officers, site payroll and scheduling. Monitor CCTV cameras. conduct routine patrols. Interact with upper management on a daily basis.

Reason For Leaving:*

43068

Zip:* Province/Region: Country: United States Employer's Phone:* 614-322-5100 Job Title:* Site Supervisor Employed From:* 09 2006 Employed To:* Ending (or Current) Salary:* 31200 Supervisor's Name:* Roger Nye Employment Status: Full Time	Still there May we contact this employer for a reference?* Yes While in this position, if you were employed under a different legal name, please list that here:
--	---

Name of Company: G4S Secure Solutions Street: 6499 N. Powerline Road City: Ft. Lauderdale State: FL Zip: 33309 Province/Region: Country: United States Employer's Phone: 954-771-5006 Job Title: Security officer/Site Supervisor Employed From: 06 2000 Employed To: 09 2006 Ending Salary: 2440 Supervisor's Name: Ed Presutti Employment Status: Full Time	Job Duties and Responsibilities: Train new Officers for site specific duties. In charge of site scheduling and pay roll. Provides timely reports to upper management. * Maintain accident/incident reports and operation of CCTV system. Reason For Leaving: Moved to Ohio May we contact this employer for a reference? Yes While in this position, if you were employed under a different legal name, please list that here:
--	--

Name of Company: Baja Beach Club Street: 3339 N. Federal Highway City: Ft. Lauderdale State: FL Zip: 33309 Province/Region: Country: United States Employer's Phone: Job Title: Door Greeter Employed From: 05 1999 Employed To: 06 2000 Ending Salary: 16640 Supervisor's Name: Shane Land Employment Status: Full Time	Job Duties and Responsibilities: Checked Id's of patrons entering night club. Provided Security for co workers and managers. Worked with the Promotion department for the club Reason For Leaving: May we contact this employer for a reference? No While in this position, if you were employed under a different legal name, please list that here:
---	--

EDUCATION

High School/GED

Name of school:* Hollywood Hills Did you graduate? * Yes
 City:* Hollywood Diploma Type:* HIGH SCHOOL
 State:* FL Province/Region:
 Zip:* 33025
 Country:* United States

Associates

Name of school: Major: Criminal Justice Adm
 Address: Degree Type: BACHELORS
 City: Phoenix Did you graduate? Yes
 State: AZ Province:
 Zip:
 Country:

Undergraduate

Name of school: University of Phoenix Major: Criminal Justice
 Address: Degree Type: ASSOCIATES
 City: Phoenix Did you graduate? Yes
 State: AZ Province:
 Zip:
 Country:

List scholastic honors, specialized training and/or apprenticeship details that may be helpful in considering your application. When adding, please provide as much detail as possible about the dates of these activities, locations and skills or experience obtained.

LICENSES/CERTIFICATIONS

Professional Licensure

Please Provide Professional Licenses/Registrations held. Include License Number and Expiration Date.

Type	State	Number	Date Issued	Expiration Date
------	-------	--------	-------------	-----------------

If you are applying for a job category that requires licensure, please answer the following question:
 Is your license currently subject to any investigation by a licensing agency?

EMPLOYMENT PREFERENCES

Please indicate your employment preferences below:

Minimum Salary Desired:* 38000
 Date Available for Work:* 12/15/14
 Are you willing to relocate? Yes
 Which shifts are you willing to work? Flexible

Which schedules are you willing to work? Full Time

Please answer all of the following questions.

- * No Do you have any relatives that currently work for Mount Carmel Health System or any of its affiliates?
 If yes, please list their name(s):
- * No Have you ever been employed by Mount Carmel Health System or any other facility sponsored by Mount Carmel Health System?

If yes, enter the name and address of member/facility and dates of employment:
 Name:
 Address:
 Dates of employment:

WORK AUTHORIZATION/ELIGIBILITY

Please answer all of the following questions.

- * Yes Are you 18 years of age or older?
- * Yes Are you legally able to remain and work in the United States without Sponsorship?
- * No Other than a minor traffic violation, have you ever pled guilty to or been convicted of a crime?
 Consideration will be given to the nature, timing and severity of the crime.
 If yes, give the Offense, the dates plead guilty or convicted, and the Name and Location of the court that convicted you.
- * No Have you ever been sanctioned by the Office of Inspector General of the Department of Health and Human Services (HHS/OIG) or the Government Services Administration (GSA) or excluded or suspended from participation in any federal or state health care program?
- * No Have you ever been found to have engaged in substantiated abuse or neglect of children or adults under the laws of any state of the United States?
 If yes, please list the States, dates, and explain the findings.

REFERENCES

Please give three professional references (DO NOT list relatives or personal references). All fields required.

Name*	Name of Company*	Phone Number*	Email Address*	Relationship*	Years Known*
Jennifer Maxwell	Trans Systems	954 999 2108	JLBrodady@Bellsouth.Net	Friend	18
Mario Ver-Valderamma	Coral Springs Police Dept.	954 600 8154	Camali02@bellsouth.net	Former Co worker	12
Roger Nye	G4S Secure	614 668 6087	Eric.Jenkins.mba@gmail.com	Former Enrollment counselor	6

RESUME

To copy and paste your resume:

1. Highlight the text on the resume you want to copy.
2. Press 'Ctrl C' to copy (Hold down the Ctrl key and press C).
3. Place the cursor in the RESUME box below.
4. Press 'Ctrl V' to paste the information.

Cover Letter

Resume

Columbus, Oh 43228

Home:

HYPERLINK "mailto: [REDACTED]

Objective

A challenging and rewarding career in the Security industry utilizing past education, security experience and training with the opportunity for professional growth

EMPLOYMENT

G4S Secure Solutions USA Inc. June 2000 - Present

An Upscale Security Officer (USO) providing unarmed security protection services at various community, commercial gatehouses, and commercial properties.

* Contracted Security officer 2000-2004

* Contracted Site Supervisor 2004-2006 and 2009-present.

- * Enforced G4S Secure Solutions USA Inc. policies and procedures, State Security Statues, and Post Orders.
- * Train new Officers for site specific duties.
- * In charge of site scheduling and pay roll.
- * Interact with diverse employee and customer groups as to promote harmonious relationships and success.
- * Provides timely reports to upper management.
- * Maintain accident/incident reports and operation of CCTV system.

Baja Beach Club May 1999-June 2000
Door Greeter

- * Checked Id's of patrons entering night club
- * Provided Security for co workers and mangers
- * Worked with the Promotion department for the club

Wyndham Resort and Spa November 1997-May 1999
Prep Cook

- * Prepares all food Items to order, following standard recipes and procedures within specified time limits
- * Handle food in a manner that is consistent with local health department guidelines
- * Stocks/restocks items on line
- * Understands and complies with food safety and temperature standards.
- * Clean and sanitize production equipment, work surfaces and kitchen according to cleaning schedules and procedures.

EDUCATION

- * University of Phoenix
Bachelor of Science In Criminal Justice Administration/Management March 2013
- * University of Phoenix
Associate of Arts in Criminal Justice December 2010

Knowledge and Skills:

- * Security Management
- * Security Audits
- * Physical Security
- * Ethics In Security
- * Corporate Security
- * Microsoft Office
- * Windows Operatlng Systems
- * Ability to work with diverse groups of people in a professional manner
- * Management/Leadership
- * Information System Security Awareness Training

ACHIEVEMENTS and CERTIFICATIONS

- * Received 10-year service certificate from G4S Secure Solutions for longevity
- * Adult First aid and CPR Certified 2014

READ AND SIGN

Read the following carefully before signing.

(X) * I CERTIFY that the information contained in this application is correct to the best of my knowledge. I UNDERSTAND I am applying for employment with Mount Carmel Health System. I understand that any false statements made as part of the application will be sufficient cause for dismissal. I also grant permission for the authorities of this Institution to investigate my references and release said institution, as well as my former employers, from any and all liability resulting from such investigation. I further understand that the application does not constitute an employment contract and termination at will, by either me or Mount Carmel Health System, could occur during the employment relationship.

(X) * I CONSENT to any and all medical and physical examinations including Substance and Alcohol tests as a condition of employment. I UNDERSTAND that as a condition of employment and continuing employment, if hired, I will, at least annually, obtain influenza vaccinations and/or immunizations if required by my Regional Health Ministry, unless I qualify for an exemption

permitted under organizational policy or unless mandatory vaccinations and/or immunizations are prohibited under applicable State law.

(X) * I GRANT PERMISSION to Mount Carmel Health System to investigate any and all healthcare fraud and abuse charges and convictions. I agree to release the organization from any and all liability resulting from such investigation. I understand that omission or misrepresentation of convictions for healthcare fraud and abuse, on my behalf, will be sufficient cause for cancellation of consideration for employment or dismissal from the organization if I have been employed.

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My typed name below shall have the same force and effect as my written signature.

Candidate's/Applicant's Signature: Dennis Dewitt

Date: November 25, 2014



MOUNT CARMEL

A MEMBER OF  TRINITY HEALTH

POSITION DESCRIPTION

POSITION TITLE: Armed Safety & Security Officer	DEPARTMENT: Safety & Security
JOB CODE: M4850	REPORTS TO: Armed Supervisor of Safety & Security
DATE ISSUED: 2/1/2017	SUPERVISES: N/A
DATE REVISED: 2/1/2017	MATRIX REPORTING RELATIONSHIPS: N/A

Mount Carmel Mission Statement and Guiding Behaviors

Mission: We serve together in Trinity Health, in the spirit of the Gospel, to heal body, mind and spirit, to improve the health of our communities and to steward the resources entrusted to us.

The Guiding Behaviors set the expectation for how we work together in living our Mission and Core Values. They are:

- We support each other in serving our patients and communities.
- We communicate openly, honestly, respectfully and directly.
- We are fully present.
- We are all accountable.
- We trust and assume goodness in intentions.
- We are continuous learners.

Job Summary

- In accordance with the Mission and Guiding Behaviors; the Safety & Security Officer is to provide protective services to all persons and property across the Mount Carmel Health System.
- Ensure a safe environment for all associates, physicians, patients, and visitors in compliance with various regulatory standards to include, JC, OSHA, ect.
- Provide a quality service consistent with the values of Mount Carmel Health System for our associates, physicians, patients and visitors.

Job Qualifications (Knowledge, Skills, and Abilities)

- Education: High school graduate or GED required.
- Licensure / Certification: Receipt of Ohio Peace Officer Training Academy certificate of completion prior to being assigned a shift as an Armed Safety and Security Officer for Mount Carmel
- Experience: Three to five years experience in security, law enforcement or military disciplines or equivalent training which might include criminal justice, homeland security, or law enforcement academy is preferred.
- Effective Communication Skills
- Valid driver's license with good driving record maintained
- Customer service oriented able to function in high stress situations with personal restraint, integrity, and control.
- Basic computer skills that commensurate with the job.
- Ability to communicate effectively and appropriately with diverse populations.
- Ability to write, read, and communicate effectively in the English language.

Essential Responsibilities

- Exhibits each of the Mount Carmel Service Excellence Behavior Standards holding self and others accountable and role modeling excellence for all to see. For example: demonstrates friendliness and courtesy, effective communication creates a professional environment and provides first class service.
- Meets population specific and all other competencies according to department requirements.
- Promotes a Culture of Safety by adhering to policy, procedures and plans that are in place to prevent workplace injury, violence or adverse outcome to associates and patients.
- Relationship-based Care: Creates a caring and healing environment that keeps the patient and family at the center of care throughout their experience at Mount Carmel following the principles of our interdisciplinary care delivery system.
- **(For patient care providers)** Provides nursing care, ensures an environment of patient safety, promotes evidence-based practice and quality initiatives and exhibits professionalism in nursing practice within the model of the ANCC Magnet Recognition Program®.
- Maintain a safe and secure environment through job knowledge, skills and engagement. Intervene as appropriate in any safety & security observed issues.
- Enforces all governmental regulations, standards, policies associated with Mount Carmel Health System and Safety & Security policies, (i.e. smoking policy).
- Communicate safety and security discrepancies to the appropriate parties for mitigation.
- Ensure department goals & objectives are reached/maintained during assigned shift(s).
- Responsible for assuring that the Safety, Life Safety, security, and Emergency Management, and the JC standards are followed as it relates to the position.
- Responsible for completing and documenting assigned tasks, such as fire drill and safety tours on time.
- Ensure accurate documentation during assigned shift (i.e. security reports, safety incidents, activity logs).
- Ensure consistent delivery of professional, friendly, and courteous service.
- Comply with the organization and department dress code.
- Conduct initial and follow-up investigations, if warranted or directed, ensuring documentation of investigative steps.
- Proactive patrolling of the campus by foot, segway, or vehicle as assigned.
- Respond to all "STAT" calls expeditiously and safely.

- Be familiar with all hospital emergency codes and appropriate responses
- Responsible for completing assigned tasks/duties on time (i.e. fire drills and safety tours).
- Provide on-the-spot in-service training to staff where knowledge related discrepancies are noted.
- Demonstrate sound judgment, decision skills, and prioritizing responses to emergency situations.
- Ability to perform duties in an independent manner.
- Custodial responsibility for patient valuables and maintaining lost and found by following the proper protocols.

Other Job Responsibilities

- Inspects panic alarms, AED's, and call boxes as assigned.
- Provides escorts for associates, patients, visitors and students (where located) in the hospital areas and areas contiguous to the hospital areas.
- Issue parking citations and enforce the parking policy.
- Provide helipad duties during helicopter landings and departures
- Assist in the collection of ICES data as directed
- Monitoring of cameras and access control responsibilities as assigned
- Citizen arrest duties only in accordance with applicable laws and statutes
- Assist motorist with vehicle assistance as appropriate (i.e. jump start)
- Traffic enforcement keeping emergency entrances and approaches clear of non-emergency vehicle traffic
- Respond to safety incidents/visitor injuries as appropriate, ensuring medical is summoned as appropriate.
- During emergent events direct media to the proper area/contact
- Perform other assigned duties as directed by Management.
- Use proper radio procedures and monitors on-going activity
- Be familiar with geographic location and facility layout
- Immediately report and respond appropriately to Salient events, communicating the event to your supervisor.
- Provide for security per policy for VIPs
- Chemical spill clean up as assigned.
- Responsible for compliance with Organizational Integrity through raising questions and promptly reporting actual or potential wrongdoing.
- All other duties as assigned.

EQUIPMENT: This section requires a response of Yes or No from drop down box.

Radiation: No Electrical: Yes
Chemical: Yes Mechanical: No

KEY TO FREQUENCY CODES for Physical Requirement Sections: This section requires a numerical response from drop down box.

1 = Up to 33% of the time 3 = Over 66% of the time
2 = From 33% - 66% of the time 4 = Not Applicable

PHYSICAL REQUIREMENTS

Sitting: 3 Balancing: 3
Standing: 3 Reaching Overhead: 1
Walking: 3 Grasping: 3
Ability to be Mobile: 3 Keyboarding : 3
Bending: 2 Pinching: 3
Kneeling/Crawling: 1 Twisting: 2
Stooping: 1 Climbing: 1
Turning/Pivoting: 2 Pulling: 2
Working Above Shoulder Level: 4

Pushing: 2 Maximum Weight: Equal to or greater than 35 lbs
Lifting: 3 Maximum Weight: Equal to or greater than 35 lbs

POTENTIAL EXPOSURE: This section requires a response of Yes or No from drop down box.

Blood / Body Fluid Contact: Yes Humidity: No Temperature: No
Air-borne Pathogen: Yes Chemicals (Fumes / Burns): No Dust: No
Radiation: No Vibrations: No Noise: No

Personal Protective Equipment: This section requires a response of Yes or No from drop down box.

Gloves: Yes Shoes: No Goggles: Yes Aprons: No
Masks: Yes Head Covering: No Gowns: Yes

Emotional / Psychological Factors: This section requires a response of Yes or No from drop down box.

Trauma: Yes Grief: Yes Death: Yes Public Contact: Yes Deadlines: Yes

This job description is intended to describe the general content of and requirements for the performance of this job. It is not to be considered an exhaustive statement of duties, responsibilities, or requirements.

Reviewed and Approved by: Drew Evans
Title: Manager System Safety and Security
Date: 3/15/2017
Compensation Rep: Jim Koussaie
Title: Sr. Compensation Consultant
Date: 3/15/2017

Case Status: - Review

Service	Description	Status
<u>Subject Data</u>	[REDACTED]	<input type="radio"/>
Sex Offenders	Subject Name: [REDACTED] - National	<input type="radio"/>
Sex Offenders	Subject Name: [REDACTED] State: Ohio	<input type="radio"/>
Sex Offenders	Subject Name: [REDACTED] State: Florida	<input type="radio"/>
Sex Offenders	Subject Name: [REDACTED] State: Arizona	<input type="radio"/>
County Criminal	Felony, Misdemeanor and Other Offenses - Franklin, Ohio	<input type="radio"/>
County Criminal	Felony, Misdemeanor and Other Offenses - Maricopa, Arizona	<input type="radio"/>
County Criminal	Felony, Misdemeanor and Other Offenses - Broward, Florida	<input type="radio"/>
County Criminal	Felony, Misdemeanor and Other Offenses - Union, Ohio	<input type="radio"/>
Federal Criminal	Felony, Misdemeanor and Other Offenses - Franklin, OH; Union, OH	<input type="radio"/>
Federal Criminal	Felony, Misdemeanor and Other Offenses - Maricopa, AZ	<input type="radio"/>
Federal Criminal	Felony, Misdemeanor and Other Offenses - Broward, FL	<input type="radio"/>
Driving History	Ohio	<input type="radio"/>
Prior Employment	G4s Secure Solutions	<input checked="" type="checkbox"/>
Prior Employment	G4s Secure Solutions	<input checked="" type="checkbox"/>
Prior Employment	Baja Beach Club	<input checked="" type="checkbox"/>
Prior Employment	Wyndham Resort And Spa	<input checked="" type="checkbox"/>
Education	Hollywood Hills	<input type="radio"/>
Education	University of Phoenix	<input type="radio"/>
National Criminal Database	Subject Name: [REDACTED]	<input type="radio"/>
OIG & GSA Excluded Parties	OIG & GSA Excluded Parties	<input type="radio"/>
SanctionsBase	Certiphi SanctionsBase	<input type="radio"/>

Key: = Pass = Review = Pending = Pending Possible

NOTICE: Please be advised that Certiphi Screening's "Pass/Review" ratings are exclusively based on objective standards of interpreting background information legally obtained under The Fair Credit Reporting Act (15 U.S.C. section 1681). Such "Pass/Review" assessments should not be inferred nor understood as legally binding indications, recommendations or consumer rating assessments by Certiphi Screening. Any and all interpretive procedures utilized in characterizing what constitutes all "Pass/Review" ratings are established individually by each client of Certiphi Screening and are merely included in said report for that client's specific requirements. Certiphi Screening does not make any employment or contracting decisions for its clients based on background information in accordance with section 1681m of the FCRA.

Due Diligence Investigation Service Entry/Support Positions - Standard Level 1

Subject:

[REDACTED]
SSN/ID#: [REDACTED]

Client:	Mount Carmel Health System - Human Resources	Client Code: 200-200
Requester:	Dorene Allen / 72504.655500	Report #: 4478997
Request Date:	01/19/2015	Delivery Date: 01/21/2015

Personal & Confidential: This report is to only be used in strict adherence to the terms and conditions set forth in our Agreement. © Certiphi Screening, Inc., 2015. All rights reserved. Certiphi Screening, Inc. is a subsidiary company of Vertical Screen, Inc. Direct any questions to Certiphi Screening, Inc., P.O. Box 541, Southampton, PA 18966 USA. Phone: (800) 803-7860; Fax: (888) 260-1380.

Subject Data	Pass
---------------------	-------------

Name: [REDACTED]

Date of Birth: 01/22/1978

Social Security /ID#: [REDACTED]

<i>SSN/ID# Validation</i>	
State Issued:	MI
Date Issued:	01/01/1978-12/31/1979
DOB Scan:	Clear
Death Index:	Clear
Valid SSN/ID#:	Yes

Current Address: 638 Carpenter Ridge
Columbus, OH 43228
Franklin County
United States

Other Addresses: [REDACTED]
COLUMBUS, OH 43205
Franklin County
United States

[REDACTED]
Hollywood, FL 33025
Broward County
United States

[REDACTED]
Marysville, OH 43040
Union County
United States

[REDACTED]
Phoenix, AZ 85086
Maricopa County
United States

Comments: None

Sex Offender Registry **Pass**

Source Searched: National Sex Offender Registry
Date of Search: 01/19/2015
Subject Covered: [REDACTED]
Date of Birth: 01/22/1978
Search Results: No Records Found
Comments: None

Sex Offender Registry **Pass**

Source Searched: Ohio's Sex Offender Registration and Notification System (SORN)
Date of Search: 01/20/2015
Subject Covered: [REDACTED]
Date of Birth: 01/22/1978
Search Results: No Records Found
Comments: None

Sex Offender Registry **Pass**

Source Searched: Florida Sex Offenders/Predators Registry
Date of Search: 01/20/2015
Subject Covered: [REDACTED]
Date of Birth: 01/22/1978
Search Results: No Records Found
Comments: None

Sex Offender Registry **Pass**

Source Searched: Arizona Sex Offender InfoCenter
Date of Search: 01/20/2015
Subject Covered: [REDACTED]
Date of Birth: 01/22/1978
Search Results: No Records Found
Comments: None

County Criminal **Pass**

Source Searched: Franklin County Common Pleas and County Seat Municipal Court
Records Covered: Felony, Misdemeanor and Other Offenses
Date of Search: 01/20/2015
Subject Covered: [REDACTED]
Search Results: No records found
Comments: None

County Criminal **Pass**

Source Searched: Maricopa County Superior Court & County Seat Justice Court
Records Covered: Felony, Misdemeanor and Other Offenses
Date of Search: 01/20/2015
Subject Covered: [REDACTED]
Search Results: No records found
Comments: None

County Criminal **Pass**

Source Searched: Broward County Circuit & County Courts
Records Covered: Felony, Misdemeanor and Other Offenses
Date of Search: 01/20/2015
Subject Covered: [REDACTED]
Search Results: No records found
Comments: None

County Criminal **Pass**

Source Searched: Union County Common Pleas and County Seat Municipal Court
Records Covered: Felony, Misdemeanor and Other Offenses
Date of Search: 01/19/2015
Subject Covered: [REDACTED]
Search Results: No records found
Comments: None

Federal Criminal **Pass**

Source Searched: USDC - Southern District of OH
Records Covered: Felony, Misdemeanor and Other Offenses
Date of Search: 01/19/2015
Subject Covered: [REDACTED]
Search Results: No records found
Comments: None

Federal Criminal **Pass**

Source Searched: USDC - District of AZ

Records Covered: Felony, Misdemeanor and Other Offenses
Date of Search: 01/19/2015
Subject Covered: [REDACTED]
Search Results: No records found
Comments: None

Federal Criminal	Pass
-------------------------	-------------

Source Searched: USDC - Southern District of FL
Records Covered: Felony, Misdemeanor and Other Offenses
Date of Search: 01/19/2015
Subject Covered: [REDACTED]
Search Results: No records found
Comments: None

Driving History	Pass
------------------------	-------------

Source Searched: Ohio Bureau of Motor Vehicles
Date of Search: 01/19/2015
License Number: [REDACTED]

License Type: PERSONAL
License Class: OPERATOR
License Status: Valid
Issue Date: 01/22/2014
Expiration Date: 01/22/2018
Endorsements: None
Restrictions: CORRECTIVE LENSES

OH Total Current Points: This state did not return a current, active point total

Activity History: None

Comments: None

Supporting Documents: [MVR Report](#)

Prior Employment	Review
-------------------------	---------------

Employer: G4s Secure Solutions
Location: information was not available

Position/Title: Site Supervisor
Title Reported by Subject: Site Supervisor

Employment/Contract Dates: 06/05/2000 to present
Dates Reported by Subject: 09/00/2006 to present
Reason For Leaving: Information was not available.
Eligible for Rehire/Contract: Information was not available.

Source: The Work Number for Everyone
Date of Search: 01/19/2015

Comments: Please note that the dates of employment provided by this employer differ from what was reported by the subject.

Prior Employment	Review
-------------------------	---------------

Employer: G4s Secure Solutions
Location: Information was not available.

Position/Title: Site Supervisor
Title Reported by Subject: Security Officer/site Supervisor

Employment/Contract Dates: 06/05/2000 to present
Dates Reported by Subject: 06/00/2000 to 09/00/2006
Reason For Leaving: Information was not available.
Eligible for Rehire/Contract: Information was not available.

Source: The Work Number for Everyone
Date of Search: 01/20/2015

Comments: Please note that the dates of employment provided by this employer differ from what was reported by the subject.

Prior Employment	Review
-------------------------	---------------

Employer: Baja Beach Club

Note: The subject has requested that we do not contact this employer.

Prior Employment	Review
-------------------------	---------------

Employer: Wyndham Resort And Spa

Note: This employer was not contacted because the subject's employment with this firm falls outside of the time frame specified in your profile, or because we already contacted the prerequisite number of employers specified in your profile.

Education History	Pass
--------------------------	-------------

School: Hollywood Hills High School

Location: Information was not available
Years Attended: Graduated 06/00/1997
Years Reported by Subject: 00/00/0000 - 00/00/0000
Degree: High School Diploma
Degree Reported by Subject: HIGH SCHOOL
DegreeScan: Clear
Credit Hours Obtained: Information was not available
Major: Information was not available
Major Reported by Subject: None reported
Source: DebbiInformation was not available, Records Retention
Comments: None

Education History	Pass
--------------------------	-------------

School: University Of Phoenix
Location: Information was not available
Years Attended: 10/27/2008 to 12/31/2010
Years Reported by Subject: 00/00/0000 - 00/00/0000
Degree: Associates of Arts in Criminal Justice
Degree Reported by Subject: ASSOCIATES
DegreeScan: Clear
Credit Hours Obtained: Information was not available
Major: Criminal Justice
Major Reported by Subject: Criminal Justice
Source: The National Student Clearinghouse
Comments: Please note that the subject was also awarded a Bachelor of Science in Criminal Justice Administration and Management on 03/31/2013.

National Criminal Database	Pass
-----------------------------------	-------------

Source Searched: National Criminal Database
Date of Search: 01/19/2015
Subject Covered: [REDACTED]
Search Results: No records found
Comments: None

OIG & GSA Excluded Parties	Pass
---------------------------------------	-------------

Source Searched: OIG & GSA Excluded Parties
Date of Search: 01/20/2015
Subject Covered: [REDACTED]
Search Results: No records found
Comments: None

Note: This search covers the HHS Office of Inspector General's (OIG) List of Excluded Individuals/Entities (LEIE), and the General Service Administration (GSA) - Excluded Parties List (EPLS) and System for Award Management (SAM). These lists include individuals and entities excluded from federally-funded health care programs, and parties debarred,

suspended, proposed for debarment, or declared ineligible by agencies or by the General Accounting Office.

Certiphi SanctionsBase™	Pass
--------------------------------	-------------

Source Searched:	Certiphi SanctionsBase™
Date of Search:	01/19/2015
Subject Covered:	[REDACTED]
Search Results:	No records found
Comments:	None

Note: The Certiphi SanctionsBase is a proprietary database of sanctions, disciplinary and administrative actions taken by various federal and state healthcare regulatory authorities. The database currently contains information from the FDA, NIH, GSA, OFAC as well as hundreds of other federal and state-level licensing and regulatory bodies. Please advise if you would like more detailed information on the exact contents of Certiphi's SanctionsBase.

End of Report
Copy of Credit Report Attached

TRANSUNION ID REPORT

<FOR>	<SUB NAME>	<MKT SUB>	<INFILE>	<DATE>	<TIME>
(I) E PH0007282	TRUE SCRN	25 CO	11/97	01/19/15	13:34CT

*** BEST MATCH ***

<SUBJECT>	<SSN>	<BIRTH DATE>
[REDACTED]	[REDACTED]	1/78
WITT, DENNIS		
<CURRENT ADDRESS>		<DATE RPTD>
[REDACTED], COLUMBUS OH. 43228		9/08
<FORMER ADDRESS>		
[REDACTED] MARYSVILLE OH. 43040		10/06
[REDACTED], COLUMBUS OH. 43205		

<POSITION>			
G4S SECURE SOLUTIONS	SUPERVISOR		
		9/11	8/13 6/00
645 SECURE SOLUTIONS		5/11	5/11

S P E C I A L M E S S A G E S

**** 0019 INQUIRIES ON FILE ****

ID REPORT SERVICED BY:
 TRANSUNION 800-888-4213
 2 BALDWIN PLACE, P. O. BOX 1000, CHESTER, PA. 19022

END OF TRANSUNION REPORT



www.SkillSurvey.com | (610) 947 - 6300

SKILLSURVEY 360° FEEDBACK REPORT®

Candidate: [REDACTED]

Candidate IP Address: 129.42.208.183

User: Dorene Allen

Date: Monday, January 26, 2015

Report History:

Report Re-finalized: January 26, 2015 - 10:22AM

Report Generated: January 20, 2015 - 12:43PM

ABOUT SKILLSURVEY:

SkillSurvey is the leading provider of online reference assessment solutions that increase quality of hire and improve recruiting efficiency. Using SkillSurvey, organizations improve the quantity and quality of information they collect regarding a candidate's past work performance, providing better information to recruiters and hiring managers as they make decisions on new hires. SkillSurvey also significantly reduces time and money spent on reference checking. This breakthrough, patent-pending approach to reference assessments is based on over 25 years of research in job competency modeling. More information is available at www.SkillSurvey.com.

Note:

The information provided in this report is based solely on reference feedback gathered using SkillSurvey's Pre-Hire 360° survey. This report should not be shared with the candidate.

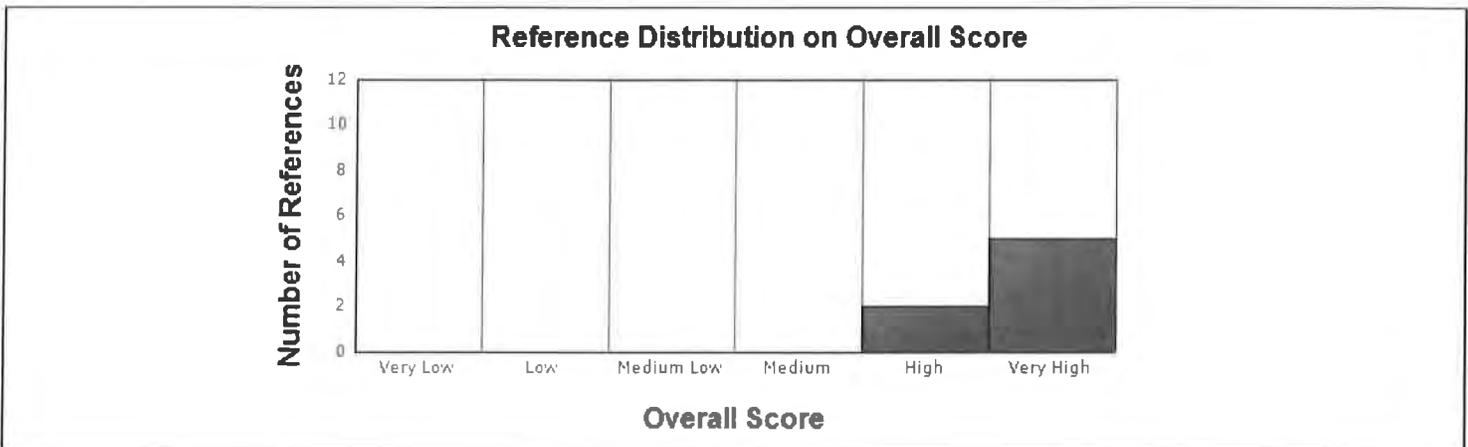
SkillsSurvey Pre-Hire 360 on: [REDACTED]
 Mount Carmel
 Candidate Position: Safety and Security Officer
 Security Officer Position Survey



Overall Score

SkillsSurvey has assessed over 1,900 Security Guards and Loss Prevention candidates. [REDACTED] is benchmarked against a recent sample of these individuals.

Section I: Overall Summary on DENNIS DEWITT							
Top Line ([REDACTED]): Managers		Very Low	Low	Medium Low	Medium	High	Very High
Bottom Line ([REDACTED]): All References							
Overall Score		[Progress Bar]					



Note: Page to the bottom of this report for interpretation of the yellow caution image.

Section II-A: Detailed Competency Report on [REDACTED]							
Top Line ([REDACTED]): Managers		Very Low	Low	Medium Low	Medium	High	Very High
Bottom Line ([REDACTED]): All References							
Cluster 1 - Professionalism: Overall Score		[Progress Bar]					
a) Demonstrate dependability (e.g., report consistently, and on time, for class, work, or meetings)	1	[Progress Bar]					
b) Respond to alarms and emergency situations in a timely manner	0	[Progress Bar]					
c) Provide appropriate assistance, medical attention (such as CPR), or additional personal care to patients, co-workers, and visitors	⚠	[Progress Bar]					
d) Show the ability to independently manage own time and prioritize work to meet deadlines with little or no supervision	1	[Progress Bar]					
e) Display basic computer skills, including email and entering information into software	0	[Progress Bar]					
f) Keep up to date with and apply knowledge relating to applicable rules, regulations, policies, and procedures in the security field	1	[Progress Bar]					
g) Maintain proficiency with job-related technology (e.g., alarm and communication systems, metal detectors, medical equipment)	0	[Progress Bar]					

Top Line (▬): Managers Bottom Line (■): All References		Very Low	Low	Medium Low	Medium	High	Very High
Cluster 2 - Interpersonal Skills: Overall Score							
a) Build strong, positive working relationships with manager and peers and maintain them over time	1						
b) Provide information in a timely manner to others (e.g., manager, patients and their families, visitors, and healthcare professionals)	1						
c) Work with others in a tactful manner while complying with relevant laws, regulations, and procedures	0						
d) Handle complaints, disputes, and conflicts in a manner that reduces tensions and resolves grievances	1						

Top Line (▬): Managers Bottom Line (■): All References		Very Low	Low	Medium Low	Medium	High	Very High
Cluster 3 - Problem Solving and Adaptability: Overall Score							
a) Monitor and evaluate information or situations in order to detect potential problems (e.g., safety hazards, medical emergencies, disorderly conduct) and respond appropriately	1						
b) Engage in sound reasoning and judgment to make decisions, particularly those related to life and safety issues	1						
c) Exhibit flexibility and adapt to change and variety on the job (e.g., effectively handle emergencies, unexpected situations, and unexpected conditions)	1						
d) Accept feedback without becoming angry or defensive and use it to strengthen future performance	1						
e) Display an initiative to take on responsibilities and resolve unanticipated problems	1						

Top Line (▬): Managers Bottom Line (■): All References		Very Low	Low	Medium Low	Medium	High	Very High
Cluster 4 - Personal Value Commitment : Overall Score							
a) Approach the job with confidence and a positive attitude (e.g., smile while working; see the best in situations)	1						
b) Exhibit maturity and self-control, even in situations involving conflict or stress (e.g., does not threaten or abuse others, either physically or verbally)	1						
c) Demonstrate trustworthiness, honesty, and high personal standards in dealings with others	0						
d) Treat patients, co-workers and others of different backgrounds, beliefs, and gender, with fairness, respect, and sensitivity	0						
e) Act in accordance with the highest possible standards of ethics and integrity and comply with all applicable legal, safety, privacy and other regulatory standards and procedures	1						

Top Line (■): Managers Bottom Line (■): All References	Very Low	Low	Medium Low	Medium	High	Very High
Cluster 5 - Alignment with Patient Satisfaction [HCAHPS]: Overall Score						
a) Provide information in a timely manner to others (e.g., manager, patients and their families, visitors, and healthcare professionals)	1					
b) Treat patients, co-workers and others of different backgrounds, beliefs, and gender, with fairness, respect, and sensitivity	0					

Section II-C – Additional Feedback on [Redacted]

1. Responses to the question, "Were you involved in the decision to hire this person at your company?"

Yes : 4/7 (57%)
 No : 3/7 (43%)

2. Responses to the question, "Would you work with this person again?"

Yes : 7/7 (100%)
 No : 0/7 (0%)

Section III: Verbatim Comments on [Redacted]

NOTE: Individual comments separated by horizontal lines

Strengths:

- 1 Job knowledge 2 Works well with others 3 Dependability

- Communicates well with a diverse multicultural community. Able to adapt well in any environment. Takes charge in the absence of supervisors.

- Communication Training Discipline

- Dennis has always been dependable, punctual and professional.

- Extremely trustworthy and dependable Willing to educate himself Passionate about security and law enforcement

- People skills as well as upper management

- Very trustworthy and motivated. Extremely honest and reliable.

Could Improve:

- 1 Appearance. Does not always proper uniform 2 Radio procedures.

- Not using his full potential at work due to limited resources. Needs to be challenged more. Needs to be more proficient as a first responder.

- Continue to work on leadership qualities Continue to strive to better self professionally Further Education

- N/A

- -Development on management level problem solving. -Teaching peers concepts -Finding professional development opportunities

- Dennis is a very reliable employee and has a lot of integrity.

- Focus on details of task completion. Cross and Dot.

Section IV: Custom Question Results

No Custom Questions Enabled

Section V: Reference Information on [REDACTED]

**Recruiter Entered
Candidate**
January 19, 2015

**Candidate Submitted
References**
January 19, 2015

Report Finalized
January 20, 2015



Candidate Response Time
0.02 Calendar Days
0.02 Business Days



Reference Response Time*
0.04 Calendar Days
0.04 Business Days



Reference Response Rate: 100%
of References Entered: 7
of Responses: 7

* Median number of days

Section VI: Reference Detail for [REDACTED]

Managers

Reference Name:	Mr. Roger Nye	Completed?	✓ 01/19/2015 (0.00 business day(s), 0.00 calendar day(s))
Reference Industry:		Relationship to Candidate:	Manager
Reference Company:	G4S	Candidate Job Title:	
		Reference Current Job Title:	Strategic Account Manager
Reference Job Title:	Area Supervisor	Dates:	09/18/2006 To 01/01/2015 (8 years, 4 months)
Reference Address:	Columbus,OH 43068 USA		
Reference Phone#:	W: 614-560-9872		
Reference Email:	Roger.Nye@usa.g4s.com		
Reference IP Address:	70.194.206.137		
Does Reference/Referee want to be informed of professional development opportunities? Yes			

Reference Name:	Mr. Lorren Burnett	Completed?	✓ 01/19/2015 (0.02 business day(s), 0.02 calendar day(s))
Reference Industry:		Relationship to Candidate:	Manager
Reference Company:	G4S	Candidate Job Title:	
Reference Job Title:	Area Manager	Dates:	03/01/2014 To 01/19/2015 (0 years, 11 months)
Reference Address:	Reynoldsburg,OH 43068 USA		
Reference Phone#:	W: 614-322-5100		
Reference Email:	Lorren.Burnett@usa.g4s.com		
Reference IP Address:	66.148.229.146		
Does Reference/Referee want to be informed of professional development opportunities? Yes			

Non-Managers

Reference Name:	Mr. Eric Jenkins	Completed?	✓
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01/19/2015 (0.04 business day(s), 0.04 calendar day(s))

Reference Industry: Relationship to Candidate: Peer (or Colleague)
 Reference Company: University of Phoenix Candidate Job Title:
 Reference Current Company: Ohio Health Reference Current Job Title: Physician Practice Manager
 Reference Job Title: Enrollment counselor Dates : 10/20/2008 To 12/20/2010 (2 years, 2 months)

Reference Address: Grove City,OH 43123 USA
 Reference Phone#: W: 614-668-6087
 Reference Email: Eric.Jenkins@OhioHealth.com
 Reference IP Address: 165.171.240.50
 Does Reference/Referee want to be informed of professional development opportunities? No

Reference Name: Mr. Ted Damon Completed?
 01/20/2015 (0.95 business day(s), 0.95 calendar day(s))

Reference Industry: Relationship to Candidate: Coworker
 Reference Company: G4S Candidate Job Title:
 Reference Current Company: All American Windows Reference Current Job Title: Service technician
 Reference Job Title: Security officer Dates : 03/18/2002 To 04/18/2005 (3 years, 1 month)

Reference Address: Ft. Lauderdale,FL 33309 USA
 Reference Phone#: W: 954-709-9618
 Reference Email: Ted82nd@yahoo.com
 Reference IP Address: 166.172.188.195
 Does Reference/Referee want to be informed of professional development opportunities? No

Reference Name: Mr. Mario Vera-Valderamma Completed?
 Mr. Mario Vara-Valderrama 01/20/2015 (1.04 business day(s), 1.04 calendar day(s))

Reference Industry: Relationship to Candidate: Coworker
 Reference Company: G4S Candidate Job Title:
 Reference Current Company: The City of Coral Springs/ Coral Springs Police De Reference Current Job Title: Law Enforcement Officer
 Reference Job Title: Site Supervisor Dates : 06/01/2004 To 09/15/2006 (2 years, 4 months)

Reference Address: Coral Springs,FL 33065 USA
 Reference Phone#: W: 954-600-8154
 Reference Email: Mohican5524@gmail.com
 Reference IP Address: 99.3.150.238
 Does Reference/Referee want to be informed of professional development opportunities? No

Reference Name: Mr. Glen Hager Completed?
 01/20/2015 (0.98 business day(s), 0.98 calendar day(s))

Reference Industry: Relationship to Candidate: Client (or Customer)
 Reference Company: IBM Candidate Job Title:
 Reference Job Title: Manager Dates : 08/28/2009 To 01/19/2015 (5 years, 5 months)

Reference Address: Columbus,OH 43228 USA
 Reference Phone#: W: 859-509-2343
 Reference Email: Glen@us.ibm.com
 centurion94u@yahoo.com

Reference IP Address: 184.91.37.229

Does Reference/Referee want to be informed of professional development opportunities? No

Reference Name:	Mr. Brian Beall	Completed?	✓ 01/20/2015 (0.01 business day(s), 0.01 calendar day(s))
Reference Industry:		Relationship to Candidate:	Coworker
Reference Company:	Fluor	Candidate Job Title:	
Reference Job Title:	Mail Clerk	Dates :	12/14/2009 To 01/20/2015 (5 years, 1 month)
Reference Address:	Columbus,OH 43228 USA		
Reference Phone#:	W: 614-308-6714		
Reference Email:	BBeall@us.ibm.com		
Reference IP Address:	129.42.208.184		

Does Reference/Referee want to be informed of professional development opportunities? No

 A caution image indicates that there was a rating difference of 3 or more points between the References for a particular behavior. This indicates that there was a difference of opinion (or perception) among the References (e.g., for the same behavior, Reference #1 rated the Candidate a "7," Reference #2 rated the Candidate a "6," Reference #3 rated the Candidate a "6," and Reference #4 rated the Candidate a "4." The difference between the rating of Reference #1 compared to that of Reference #4 was a total of 3 points; thus the caution image.) Analysis of a large sample of Candidates indicates that the appearance of a caution image next to a behavior occurs approximately 8% of the time. We do not recommend that you tell the Candidate that there was a difference in opinion between their References; however, the caution image does serve as a prompt to encourage you to engage in further dialogue with the Candidate on that particular work behavior.

If, however, you observe a caution image next to every or most all behaviors, this usually means that a particular Reference rated the Candidate quite differently than the other References on most all behaviors (that is, rating the Candidate mostly very low, or mostly very high, in comparison to the other References). Analysis of a large sample of Candidates reveals that this occurs approximately 0.45% or less than one-half of 1% of the time. As stated previously, we do not recommend that you tell the Candidate that there was a difference in opinion between their References; however, the appearance of many caution images serves as a prompt to encourage you to engage in further dialogue with the Candidate, such as a conversation around whether there were any issues with the Candidate's job performance. If you do not uncover any performance-related issues, and the SkillSurvey results appear to be inconsistent with all the other materials that you have gathered on the Candidate, you may wish to call all of the Candidate's References in the unlikely event that one of the References had reversed the 1-7 scale when they rated the Candidate (e.g., a Reference may have thought that a "1" meant that the Candidate always exhibited the competency behavior, even though the instructions given to each Reference indicated that a "7" means the Candidate always exhibited the competency behavior). That said, it is common for reference feedback to vary according to the method used (letter, phone, in person, online), and degree of confidentiality afforded to the Reference, with more candid feedback occurring when there is greater confidentiality.

Regardless, SkillSurvey reports should be interpreted in light of other information that you have available on the individual. These reports should never be used as the sole basis for making a hiring, developmental, or promotional decision.

How to interpret the Red text for an IP Address:

An IP Address usually represents a unique computer that belongs to an individual. A bold red color text for an IP address on the report indicates that the same IP Address was used more than once and that there could be a problem with the authenticity of the References that a Candidate has provided. The following scenarios would trigger the bold red color text:

- If the Candidate IP Address is in red text, this means that the Candidate's IP address also matches the IP Address of one or more of the provided References
- If the Candidate IP address is not in red text, but one or more the References have a matching IP address in red text

We cannot guarantee that the above situations definitely mean that the references are not authentic. There is a possibility that Candidates and References can have the same IP address for legitimate reasons. For example, this may happen when some organizations have a corporate security policy where all outgoing traffic to the Internet is set to the same IP Address.

In instances where the Candidate and References **do not** work for the same organization, there is an increased probability that it's an issue with authenticity.

Mount Carmel Health System
Competency-Based Orientation and Introductory Period Evaluation
Safety & Security

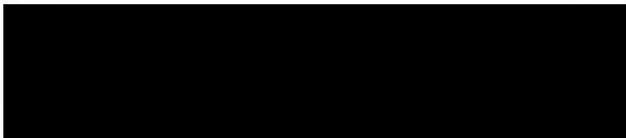
90 Day

Associate Name: [REDACTED]	ID Number: [REDACTED]	Job Title: Security Officer	<input checked="" type="checkbox"/> New Hire <input type="checkbox"/> Transfer <input type="checkbox"/> Additional job code
----------------------------	-----------------------	-----------------------------	---

Core Competencies Based upon job description, performance standards, and regulatory/accrediting standards.	Method of Competency Validation (may use more than one method)								Date	Competency Assessed by: (signature and credentials)
	Return Demonstration	Observation of daily work	Post-test	Mock Event/Simulation	QI Monitor/Audit	Peer Review	Case Study	Discussion Group		
Effective in patrol techniques, communications use of cameras-monitoring/recording, escorts, door openings, assist calls. Knowledge of location of Security sensitive areas.	X	X				X			6-17-15	D.N. Supervisor
Enforces policies & procedures	X	X				X			6-17-15	D.N.
Completes accurate incident report documentation/investigation and follow-ups as appropriate	X	X				X			6-17-15	D.N.
Completes accurate activity logs	X	X				X			6-17-15	D.N.
Ability to apply clinical restraints and assistance	X	X		X		X			6-17-15	D.N.
Ability to work independently	X	X		X		X			6-17-15	D.N.
Completes timely fire drills and critiques	X	X		X		X			6-17-15	D.N.
Understands ILSM protocols	X	X				X			6-17-15	D.N.
Ability to turn off Med Gas per policy	X	X				X			6-17-15	D.N.
Workplace Violence policy knowledge	X	X				X	X	X	6-17-15	D.N.
Ability to process visitors after-hours or as required	X	X				X			6-17-15	D.N.
Ability to lock and unlock facility (Includes Lockdown plan)	X	X				X			6-17-15	D.N.
Management of Aggressive Behavior and de-escalation techniques	X	X		X					6-17-15	D.N.
Understands Safe Medical Device Act responsibilities	X	X					X		6-17-15	D.N.
Helicopter operations- Safety duties	X	X				X			6-17-15	D.N.
Discernment of sentinel events-notification protocols	X	X							6-17-15	D.N.
Knowledge of Emergency Codes and security response (i.e. Code Red, Code Adam, Code Orange, etc).	X	X		X		X			6-17-15	D.N.
Follows the department uniform and dress code	X	X							6-17-15	D.N.
Disseminates pertinent info (pass on book, memo, reports, BOLO)	X	X				X			6-17-15	D.N.
Understands Forensic responsibilities	X	X		X		X			6-17-15	D.N.
Understands role and actions- VIP/Media event	X	X				X			6-17-15	D.N.
Enforces Tobacco -Free policy	X	X				X			6-17-15	D.N.
Officer can articulate use of force and demonstrate "take downs" and the use of defensive weapons: ASP & Pepper Spray and law enforcement restraints: (i.e. handcuffs)	X	X				X			6-17-15	D.N.
Officer demonstrates the ability to co-operate with other agencies, departments, and staff as appropriate	X	X				X			6-17-15	D.N.
Officer has a basic understanding of the National Patient Safety Goals.	X	X					X		6-17-15	D.N.
Officer demonstrates proper telephone etiquette.	X	X				X			6-17-15	D.N.



<ul style="list-style-type: none"> • Repeats instructions several times. • Discuss one item at a time. • Assist in transferring patient under direction of a Registered Nurse. • Provide privacy/modesty 	X	X								6-17-15	Supervisor D.N.
<p>Adult (18-64 years)</p> <ul style="list-style-type: none"> • Calls patient by preferred name. • Allows choices when possible • Provides for privacy/modesty • Respects patient right to make informed decisions. • Assists in relinquishing valuables • Watches body language as cue for feelings. • Interviews patient in a calm, reassuring manner concerning lost articles. • Assists in controlling confused patient. 	X	X								6-17-15	D.N.





OHIO PEACE OFFICER TRAINING COMMISSION &

THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that

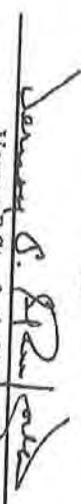


has completed the Ohio
Private Security Firearms Requalification Program

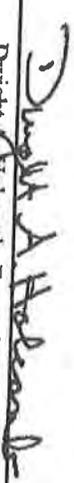
Conducted by
AimHi Private Security Academy

Awarded On
August 02, 2020


Dave Xost
Attorney General


Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission
644827 A PSR20-304
REQUALIFICATION DUE BY 9/4/2021




Dwight A. Holcomb, Executive Director
Ohio Peace Officer Training Commission

School Commander

This certificate alone does not authorize you to work as a security guard or private investigator. For licensing requirements, contact the Ohio Department of Public Safety/Private Investigator Security Guard Services or visit <http://pjisgs.ohio.gov/>

2017-18 Staff Annual Performance Review

MCHS_Safety and Security Officer_M2412

Organization: Security MCSA (Evans, Drew (265153)
(Inherited)) (inactive)

Manager: Nelson, David A (271344)

Location: MCHS - Mount Carmel St. Ann's

Evaluated By: Nelson, David A (271344)

07/01/2017 - 06/30/2018

Overall

Manager Overall Evaluation

Calculated Rating: 3.25

Rating: Fully Met

Comment:

Acknowledgement

Manager

Entered by: Nelson, David A (271344) Date: 08/18/2018

Status: Acknowledge Review without Comments

Comment:

Employee

Entered by: ██████████ (On Leave) (██████████) Date: 08/18/2018

Status: Acknowledge Review without Comments

Comment:

Goals

Be considered for promotion within the next year since there are supervisor positions opening up soon

Due Date: 05/31/2018 Status: Completed Completion Date: 06/30/2018

Category: 2. Engaged Colleagues

Weight: 25

Manager Evaluation

Rating: Fully Meets

Comment: ██████████ fully meets this goal and has interviewed for open supervisors positions in the system.

Employee Evaluation

Rating:

Comment:

Additional Manager Evaluation

To be armed since I have the certification.

Due Date: 03/31/2018 Status: Completed Completion Date: 06/30/2018

Category: 3. Operational Excellence

Weight: 25

Manager Evaluation

Rating: **Partially Meets**

Comment: Due to number of times class was taken this goal is to be looked at in the future.

Additional Manager Evaluation

Employee Evaluation

Rating:

Comment:

To continue to help others to the best of my ability and do the job that I am required of at all times.

Due Date: 05/31/2018

Status: Completed

Completion Date: 06/30/2018

Category: 2. Engaged Colleagues

Weight: 25

Manager Evaluation

Rating: **Fully Meets**

Comment: [redacted] meets all requirements of a Safety Security Officer and is trying to help be a role model for newer officers in the department.

Additional Manager Evaluation

Employee Evaluation

Rating:

Comment:

To take all necessary training in order for opportunities of advancement

Due Date: 03/31/2018

Status: Completed

Completion Date: 06/30/2018

Category: 2. Engaged Colleagues

Weight: 25

Manager Evaluation

Rating: **Fully Meets**

Comment: [redacted] does try to take additional training by going to IRTB in New Mexico but needs to look at additional training options such as FEMA courses and other online courses.

Additional Manager Evaluation

Employee Evaluation

Rating:

Comment:

Section Summary

Manager Evaluation

Rating: **Fully Meets**

Employee Evaluation

Rating:

Core Values

Reverence

We honor the sacredness and dignity of every person.

- I connect with compassion and courtesy
- I respect every person.

- I use preferred names, introduce myself, my role, and what I am doing.
- I smile, acknowledge others, open doors, make eye contact, and say please and thank you.
- I am aware of my facial expressions and body language.

Manager Evaluation

Rating: **Exceeded**

Employee Evaluation

Rating: **Exceeded**

Commitment to Those Who are Poor

We stand with and serve those who are poor, especially those most vulnerable.

- I reach out to help those in need.
- I escort patients/family to their location.
- I notice when others are suffering or struggling and reach out to comfort and assist them.

Manager Evaluation

Rating: **Exceeded**

Employee Evaluation

Rating: **Exceeded**

Justice

We foster right relationships to promote the common good, including sustainability of Earth.

- I make every moment matter.
- I build and maintain healthy and trusting relationships.
- I avoid judging others because of differences or circumstances.
- I listen and avoid interrupting and multitasking.

Manager Evaluation

Rating: **Exceeded**

Employee Evaluation

Rating: **Exceeded**

Stewardship

We honor our heritage and hold ourselves accountable for the human, financial and natural resources entrusted to our care.

- I engage every day with an owner's mind and a servant's heart.
- I support others in fulfilling our Mission.
- I own every problem and seek to find a resolution.
- I practice self-care and invest in my own resilience.

Manager Evaluation

Rating: **Exceeded**

Employee Evaluation

Rating: **Exceeded**

Integrity

We are faithful to who we say we are.

- I am a champion for our Mission and Core Values.
- I put people at the center of all I do by being present and attentive.
- I practice gratitude.
- I take responsibility for my role as a team member.

Manager Evaluation

Rating: **Exceeded**

Employee Evaluation

Rating: **Exceeded**

Section Summary

Manager Evaluation

Rating: **Exceeded**

Employee Evaluation

Rating: **Exceeded**

Comment:

Comment:

Manager Role Specific Accountabilities of the Job Description

Colleague demonstrates the essential functions, knowledge and skills in the job description, including other duties and competencies as assigned.

Manager Evaluation

Rating: **Fully Met**

Response: He meets essential functions and knowledge of the job description.

Additional Manager Evaluation

In consideration and review of the colleague's job description, describe and give specific examples of what essential functions of the job the colleague is meeting or exceeding. What does the colleague do well?

Manager Evaluation

Rating: **Fully Met**

Response: [REDACTED] does a good job of trying to help out newer officers get to know the job.

Additional Manager Evaluation

In consideration and review of the colleague's job description, describe and give specific examples of any essential functions of the job where the colleague is partially meeting or not meeting. Identify any areas for improvement.

Manager Evaluation

Rating: **Fully Met**

Response: [REDACTED] performs a proficient level for the Safety Security Officer position.

Additional Manager Evaluation

Section Summary

Manager Evaluation

Rating: **Fully Met**

Colleague Role Specific Accountabilities of the Job Description

Colleague demonstrates the essential functions, knowledge and skills in the job description, including other duties and competencies as assigned.

Manager Evaluation _____

Rating: **Fully Meets**
Response: [REDACTED] Fully functions in the Security Officer duties and competencies.

Employee Evaluation _____

Rating: **Fully Meets**
Response:

Additional Manager Evaluation _____

2018-19 Staff Annual Performance
Review

MCHS_Armed Safety and Security Officer_M4850
Manager: Nelson, David A (271344)
Evaluated By: Nelson, David A (271344)

Organization: Security MCSA+ (Nelson, David A (271344))
Location: MCHS - Mount Carmel St. Ann's
07/01/2018 - 06/30/2019

Overall

Manager Overall Evaluation

Calculated Rating: 3.4
Rating: Fully Met

Acknowledgement

Manager

Entered by: Nelson, David A (271344) Date: 08/26/2019
Status: Acknowledge Review with Comments
Comment: [REDACTED] is a great team member and has made great strides this year. Keep up the good work!

Employee

Entered by: [REDACTED] (On Leave) [REDACTED] Date: 08/26/2019
Status: Acknowledge Review without Comments
Comment:

Goals

Continue to provide stewardship and kindness when needed. Also to continue to find ways to improve as an officer. Learn from other officers.

Due Date: 05/30/2019 Status: Completed Completion Date: 05/30/2019
Category: 1. People Centered Care
Weight: 25

Manager Evaluation

Rating: Fully Meets
Comment: [REDACTED] has done a great job this past review period. He has maintained his OPOTA certification and has improved with his patient/visitor interactions during stressful situations.

Employee Evaluation

Rating: Fully Meets
Comment: I feel that as I continue to work here, I fully meet this goal, as I try to be kind to all patients and visitors, regardless of what the situation is

Continue to take additional training classes besides the ones that are required. I would like to go back out to New Mexico for the Suicide bomb training course. I plan on going to the range at least once or twice a month as well.

Due Date: 05/30/2019 Status: Completed Completion Date: 05/30/2019

Category: 3. Operational Excellence

Weight: 25

Manager Evaluation

Rating: **Exceeds**

Comment: [REDACTED] has pursued additional training with additional training through DHS and has a seminar scheduled. He also worked very hard to improve his shooting skills this past year. Continue practicing those skills regularly.

Employee Evaluation

Rating: **Fully Meets**

Comment: I have done all the required training for the year. I would like to go with other officers back to New Mexico for the suicide bomb training class. I will continue any and all educational opportunities that I am able to achieve.

To be considered as a FTO and train new officers that are hired for the shift they are assigned to work

Due Date: 05/30/2019

Status: Completed

Completion Date: 05/30/2019

Category: 6. Effective Stewardship

Weight: 25

Manager Evaluation

Rating: **Exceeds**

Comment: [REDACTED] has continued interest in becoming an FTO. Dennis's skills have improved to the level that the supervisors have considered that request and will have Dennis start FTO training.

Employee Evaluation

Rating: **Fully Meets**

Comment: I would still like to be considered for this position as I feel I have grown and shown leadership skills as time goes on

To hopefully be considered for supervisor position one day

Due Date: 05/30/2019

Status: Completed

Completion Date: 05/30/2019

Category: 2. Engaged Colleagues

Weight: 25

Manager Evaluation

Rating: **Fully Meets**

Comment: [REDACTED] is going in the right direction to be considered for future supervisor positions. He need to continue practicing control during stressful situations and also continue pursuing additional Environment of Care training.

Employee Evaluation

Rating: **Fully Meets**

Comment: I applied for a supervisor position however, was not chosen. Will apply for other supervisor positions as they become open

Section Summary

Manager Evaluation

Rating: **Exceeds**

Employee Evaluation

Rating: **Fully Meets**

Core Values

Colleague demonstrates the Core Values of Trinity Health on a daily basis through his/her behavior and interaction with others, internally and externally, to achieve the goals and priorities of the organization. The Trinity Health Core Values are: Reverence, Commitment to Those Who Are Poor, Justice, Stewardship, and Integrity.

Manager Evaluation

Rating: **Exceeded**
Response: [REDACTED] continues to improve with his interactions with others maintain professionalism and control. Continue practicing in those areas.

Employee Evaluation

Rating: **Exceeded**
Response: I do the best I can always when on duty. Regardless of the situation I feel the need to help the person the best I can.

Section Summary

Manager Evaluation

Rating: **Exceeded**

Employee Evaluation

Rating: **Exceeded**

Role Specific Job Duties

Colleague demonstrates the essential functions, knowledge and skills in the job description, including other duties and competencies as assigned.

Manager Evaluation

Rating: **Fully Met**
Response: [REDACTED] is very knowledgeable of his position. At times [REDACTED] assumes the lead when it comes to decision making but must also allow his peers to make those decisions at times. [REDACTED] at times gets too involved in the clinical side and needs to stay within his security role.

Employee Evaluation

Rating: **Exceeded**
Response: As this is my fourth year, I feel that I have grown a lot within the system and continue to do so. I help new co workers out as much as I can. I am very flexible with my schedule and always will be. I always reach out to my superiors if there is an issue that I am unable to handle myself.

Section Summary

Manager Evaluation

Rating: **Fully Met**

Employee Evaluation

Rating: **Exceeded**

Staff Annual Performance Review 2016 - 17

MCHS_Safety and Security Officer_M2412

Organization: Security MCSA (Evans, Drew (265153) (Inherited)) (inactive)

Manager: Nelson, David A (271344)

Location: MCHS - Mount Carmel St. Ann's

Evaluated By: Nelson, David A (271344)

07/01/2016 - 06/30/2017

Overall

Manager Overall Evaluation

Calculated Rating: 2.42

Rating: Partially Met

Comment:

Acknowledgement

Manager

Entered by: Nelson, David A (271344)

Date: 08/29/2017

Status: Acknowledge Review without Comments

Comment:

Employee

Entered by: (On Leave))

Date: 08/28/2017

Status: Acknowledge Review without Comments

Comment:

Goals

To continue to do the job to the best of my ability and show compassion when needed

Due Date: 03/31/2018

Status: Completed

Completion Date: 06/30/2017

Category: 1. People Centered Care

Weight: 50

Manager Evaluation

Rating: Partially Meets

Comment: continues to work on his managing critical incident skills. needs to assure that these situations are appropriately handled to assure a safe outcome for all involved.

Employee Evaluation

Rating: Fully Meets

Comment: Throughout the year I have continued to learn from other officers and learned a lot from their feedback as far as how to handle situations. The officers on my shift have been a great help to me and we work great together as a core group.

Additional Manager Evaluation

To see what can be done for advancement opportunities

Due Date: 03/31/2018 Status: Completed

Completion Date: 06/30/2017

Category: 2. Engaged Colleagues

Weight: 50

Manager Evaluation

Rating: **Partially Meets**

Comment: [REDACTED] is working on becoming more independent when certain situation arise but there are occasions that others need to step in to assure the situations are handled appropriately. [REDACTED] has had several coachings this past review period to work on these issues.

Additional Manager Evaluation

Employee Evaluation

Rating: **Fully Meets**

Comment: I continue to learn new things daily and I continue to work better in many aspects as time goes on

Section Summary

Manager Evaluation

Rating: **Partially Meets**

Comment:

Employee Evaluation

Rating: **Fully Meets**

Comment: I have learned how to handle things differently than when I first started. My ability for this job continues to improve with the training that I have received.

Core Values

Reverence

We honor the sacredness and dignity of every person.

- I connect with compassion and courtesy
- I respect every person.
- I use preferred names, introduce myself, my role, and what I am doing.
- I smile, acknowledge others, open doors, make eye contact, and say please and thank you.
- I am aware of my facial expressions and body language.

Manager Evaluation

Rating: **Fully Met**

Comment: [REDACTED] is very personable and is well liked by his peers. He continues to work on his "teamwork" skills and body language during certain situations.

Additional Manager Evaluation

Employee Evaluation

Rating: **Exceeded**

Comment: Regardless of the situation I do the best I can to respect everyone and I treat everyone the same

Commitment to Those Who are Poor

We stand with and serve those who are poor, especially those most vulnerable.

- I reach out to help those in need.
- I escort patients/family to their location.
- I notice when others are suffering or struggling and reach out to comfort and assist them.

Manager Evaluation

Employee Evaluation

Rating: **Exceeded**
Comment: [REDACTED] is always willing to help anyone that is in need. Always assisting patients and staff as needed.

Rating: **Exceeded**
Comment: I ask patients or visitors if they need anything if staff isn't around if a call light goes off.

Additional Manager Evaluation

Justice

We foster right relationships to promote the common good, including sustainability of Earth.

- I make every moment matter.
- I build and maintain healthy and trusting relationships.
- I avoid judging others because of differences or circumstances.
- I listen and avoid interrupting and multitasking.

Manager Evaluation

Rating: **Fully Met**
Comment: [REDACTED] generally is a good listener but on occasion needs to step back and observe and let the other officer take the lead on the situations without interrupting.

Employee Evaluation

Rating: **Exceeded**
Comment: Every situation is different and I have learned to adjust and properly handle each call that we receive

Additional Manager Evaluation

Stewardship

We honor our heritage and hold ourselves accountable for the human, financial and natural resources entrusted to our care.

- I engage every day with an owner's mind and a servant's heart.
- I support others in fulfilling our Mission.
- I own every problem and seek to find a resolution.
- I practice self-care and invest in my own resilience.

Manager Evaluation

Rating: **Fully Met**
Comment: [REDACTED] has good core values he just needs to continue to work on his behavior during crisis situations.

Employee Evaluation

Rating: **Exceeded**
Comment: I do the best to my ability and make sure that safety comes first.

Additional Manager Evaluation

Integrity

We are faithful to who we say we are.

- I am a champion for our Mission and Core Values.
- I put people at the center of all I do by being present and attentive.
- I practice gratitude.
- I take responsibility for my role as a team member.

Manager Evaluation

Rating: **Exceeded**
Comment: [REDACTED] has the upmost integrity. He takes all responsibility for his actions and truly tries to address concerns as addressed by his supervisor.

Employee Evaluation

Rating: **Exceeded**
Comment: I am always polite towards patients and visitors and listen to their concerns or needs

Additional Manager Evaluation

Section Summary

Manager Evaluation

Rating: **Fully Met**

Employee Evaluation

Rating: **Exceeded**

Role Specific Accountabilities of the Job Description

Colleague demonstrates the essential functions, knowledge and skills in the job description, including other duties and competencies as assigned.

Manager Evaluation

Rating: **Partially Met**

Response: [REDACTED] knows the competencies and how to do all tasks. [REDACTED] continues to work on certain problem solving skills addressed by his supervisor and how to handle those situations appropriately and safely. [REDACTED] has made some progress this year.

Employee Evaluation

Response: I do the job to the best of my ability and continue to show compassion when needed.

Additional Manager Evaluation

Section Summary

Manager Evaluation

Rating: **Partially Met**

Brittany R. Wurm

From: Drew M. Evans
Sent: Sunday, November 22, 2015 10:37 PM
To: Brittany R. Wurm
Cc: Amanda M. McCullouch; Michael Angeline
Subject: FW: Lewis Center Security

aaron 765?
[Redacted]

Aaron Ragland who was just hired for PT Lewis Center would like to move to FT at Lewis Center.
[Redacted] who is casual at MCSA would like to move to Lewis Center FT. Should I to a PCF or a IRF for this?

Also please take down all Lewis Center job postings for Security other than 1 PT spot. We are still actively trying to fill that.

From: Drew M. Evans
Sent: Sunday, November 22, 2015 10:01 PM
To: Brittany R. Wurm (Brittany.Wurm@mchs.com)
Cc: Michael Angeline; Amanda M. McCullouch
Subject: Lewis Center Security

I just talked to Caleb Durant and Lloyd Graham using the talking points provided by Communications about the Lewis Center campus. Both have decided to remain at MCSA and not transfer to Lewis Center. Can you please cancel the transfer.

Drew Evans
System Manager Safety, Security, Parking Services
Mount Carmel Health System
500 S. Cleveland Ave.
Westerville, OH 43081
(614)898-4149
aevans2@mchs.com

**Mount Carmel Human Resources
Non-Management Performance Appraisal Form**

First Name [REDACTED] Last Name [REDACTED] Associate ID # [REDACTED]

90 DAY

REQUIREMENTS

	Yes or No
1. Demonstrates training with new equipment.	<input checked="" type="checkbox"/> Yes
2. Demonstrates training/education regarding new or revised documentation forms, policies/procedures, and quality issues.	<input type="checkbox"/> Yes
3. Demonstrates knowledge and integration of bloodborne pathogen regulations/TB into practice (Complies with TB testing).	<input type="checkbox"/> Yes
4. Demonstrates knowledge and integration of 7 safety practices (medical equipment, utilities, emergency preparedness, life safety, hazardous material, safety including back safety), and security management, as documented in HealthStream.	<input type="checkbox"/> Yes
5. Demonstrates knowledge and skill in caring for population specific patients (Complete and attach the Population Specific Competency Evaluation Form and keep with education records in department. Enter competency into HealthStream).	<input type="checkbox"/> Yes
6. Demonstrates knowledge of other regulatory practices as appropriate to area/department practice. Has completed required HIPAA education.	<input type="checkbox"/> Yes
7. Demonstrates knowledge and accurate documentation of time worked in the automated timekeeping system.	<input type="checkbox"/> Yes
8. Other job specific requirements.	<input type="checkbox"/> Yes

ENTERED
CARL SPECKMAN
SEP 02 2015
HUMAN RESOURCES

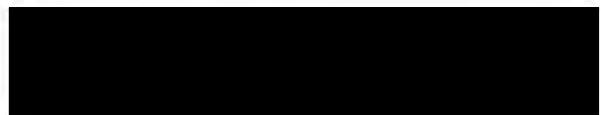
All Associates are expected to keep these requirements current. Failure to do so may result in Corrective Action.

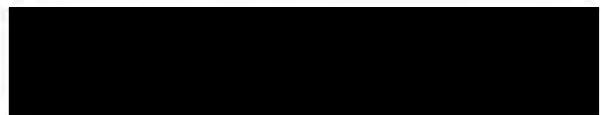
Manager's Comments

Dennis needs to continue to learn the healthcare side of security has has made great strides in the adjustment. He needs to focus on monitoring his volume and his sense of urgency. It is very much appreciated that Dennis is always available in assisting with department needs with filling open shifts. Dennis has successfully completed his 90 day evaluation.

Manager's Signature  Manager ID 271244 Date 6/17/2015

Associate's Comments



Associate's Signature  Associate ID 4040316 Date 6/17/15

	Weighted	
Guiding Behaviors Score	3	1 000
Skills and Knowledge Competencies Score	#DIV/0!	#DIV/0!
Individuals Goals (for past 12 months)	#DIV/0!	#DIV/0!
Overall Performance Score	#DIV/0!	

Please click link below to be directed to the Annual Mandatory Forms and Uniforms pages: [Annual Mandatory Forms](#)

E 5-31-15
F 2-23-15
J 5-25-15
N 5-1-16

**Mount Carmel Human Resources
Non-Management Performance Appraisal Form**

First Name [Redacted] Last Name [Redacted] Associate ID #: [Redacted]

90 DAY

INDIVIDUAL GOALS: (for PAST 12 months)
Individual Goals support Department, Business Unit and System Goals

Rating Scale:
3 = achieved goal
2 = some progress towards goal
1 = unable to make progress towards goal
(5 scores are acceptable)

Please DOCUMENT and provide RATINGS for your Individual Goals for the past year in the space provided below.

Individual Goal	Rating	
	Self	Manager
I would like to continue learning the policies and procedures Mt. Carmel has in place.		
I want to continue learning from the other officers on how to handle certain situations as well as making sure I get all the vital information in key situations.		
Continue to learn the layout of the hospital in order for me to get to an area in case of emergent situations.		
Take all required training courses.		

#01W/01

**Mount Carmel Health System
Competency-Based Orientation and Introductory Period Evaluation
Safety & Security**

90 *DNV*

Associate Name: [REDACTED]	ID Number: [REDACTED]	Job Title: Security Officer	<input checked="" type="checkbox"/> New Hire <input type="checkbox"/> Transfer <input type="checkbox"/> Additional job code
--	---	-----------------------------	---

Core Competencies Based upon job description, performance standards, and regulatory/accrediting standards.	Method of Competency Validation (may use more than one method)								Date	Competency Assessed by: (signature and credentials)
	Return Demonstration	Observation of daily work	Post-test	Mock Event/ Simulation	QI Monitors/ Audits	Peer Review	Case Study	Discussion Group		
Effective in patrol techniques, communications use of cameras-monitoring/recording, escorts, door openings, assist calls. Knowledge of location of Security sensitive areas.	X	X				X			6-17-15	<i>D.N. Supervisor</i>
Enforces policies & procedures	X	X				X			6-17-15	<i>D.N.</i>
Completes accurate incident report documentation/investigation and follow-ups as appropriate	X	X				X			6-17-15	<i>D.N.</i>
Completes accurate activity logs	X	X				X			6-17-15	<i>D.N.</i>
Ability to apply clinical restraints and assistance	X	X		X		X			6-17-15	<i>D.N.</i>
Ability to work independently	X	X		X		X			6-17-15	<i>D.N.</i>
Completes timely fire drills and critiques	X	X		X		X			6-17-15	<i>D.N.</i>
Understands ILSM protocols	X	X				X			6-17-15	<i>D.N.</i>
Ability to turn off Med Gas per policy	X	X				X			6-17-15	<i>D.N.</i>
Workplace Violence policy knowledge	X	X				X	X	X	6-17-15	<i>D.N.</i>
Ability to process visitors after-hours or as required	X	X				X			6-17-15	<i>D.N.</i>
Ability to lock and unlock facility (includes Lockdown plan)	X	X				X			6-17-15	<i>D.N.</i>
Management of Aggressive Behavior and de-escalation techniques	X	X		X				X	6-17-15	<i>D.N.</i>
Understands Safe Medical Device Act responsibilities	X	X						X	6-17-15	<i>D.N.</i>
Helicopter operations- Safety duties	X	X				X			6-17-15	<i>D.N.</i>
Discernment of sentinel events-notification protocols	X	X				X			6-17-15	<i>D.N.</i>
Knowledge of Emergency Codes and security response (i.e. Code Red, Code Adam, Code Orange, etc).	X	X		X		X			6-17-15	<i>D.N.</i>
Follows the department uniform and dress code	X	X							6-17-15	<i>D.N.</i>
Disseminates pertinent info (pass on book, memo, reports, BOLO)	X	X				X			6-17-15	<i>D.N.</i>
Understands Forensic responsibilities	X	X		X		X			6-17-15	<i>D.N.</i>
Understands role and actions- VIP/Media event	X	X				X			6-17-15	<i>D.N.</i>
Enforces Tobacco -Free policy	X	X				X			6-17-15	<i>D.N.</i>
Officer can articulate use of force and demonstrate "take downs" and the use of defensive weapons: ASP & Pepper Spray and law enforcement restraints: (i.e. handcuffs)	<i>TO</i>	<i>BB</i>								<i>Schalick</i> <i>D.N.</i>
Officer demonstrates the ability to co-operate with other agencies, departments, and staff as appropriate	X	X				X			6-17-15	<i>D.N.</i>
Officer has a basic understanding of the National Patient Safety Goals.	X	X						X	6-17-15	<i>D.N.</i>
Officer demonstrates proper telephone etiquette.	X	X				X			6-17-15	<i>D.N.</i>



<ul style="list-style-type: none"> • Repeats instructions several times. • Discuss one item at a time. • Assist in transferring patient under direction of a Registered Nurse. • Provide privacy/modesty 	X	X									6-17-15 <i>Supervisor</i> <i>D.N.</i>
<p>Adult (18-64 years)</p> <ul style="list-style-type: none"> • Calls patient by preferred name. • Allows choices when possible • Provides for privacy/modesty • Respects patient right to make informed decisions. • Assists in relinquishing valuables • Watches body language as cue for feelings. • Interviews patient in a calm, reassuring manner concerning lost articles. • Assists in controlling confused patient. 	X	X									6-17-15 <i>D.N.</i>





MCSA
2-9-15
Bryan

New Employee Information Form

(Used for information/EEOC/insurance reporting purposes only)

Please type your name exactly as it appears on your Social Security Card:

[Redacted]	[Redacted]	[Redacted]
First Name	Middle Name	Last Name

Social Security No. (### - ## - ####)	[Redacted]	Hire Date (per offer letter)	
Street Address	[Redacted]	Apt or P.O. Box	
City:	Columbus	State	OH
County	Franklin	Zip Code	43228
Country	United States	Email Address	[Redacted]
Home Phone Number (### - ### - ####)	[Redacted]	Cell Phone Number (### - ### - ####)	
Other Phone Number (### - ### - ####)		Birthdate (MM/DD/YYYY)	01/22/1978

Gender Male <input checked="" type="radio"/> Female <input type="radio"/>	Marital Status		
	<input checked="" type="radio"/> Single	<input type="radio"/> Married	<input type="radio"/> Divorced
	<input type="radio"/> Separated	<input type="radio"/> Widowed	<input type="radio"/> Common-Law
	<input type="radio"/> Head of Household		
Highest Education:	Bachelor's Degree		

Military Status: <i>Military Status is used to track those employees who are considered a veteran.</i>	<input checked="" type="radio"/> No Military Service	<input type="radio"/> Active Reserve
	<input type="radio"/> Inactive Reserve	<input type="radio"/> Retired Military
	<input type="radio"/> Veteran of the Vietnam Era	<input type="radio"/> Other Protected Veteran
	<input type="radio"/> Veteran (VA Ineligible)	<input type="radio"/> Vietnam & Other Protected Vet
	<input type="radio"/> Pre-Vietnam-Era Veteran	<input type="radio"/> Not a Vietnam-Era Veteran
	<input type="radio"/> Post-Vietnam-Era Veteran	<input type="radio"/> Vietnam-Era Veteran
	<input type="radio"/> Not a Veteran	

Health Care N.
Signed online ✓

Trinity Health is an Equal Opportunity Employer. Please visit the Trinity Health Intranet home page (Nexus) for more information and a link to Trinity Health's Policy concerning Equal Employment Opportunity, Workforce Diversity and non-retaliation in the workplace.

Ethnic Group - Primary: <i>You may select more than one ethnic group; however, for EEO reporting purposes, only one group may be selected as primary.</i>	<i>Providing information for this section is voluntary, however, the Equal Employment Opportunity Commission (EEOC) strongly encourages self-identification of race and ethnic categories. The data collected will not be used in the determination of hiring decisions, eligibility for promotion, transfer or tenure.</i>		
	<input type="radio"/> American Indian/Alaska Native	<input type="radio"/> Black/African American	<input type="radio"/> Asian
	<input type="radio"/> Hawaiian/Other Pacific Islander	<input type="radio"/> White/Caucasian	<input type="radio"/> Hispanic/Latino
Ethnic Group - Secondary: <i>(if applicable)</i>	<input type="radio"/> American Indian/Alaska Native	<input type="radio"/> Black/African American	<input type="radio"/> Asian
	<input type="radio"/> Hawaiian/Other Pacific Islander	<input checked="" type="radio"/> White/Caucasian	<input type="radio"/> Hispanic/Latino
Primary Emergency Contact Information:			
Name	Morgan Dickerson		
Address	110 Clinton Ave		
	City Mt. Vernon	State Oh	Zip Code 43050
Relationship	<input type="radio"/> Spouse <input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Daughter <input type="radio"/> Sister <input type="radio"/> Brother <input type="radio"/> Son <input checked="" type="radio"/> Other		
Phone Numbers	Home 740-501-8730	Business	Other
Secondary Emergency Contact Information:			
Name	[REDACTED]		
Address	650 Acacia Drive		
	City Marysville	State Oh	Zip Code 43040
Relationship	<input type="radio"/> Spouse <input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Daughter <input type="radio"/> Sister <input checked="" type="radio"/> Brother <input type="radio"/> Son <input type="radio"/> Other		
Phone Numbers	Home [REDACTED]	Business [REDACTED]	Other

Additional New Hire Information (Required for Benefits/Beneficiary purposes)

To be completed by New Employee	
If you have a prefix as part of your name (e.g., Dr.), please list:	
If you have a suffix as part of your last name (e.g., Jr., Sr., I, II, III, IV), please list:	
Spouse Full Name:	
Spouse Date of Birth:	
Spouse Social Security:	
Position Number:	00168422

**TRINITY HEALTH
CONFIDENTIALITY AND NETWORK ACCESS AGREEMENT**

The following rules for Confidentiality and Network Access apply to all non-public patient and business information (Confidential Information) of Trinity Health, its Ministry Organizations (MO), and other related organizations, referred to herein as the Unified Enterprise Ministry (UEM). The rules also apply to the non-public and business information of joint ventures, or of other entities and persons collaborating with the UEM, to which the user has access. As a condition of being permitted to have access to Confidential Information relevant to my job function or role I agree to the following rules:

1. Permitted and required access, use and disclosure:

- I will access, use or disclose Confidential Patient Information (PHI) only for legitimate purposes of diagnosis, treatment, obtaining payment for patient care, or performing other health care operations functions permitted by HIPAA and I will only access, use or disclose the minimum necessary amount of information needed to carry out my job responsibilities.
- I will access, use or disclose Confidential Business Information only for legitimate business purposes of the UEM.
- I will protect all Confidential Information to which I have access, or which I otherwise acquire, from loss, misuse, alteration or unauthorized disclosure, modification or access including:
 - making sure that paper records are not left unattended in areas where unauthorized people may view them;
 - using password protection, screensavers, automatic time-outs or other appropriate security measures to ensure that no unauthorized person may access Confidential information from my workstation or other device;
 - appropriately disposing of Confidential Information in a manner that will prevent a breach of confidentiality and never discarding paper documents or other materials containing Confidential Information in the trash unless they have been shredded
 - safeguarding and protecting portable electronic devices containing Confidential Information including laptops, smartphones, PDAs, CDs, and USB thumb drives.
- I will disclose Confidential Information only to individuals who have a need to know to fulfill their job responsibilities and business obligations.
- I will comply with the UEM's access and security procedures, and any other policies and procedures that reasonably apply to my use of the computer systems and/or my access to information on or related to the computer systems including off-site (remote) access using portable electronic devices.

2. Prohibited access, use and disclosure:

- I will not access, use or disclose Confidential Information in electronic, paper or oral forms for personal reasons, or for any purpose not permitted by UEM policy, including information about co-workers, family members, friends, neighbors, celebrities, or myself. I will follow the required procedures at UEM Ministry Organizations to gain access to my own PHI in medical and other records.
- I will not use another person's login ID, password, other security device or other information that enables access to the UEM's computer systems or applications, nor will I share my own with any other person.
- If my employment or association with the UEM ends, I will not subsequently access, use or disclose any UEM Confidential Information and will promptly return any security devices and other UEM property.
- I will not engage in any personal use of the UEM's computer systems that inhibits or interferes with the productivity of employees or others associated with the UEM's operations or business, or that is intended for personal gain;
- I will not engage in the transmission of information which is disparaging to others based on race, national origin, sex, sexual orientation, age, disability or religion, or which is otherwise offensive, inappropriate or in violation of the mission, values, policies or procedures of the UEM;

**TRINITY HEALTH
CONFIDENTIALITY AND NETWORK ACCESS AGREEMENT**

- I will not utilize the UEM network to access Internet sites that contain content that is inconsistent with the mission, values and policies of the UEM.

3. Accountability and sanctions:

- I will immediately notify the UEM Security Official or Privacy Official if I believe that there has been improper/unauthorized access to the UEM network or improper use or disclosure of confidential information in electronic, paper or oral forms.
- I understand that the UEM will monitor my access to, and my activity within, the UEM's computer system, and I have no rightful expectation of privacy regarding such access or activity.
- I understand that if I violate any of the requirements of this agreement, I may be subject to disciplinary action, my access may be suspended or terminated and/or I may be liable for breach of contract and subject to substantial civil damages and/or criminal penalties.
- If I lose my security device I will report the loss to the UEM Resolution Center immediately and I may be charged for its replacement.

4. Software use:

- I understand that my use of the software on the UEM's network is governed by the terms of separate license agreements between the UEM and the vendors of that software.
- I agree to use such software only to provide services to benefit the UEM.
- I will not attempt to download, copy or install the software on any other computer.
- I will not make any change to any of the UEM's systems without the UEM's prior express written approval.

5. Network:

- I understand that access to the UEM's network is "as is", with no warranties and all warranties are disclaimed by the UEM.
- The UEM may suspend or discontinue access to protect the network or to accommodate necessary down time. In an emergency or unplanned situation the UEM may suspend or terminate access without advance warning.
- The UEM may terminate this agreement, user access and use of Confidential Information at any time for any reason or no reason.

6. Employer acceptance of responsibility for an Individual with access to Confidential Information:

(Applies to physicians/physician practices; other individual or facility providers; a vendor that is not a business associate; payers; any other unaffiliated organization).

- I accept responsibility for all actions and/or omissions by my employees and/or agents
- I agree to notify the UEM Resolution Center within 5 business days if any of my employees or agents who have access to the UEM systems or applications no longer need or are eligible for access due to leaving my practice/company, changing their job duties or for any other reason.
- I agree to report any actual or suspected privacy or security violations made by my employees and/or agents to the UEM Privacy Official or Security Official.
- I understand that the UEM may terminate my employee and/or agent's access.

**TRINITY HEALTH
CONFIDENTIALITY AND NETWORK ACCESS AGREEMENT**

**SIGNATURE PAGE
RELATIONSHIP TO THE TRINITY HEALTH UNIFIED ENTERPRISE MINISTRY (UEM)**

I am a: (Please check all that apply to you)

Direct relationships with the UEM

- Associate (employee) at UEM (MO Name): _____
- Physician Credentialed on (MO Name) Medical Staff: _____
- Volunteer at UEM (MO Name): _____
- Temporary/Contractor at a UEM Facility from: (name of agency) _____
- Student at UEM Facility from: (name of educational organization) _____

Employed by or Associated with a UEM Credentialed Medical Staff Member:

- Medical Staff Member's Employee or Temp Staff (name of practice): _____
- Medical Staff Member's Vendor's Employee (name of vendor): _____

Vendor Providing Goods or Services to UEM

- Employee/Temp Staff of UEM's clinical services vendor: (name of vendor) _____
- Employee/Temp Staff of UEM's business services vendor: (name of vendor) _____
- Employee/Temp Staff of UEM's IT services vendor: (name of vendor) _____

UEM's Joint Venture or a Facility Managed by UEM

- Employee of a UEM Joint Venture (name of joint venture) _____
- Employee of a Hospital/Other Facility Managed by UEM (name of facility): _____
- Credentialed Physician on Medical Staff of Hospital/Other Facility Managed by UEM (name of facility): _____
- Employee or Temp Staff of a Credentialed Physician on the Medical Staff of a Hospital/Other Facility Managed by UEM (name of physician's practice) _____

Other

- Unaffiliated (non-credentialed) Physician/Other Provider: (name of practice) _____
- Employee of an Unaffiliated Physician or Facility: (name of practice or facility) _____
- Employee of a Payer: (name of payer) _____
- Researcher (Research study name): _____
- Other (name of employer) _____

USER SIGNATURE

If there are any items in this agreement that I do not understand I will ask my supervisor or other appropriate UEM contact person for clarification. My signature below acknowledges that I have read, understand and accept this agreement and realize it is a condition of my employment or association with the Trinity Health UEM. I also acknowledge that I have received a copy of the Confidentiality and Network Access Agreement.

Print Name _____

1/23/2015

Signature of individual to be given access _____

Date

EMPLOYER SIGNATURE

(Required when user is an employee or agent of: a physician/physician practice; other individual or facility provider; a vendor that is not a business associate; any other organization unaffiliated with the UEM.

My signature below acknowledges that I have read, understand and accept my responsibilities as the employer or the sponsor of the user who has signed this agreement above.

Print Name _____

Signature of employer of the individual to be given access _____

Date

After completing this form, please FAX to _____

**TRINITY HEALTH
DISCLOSURE OF INTEREST FORM**

Please Print

Name:

[REDACTED]

Title:

Safety and Security Officer

Organization/Department:

Security MCSA

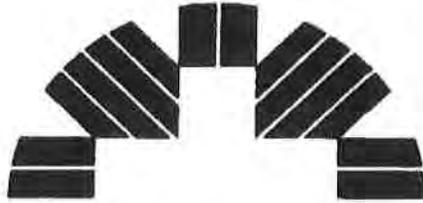
The purpose of this form is to disclose any interest or affiliations you or a family member may have that, when considered in light of your position within or relationship to Trinity Health, may potentially create a conflict of interest, as defined in the attached policy.

Pursuant to the purposes and intent of Trinity Health Conflict of Interest policy, a copy of which is attached, I hereby state that I or a member of my family have the following affiliations or interests and have taken part in the following transactions which, when considered in conjunction with my position or relationship to Trinity Health, might possibly constitute a conflict of interest.

<p>1. BUSINESS RELATIONSHIP WITH TRINITY HEALTH: Please identify and describe any business arrangements you or a family member have with Trinity Health, its affiliates and its subsidiaries.</p> <p>N/A</p>
<p>2. RELATIONSHIP EXTERNAL TO TRINITY HEALTH: Please describe any employment or other relationship(s) you have with any organization that has a business or other relationship with Trinity Health or its subsidiaries (including consulting activities, governance/directorship appointments, etc.)</p> <p>N/A</p>
<p>3. OUTSIDE ACTIVITIES: Please identify any outside activities in which you or a family member participate which might constitute a conflict of interest (example: holding a position as an officer, director or consultant to a business entity providing or receiving products or services to/from Trinity Health and its subsidiaries.)</p> <p>N/A</p>

If I or a family member have new or changed circumstances, or any affiliations, interest or transactions which might constitute a conflict of interest, that occur at any time after signing this Disclosure of Interest Form, I will report the new or changed circumstances to my Supervisor.

[REDACTED]	Approved By:
Employee Name	Manager/Supervisor Name
[REDACTED]	
Signature	Signature
Safety and Security Officer	
Position	Position
1/23/2015	
Date	Date



MOUNT CARMEL

Mount Carmel Policy and Procedures Acknowledgement of Receipt

I acknowledge that I have been made aware that the Mount Carmel Health System and Mount Carmel Medical Group Policies and Procedures Manual may be located on the company intranet site. I acknowledge that I may access the Policies and Procedures Manual by accessing the **Mount Carmel's *Insight*** page under the "MC Info" tab and then under "**Policies and Procedures**". I understand that it is my responsibility to read and comply with the policies contained in the Policies and Procedures Manual and any revisions made to it. I recognize as a condition of my employment, to comply with all provisions in the Policies and Procedures Manual and other policies. I understand that no representative of Mount Carmel has the authority to make an agreement contrary to the provisions of this manual.

I recognize that this manual does not constitute a contract of employment. I understand that at any time, for any reason, I can terminate my employment relationship and that Mount Carmel has the same right regarding my employment status. I agree to take any lawful medical substance abuse, or other examination required by Mount Carmel as a condition of my employment, and I understand that my employment can be terminated for refusing to take such lawful examination.

COLLEAGUE SIGNATURE _____

TODAY'S DATE 1/28/15

SOCIAL SECURITY NUMBER _____

PRIMARY WORK SITE

- Mount Carmel East
- Mount Carmel West
- Mount Carmel St. Ann's
- Mount Carmel New Albany
- Mount Carmel Grove City
- Corporate Service Center
- Other (please indicate) _____

**Standards of Conduct
Acknowledgment and Certification**

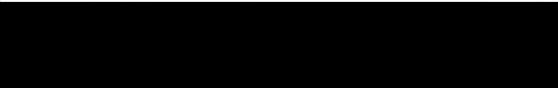
I acknowledge that I have received a copy of Mount Carmel Health System Standards of Conduct. I agree to read the Standards of Conduct and discuss any questions I have with my supervisor, a higher-level manager, or other individuals responsible for my relationship with the organization

I agree to abide by these Standards of Conduct during the course of my employment, medical staff appointment or other business relationship with Mount Carmel. I understand that I will be held accountable for my actions and behaviors inconsistent with the Standards of Conduct. Violations could result in disciplinary action, up to and including termination of employment, suspension of medical staff privileges, or termination of business relationships, as applicable with Mount Carmel's and Trinity Health's policies.

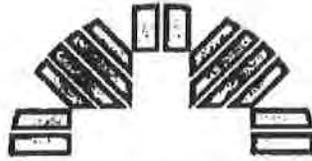
COLLEAGUE NAME: 

Department: Safety + Security

Organization: MCSA

Colleague Signature: 

Date: 1/28/15



MOUNT CARMEL

Job Description Acknowledgement Receipt

I have received and read a copy of my current job description and understand its contents.

[Redacted Signature]

Signature

[Redacted Name]

Printed Name

1/28/15

Date



Interview Result Form
 Submitted By *CHAD E TAYLOR (ID #: 273267)*
 On *2015-01-16 13:09:00.0*

HR Generalist	<i>RACHEL W BARB</i>		
Applicant Name		Date Interviewed	<i>11/26/2014</i>
Internal or External Candidate?	<i>External</i>	Job Code	<i>M2412</i>
Position Interviewed For	<i>Security Officer</i>	Cost Center Number	<i>M1080000</i>
Department	<i>Safety and Security</i>	Cost Center Location	<i>MCSA</i>
Job Preview/Shadowing	<i>No</i>		
Candidate Selected	<i>Yes</i>		
Start Date	<i>01/26/2015</i>	Requisition Number	<i>2765</i>
Employee Will Be	<i>Casual</i>	Certification/Licensure	<i>No</i>
Hours Per Week	<i>0</i>	Certificate/License #	
Work Shift Hours	<i>Any</i>	Exp. Date	
Fingerprinting Required? Yes			

Grant Funded? *No*
 Manager Comments *Please extend an offer to for Casual Security Officer at MCSA.*

<i>For Human Resources Use Only</i>			
Rehire	<i>No</i>	Lab & Physical Date	<i>01/28/2015</i>
		Time	<i>3:00</i>
Sign-On Bonus Amount		Lab & Physical Location	<i>CSC</i>
Payout over	<i>Years</i>		
Starting Hourly Rate (\$)	<i>14.80</i>	Years of Experience	<i>10+</i>
Orientation Date	<i>02/09/2015</i>	Referred By	
Self-Study			
Position Accepted	<i>Yes</i>	Reason	
People Service Comments	<i>PCN 168422</i>		
Signature	<i>JENNIFER K FOSTER</i>	Date	<i>01/26/2015 11:12:36</i>

Jennifer K. Foster

From: Bryan.Skoog@mchs.com
Sent: Thursday, January 22, 2015 3:38 PM
To: [REDACTED]
Cc: HRdata; Bryan P. Skoog
Subject: Mount Carmel Next Steps

January 22, 2015

[REDACTED]
Columbus, OH 43228

Dear [REDACTED]:

On behalf of Mount Carmel, I am pleased to confirm our offer for the **Contingent, Safety and Security Officer** position in the **Security MCSA** department at Mount Carmel Health. As discussed, your base salary will be **\$14.80** per hour. Your manager is **Chad Taylor**, whose phone number is **(614) 898-4125**.

As mentioned on the telephone, your lab and physical appointment time is **January 28, 2015 at 3:00pm** in Associate Health Services at Mount Carmel Corporate Services Center (6150 East Broad Street, Columbus, Ohio 43213). Please arrive to your lab and physical 15 minutes prior to your scheduled appointment time. Upon arrival, you will need to show photo identification (i.e.: driver's license, passport, school ID). Your physical includes a drug urinalysis (offer of employment is contingent upon successfully passing the drug urinalysis, physical, references and background check). Please allow 1 hour for this appointment.

You will be receiving a link via e-mail that will ask for you to complete AND print your new hire paperwork online. Immediately following your lab and physical, Associate Health Services/Human Resources representative will review your completed new-hire paperwork with you. Please be prepared to provide documentation that will verify your identity and authorization to work: two forms of ID (one needs to be a photo ID – see the "List of Acceptable Documents" on the I-9 form included in your new hire packet). After your new associate meeting you will have your photo taken for your Mount Carmel associate ID badge. You will receive your ID badge at System Orientation.

Your first day of employment will be on **February 9, 2015**. System Orientation will be held on this day so you need to report to the Siegel Center Auditorium located in Mount Carmel East Hospital (5975 East Broad Street, Columbus, Ohio 43213). Registration will begin at **8:00am** with orientation beginning promptly at **8:30am** and concluding at **4:30pm**. Appropriate attire is business casual. A continental breakfast and lunch will be provided. If you have not received your work schedule by the Wednesday before your system orientation date, please contact your manager at the above phone number.

Note: Patient safety is the number one priority at Mount Carmel. In order to continue to deliver the safest patient care while ensuring associates safety, all Mount Carmel associates will be required to have the influenza vaccine. Mount Carmel, in collaboration with Trinity Health, has chosen to make the influenza vaccination a condition of employment. Mount Carmel is also tobacco and smoke-free campus. If you have questions regarding these requirements, please contact your Human Resources or Associate Health Services office.

I am delighted that you have accepted a position at Mount Carmel. If you have any questions, do not hesitate to call me at **614-546-4531**. Welcome!

Sincerely,

Bryan Skoog

Human Resources Generalist

Cc:file

This letter is intended to confirm the rate of pay and other pertinent employment information. The letter does not constitute an employment contract, nor is it intended to be an employment agreement. We reserve our right to exercise an employment at will philosophy.



MOUNT CARMEL

Application for Employment

Position Applied For

Position: Safety and Security Officer
Facility: Mount Carmel St. Ann's
Department: Security MCSA
Schedule: Contingent
Req Num: 2765

We consider applicants for all positions without regard to race, color, religion, creed, national origin, age, disability, sexual orientation, marital status, or any other legally protected status.

Instructions to Applicant

1. You must fully and accurately complete the Application for Employment. Incomplete applications will not be considered. Mount Carmel Health System may use the information given in the application to investigate the applicant's previous employment and background.
2. If you are hired, proof of citizenship or immigration status will be required to verify your lawful right to work in the United States.

* Required Information

November 25, 2014

SOURCE TRACKING

How did you find out about this position?* Job Board

Specific Source:* Indeed.com

PERSONAL INFORMATION

Prefix: Mr.
 First Name:* [REDACTED]

MI: [REDACTED]

Last Name:* [REDACTED]

Suffix:

Address:* [REDACTED]

City:* Columbus

State:* OH

Province/Region:

Zip:* 43228

Country:* United States

Home/Other Phone:* [REDACTED]

Work Phone:

Cell Phone:

Best way to No Preference contact:*

Email Address:* [REDACTED]

WORK HISTORY

List all work experience below beginning with your current (or most recent) position.

Are you currently employed?* Yes

Name of Company:* G4S secure solutions

Street: 1418 Brice Road

City:* Reynoldsburg

State:* OH

43068

Job Duties and Responsibilities:*

In charge of 4 onsite officers, site payroll and scheduling. Monitor CCTV cameras. conduct routine patrols. Interact with upper management on a daily basis.

Reason For Leaving:*

<p>Zip:* Province/Region:</p> <p>Country: United States</p> <p>Employer's Phone:* 614-322-5100</p> <p>Job Title:* Site Supervisor</p> <p>Employed From:* 09 2006</p> <p>Employed To:*</p> <p>Ending (or Current) 31200 Salary:*</p> <p>Supervisor's Name:* Roger Nye</p> <p>Employment Status: Full Time</p>	<p>Still there</p> <p>May we contact this employer for a reference?*</p> <p>Yes</p> <p>While in this position, if you were employed under a different legal name, please list that here:</p>
---	--

<p>Name of Company: G4S Secure Solutions</p> <p>Street: 6499 N. Powerline Road</p> <p>City: Ft. Lauderdale</p> <p>State: FL</p> <p>Zip: 33309</p> <p>Province/Region:</p> <p>Country: United States</p> <p>Employer's Phone: 954-771-5006</p> <p>Job Title: Security officer/Site Supervisor</p> <p>Employed From: 06 2000</p> <p>Employed To: 09 2006</p> <p>Ending Salary: 2440</p> <p>Supervisor's Name: Ed Presutti</p> <p>Employment Status: Full Time</p>	<p>Job Duties and Responsibilities: Train new Officers for site specific duties. In charge of site scheduling and pay roll. Provides timely reports to upper management. * Maintain accident/incident reports and operation of CCTV system.</p> <p>Reason For Leaving: Moved to Ohio</p> <p>May we contact this employer for a reference? Yes</p> <p>While in this position, if you were employed under a different legal name, please list that here:</p>
---	--

<p>Name of Company: Baja Beach Club</p> <p>Street: 3339 N. Federal Highway</p> <p>City: Ft. Lauderdale</p> <p>State: FL</p> <p>Zip: 33309</p> <p>Province/Region:</p> <p>Country: United States</p> <p>Employer's Phone:</p> <p>Job Title: Door Greeter</p> <p>Employed From: 05 1999</p> <p>Employed To: 06 2000</p> <p>Ending Salary: 16640</p> <p>Supervisor's Name: Shane Land</p> <p>Employment Status: Full Time</p>	<p>Job Duties and Responsibilities: Checked Id's of patrons entering night club. Provided Security for co workers and managers. Worked with the Promotion department for the club</p> <p>Reason For Leaving:</p> <p>May we contact this employer for a reference? No</p> <p>While in this position, if you were employed under a different legal name, please list that here:</p>
--	---

EDUCATION

High School/GED

Name of school:* Hollywood Hills Did you graduate? * Yes
 City:* Hollywood Diploma Type:* HIGH SCHOOL
 State:* FL Province/Region:
 Zip:* 33026
 Country:* United States

Associates

Name of school: Major: Criminal Justice Adm
 Address: Degree Type: BACHELORS
 City: Phoenix Did you graduate? Yes
 State: AZ Province:
 Zip:
 Country:

Undergraduate

Name of school: University of Phoenix Major: Criminal Justice
 Address: Degree Type: ASSOCIATES
 City: Phoenix Did you graduate? Yes
 State: AZ Province:
 Zip:
 Country:

List scholastic honors, specialized training and/or apprenticeship details that may be helpful in considering your application. When adding, please provide as much detail as possible about the dates of these activities, locations and skills or experience obtained.

LICENSES/CERTIFICATIONS

Professional Licensure

Please Provide Professional Licenses/Registrations held. Include License Number and Expiration Date.

Type	State	Number	Date issued	Expiration Date
------	-------	--------	-------------	-----------------

If you are applying for a job category that requires licensure, please answer the following question:
 Is your license currently subject to any investigation by a licensing agency?

EMPLOYMENT PREFERENCES

Please indicate your employment preferences below:

Minimum Salary Desired:* 38000
 Date Available for Work:* 12/15/14
 Are you willing to relocate? Yes
 Which shifts are you willing to work? Flexible
 Which schedules are you willing to work? Full Time

Please answer all of the following questions.

- * No Do you have any relatives that currently work for Mount Carmel Health System or any of its affiliates?
 If yes, please list their name(s):
- * No Have you ever been employed by Mount Carmel Health System or any other facility sponsored by Mount Carmel Health System?

If yes, enter the name and address of member/facility and dates of employment:
 Name:
 Address:
 Dates of employment:

WORK AUTHORIZATION/ELIGIBILITY

Please answer all of the following questions.

- * Yes Are you 18 years of age or older?
- * Yes Are you legally able to remain and work in the United States without Sponsorship?
- * No Other than a minor traffic violation, have you ever pled guilty to or been convicted of a crime?
 Consideration will be given to the nature, timing and severity of the crime.
 If yes, give the Offense, the dates plead guilty or convicted, and the Name and Location of the court that convicted you.
- * No Have you ever been sanctioned by the Office of Inspector General of the Department of Health and Human Services (HHS/OIG) or the Government Services Administration (GSA) or excluded or suspended from participation in any federal or state health care program?
- * No Have you ever been found to have engaged in substantiated abuse or neglect of children or adults under the laws of any state of the United States?
 If yes, please list the States, dates, and explain the findings.

REFERENCES

Please give three professional references (DO NOT list relatives or personal references). All fields required.

Name*	Name of Company*	Phone Number*	Email Address*	Relationship*	Years Known*
Jennifer Maxwell	Trans Systems	954 999 2108	JLBrodway@Bellsouth.Net	Friend	18
Mario Ver-Valderamma	Coral Springs Police Dept.	954 600 8154	Camali02@bellsouth.net	Former Co worker	12
Roger Nye	G4S Secure	614 668 6087	Eric.Jenkins.mba@gmail.com	Former Enrollment counselor	6

RESUME

To copy and paste your resume:

1. Highlight the text on the resume you want to copy.
2. Press 'Ctrl C' to copy (Hold down the Ctrl key and press C).
3. Place the cursor in the RESUME box below.
4. Press 'Ctrl V' to paste the information.

Cover Letter

Resume

[Redacted]
 Columbus, Oh 43228
 Home [Redacted]
 HYPERLINK "mailto:[Redacted]"

Objective

A challenging and rewarding career in the Security industry utilizing past education, security experience and training with the opportunity for professional growth
EMPLOYMENT

G4S Secure Solutions USA Inc. June 2000 - Present
 An Upscale Security Officer (USO) providing unarmed security protection services at various community, commercial gatehouses, and commercial properties.

* Contracted Security officer 2000-2004
 * Contracted Site Supervisor 2004-2006 and 2009-present.

- * Enforced G4S Secure Solutions USA Inc. policies and procedures, State Security Statues, and Post Orders.
- * Train new Officers for site specific duties.
- * In charge of site scheduling and pay roll.
- * Interact with diverse employee and customer groups as to promote harmonious relationships and success.
- * Provides timely reports to upper management.
- * Maintain accident/incident reports and operation of CCTV system.

Baja Beach Club May 1999-June 2000
Door Greeter

- * Checked Id's of patrons entering night club
- * Provided Security for co workers and mangers
- * Worked with the Promotion department for the club

Wyndham Resort and Spa November 1997-May 1999
Prep Cook

- * Prepares all food items to order, following standard recipes and procedures within specified time limits
- * Handle food in a manner that is consistent with local health department guidelines
- * Stocks/restocks items on line
- * Understands and complies with food safety and temperature standards.
- * Clean and sanitize production equipment, work surfaces and kitchen according to cleaning schedules and procedures.

EDUCATION

- * University of Phoenix
Bachelor of Science in Criminal Justice Administration/Management March 2013
- * University of Phoenix
Associate of Arts in Criminal Justice December 2010

Knowledge and Skills:

- * Security Management
- * Security Audits
- * Physical Security
- * Ethics In Security
- * Corporate Security
- * Microsoft Office
- * Windows Operating Systems
- * Ability to work with diverse groups of people in a professional manner
- * Management/Leadership
- * Information System Security Awareness Training

ACHIEVEMENTS and CERTIFICATIONS

- * Received 10-year service certificate from G4S Secure Solutions for longevity
- * Adult First aid and CPR Certified 2014

READ AND SIGN

Read the following carefully before signing.

(X) * I CERTIFY that the information contained in this application is correct to the best of my knowledge. I UNDERSTAND I am applying for employment with Mount Carmel Health System. I understand that any false statements made as part of the application will be sufficient cause for dismissal. I also grant permission for the authorities of this institution to investigate my references and release said institution, as well as my former employers, from any and all liability resulting from such investigation. I further understand that the application does not constitute an employment contract and termination at will, by either me or Mount Carmel Health System, could occur during the employment relationship.

(X) * I CONSENT to any and all medical and physical examinations including Substance and Alcohol tests as a condition of employment. I UNDERSTAND that as a condition of employment and continuing employment, if hired, I will, at least annually, obtain influenza vaccinations and/or immunizations if required by my Regional Health Ministry, unless I qualify for an exemption

permitted under organizational policy or unless mandatory vaccinations and/or immunizations are prohibited under applicable State law.

(X) * I GRANT PERMISSION to Mount Carmel Health System to investigate any and all healthcare fraud and abuse charges and convictions. I agree to release the organization from any and all liability resulting from such investigation. I understand that omission or misrepresentation of convictions for healthcare fraud and abuse, on my behalf, will be sufficient cause for cancellation of consideration for employment or dismissal from the organization if I have been employed.

(X) * I UNDERSTAND that unless prohibited by applicable state or federal law, Mount Carmel Health System will conduct a pre-employment background check including criminal history, education verification, reference checks, license verification and driving records (if required for the position).

(X) * I UNDERSTAND and AGREE that this application for employment and any of the investigations conducted regarding my application may be shared with other members of Mount Carmel Health System and/or affiliates for other employment opportunities.

(X) * I AGREE to comply with Mount Carmel Health System rules, regulations and policies and ACKNOWLEDGE that these rules, regulations and policies may be changed, interpreted, withdrawn, or supplemented anytime and without prior notice to me. I understand that any violation may result in disciplinary action including termination of my employment.

(X) * I AGREE to furnish proof of identity and employment eligibility to work in the U.S within 72 hours of commencing employment.

(X) * I UNDERSTAND that if I am employed I will be subject to any applicable introductory period established by the Regional Health Ministry at which I am hired.

Mount Carmel Health System is a member of CHE Trinity Inc. and an Equal Opportunity Employer (EEO).

My typed name below shall have the same force and effect as my written signature.

Candidate's/Applicant's Signature: [REDACTED]

Date: November 25, 2014

START OF DRIVING RECORD

OHIO Driver Record - XXXXX

Order Date: 01/19/2015

Host Used: Online

Bill Code:
Reference:11307706

License: [REDACTED]

Name: [REDACTED]
Address:
City, St:
As of:

Report Clear: YES

ENTERED

JAN 26 2014

BY: Jennifer Foster

Sex : Weight: DOB : AGE:
Eyes: Height: Iss Date: 01/22/2014
Hair: Exp Date: 01/22/2018

STATUS: VALID

Violations/Convictions And Failures to Appear And Accidents

*** NONE TO REPORT ***

Suspensions/Revocations

*** NO ACTIVITY ***

License and Permit Information

License: PERSONAL Issue:01/22/2014 Expire:01/22/2018 Status:VALID
Class:D OPERATOR
RESTRICTION: CORRECTIVE LENSES

Miscellaneous State Data

*** NONE TO REPORT ***

CONFIDENTIAL INFORMATION - TO BE USED AS PER STATE AND FEDERAL LAWS.
MISUSE MAY RESULT IN A CRIMINAL PROSECUTION

FOR STATED BUSINESS PURPOSES ONLY	Underwriting: Date: / /	Policy Issue Date: / /	Initials: Control Number: 3JZDJD
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END OF DRIVING RECORD

Job Description
Orientation
Hospital Orientation
Licenses
Job Orientation



Job Description



MOUNT CARMEL

A MEMBER OF  TRINITY HEALTH

POSITION DESCRIPTION

POSITION TITLE: Safety & Security Officer	DEPARTMENT: Safety & Security
JOB CODE: 2412	REPORTS TO: Supervisor of Safety & Security
DATE ISSUED: 10/9/97	SUPERVISES: N/A
DATE REVISED: 02/10/11, 4/8/12	MATRIX REPORTING RELATIONSHIPS: N/A

Mount Carmel Mission Statement and Guiding Behaviors

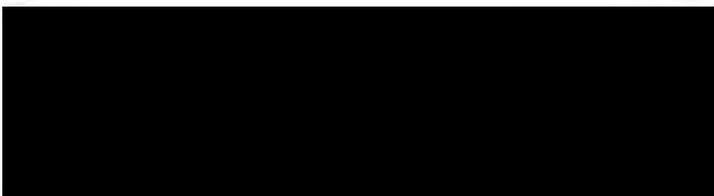
Mission: We serve together in Trinity Health, in the spirit of the Gospel, to heal body, mind and spirit, to improve the health of our communities and to steward the resources entrusted to us.

The Guiding Behaviors set the expectation for how we work together in living our Mission and Core Values. They are:

- We support each other in serving our patients and communities.
- We communicate openly, honestly, respectfully and directly.
- We are fully present.
- We are all accountable.
- We trust and assume goodness in intentions.
- We are continuous learners.

Job Summary

- In accordance with the Mission and Guiding Behaviors; the Safety & Security Officer is to provide protective services to all persons and property across the Mount Carmel Health System.
- Ensure a safe environment for all associates, physicians, patients, and visitors in compliance with various regulatory standards to include, JC, OSHA, ect.
- Provide a quality service consistent with the values of Mount Carmel Health System for our associates, physicians, patients and visitors.



4/5/17

Job Qualifications (Knowledge, Skills, and Abilities)

- Education: High school graduate or GED required.
- Licensure / Certification: OPOTC Certification in Private Security preferred
- IAHS Certification preferred.
- Experience: Three to five years experience in security, law enforcement or military disciplines or equivalent training which might include criminal justice, homeland security, or law enforcement academy is preferred.
- Effective Communication Skills
- Valid driver's license with good driving record maintained
- Customer service oriented able to function in high stress situations with personal restraint, integrity, and control.
- Basic computer skills that commensurate with the job.
- Ability to communicate effectively and appropriately with diverse populations.
- Ability to write, read, and communicate effectively in the English language.

Essential Responsibilities

- Exhibits each of the Mount Carmel Service Excellence Behavior Standards holding self and others accountable and role modeling excellence for all to see. For example: demonstrates friendliness and courtesy, effective communication creates a professional environment and provides first class service.
- Meets population specific and all other competencies according to department requirements.
- Promotes a Culture of Safety by adhering to policy, procedures and plans that are in place to prevent workplace injury, violence or adverse outcome to associates and patients.
- Relationship-based Care: Creates a caring and healing environment that keeps the patient and family at the center of care throughout their experience at Mount Carmel following the principles of our interdisciplinary care delivery system.
- **(For patient care providers)** Provides nursing care, ensures an environment of patient safety, promotes evidence-based practice and quality initiatives and exhibits professionalism in nursing practice within the model of the ANCC Magnet Recognition Program®.
- Maintain a safe and secure environment through job knowledge, skills and engagement. Intervene as appropriate in any safety & security observed issues.
- Enforces all governmental regulations, standards, policies associated with Mount Carmel Health System and Safety & Security policies, (i.e. smoking policy).
- Communicate safety and security discrepancies to the appropriate parties for mitigation.
- Ensure department goals & objectives are reached/maintained during assigned shift(s).
- Responsible for assuring that the Safety, Life Safety, security, and Emergency Management, and the JC standards are followed as it relates to the position.
- Responsible for completing and documenting assigned tasks, such as fire drill and safety tours on time.
- Ensure accurate documentation during assigned shift (i.e. security reports, safety incidents, activity logs).
- Ensure consistent delivery of professional, friendly, and courteous service.
- Comply with the organization and department dress code.
- Conduct initial and follow-up investigations, if warranted or directed, ensuring documentation of investigative steps.
- Proactive patrolling of the campus by foot, segway, or vehicle as assigned.
- Respond to all "STAT" calls expeditiously and safely.
- Be familiar with all hospital emergency codes and appropriate responses

- Responsible for completing assigned tasks/duties on time (i.e. fire drills and safety tours).
- Provide on-the-spot in-service training to staff where knowledge related discrepancies are noted.
- Demonstrate sound judgment, decision skills, and prioritizing responses to emergency situations.
- Ability to perform duties in an independent manner.
- Custodial responsibility for patient valuables and maintaining lost and found by following the proper protocols.

Other Job Responsibilities

- Inspects panic alarms, AED's, and call boxes as assigned.
- Provides escorts for associates, patients, visitors and students (where located) in the hospital areas and areas contiguous to the hospital areas.
- Issue parking citations and enforce the parking policy.
- Provide helipad duties during helicopter landings and departures
- Assist in the collection of ICES data as directed
- Monitoring of cameras and access control responsibilities as assigned
- Citizen arrest duties only in accordance with applicable laws and statutes
- Assist motorist with vehicle assistance as appropriate (i.e. jump start)
- Traffic enforcement keeping emergency entrances and approaches clear of non-emergency vehicle traffic
- Respond to safety incidents/visitor injuries as appropriate, ensuring medical is summoned as appropriate.
- During emergent events direct media to the proper area/contact
- Perform other assigned duties as directed by Management.
- Use proper radio procedures and monitors on-going activity
- Be familiar with geographic location and facility layout
- Immediately report and respond appropriately to Salient events, communicating the event to your supervisor.
- Provide for security per policy for VIPs
- Chemical spill clean up as assigned.
- Responsible for compliance with Organizational Integrity through raising questions and promptly reporting actual or potential wrongdoing.
- All other duties as assigned.

EQUIPMENT: This section requires a response of Yes or No from drop down box.

Radiation: No Electrical: Yes
Chemical: Yes Mechanical: No

KEY TO FREQUENCY CODES for Physical Requirement Sections: This section requires a numerical response from drop down box.

1 = Up to 33% of the time 3 = Over 66% of the time
2 = From 33% - 66% of the time 4 = Not Applicable

PHYSICAL REQUIREMENTS

Sitting: 3 Balancing: 3
Standing: 3 Reaching Overhead: 1
Walking: 3 Grasping: 3
Ability to be Mobile: 3 Keyboarding : 3
Bending: 2 Pinching: 3
Kneeling/Crawling: 1 Twisting: 2
Stooping: 1 Climbing: 1
Turning/Pivoting: 2 Pulling: 2
Working Above Shoulder Level: 4

Pushing: 2 Maximum Weight: Equal to or greater than 35 lbs
Lifting: 3 Maximum Weight: Equal to or greater than 35 lbs

POTENTIAL EXPOSURE: This section requires a response of Yes or No from drop down box.

Blood / Body Fluid Contact: Yes Humidity: No Temperature: No
Air-borne Pathogen: Yes Chemicals (Fumes / Burns): No Dust: No
Radiation: No Vibrations: No Noise: No

Personal Protective Equipment: This section requires a response of Yes or No from drop down box.

Gloves: Yes Shoes: No Goggles: Yes Aprons: No
Masks: Yes Head Covering: No Gowns: Yes

Emotional / Psychological Factors: This section requires a response of Yes or No from drop down box.

Trauma: Yes Grief: Yes Death: Yes Public Contact: Yes Deadlines: Yes

This job description is intended to describe the general content of and requirements for the performance of this job. It is not to be considered an exhaustive statement of duties, responsibilities, or requirements.

Reviewed and Approved by: Chris Browning
Title: Senior Vice President, System Human Affairs
Date: 4/8/12
Compensation Rep: Kim Berno
Title: Sr. Compensation Analyst
Date: 4/8/12

MOUNT CARMEL HEALTH SYSTEM
Job Description

Job Title: Safety & Security Officer **Job Code:** 2412 (367)

New Job: **Update:** (Check one)
Date written: 10/9/97 (Original date - mo./day/yr.)
Revision Date (s): 01/02/08

Department: Safety & Security

Job Summary

- In accordance with the mission of Mount Carmel Health System.
- To provide protective services to all persons and property located on hospital property across the Mount Carmel health System.
- Provide superior quality and outstanding service to our associates, physicians, patients and visitors.

Job Qualifications (Knowledge, Skills, and Abilities)

- High school graduate or GED preferred
- Minimum three years experience in security, law enforcement or military disciplines or equivalent training which might include criminal justice, homeland security, military schools or law enforcement academy is preferred.
- OPOTC Certification in Private Security preferred
- Valid Ohio State driver's license with good driving record maintained
- Good written and verbal skills-Ability to interact professionally
- Must be able to meet the physical and mental elements of the job description
- Customer service oriented-Able to function in high stress situations with personal restraint and control
- Basic computer skills that commensurate with the job
- IAHSS Certification preferred

Job Relationships

Reports to:

- Supervisor of Safety & Security

Supervises:

- N/A

Job Responsibilities

Essential Responsibilities:

- Maintain a safe and secure environment through job knowledge, skills and engagement. Intervene as appropriate in any safety & security observed issues.
- Enforces all governmental regulations, standards, policies associated with healthcare safety & security (i.e. smoking policy).
- Communicate safety and security discrepancies to the appropriate parties for mitigation.
- Ensure department goals & objectives are reached/maintained during assigned shift(s).
- Responsible for assuring that the Safety, Life Safety, security, and Emergency Management JCAHO standards are followed as it relates to your position.
- Responsible for completing assigned tasks, such as fire drill and safety tours on time. Providing on the spot in-services to staff where staff knowledge related discrepancies are noted.
- Ensure accurate documentation during assigned shift (i.e. security reports, safety incidents, activity logs).

- Ensure consistent delivery of professional, friendly, and courteous service.
- Ensure compliance with all department and Mount Carmel Health policies/procedures, as well as any established organization and department dress code.
- Conduct follow-up investigations, if warranted or directed, ensuring documentation of investigative steps.
- Be visible and proactive in patrolling and alternate your routes as appropriate.
- Respond to all "STAT" calls expeditiously and safely.
- Be familiar with all hospital emergency codes and responses to those codes
- Responsible for completing assigned tasks/duties on time (i.e. fire drills and safety tours).
- Provide on-the-spot in-service training to staff where knowledge related discrepancies are noted.
- Demonstrate sound judgment, decision skills, and prioritizing responses to emergency situations.
- Ability to perform duties in an independent manner.
- Exhibits each of the Mount Carmel Service Excellence Behavior Standards, role modeling excellence for all to see. For example, demonstrates friendliness and courtesy, effective communication, creates a professional environment and provides first class service.

Other Job Responsibilities:

- Inspects fire and other safety equipment
- Provides escorts for associates, patients, visitors and students (where located) in the hospital areas and areas contiguous to the hospital areas.
- Issue parking citations and enforce the parking policy.
- Provide helipad duties during helicopter landings and departures
- Assist in the collection of ICES data as directed
- Security custodial responsibility of patient valuables and responsible for maintaining lost and found by following the proper protocols.
- Monitoring of cameras and access control responsibilities as assigned
- Citizen arrest duties only in accordance with applicable laws and statutes
- Assist motorist with vehicle assistance as appropriate (i.e. jump start)
- Traffic enforcement keeping emergency entrances and approaches clear of non-emergency vehicle traffic
- Respond to safety incidents/visitor injuries as appropriate, ensuring medical is summoned as appropriate.
- During emergent events direct media to the proper area/contact
- Perform other assigned duties as directed by Management.
- Use proper radio procedures and monitors on-going activity
- Be familiar with geographic location and facility layout
- Immediately report and respond appropriately to Salient events, communicating the event to your supervisor.
- Provide for security per policy for VIPs
- Responsible for compliance with Organizational Integrity through raising questions and promptly reporting actual or potential wrongdoing.
- Participates in and coordinates with organizational process to collect and evaluate information about hazards and safety practices that are used to identify safety management issues. Adheres to established policies and procedures, which may include wearing of personal protective equipment.
- Participates in and fosters a performance improvement approach that includes both intradepartmental and interdepartmental activities.

Potential Exposures Indicate if the position is exposed to the definite risk of bodily injury via:
(Click to check all that apply)

Exposure to Infectious Disease	<input checked="" type="checkbox"/>	Chemicals	<input checked="" type="checkbox"/>
Electrical Equipment	<input checked="" type="checkbox"/>	Mechanical Equipment	<input checked="" type="checkbox"/>
Burns	<input checked="" type="checkbox"/>	Radiation Equipment	<input checked="" type="checkbox"/>
Blood Contact	<input checked="" type="checkbox"/>	Other Enter Other Exposures	<input type="checkbox"/>
NONE	<input type="checkbox"/>		

Population Specific Criteria: These criteria should be checked to assure that the individual performing this job demonstrates competencies on the unit/in the department, appropriate to the population of patients served.

(Click to check all that apply):

Neonate (<1 month)	<input type="checkbox"/>	Adolescent (13 – 17 years)	<input type="checkbox"/>
Infant (1 month – 1 year)	<input type="checkbox"/>	Adult (18 – 64 years)	<input type="checkbox"/>
Pediatric (1 – 12 years)	<input type="checkbox"/>	Elderly/Geriatric (65+years)	<input type="checkbox"/>
N/A	<input type="checkbox"/>		

Equipment Used List any equipment used to perform functions of the position. This would include equipment requiring physical exertion (such as a vacuum cleaner), in addition to technical/clinical equipment that would require training for use.

- Duty Uniform
- Use of hand-held radio (walkie-talkie)
- Use of handcuffs (not as a substitute for clinical restraints)
- Use of chemical spray
- Use of ASP Baton
- CCTV
- Patrol Vehicle
- Badging system w/access control
- Keys

Physical Demands/Requirements:

Demand/Requirement Frequency Key:

1) Not applicable	2) Up to 33% of the time
3) From 33-66% of the time	4) Over 66% of the time

Demand	Frequency Level	Comments/Specific Abilities (i.e. wt)
1. Mobility		
Standing	4	
Walking	3	
Sitting	3	
Bending/knees	2	
Bending/waist	2	
Kneeling	2	
Climbing	1	
Reaching	2	
2. Strength		
Lifting	3	Physically agile and able to lift, push or pull up to 50 lbs.
Carrying	2	
Pushing	2	
Pulling	2	
3. Dexterity		
Gross motor skills (handing/grasping)	4	
Fine motor skills	3	
Fingering/feeling	3	
4. Visual		
Acuity, near	3	
Acuity, far	3	
Depth perception	3	
Color differentiation	3	
Peripheral	3	
5. Hearing		
Normal conversation	4	
Faint sounds	2	
Other		
6. Other		
Strength/Capability	2	Capable of physically restraining as appropriate
7. Personal Protective Equipment		
List all equipment required (i.e.: Respirator (facial hair restrictions), gloves, headgear, lead apron, etc.)	3	Standard PPE precautions (gloves, eye shield)- less frequency for use of respirator

Emotional/Psychological Factors: List all that are appropriate. (i.e.: trauma, grief, death, public contact, deadlines, concentration, etc.) Trauma cases, death, family member grief, influx of patients due to community emergencies, public contact, high demand, security situations that may arise.

Reviewed and Approved by:

Prepared by: Michael L. Angeline Date: 4/14/09

Reviewed by: Michael L. Angeline Date: 4/14/09
(Manager/Director)

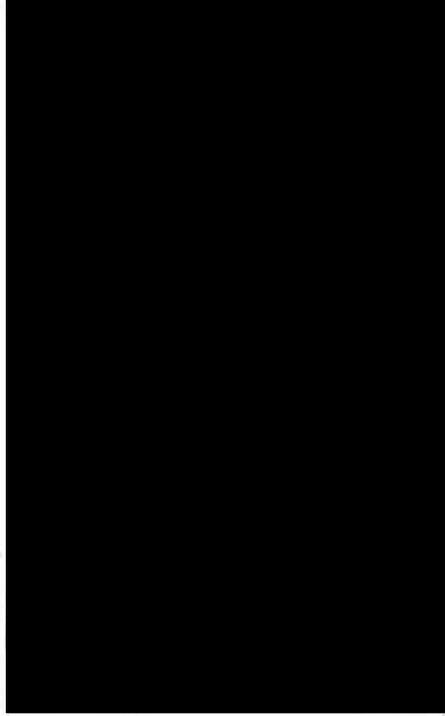
Approved by: John Heisler Date: 4/17/09
(Sr Vice President)

Reviewed by: Kim Berno Date: 4/17/09
(Compensation)

This job description is intended to describe the general content of and requirements for the performance of this job. It is not to be considered an exhaustive statement of duties, responsibilities, or requirements

Licenses





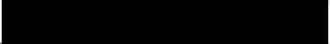


Orientation

I () have received the following issued uniforms from the Security Department at Mount Carmel St. Ann's Hospital.

- ① 2-Pair of uniform pants
- ② 1-Set of MCH collar insignia
- ③ 1- Badge
- ④ 2-Uniform Long sleeve shirts
- ⑤ 1-Glove Holder
- ⑥ 1-Key Holder
- ⑦ 1-Handcuff case
- ⑧ 1-Radio Holder
- ⑨ 1-Silver whistle chain
- ⑩ 1-Set of belt keepers
- ⑪ 1-Duty Belt
- ⑫ 1-Office key
- ⑬ 1-Set of handcuffs w/key
- ⑭ 1-Tie bar/Tie
- ⑮ 1- Duty Coat w/ liner
- ⑯ 1- Kenwood Portable radio/Charger 730

Upon termination of employment, I understand that the above issued property must be turned into the Security Supervisor.

Printed Name: 

Signature: 

Date: 2/24/15

Issued By: 

Certificate of Training

Presented to



For the successful completion of **Hazwoper Awareness Level Training**.

The training meets the OSHA requirements
(29 CFR 1910.120 (g)).

Presented by Mount Carmel Health System Safety and Security

August 17, 2015

A handwritten signature in black ink, appearing to read "Michael L. Angelina".

**Michael L. Angelina, Director
Safety & Security
Mount Carmel Health System**



MOUNT CARMEL

A MEMBER OF TRINITY HEALTH

HEARTSAVER FIRST AID CPR AED

Heartsaver®
First Aid CPR AED



This card certifies that the above individual has successfully completed the objectives and skills evaluations in accordance with the curriculum of the AHA Heartsaver First Aid CPR AED Program. Optional completed modules are those NOT marked out.

5/15/2014

05/2016

Issue Date

Recommended Renewal Date

HEALTHCARE PROVIDER

Healthcare Provider



American Heart Association

[Redacted]

This card certifies that the above individual has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association BLS for Healthcare Providers (CPR and AED) Program.

January 22, 2016

January 2018

Issue Date

Recommended Renewal Date

HEALTHCARE PROVIDER

Training Center Name **Mount Carmel Health System OH** TC ID # **063247**

TC Info **Columbus, OH 43213 614-234-3780**

Course Location **Mount Carmel Corporate Service Center**

Instructor Name **Kim McGee 9140271751** Inst. ID #

Holder Signature [Redacted]

**MOUNT CARMEL HEALTH
SAFETY AND SECURITY
Policy**



SUBJECT: Use of Force

PURPOSE

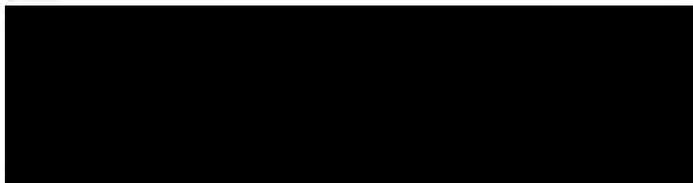
To provide guidelines for Security Officers in using force to control hostile persons and to provide guidelines for the use of defensive weapons.

POLICY

Security Officers must be prepared to perform assigned duties at all times. When using force to control a subject or to overcome resistance, the force must be based on the actions and behavior of the subject and be reasonable for the situation. The level of force used must be balanced against the likelihood of injury to the subject and/or officer.

The Safety and Security Department will use the USE OF FORCE CONTINUUM as a guide when dealing with an uncooperative subject. The USE OF FORCE CONTINUUM is a general guideline to be used in subject control and officer defense. Since confrontation is dynamic and is often unpredictable, an officer may be forced to escalate, de-escalate, or go from minimum to maximum use of force without resorting to each intermediate step. The Department's Use of Force Continuum is designed to aid and assist officers in the decision-making process.

Use of Force continuum and training in defensive weapons will take place within the first 90 days of employment for Safety & Security Officers and annual thereafter. Competencies/methodology of training will be tracked. Safety & Security will provide training on OC repellent, ASP Expandable Baton, and Defensive Tactics annually. In addition, Security Officers will have initial 20-hour security firearms training authorized by the State of Ohio and annual re-qualifications thereafter.



2/4/19

USE OF FORCE CONTINUUM

Level One

1. Physical Presence of the Officer
2. Issuance of Verbal and Physical Directions or Commands
 - a. To direct subject
 - b. To inform bystanders
 - c. To create a voice stunning value
 - d. To calm subject
3. Empty Hand Control
 - a. Soft
 1. Assistance from other officers
 2. Escort Position

Level Two

- b. Hard Defensive Tactics
 1. Joint Manipulations or pressure points, takedowns,
 2. Handcuffing

Level Three

Use of Non-Lethal Defensive Weapons

A. OC Repellent-Chemical

1. The OC repellent is a liquid or foam irritant. It requires direct application to the subject's face to be effective.
2. The application of the agent should be made ideally from a range of 6-12 feet. This distance also provides safety for the officer. If the agent is applied at a closer range it may affect the officer. When spraying the subject, the spray should be directed at the eyes for maximum effect. If the subject is wearing glasses spray at the top of the glasses and allow the agent to splash into the eyes. The agent should take full effect in 2-5 seconds.
3. Officers using the agent should not touch their face until they have had the opportunity to wash their hands with soap and water.

After spraying a person, afford that person an opportunity to wash the contaminated areas and remove any saturated clothing. The most effective antidote is a large amount of air. The subject should be taken to the Emergency Department to be checked.

If the agent is used in an enclosed area, such as a small room or vehicle, open all windows and allow the area to ventilate.
4. The OC agent should only be used when a physical confrontation is occurring or is about to occur.

B. Canine (K9)

If a perpetrator becomes violent and physically assaulting by way of non-deadly measures, K9s can be deployed to get the perpetrator(s) under control to prevent bodily harm/physical assault.

Level Four

C. Expandable Baton

1. The expandable baton is to be primarily used as a defensive weapon. Striking a person with the baton is justified when an officer is:
 - a. Protecting him/herself or another from assault
 - b. Attempting to stop an individual's aggression or to overcome resistance or violent behavior where lesser means of physical force are ineffective.
2. The primary target areas for applying non-lethal force with the baton are the large muscle groups or bones. Light strikes to these areas will cause pain and minor bruising, although such a strike can potentially disable an assailant and bring the attack to an abrupt halt.
3. It is important to avoid striking the head, temple, throat, and the back of the neck. Even light strikes or pressure these areas could inflict serious or possibly fatal injuries.
4. If an officer strikes a person with the baton that person will be taken to the Emergency department to be checked.

Level Five

Lethal/Deadly Force

Firearms

Select officers/ supervisors carry firearms and the use of firearms on a person is considered lethal and deadly force. The use of deadly force will be in accordance with Ohio State Laws (ORC) – and will only be used on a perpetrator for the protection of life from substantial risk of death or serious bodily injury to self or others. Officers/supervisors that carry firearms have gone through the OPOTA Security Firearms training program and have met proficiency/competency and will re-qualify on an annual basis. Armed security must make sound judgment when using fire arms in the above circumstances, but be cognizant to their action as it relates to the potential of bullets hitting and wounding innocent bystanders. Firearms should not be discharged on moving vehicles unless it is a situation that is life-threatening. Only authorized department firearms will be used.

SPECIAL PROVISIONS

Anytime that an officer uses the OC repellant, K9, baton, handcuffs, or firearm on any individual an Incident Report will be completed by the Officer's Supervisor/In Charge Officer. Local Law Enforcement Agency will also be contacted for possible charges on subject that OC repellant, K9, handcuffs, baton, firearm was used on. This report will be forwarded to the Regional System Manager of the Safety and Security Department. All Use of Force Incidents will be investigated by the Defensive Tactics Instructors.

Reviewed 09-2011

Revised 12/2012

Reviewed 08/2014

Reviewed 08/2016

Revised 11/2016, 12/2016

Firearms effective: 2/1/17

DEFINITIONS:

1. **Active Resistance** – Behavior that consists of non-threatening physical opposition to being controlled.
2. **Assaultive Behavior** – Aggressive physical opposition directed towards the officer or others by a subject. Assaultive behavior can be either an actual attack, or threat of attack conveyed through body language and assaultive verbalization.
3. **Controlling Force** – Usually the minimal amount of physical force needed to control a subject who will not submit to verbal commands. Generally, this level of force involves the application of pain without injury. Controls techniques are used to encourage a subject to go in a desired direction, and usually are applied to subjects that are either passively or actively resisting the officer's attempt to control them.
4. **Deadly/Lethal Force** – Any force which carries a substantial risk that it will proximately result in the death or serious bodily injury of any person.
5. **Reasonable Belief** – That belief by an officer, acting on personal knowledge of facts and circumstances which are reasonably trustworthy, that would justify a person of average caution to believe that a crime has been or is being committed. Similar to the probable cause standard.
6. **Reasonable Force** – Force that will likely lead to a safe control of the subject. If a lesser force would likely lead to safe control the lesser force should be used.
7. **Serious Physical Injury** – Injuries being inflicted or about to be inflicted which could cause the death of any person.

**MOUNT CARMEL HEALTH
SAFETY AND SECURITY
Policy**

Instructions
Copy

SUBJECT: Use of Firearms by Security Personnel

PURPOSE

Policy to ensure the effective deployment, handling, and use of assigned or designated firearms by private Mount Carmel Armed Safety and Security Officers/Supervisors and are within legal parameters for the State of Ohio as well as in-line with the organization's mission, core values and guiding behaviors adhering to all safety rules and organizational policies, which includes the Mount Carmel Safety & Security Use of Force continuum. Firearms are deadly force weapons and would never be used unless there is an immediate threat to life or great bodily injury based on justification of deadly force as outline in the Ohio Revised Code (ORC). No Armed Safety and Security Officer/Supervisor will ever use a firearm without legal justification and the appropriate training and competency. Mount Carmel Armed Safety and Security Officers/Supervisors are authorized to carry firearms as representatives of Mount Carmel Health System while on Mount Carmel owned property, having proprietary jurisdiction.

POLICY

The Safety and Security Department will maintain assigned or designated firearms in clean and working order while conducting duties at Mount Carmel owned facilities. All Armed Officers/Supervisors are expected to have the appropriate training as well as updated annual renewal for competency based on established criteria from the Ohio Peace Training Academy (OPOTA) and authorized vendors. Armed Officers/Supervisors are expected to be familiar with local laws, ordinances and policies regarding the carrying and use of firearms. Mount Carmel is not liable for use of firearm "outside course and scope of employment." Firearms protocol is as follows:

1. Use of deadly force based on Use of Force Continuum and immediate threat to life or great bodily harm. Firearm use by Armed Officers/Supervisors to neutralize this kind of threat or action to protect life.
2. Armed Officers/Supervisors will be alert to their surroundings and fully aware of any actions that may injure or kill innocent bystanders in the event of firearm use. Using restraint if necessary based on their professional judgement and self-defense expectations.
3. Armed Officers/Supervisors will not discharge their weapon when lessor means of force is justified.
4. The firearm would never be un-holstered during the performance of duties or used absence of a threat to life or great bodily harm. Other exceptions: clearing, loading, cleaning, storing or training situation.



2/4/19

5. All firearms will be loaded and cleared in a designated clearing barrel.
6. Firearms in transport off property will be in accordance with Ohio Revised Code- ordinances and law.
7. Warning shots shall never be fired and firearms will never be pointed at someone unjustifiably. Horseplay will NOT be tolerated. Professionalism at all times.
8. Supervisor, Manager, Director or designee will be notified as soon as possible of any discharge (intentional or accidental) incident as well as unholstering in an encounter situation. A Security Incident Report will be documented.
9. In the event of an intentional or accidental discharge resulting in injuries or death- Medical personnel will be summoned immediately as well as local jurisdictional law enforcement. Emphasis on safety and preservation of potential crime scene.
10. Only authorized firearms and equipment (web gear- safety holster, ammo pouch, etc.) will be used. Armed officers are expected to have this with appropriate ammo on duty and will be inspected for compliance prior to each shift by Supervisor or In-Charge. Officers are required to be uniformed- exception, System Manager
11. Firearms will be under the control of the Officers/Supervisors assigned to while on duty at all times or properly secured. Never unattended.
12. Armed Officers/Supervisors will carry three loaded magazines with one of the three inserted in the firearm with round in the chamber while on-duty. Level Three holsters are the only holsters authorized.
13. Armed Officers/Supervisors will not loan their assigned firearms to any other officer or person and will always be cognizant of their surroundings protecting the holstered firearm at all times.
14. Designated Officers/Supervisors will report fit for duty with designated firearms or obtain from the on-site safe in the designated security office. If not fit for duty (evidence of non-compliance, alcohol/drug use, etc.). The officer will be removed from duty and the firearm secured.
15. Officers/Supervisors will report any OTHER related firearm incidents to their supervisor or in-charge as well as the Nursing Supervisor immediately.
16. Officers/Supervisors will be in possession of appropriate PPE while carrying firearms and use as appropriate (i.e. protective vests, and hearing and eye protection for training).

17. There may be certain times when Armed Officers/Supervisors will be asked by management to surrender their firearm/ammo due to circumstances (i.e. certain meetings/functions, other training not related to firearms, administrative hearings/internal investigations/disciplinary, etc.). In these cases supervisory/management will ensure proper unloading and clearing of the firearm and securing on site- property receipt issued.
18. Armed Officers/Supervisors will make all required training and competencies.
19. Armed Officers/Supervisors responding to Psychiatric Behavioral Unit (3W MCW) will ensure firearms are stored in designated cabinet before entering the resident area.
20. Armed Officers/Supervisors will report to their Supervisor any potential conflict that arises in carrying said firearm (criminal charges, convictions, domestic violence, mental health changes, etc.)
21. Non-conformance with organizational policies and state law regarding firearm use will result in disciplinary actions up to termination of employment.

FIREARM DEPLOYMENT REVIEW BOARD

A Firearm Deployment Review Board will convene within 72 hours of ANY firearm deployment on a person(s). Reports will be made available to the review board and use of firearms may result in administrative leave and if warranted- counseling. The incident review board will consist of the following:

- System Director of Safety & Security
- System Manager of Safety & Security
- Officer's immediate supervisor
- Senior Vice President of Human Resources or designee
- Legal Counsel
- Director of Regulatory and Risk Management or designee
- Potentially a Law Enforcement Rep (if investigated and appropriate)
- Certified Firearms trainer as appropriate

The Firearm Deployment Review Board will convene no less than four (4) members and will critique and carefully examine the event for justification. Looking at the following as a minimum:

- Was the deployment appropriate within laws and policies
- Thought process- Use of Force continuum – was a lessor means justified
- Policy adherence
- Through examination of circumstances leading up to the event, during event and post event
- Code Silver protocols

- Training current and is additional guidance needed

Upon completion of the review board- findings and recommendations will be placed in writing. This will be shared with the affected Officer/Supervisor as well as any warranted disciplinary action up to and including termination based on the review.

Michael L. Angeline

Date: 1/13/17

Michael L. Angeline, Director
Mount Carmel Safety & Security
Developed 12/2016



ASCENTTRA

Certificate of Attendance



Has successfully attended the 4 Hour
Hospital Incident Command System Course

November 19, 2018

Lead Instructor

Emergency Management Institute



FEMMA

This Certificate of Achievement is to acknowledge that



has reaffirmed a dedication to serve in times of crisis through continued professional development and completion of the independent study course:

IS-00800.b

National Response Framework, An Introduction

Issued this 12th Day of February, 2016



A handwritten signature in black ink, appearing to read "Tony Russell".

Tony Russell
Superintendent
Emergency Management Institute

Certificate of Completion

This is to Certify



has completed the course
"Addressing Behaviors That Undermine a Culture of Safety"

2/5/2016



Certificate of Completion

This is to Certify



has completed the course
"Addressing Behaviors That Undermine a Culture of Safety (PA)"

2/5/2016



Certificate of Completion

This is to Certify
[REDACTED]
has completed the course
"Workplace Violence"

2/5/2016



Emergency Management Institute



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IS-00200.hca

**Applying ICS to Healthcare Organizations
ICS-200 for Health Care/Hospitals**

Issued this 9th Day of February, 2016



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Tony Russell
Superintendent
Emergency Management Institute

Emergency Management Institute



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IS-00106.17

Workplace Violence Awareness Training 2017

Issued this 18th Day of September, 2017



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Superintendent
Emergency Management Institute

Emergency Management Institute



FEMIA

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IS-00100.c

Introduction to Incident Command System, ICS-100

Issued this 21st Day of July, 2018



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Superintendent
Emergency Management Institute

Emergency Management Institute



FEMMA

This Certificate of Achievement is to acknowledge that



has reaffirmed a dedication to serve in times of crisis through continued professional development and completion of the independent study course:

IS-00700.b

An Introduction to the National Incident Management Sys

Issued this 25th Day of July, 2018



Tony Russell
Superintendent
Emergency Management Institute



OHIO PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that



has completed the Ohio
Private Security Firearms Training Program

Conducted by
AimHi Private Security Academy

Awarded on
March 04, 2018

Mike DeWine

Mike DeWine
Attorney General

Vernon P. Stanforth

Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission



Mary E. Davis

Mary E. Davis, Executive Director
Ohio Peace Officer Training Commission
School Commander

634734 A PSB18-102
REQUALIFICATION DUE BY 09/04/19

This certificate alone does not authorize you to work as a security guard or private investigator. For licensing requirements, contact the Ohio Department of Public Safety/Private Investigator Security Guard Services or visit <http://pjsgs.ohio.gov/>

MOUNT CARMEL HEALTH SYSTEM

CONFIDENTIALITY AND NETWORK ACCESS AGREEMENT

SIGNATURE PAGE RELATIONSHIP TO MOUNT CARMEL HEALTH SYSTEM/TRINITY HEALTH

I am a: (Please check all that apply to you)

Direct relationships with Mount Carmel Health System

- Colleague at Mount Carmel Health System
- Physician Credentialed on Mount Carmel Health System Medical Staff
- Volunteer at a Mount Carmel Health System Facility
- Temporary/Contractor at a Mount Carmel Health System/Facility (name of agency)
- Student at Mount Carmel Health System: (name of educational organization)

Employed by or Associated with a Mount Carmel Health System Credentialed Medical Staff Member

- Medical Staff Members' Employee or Temp Staff: (name of practice)
- Medical Staff Member's Vendor's Employee: (name of vendor)

Vendor Providing Goods or Services to Mount Carmel Health System

- Employee/Temp Staff of Mount Carmel Health System's clinical services vendor: (name of vendor)
- Employee/Temp Staff of Mount Carmel Health System's business services vendor: (name of vendor)
- Employee/Temp Staff of Mount Carmel Health System's IT services vendor: (name of vendor)

Mount Carmel Health System's Joint Venture or a Facility Managed by Mount Carmel Health System

- Employee of a Mount Carmel Health System's Joint Venture: (name of joint venture)
- Employee of a hospital/Other Facility Managed by Mount Carmel Health System: (name of facility)
- Credentialed Physician on Medical Staff of a Hospital/Other Facility Managed by Mount Carmel Health System: (name of facility)
- Employee or Temp Staff of a Credentialed Physician on the Medical Staff of a Hospital/Other Facility Managed by Mount Carmel Health System: (name of physician's practice)

Other

- Unaffiliated (non-credentialed) Physician/Other Provider: (name of practice)
- Employee of an Unaffiliated Physician or Facility: (name of practice or facility)
- Employee or Payer: (name of payer)
- Researcher: (research study name)
- Other: (name of employer)

USER If there are any items in this agreement that I do not understand I will ask my Mount Carmel Health System supervisor or other appropriate Mount Carmel Health System contact person for clarification. My signature acknowledges that I have read, understand and accept this agreement and realize it is a condition of my employment or association with Mount Carmel Health System/Trinity Health. I also acknowledge that I have received a copy of the Confidentiality and Network Access Agreement.

Colleague Name: [REDACTED]

Colleague Signature: [REDACTED]

Date: 2017-09-18 23:09:36.157

Signature of individual to be given access (if checked any line other than employee of Mount Carmel Health System above)

EMPLOYER SIGNATURE: (Required when user is an employee or agent of a physician/physician practice; other individual or facility provider, a vendor that is not a business associate; any other organization unaffiliated with Mount Carmel Health or Trinity Health. My signature below acknowledges that I have read, understand and accept

Emergency Management Institute



FEMMA

This Certificate of Achievement is to acknowledge that



has reaffirmed a dedication to serve in times of crisis through continued professional development and completion of the independent study course:

IS-00100.hcb
Introduction to the Incident Command System
(ICS 100) for Healthcare/Hospitals

Issued this 8th Day of February, 2016

A handwritten signature in black ink, appearing to read "Tony Russell".

Tony Russell
Superintendent
Emergency Management Institute



Emergency Management Institute



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This Certificate of Achievement is to acknowledge that



has reaffirmed a dedication to serve in times of crisis through continued professional development and completion of the independent study course:

IS-00200.hca

**Applying ICS to Healthcare Organizations
ICS-200 for Health Care/Hospitals**

Issued this 9th Day of February, 2016



A handwritten signature in black ink, appearing to read "Tony Russell".

Tony Russell
Superintendent
Emergency Management Institute

Emergency Management Institute



FEMIA

This Certificate of Achievement is to acknowledge that



has reaffirmed a dedication to serve in times of crisis through continued professional development and completion of the independent study course:

IS-00700.a

**National Incident Management System (NIMS)
An Introduction**

Issued this 12th Day of February, 2016



A handwritten signature in black ink, appearing to read "Tony Russell".

Tony Russell
Superintendent
Emergency Management Institute

Emergency Management Institute



FEMMA

This Certificate of Achievement is to acknowledge that



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IS-00800.b

National Response Framework, An Introduction

Issued this 12th Day of February, 2016



A handwritten signature in black ink, appearing to read "Tony Russell".

Tony Russell
Superintendent
Emergency Management Institute

Evaluation/Safety Test/Competency

Awards

Application/Transfers

Evaluation/Safety Test/Competency

Education



**MOUNT CARMEL HEALTH SYSTEM
SAFETY AND SECURITY
SECURITY OFFICER
ORIENTATION**

Orientee: _____
Primary Preceptor: Caled Pursant
Secondary Preceptor: Benny Reisman
Start Date: 2/24/2015
Completion Date: 3/10/15
Reviewed By: _____

*** Return to manager when completed ***

**INTRODUCTION AND OVERVIEW
OF THE MOUNT CARMEL HEALTH SYSTEM**

SYSTEM MISSION STATEMENT

**Mount Carmel Health System
is a community of committed persons
working to extend God's ministry of health.
We seek out and respond to the health needs
of our communities.**

**We serve and care for all people
with fairness, respect and compassion.**

**As a member of the Holy Cross Health System
we dedicate ourselves to
Fidelity, Excellence, Empowerment and Stewardship
by living the values of
Dignity of Persons, Service to Others,
Social Justice for All.**

**Faithful to the spirit of the
Congregation of the Sisters of the Holy Cross
both the Holy Cross Health System
and the Mount Carmel Health System
exist to witness Christ's love through excellence in the
delivery of health services
motivated by respect for those we serve.
While stewarding our resources, we foster a climate
that empowers those who serve with us.**

**INTRODUCTION AND OVERVIEW
OF THE MOUNT CARMEL HEALTH SYSTEM
SAFETY AND SECURITY DEPARTMENT**

Mission Statement

Safety and Security is a team of dedicated individuals working together to provide a safe and secure environment by providing high quality life safety, personal and property protection services.

We achieve timely, cost effective results through the collective knowledge, talents, and skills of Associates working together for the benefit of those we serve.

Simply stated, we:

- ☆ work as a team,
- ☆ strive for excellence,
- ☆ are on time,
- ☆ are within budget,
- ☆ enjoy our work and each other.

REQUIREMENTS

- Annual TB Test – See Employee Health Services
- Annual Safety Education Training
- Completion of a Private Security Officer Course or Basic Peace Officer
- Completion of Healthcare Security and Safety Training Course
- Good written and verbal skills
- Computer Skills – Windows 95 and Microsoft Office 97
 - Demonstrates the Use of the Mouse
 - Demonstrates the use of the Keyboard
 - Demonstrates the use of the Registrar

SECURITY OFFICER ORIENTATION WEEKLY PROGRESS

Week One:	✓	Day one: System Orientation
	✓	Day two: Introduction to Employees
	✓	Review Job Description
	✓	Review Supervisor/Take Charge Responsibilities
	✓	Department Goals and Objectives
	✓	Organizational Chart
	✓	Campus Tour
	✓	Work Schedule/Post Assignments/Overtime
	✓	Meals and Breaks
	✓	PLT/DIS/LOA's
	✓	Clocking In/Absenteeism/Tardiness
	✓	Dress Code
	✓	Day three: Department Resources and Manuals
	✓	Review H.R. Policies and Procedures
	✓	Emergency Operations Manuals
Week Two:	✓	Safety Management
Week Three and Four:	✓	Security Management and Emergency Preparedness Management
Week Five and Six:	✓	Hazardous Materials Management
Week Seven and Eight:	✓	Life Safety Management

GENERAL ORIENTATION CHECKLIST

ITEM	RESPONSIBLE PERSON	TIME FRAME	DATE COMPLETED
Home Address & Telephone No.	Employee	Day 1	2/25/15 PD.
Uniforms/Equipment	Supervisor	Day 1	2/25/15 PD.
Shift Assignment	Supervisor	Day 1	2/25/15 PD.
E-Mail Address	Supervisor	Week 1	2/25/15 PD.
Review Progressive Counseling Policy	Supervisor	Week 1	2/25/15 PD.
Confidentiality Policy	Supervisor	Week 1	2/25/15 PD.
JCAHO/Life Safety/OSHA Regulations	Supervisor	Week 3	2/25/15 PD.
Hospital Paging System	Supervisor	Week 1	2/25/15 PD.
Complaints against Security Officers	Supervisor	Week 1	2/25/15 PD.
Department Policies and Procedures	Supervisor	Week 1	2/26/15 PD.
Department Forms/Pass-On Log	Supervisor	Week 1	2/25/15 PD.
Productivity Data	Supervisor	Week 1	2/26/15 PD.

SECURITY OFFICER

	Reviews Pertinent Information		Performs With Assistance		Performs Independently	
	Orientee Date & Initials	Preceptor Date & Initials	Orientee Date & Initials	Preceptor Date & Initials	Orientee Date & Initials	Preceptor Date & Initials
SAFETY MANAGEMENT						
Describes AMA Patients ✓	█ 3/1	CJD 3/1	JMR 3/5	█ 3/5		
Demonstrates Camera Center Operations ✓	█ 3/1	CJD 3/1	JMR 3/5	█ 3/5		
Describes Correction of Hazardous Conditions	█ 3/1	CJD 3/1	JMR 3/5	█ 3/5		
Demonstrates Detainment/Restraint of Patients ✓	█ 3/1	CJD 3/1	JMR 3/5	█ 3/5		
Describes Elevator Locations & Operations	█ 3/1	CJD 3/1	JMR 3/5	█ 3/5		
Demonstrates Heliport Lighting/Traffic Control ✓	█ 3/8	DN 3/8	█ 3/8	DN 3/8		
Describes and Demonstrates Infectious Control/Universal Precautions	█ 3/1	CJD 3/1	JMR 3/5	3/5 █		
Conducts Safety Inspections	█ 3/1	CJD 3/1	JMR 3/5	3/5 █		
Completes Evaluation Form	█ 3/8	DN 3/8	█ 3/8	DN 3/8		
SECURITY MANAGEMENT						
Demonstrates 10 codes / Two-Way Radio Communications	█ 3/1	CJD 3/1	JMR 3/5	3/5 █		
Describes Areas Unauthorized	█ 3/1	CJD 3/1	JMR 3/5	3/5 █		
Demonstrates Vehicle Operations	█ 3/1	CJD 3/1	█ 3/8	DN 3/8		
Demonstrates Bureau of Motor Vehicles (BMV)	█ 3/1	CJD 3/1	█ 3/8	DN 3/8		
Demonstrates writing Departmental Forms / Pass-On Book	█ 3/1	CJD 3/1	█ 3/8	DN 3/8		
Demonstrates and describes Door Lock / Unlock Schedules	█ 3/1	CJD 3/1	█ 3/8	DN 3/8		
Demonstrates Identification / Package Checks	█ 3/1	CJD 3/1	█ 3/8	DN 3/8		
Demonstrates and describes Visitation Policy	█ 3/1	CJD 3/1	JMR 3/5	█ 3/5		

SECURITY OFFICER

	Reviews Pertinent Information		Performs With Assistance		Performs Independently	
	Orientee Date & Initials	Preceptor Date & Initials	Orientee Date & Initials	Preceptor Date & Initials	Orientee Date & Initials	Preceptor Date & Initials
Demonstrates Numerical Keypads / Codes / Use of	3/1	CJD 3/1	JmR 3/5			
Demonstrates Lost and Found	3/1	CJD 3/1	JmR 3/5	3/5		
Describes Matrix System / Card Access	3/1	CJD 3/1	CJD 3-10-15	DN 3/1		
Demonstrates Money / Protective Escorts	3/1	CJD 3/1	JmR 3/5	3/5		
Demonstrates and describes Off Property Duties / Alarms	3/1	CJD 3/1	JmR 3/5	3/5		
Demonstrates and describes Parking Enforcement	3/1	CJD 3/8	3/8	DN 3/8		
Demonstrates and describes Patient Valuables Policy / Procedure	3/1	CJD 3/1	CJD 3-10-15			
Demonstrates Patrols / Interior / Exterior / Emergency Room	3/1	CJD 3/1	3/8	DN 3/8		
Demonstrates PPCT and ASP Training	TO	BC	Scheduled	AT	COVER	DN
Describes Removal of Belligerent / Combative Visitors, Patients, or Associates	3/1	CJD 3/1	3/8	DN 3/8		
Demonstrates Safety / Security Vehicle Procedures	3/1	CJD 3/1	3/8	DN 3/8		
Demonstrates Signing on Computers / Work Orders	3/8	DN 3/8	3/8	DN 3/8		
LIFE SAFETY MANAGEMENT						
Conducts Construction Safety Inspection	3/10	CJD 3-10-15	3/10	CJD 3-10-15		
Completes Construction Safety Evolution Form	3/10	CJD 3-10-15	3/10	CJD 3-10-15		
Describes Electrical Safety	3/10	CJD 3-10-15	3/10	CJD 3-10-15		
Conducts Fire Drills	3/10	CJD 3-10-15	3/10	CJD 3-10-15		
Completes Drill Evaluation Form	3/10	CJD 3-10-15	3/10	CJD 3-10-15		

	Reviews Pertinent Information		Performs With Assistance		Performs Independently	
	Orientee Date & Initials	Preceptor Date & Initials	Orientee Date & Initials	Preceptor Date & Initials	Orientee Date & Initials	Preceptor Date & Initials
Describes Fire Hazards	█ 3/1	CJD 3/1	DN 3/8	█ 3/8		
Describes types of Fire Extinguishers	█ 3/1	CJD 3/1	DN 3/8	█ 3/8		
Describes types of fires	█ 3/1	CJD 3/1	DN 3/8	█ 3/8		
Describes Fire Response Team	█ 3/1	CJD 3/1	DN 3/8	█ 3/8		
Demonstrates inspection of Fire Extinguishers & Locations	█ 3/1	CJD 3/1	DN 3/8	█ 3/8		
Describes locations of Fire System Pull-Boxes	█ 3/1	CJD 3/1	DN 3/8	█ 3/8		
Describes locations of Halon Systems	_____					
Describes location of Mechanical Rooms & Airhandlers	█ 3/1	CJD 3/1	DN 3/8	█ 3/8		
Describes Simplex Fire Alarm System	█ 3/1	CJD 3/1	DN 3/8	█ 3/8		
Describes Safety and Security Fire Plan	█ 3/1	CJD 3/1	DN 3/8	█ 3/8		
Demonstrates Safety / Security Intervention Regarding Patients	█ 3/1	CJD 3/1	DN 3/8	█ 3/8		
HARARDOUS MATERIALS MANAGEMENT						
Demonstrates and describe Hazmat Suit / Location	█ 3/1	CJD 3/1	█ 3/8	DN 3/8		
Describes MSDS Manuals	█ 3/1	DN 3/8	█ 3/8	DN 3/8		
Demonstrates use of MSDS	█ 3/1	DN 3/8	█ 3/8	DN 3/8		
Describes Mercury & Chemotherapy Spills	█ 3/1	DN 3/8	█ 3/8	DN 3/8		
Describes Personal Protective Equipment	█ 3/1	DN 3/8	█ 3/8	DN 3/8		



OHIO PEACE OFFICER TRAINING COMMISSION
&
THE OFFICE OF THE ATTORNEY GENERAL

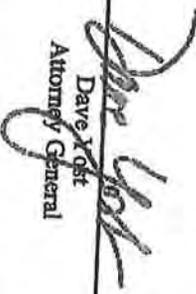
This is to certify that

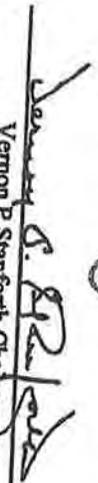


has completed the Ohio
Private Security Firearms Requalification Program

Conducted by
AimHi Private Security Academy

Awarded On
August 02, 2020


Dave X. Ost
Attorney General


Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission
644827 A PSR20-304
REQUALIFICATION DUE BY 9/4/2021




Dwight A. Holcomb, Executive Director
Ohio Peace Officer Training Commission


School Commander

This certificate alone does not authorize you to work as a security guard or private investigator. For licensing requirements, contact the Ohio Department of Public Safety/Private Investigator Security Guard Services or visit <http://piigs.ohio.gov/>



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COMMITTEE ON TRAUMA**

Recognizes



For successful completion of the
STOP THE BLEED® Course

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THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that



has completed the Ohio
Private Security Firearms Qualification Program

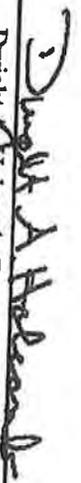
Conducted by
AimHi Private Security Academy

Awarded On
August 02, 2020


Dave Xost
Attorney General


Vernon P. Stanforth, Chairman
Ohio Peace Officer Training Commission
644827 A PSR20-304
REQUALIFICATION DUE BY 9/4/2021




Dwight A. Holcomb, Executive Director
Ohio Peace Officer Training Commission


School Commander

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MOUNT CARMEL
POLICY/PROCEDURE

SUBJECT: Authorized Access to Medication Storage Areas

Appendix A

Orientation Checklist

Medication Storage Areas - Access by Non-Licensed Personnel

Employee's Name: [REDACTED] Employee ID Number: [REDACTED]

Position: SECURITY OFFICER Dept: SAFETY SECURITY Date: 4/21/20

- € Access to medication storage areas is restricted to authorized personnel.
- € Access to medication storage areas by non-licensed support services personnel is based on the need for the individual to perform their assigned task.
- € Authorization for non-licensed personnel to access a medication storage area is identified by job classification and department specific job description with competencies related to the specific role(s).
 - Environmental Services
 - Facility Operations/Engineering/Management
 - Security
- € Support services personnel that are *not* authorized access may only access a secure medication storage area in the presence of an authorized individual. (e.g. nurse, pharmacy)
- € Medications must be stored in a secure environment.
- € Medication storage areas (patient servers, medication carts, medication rooms, medication refrigerators, etc.) must be secured at all times.
- € Medications in patient care areas that are not actively staffed must be locked.
- € Medication storage areas must be clean and provide sanitary conditions for medication storage and preparation.
- € Medications and medication related supplies may not be placed by the sink or drain.
- € Contact the area supervisor or the pharmacy if work in a medication storage area may interfere with medication security or integrity (e.g. if medications need to be moved).
- € Report any suspected employee impairment, diversion or theft of medications, syringes, needles or any supplies to the area supervisor or pharmacy.

Preceptor's Name: Jeremy Reisinger (print)

Preceptor's Signature: [Signature] Date: 4/21/20

Employee's Name: [REDACTED] (print)

I acknowledge that I have read and understand my responsibilities related accessing medication storage areas.

Employee's Signature: [REDACTED] Date: 4/21/20

**MOUNT CARMEL
POLICY/PROCEDURE**

SUBJECT: Authorized Access to Medication Storage Areas

Appendix B

**Medication Storage Areas - Access by Non-Licensed Personnel
Competency**

1. Medication storage areas can be accessed by any hospital employee.
 - a. True
 - b. False

2. If you have a job to do in a secure medication storage area you;
 - a. May access the area to do the job without authorization
 - b. May access the area if authorized by your job description
 - c. May access the area under the supervisor of an authorized nurse or pharmacy staff
 - d. B and C

3. Medication carts, medication rooms, medication refrigerators, freezers and warmers are all medication storage areas.
 - a. True
 - b. False

4. An unlocked mobile medication cart containing medications is in the hallway on a unit that is closed. You should;
 - a. Move the cart to a secure area
 - b. Report by contacting the area supervisor or pharmacy
 - c. Leave the cart alone because the unit may reopen soon
 - d. None of the above

5. You find used needles and syringes when cleaning a restroom in a restricted access area of the hospital. You should;
 - a. Clean it up and continue working
 - b. Not report this because you don't know who used them
 - c. Not report this because it is not your responsibility
 - d. Immediately report the finding to your supervisor

BASIC LIFE SUPPORT

**BLS
Provider**



**American
Heart
Association®**

[REDACTED]
has successfully completed the cognitive and skills
evaluations in accordance with the curriculum of the
American Heart Association Basic Life Support
(CPR and AED) Program.

Issue Date

1/14/2020

Recommended Renewal Date

01/2022

Training Center Name

Mount Carmel Health System

Instructor Name

Voice Assisted Manikin

Training Center ID

OH03247

Instructor ID

10190824478

Training Center Address

6150 E. Broad St
Columbus OH 43213 USA

eCard Code

205509544759

**Training Center Phone
Number**

614-234-5570

QR Code



To view or verify authenticity, students and employers should scan this QR code with their mobile device or go to www.heart.org/cpr/mycards.

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BASIC LIFE SUPPORT

**BLS
Provider**



**American
Heart
Association®**

[REDACTED]

**has successfully completed the cognitive and skills
evaluations in accordance with the curriculum of the
American Heart Association Basic Life Support
(CPR and AED) Program.**

Issue Date

1/31/2018

Recommended Renewal Date

01/2020

Training Center Name

Mount Carmel West Hospital

Instructor Name

Mouna wardeh

Training Center ID

OH03247

Instructor ID

03112364628

Training Center Address

6150 E. Broad St
Columbus OH 43213 USA

eCard Code

185502236400

**Training Center Phone
Number**

614-234-5570

QR Code



To view or verify authenticity, students and employers should scan this QR code with their mobile device or go to www.heart.org/cpr/mycards.

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Certificate of Completion

This Certifies That



Has Successfully Completed The

Prevention of and Response to Suicide Bombing Incidents Course

Developed by New Mexico Tech (NMT) Energetic Materials Research and Testing Center (EMRTC)
Under the United States Department of Homeland Security (DHS) Federal Emergency Management Agency (FEMA)
Homeland Security National Training Program Cooperative Agreement

Recipient Has Been Awarded 3.4 Continuing Education Units (34 Contact Hours)



09/23/2019 - 09/27/2019

NM180347

Joel Haley
Joel Haley, Associate Director of Training



OHIO PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL

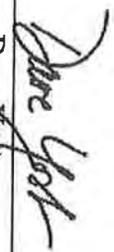
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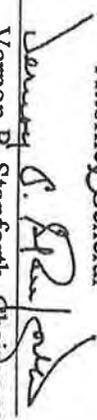


has completed the Ohio
Private Security Firearms Requalification Program

Conducted by
AimHi Private Security Academy

Awarded on
July 28, 2019


Dave Kost
Attorney General


Vernon F. Stanforth, Chairperson
Ohio Peace Officer Training Commission

640918 A PSR19-290
REQUALIFICATION DUE BY 09/04/20




Jeffrey K. Scott, Executive Director
Ohio Peace Officer Training Commission


David C. Martin
School Commander

This certificate alone does not authorize you to work as a security guard or private investigator. For licensing requirements, contact the Ohio Department of Public Safety/Private Investigator Security Guard Services or visit <http://jpsgs.ohio.gov/>

Name: [REDACTED]
Campus: ST ANN'S
Date: 4/2/21

100%
Chad Taylor

HANDCUFFING TEST

- 1.) WHEN TO USE HANDCUFFS?
 - A.) ON A VIOLENT PATIENT
 - B.) AFTER COMMITTING A FELONY IN YOUR PRESENCE
 - C.) ON VIOLENT INDIVIDUALS WHO POSE AN IMMEDIATE THREAT TO STAFF, VISITORS, PATIENTS, OR YOURSELF
 - D.) ALL OF THE ABOVE
 - E.) BOTH B AND C

- 2.) CMS ALLOWS YOU TO HANDCUFF PATIENTS?
 - A.) TRUE
 - B.) FALSE

- 3.) WHAT ACTIONS NEED TO OCCUR AFTER THE USE OF HANDCUFFS?
 - A.) INCIDENT REPORT AND VOICE
 - B.) LOCAL POLICE, SIR, AND VOICE
 - C.) SUPERVISOR, LOCAL POLICE, SIR, AND VOICE

- 4.) SECURITY IS ABLE TO HANDCUFF TO A STATIONARY OBJECT?
 - A.) TRUE
 - B.) FALSE

OC Test

Mount Carmel Health System

Safety and Security

100%
Cyril Taylor

- 1.) What does OC stand for?
 - A. Orange Crush
 - B. Ocean Crust
 - C. Oleoresin Capsicum

- 2.) What is the average expiration date on an OC canister?
 - A. 1-2 years
 - B. 3-4 years
 - C. 4-5 years

- 3.) How often should you check your OC spray for adequate spray strength?
 - A. 30 days
 - B. 60 days
 - C. 90 days

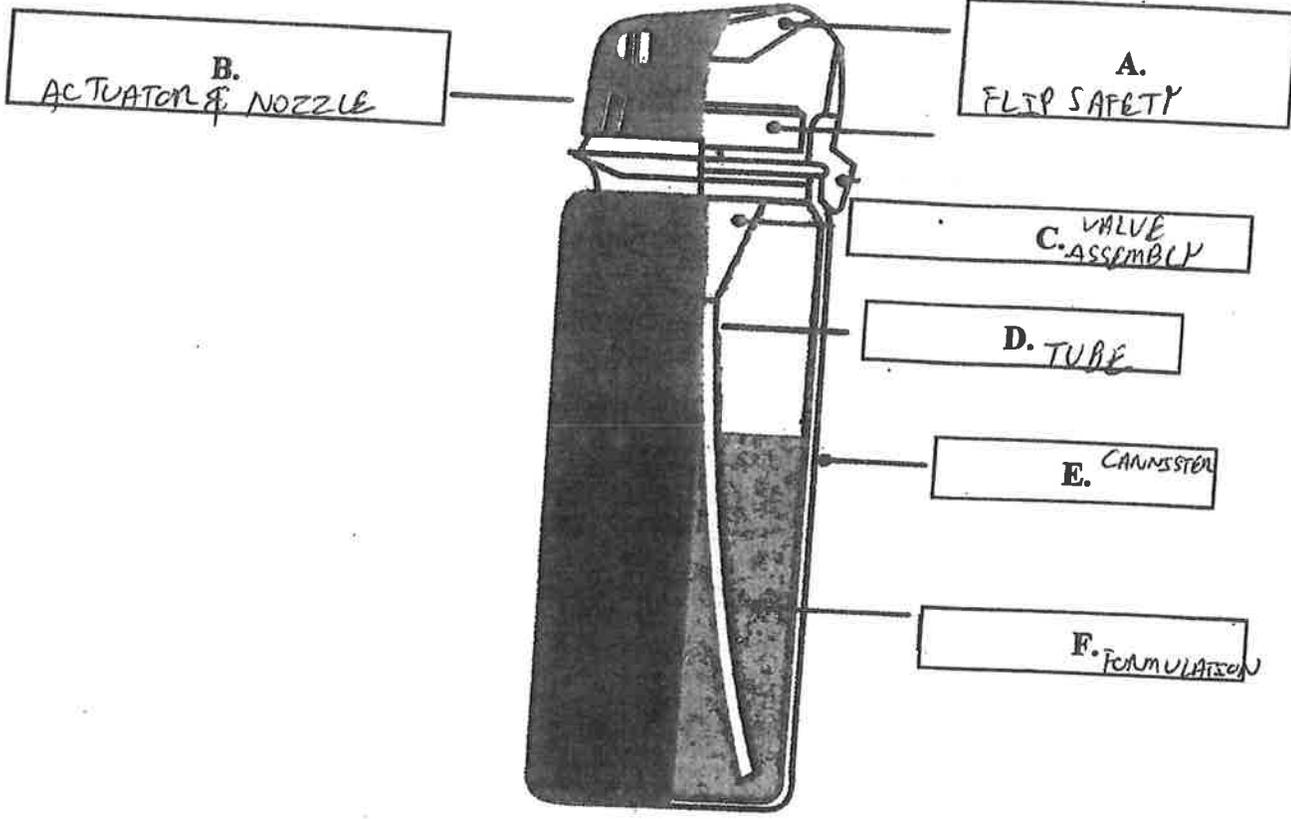
- 4.) How long of a burst should you use on a threat?
 - A. 1-2 seconds
 - B. 2-4 seconds
 - C. Empty the entire can

- 5.) What is Oleoresin Capsicum commonly known as?
 - A. Mace
 - B. Pepper Spray
 - C. Gas

- 6.) When deploying OC, what area of the body should you deploy the OC towards?
 - A. Arms
 - B. Chest
 - C. Face and eyes

- 7.) After using OC on a subject, what should you immediately do with the subject?
 - A. Leave lying on the ground.
 - B. Remove from contaminated area
 - C. Spray again

- 8.) What is the second step in the decontamination process?
- A. Spray them again
 - B. Tell them to stop crying like a baby
 - C. Offer verbal rapport to the subject
- 9.) What is the third step of the decontamination process?
- A. Expose subject to fresh air
 - B. Throw the subject a bottle of water
 - C. Stand there and record them with your cellphone
- 10.) What is the best way to flush the eyes?
- A. Using milk
 - B. Rubbing eyes continually
 - C. Water
- 11.) What type of agent is OC?
- A. Glue
 - B. Cleaning Fluid
 - C. Inflammatory
- 12.) What is the main ingredient of OC?
- A. Water
 - B. Cayenne Pepper
 - C. Powder
- 13.) Does CMS (Center for Medicaid/Medicare System) guidelines allow for OC to be used on a PATIENT?
- A. Yes
 - B. No
 - C. Only if they deserve it.
- 14.) List the nomenclature of a canister of OC
- A. FLIP TOP
 - B. ACTATOR & NOZZLE
 - C. VALVE ASSEMBLY
 - D. TUBE
 - E. CANISTER
 - F. FORMULATION





Box 1794 Appleton, WI 54912 (820) 735-6242 Fax (920) 735-8245 asp-usa.com

ASP Basic Certification (ABC) EXPANDABLE BATON TRAINING

Information Sheet

(Please Print)

Date 4/2/21

Initial Certification Recertification

First Name [REDACTED] Last Name [REDACTED]

Home Address [REDACTED]

City MOUNT VERNON State OH Province USA Zip 43050

Telephone [REDACTED] E-mail Address [REDACTED]

Employing Agency MOUNT CARMEL

Agency Address 500 SOUTH CLEVELAND AVE

City WESTERVILLE State OH Province USA Zip 43081

Agency Telephone (380) 898 4005 E-mail Address _____

✓ Duty Status: Full Duty Restricted Duty

Has your agency adopted or authorized the use of the ASP Baton? YES

How many officers are in your agency? 20

Height 5'7 Weight 230 Age 43 Date of Birth 1/22/78

Have you been exercising? YES

Do you have any knee, back or health problems? NO

Are you on any medication? ADDERALL, ADDIKASTATIN

Person to be notified in case of emergency:

Name [REDACTED]

Phone [REDACTED]

Relationship WIFE Alternate () _____

✓ Briefly describe any health problems:

Injury Check: 1A 1P

WAIVER

Release from Liability and Assumption of Risk Agreement

1) Intending that this Agreement be legally binding upon me, my heirs, executors, administrators, and assigns, I hereby waive, release, and forever discharge Armament Systems and Procedures, INC, and all of their agents, representatives, heirs, executors, administrators, successors and assigns, of and from any and all claims, demands, rights and causes of action of whatsoever kind and nature, arising from, and by reason of any and all known and unknown, foreseen and unforeseen physical and mental injuries and consequences thereof, suffered by me during any and all ASP Expandable Baton certification training activities.

2) In signing this Release, I assert that (a) I am presently in good physical and mental health; (b) I have no reason to believe that I am not in good physical and mental health; (c) I am fully aware of, and do acknowledge and assume all risk of injury inherent in my participation in this training seminar; (d) I have read and fully understand the terms and conditions of this Agreement.

This program is competency based. Mere participation does not automatically assure successful completion.

4/2/21
Date

[REDACTED]
Signed

ASP Basic Certification

WRITTEN EXAMINATION

1. A defensive tactic is evaluated by it's ability to:
 - a. Control v Injure
 - b. Maim v Destroy
 - c. Threaten v Control
 - d. React v Act
 - e. Demonstrate the Officers skill
2. The primary striking surface of an open ASP Baton is the:
 - a. Cap
 - b. Center of the shaft
 - c. Last 3" of the baton
 - d. First Joint
 - e. Handle
3. The hand using the service firearm is the:
 - a. Weak hand
 - b. Contact hand
 - c. Weapon hand
 - d. Reaction hand
 - e. Support hand
4. The ASP baton should not be opened:
 - a. To the sky
 - b. To the ground
 - c. During a strike
 - d. To the side
 - e. Towards the threat
5. The two baton modes are:
 - a. Open and Closed
 - b. Interview and Combat
 - c. Weapon and Reaction
 - d. Concealed and Loaded
 - e. Ready and Extended
6. Which is not an ASP target area:
 - a. Center mass of the arms
 - b. Center mass of the legs
 - c. Center mass of the body
 - d. Groin or Sternum
 - e. The Weapon Delivery System
7. Targeting specific points violates which training principle:
 - a. Forgiving techniques
 - b. Fine motor skills
 - c. Spaced practice
 - d. Static training
 - e. Complex techniques
8. The ASP baton is always carried:
 - a. On the right side
 - b. In the front
 - c. On the reaction side
 - d. Tip down
 - e. Left side
9. The Reaction Strike is primarily a:
 - a. Strong strike
 - b. Closed strike
 - c. Clearance strike
 - d. Offensive strike
 - e. Initial strike
10. The most frequently used ASP strike is the:
 - a. Reaction strike
 - b. Weapon strike
 - c. Straight strike
 - d. Clearance strike
 - e. Reverse strike
11. When performing an Open Straight Strike, the Reaction Hand is:
 - a. Palm up on the shaft
 - b. Maintaining distance
 - c. Guarding the face
 - d. Palm down gripping the shaft
 - e. Executing a downward block
12. If the baton opens too easily:
 - a. Make the retaining clip smaller
 - b. Replace the o-ring
 - c. Widen the retaining clip
 - d. Remove the retaining clip
 - e. Lubricate the baton
13. The most common problem in opening the baton is:
 - a. Grip of the baton
 - b. Loose o-ring
 - c. Broken retaining clip
 - d. Operator error
 - e. Loose handle cap
14. Special Circumstances include:
 - a. Age
 - b. Size
 - c. Weapon proximity
 - d. Skill level
 - e. Multiple Officers

15. ASP Weapon Side Strikes are intended to be performed at a:
- a. 45 degree angle
 - b. 180 degree angle
 - c. Horizontal angle
 - d. 90 degree angle
 - e. Vertical angle
16. When striking the ASP Baton is gripped with:
- a. The index finger and thumb
 - b. A loose flexible grip
 - c. Two fingers and the thumb
 - d. Full hand grip
 - e. Both hands
17. Officer/Subject factors Include:
- a. Special knowledge
 - b. Imminent danger
 - c. Injury or exhaustion
 - d. Size
 - e. Officer on the ground
18. If the subject complies, the Officer does not advance/strike
- a. True
 - b. False
19. The ASP Baton is designed to be
- a. An offensive weapon
 - b. A comealong device
 - c. A defensive weapon
 - d. A deadly force option
 - e. A restraining device
20. The principle goal of any arrest or physical confrontation is:
- a. Establishing control
 - b. Superior Officer skill
 - c. Subject safety
 - d. Documentation
 - e. Punishment

Graded By: Kevin Matos

ASP Written Exam: Pass Fall

Instructor: Chris Taylor B-41764

Date: 4/2/21

Baton Basic Certification

TECHNIQUE PROFICIENCY CHECKLIST

- | | | |
|--------------------------------|---|--------------------------------|
| 1) Check: | Pass: <input checked="" type="checkbox"/> | Fail: <input type="checkbox"/> |
| 2) Redirection: | Pass: <input checked="" type="checkbox"/> | Fail: <input type="checkbox"/> |
| 3) Closed Mode Weapon Strike | Pass: <input checked="" type="checkbox"/> | Fail: <input type="checkbox"/> |
| 4) Closed Mode Reaction Strike | Pass: <input checked="" type="checkbox"/> | Fail: <input type="checkbox"/> |
| 5) Closed Mode Straight Strike | Pass: <input checked="" type="checkbox"/> | Fail: <input type="checkbox"/> |
| 6) Opening the Baton | Pass: <input checked="" type="checkbox"/> | Fail: <input type="checkbox"/> |
| 7) Open Mode Weapon Strike | Pass: <input checked="" type="checkbox"/> | Fail: <input type="checkbox"/> |
| 8) Open Mode Reaction Strike | Pass: <input checked="" type="checkbox"/> | Fail: <input type="checkbox"/> |
| 9) Open Mode Straight Strike | Pass: <input checked="" type="checkbox"/> | Fail: <input type="checkbox"/> |
| 10) Closing the Baton | Pass: <input checked="" type="checkbox"/> | Fail: <input type="checkbox"/> |

TECHNIQUE PROFICIENCY

PASS:

FAIL:

COUNSELED: _____

CERTIFICATION APPROVED: CERTIFICATION DENIED:

INSTRUCTOR: Chad Taylor B-41764

DATE: 4/2/21

DT Training Scenarios

1. Patient Wandering – Patient arrives at the hospital via private transport. Patient checks in stating " I do not wish to live anymore" and is immediately taken to the triage area for further evaluation. Patient is carrying a small bag and has on street clothes. Charge RN contacts Safety and Security regarding wandering the patient due to the statements made by the patient. Verbalize response and next steps prior to intervention with patient.

PASS / FAIL

2. Code Violet – Security is called STAT to ER for verbally aggressive patient. While responding to STAT call, Security hears "Code Violet – ER #9" paged overhead. Security arrives to find staff attempting to hold patient down in bed. Patient is making verbal threats while trying to bite, spit, kick, and punch at staff who are attempting to control patient. Verbalize response to code violet and further information needed before scenario resumes.

PASS / FAIL

3. Restraint – Security is responding to call for service on in-patient unit. Not much information is given prior to responding. Upon arrival Security witnesses several staff members attempting to keep confused patient in bed. Patient is flailing his arms and legs attempting to "escape" from the hospital. Patient recognizes Security as law enforcement and begins to focus on officers. Patient is begging Security to take him with them because he is not safe around nursing staff. Verbalize response and de-escalation efforts needed before scenario resumes. Obtain additional information as needed.

PASS / FAIL

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PASS / FAIL

4. Pink Slip – Security responding to disturbance in ER. Upon arrival Security intercepts patient attempting to leave the hospital. Staff is stating that the patient cannot leave. What is the response by Security at that exact moment? Patient becomes verbally aggressive with Security stating "you cannot hold me!" Verbalize efforts to get the patient back to his room and information needed to make appropriate decisions during the incident. What factors are important to consider? Resume scenario...

PASS / FAIL

5. Suspicious Person – Security receives a call from a visitor stating that they have observed a vehicle on campus that appears to be occupied sitting at the edge of property near connex boxes that contain contractor tools and equipment. This box has already been broken into previously and several thousands of dollars in equipment was stolen. Describe steps taken when dispatched and actions on-scene. Start scenario...

PASS / FAIL

6. Domestic Situation – Security responding to a disturbance in Maternity unit. Upon arrival security speaks with RN who advises that she has heard yelling and screaming coming from inside the room. She further advises that the only people inside the room are the patient and the father of the baby. Security responds to the room and finds patient in tears stating that she has been physically assaulted by the male party. Male party states that is not leaving his baby! Start scenario...

PASS / FAIL

7. Elopement – Security receives frantic call from ER staff stating that the patient in ER #9 is running out the squad bay doors. Security responds and sees patient attempting to run off property. Describe steps taken and ask for any additional information needed at that time. Security catches up to patient just before he leaves property but are unable to stop and hold at that point. Describe next steps needed at that time. Begin scenario....

PASS / FAIL

8. Security is advised of a juvenile patient who arrived at the hospital due to an overdose. Patient took multiple prescription pills as an attempt to end her life. She had made comments that she does not wish to live anymore and wants the pain to go away. Patient's parents show up to the hospital and demand to be reunited with their daughter immediately. Mom makes the statement that she has not given MCHS consent to treat her daughter and will not be cooperating with staff requests. Urine test completed by daughter with mother inside the bathroom. Results of urine show that urine has been diluted with water and mother states that MCHS will never get an accurate urine sample from the patient. Physician responds to the room and advises that discharge of the patient is dependent on blood lab results. Parents consent to the blood draw which shows serious medical concerns and patient is pink slipped for medical conditions and is being transferred to Nationwide Children's Hospital for further evaluation. Mother makes the statement that she will not allow the hospital to put her daughter in a purple gown because she knows what it represents...GO!

PASS / FAIL

9. GSW – Security is sitting post in ER lobby when GSW arrives via private vehicle. Two individuals carry the GSW into the ER lobby and drop him near the entrance. Both individuals flee the ER to their vehicle (Late model Infinity SUV, black with orange wheels with orange Infinity logo on each side). Patient has been shot in the chest. Gather additional information and advise response. Action...

PASS / FAIL

10. Property Search/Overdose - Security called to in-patient room for suspicion of patient using drugs in the room. Upon arrival security speaks with physician who advises that she has spoken with the patient on two occasions today. The first time he was alert and oriented and even energetic. The second time he appeared lethargic and completely out of it, he was having trouble finishing sentences without falling asleep. None of the medications he is receiving would cause the change in behavior. The patient also has a history of IV drug abuse and admitted to using drugs 3 days prior to admission into the hospital. He is there for an abscess that is infected on his arm that he needs to receive surgery for. Please provide steps needed to perform search and explain how these are communicated to the patient. Also state any notifications that are made and any witnesses to the search. Begin...

PASS / FAIL

11. Discharged Patient – Security called to ER because discharged patient is refusing to leave the room. Patient states that he is not ready to leave because staff and the doctor has not addressed his concerns. Patient is being passive aggressive with staff and stating that he will not leave until he has had an opportunity to speak with the doctor about his care. Ask any additional questions as appropriate and determine your strategy for his removal from the room. Scenario resumes when ready...

PASS / FAIL

12. Criminal Trespass – Security called to suspicious visitor who was found sleeping in an empty patient room by staff on the unit. Security speaks with visitor upon arrival, but visitor refuses to identify himself to security. He further states that he is homeless, and he needs to be seen because he is having suicidal thoughts. Officer evaluates the situation and determines course of action...Play scenario

PASS/ FAIL

Patient checks in to ER for psychiatric evaluation. Case Management and doctor both evaluate patient and determine that he is not suicidal. Patient is discharged from the ER but again refusing to leave...resume scenario

PASS/ FAIL



MOUNT CARMEL

A MEMBER OF  TRINITY HEALTH

Safety and Security Defensive Tactics / OC Repellant / ASP Baton Competency Form

Students Name (print): [REDACTED]
I.D. Number: [REDACTED]
Date: 4/2/21
Campus: ST. ANN'S

1. Escort Position	Pass	Fail
2. Balance Displacement		
a. At the shoulder	Pass	Fail
b. Friction on the back	Pass	Fail
c. At the hip	Pass	Fail
3. Handcuffing		
a. Standing/Prone Position	Pass	Fail
b. Removing Handcuffs	Pass	Fail
4. Armbars/Wristlocks		
a. Transport Wristlock	Pass	Fail
b. Transport Wristlock Takedown to Handcuffs	Pass	Fail
c. Straight Arm bar	Pass	Fail
d. Straight Arm bar Takedown to Handcuffs	Pass	Fail
5. Weapon Retention Drills		
a. Holstered	Pass	Fail
b. Un-holstered	Pass	Fail
c. Stripping Weapon from Subject	Pass	Fail
6. Oleoresin Capsicum (OC)		
a. Nomenclature	Pass	Fail
b. Spray Patterns		
i. Balance/Movement/Verbal Commands/Control	Pass	Fail
ii. Up/Down	Pass	Fail
iii. Side to Side	Pass	Fail
iv. Circular	Pass	Fail
c. Decon Process	Pass	Fail

7. ASP Baton

a. Balance/Movement/Verbalization/Technique/Targeting	Pass	Fail
b. Ready Position	Pass	Fail
c. Closed Mode Weapon Strike	Pass	Fail
d. Closed Mode Reaction Strike	Pass	Fail
e. Closed Mode Straight Strike	Pass	Fail
f. Closed Mode Weapon/Reaction/Straight Strike	Pass	Fail
g. Opening the ASP Baton	Pass	Fail
h. Open Mode Weapon Strike	Pass	Fail
i. Open Mode Reaction Strike	Pass	Fail
j. Open Mode Straight Strike	Pass	Fail
k. Open Mode Weapon/Reaction/Straight Strike	Pass	Fail
l. Closing the ASP Baton/Transitioning to baton holster	Pass	Fail
m. Emergency Open Strike/Closing baton/holster	Pass	Fail

****If an Officer cannot close their baton, a recommendation needs to be forwarded to their Supervisor that an ASP Talon baton be issued to that Officer****

8. Scenario Based Training

a. Patient Wandering	Pass	Fail
b. Code Violet	Pass	Fail
c. Patient Restraint	Pass	Fail
d. Combative Patient Restraint	Pass	Fail
e. Pink Slip Patient	Pass	Fail
f. Suspicious Person(s)	Pass	Fail
g. Domestic Dispute	Pass	Fail
h. Elopement	Pass	Fail
i. Juvenile Patient Elopement via Parent/Guardian	Pass	Fail
j. GSW Patient	Pass	Fail
k. Property Search	Pass	Fail
l. Discharged Patient Refusing to Leave	Pass	Fail
m. Criminal Trespass	Pass	Fail

Grading Scale: **Passing = performs w/out prompting**
 Failed = needs prompting / repeated instruction, or cannot perform task

Student Signature and ID Number _____

Instructors Signature and ID Number: _____

Chad Payne 273267

Instructors Signature and ID Number: _____



MOUNT CARMEL

A MEMBER OF TRINITY HEALTH

Safety and Security Defensive Tactics / OC Repellant / ASP Baton Competency Form

Students Name (print): [REDACTED]
I.D. Number: [REDACTED]
Date: 3/6/00
Campus: ST. ANN'S

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2. Balance Displacement		
a. At the shoulder	<u>Pass</u>	Fail
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c. At the hip	<u>Pass</u>	Fail
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a. Standing/Prone Position	<u>Pass</u>	Fail
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b. Transport Wristlock Takedown to Handcuffs	<u>Pass</u>	Fail
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ii. Up/Down	<u>Pass</u>	Fail
iii. Side to Side	<u>Pass</u>	Fail
iv. Circular	<u>Pass</u>	Fail
c. Decon Process	<u>Pass</u>	Fail

Name: [REDACTED]
Campus: ST. ANN'S
Date: 3/6/20

(P)
Cex

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 - A.) ON A VIOLENT PATIENT
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 - A.) TRUE
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ASP Basic Certification (ABC) EXPANDABLE BATON TRAINING

Information Sheet

(Please Print)

Date 3/6/20

Initial Certification Recertification
 First Name [REDACTED] Last Name [REDACTED]
 Home Address [REDACTED]
 City MT VERNON State OH Province USA Zip 43050
 Telephone [REDACTED] E-mail Address [REDACTED]

Employing Agency MOUNT CARMEL - ST. ANN'S
 Agency Address 500 S. CLEVELAND AVE
 City WESTERVILLE State OH Province USA Zip 43081
 Agency Telephone (380) 898 4005 E-mail Address DENNIS.DELISTT@MCHS.COM

✓ Duty Status: Full Duty Restricted Duty
 Has your agency adopted or authorized the use of the ASP Baton? YES
 How many officers are in your agency? _____
 Height 5'7 Weight 235 Age 40 Date of Birth 1/22/78
 Have you been exercising? YES
 Do you have any knee, back or health problems? NO
 Are you on any medication? ADDERALL, ROSUVASTATIN

Person to be notified in case of emergency:
 Name [REDACTED]
 Phone [REDACTED] Alternate (_____) _____
 Relationship WIFE

✓ Briefly describe any health problems: _____
 Injury Check: 1A 1P

WAIVER

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2) In signing this Release, I assert that (a) I am presently in good physical and mental health; (b) I have no reason to believe that I am not in good physical and mental health; (c) I am fully aware of, and do acknowledge and assume all risk of injury inherent in my participation in this training seminar; (d) I have read and fully understand the terms and conditions of this Agreement.

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3/6/20
 Date

[REDACTED SIGNATURE]
 Signed

ASP Basic Certification

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 - b. Maintaining distance
 - c. Guarding the face
 - d. Palm down gripping the shaft
 - e. Executing a downward block
12. If the baton opens too easily:
 - a. Make the retaining clip smaller
 - b. Replace the o-ring
 - c. Widen the retaining clip
 - d. Remove the retaining clip
 - e. Lubricate the baton
13. The most common problem in opening the baton is:
 - a. Grip of the baton
 - b. Loose o-ring
 - c. Broken retaining clip
 - d. Operator error
 - e. Loose handle cap
14. Special Circumstances include:
 - a. Age
 - b. Size
 - c. Weapon proximity
 - d. Skill level
 - e. Mutiple Officers

15. ASP Weapon Side Strikes are intended to be performed at a:
- a. 45 degree angle
 - b. 180 degree angle
 - c. Horizontal angle
 - d. 90 degree angle
 - e. Vertical angle
16. When striking the ASP Baton is gripped with:
- a. The index finger and thumb
 - b. A loose flexible grip
 - c. Two fingers and the thumb
 - d. Full hand grip
 - e. Both hands
17. Officer/Subject factors include:
- a. Special knowledge
 - b. Imminent danger
 - c. Injury or exhaustion
 - d. Size
 - e. Officer on the ground
18. If the subject complies, the Officer doesn't not advance/strike
- a. True
 - b. False
19. The ASP Baton is designed to be
- a. An offensive weapon
 - b. A comealong device
 - c. A defensive weapon
 - d. A deadly force option
 - e. A restraining device
20. The principle goal of any arrest or physical confrontation is:
- a. Establishing control
 - b. Superior Officer skill
 - c. Subject safety
 - d. Documentation
 - e. Punishment

Graded By: Scott D/4

ASP Written Exam. Pass Fail

Instructor: Chad Taylor

Date: 3/6/20

Baton Basic Certification

TECHNIQUE PROFICIENCY CHECKLIST

- | | | |
|--------------------------------|---|--------------------------------|
| 1) Check: | Pass: <input checked="" type="checkbox"/> | Fail: <input type="checkbox"/> |
| 2) Redirection: | Pass: <input checked="" type="checkbox"/> | Fail: <input type="checkbox"/> |
| 3) Closed Mode Weapon Strike | Pass: <input checked="" type="checkbox"/> | Fail: <input type="checkbox"/> |
| 4) Closed Mode Reaction Strike | Pass: <input checked="" type="checkbox"/> | Fail: <input type="checkbox"/> |
| 5) Closed Mode Straight Strike | Pass: <input checked="" type="checkbox"/> | Fail: <input type="checkbox"/> |
| 6) Opening the Baton | Pass: <input checked="" type="checkbox"/> | Fail: <input type="checkbox"/> |
| 7) Open Mode Weapon Strike | Pass: <input checked="" type="checkbox"/> | Fail: <input type="checkbox"/> |
| 8) Open Mode Reaction Strike | Pass: <input checked="" type="checkbox"/> | Fail: <input type="checkbox"/> |
| 9) Open Mode Straight Strike | Pass: <input checked="" type="checkbox"/> | Fail: <input type="checkbox"/> |
| 10) Closing the Baton | Pass: <input checked="" type="checkbox"/> | Fail: <input type="checkbox"/> |

TECHNIQUE PROFICIENCY

PASS:

FAIL:

COUNSELED: _____

CERTIFICATION APPROVED: CERTIFICATION DENIED:

INSTRUCTOR: Chad Taylor #B-41764

DATE: 3/6/20

-0.1.
100%
Cef

OC Test
Mount Carmel Health System
Safety and Security

①

- 1.) What does OC stand for?
 - A. Orange Crush
 - B. Ocean Crust
 - C. Oleoresin Capsicum

- 2.) What is the average expiration date on an OC canister?
 - A. 1-2 years
 - B. 3-4 years
 - C. 4-5 years

- 3.) How often should you check your OC spray for adequate spray strength?
 - A. 30 days
 - B. 60 days
 - C. 90 days

- 4.) How long of a burst should you use on a threat?
 - A. 1-2 seconds
 - B. 2-4 seconds
 - C. Empty the entire can

- 5.) What is Oleoresin Capsicum commonly known as?
 - A. Mace
 - B. Pepper Spray
 - C. Gas

- 6.) When deploying OC, what area of the body should you deploy the OC towards?
 - A. Arms
 - B. Chest
 - C. Face and eyes

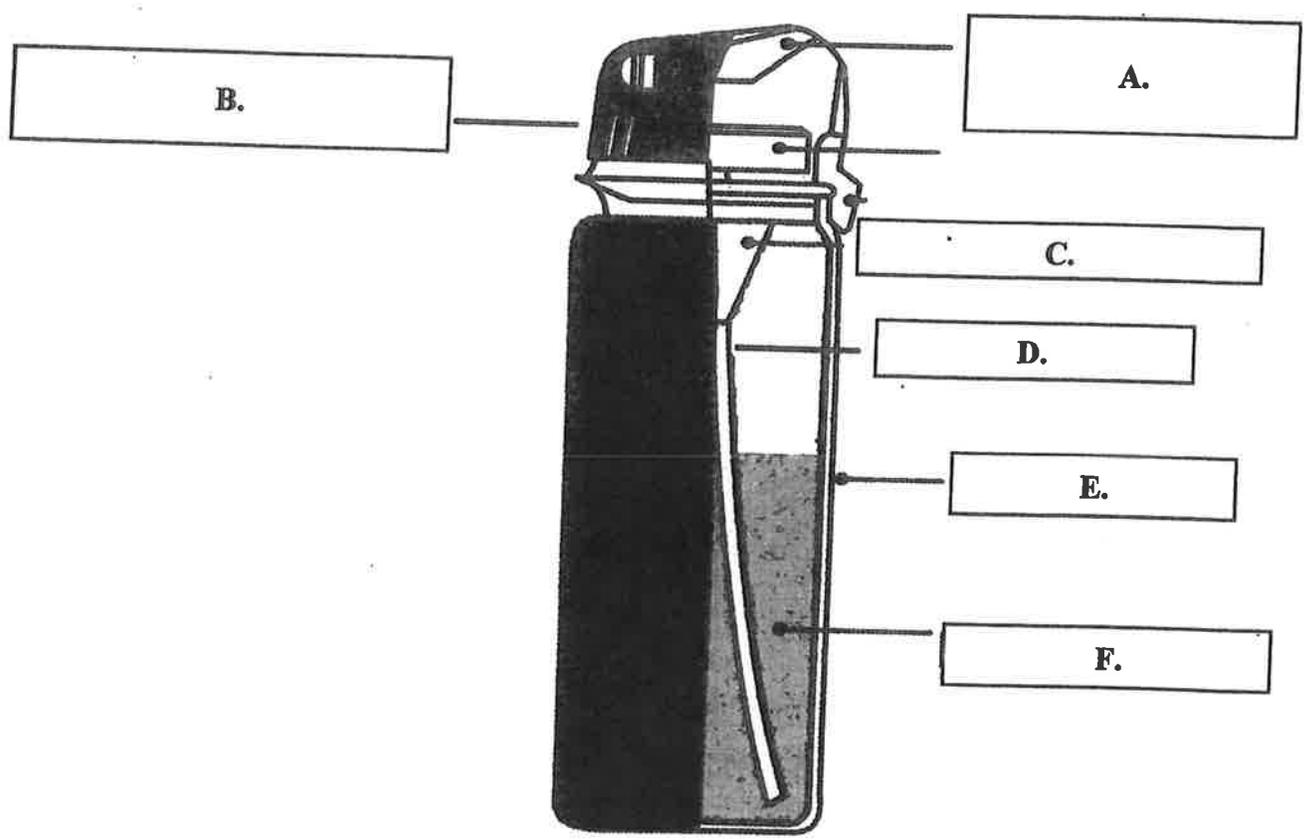
- 7.) After using OC on a subject, what should you immediately do with the subject?
 - A. Leave lying on the ground.
 - B. Remove from contaminated area
 - C. Spray again

- 8.) What is the second step in the decontamination process?
- A. Spray them again
 - B. Tell them to stop crying like a baby
 - C. Offer verbal rapport to the subject
- 9.) What is the third step of the decontamination process?
- A. Expose subject to fresh air
 - B. Throw the subject a bottle of water
 - C. Stand there and record them with your cellphone
- 10.) What is the best way to flush the eyes?
- A. Using milk
 - B. Rubbing eyes continually
 - C. Water
- 11.) What type of agent is OC?
- A. Glue
 - B. Cleaning Fluid
 - C. Inflammatory
- 12.) What is the main ingredient of OC?
- A. Water
 - B. Cayenne Pepper
 - C. Powder
- 13.) Does CMS (Center for Medicaid/Medicare System) guidelines allow for OC to be used on a PATIENT?
- A. Yes
 - B. No
 - C. Only if they deserve it.

14.) List the nomenclature of a canister of OC

- A. FLIP TOP
- B. ACTUATOR / NOZZLE
- C. VALVE ASSEMBLY
- D. TUBE
- E. CANISTER
- F. FORMULATION

100.



**Mount Carmel Health System
Competency Assessment
Safety & Security**

DEFENSIVE TACTICS/HANDCUFFING/STRAIGHT BATON/O.C. REPELLANT/DE-ESCALATION/RESTRAINTS

Associate Name:

ID Number:

Job Title:

SAFETY & SECURITY

High Risk Low Volume Problem Prone New Equipment/Service Process Change

CARING COMPONENTS:

Demonstrates service excellence behavior

KNOWLEDGE AND SKILL COMPONENTS:

ABILITY TO EXPLAIN THE USE OF FORCE CONTINUUM

ABILITY TO PERFORM BALANCE DISPLACEMENT AT THE SHOULDER

ABILITY TO PERFORM BALANCE DISPLACEMENT ON THE BACK

ABILITY TO PERFORM BALANCE DISPLACEMENT AT THE HIP

ABILITY TO PERFORM A TRANSPORT WRIST LOCK TO BOTH THE RIGHT AND LEFT SIDE

ABILITY TO PERFORM A TRANSPORT WRIST LOCK TAKEDOWN INTO HANDCUFFING

ABILITY TO PERFORM A STRAIGHT ARM BAR TO BOTH THE RIGHT AND LEFT SIDE

ABILITY TO PERFORM A STRAIGHT ARM BAR TAKEDOWN INTO HANDCUFFING

ABILITY TO USE HANDCUFFS IN THE STANDING METHOD

ABILITY TO USE HANDCUFFS FROM THE KNEELING POSITION

ABILITY TO REMOVE HANDCUFFS

ABILITY TO UNDERSTAND WHEN TO PLACE HANDCUFFS ON SUBJECT

ABILITY TO PERFORM WEAPON RETENTION FROM THE HOLSTER

ABILITY TO PERFORM WEAPON RETENTION FROM SHOOTING POSITION

ABILITY TO PERFORM WEAPON STRIP FROM SUBJECT IN SHOOTING POSITION

ABILITY TO PERFORM THE USE OF STRAIGHT BATON FROM THE FIELD INTERVIEW STANCE

ABILITY TO PERFORM THE USE OF STRAIGHT BATON FROM THE READY STANCE

ABILITY TO PERFORM THE USE OF STRAIGHT BATON USING THE FORWARD FLUID SHOCKWAVE STRIKE

ABILITY TO PERFORM THE USE OF STRAIGHT BATON USING THE FORWARD CUTTING STRIKE

ABILITY TO PERFORM THE USE OF STRAIGHT BATON USING THE BACKHAND STRIKE

ABILITY TO CLOSE THE BATON FROM THE STANDING POSITION

ABILITY TO CLOSE THE BATON FROM THE KNEELING POSITION

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ABILITY TO EXPLAIN WHEN TO USE BATON AND WHEN NOT TO USE BATON

ABILITY TO EXPLAIN WHAT O.C. STANDS FOR

ABILITY TO EXPLAIN WHEN TO USE O.C.

ABILITY TO EXPLAIN WHEN NOT TO USE O.C.

ABILITY TO EXPLAIN WHETHER TO USE O.C. ON A PATIENT OR NOT

ABILITY TO EXPLAIN THE EFFECTS OF O.C. ON A SUBJECT

ABILITY TO EXPLAIN THE DECONTAMINATION PROCEDURES

ABILITY TO VERBALLY DE-ESCALATE (CIT TRAINING/AGGRESSIVE BEHAVIOR TRAINING)

ABILITY TO APPLY RESTRAINTS

ABILITY TO POSITION PATIENT ON THE BED/CART

ABILITY TO LOOP THE CONNECTING STRAP AROUND THE BED FRAME

ABILITY TO PLACE THE PROPER COLORED CUFF ON THE PROPER LIMB (BLUE FOR WRISTS/RED FOR ANKLES, LOCKING)

ABILITY TO PASS TWO FINGERS BETWEEN THE RESTRAINT AND PATIENTS WRIST/ANKLE

ABILITY TO PASS DT TRAINING SCENARIOS ANNUALLY

- Able to act appropriately in an emergent or sentinel type of event

METHOD OF COMPETENCY VALIDATION:

- Return Demonstration
- Observation of Daily Work
- Post Test
- Mock Event/Simulation

- QI Monitors/Audits
- Peer Review
- Case Study
- Discussion Group

Competency Validated By: (Signature and credentials)

Chad Taylor

Date 3/6/20

Developmental Needs identified: (See Performance Evaluation for related goals)

Associate Signature _____ Date _____ Instructor(s) Signature _____ Date _____

Evidence Based References/Resources (if applicable):

**Mount Carmel Health System
Competency Assessment
Safety & Security
Safety & Security Officer**

Associate Name:

ID Number:

Job Title:

Safety & Security officer

High Risk Low Volume Problem Prone New Equipment/Service Process Change

CARING COMPONENTS:

Demonstrates service excellence behavior

KNOWLEDGE AND SKILL COMPONENTS:

Effective in patrol techniques, communications use of cameras-monitoring/recording, escorts, door openings, assist calls. Knowledge of location of Security sensitive areas.

Enforces policies & procedures

Completes accurate incident report documentation/investigation and follow-ups as appropriate

Completes accurate activity logs

Ability to apply clinical restraints and assistance

Ability to work independently

Completes timely fire drills and critiques

Understands ILSM protocols

Ability to turn off Med Gas per policy

Workplace Violence policy knowledge

Ability to process visitors after-hours or as required

Ability to lock and unlock facility (includes Lockdown plan)

Management of Aggressive Behavior and de-escalation techniques

Understands Safe Medical Device Act responsibilities

Helicopter operations- Safety duties

Discernment of sentinel events-notification protocols

Knowledge of Emergency Codes and security response (i.e. Code Red, Code Adam, Code Orange, etc).

Follows the department uniform and dress code

Disseminates pertinent info (pass on book, memo, reports, BOLO)

Understands Forensic responsibilities

Understands role and actions- VIP/Media event

Officer can articulate use of force and demonstrate "take downs" and the use of defensive weapons: ASP & Pepper Spray and law enforcement restraints: (i.e. handcuffs)

Officer demonstrates the ability to co-operate with other agencies, departments, and staff as appropriate

Officer has a basic understanding of the National Patient Safety Goals.

Officer demonstrates proper telephone etiquette.

Officer demonstrates the proper radio communications-understands RF interference

Officer is knowledgeable of all security alarms and responds appropriately (panic, infant, etc).

Officer conducts proper patient valuables receiving and returning

Morgue procedures (MCSA only)

Traffic ingress/egress control- normal and emergency (i.e. emergency room areas)

The officer has demonstrated the proper use of Fire Extinguisher and knows where and what K type extinguishers are used for.

Officer knows the Emergency Procedures for handling Hazardous Materials (chemical, asbestos, etc) and security response.

Officer understands their role in the incident command structure (HICS)

Understanding of response to elevator malfunction

Proper PPE use- Infectious, Chemical, Noise, PAPR etc (i.e. universal precautions- chemical protection)

MRI Safety

Role in Bomb Threat- search techniques/staging

Knowledge of Burn Permit process

Understands Property Search policy and role

Suicide precautions/assessment

Proper lifting/body mechanics

Pediatric; (1 year – 12 years)

Needs to involve parents if possible:

- Provide privacy as appropriate.
- Allow child to exercise some control.
- Speaks at eye level maintaining eye contact
- Uses direct approach with child, giving one direction at a time.

Allows choice when possible.

Adolescent: (13-17 years)

Needs to recognize that this age group:

- Needs to be called by name or preferred name.
- Provide privacy/modesty
- Allows choice when possible, and encourages verbalization of concerns and fears.
- Tells patients behaviors that are permitted.
- Watches for body language and cue for feelings.
- Speaks directly to patient in simple medical terms.
- Concerns and fears.

Geriatric: (65+)

- Needs to establish that the patient is wearing glasses, hearing aids, or may have memory loss and recognizes the tools that are needed for effective communications during interviews and investigations.
- Does not shout at patients, speak slowly and distinctly.
- Does not rush patient, gives them time to process information.
- Repeats instructions several times.
- Discuss one item at a time.
- Assist in transferring patient under direction of a Registered Nurse.
- Provide privacy/modesty

Adult (18-64 years)

- Calls patient by preferred name.
- Allows choices when possible
- Provides for privacy/modesty
- Respects patient right to make informed decisions.
- Assists in relinquishing valuables
- Watches body language as cue for feelings.
- Interviews patient in a calm, reassuring manner concerning lost articles.
- Assists in controlling confused patient.

Knowledge of Automated External Defibrillator (AED) –location and use

Able to act appropriately in an emergent or sentinel type of event

METHOD OF COMPETENCY VALIDATION:

Return Demonstration

Observation of Daily Work

Post Test

Mock Event/Simulation

QI Monitors/Audits

Peer Review

Case Study

Discussion Group

Competency Validated By: (Signature and credentials)

Jimmy Smith Superior

Date 2/29/2020

Developmental Needs identified: (See Performance Evaluation for related goals)

Associate Signat



e 3/12/20

Manager Signature

Jimmy Smith

Date 3/12/20

Evidence Based References/Resources (if applicable):

Mount Carmel Health System
Competency Assessment
Safety & Security

DEFENSIVE TACTICS/HANDCUFFING/STRAIGHT BATON/O.C. REPELLANT/DE-ESCALATION/RESTRAINTS

Associate Name:

ID Number:

Job Title:

SAFETY & SECURITY

High Risk Low Volume Problem Prone New Equipment/Service Process Change

CARING COMPONENTS:

Demonstrates service excellence behavior

KNOWLEDGE AND SKILL COMPONENTS:

ABILITY TO EXPLAIN THE USE OF FORCE CONTINUUM

ABILITY TO PERFORM BALANCE DISPLACEMENT AT THE HIP

ABILITY TO PERFORM BALANCE DISPLACEMENT ON THE BACK

ABILITY TO PERFORM BALANCE DISPLACEMENT AT THE SHOULDER

ABILITY TO PERFORM A TRANSPORT WRIST LOCK TO BOTH THE RIGHT AND LEFT SIDE

ABILITY TO PERFORM A STRAIGHT ARM BAR TO BOTH THE RIGHT AND LEFT SIDE

ABILITY TO USE HANDCUFFS IN THE STANDING METHOD

ABILITY TO USE HANDCUFFS FROM THE KNEELING POSITION

ABILITY TO REMOVE HANDCUFFS

ABILITY TO UNDERSTAND WHEN TO PLACE HANDCUFFS ON SUBJECT

ABILITY TO PERFORM SEPERATION FROM SUBJECT GRABBING

ABILITY TO PERFORM PEELING OF THE HAND(S) OF SUBJECT DURING A GRAB

ABILITY TO PERFORM SEPERATION FROM A FINGER JAB

ABILITY TO PERFORM PEELING OF FINGER(S)/HAND(S) DURING A FINGER JAB

ABILITY TO PERFORM A SCARF POSITION ON SUBJECT

ABILITY TO PERFORM A SIT OUT MANEUVER DURING THE SCARF

ABILITY TO PERFORM A MOUNT POSITION ON A SUBJECT

ABILITY TO MAINTAIN CONTROL OF SUBJECT WHILE IN THE MOUNTED POSITION

ABILITY TO ESCAPE A MOUNT POSITION FROM A SUBJECT

ABILITY TO PERFORM A GUARD POSITION ON A SUBJECT

ABILITY TO ESCAPE A GUARD POSITION FROM A SUBJECT

ABILITY TO PERFORM WEAPON RETENTION FROM THE HOLSTER

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ABILITY TO EXPLAIN THE DECONTAMINATION PROCEDURES

ABILITY TO VERBALLY DE-ESCALATE (CIT TRAINING/AGGRESSIVE BEHAVIOR TRAINING)

ABILITY TO APPLY RESTRAINTS

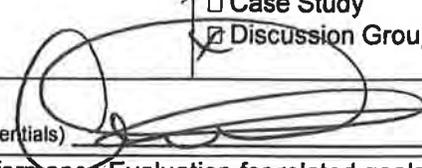
ABILITY TO POSITION PATIENT ON THE BED/CART

- ABILITY TO LOOP THE CONNECTING STRAP AROUND THE BED FRAME
- ABILITY TO PLACE THE PROPER COLORED CUFF ON THE PROPER LIMB (BLUE FOR WRISTS/RED FOR ANKLES, LOCKING)
- ABILITY TO PASS ONE FINGER BETWEEN THE RESTRAINT AND PATIENTS WRIST/ANKLE
- ABILITY TO PLACE PATIENT INTO POSEY VEST
- ABILITY TO SECURE POSEY VEST STRAPS TO THE BED FRAME
- ABILITY TO PASS DT TRAINING SCENARIOS ANNUALLY

- Able to act appropriately in an emergent or sentinel type of event

METHOD OF COMPETENCY VALIDATION:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Return Demonstration | <input type="checkbox"/> QI Monitors/Audits |
| <input type="checkbox"/> Observation of Daily Work | <input checked="" type="checkbox"/> Peer Review |
| <input checked="" type="checkbox"/> Post Test | <input type="checkbox"/> Case Study |
| <input checked="" type="checkbox"/> Mock Event/Simulation | <input checked="" type="checkbox"/> Discussion Group |

Competency Validated By: (Signature and credentials)  Date 02/19

Developmental Needs identified: (See Performance Evaluation for related goals)

Associate Signature _____ Date _____ Instructor(s) Signature _____ Date _____

Evidence Based References/Resources (if applicable):

Defensive Tactics / Impact Weapon
Competency Form

STUDENTS NAME: _____

INSTRUCTORS: _____

JOINT LOCKS

1. BALANCE DISPLACEMENT TECHNIQUE

(At the hip)

- | | | | |
|---|---|---|---|
| a. Starts from Escort Position | S | A | F |
| b. Removes hand from Triceps and places it on rear waist of suspect | S | A | F |
| c. Presses hand forward and downward, displacing balance | S | A | F |
| d. Suspect steps in desired direction | S | A | F |

Comments: _____

(Friction on the Back)

- | | | | |
|--|---|---|---|
| a. Starts from Escort Position | S | A | F |
| b. Places hand in the middle of suspect's back and presses forward | S | A | F |
| c. Moves hand in random manner, forcing steps in desired direction | S | A | F |

Comments: _____

(Random Motion at the Shoulder)

- | | | | |
|--|---|---|---|
| a. Starts from the Escort Position | S | A | F |
| b. Continually moves suspect's arm in a random manner | S | A | F |
| c. Suspect is off balance and moves in desired direction | S | A | F |

Comments: _____

2. TRANSPORT WRIST LOCK

- | | | | |
|--------------------------------------|---|---|---|
| e. Elbow tucked between arm and body | S | A | F |
| f. Forearm elevation | S | A | F |
| g. Wrist hyperextension | S | A | F |
| h. To the ground | S | A | F |

Comments: _____

3. STRAIGHT ARM BAR

- i. Decentralize the center of gravity
- j. Maintain control over subject's arm
- k. Maintained balance while lowering center for takedown
- l. To the ground
- m. Control for handcuffing procedure

S	A	F
S	A	F
S	A	F
S	A	F
S	A	F

Comments: _____

HANDCUFFING

4. STANDING METHOD

- a. Approach is from rear
- b. Simultaneous Control at application, thumb lock/cuff push
- c. Position maintained with the flip under technique
- d. Second cuff applied without loss of control

S	A	F
S	A	F
S	A	F
S	A	F

Comments: _____

5. TAKEDOWN FROM KNEELING POSITION

- e. All slack is removed from cuffed hand
- f. Decentralized towards the 2.5 position
- g. Iron wrist lock is applied simultaneously with decentralized pull
- h. Straight arm applied after proning the target
- i. Second cuff applied without loss of control

S	A	F
S	A	F
S	A	F
S	A	F
S	A	F

Comments: _____

6. REMOVING HANDCUFFS

- a. Officer Instructs suspect he is going to be de-cuffed
- b. Suspect is told to leave uncuffed hand on his hip
- c. Open handcuff closed immediately and put in weak hand
- d. Officer steps to rear 45 degrees while holding cuff at arms length
- e. Second cuff is removed

S	A	F
S	A	F
S	A	F
S	A	F
S	A	F

Defensive Counter Maneuvers

7. GRABBING

- a. Separation
- b. Verbal Commands
- c. Peeling the hand(s)
 - 1. Outside/In
 - 2. Inside/Out

S	A	F	
S	A	F	
S	A	F	
S	A	A	F
S	A	A	F

Comments: _____

8. FINGER POKES

- a. Separation
- b. Verbal Commands
- c. Peeling the fingers/hands
- d. Second Responding Officer Action

S	A	F
S	A	F
S	A	F
S	A	F

Comments: _____

Ground Techniques

9. Scarf Position (Left/Right)

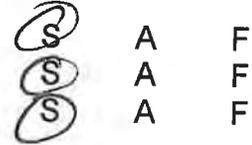
- a. From the side/cross mount position
- b. Perform a sit out maneuver
- c. Right leg ends at 10 o'clock position
- d. Keep hips off of the ground
- e. Left foot is at 8 o'clock position
- f. Right arm around subjects neck/head
- g. Left arm and hand secures subjects arm
- h. Pin your chest to subjects chest

S	A	F
S	A	F
S	A	F
S	A	F
S	A	F
S	A	F
S	A	F

Comments: _____

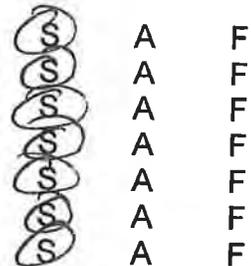
10. Mounted Position

- a. Knees slide up
- b. Feet are used to feel where hips
- c. Moving to control positions



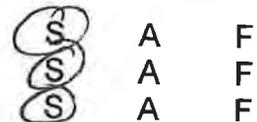
Mounted Position – subject sits back

- a. Protect Face
- b. Reach Up and Grab
- c. Pull Subject to you/ pull yourself to subject
- d. Two arm body lock (bear hug)
- e. Slide down toward waist
- f. Place foot flat on floor
- g. Stomp foot and turn subject



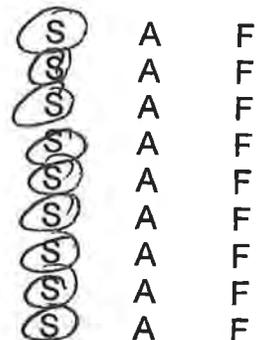
Mounted Position – subject traps your arms

- a. Bridge-Arch-Push and turn
- b. Work your way out the back door
- c. Protect Head



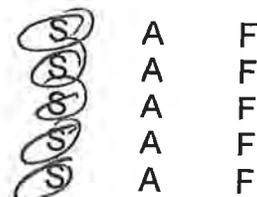
Mounted Position – escape

- a. Table Theory
- b. Keep them off your chest
- c. Protect your air
- d. Elbows to thighs/ squirm forward
- e. Protect your head
- f. Buck your hips
- g. Trap leg and arm
- h. Opposite foot flat on the floor
- i. Stomp foot and push



Guard Position(subject on top)

- a. Wrap legs around waist or feet flat on floor
- b. Sit up on forearm
- c. Free arm grabs elbow
- d. Roll subject toward forearm side
- e. Techniques for large person



11. *Weapon Retention Drills(Holstered)*

a. subject grabs holstered weapon	S	A	F
b. weapon hand on subject's hand	S	A	F
c. spin body toward weapon side	S	A	F
d. maintain control of subject's hand/wrist	S	A	F
e. Practice subject front/back/side position	S	A	F

Weapon Retention Drills(un-holstered)

a. lunge forward toward subject	S	A	F
a. push weapon toward subject	S	A	F
c. pull weapon toward officer	S	A	F
d. create distance	S	A	F

Weapon Stripping Drills

a. hand grabs slide of weapon pushing off target	S	A	F
b. other hand grabs other side of slide	S	A	F
c. step towards subject utilizing strength	S	A	F
d. hands push weapon barrel upward toward subject	S	A	F
e. step back to create space	S	A	F
f. pull weapon toward officer	S	A	F

Comments: _____

Grading Scale: S = Satisfactory (performs w/out prompting)
 A = Acceptable (performs with minimal prompting)
 F = Failed (needs prompting / repeated instruction, or can not perform task)



Box 1794 · Appleton, WI 54912 · (920) 735-6242 · Fax (920) 735-6245 · asp-usa.com

ASP Basic Certification (ABC) EXPANDABLE BATON TRAINING

Information Sheet

(Please Print)

Date 8/2/19

Initial Certification

Recertification

First Name [REDACTED] Last Name [REDACTED]

Home Address [REDACTED]

City MT. VERNON State OH Province USA Zip 43050

Telephone [REDACTED] E-mail Address [REDACTED]

Employing Agency MT. CARMEL ST. ANN'S

Agency Address 500 S. CLEVELAND AVE

City WESTERVILLE State OH Province USA Zip 43081

Agency Telephone (380) 898 4005 E-mail Address _____

✓ Duty Status: Full Duty Restricted Duty

Has your agency adopted or authorized the use of the ASP Baton? YES

How many officers are in your agency? 20

Height 5'7 Weight 230 Age 41 Date of Birth 1/22/78

Have you been exercising? YES

Do you have any knee, back or health problems? NO

Are you on any medication? ROSUVASTATIN

Person to be notified in case of emergency:

Name [REDACTED]

Phone [REDACTED] Alternate (____)

Relationship FIANCE

✓ Briefly describe any health problems:

Injury Check: 1A 1P

WAIVER

Release from Liability and Assumption of Risk Agreement

1) Intending that this Agreement be legally binding upon me, my heirs, executors, administrators, and assigns, I hereby waive, release, and forever discharge Armament Systems and Procedures, INC, and all of their agents, representatives, heirs, executors, administrators, successors and assigns, of and from any and all claims, demands, rights and causes of action of whatsoever kind and nature, arising from, and by reason of any and all known and unknown, foreseen and unforeseen physical and mental injuries and consequences thereof, suffered by me during any and all ASP Expandable Baton certification training activities.

2) In signing this Release, I assert that (a) I am presently in good physical and mental health; (b) I have no reason to believe that I am not in good physical and mental health; (c) I am fully aware of, and do acknowledge and assume all risk of injury inherent in my participation in this training seminar; (d) I have read and fully understand the terms and conditions of this Agreement.

This program is competency based. Mere participation does not automatically assure successful completion.

8/2/19
Date

[REDACTED]

Baton Basic Certification

WRITTEN EXAMINATION

For each question below, circle the option that is the most correct.

1. A defensive tactic is evaluated by its ability to:
 a) Control v Injure
 b) Maim v Destroy
 c) Threaten v Control
 d) React v Act
 e) Demonstrate the officer's skill
2. The primary striking surface of an open ASP Baton is the:
 a) Cap
 b) Center of the shaft
 c) Last 3" of the baton
 d) First joint
 e) Handle
3. The hand using the service firearm is the:
 a) Weak Hand
 b) Contact Hand
 c) Weapon Hand
 d) Reaction Hand
 e) Support Hand
4. The ASP Baton should not be opened:
 a) To the sky
 b) To the ground
 c) During a strike
 d) To the side
 e) Towards the threat
5. The two baton modes are:
 a) Open and Closed
 b) Interview and Combat
 c) Weapon and Reaction
 d) Concealed and Loaded
 e) Ready and Extended
6. Which is **not** an ASP Target area:
 a) Center mass of the arms
 b) Center mass of the legs
 c) Center mass of the body
 d) Groin or sternum
 e) The Weapon Delivery System
7. Targeting specific points violates which training principle:
 a) Forgiving techniques
 b) Fine motor skills
 c) Spaced practice
 d) Static training
 e) Complex techniques
8. The ASP Baton is **always** carried:
 a) On the right side
 b) In the front
 c) On the Reaction Side
 d) Tip down
 e) On the left side
9. The Reaction Strike is primarily a:
 a) Strong strike
 b) Closed strike
 c) Clearance strike
 d) Offensive strike
 e) Initial strike
10. The most frequently used ASP strike is the:
 a) Reaction Strike
 b) Weapon Strike
 c) Straight Strike
 d) Clearance Strike
 e) Reverse Strike
11. When performing an Open Straight Strike, the Reaction Hand is:
 a) Palm up on the shaft
 b) Maintaining distance
 c) Guarding the face
 d) Palm down gripping the shaft
 e) Executing a downward block
12. If the baton opens too easily:
 a) Make the retaining clip smaller
 b) Replace the o-ring
 c) Widen the retaining clip
 d) Remove the retaining clip
 e) Lubricate the baton
13. The most common problem in opening the baton is:
 a) Grip of the baton
 b) Loose o-ring
 c) Broken retaining clip
 d) Operator error
 e) Loose handle cap
14. Officer-Subject Factors do not include:
 a) Age
 b) Size
 c) Weapon proximity
 d) Skill level
 e) Multiple officers
15. ASP Weapon Side Strikes are intended to be performed at a:
 a) 45 degree angle
 b) 180 degree angle
 c) Horizontal angle
 d) 90 degree angle
 e) Vertical angle
16. When striking, the ASP Baton is gripped with:
 a) The Index finger and thumb
 b) A loose flexible grip
 c) Two fingers and the thumb
 d) Full hand grip
 e) Both hands
17. Special circumstances do not include:
 a) Special knowledge
 b) Imminent danger
 c) Injury or exhaustion
 d) Size
 e) Officer on the ground
18. Safety is the **ultimate** responsibility of the:
 a) Student
 b) Training partner
 c) Course coordinator
 d) Instructor
 e) Administrative officer
19. The ASP Baton is **designed** to be:
 a) An offensive weapon
 b) A comealong device
 c) A defensive weapon
 d) A deadly force option
 e) A restraining device
20. The principle goal of any arrest or physical confrontation is:
 a) Establishing control
 b) Superior officer skill
 c) Subject safety
 d) Documentation
 e) Punishment

- Each question is worth five (5) points.
- The minimum acceptable score is 80% (16 correct).

FINAL SCORE: 100%

GRADED BY: Chad Taylor

ASP WRITTEN EXAM: ACCEPTABLE

ACCEPTABLE X

NOT ACCEPTABLE _____

COUNSELED _____

INSTRUCTOR: Chad Taylor

DATE: 8/2/2019

Baton Basic Certification

TECHNIQUE PROFICIENCY CHECKLIST

The following checklist is designed to assist you and the ASP Instructor in evaluating your performance of ASP Techniques. Those components of the technique that are acceptable are checked.

1) Check

- Balance
- Movement
- Verbalization
- Technique
- Target

6) Opening the Baton

- Balance
- Movement
- Verbalization
- Technique
- Target

2) Redirection

- Balance
- Movement
- Verbalization
- Technique
- Target

7) Open Mode Weapon Strike

- Balance
- Movement
- Verbalization
- Technique
- Angle
- Target

3) Closed Mode Weapon Strike

- Balance
- Movement
- Verbalization
- Technique
- Angle
- Target

8) Open Mode Reaction Strike

- Balance
- Movement
- Verbalization
- Technique
- Target

4) Closed Mode Reaction Strike

- Balance
- Movement
- Verbalization
- Technique
- Angle
- Target

9) Open Mode Straight Strike

- Balance
- Movement
- Verbalization
- Technique
- Target

5) Closed Mode Straight Strike

- Balance
- Movement
- Verbalization
- Technique
- Target

10) Closing the Baton

- Balance
- Movement
- Technique

- A check mark indicates an acceptable observed action.
- Three of the components must be acceptable for a passing score.
- Each technique must have a passing score for certification.
- The minimum passing score is 100% (10 techniques).

TECHNIQUE PROFICIENCY: ACCEPTABLE NOT ACCEPTABLE

COUNSELED _____

INSTRUCTOR Chris Taylor

DATE 8/2/2019

WRITTEN EXAMINATION
TECHNIQUE PROFICIENCY CHECKLIST



COMMENTS:

Handwritten vertical scribbles or marks, possibly representing a score or grade.

Handwritten vertical scribbles or marks, possibly representing a score or grade.

Handwritten date: 11/25/14

Certification Approved

Certification Denied

INSTRUCTOR

Handwritten signature: *Chris Taylor*

AIC

Handwritten ID: *B-41764*

100!
62 Aug 19

Name: [REDACTED]
Campus: ST. ANN'S
Date: 8/2/19

HANDCUFFING TEST

1.) WHEN TO USE HANDCUFFS?

- A.) ON A VIOLENT PATIENT
- B.) AFTER COMMITTING A FELONY IN YOUR PRESENCE
- C.) ON VIOLENT INDIVIDUALS WHO POSE AN IMMEDIATE THREAT TO STAFF, VISITORS, PATIENTS, OR YOURSELF
- D.) ALL OF THE ABOVE
- E.) BOTH B AND C

2.) CMS ALLOWS YOU TO HANDCUFF PATIENTS?

- A.) TRUE
- B.) FALSE

3.) WHAT ACTIONS NEED TO OCCUR AFTER THE USE OF HANDCUFFS?

- A.) INCIDENT REPORT AND VOICE
- B.) LOCAL POLICE, SIR, AND VOICE
- C.) SUPERVISOR, LOCAL POLICE, SIR, AND VOICE

4.) SECURITY IS ABLE TO HANDCUFF TO A STATIONARY OBJECT?

- A.) TRUE
- B.) FALSE

MCSA
8/2/19

-0
100-1.
CS
OC 10/1/19

OC Test
Mount Carmel Health System
Safety and Security

- 1.) **What does OC stand for?**
 - A. Orange Crush
 - B. Ocean Crust
 - C. Oleoresin Capsicum

- 2.) **What is the average expiration date on an OC canister?**
 - A. 1-2 years
 - B. 3-4 years
 - C. 4-5 years

- 3.) **How often should you check your OC spray for adequate spray strength?**
 - A. 30 days
 - B. 60 days
 - C. 90 days

- 4.) **How long of a burst should you use on a threat?**
 - A. 1-2 seconds
 - B. 2-4 seconds
 - C. Empty the entire can

- 5.) **What is Oleoresin Capsicum commonly known as?**
 - A. Mace
 - B. Pepper Spray
 - C. Gas

- 6.) **When deploying OC, what area of the body should you deploy the OC towards?**
 - A. Arms
 - B. Chest
 - C. Face and eyes

- 7.) **After using OC on a subject, what should you immediately do with the subject?**
 - A. Leave lying on the ground.
 - B. Remove from contaminated area
 - C. Spray again

- 8.) What is the second step in the decontamination process?
- A. Spray them again
 - B. Tell them to stop crying like a baby
 - C. Offer verbal rapport to the subject
- 9.) What is the third step of the decontamination process?
- A. Expose subject to fresh air
 - B. Throw the subject a bottle of water
 - C. Stand there and record them with your cellphone
- 10.) What is the best way to flush the eyes?
- A. Using milk
 - B. Rubbing eyes continually
 - C. Water
- 11.) What type of agent is OC?
- A. Glue
 - B. Cleaning Fluid
 - C. Inflammatory
- 12.) What is the main ingredient of OC?
- A. Water
 - B. Cayenne Pepper
 - C. Powder
- 13.) Does CMS (Center for Medicaid/Medicare System) guidelines allow for OC to be used on a PATIENT?
- A. Yes
 - B. No
 - C. Only if they deserve it.

GEM

Going the Extra Mile

This certificate is presented to



for living our Mission, Guiding Behaviors and Core Values!

Michael Kim RW, President

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Box 1794 · Appleton, WI 54912 · (920) 735-6242 · Fax (920) 735-6245 · asp-usa.com

ASP Basic Certification (ABC) EXPANDABLE BATON TRAINING

Information Sheet

(Please Print)

Date 3/2/18

✓ Initial Certification Recertification

First Name [REDACTED] Last Name [REDACTED]

Home Address [REDACTED]

City MT. VERNON State OH Province USA Zip 43050

Telephone [REDACTED] E-mail Address [REDACTED]

Employing Agency MOUNT CARMEL ST. ANNS

Agency Address 500 S. CLEVELAND AVE

City WESTERVILLE State OH Province USA Zip 43081

Agency Telephone (614) 898 4005 E-mail Address

✓ Duty Status: Full Duty Restricted Duty

Has your agency adopted or authorized the use of the ASP Baton? YES

How many officers are in your agency? 18

Height 5'7 Weight 230 Age 40 Date of Birth 1/22/78

Have you been exercising? YES

Do you have any knee, back or health problems? NO

Are you on any medication? ADDERALL ROSUVASTATIN

Person to be notified in case of emergency:

Name [REDACTED]

Phone [REDACTED] Alternate ()

Relationship GIRLFRIEND

✓ Briefly describe any health problems:

Injury Check: 1A 1P

WAIVER

Release from Liability and Assumption of Risk Agreement

1) Intending that this Agreement be legally binding upon me, my heirs, executors, administrators, and assigns, I hereby waive, release, and forever discharge Armament Systems and Procedures, INC, and all of their agents, representatives, heirs, executors, administrators, successors and assigns, of and from any and all claims, demands, rights and causes of action of whatsoever kind and nature, arising from, and by reason of any and all known and unknown, foreseen and unforeseen physical and mental injuries and consequences thereof, suffered by me during any and all ASP Expandable Baton certification training activities.

2) In signing this Release, I assert that (a) I am presently in good physical and mental health; (b) I have no reason to believe that I am not in good physical and mental health; (c) I am fully aware of, and do acknowledge and assume all risk of injury inherent in my participation in this training seminar; (d) I have read and fully understand the terms and conditions of this Agreement.

This program is competency based. Mere participation does not automatically assure successful completion.

3/2/18

Date

[REDACTED]

Signed

Mount Carmel Health System
Competency Assessment
Safety & Security

DEFENSIVE TACTICS/HANDCUFFING/STRAIGHT BATON/O.C. REPELLANT/DE-ESCALATION/RESTRAINTS

Associate Name:

ID Number:

Job Title:

SAFETY & SECURITY OFFICER

- High Risk Low Volume Problem Prone New Equipment/Service Process Change

CARING COMPONENTS:

Demonstrates service excellence behavior

KNOWLEDGE AND SKILL COMPONENTS:

- ABILITY TO EXPLAIN THE USE OF FORCE CONTINUUM
- ABILITY TO PERFORM BALANCE DISPLACEMENT AT THE HIP
- ABILITY TO PERFORM BALANCE DISPLACEMENT ON THE BACK
- ABILITY TO PERFORM BALANCE DISPLACEMENT AT THE SHOULDER
- ABILITY TO PERFORM A TRANSPORT WRIST LOCK TO BOTH THE RIGHT AND LEFT SIDE
- ABILITY TO PERFORM A STRAIGHT ARM BAR TO BOTH THE RIGHT AND LEFT SIDE
- ABILITY TO USE HANDCUFFS IN THE STANDING METHOD
- ABILITY TO USE HANDCUFFS FROM THE KNEELING POSITION
- ABILITY TO REMOVE HANDCUFFS
- ABILITY TO UNDERSTAND WHEN TO PLACE HANDCUFFS ON SUBJECT
- ABILITY TO PERFORM SEPERATION FROM SUBJECT GRABBING
- ABILITY TO PERFORM PEELING OF THE HAND(S) OF SUBJECT DURING A GRAB
- ABILITY TO PERFORM SEPERATION FROM A FINGER JAB
- ABILITY TO PERFORM PEELING OF FINGER(S)/HAND(S) DURING A FINGER JAB
- ABILITY TO PERFORM A SCARF POSITION ON SUBJECT
- ABILITY TO PERFORM A SIT OUT MANEUVER DURING THE SCARF
- ABILITY TO PERFORM A MOUNT POSITION ON A SUBJECT
- ABILITY TO MAINTAIN CONTROL OF SUBJECT WHILE IN THE MOUNTED POSITION
- ABILITY TO ESCAPE A MOUNT POSITION FROM A SUBJECT
- ABILITY TO PERFORM A GUARD POSITION ON A SUBJECT
- ABILITY TO ESCAPE A GUARD POSITION FROM A SUBJECT
- ABILITY TO PERFORM WEAPON RETENTION FROM THE HOLSTER
- ABILITY TO PERFORM WEAPON RETENTION FROM SHOOTING POSITION
- ABILITY TO PERFORM WEAPON STRIP FROM SUBJECT IN SHOOTING POSITION
- ABILITY TO PERFORM THE USE OF STRAIGHT BATON FROM THE FIELD INTERVIEW STANCE
- ABILITY TO PERFORM THE USE OF STRAIGHT BATON FROM THE READY STANCE
- ABILITY TO PERFORM THE USE OF STRAIGHT BATON USING THE FORWARD FLUID SHOCKWAVE STRIKE
- ABILITY TO PERFORM THE USE OF STRAIGHT BATON USING THE FORWARD CUTTING STRIKE
- ABILITY TO PERFORM THE USE OF STRAIGHT BATON USING THE BACKHAND STRIKE
- ABILITY TO CLOSE THE BATON FROM THE STANDING POSITION
- ABILITY TO CLOSE THE BATON FROM THE KNEELING POSITION
- ABILITY TO OPEN AND USE THE BATON FROM THE CRISIS POSITION
- ABILITY TO EXPLAIN WHEN TO USE STRAIGHT BATON AND WHEN NOT TO USE STRAIGHT BATON
- ABILITY TO EXPLAIN WHAT O.C. STANDS FOR
- ABILITY TO EXPLAIN WHEN TO USE O.C.
- ABILITY TO EXPLAIN WHEN NOT TO USE O.C.
- ABILITY TO EXPLAIN WHETHER TO USE O.C. ON A PATIENT OR NOT
- ABILITY TO EXPLAIN THE EFFECTS OF O.C. ON A SUBJECT
- ABILITY TO EXPLAIN THE DECONTAMINATION PROCEDURES
- ABILITY TO VERBALLY DE-ESCALATE (CIT TRAINING/AGGRESSIVE BEHAVIOR TRAINING)
- ABILITY TO APPLY RESTRAINTS
- ABILITY TO POSITION PATIENT ON THE BED/CART

- ABILITY TO LOOP THE CONNECTING STRAP AROUND THE BED FRAME
- ABILITY TO PLACE THE PROPER COLORED CUFF ON THE PROPER LIMB (BLUE FOR WRISTS/RED FOR ANKLES, LOCKING)
- ABILITY TO PASS ONE FINGER BETWEEN THE RESTRAINT AND PATIENTS WRIST/ANKLE
- ABILITY TO PLACE PATIENT INTO POSEY VEST
- ABILITY TO SECURE POSEY VEST STRAPS TO THE BED FRAME
- ABILITY TO PASS DT TRAINING SCENARIOS ANNUALLY

- Able to act appropriately in an emergent or sentinel type of event

METHOD OF COMPETENCY VALIDATION:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Return Demonstration
<input type="checkbox"/> Observation of Daily Work
<input checked="" type="checkbox"/> Post Test
<input checked="" type="checkbox"/> Mock Event/Simulation | <input type="checkbox"/> QI Monitors/Audits
<input checked="" type="checkbox"/> Peer Review
<input type="checkbox"/> Case Study
<input type="checkbox"/> Discussion Group |
|--|--|

Competency Validated By: (Signature and credentials)  Date 02 MAR 18

Developmental Needs identified: (See Performance Evaluation for related goals)

Associate Signature _____ Date _____ Instructor(s) Signature _____ Date _____

Evidence Based References/Resources (if applicable):

Name: [REDACTED]
Campus: ST. ANN'S
Date: 3/2/18

cap
100%

HANDCUFFING TEST

- 1.) WHEN TO USE HANDCUFFS?
 - A.) ON A VIOLENT PATIENT
 - B.) AFTER COMMITTING A FELONY IN YOUR PRESENCE
 - C.) ON VIOLENT INDIVIDUALS WHO POSE AN IMMEDIATE THREAT TO STAFF, VISITORS, PATIENTS, OR YOURSELF
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 - E.) BOTH B AND C

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 - A.) TRUE
 - B.) FALSE

- 3.) WHAT ACTIONS NEED TO OCCUR AFTER THE USE OF HANDCUFFS?
 - A.) INCIDENT REPORT AND VOICE
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 - C.) SUPERVISOR, LOCAL POLICE, SIR, AND VOICE

- 4.) SECURITY IS ABLE TO HANDCUFF TO A STATIONARY OBJECT?
 - A.) TRUE
 - B.) FALSE

STANN'S
3/2/18

Baton Basic Certification

WRITTEN EXAMINATION

For each question below, circle the option that is the most correct.

1. A defensive tactic is evaluated by its ability to:
 - a) Control v Injure
 - b) Maim v Destroy
 - c) Threaten v Control
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 - e) Demonstrate the officer's skill
2. The primary striking surface of an open ASP Baton is the:
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3. The hand using the service firearm is the:
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 - d) To the side
 - e) Towards the threat
5. The two baton modes are:
 - a) Open and Closed
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 - c) Weapon and Reaction
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 - e) On the left side
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 - b) Closed strike
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 - d) Offensive strike
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10. The most frequently used ASP strike is the:
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 - b) Weapon Strike
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 - d) Clearance Strike
 - e) Reverse Strike
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 - b) Maintaining distance
 - c) Guarding the face
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 - c) Widen the retaining clip
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 - b) Loose o-ring
 - c) Broken retaining clip
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 - e) Loose handle cap
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 - a) Age
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 - c) Horizontal angle
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 - c) Injury or exhaustion
 - d) Size
 - e) Officer on the ground
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20. The principle goal of any arrest or physical confrontation is:
 - a) Establishing control
 - b) Superior officer skill
 - c) Subject safety
 - d) Documentation
 - e) Punishment

Each question is worth five (5) points.
The minimum acceptable score is 80% (16 correct).

FINAL SCORE: 100% GRADED BY: Kevin M. Young

ASP WRITTEN EXAM: ACCEPTABLE X NOT ACCEPTABLE _____

COUNSELED _____

INSTRUCTOR: [Signature] DATE 02 MARCH 18

Baton Basic Certification

TECHNIQUE PROFICIENCY CHECKLIST

The following checklist is designed to assist you and the ASP Instructor in evaluating your performance of ASP Techniques. Those components of the technique that are acceptable are checked.

1) Check

- Balance
- Movement
- Verbalization
- Technique
- Target

6) Opening the Baton

- Balance
- Movement
- Verbalization
- Technique
- Target

2) Redirection

- Balance
- Movement
- Verbalization
- Technique
- Target

7) Open Mode Weapon Strike

- Balance
- Movement
- Verbalization
- Technique
- Angle
- Target

3) Closed Mode Weapon Strike

- Balance
- Movement
- Verbalization
- Technique
- Angle
- Target

8) Open Mode Reaction Strike

- Balance
- Movement
- Verbalization
- Technique
- Target

4) Closed Mode Reaction Strike

- Balance
- Movement
- Verbalization
- Technique
- Angle
- Target

9) Open Mode Straight Strike

- Balance
- Movement
- Verbalization
- Technique
- Target

5) Closed Mode Straight Strike

- Balance
- Movement
- Verbalization
- Technique
- Target

10) Closing the Baton

- Balance
- Movement
- Technique

- A check mark indicates an acceptable observed action.
- Three of the components must be acceptable for a passing score.
- Each technique must have a passing score for certification.
- The minimum passing score is 100% (10 techniques).

TECHNIQUE PROFICIENCY: ACCEPTABLE NOT ACCEPTABLE

COUNSELED _____

INSTRUCTOR [Signature]

DATE 02 MAR 18

WRITTEN EXAMINATION

100!

TECHNIQUE PROFICIENCY CHECKLIST

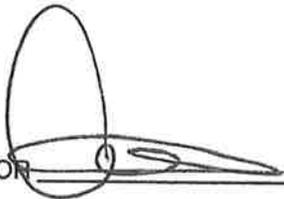
X

COMMENTS:

Certification Approved

Certification Denied

INSTRUCTOR



AIC

B41740

ST. ANN'S
3/2/18

100%

OC Test
Mount Carmel Health System
Safety and Security

- 1.) **What does OC stand for?**
 - A. Orange Crush
 - B. Ocean Crust
 - C. Oleoresin Capsicum

- 2.) **What is the average expiration date on an OC canister?**
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 - C. Empty the entire can

- 5.) **What is Oleoresin Capsicum commonly known as?**
 - A. Mace
 - B. Pepper Spray
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- 6.) **When deploying OC, what area of the body should you deploy the OC towards?**
 - A. Arms
 - B. Chest
 - C. Face and eyes

- 7.) **After using OC on a subject, what should you immediately do with the subject?**
 - A. Leave lying on the ground.
 - B. Remove from contaminated area
 - C. Spray again

- 8.) What is the second step in the decontamination process?
- A. Spray them again
 - B. Tell them to stop crying like a baby
 - C. Offer verbal rapport to the subject
- 9.) What is the third step of the decontamination process?
- A. Expose subject to fresh air
 - B. Throw the subject a bottle of water
 - C. Stand there and record them with your cellphone
- 10.) What is the best way to flush the eyes?
- A. Using milk
 - B. Rubbing eyes continually
 - C. Water
- 11.) What type of agent is OC?
- A. Glue
 - B. Cleaning Fluid
 - C. Inflammatory
- 12.) What is the main ingredient of OC?
- A. Water
 - B. Cayenne Pepper
 - C. Powder
- 13.) Does CMS (Center for Medicaid/Medicare System) guidelines allow for OC to be used on a PATIENT?
- A. Yes
 - B. No
 - C. Only if they deserve it.

Defensive Tactics / Impact Weapon
Competency Form

3/2/18

STUDENTS NAME: _____

INSTRUCTORS: COX / TAYLOR

JOINT LOCKS

1. BALANCE DISPLACEMENT TECHNIQUE

(At the hip)

- | | | | |
|---|---|---|---|
| a. Starts from Escort Position | S | A | F |
| b. Removes hand from Triceps and places it on rear waist of suspect | S | A | F |
| c. Presses hand forward and downward, displacing balance | S | A | F |
| d. Suspect steps in desired direction | S | A | F |

Comments: _____

(Friction on the Back)

- | | | | |
|--|---|---|---|
| a. Starts from Escort Position | S | A | F |
| b. Places hand in the middle of suspect's back and presses forward | S | A | F |
| c. Moves hand in random manner, forcing steps in desired direction | S | A | F |

Comments: _____

(Random Motion at the Shoulder)

- | | | | |
|--|---|---|---|
| a. Starts from the Escort Position | S | A | F |
| b. Continually moves suspect's arm in a random manner | S | A | F |
| c. Suspect is off balance and moves in desired direction | S | A | F |

Comments: _____

2. TRANSPORT WRIST LOCK

- | | | | |
|--------------------------------------|---|---|---|
| e. Elbow tucked between arm and body | S | A | F |
| f. Forearm elevation | S | A | F |
| g. Wrist hyperextension | S | A | F |
| h. To the ground | S | A | F |

Comments: _____

3. STRAIGHT ARM BAR

- i. Decentralize the center of gravity
- j. Maintain control over subject's arm
- k. Maintained balance while lowering center for takedown
- l. To the ground
- m. Control for handcuffing procedure

S	A	F
S	A	F
S	A	F
S	A	F
S	A	F

Comments: _____

HANDCUFFING

4. STANDING METHOD

- a. Approach is from rear
- b. Simultaneous Control at application, thumb lock/cuff push
- c. Position maintained with the flip under technique
- d. Second cuff applied without loss of control

S	A	F
S	A	F
S	A	F
S	A	F

Comments: _____

5. TAKEDOWN FROM KNEELING POSITION

- e. All slack is removed from cuffed hand
- f. Decentralized towards the 2.5 position
- g. Iron wrist lock is applied simultaneously with decentralized pull
- h. Straight arm applied after proning the target
- i. Second cuff applied without loss of control

S	A	F
S	A	F
S	A	F
S	A	F
S	A	F

Comments: _____

6. REMOVING HANDCUFFS

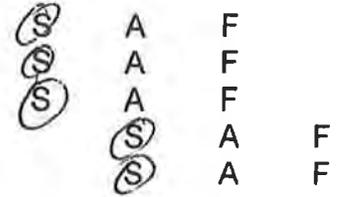
- a. Officer instructs suspect he is going to be de-cuffed
- b. Suspect is told to leave uncuffed hand on his hip
- c. Open handcuff closed immediately and put in weak hand
- d. Officer steps to rear 45 degrees while holding cuff at arms length
- e. Second cuff is removed

S	A	F
S	A	F
S	A	F
S	A	F
S	A	F

Defensive Counter Maneuvers

7. GRABBING

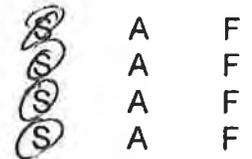
- a. Separation
- b. Verbal Commands
- c. Peeling the hand(s)
 - 1. Outside/In
 - 2. Inside/Out



Comments: _____

8. FINGER POKES

- a. Separation
- b. Verbal Commands
- c. Peeling the fingers/hands
- d. Second Responding Officer Action

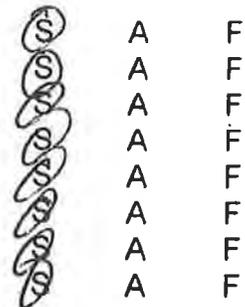


Comments: _____

Ground Techniques

9. Scarf Position (Left/Right)

- a. From the side/cross mount position
- b. Perform a sit out maneuver
- c. Right leg ends at 10 o'clock position
- d. Keep hips off of the ground
- e. Left foot is at 8 o'clock position
- f. Right arm around subjects neck/head
- g. Left arm and hand secures subjects arm
- h. Pin your chest to subjects chest



Comments: _____

10. Mounted Position

- a. Knees slide up
- b. Feet are used to feel where hips
- c. Moving to control positions

	A	F
	A	F
	A	F

Mounted Position – subject sits back

- a. Protect Face
- b. Reach Up and Grab
- c. Pull Subject to you/ pull yourself to subject
- d. Two arm body lock (bear hug)
- e. Slide down toward waist
- f. Place foot flat on floor
- g. Stomp foot and turn subject

	A	F
	A	F
	A	F
	A	F
	A	F
	A	F
	A	F

Mounted Position – subject traps your arms

- a. Bridge-Arch-Push and turn
- b. Work your way out the back door
- c. Protect Head

	A	F
	A	F
	A	F

Mounted Position – escape

- a. Table Theory
- b. Keep them off your chest
- c. Protect your air
- d. Elbows to thighs/ squirm forward
- e. Protect your head
- f. Buck your hips
- g. Trap leg and arm
- h. Opposite foot flat on the floor
- i. Stomp foot and push

	A	F
	A	F
	A	F
	A	F
	A	F
	A	F
	A	F
	A	F
	A	F

Guard Position(subject on top)

- a. Wrap legs around waist or feet flat on floor
- b. Sit up on forearm
- c. Free arm grabs elbow
- d. Roll subject toward forearm side
- e. Techniques for large person

	A	F
	A	F
	A	F
	A	F
	A	F

11. *Weapon Retention Drills(Holstered)*

- a. subject grabs holstered weapon
- b. weapon hand on subject's hand
- c. spin body toward weapon side
- d. maintain control of subject's hand/wrist
- e. Practice subject front/back/side position

S	A	F
S	A	F
S	A	F
S	A	F
S	A	F

Weapon Retention Drills(un-holstered)

- a. lunge forward toward subject
- a. push weapon toward subject
- c. pull weapon toward officer
- d. create distance

S	A	F
S	A	F
S	A	F
S	A	F

Weapon Stripping Drills

- a. hand grabs slide of weapon pushing off target
- b. other hand grabs other side of slide
- c. step towards subject utilizing strength
- d. hands push weapon barrel upward toward subject
- e. step back to create space
- f. pull weapon toward officer

S	A	F
S	A	F
S	A	F
S	A	F
S	A	F
S	A	F

Comments: _____

Grading Scale: S = Satisfactory (performs w/out prompting)
 A = Acceptable (performs with minimal prompting)
 F = Failed (needs prompting / repeated instruction, or can not perform task)



Box 1794 · Appleton, WI 54912 · (920) 735-6242 · Fax (920) 735-6245 · asp-usa.com

ASP Basic Certification (ABC) EXPANDABLE BATON TRAINING

Information Sheet

(Please Print)

Date 3/24/17

Initial Certification

Recertification

First Name [REDACTED] Last Name [REDACTED]

Home Address [REDACTED]

City Mt Vernon State OH Province _____ Zip 43050

Telephone [REDACTED] E-mail Address [REDACTED]

Employing Agency MOUNT CARMEL ST ANN'S

Agency Address 500 SOUTH CLEVELAND AVE

City WESTERVILLE State OH Province _____ Zip 43081

Agency Telephone (614) 896-4005 E-mail Address _____

✓ Duty Status: Full Duty Restricted Duty

Has your agency adopted or authorized the use of the ASP Baton? YES

How many officers are in your agency? _____

Height 5'7 Weight 230 Age 39 Date of Birth 1/22/78

Have you been exercising? YES

Do you have any knee, back or health problems? NO

Are you on any medication? ADDERAL 10MG

Person to be notified in case of emergency:

Name [REDACTED]

Phone [REDACTED] Alternate (_____) _____

Relationship GIRLFRIEND

✓ Briefly describe any health problems:

Injury Check: 1A 1P

WAIVER

Release from Liability and Assumption of Risk Agreement

1) Intending that this Agreement be legally binding upon me, my heirs, executors, administrators, and assigns, I hereby waive, release, and forever discharge Armament Systems and Procedures, INC, and all of their agents, representatives, heirs, executors, administrators, successors and assigns, of and from any and all claims, demands, rights and causes of action of whatsoever kind and nature, arising from, and by reason of any and all known and unknown, foreseen and unforeseen physical and mental injuries and consequences thereof, suffered by me during any and all ASP Expandable Baton certification training activities.

2) In signing this Release, I assert that (a) I am presently in good physical and mental health; (b) I have no reason to believe that I am not in good physical and mental health; (c) I am fully aware of, and do acknowledge and assume all risk of injury inherent in my participation in this training seminar; (d) I have read and fully understand the terms and conditions of this Agreement.

This program is competency based. Mere participation does not automatically assure successful completion.

3/24/17
Date

[REDACTED]
Signed

OC Test

Mount Carmel Health System Safety and Security

- 1.) What does OC stand for?
 - A. Orange Crush
 - B. Ocean Crust
 - C. Oleoresin Capsicum

- 2.) What is the average expiration date on an OC canister?
 - A. 1-2 years
 - B. 3-4 years
 - C. 4-5 years

- 3.) How often should you check your OC spray for adequate spray strength?
 - A. 30 days
 - B. 60 days
 - C. 90 days

- 4.) How long of a burst should you use on a threat?
 - A. 1-2 seconds
 - B. 2-4 seconds
 - C. Empty the entire can

- 5.) What is Oleoresin Capsicum commonly known as?
 - A. Mace
 - B. Pepper Spray
 - C. Gas

- 6.) When deploying OC, what area of the body should you deploy the OC towards?
 - A. Arms
 - B. Chest
 - C. Face and eyes

- 7.) After using OC on a subject, what should you immediately do with the subject?
 - A. Leave lying on the ground.
 - B. Remove from contaminated area
 - C. Spray again

- 8.) What is the second step in the decontamination process?
- A. Spray them again
 - B. Tell them to stop crying like a baby
 - C. Offer verbal rapport to the subject
- 9.) What is the third step of the decontamination process?
- A. Expose subject to fresh air
 - B. Throw the subject a bottle of water
 - C. Stand there and record them with your cellphone
- 10.) What is the best way to flush the eyes?
- A. Using milk
 - B. Rubbing eyes continually
 - C. Water
- 11.) What type of agent is OC?
- A. Glue
 - B. Cleaning Fluid
 - C. Inflammatory
- 12.) What is the main ingredient of OC?
- A. Water
 - B. Cayenne Pepper
 - C. Powder
- 13.) Does CMS (Center for Medicaid/Medicare System) guidelines allow for OC to be used on a PATIENT?
- A. Yes
 - B. No
 - C. Only if they deserve it.

NAME: [REDACTED]

DATE: 3/24/17

[REDACTED]

-0
10070
Chad
10/16

HANDCUFFING TEST

1.) WHEN TO USE HANDCUFFS?

- A.) ON A VIOLENT PATIENT
- B.) AFTER COMMITTING A FELONY IN YOUR PRESENCE
- C.) ON VIOLENT INDIVIDUALS WHO POSE AN IMMEDIATE THREAT TO STAFF, VISITORS, PATIENTS, OR YOURSELF
- D.) ALL OF THE ABOVE
- E.) BOTH B AND C

2.) CMS ALLOWS YOU TO HANDCUFF PATIENTS?

- A.) TRUE
- B.) FALSE

3.) WHAT ACTIONS NEED TO OCCUR AFTER THE USE OF HANDCUFFS?

- A.) INCIDENT REPORT AND VOICE
- B.) LOCAL POLICE, SIR, AND VOICE
- C.) SUPERVISOR, LOCAL POLICE, SIR, AND VOICE

4.) SECURITY IS ABLE TO HANDCUFF TO A STATIONARY OBJECT?

- A.) TRUE
- B.) FALSE

[REDACTED]

Defensive Tactics / Impact Weapon
Competency Form

STUDENTS NAME: [REDACTED]

INSTRUCTORS: _____

JOINT LOCKS

1. BALANCE DISPLACEMENT TECHNIQUE

(At the hip)

- | | | | |
|---|-----|---|---|
| a. Starts from Escort Position | (S) | A | F |
| b. Removes hand from Triceps and places it on rear waist of suspect | (S) | A | F |
| c. Presses hand forward and downward, displacing balance | (S) | A | F |
| d. Suspect steps in desired direction | (S) | A | F |

Comments: _____

(Friction on the Back)

- | | | | |
|--|-----|---|---|
| a. Starts from Escort Position | (S) | A | F |
| b. Places hand in the middle of suspect's back and presses forward | (S) | A | F |
| c. Moves hand in random manner, forcing steps in desired direction | (S) | A | F |

Comments: _____

(Random Motion at the Shoulder)

- | | | | |
|--|-----|---|---|
| a. Starts from the Escort Position | (S) | A | F |
| b. Continually moves suspect's arm in a random manner | (S) | A | F |
| c. Suspect is off balance and moves in desired direction | (S) | A | F |

Comments: _____

2. TRANSPORT WRIST LOCK

- | | | | |
|--------------------------------------|-----|---|---|
| e. Elbow tucked between arm and body | (S) | A | F |
| f. Forearm elevation | (S) | A | F |
| g. Wrist hyperextension | (S) | A | F |
| h. To the ground | (S) | A | F |

Comments: _____

3. STRAIGHT ARM BAR

- i. Decentralize the center of gravity
- j. Maintain control over subject's arm
- k. Maintained balance while lowering center for takedown
- l. To the ground
- m. Control for handcuffing procedure

S	A	F
S	A	F
S	A	F
S	A	F
S	A	F

Comments: _____

HANDCUFFING

4. STANDING METHOD

- a. Approach is from rear
- b. Simultaneous Control at application, thumb lock/cuff push
- c. Position maintained with the flip under technique
- d. Second cuff applied without loss of control

S	A	F
S	A	F
S	A	F
S	A	F

Comments: _____

5. TAKEDOWN FROM KNEELING POSITION

- e. All slack is removed from cuffed hand
- f. Decentralized towards the 2.5 position
- g. Iron wrist lock is applied simultaneously with decentralized pull
- h. Straight arm applied after proning the target
- i. Second cuff applied without loss of control

S	A	F
S	A	F
S	A	F
S	A	F
S	A	F

Comments: _____

6. REMOVING HANDCUFFS

- a. Officer instructs suspect he is going to be de-cuffed
- b. Suspect is told to leave uncuffed hand on his hip
- c. Open handcuff closed immediately and put in weak hand
- d. Officer steps to rear 45 degrees while holding cuff at arms length
- e. Second cuff is removed

S	A	F
S	A	F
S	A	F
S	A	F
S	A	F

Defensive Counter Maneuvers

7. GRABBING

- a. Separation
- b. Verbal Commands
- c. Peeling the hand(s)
 - 1. Outside/In
 - 2. Inside/Out

S	A	F	
S	A	F	
S	A	F	
	A	A	F
	A	A	F

Comments: _____

8. FINGER POKES

- a. Separation
- b. Verbal Commands
- c. Peeling the fingers/hands
- d. Second Responding Officer Action

	A	F
	A	F
	A	F
	A	F

Comments: _____

Ground Techniques

9. Scarf Position (Left/Right)

- a. From the side/cross mount position
- b. Perform a sit out maneuver
- c. Right leg ends at 10 o'clock position
- d. Keep hips off of the ground
- e. Left foot is at 8 o'clock position
- f. Right arm around subjects neck/head
- g. Left arm and hand secures subjects arm
- h. Pin your chest to subjects chest

S	A	F
S	A	F
S	A	F
S	A	F
S	A	F
S	A	F
S	A	F
S	A	F

Comments: _____

10. Mounted Position

- a. Knees slide up
- b. Feet are used to feel where hips
- c. Moving to control positions

S	A	F
S	A	F
S	A	F

Mounted Position – subject sits back

- a. Protect Face
- b. Reach Up and Grab
- c. Pull Subject to you/ pull yourself to subject
- d. Two arm body lock (bear hug)
- e. Slide down toward waist
- f. Place foot flat on floor
- g. Stomp foot and turn subject

S	A	F
S	A	F
S	A	F
S	A	F
S	A	F
S	A	F
S	A	F

Mounted Position – subject traps your arms

- a. Bridge-Arch-Push and turn
- b. Work your way out the back door
- c. Protect Head

S	A	F
S	A	F
S	A	F

Mounted Position – escape

- a. Table Theory
- b. Keep them off your chest
- c. Protect your air
- d. Elbows to thighs/ squirm forward
- e. Protect your head
- f. Buck your hips
- g. Trap leg and arm
- h. Opposite foot-flat on the floor
- i. Stomp foot and push

S	A	F
S	A	F
S	A	F
S	A	F
S	A	F
S	A	F
S	A	F
S	A	F
S	A	F
S	A	F

Guard Position(subject on top)

- a. Wrap legs around waist or feet flat on floor
- b. Sit up on forearm
- c. Free arm grabs elbow
- d. Roll subject toward forearm side
- e. Techniques for large person

S	A	F
S	A	F
S	A	F
S	A	F
S	A	F

11. *Weapon Retention Drills(Holstered)*

a. subject grabs holstered weapon	S	A	F
b. weapon hand on subject's hand	S	A	F
c. spin body toward weapon side	S	A	F
d. maintain control of subject's hand/wrist	S	A	F
e. Practice subject front/back/side position	S	A	F

Weapon Retention Drills(un-holstered)

a. lunge forward toward subject	S	A	F
a. push weapon toward subject	S	A	F
c. pull weapon toward officer	S	A	F
d. create distance	S	A	F

Weapon Stripping Drills

a. hand grabs slide of weapon pushing off target	S	A	F
b. other hand grabs other side of slide	S	A	F
c. step towards subject utilizing strength	S	A	F
d. hands push weapon barrel upward toward subject	S	A	F
e. step back to create space	S	A	F
f. pull weapon toward officer	S	A	F

Comments: _____

Grading Scale: S = Satisfactory (performs w/out prompting)
 A = Acceptable (performs with minimal prompting)
 F = Failed (needs prompting / repeated instruction, or can not perform task)

Baton Basic Certification

WRITTEN EXAMINATION

For each question below, circle the option that is the most correct.

1. A defensive tactic is evaluated by its ability to:
 a) Control v Injure
 b) Maim v Destroy
 c) Threaten v Control
 d) React v Act
 e) Demonstrate the officer's skill
2. The primary striking surface of an open ASP Baton is the:
 a) Cap
 b) Center of the shaft
 c) Last 3" of the baton
 d) First joint
 e) Handle
3. The hand using the service firearm is the:
 a) Weak Hand
 b) Contact Hand
 c) Weapon Hand
 d) Reaction Hand
 e) Support Hand
4. The ASP Baton should not be opened:
 a) To the sky
 b) To the ground
 c) During a strike
 d) To the side
 e) Towards the threat
5. The two baton modes are:
 a) Open and Closed
 b) Interview and Combat
 c) Weapon and Reaction
 d) Concealed and Loaded
 e) Ready and Extended
6. Which is not an ASP Target area:
 a) Center mass of the arms
 b) Center mass of the legs
 c) Center mass of the body
 d) Groin or sternum
 e) The Weapon Delivery System
7. Targeting specific points violates which training principle:
 a) Forgiving techniques
 b) Fine motor skills
 c) Spaced practice
 d) Static training
 e) Complex techniques
8. The ASP Baton is always carried:
 a) On the right side
 b) In the front
 c) On the Reaction Side
 d) Tip down
 e) On the left side
9. The Reaction Strike is primarily a:
 a) Strong strike
 b) Closed strike
 c) Clearance strike
 d) Offensive strike
 e) Initial strike
10. The most frequently used ASP strike is the:
 a) Reaction Strike
 b) Weapon Strike
 c) Straight Strike
 d) Clearance Strike
 e) Reverse Strike
11. When performing an Open Straight Strike, the Reaction Hand is:
 a) Palm up on the shaft
 b) Maintaining distance
 c) Guarding the face
 d) Palm down gripping the shaft
 e) Executing a downward block
12. If the baton opens too easily:
 a) Make the retaining clip smaller
 b) Replace the o-ring
 c) Widen the retaining clip
 d) Remove the retaining clip
 e) Lubricate the baton
13. The most common problem in opening the baton is:
 a) Grip of the baton
 b) Loose o-ring
 c) Broken retaining clip
 d) Operator error
 e) Loose handle cap
14. Officer-Subject Factors do not include:
 a) Age
 b) Size
 c) Weapon proximity
 d) Skill level
 e) Multiple officers
15. ASP Weapon Side Strikes are intended to be performed at a:
 a) 45 degree angle
 b) 180 degree angle
 c) Horizontal angle
 d) 90 degree angle
 e) Vertical angle
16. When striking, the ASP Baton is gripped with:
 a) The index finger and thumb
 b) A loose flexible grip
 c) Two fingers and the thumb
 d) Full hand grip
 e) Both hands
17. Special circumstances do not include:
 a) Special knowledge
 b) Imminent danger
 c) Injury or exhaustion
 d) Size
 e) Officer on the ground
18. Safety is the ultimate responsibility of the:
 a) Student
 b) Training partner
 c) Course coordinator
 d) Instructor
 e) Administrative officer
19. The ASP Baton is designed to be:
 a) An offensive weapon
 b) A comealong device
 c) A defensive weapon
 d) A deadly force option
 e) A restraining device
20. The principle goal of any arrest or physical confrontation is:
 a) Establishing control
 b) Superior officer skill
 c) Subject safety
 d) Documentation
 e) Punishment

- Each question is worth five (5) points.
- The minimum acceptable score is 80% (16 correct).

FINAL SCORE: 100 GRADED BY: Hayley Morrison
ASP WRITTEN EXAM: ACCEPTABLE NOT ACCEPTABLE
COUNSELED _____
INSTRUCTOR: [Signature] DATE: 24 MAR 17

Baton Basic Certification

TECHNIQUE PROFICIENCY CHECKLIST

The following checklist is designed to assist you and the ASP Instructor in evaluating your performance of ASP Techniques. Those components of the technique that are acceptable are checked.

1) Check

- Balance
- Movement
- Verbalization
- Technique
- Target

6) Opening the Baton

- Balance
- Movement
- Verbalization
- Technique
- Target

2) Redirection

- Balance
- Movement
- Verbalization
- Technique
- Target

7) Open Mode Weapon Strike

- Balance
- Movement
- Verbalization
- Technique
- Angle
- Target

3) Closed Mode Weapon Strike

- Balance
- Movement
- Verbalization
- Technique
- Angle
- Target

8) Open Mode Reaction Strike

- Balance
- Movement
- Verbalization
- Technique
- Target

4) Closed Mode Reaction Strike

- Balance
- Movement
- Verbalization
- Technique
- Angle
- Target

9) Open Mode Straight Strike

- Balance
- Movement
- Verbalization
- Technique
- Target

5) Closed Mode Straight Strike

- Balance
- Movement
- Verbalization
- Technique
- Target

10) Closing the Baton

- Balance
- Movement
- Technique

- A check mark indicates an acceptable observed action.
- Three of the components must be acceptable for a passing score.
- Each technique must have a passing score for certification.
- The minimum passing score is 100% (10 techniques).

TECHNIQUE PROFICIENCY: ACCEPTABLE NOT ACCEPTABLE

COUNSELED _____
 INSTRUCTOR [Signature] DATE 24 MAR 17

WRITTEN EXAMINATION

100%

TECHNIQUE PROFICIENCY CHECKLIST

X

COMMENTS:

Certification Approved Certification Denied

INSTRUCTOR



AIC

Mount Carmel Health System
Competency Assessment
Safety & Security

DEFENSIVE TACTICS/HANDCUFFING/STRAIGHT BATON/O.C. REPELLANT/DE-ESCALATION/RESTRAINTS

Associate Name: [REDACTED]	ID Number: [REDACTED]	Job Title: SAFETY & SECURITY
-------------------------------	--------------------------	---------------------------------

- High Risk
 Low Volume
 Problem Prone
 New Equipment/Service
 Process Change

CARING COMPONENTS:

Demonstrates service excellence behavior

KNOWLEDGE AND SKILL COMPONENTS:

- ABILITY TO EXPLAIN THE USE OF FORCE CONTINUUM
- ABILITY TO PERFORM BALANCE DISPLACEMENT AT THE HIP
- ABILITY TO PERFORM BALANCE DISPLACEMENT ON THE BACK
- ABILITY TO PERFORM BALANCE DISPLACEMENT AT THE SHOULDER
- ABILITY TO PERFORM A TRANSPORT WRIST LOCK TO BOTH THE RIGHT AND LEFT SIDE
- ABILITY TO PERFORM A STRAIGHT ARM BAR TO BOTH THE RIGHT AND LEFT SIDE
- ABILITY TO USE HANDCUFFS IN THE STANDING METHOD
- ABILITY TO USE HANDCUFFS FROM THE KNEELING POSITION
- ABILITY TO REMOVE HANDCUFFS
- ABILITY TO UNDERSTAND WHEN TO PLACE HANDCUFFS ON SUBJECT
- ABILITY TO PERFORM SEPERATION FROM SUBJECT GRABBING
- ABILITY TO PERFORM PEELING OF THE HAND(S) OF SUBJECT DURING A GRAB
- ABILITY TO PERFORM SEPERATION FROM A FINGER JAB
- ABILITY TO PERFORM PEELING OF FINGER(S)/HAND(S) DURING A FINGER JAB
- ABILITY TO PERFORM A SCARF POSITION ON SUBJECT
- ABILITY TO PERFORM A SIT OUT MANEUVER DURING THE SCARF
- ABILITY TO PERFORM A MOUNT POSITION ON A SUBJECT
- ABILITY TO MAINTAIN CONTROL OF SUBJECT WHILE IN THE MOUNTED POSITION
- ABILITY TO ESCAPE A MOUNT POSITION FROM A SUBJECT
- ABILITY TO PERFORM A GUARD POSITION ON A SUBJECT
- ABILITY TO ESCAPE A GUARD POSITION FROM A SUBJECT
- ABILITY TO PERFORM WEAPON RETENTION FROM THE HOLSTER
- ABILITY TO PERFORM WEAPON RETENTION FROM SHOOTING POSITION
- ABILITY TO PERFORM WEAPON STRIP FROM SUBJECT IN SHOOTING POSITION
- ABILITY TO PERFORM THE USE OF STRAIGHT BATON FROM THE FIELD INTERVIEW STANCE
- ABILITY TO PERFORM THE USE OF STRAIGHT BATON FROM THE READY STANCE
- ABILITY TO PERFORM THE USE OF STRAIGHT BATON USING THE FORWARD FLUID SHOCKWAVE STRIKE
- ABILITY TO PERFORM THE USE OF STRAIGHT BATON USING THE FORWARD CUTTING STRIKE
- ABILITY TO PERFORM THE USE OF STRAIGHT BATON USING THE BACKHAND STRIKE
- ABILITY TO CLOSE THE BATON FROM THE STANDING POSITION
- ABILITY TO CLOSE THE BATON FROM THE KNEELING POSITION
- ABILITY TO OPEN AND USE THE BATON FROM THE CRISIS POSITION
- ABILITY TO EXPLAIN WHEN TO USE STRAIGHT BATON AND WHEN NOT TO USE STRAIGHT BATON
- ABILITY TO EXPLAIN WHAT O.C. STANDS FOR
- ABILITY TO EXPLAIN WHEN TO USE O.C.
- ABILITY TO EXPLAIN WHEN NOT TO USE O.C.
- ABILITY TO EXPLAIN WHETHER TO USE O.C. ON A PATIENT OR NOT
- ABILITY TO EXPLAIN THE EFFECTS OF O.C. ON A SUBJECT
- ABILITY TO EXPLAIN THE DECONTAMINATION PROCEDURES
- ABILITY TO VERBALLY DE-ESCALATE (CIT TRAINING/AGGRESSIVE BEHAVIOR TRAINING)
- ABILITY TO APPLY RESTRAINTS
- ABILITY TO POSITION PATIENT ON THE BED/CART

- ABILITY TO LOOP THE CONNECTING STRAP AROUND THE BED FRAME
- ABILITY TO PLACE THE PROPER COLORED CUFF ON THE PROPER LIMB (BLUE FOR WRISTS/RED FOR ANKLES, LOCKING)
- ABILITY TO PASS ONE FINGER BETWEEN THE RESTRAINT AND PATIENTS WRIST/ANKLE
- ABILITY TO PLACE PATIENT INTO POSEY VEST
- ABILITY TO SECURE POSEY VEST STRAPS TO THE BED FRAME
- ABILITY TO PASS DT TRAINING SCENARIOS ANNUALLY

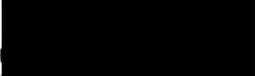
- Able to act appropriately in an emergent or sentinel type of event

METHOD OF COMPETENCY VALIDATION:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Return Demonstration | <input type="checkbox"/> QI Monitors/Audits |
| <input type="checkbox"/> Observation of Daily Work | <input checked="" type="checkbox"/> Peer Review |
| <input checked="" type="checkbox"/> Post Test | <input type="checkbox"/> Case Study |
| <input checked="" type="checkbox"/> Mock Event/Simulation | <input checked="" type="checkbox"/> Discussion Group |

Competency Validated By: (Signature and credentials)  Date 26 MAR 17

Developmental Needs identified: (See Performance Evaluation for related goals)

Associate Signat  Date 3/24/17 Instructor(s) Signature _____ Date _____

Evidence Based References/Resources (if applicable):

FY2016 COLLEAGUE ANNUAL PERFORMANCE REVIEW



COLLEAGUE INFORMATION:

Colleague ID:	██████████	Due Date:	05-01-2016
Colleague:	██████████	Manager:	David Nelson
Location:	M00003	Department:	Emergency Dept Svcs-LewCtr
Job Code:	M2412	Job Title:	Safety and Security Officer
Review Period:	05-01-2015 to 05-01-2016	Empl Record:	0

GUIDING BEHAVIORS:

The Guiding Behaviors flow directly from Trinity Health and Mount Carmel's Mission and help us to focus on and connect with the Mission. The Guiding Behaviors set the expectation for how we work together in living our Mission and Core Values. Note: Supporting remarks must be entered for any ratings other than 3.

- * We support each other in serving our patients and communities.
- * We communicate openly, honestly, respectfully and directly.
- * We are fully present
- * We are all accountable
- * We trust and assume goodness in intentions
- * We are continuous learners

Manager Rating: 4.0

Manager Comment: Dennis strives to do the best that he can everyday and excels at the Guiding Behaviors. He is always present, accountable and is a continuous learner. Dennis is well liked among his peers and hospital staff.

Employee Rating: 3.0

Employee Comment:

ESSENTIAL JOB RESPONSIBILITIES:

In addition to Service Excellence(which applies to all Mount Carmel Associates) how does the Associate meet the expectations of the 3-5 most important Essential Responsibilities from their job description? If an Essential Responsibility is met, a score of 2 is applicable. Note: Supporting remarks must be entered for any ratings other than 3.

Essential Job Responsibility:

Manager Rating: 4.0

Manager Comment: Dennis is always friendly and very courteous. He strives to maintain a professional appearance, demeanor and first class service.

Employee Rating: 3.0

Employee Comment:

1. Essential Job Responsibility:

Definition: Maintain a safe and secure environment through job knowledge, skills and engagement. Intervene as appropriate in any safety and security observed issues.

Manager Rating: 3.0

Manager Comment: Dennis continues to learn his role and seeks out his supervisor's feedback when unsure. Dennis is very good about making recommendations to assist with job processes.

Employee Rating: 3.0

Employee Comment:

2. Essential Job Responsibility:

Definition: Meets population specific and all other competencies according to department requirements. (Ongoing department competencies).

Manager Rating: 4.0

Manager Comment: Dennis has attended and maintained all initial, yearly and monthly competencies.

Employee Rating: 3.0

Employee Comment:

3. Essential Job Responsibility:

Definition: Responsible for assuring that the Safety, Life Safety, Security, Emergency Management, and JC standards are followed as it relates to the position.

Manager Rating: 3.0

Manager Comment: Dennis continues to learn JC standards and life safety processes.

Employee Rating: 3.0

Employee Comment:

4. Essential Job Responsibility:

Definition: Responsible for completing and documenting assigned tasks, such as fire drills and safety tours on time and ensures accurate documentation during assigned shift (i.e. security reports, safety incidents, and activity logs).

Manager Rating: 4.0

Manager Comment: Dennis always makes sure that his paperwork is completed accurately and turned in on time. He assists in monitoring the other officers stats and enters them into the database.

Employee Rating: 3.0

Employee Comment:

5. Essential Job Responsibility:

Definition: Demonstrates sound judgment, decision skills, and prioritizing responses to all calls including emergency situations. (Defensive Tactics Competencies)

Manager Rating: 3.0

Manager Comment: Dennis continues to improve in his response to emergent situations. He has adjusted well to "slowing down" to assure a positive outcome.

Employee Rating: 3.0

Employee Comment: Have learned a lot over the last 11 months and have listened to the advise from other officers and supervisors.

INDIVIDUAL PERFORMANCE GOALS (for PAST 12 Months)

Over the past 12 months, Associates and their Managers identified 3-5 individual Goals to set clear expectations about how the associate will contribute to department, business unit and system goals.

* Individual Goals are Specific, Measureable, Action-Oriented, Realistic and TimeBound(SMART).

* The Desired Outcome is the measure for what the associate is to achieve.

Note: Supporting remarks must be entered for any ratings other than 3.

1. Individual Performance Goal: To learn the policies and procedures that Mt. Carmel has in place

Manager Rating: 3.0

Manager Comment: Dennis continues to learn proper procedures and protocols.

Employee Rating: 3.0

Employee Comment:

2. Individual Performance Goal: Continue to learn from other officers on how to handle situations as well as making sure to get all vital information

Manager Rating: 3.0

Manager Comment: Dennis has made great strides in handling situations and learning the role of Safety & Security Officer.

Employee Rating: 2.0

Employee Comment: I know there were some occasions where I would rush into a situation instead of taking my time. However, with talking with other officers as well as supervisors, I took their advice and continued to learn from them, so I can learn to do the job to the best of my ability.

3. Individual Performance Goal: Continue to learn the layout of the hospital, in order for me to get to an area in case of an emergency situations.

Manager Rating: 4.0

Manager Comment: Dennis learned the facility well

Employee Rating: 3.0

Employee Comment:

4. Individual Performance Goal: Take all required courses

Manager Rating: 4.0

Manager Comment: Dennis continues to seek out educational opportunities.

Employee Rating: 3.0

Employee Comment:

5. Individual Performance Goal:

Manager Rating: 0.0

Manager Comment:

Employee Rating: 0.0

Employee Comment:

INDIVIDUAL PERFORMANCE GOALS (for NEXT 12 Months)

Associate and Manager identify 3-5 Individual Performance Goals to set clear expectations about how the associate will contribute to department, business unit, and system goals.

- * List 3-5 individual Goals that are Specific, Measurable, Action-Oriented, Realistic and Time-Bound (SMART)
- * The Desired Outcome is the measure for what the associate is to achieve.
- * Individual Goals for the upcoming year need to be documented on this evaluation form.

1. Individual Performance Goal: Continue to learn policies and procedures.

2. Individual Performance Goal: Take more courses and obtain certificates

3. Individual Performance Goal: To be able to get promoted if possible by the end of the year

4. Individual Performance Goal: Continue to be a team player and work well with everyone in the hospital. To provide the security that is needed for staff, patients and visitors.

5. Individual Performance Goal: Continue to make improvements as an officer and take time learning things instead of trying to rush.

COLLEAGUE COMMENTS (After Self-Evaluation)

Colleague Comments: I would like to take more training classes such as hazmat training as well as aggression behavior classes if any so I can learn how to handle situations when they arise. I am open to learn any new courses that will help me be successful in my position.

REVIEW SUMMARY:

	Colleague Scores	Manager Scores
Guiding Behaviors	3.0	4.0
Job Responsibilities	3.0	3.5
Past 12 Months Goals	2.75	3.5
Overall Performance Score		3.67

PERFORMANCE REVIEW MEETING WAS HELD ON: 02-16-2016

SIGNATURE

The Colleague signature also serves to acknowledge that the Associate has reviewed a copy of their current job description.

Manager: *David Nelson* *02-16-2016*

Colleague: [REDACTED] *02-16-2016*

MANAGER AND COLLEAGUE COMMENTS(After Completion of Colleague Annual Review)

Manager Comments: [REDACTED] has already started self educational opportunities. [REDACTED] is an asset to the Safety & Security Department. Keep up the good work!

Colleague Comments:

**MOUNT CARMEL HEALTH SYSTEM
CONFIDENTIALITY AND NETWORK ACCESS AGREEMENT**

SIGNATURE PAGE RELATIONSHIP TO MOUNT CARMEL HEALTH SYSTEM/TRINITY HEALTH

I am a: (Please check all that apply to you)

Direct relationships with Mount Carmel Health System

- Colleague at Mount Carmel Health System
- Physician Credentialed on Mount Carmel Health System Medical Staff
- Volunteer at a Mount Carmel Health System Facility
- Temporary/Contractor at a Mount Carmel Health System/Facility:(name of agency)
- Student at Mount Carmel Health System: (name of educational organization)

Employed by or Associated with a Mount Carmel Health System Credentialed Medical Staff Member

Medical Staff Members' Employee or Temp Staff:(name of practice)

Medical Staff Member's Vendor's Employee:(name of vendor)

Vendor Providing Goods or Services to Mount Carmel Health System

Employee/Temp Staff of Mount Carmel Health System's clinical services vendor:(name of vendor)

Employee/Temp Staff of Mount Carmel Health System's business services vendor:(name of vendor)

Employee/Temp Staff of Mount Carmel Health System's IT services vendor:(name of vendor)

Mount Carmel Health System's Joint Venture or a Facility Managed by Mount Carmel Health System

Employee of a Mount Carmel Health System's Joint Venture:(name of joint venture)

Employee of a hospital/Other Facility Managed by Mount Carmel Health System:(name of facility)

Credentialed Physician on Medical Staff of a Hospital/Other Facility Managed by Mount Carmel Health System:(name of facility)

Employee or Temp Staff of a Credentialed Physician on the Medical Staff of a Hospital/Other Facility Managed by Mount Carmel Health System:(name of physician's practice)

Other

Unaffiliated (non-credentialed) Physician/Other Provider:(name of practice)

Employee of an Unaffiliated Physician or Facility:(name of practice or facility)

Employee or Payer:(name of payer)

Researcher: (research study name)

Other: (name of employer)

USER If there are any items in this agreement that I do not understand I will ask my Mount Carmel Health System supervisor or other appropriate Mount Carmel Health System contact person for clarification. My signature acknowledges that I have read, understand and accept this agreement and realize it is a condition of my employment or association with Mount Carmel Health System/Trinity Health. I also acknowledge that I have received a copy of the Confidentiality and Network Access Agreement.

Colleague Name: [REDACTED]

Colleague Signature: [REDACTED]

Date: 2016-01-05 22:48:38.577

Signature of individual to be given access(if checked any line other than employee of Mount Carmel Health System above)

EMPLOYER SIGNATURE:(Required when user is an employee or agent of: a physician/physician practice; other individual or facility provider, a vendor that is not a business associate; any other organization unaffiliated with Mount Carmel Health or Trinity Health. My signature below acknowledges that I have read, understand and accept

**MOUNT CARMEL HEALTH SYSTEM
CONFIDENTIALITY AND NETWORK ACCESS AGREEMENT**

The following rules for Confidentiality and Network Access apply to all non-public patient and business information (Confidential Information) of Mount Carmel Health System, Trinity Health, and related organizations. The rules also apply to the non-public and business information of joint ventures, or of other entities and persons collaborating with Mount Carmel Health System and Trinity Health, to which the user has access. As a condition of being permitted to have access to Confidential Information relevant to my job function or role I agree to the following rules:

1. Permitted and required access, use and disclosure:

- I will access, use or disclose Confidential Patient Information (PHI) only for legitimate purposes of diagnosis, treatment, obtaining payment for patient care, or performing other health care operations functions permitted by HIPAA and I will only access, use or disclose the minimum necessary amount of information needed to carry out my job responsibilities.
- I will access, use or disclose Confidential Business Information only for legitimate business purposes of Mount Carmel Health System or Trinity Health.
- I will protect all Confidential Information to which I have access, or which I otherwise acquire, from loss, misuse, alteration or unauthorized disclosure, modification or access including:
 - making sure that paper records are not left unattended in areas where unauthorized people may view them;
 - using password protection, screensavers, automatic time-outs or other appropriate security measures to ensure that no unauthorized person may access Confidential information from my workstation or other device;
 - appropriately disposing of Confidential Information in a manner that will prevent a breach of confidentiality and never discarding paper documents or other materials containing Confidential Information in the trash unless they have been shredded
 - safeguarding and protecting portable electronic devices containing Confidential Information including laptops, smartphones, PDAs, CDs, and USB thumb drives.
- I will disclose Confidential Information only to individuals, who have a need to know to fulfill their job responsibilities and business obligations.
- I will comply with Mount Carmel Health System/Trinity Health's access and security procedures, and any other policies and procedures that reasonably apply to my use of the computer systems and/or my access to information on or related to the computer systems including off-site (remote) access using portable electronic devices.

2. Prohibited access, use and disclosure:

- I will not access, use or disclose Confidential Information in electronic, paper or oral forms for personal reasons, or for any purpose not permitted by Mount Carmel Health System/Trinity Health policy, including information about co-workers, family members, friends, neighbors, celebrities, or myself. I will follow the required procedures at Mount Carmel Health System to gain access to my own PHI in medical and other records.
- I will not use another person's, login ID, password, other security device or other information that enables access to Mount Carmel Health System/ Trinity Health's computer systems or applications nor will I share my own with any other person.
- If my employment or association with Mount Carmel Health System/Trinity Health ends, I will not subsequently access, use or disclose any Mount Carmel Health System/Trinity Health Confidential Information and will promptly return any security devices and other Mount Carmel Health System/ Trinity Health property.
- I will not engage in any personal use of Mount Carmel Health System's computer systems that inhibits or interferes with the productivity of employees or others associated with Mount Carmel Health System/Trinity Health's operations or business, or that is intended for personal gain;
- I will not engage in the transmission of information which is disparaging to others based on race, national origin, sex, sexual orientation, age, disability or religion, or which is otherwise offensive, inappropriate or in violation of the mission, values, policies or procedures of Mount Carmel Health System/ Trinity Health;

Trinity Health- Mount Carmel Final 06152009

**MOUNT CARMEL HEALTH SYSTEM
CONFIDENTIALITY AND NETWORK ACCESS AGREEMENT**

- I will not utilize the Mount Carmel Health System/Trinity Health network to access Internet sites that contain content that is inconsistent with the mission, values and policies of Mount Carmel Health System/Trinity Health.

3. Accountability and sanctions:

- I will immediately notify the Mount Carmel Health System/Trinity Health Security Official or Privacy Official if I believe that there has been improper/unauthorized access to the Mount Carmel Health System/Trinity Health network or improper use or disclosure of confidential information in electronic, paper or oral forms.
- I understand that Mount Carmel Health System/Trinity Health will monitor my access to, and my activity within, Mount Carmel Health System's/Trinity Health's computer system, and I have no rightful expectation of privacy regarding such access or activity.
- I understand that if I violate any of the requirements of this agreement, I may be subject to disciplinary action, my access may be suspended or terminated and/or I may be liable for breach of contract and subject to substantial civil damages and/or criminal penalties.
- If I lose my security device I will report the loss to Mount Carmel Health System Information Resources Customer Support immediately and I may be charged for its replacement.

4. Software use:

- I understand that my use of the software on Mount Carmel Health System/Trinity Health's network is governed by the terms of separate license agreements between Trinity Health and the vendors of that software.
- I agree to use such software only to provide services to benefit Mount Carmel Health System/Trinity Health.
- I will not attempt to download copy or install the software on any other computer.
- I will not make any change to any of Mount Carmel Health System/Trinity Health's systems without Mount Carmel Health System's/ Trinity Health's prior express written approval.

5. Network:

- I understand that access to Mount Carmel Health System's/Trinity Health's network is "as is", with no warranties and all warranties are disclaimed by Trinity Health.
- Mount Carmel Health System/Trinity Health may suspend or discontinue access to protect the network or to accommodate necessary down time. In an emergency or unplanned situation Mount Carmel Health System/Trinity Health may suspend or terminate access with out advance warning.
- Mount Carmel Health System/Trinity Health may terminate this agreement, user access and use of Confidential Information at any time for any reason or no reason.

6. Employer acceptance of responsibility for an individual with access to Confidential Information:

(Applies to physicians/physician practices; other individual or facility providers; a vendor that is not a business associate; payers; any other unaffiliated organization).

- I accept responsibility for all actions and/or omissions by my employees and/or agents
- I agree to notify the Mount Carmel Health System Information Resources Customer Support within 5 business days if any of my employees or agents who have access to Mount Carmel Health System's/Trinity Health systems or applications no longer need or are eligible for access due to leaving my practice/company, changing their job duties or for any other reason.
- I agree to report any actual or suspected privacy or security violations made by my employees and/or agents to the Mount Carmel Health System/Trinity Health Privacy Official or Security Official.
- I understand that Mount Carmel Health System/Trinity Health may terminate my employee and/or agent's access.

MOUNT CARMEL HEALTH SYSTEM

MEMBER OF TRINITY HEALTH

DISCLOSURE/CONFLICT OF INTEREST STATEMENT

The purpose of this form is to disclose any interest of affiliations you or a family member may have that may create a conflict of interest, based upon your position at Mount Carmel

I hereby state that I, or a member of my family have the following affiliations or interest that might possibly constitute a conflict of interest:

1. Business Relationship with Mount Carmel: Please identify and describe any business arrangements you or a family member have with MOUNT Carmel, its affiliates and its subsidiaries.

2. Relationships External to Mount Carmel: Please describe any employment or other relationship(s) you have with an organization that has a business or other relationship with Mount Carmel or its subsidiaries (including consulting activities, governance/directorship appointment, etc).

3. Outside Activities: Please identify any outside activities in which you or a family member participate which might constitute a conflict of interest (example: holding a position as an officer, director or consultant to a business entity providing or receiving products or services to/from Mount Carmel).

I agree to immediately inform Mount Carmel Human Resources/Medical Staff Office/Supervisor as appropriate, of any changes in my personal or family member's circumstance relative to conflict of interest which may occur prior to completion of my next annual disclosure statement.

I understand that if I terminate my employment or association with Mount Carmel that I will not share any business information that I had access to and acknowledge that legal action may result if I do so.

I understand that the contents of this document will be treated as confidential information accessible only to Mount Carmel's governing board as necessary to determine the existence of a conflict of interest on my part or on the part of a member of my family.

INTEGRITY AND COMPLIANCE PROGRAM/CODE OF CONDUCT

I am aware of and understand that it is my responsibility to follow the Mount Carmel Code of Conduct in regard to the Integrity and Compliance Program. I further understand that if I engage in conduct that violates these policies, I will be subject to discipline up to and including termination. I understand that the Mount Carmel Code of Conduct is available to me at

http://netit.co.trinity-health.org/organizationalintegrity/codeofconduct_/codeofconduct/CodeOfConduct.pdf

ACKNOWLEDGEMENT RECEIPT

I have reviewed, read and understand the attached documents. I further acknowledge that I have received a copy of these documents: Confidentiality/Network Access Agreement; Conflict of Interest Statment; Current Job Description; and Integrity and Compliance Program/Code of Conduct Statement

Colleague: [REDACTED]

Colleague ID: [REDACTED]

Signature: [REDACTED]

Date Signed: 2016-01-05 22:48:38.577

Mount Carmel Health System
Competency Assessment
Safety & Security

DEFENSIVE TACTICS/HANDCUFFING/STRAIGHT BATON/O.C. REPELLANT/DE-ESCALATION/RESTRAINTS

Associate Name:

ID Number:

Job Title:

SAFETY & SECURITY

High Risk Low Volume Problem Prone New Equipment/Service Process Change

CARING COMPONENTS:

Demonstrates service excellence behavior

KNOWLEDGE AND SKILL COMPONENTS:

ABILITY TO EXPLAIN THE USE OF FORCE CONTINUUM

ABILITY TO PERFORM BALANCE DISPLACEMENT AT THE HIP

ABILITY TO PERFORM BALANCE DISPLACEMENT ON THE BACK

ABILITY TO PERFORM BALANCE DISPLACEMENT AT THE SHOULDER

ABILITY TO PERFORM A TRANSPORT WRIST LOCK TO BOTH THE RIGHT AND LEFT SIDE

ABILITY TO PERFORM A STRAIGHT ARM BAR TO BOTH THE RIGHT AND LEFT SIDE

ABILITY TO USE HANDCUFFS IN THE STANDING METHOD

ABILITY TO USE HANDCUFFS FROM THE KNEELING POSITION

ABILITY TO REMOVE HANDCUFFS

ABILITY TO UNDERSTAND WHEN TO PLACE HANDCUFFS ON SUBJECT

ABILITY TO PERFORM SEPERATION FROM SUBJECT GRABBING

ABILITY TO PERFORM PEELING OF THE HAND(S) OF SUBJECT DURING A GRAB

ABILITY TO PERFORM SEPERATION FROM A FINGER JAB

ABILITY TO PERFORM PEELING OF FINGER(S)/HAND(S) DURING A FINGER JAB

ABILITY TO PERFORM A SCARF POSITION ON SUBJECT

ABILITY TO PERFORM A SIT OUT MANEUVER DURING THE SCARF

ABILITY TO PERFORM A MOUNT POSITION ON A SUBJECT

ABILITY TO MAINTAIN CONTROL OF SUBJECT WHILE IN THE MOUNTED POSITION

ABILITY TO PERFORM THE USE OF STRAIGHT BATON FROM THE FIELD INTERVIEW STANCE

ABILITY TO PERFORM THE USE OF STRAIGHT BATON FROM THE READY STANCE

ABILITY TO PERFORM THE USE OF STRAIGHT BATON USING THE FORWARD FLUID SHOCKWAVE STRIKE

ABILITY TO PERFORM THE USE OF STRAIGHT BATON USING THE FORWARD CUTTING STRIKE

ABILITY TO PERFORM THE USE OF STRAIGHT BATON USING THE BACKHAND STRIKE

ABILITY TO CLOSE THE BATON FROM THE STANDING POSITION

ABILITY TO CLOSE THE BATON FROM THE KNEELING POSITION

ABILITY TO OPEN AND USE THE BATON FROM THE CRISIS POSITION

ABILITY TO EXPLAIN WHEN TO USE STRAIGHT BATON AND WHEN NOT TO USE STRAIGHT BATON

ABILITY TO EXPLAIN WHAT O.C. STANDS FOR

ABILITY TO EXPLAIN WHEN TO USE O.C.

ABILITY TO EXPLAIN WHEN NOT TO USE O.C.

ABILITY TO EXPLAIN WHETHER TO USE O.C. ON A PATIENT OR NOT

ABILITY TO EXPLAIN THE EFFECTS OF O.C. ON A SUBJECT

ABILITY TO EXPLAIN THE DECONTAMINATION PROCEDURES

ABILITY TO EXPLAIN THE NOMENCLATURE OF THE PRO V2 DEVICE

ABILITY TO EXPLAIN THE USE OF PRO V2 DEVICE IN REGARDS TO USE OF FORCE CONTINUUM

ABILITY TO PERFORM THE USE OF PRO V2 DEVICE

ABILITY TO VERBALLY DE-ESCALATE (CIT TRAINING/AGGRESSIVE BEHAVIOR TRAINING)

ABILITY TO APPLY RESTRAINTS

ABILITY TO POSITION PATIENT ON THE BED/CART

ABILITY TO LOOP THE CONNECTING STRAP AROUND THE BED FRAME

ABILITY TO PLACE THE PROPER COLORED CUFF ON THE PROPER LIMB (BLUE FOR WRISTS/RED FOR ANKLES, LOCKING)

- ABILITY TO PASS ONE FINGER BETWEEN THE RESTRAINT AND PATIENTS WRIST/ANKLE
- ABILITY TO PLACE PATIENT INTO POSEY VEST
- ABILITY TO SECURE POSEY VEST STRAPS TO THE BED FRAME
- ABILITY TO PASS DT TRAINING SCENARIOS ANNUALLY

- Able to act appropriately in an emergent or sentinel type of event

METHOD OF COMPETENCY VALIDATION:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Return Demonstration | <input type="checkbox"/> QI Monitors/Audits |
| <input type="checkbox"/> Observation of Daily Work | <input type="checkbox"/> Peer Review |
| <input checked="" type="checkbox"/> Post Test | <input type="checkbox"/> Case Study |
| <input checked="" type="checkbox"/> Mock Event/Simulation | <input type="checkbox"/> Discussion Group |

Competency Validated By: (Signature and credentials) [Signature] Date 07/29/16

Developmental Needs identified: (See Performance Evaluation for related goals)

Associate Signatu [Redacted] Date 7/29/16 Instructor(s) Signatu [Signature] Date 07/29/16

Evidence Based References/Resources (If applicable):



Box 1794 · Appleton, WI 54912 · (920) 735-6242 · Fax (920) 735-6245 · asp-usa.com

ASP Basic Certification (ABC) EXPANDABLE BATON TRAINING

Information Sheet

(Please Print)

Date 7/29/16

Initial Certification

Recertification

First Name _____ Last Name _____

Home Address _____

City MT VERNON State OH Province _____ Zip 43050

Telephone _____ E-mail Address _____

Employing Agency MOUNT CARMEL FITNESS & HEALTH

Agency Address 7100 GRAPHICS WAY

City LEWIS CENTER State OH Province _____ Zip 43035

Agency Telephone (614) 953 4011 E-mail Address _____

✓ Duty Status: Full Duty Restricted Duty

Has your agency adopted or authorized the use of the ASP Baton? _____

How many officers are in your agency? 3

Height 5'7 Weight 225 Age 38 Date of Birth 1/22/78

Have you been exercising? YES

Do you have any knee, back or health problems? _____

Are you on any medication? YES LIPTON, ADDERALL

Person to be notified in case of emergency:

Name _____

Phone _____ Alternate () _____

Relationship GFRIEND

✓ Briefly describe any health problems: _____

Injury Check: 1A 1P

WAIVER

Release from Liability and Assumption of Risk Agreement

1) Intending that this Agreement be legally binding upon me, my heirs, executors, administrators, and assigns, I hereby waive, release, and forever discharge Armament Systems and Procedures, INC, and all of their agents, representatives, heirs, executors, administrators, successors and assigns, of and from any and all claims, demands, rights and causes of action of whatsoever kind and nature, arising from, and by reason of all and all known and unknown, foreseen and unforeseen physical and mental injuries and consequences thereof, suffered by me during any and all ASP Expandable Baton certification training activities.

2) In signing this Release, I assert that (a) I am presently in good physical and mental health; (b) I have no reason to believe that I am not in good physical and mental health; (c) I am fully aware of, and do acknowledge and assume all risk of injury inherent in my participation in this training seminar; (d) I have read and fully understand the terms and conditions of this Agreement.

This program is competency based. Mere participation does not automatically assure successful completion.

7/29/16
Date

Signed

7/27/16

Baton Basic Certification

WRITTEN EXAMINATION

For each question below, circle the option that is the most correct.

1. A defensive tactic is evaluated by its ability to:
 - a) Control v Injury
 - b) Maim v Destroy
 - c) Threaten v Control
 - d) React v Act
 - e) Demonstrate the officer's skill
2. The primary striking surface of an open ASP Baton is the:
 - a) Cap
 - b) Center of the shaft
 - c) Last 3" of the baton
 - d) First joint
 - e) Handle
3. The hand using the service firearm is the:
 - a) Weak Hand
 - b) Contact Hand
 - c) Weapon Hand
 - d) Reaction Hand
 - e) Support Hand
4. The ASP Baton should not be opened:
 - a) To the sky
 - b) To the ground
 - c) During a strike
 - d) To the side
 - e) Towards the threat
5. The two baton modes are:
 - a) Open and Closed
 - b) Interview and Combat
 - c) Weapon and Reaction
 - d) Concealed and Loaded
 - e) Ready and Extended
6. Which is not an ASP Target area:
 - a) Center mass of the arms
 - b) Center mass of the legs
 - c) Center mass of the body
 - d) Groin or sternum
 - e) The Weapon Delivery System
7. Targeting specific points violates which training principle:
 - a) Forgiving techniques
 - b) Fine motor skills
 - c) Spaced practice
 - d) Static training
 - e) Complex techniques
8. The ASP Baton is always carried:
 - a) On the right side
 - b) In the front
 - c) On the Reaction Side
 - d) Tip down
 - e) On the left side
9. The Reaction Strike is primarily a:
 - a) Strong strike
 - b) Closed strike
 - c) Clearance strike
 - d) Offensive strike
 - e) Initial strike
10. The most frequently used ASP strike is the:
 - a) Reaction Strike
 - b) Weapon Strike
 - c) Straight Strike
 - d) Clearance Strike
 - e) Reverse Strike
11. When performing an Open Straight Strike, the Reaction Hand is:
 - a) Palm up on the shaft
 - b) Maintaining distance
 - c) Guarding the face
 - d) Palm down gripping the shaft
 - e) Executing a downward block
12. If the baton opens too easily:
 - a) Make the retaining clip smaller
 - b) Replace the o-ring
 - c) Widen the retaining clip
 - d) Remove the retaining clip
 - e) Lubricate the baton
13. The most common problem in opening the baton is:
 - a) Grip of the baton
 - b) Loose o-ring
 - c) Broken retaining clip
 - d) Operator error
 - e) Loose handle cap
14. Officer-Subject Factors do not include:
 - a) Age
 - b) Size
 - c) Weapon proximity
 - d) Skill level
 - e) Multiple officers
15. ASP Weapon Side Strikes are intended to be performed at a:
 - a) 45 degree angle
 - b) 180 degree angle
 - c) Horizontal angle
 - d) 90 degree angle
 - e) Vertical angle
16. When striking, the ASP Baton is gripped with:
 - a) The Index finger and thumb
 - b) A loose flexible grip
 - c) Two fingers and the thumb
 - d) Full hand grip
 - e) Both hands
17. Special circumstances do not include:
 - a) Special knowledge
 - b) Imminent danger
 - c) Injury or exhaustion
 - d) Size
 - e) Officer on the ground
18. Safety is the ultimate responsibility of the:
 - a) Student
 - b) Training partner
 - c) Course coordinator
 - d) Instructor
 - e) Administrative officer
19. The ASP Baton is designed to be:
 - a) An offensive weapon
 - b) A comealong device
 - c) A defensive weapon
 - d) A deadly force option
 - e) A restraining device
20. The principle goal of any arrest or physical confrontation is:
 - a) Establishing control
 - b) Superior officer skill
 - c) Subject safety
 - d) Documentation
 - e) Punishment

- Each question is worth five (5) points.
- The minimum acceptable score is 80% (16 correct).

FINAL SCORE: 100% GRADED BY: Car

ASP WRITTEN EXAM. ACCEPTABLE NOT ACCEPTABLE

COUNSELED

INSTRUCTOR: [Signature] DATE: 07/26/16

Baton Basic Certification

TECHNIQUE PROFICIENCY CHECKLIST

The following checklist is designed to assist you and the ASP Instructor in evaluating your performance of ASP Techniques. Those components of the technique that are acceptable are checked.

1) Check

- Balance
- Movement
- Verbalization
- Technique
- Target

6) Opening the Baton

- Balance
- Movement
- Verbalization
- Technique
- Target

2) Redirection

- Balance
- Movement
- Verbalization
- Technique
- Target

7) Open Mode Weapon Strike

- Balance
- Movement
- Verbalization
- Technique
- Angle
- Target

3) Closed Mode Weapon Strike

- Balance
- Movement
- Verbalization
- Technique
- Angle
- Target

8) Open Mode Reaction Strike

- Balance
- Movement
- Verbalization
- Technique
- Target

4) Closed Mode Reaction Strike

- Balance
- Movement
- Verbalization
- Technique
- Angle
- Target

9) Open Mode Straight Strike

- Balance
- Movement
- Verbalization
- Technique
- Target

5) Closed Mode Straight Strike

- Balance
- Movement
- Verbalization
- Technique
- Target

10) Closing the Baton

- Balance
- Movement
- Technique

- A check mark indicates an acceptable observed action.
- Three of the components must be acceptable for a passing score.
- Each technique must have a passing score for certification.
- The minimum passing score is 100% (10 techniques).

TECHNIQUE PROFICIENCY: ACCEPTABLE NOT ACCEPTABLE

COUNSELED _____

INSTRUCTOR 

DATE 01/29/16

WRITTEN EXAMINATION

100!

TECHNIQUE PROFICIENCY CHECKLIST

✓

COMMENTS:

Certification Approved

Certification Denied

INSTRUCTOR



AIC

NAME: [REDACTED]

DATE: 7/29/16

100' /

HANDCUFFING TEST

1.) WHEN TO USE HANDCUFFS?

- A.) ON A VIOLENT PATIENT
- B.) AFTER COMMITTING A FELONY IN YOUR PRESENCE
- C.) ON VIOLENT INDIVIDUALS WHO POSE AN IMMEDIATE THREAT TO STAFF, VISITORS, PATIENTS, OR YOURSELF
- D.) ALL OF THE ABOVE
- E.) BOTH B AND C

2.) CMS ALLOWS YOU TO HANDCUFF PATIENTS?

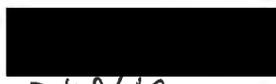
- A.) TRUE
- B.) FALSE

3.) WHAT ACTIONS NEED TO OCCUR AFTER THE USE OF HANDCUFFS?

- A.) INCIDENT REPORT AND VOICE
- B.) LOCAL POLICE, SIR, AND VOICE
- C.) SUPERVISOR, LOCAL POLICE, SIR, AND VOICE

4.) SECURITY IS ABLE TO HANDCUFF TO A STATIONARY OBJECT?

- A.) TRUE
- B.) FALSE



7/28/16

100%

OC Test
Mount Carmel Health System
Safety and Security

- 1.) What does OC stand for?
 - A. Orange Crush
 - B. Ocean Crust
 - C. Oleoresin Capsicum

- 2.) What is the average expiration date on an OC canister?
 - A. 1-2 years
 - B. 3-4 years
 - C. 4-5 years

- 3.) How often should you check your OC spray for adequate spray strength?
 - A. 30 days
 - B. 60 days
 - C. 90 days

- 4.) How long of a burst should you use on a threat?
 - A. 1-2 seconds
 - B. 2-4 seconds
 - C. Empty the entire can

- 5.) What is Oleoresin Capsicum commonly known as?
 - A. Mace
 - B. Pepper Spray
 - C. Gas

- 6.) When deploying OC, what area of the body should you deploy the OC towards?
 - A. Arms
 - B. Chest
 - C. Face and eyes

- 7.) After using OC on a subject, what should you immediately do with the subject?
 - A. Leave lying on the ground.
 - B. Remove from contaminated area
 - C. Spray again

- 8.) What is the second step in the decontamination process?
- A. Spray them again
 - B. Tell them to stop crying like a baby
 - C. Offer verbal rapport to the subject
- 9.) What is the third step of the decontamination process?
- A. Expose subject to fresh air
 - B. Throw the subject a bottle of water
 - C. Stand there and record them with your cellphone
- 10.) What is the best way to flush the eyes?
- A. Using milk
 - B. Rubbing eyes continually
 - C. Water
- 11.) What type of agent is OC?
- A. Glue
 - B. Cleaning Fluid
 - C. Inflammatory
- 12.) What is the main ingredient of OC?
- A. Water
 - B. Cayenne Pepper
 - C. Powder
- 13.) Does CMS (Center for Medicaid/Medicare System) guidelines allow for OC to be used on a PATIENT?
- A. Yes
 - B. No
 - C. Only if they deserve it.

ProV2 User Course Written Test

100%

- 1) At what Activation Level would the Pro V2 start recording audio and photo/video?
 - a. Upon power-up
 - b. Level-1
 - c. Level-2
 - d. Level-3

- 2) At what Activation Level would the Laser Spotter come on?
 - a. Upon power-up
 - b. Level-1
 - c. Level-2
 - d. Level-3

- 3) At what Activation Level would the Alerting Siren come on?
 - a. Upon power-up
 - b. Level-1
 - c. Level-2
 - d. Level-3

- 4) At what Activation Level would O.C. Pepper Spray be deployed?
 - a. Upon power-up
 - b. Level-1
 - c. Level-2
 - d. Level-3



- 5) What is the arrow pointing to in the above photo above?
 - a. Strobe Light
 - b. Alerting Siren
 - c. Digital imager
 - d. Spray port



- 6) What is the arrow pointing to in the photo above?
- a. On-Off switch
 - b. Speaker
 - c. Battery release
 - d. Illuminated sight



- 7) What is the arrow pointing to in the photo above?
- a. Ambidextrous Call-button
 - b. Ambidextrous Trigger
 - c. USB port
 - d. Arming Switch
- 8) The left-side LED indicator on the Pro V2 indicates:
- a. An failed Bluetooth connection
 - b. Spray canister has been used
 - c. Fault error
 - d. Battery needs charging
- 9) How long does it take for the Pro V2 battery to charge completely?
- a. 30 minutes
 - b. 60 minutes
 - c. 90 minutes
 - d. 120 minutes
- 10) What is the range of the Bluetooth capability of the Pro V2
- a. 5 feet
 - b. 10 feet
 - c. 15 feet
 - d. 20 feet
- 11) What is the size of the internal memory card for audio/photo/video files
- a. 1 GB
 - b. 2 GB
 - c. 4 GB
 - d. 8 GB



- 12) Where is the Serial Number located on the Pro V2?
- a. Inside the battery/canister compartment
 - b. At the base of the battery
 - c. On the right-side of the ProV2
 - d. On the left-side of the ProV2
- 13) What color is the label on the Practice (Water) Spray canister?
- a. White with blue text
 - b. Red with yellow text
 - c. Black with white text
 - d. Blue with green text
- 14) Can the O.C. Pepper Spray be activated without the ProV2 being turned on?
- a. Yes
 - b. No
- 15) On the battery gauge LED lights, what does 2 lights indicate?
- a. Less than 25% charge
 - b. 50% charged
 - c. 75% charged
 - d. 100% charged
- 16) Does the Pro V2, by itself without Bluetooth connectivity, have the ability to dial the Command Center?
- a. Yes
 - b. No
- 17) How long is the pre-recorded message?
- a. 5 seconds
 - b. 10 seconds
 - c. 15 seconds
 - d. 20 seconds
- 18) How would a Pro V2 user activate Level-2?
- a. Power-on the Pro V2
 - b. Power-on the Pro V2 and turn the Arming Switch on
 - c. Power-on the Pro V2, turn the Arming Switch on, and a ½-pull of the trigger
 - d. Power-on the Pro V2, turn the Arming Switch on, and a full-pull of the trigger
- 19) At what Activation Level will the Pro V2 automatically call the Command Center?
- a. Upon power-up
 - b. Level-1
 - c. Level-2
 - d. Level-3
- 20) How soon after O.C. Pepper Spray is used, should first-aid be rendered?
- a. When help arrives
 - b. Anytime, but not more than 1 hour
 - c. Immediately
 - d. As soon as practical

Defensive Tactics / Impact Weapon
Competency Form

STUDENTS NAME: [REDACTED]

INSTRUCTORS: Coc/Taylor

JOINT LOCKS

1. BALANCE DISPLACEMENT TECHNIQUE

(At the hip)

- | | | | |
|---|---|---|---|
| a. Starts from Escort Position | Ⓢ | A | F |
| b. Removes hand from Triceps and places it on rear waist of suspect | Ⓢ | A | F |
| c. Presses hand forward and downward, displacing balance | Ⓢ | A | F |
| d. Suspect steps in desired direction | Ⓢ | A | F |

Comments: _____

(Friction on the Back)

- | | | | |
|--|---|---|---|
| a. Starts from Escort Position | Ⓢ | A | F |
| b. Places hand in the middle of suspect's back and presses forward | Ⓢ | A | F |
| c. Moves hand in random manner, forcing steps in desired direction | Ⓢ | A | F |

Comments: _____

(Random Motion at the Shoulder)

- | | | | |
|--|---|---|---|
| a. Starts from the Escort Position | Ⓢ | A | F |
| b. Continually moves suspect's arm in a random manner | Ⓢ | A | F |
| c. Suspect is off balance and moves in desired direction | Ⓢ | A | F |

Comments: _____

2. TRANSPORT WRIST LOCK

- | | | | |
|--------------------------------------|---|---|---|
| e. Elbow tucked between arm and body | Ⓢ | A | F |
| f. Forearm elevation | Ⓢ | A | F |
| g. Wrist hyperextension | Ⓢ | A | F |
| h. To the ground | Ⓢ | A | F |

Comments: _____

3. STRAIGHT ARM BAR

- | | | | |
|--|-----|---|---|
| i. Decentralize the center of gravity | (S) | A | F |
| j. Maintain control over subject's arm | (S) | A | F |
| k. Maintained balance while lowering center for takedown | (S) | A | F |
| l. To the ground | (S) | A | F |
| m. Control for handcuffing procedure | (S) | A | F |

Comments: _____

HANDCUFFING

4. STANDING METHOD

- | | | | |
|--|-----|---|---|
| a. Approach is from rear | (S) | A | F |
| b. Simultaneous Control at application, thumb lock/cuff push | (S) | A | F |
| c. Position maintained with the flip under technique | (S) | A | F |
| d. Second cuff applied without loss of control | (S) | A | F |

Comments: _____

5. TAKEDOWN FROM KNEELING POSITION

- | | | | |
|--|-----|---|---|
| e. All slack is removed from cuffed hand | (S) | A | F |
| f. Decentralized towards the 2.5 position | (S) | A | F |
| g. Iron wrist lock is applied simultaneously with decentralized pull | (S) | A | F |
| h. Straight arm applied after proning the target | (S) | A | F |
| i. Second cuff applied without loss of control | (S) | A | F |

Comments: _____

6. REMOVING HANDCUFFS

- | | | | |
|---|-----|---|---|
| a. Officer Instructs suspect he is going to be de-cuffed | (S) | A | F |
| b. Suspect is told to leave uncuffed hand on his hip | (S) | A | F |
| c. Open handcuff closed immediately and put in weak hand | (S) | A | F |
| d. Officer steps to rear 45 degrees while holding cuff at arms length | (S) | A | F |
| e. Second cuff is removed | (S) | A | F |

Defensive Counter Manuevers

7. GRABBING

- a. Seperation
- b. Verbal Commands
- c. Peeling the hand(s)
 - 1. Outside/In
 - 2. Inside/Out

	A	F
	A	F
	A	F
	A	F

Comments: _____

8. FINGER POKES

- a. Seperation
- b. Verbal Commands
- c. Peeling the fingers/hands
- d. Second Responding Officer Action

	A	F
	A	F
	A	F
	A	F

Comments: _____

Ground Techniques

9. Scarf Position (Left/Right)

- a. From the side/cross mount position
- b. Perform a sit out maneuver
- c. Right leg ends at 10 o'clock position
- d. Keep hips off of the ground
- e. Left foot is at 8 o'clock position
- f. Right arm around subjects neck/head
- g. Left arm and hand secures subjects arm
- h. Pin your chest to subjects chest

	A	F
	A	F
	A	F
	A	F
	A	F
	A	F
	A	F
	A	F

Comments: _____

10. Mounted Position

- a. Knees slide up
- b. Feet are used to feel where hips
- c. Moving to control positions

	A	F
	A	F
	A	F

Comments: _____

Grading Scale: S = Satisfactory (performs w/out prompting)
A = Acceptable (performs with minimal prompting)
F = Failed (needs prompting / repeated instruction, or can not perform task)



Box 1794 · Appleton, WI 54912 · (920) 735-6242 · Fax (920) 735-6245

ASP BASIC CERTIFICATION (ABC) EXPANDABLE BATON TRAINING

Information Sheet

(Please Print)

Date 8/11/2015

Initial Certification

Recertification

First Name [REDACTED] Last Name [REDACTED]

Home Address [REDACTED]

City COLUMBUS State OH Province _____ Zip 43228

Telephone [REDACTED]

Employing Agency MT. CARMEL ST. ANN'S

Agency Address 500 S. CLEVELAND AVE

City WESTERVILLE State OH Province _____ Zip 43081

Agency Telephone (614) 898 4005

Duty Status: Full Duty Restricted Duty

Has your agency adopted or authorized the use of the ASP Baton? _____

How many officers are in your agency? 15

Height 5'7 Weight 225 Age 37 Date of Birth 1/22/78

Have you been exercising? _____

Do you have any knee, back or health problems? NO

Are you on any medication? VITAMIN D

Person to be notified in case of emergency:

Name [REDACTED]

Phone [REDACTED] Alternate () _____

Relationship GIRLFRIEND

Briefly describe any health problems:

Injury Check: 1A 1P

WAIVER

Release from Liability and Assumption of Risk Agreement

1) Intending that this Agreement be legally binding upon me, my heirs, executors, administrators, and assigns, I hereby waive, release, and forever discharge Armament Systems and Procedures, INC, and all of their agents, representatives, heirs, executors, administrators, successors and assigns, of and from any and all claims, demands, rights and causes of action of whatsoever kind and nature, arising from, and by reason of any and all known and unknown, foreseen and unforeseen physical and mental injuries and consequences thereof, suffered by me during any and all ASP Expandable Baton certification training activities.

2) In signing this Release, I assert that (a) I am presently in good physical and mental health; (b) I have no reason to believe that I am not in good physical and mental health; (c) I am fully aware of, and do acknowledge and assume all risk of injury inherent in my participation in this training seminar; (d) I have read and fully understand the terms and conditions of this Agreement.

This program is competency based. Mere participation does not automatically assure successful completion.

8/11/15
Date

[REDACTED SIGNATURE]

Signed

ASP BASIC CERTIFICATION WRITTEN EXAMINATION

For each question below, circle the option that is the most correct.

1. A defensive tactic is evaluated by its ability to:
 - a) Control v Injure
 - b) Maim v Destroy
 - c) Threaten v Control
 - d) React v Act
 - e) Demonstrate the officer's skill
2. The primary striking surface of an open ASP Baton is the:
 - a) Cap
 - b) Center of the Shaft
 - c) Last 3" of the Baton
 - d) First Joint
 - e) Handle
3. The hand using the service firearm is the:
 - a) Weak Hand
 - b) Contact Hand
 - c) Weapon Hand
 - d) Reaction Hand
 - e) Support Hand
4. The ASP Baton should not be opened:
 - a) To the sky
 - b) To the ground
 - c) During a strike
 - d) To the side
 - e) Towards the threat
5. The two Baton modes are:
 - a) Open and Closed
 - b) Interview and Combat
 - c) Weapon and Reaction
 - d) Concealed and Loaded
 - e) Ready and Extended
6. Which is not an ASP Target area:
 - a) Center mass of the Arms
 - b) Center mass of the Legs
 - c) Abdominal Area
 - d) Groin or Sternum
 - e) The Weapon Delivery System
7. Targeting specific points violates which training principle:
 - a) Forgiving Techniques
 - b) Fine motor skills
 - c) Spaced practice
 - d) Static Training
 - e) Complex techniques
8. The ASP Baton is always carried:
 - a) On the right side
 - b) In the front
 - c) On the Reaction Side
 - d) Tip down
 - e) On the left side
9. The Reaction Strike is primarily a:
 - a) Strong strike
 - b) Closed strike
 - c) Clearance strike
 - d) Offensive strike
 - e) Initial strike
10. The most frequently used ASP strike is the:
 - a) Reaction Strike
 - b) Weapon Strike
 - c) Straight Strike
 - d) Clearance Strike
 - e) Reverse Strike
11. When performing an Open Straight Strike, the Reaction Hand is:
 - a) Palm up on the shaft
 - b) Maintaining distance
 - c) Guarding the face
 - d) Palm down gripping the shaft
 - e) Executing a downward block
12. If the baton opens too easily:
 - a) Make the Retaining Clip smaller
 - b) Replace the O-ring
 - c) Widen the Retaining Clip
 - d) Remove the Retaining Clip
 - e) Lubricate the baton
13. The most common problem in opening the baton is:
 - a) Grip of the baton
 - b) Loose O-ring
 - c) Broken Retaining Clip
 - d) Operator error
 - e) Loose Handle Cap
14. Officer-Subject Factors do not include:
 - a) Age
 - b) Size
 - c) Weapon proximity
 - d) Skill level
 - e) Multiple officers
15. ASP Weapon Side Strikes are intended to be performed at a:
 - a) 45 degree angle
 - b) 180 degree angle
 - c) Horizontal angle
 - d) 90 degree angle
 - e) Vertical angle
16. When striking, the ASP Baton is gripped with:
 - a) The index finger and thumb
 - b) A loose flexible grip
 - c) Two fingers and the thumb
 - d) Full hand grip
 - e) Both hands
17. Special circumstances do not include:
 - a) Special knowledge
 - b) Imminent danger
 - c) Injury or exhaustion
 - d) Size
 - e) Officer on the ground
18. Safety is the ultimate responsibility of the:
 - a) Student
 - b) Training partner
 - c) Course coordinator
 - d) Instructor
 - e) Administrative officer
19. The ASP is designed to be:
 - a) An Offensive Weapon
 - b) A Comealong Device
 - c) A Defensive Weapon
 - d) A Deadly Force Option
 - e) A Restraining Device
20. The principle goal of any arrest or physical confrontation is:
 - a) Establishing control
 - b) Superior officer skill
 - c) Subject safety
 - d) Documentation
 - e) Punishment

Each question is worth five (5) points. The minimum acceptable score is 80% (16 correct).

FINAL SCORE: 100% GRADED BY: Tony Cox

ASP WRITTEN EXAM: ACCEPTABLE NOT ACCEPTABLE

COUNSELED _____

INSTRUCTOR Tony Cox

DATE 11 Aug 15

ASP BASIC CERTIFICATION TECHNIQUE PROFICIENCY CHECKLIST

The following checklist is designed to assist you and the ASP Instructor in evaluating your performance of ASP Techniques. Those components of the technique that are acceptable are checked.

- | | |
|--|--|
| <p>1) Check</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Balance <input checked="" type="checkbox"/> Movement <input checked="" type="checkbox"/> Verbalization <input checked="" type="checkbox"/> Technique <input checked="" type="checkbox"/> Target <p>2) Re-Direction</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Balance <input checked="" type="checkbox"/> Movement <input checked="" type="checkbox"/> Verbalization <input checked="" type="checkbox"/> Technique <input checked="" type="checkbox"/> Target <p>3) Closed Mode Weapon Strike</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Balance <input checked="" type="checkbox"/> Movement <input checked="" type="checkbox"/> Verbalization <input checked="" type="checkbox"/> Technique <input checked="" type="checkbox"/> Angle <input checked="" type="checkbox"/> Target <p>4) Closed Mode Reaction Strike</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Balance <input checked="" type="checkbox"/> Movement <input checked="" type="checkbox"/> Verbalization <input checked="" type="checkbox"/> Technique <input checked="" type="checkbox"/> Angle <input checked="" type="checkbox"/> Target <p>5) Closed Mode Straight Strike</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Balance <input checked="" type="checkbox"/> Movement <input checked="" type="checkbox"/> Verbalization <input checked="" type="checkbox"/> Technique <input checked="" type="checkbox"/> Target | <p>6) Opening the Baton</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Balance <input checked="" type="checkbox"/> Movement <input checked="" type="checkbox"/> Verbalization <input checked="" type="checkbox"/> Technique <input checked="" type="checkbox"/> Target <p>7) Open Mode Weapon Strike</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Balance <input checked="" type="checkbox"/> Movement <input checked="" type="checkbox"/> Verbalization <input checked="" type="checkbox"/> Technique <input checked="" type="checkbox"/> Angle <input checked="" type="checkbox"/> Target <p>8) Open Mode Reaction Strike</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Balance <input checked="" type="checkbox"/> Movement <input checked="" type="checkbox"/> Verbalization <input checked="" type="checkbox"/> Technique <input checked="" type="checkbox"/> Target <p>9) Open Mode Straight Strike</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Balance <input checked="" type="checkbox"/> Movement <input checked="" type="checkbox"/> Verbalization <input checked="" type="checkbox"/> Technique <input checked="" type="checkbox"/> Target <p>10) Closing the Baton</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Balance <input checked="" type="checkbox"/> Movement <input checked="" type="checkbox"/> Technique |
|--|--|

- A check mark indicates an acceptable observed action.
- Three of the components must be acceptable for a passing score.
- Each technique must have a passing score for certification.
- The minimum passing score is 100% (10 techniques).

TECHNIQUE PROFICIENCY: ACCEPTABLE NOT ACCEPTABLE

COUNSELED _____

INSTRUCTOR Tony Cox

DATE 11 Aug 15

WRITTEN EXAMINATION
TECHNIQUE PROFICIENCY CHECKLIST

100%
✓

COMMENTS:

Defensive Tactics / Impact Weapon
Competency Form

STUDENTS NAME: [REDACTED] [REDACTED]

INSTRUCTORS: COX DECKER JONES TAYLOR

JOINT LOCKS

1. BALANCE DISPLACEMENT TECHNIQUE

(At the hip)

- | | | | |
|---|---|---|---|
| a. Starts from Escort Position | S | A | F |
| b. Removes hand from Triceps and places it on rear waist of suspect | S | A | F |
| c. Presses hand forward and downward, displacing balance | S | A | F |
| d. Suspect steps in desired direction | S | A | F |

Comments: _____

(Friction on the Back)

- | | | | |
|--|---|---|---|
| a. Starts from Escort Position | S | A | F |
| b. Places hand in the middle of suspect's back and presses forward | S | A | F |
| c. Moves hand in random manner, forcing steps in desired direction | S | A | F |

Comments: _____

(Random Motion at the Shoulder)

- | | | | |
|--|---|---|---|
| a. Starts from the Escort Position | S | A | F |
| b. Continually moves suspect's arm in a random manner | S | A | F |
| c. Suspect is off balance and moves in desired direction | S | A | F |

Comments: _____

2. TRANSPORT WRIST LOCK

- | | | | |
|--------------------------------------|---|---|---|
| e. Elbow tucked between arm and body | S | A | F |
| f. Forearm elevation | S | A | F |
| g. Wrist hyperextension | S | A | F |
| h. To the ground | S | A | F |

Comments: _____

3. STRAIGHT ARM BAR

- i. Decentralize the center of gravity
- j. Maintain control over subject's arm
- k. Maintained balance while lowering center for takedown
 - l. To the ground
 - m. Control for handcuffing procedure

S	A	F
S	A	F
S	A	F
S	A	F
S	A	F

Comments: _____

HANDCUFFING

4. STANDING METHOD

- a. Approach is from rear
- b. Simultaneous Control at application, thumb lock/cuff push
- c. Position maintained with the flip under technique
- d. Second cuff applied without loss of control

S	A	F
S	A	F
S	A	F
S	A	F

Comments: _____

5. TAKEDOWN FROM KNEELING POSITION

- e. All slack is removed from cuffed hand
- f. Decentralized towards the 2.5 position
- g. Iron wrist lock is applied simultaneously with decentralized pull
- h. Straight arm applied after proning the target
- i. Second cuff applied without loss of control

S	A	F
S	A	F
S	A	F
S	A	F
S	A	F

Comments: _____

6. REMOVING HANDCUFFS

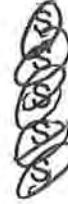
- a. Officer instructs suspect he is going to be de-cuffed
- b. Suspect is told to leave uncuffed hand on his hip
- c. Open handcuff closed immediately and put in weak hand
- d. Officer steps to rear 45 degrees while holding cuff at arms length
- e. Second cuff is removed

S	A	F
S	A	F
S	A	F
S	A	F
S	A	F

Defensive Counter Manuevers

7. GRABBING

- a. Seperation
- b. Verbal Commands
- c. Peeling the hand(s)
 - 1. Outside/In
 - 2. Inside/Out



A	F
A	F
A	F
A	F
A	F

Comments: _____

8. FINGER POKES

- a. Seperation
- b. Verbal Commands
- c. Peeling the fingers/hands
- d. Second Responding Officer Action



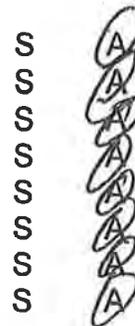
A	F
A	F
A	F
A	F

Comments: _____

Ground Techniques

9. Scarf Position (Left/Right)

- a. From the side/cross mount position
- b. Perform a sit out maneuver
- c. Right leg ends at 10 o'clock position
- d. Keep hips off of the ground
- e. Left foot is at 8 o'clock position
- f. Right arm around subjects neck/head
- g. Left arm and hand secures subjects arm
- h. Pin your chest to subjects chest



F
F
F
F
F
F
F
F

Comments: _____

10. Mounted Position

- a. Knees slide up
- b. Feet are used to feel where hips
- c. Moving to control positions

S	A	F
S	A	F
S	A	F

Comments: _____

Grading Scale:

- S = Satisfactory (performs w/out prompting)
- A = Acceptable (performs with minimal prompting)
- F = Failed (needs prompting / repeated instruction, or can not perform task)

Mount Carmel Health System
Competency Assessment
Safety & Security

DEFENSIVE TACTICS/HANDCUFFING/STRAIGHT BATON/O.C. REPELLANT/DE-ESCALATION/RESTRAINTS

Associate Name: [REDACTED]	ID Number: [REDACTED]	Job Title: SECURITY OFFICER
-------------------------------	--------------------------	--------------------------------

- High Risk Low Volume Problem Prone New Equipment/Service Process Change

CARING COMPONENTS:

Demonstrates service excellence behavior

KNOWLEDGE AND SKILL COMPONENTS:

- ABILITY TO EXPLAIN THE USE OF FORCE CONTINUUM
- ABILITY TO PERFORM BALANCE DISPLACEMENT AT THE HIP
- ABILITY TO PERFORM BALANCE DISPLACEMENT ON THE BACK
- ABILITY TO PERFORM BALANCE DISPLACEMENT AT THE SHOULDER
- ABILITY TO PERFORM A TRANSPORT WRIST LOCK TO BOTH THE RIGHT AND LEFT SIDE
- ABILITY TO PERFORM A STRAIGHT ARM BAR TO BOTH THE RIGHT AND LEFT SIDE
- ABILITY TO USE HANDCUFFS IN THE STANDING METHOD
- ABILITY TO USE HANDCUFFS FROM THE KNEELING POSITION
- ABILITY TO REMOVE HANDCUFFS
- ABILITY TO UNDERSTAND WHEN TO PLACE HANDCUFFS ON SUBJECT
- ABILITY TO PERFORM SEPERATION FROM SUBJECT GRABBING
- ABILITY TO PERFORM PEELING OF THE HAND(S) OF SUBJECT DURING A GRAB
- ABILITY TO PERFORM SEPERATION FROM A FINGER JAB
- ABILITY TO PERFORM PEELING OF FINGER(S)/HAND(S) DURING A FINGER JAB
- ABILITY TO PERFORM A SCARF POSITION ON SUBJECT
- ABILITY TO PERFORM A SIT OUT MANEUVER DURING THE SCARF
- ABILITY TO PERFORM A MOUNT POSITION ON A SUBJECT
- ABILITY TO MAINTAIN CONTROL OF SUBJECT WHILE IN THE MOUNTED POSITION
- ABILITY TO PERFORM THE USE OF STRAIGHT BATON FROM THE FIELD INTERVIEW STANCE
- ABILITY TO PERFORM THE USE OF STRAIGHT BATON FROM THE READY STANCE
- ABILITY TO PERFORM THE USE OF STRAIGHT BATON USING THE FORWARD FLUID SHOCKWAVE STRIKE
- ABILITY TO PERFORM THE USE OF STRAIGHT BATON USING THE FORWARD CUTTING STRIKE
- ABILITY TO PERFORM THE USE OF STRAIGHT BATON USING THE BACKHAND STRIKE
- ABILITY TO CLOSE THE BATON FROM THE STANDING POSITION
- ABILITY TO CLOSE THE BATON FROM THE KNEELING POSITION
- ABILITY TO OPEN AND USE THE BATON FROM THE CRISIS POSITION
- ABILITY TO EXPLAIN WHEN TO USE STRAIGHT BATON AND WHEN NOT TO USE STRAIGHT BATON
- ABILITY TO EXPLAIN WHAT O.C. STANDS FOR
- ABILITY TO EXPLAIN WHEN TO USE O.C.
- ABILITY TO EXPLAIN WHEN NOT TO USE O.C.
- ABILITY TO EXPLAIN WHETHER TO USE O.C. ON A PATIENT OR NOT
- ABILITY TO EXPLAIN THE EFFECTS OF O.C. ON A SUBJECT
- ABILITY TO EXPLAIN THE DECONTAMINATION PROCEDURES
- ABILITY TO EXPLAIN THE NOMENCLATURE OF THE PRO V2 DEVICE
- ABILITY TO EXPLAIN THE USE OF PRO V2 DEVICE IN REGARDS TO USE OF FORCE CONTINUUM
- ABILITY TO PERFORM THE USE OF PRO V2 DEVICE
- ABILITY TO VERBALLY DE-ESCALATE (CIT TRAINING/AGGRESSIVE BEHAVIOR TRAINING)
- ABILITY TO APPLY RESTRAINTS
- ABILITY TO POSITION PATIENT ON THE BED/CART
- ABILITY TO LOOP THE CONNECTING STRAP AROUND THE BED FRAME
- ABILITY TO PLACE THE PROPER COLORED CUFF ON THE PROPER LIMB (BLUE FOR WRISTS/RED FOR ANKLES, LOCKING)

ABILITY TO PASS ONE FINGER BETWEEN THE RESTRAINT AND PATIENTS WRIST/ANKLE

ABILITY TO PLACE PATIENT INTO POSEY VEST

ABILITY TO SECURE POSEY VEST STRAPS TO THE BED FRAME

ABILITY TO PASS DT TRAINING SCENARIOS ANNUALLY

- Able to act appropriately in an emergent or sentinel type of event

METHOD OF COMPETENCY VALIDATION:

Return Demonstration

Observation of Daily Work

Post Test

Mock Event/Simulation

QI Monitors/Audits

Peer Review

Case Study

Discussion Group

Competency Validated By: (Signature and credentials)

Date 12 Aug 15

Developmental Needs identified: (See Performance Evaluation for related goals)

Associate Signat



Date 8/11/15

Instructor(s) Signature

Date 12 Aug 15

Evidence Based References/Resources (if applicable):

[REDACTED]

OC Test
Mount Carmel Health System
Safety and Security

- 0
- 1.) What does OC stand for?
 - A. Orange Crush
 - B. Ocean Crust
 - C. Oleoresin Capsicum

 - 2.) What is the average expiration date on an OC canister?
 - A. 1-2 years
 - B. 3-4 years
 - C. 4-5 years

 - 3.) How often should you check your OC spray for adequate spray strength?
 - A. 30 days
 - B. 60 days
 - C. 90 days

 - 4.) How long of a burst should you use on a threat?
 - A. 1-2 seconds
 - B. 2-4 seconds
 - C. Empty the entire can

 - 5.) What is Oleoresin Capsicum commonly known as?
 - A. Mace
 - B. Pepper Spray
 - C. Gas

 - 6.) When deploying OC, what area of the body should you deploy the OC towards?
 - A. Arms
 - B. Chest
 - C. Face and eyes

 - 7.) After using OC on a subject, what should you immediately do with the subject?
 - A. Leave lying on the ground.
 - B. Remove from contaminated area
 - C. Spray again

- 8.) What is the second step in the decontamination process?
- A. Spray them again
 - B. Tell them to stop crying like a baby
 - C. Offer verbal rapport to the subject
- 9.) What is the third step of the decontamination process?
- A. Expose subject to fresh air
 - B. Throw the subject a bottle of water
 - C. Stand there and record them with your cellphone
- 10.) What is the best way to flush the eyes?
- A. Using milk
 - B. Rubbing eyes continually
 - C. Water
- 11.) What type of agent is OC?
- A. Glue
 - B. Cleaning Fluid
 - C. Inflammatory
- 12.) What is the main ingredient of OC?
- A. Water
 - B. Cayenne Pepper
 - C. Powder
- 13.) Does CMS (Center for Medicaid/Medicare System) guidelines allow for OC to be used on a PATIENT?
- A. Yes
 - B. No
 - C. Only if they deserve it.

ProV2 User Course Written Test

- 1) At what Activation Level would the Pro V2 start recording audio and photo/video?
- a. Upon power-up
 - b. Level-1
 - c. Level-2
 - d. Level-3
- 2) At what Activation Level would the Laser Spotter come on?
- a. Upon power-up
 - b. Level-1
 - c. Level-2
 - d. Level-3
- 3) At what Activation Level would the Alerting Siren come on?
- a. Upon power-up
 - b. Level-1
 - c. Level-2
 - d. Level-3
- 4) At what Activation Level would O.C. Pepper Spray be deployed?
- a. Upon power-up
 - b. Level-1
 - c. Level-2
 - d. Level-3



- 5) What is the arrow pointing to in the above photo above?
- a. Strobe Light
 - b. Alerting Siren
 - c. Digital imager
 - d. Spray port



- 6) What is the arrow pointing to in the photo above?
- a. On-Off switch
 - b. Speaker
 - c. Battery release
 - d. Illuminated sight



- 7) What is the arrow pointing to in the photo above?
- a. Ambidextrous Call-button
 - b. Ambidextrous Trigger
 - c. USB port
 - d. Arming Switch
- 8) The left-side LED indicator on the Pro V2 indicates:
- a. An failed Bluetooth connection
 - b. Spray canister has been used
 - c. Fault error
 - d. Battery needs charging
- 9) How long does it take for the Pro V2 battery to charge completely?
- a. 30 minutes
 - b. 60 minutes
 - c. 90 minutes
 - d. 120 minutes
- 10) What is the range of the Bluetooth capability of the Pro V2
- a. 5 feet
 - b. 10 feet
 - c. 15 feet
 - d. 20 feet
- 11) What is the size of the internal memory card for audio/photo/video files
- a. 1 GB
 - b. 2 GB
 - c. 4 GB
 - d. 8 GB



- 12) Where is the Serial Number located on the Pro V2?
- a. Inside the battery/canister compartment
 - b. At the base of the battery
 - c. On the right-side of the ProV2
 - d. On the left-side of the ProV2
- 13) What color is the label on the Practice (Water) Spray canister?
- a. White with blue text
 - b. Red with yellow text
 - c. Black with white text
 - d. Blue with green text
- 14) Can the O.C. Pepper Spray be activated without the ProV2 being turned on?
- a. Yes
 - b. No
- 15) On the battery gauge LED lights, what does 2 lights indicate?
- a. Less than 25% charge
 - b. 50% charged
 - c. 75% charged
 - d. 100% charged
- 16) Does the Pro V2, by itself without Bluetooth connectivity, have the ability to dial the Command Center?
- a. Yes
 - b. No
- 17) How long is the pre-recorded message?
- a. 5 seconds
 - b. 10 seconds
 - c. 15 seconds
 - d. 20 seconds
- 18) How would a Pro V2 user activate Level-2?
- a. Power-on the Pro V2
 - b. Power-on the Pro V2 and turn the Arming Switch on
 - c. Power-on the Pro V2, turn the Arming Switch on, and a ½-pull of the trigger
 - d. Power-on the Pro V2, turn the Arming Switch on, and a full-pull of the trigger
- 19) At what Activation Level will the Pro V2 automatically call the Command Center?
- a. Upon power-up
 - b. Level-1
 - c. Level-2
 - d. Level-3
- 20) How soon after O.C. Pepper Spray is used, should first-aid be rendered?
- a. When help arrives
 - b. Anytime, but not more than 1 hour
 - c. Immediately
 - d. As soon as practical

HANDCUFFING
TEST

NAME: [REDACTED]
DATE: 8/11/15

1. WHEN TO USE HANDCUFFS?

- A. ON A VIOLENT PATIENT
- B. AFTER COMMITTING A FELONY
- C. ON VIOLENT INDIVIDUALS WHO POSE AN IMMEDIATE THREAT TO STAFF, VISITORS, AND PATIENTS.
- D. ALL THE ABOVE
- E. BOTH B AND C.

2. CMS ALLOW'S YOU TO HANDCUFF PATIENTS?

TRUE OR FALSE

3. WHAT ACTIONS NEEDS TO OCCUR AFTER THE USE OF HANDCUFFS?

- A. INCIDENT REPORT AND PEERS
- B. LOCAL POLICE, SIR, AND PEERS
- C. LOCAL POLICE, SUPERVISOR, INCIDENT REPORT, AND PEERS.

4. SECURITY IS ABLE TO HANDCUFF TO A STATIONARY OBJECT?

TRUE OR FALSE

**Mount Carmel Human Resources
Non-Management Performance Appraisal Form**

First Name	Last Name	Associate ID #:
[Redacted]	[Redacted]	[Redacted]
Department	Dept ID #	Job title
Safety and Security	80000	Security Officer

Review Due Date	Review Period (start & end dates)
04/2013 6/17/15	FY13 7/1/2012 to 6/30/2013 90 DAY 2/23/15 - 5/23/15

RATING SCALE:
 3 = consistently exceeds expectations
 2.5 = occasionally exceeds expectations
 2 = meets expectations
 1.5 = occasionally meets expectations
 1 = does not meet expectations

Instructions: Associate completes the self-evaluation column and returns form to manager. A self-evaluation is important to the evaluation process, and highly encouraged; however, the manager should not hold up the evaluation if the Associate does not complete a self evaluation. The manager will then complete the manager-rating and schedule a performance review conference with Associate.

The completed evaluation form should be sent to Human Resources. All other required competencies and education documents are to be kept in the department file and/or recorded in HealthStream.

GUIDING BEHAVIORS

The Guiding Behaviors flow directly from Trinity Health and Mount Carmel's Mission and help us to focus on and connect with the Mission. The Guiding Behaviors set the expectation for how we work together in living our Mission and Core Values.

- We support each other in serving our patients and communities
- We communicate openly, honestly, respectfully and directly
- We are fully present
- We are all accountable
- We trust and assume goodness in intentions
- We are continuous learners

Supporting Examples (Associate Comments)	Supporting Examples (Manager Comments)
--	--

Dennis is very open and honest and strives to be a continous learner and excels at customer service.

Character Count (limit 760 characters)

Self Rating	#N/A	Mgr Rating	3	Consistently Exceeds
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SKILL AND KNOWLEDGE COMPETENCIES

How does the Associate demonstrate all essential job responsibilities from the Job Description? If an essential job responsibility is met, a score of 2 is applicable. If an essential job responsibility has changed or does not require a score, you may check Not Applicable (N/A). (Note: Ratings other than 2 should have supporting documentation.)

Essential Job Responsibility / Work-Related Goal: (Service Excellence)

SERVICE EXCELLENCE: Exhibits each of the Mount Carmel Service Excellence Behavior Standards, role modeling excellence for all to see. For example, demonstrates friendliness and courtesy, effective communication, creates a professional environment, and provides first class service.

Supporting Examples (Associate Comments)	Supporting Examples (Manager Comments)
--	--

Character Count (limit 760 characters)

Self Rating	#N/A	Mgr Rating	#N/A
-------------	------	------------	------

**Mount Carmel Human Resources
Non-Management Performance Appraisal Form**

First Name Last Name Associate ID #

90 DAY

REQUIREMENTS

- | | Yes or No |
|--|------------------------------|
| 1. Demonstrates training with new equipment. | <input type="checkbox"/> Yes |
| 2. Demonstrates training/education regarding new or revised documentation forms, policies/procedures, and quality issues. | <input type="checkbox"/> Yes |
| 3. Demonstrates knowledge and integration of bloodborne pathogen regulations/TB into practice (Complies with TB testing). | <input type="checkbox"/> Yes |
| 4. Demonstrates knowledge and integration of 7 safety practices (medical equipment, utilities, emergency preparedness, life safety, hazardous material, safety including back safety), and security management, as documented in HealthStream. | <input type="checkbox"/> Yes |
| 5. Demonstrates knowledge and skill in caring for population specific patients (Complete and attach the Population Specific Competency Evaluation Form and keep with education records in department. Enter competency into HealthStream). | <input type="checkbox"/> Yes |
| 6. Demonstrates knowledge of other regulatory practices as appropriate to area/department practice. Has completed required HIPAA education. | <input type="checkbox"/> Yes |
| 7. Demonstrates knowledge and accurate documentation of time worked in the automated timekeeping system. | <input type="checkbox"/> Yes |
| 8. Other job specific requirements. | <input type="checkbox"/> Yes |

All Associates are expected to keep these requirements current. Failure to do so may result in Corrective Action.

Manager's Comments

Dennis needs to continue to learn the healthcare side of security has made great strides in the adjustment. He needs to focus on monitoring his volume and his sense of urgency. It is very much appreciated that Dennis is always available in assisting with department needs with filling open shifts. Dennis has successfully completed his 90 day evaluation.

Manager's Signature  Manager ID 271344 Date 6/17/2015

Associate's Comments

 Associate's Signature Associate ID 4040316 Date 6/17/15

	Weighted	
Guiding Behaviors Score	3	1.000
Skills and Knowledge Competencies Score	#DIV/0!	#DIV/0!
Individuals Goals (for past 12 months)	#DIV/0!	#DIV/0!
Overall Performance Score	#DIV/0!	

Please click link below to be directed to the Annual Mandatory forms.
http://efoms.mchs.com/lservlet/Annual_Mandatory_Forms

Mount Carmel Human Resources
Non-Management Performance Appraisal Form

First Name [Redacted] Last Name [Redacted] Associate ID #: [Redacted]

90 DAY

INDIVIDUAL GOALS: (for PAST 12 months)
Individual Goals support Department, Business Unit and System Goals

Rating Scale:
3 = achieved goal
2 = some progress towards goal
1 = unable to make progress towards goal
(.5 scores are acceptable)

Please DOCUMENT and provide RATINGS for your Individual Goals for the past year in the space provided below.

Individual Goal	Rating	
	Self	Manager
I would like to continue learning the policies and procedures Mt. Carmel has in place.		
I want to continue learning from the other officers on how to handle certain situations as well as making sure I get all the vital information in key situations.		
Continue to learn the layout of the hospital in order for me to get to an area in case of emergent situations.		
Take all required training courses.		

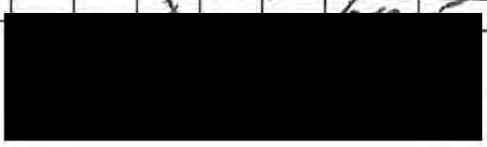
#DIV/0!

Mount Carmel Health System
Competency-Based Orientation and Introductory Period Evaluation
Safety & Security

90 Day

Associate Name: [REDACTED]	ID Number: [REDACTED]	Job Title: Security Officer	<input checked="" type="checkbox"/> New Hire <input type="checkbox"/> Transfer <input type="checkbox"/> Additional job code
----------------------------	-----------------------	-----------------------------	---

Core Competencies	Method of Competency Validation (may use more than one method)									Date	Competency Assessed by: (signature and credentials)
	Return Demonstration	Observation of daily work	Post-test	Mock Event/ Simulation	QI Monitors/ Audits	Peer Review	Case Study	Discussion Group			
Effective in patrol techniques, communications use of cameras-monitoring/recording, escorts, door openings, assist calls. Knowledge of location of Security sensitive areas.	X	X				X				6-17-15	D.N. Supervisor
Enforces policies & procedures	X	X				X				6-17-15	D.N.
Completes accurate incident report documentation/investigation and follow-ups as appropriate	X	X				X				6-17-15	D.N.
Completes accurate activity logs	X	X				X				6-17-15	D.N.
Ability to apply clinical restraints and assistance	X	X		X		X				6-17-15	D.N.
Ability to work independently	X	X		X		X				6-17-15	D.N.
Completes timely fire drills and critiques	X	X		X		X				6-17-15	D.N.
Understands ILSM protocols	X	X				X				6-17-15	D.N.
Ability to turn off Med Gas per policy	X	X				X				6-17-15	D.N.
Workplace Violence policy knowledge	X	X				X				6-17-15	D.N.
Ability to process visitors after-hours or as required	X	X				X	X	X		6-17-15	D.N.
Ability to lock and unlock facility (includes Lockdown plan)	X	X				X				6-17-15	D.N.
Management of Aggressive Behavior and de-escalation techniques	X	X		X						6-17-15	D.N.
Understands Safe Medical Device Act responsibilities	X	X						X		6-17-15	D.N.
Helicopter operations- Safety duties	X	X				X				6-17-15	D.N.
Discernment of sentinel events-notification protocols	X	X								6-17-15	D.N.
Knowledge of Emergency Codes and security response (i.e. Code Red, Code Adam, Code Orange, etc).	X	X		X		X				6-17-15	D.N.
Follows the department uniform and dress code	X									6-17-15	D.N.
Disseminates pertinent info (pass on book, memo, reports, BOLO)	X	X				X				6-17-15	D.N.
Understands Forensic responsibilities	X			X		X				6-17-15	D.N.
Understands role and actions- VIP/Media event	X			X		X				6-17-15	D.N.
Enforces Tobacco -Free policy	X	X				X				6-17-15	D.N.
Officer can articulate use of force and demonstrate "take downs" and the use of defensive weapons: ASP & Pepper Spray and law enforcement restraints: (i.e. handcuffs)	TO BE SCHEDULED										D.N.
Officer demonstrates the ability to co-operate with other agencies, departments, and staff as appropriate	X	X				X				6-17-15	D.N.
Officer has a basic understanding of the National Patient Safety Goals.	X							X		6-17-15	D.N.
Officer demonstrates proper telephone etiquette.	X	X								6-17-15	D.N.



Certificate of Recognition



Awarded to

Ofc. [REDACTED]

Ofc. Dewitt is being recognized for his outstanding service during the 2015 Westerville Fourth of July Celebration activities at Saint Ann's Hospital. Ofc. Dewitt helped assure the campus safety and security was maintained providing a safe and successful experience for all.
A job well done!

Presented by Mount Carmel St. Ann's Safety & Security

July 2015

Andrew M. Evans, Manager
Safety & Security
Mount Carmel Health System




Michael L. Angelina, Director
Safety & Security
Mount Carmel Health System

Application / Transfers

Progressive Counseling
Chronologicals
Attendance/Plt

Progressive Counseling



MOUNT CARMEL

Mount Carmel Corrective Action

Mount Carmel and all of us individually are held accountable for our behaviors and actions. Guiding Behaviors are how we work together by: Supporting each other in servicing our patients and communities, Communicating openly, honestly, respectfully, and directly, Being fully present, Being accountable, Trusting and assuming good intentions, and Being continuous learners. In addition to supporting our Mission and Values, the Standards of Conduct also assist us in ensuring that our actions and behaviors are consistent with the legal, ethical, and professional obligations that apply to our health system ministry. Actions and behaviors that are inconsistent with the Standards of Conduct can significantly harm relationships with patients, communities, business partners, and others we rely upon to assist us in delivery of healthcare services.

Name [Redacted]

ID# [Redacted]

Date: 03/27/17

Position Title: Security Officer

Department: Safety & Security

Corrective Action Level: Written

Action Codes: Performance

Current Issue

Officer [Redacted] was involved in a restraint situation on 03/19/17 in the emergency room and was unprofessional and incorrectly participated in the restraint process. Officer [Redacted] continues to handle stressful situations in an "excited" state putting the other colleagues and patients at risk.

Previous Discussions / Corrective Actions

Date	Issue	Action

Expectation

Officer [Redacted] was assigned to attend additional restraint/deescalation training on 03/24/17. Officer [Redacted] will maintain professionalism and maintain control of his emotions during stressful situations and handle those situations appropriately and within policy.

Performance Improvement Plan No Yes (see attached if applicable)

Consequences of Failure to Improve

Consequences of failure to improve may result in further Corrective Action up to and including Termination of employment with Mount Carmel.

Associate Response

*This is to acknowledge that this Corrective Action Form has been reviewed with me. My signature does not necessarily mean that I agree.

Associate Signat



Date: 3/28/17

*Mount Carmel's appeal process may be utilized under certain circumstances within 7 days of this action.

Other Signatures

Supervisor / Manager:

[Handwritten Signature]

Date: 3/29/17

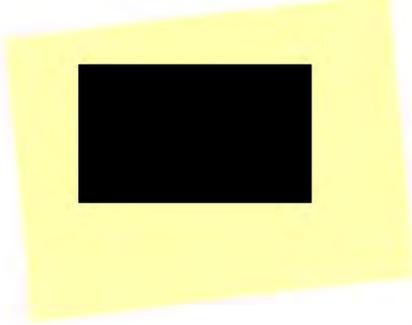
Director (if appropriate):

Date: _____

Human Resources:

Date: _____

Copies to: Associate, Human Resources, Supervisor / Manager



MOUNT CARMEL

A MEMBER OF  TRINITY HEALTH

POSITION DESCRIPTION

POSITION TITLE: Armed Safety & Security Officer	DEPARTMENT: Safety & Security
JOB CODE: M4850	REPORTS TO: Armed Supervisor of Safety & Security
DATE ISSUED: 2/1/2017	SUPERVISES: N/A
DATE REVISED: 2/1/2017	MATRIX REPORTING RELATIONSHIPS: N/A

Mount Carmel Mission Statement and Guiding Behaviors

Mission: We serve together in Trinity Health, in the spirit of the Gospel, to heal body, mind and spirit, to improve the health of our communities and to steward the resources entrusted to us.

The Guiding Behaviors set the expectation for how we work together in living our Mission and Core Values. They are:

- We support each other in serving our patients and communities.
- We communicate openly, honestly, respectfully and directly.
- We are fully present.
- We are all accountable.
- We trust and assume goodness in intentions.
- We are continuous learners.

Job Summary

- In accordance with the Mission and Guiding Behaviors; the Safety & Security Officer is to provide protective services to all persons and property across the Mount Carmel Health System.
- Ensure a safe environment for all associates, physicians, patients, and visitors in compliance with various regulatory standards to include, JC, OSHA, ect.
- Provide a quality service constant with the values of Mount Carmel Health System for our associates, physicians, patients and visitors.

Job Qualifications (Knowledge, Skills, and Abilities)

- Education: High school graduate or GED required.
- Licensure / Certification: Receipt of Ohio Peace Officer Training Academy certificate of completion prior to being assigned a shift as an Armed Safety and Security Officer for Mount Carmel
- Experience: Three to five years experience in security, law enforcement or military disciplines or equivalent training which might include criminal justice, homeland security, or law enforcement academy is preferred.
- Effective Communication Skills
- Valid driver's license with good driving record maintained
- Customer service oriented able to function in high stress situations with personal restraint, integrity, and control.
- Basic computer skills that commensurate with the job.
- Ability to communicate effectively and appropriately with diverse populations.
- Ability to write, read, and communicate effectively in the English language.

Essential Responsibilities

- Exhibits each of the Mount Carmel Service Excellence Behavior Standards holding self and others accountable and role modeling excellence for all to see. For example: demonstrates friendliness and courtesy, effective communication creates a professional environment and provides first class service.
- Meets population specific and all other competencies according to department requirements.
- Promotes a Culture of Safety by adhering to policy, procedures and plans that are in place to prevent workplace injury, violence or adverse outcome to associates and patients.
- Relationship-based Care: Creates a caring and healing environment that keeps the patient and family at the center of care throughout their experience at Mount Carmel following the principles of our interdisciplinary care delivery system.
- **(For patient care providers)** Provides nursing care, ensures an environment of patient safety, promotes evidence-based practice and quality initiatives and exhibits professionalism in nursing practice within the model of the ANCC Magnet Recognition Program®.
- Maintain a safe and secure environment through job knowledge, skills and engagement. Intervene as appropriate in any safety & security observed issues.
- Enforces all governmental regulations, standards, policies associated with Mount Carmel Health System and Safety & Security policies, (i.e. smoking policy).
- Communicate safety and security discrepancies to the appropriate parties for mitigation.
- Ensure department goals & objectives are reached/maintained during assigned shift(s).
- Responsible for assuring that the Safety, Life Safety, security, and Emergency Management, and the JC standards are followed as it relates to the position.
- Responsible for completing and documenting assigned tasks, such as fire drill and safety tours on time.
- Ensure accurate documentation during assigned shift (i.e. security reports, safety incidents, activity logs).
- Ensure consistent delivery of professional, friendly, and courteous service.
- Comply with the organization and department dress code.
- Conduct initial and follow-up investigations, if warranted or directed, ensuring documentation of investigative steps.
- Proactive patrolling of the campus by foot, segway, or vehicle as assigned.
- Respond to all "STAT" calls expeditiously and safely.

- Be familiar with all hospital emergency codes and appropriate responses
- Responsible for completing assigned tasks/duties on time (i.e. fire drills and safety tours).
- Provide on-the-spot in-service training to staff where knowledge related discrepancies are noted.
- Demonstrate sound judgment, decision skills, and prioritizing responses to emergency situations.
- Ability to perform duties in an independent manner.
- Custodial responsibility for patient valuables and maintaining lost and found by following the proper protocols.

Other Job Responsibilities

- Inspects panic alarms, AED's, and call boxes as assigned.
- Provides escorts for associates, patients, visitors and students (where located) in the hospital areas and areas contiguous to the hospital areas.
- Issue parking citations and enforce the parking policy.
- Provide helipad duties during helicopter landings and departures
- Assist in the collection of ICES data as directed
- Monitoring of cameras and access control responsibilities as assigned
- Citizen arrest duties only in accordance with applicable laws and statutes
- Assist motorist with vehicle assistance as appropriate (i.e. jump start)
- Traffic enforcement keeping emergency entrances and approaches clear of non-emergency vehicle traffic
- Respond to safety incidents/visitor injuries as appropriate, ensuring medical is summoned as appropriate.
- During emergent events direct media to the proper area/contact
- Perform other assigned duties as directed by Management.
- Use proper radio procedures and monitors on-going activity
- Be familiar with geographic location and facility layout
- Immediately report and respond appropriately to Salient events, communicating the event to your supervisor.
- Provide for security per policy for VIPs
- Chemical spill clean up as assigned.
- Responsible for compliance with Organizational Integrity through raising questions and promptly reporting actual or potential wrongdoing.
- All other duties as assigned.

EQUIPMENT: This section requires a response of Yes or No from drop down box.

Radiation: No Electrical: Yes
Chemical: Yes Mechanical: No

KEY TO FREQUENCY CODES for Physical Requirement Sections: This section requires a numerical response from drop down box.

1 = Up to 33% of the time 3 = Over 66% of the time
2 = From 33% - 66% of the time 4 = Not Applicable

PHYSICAL REQUIREMENTS

Sitting: 3 Balancing: 3
Standing: 3 Reaching Overhead: 1
Walking: 3 Grasping: 3
Ability to be Mobile: 3 Keyboarding : 3
Bending: 2 Pinching: 3
Kneeling/Crawling: 1 Twisting: 2
Stooping: 1 Climbing: 1
Turning/Pivoting: 2 Pulling: 2
Working Above Shoulder Level: 4

Pushing: 2 Maximum Weight: Equal to or greater than 35 lbs
Lifting: 3 Maximum Weight: Equal to or greater than 35 lbs

POTENTIAL EXPOSURE: This section requires a response of Yes or No from drop down box.

Blood / Body Fluid Contact: Yes Humidity: No Temperature: No
Air-borne Pathogen: Yes Chemicals (Fumes / Burns): No Dust: No
Radiation: No Vibrations: No Noise: No

Personal Protective Equipment: This section requires a response of Yes or No from drop down box.

Gloves: Yes Shoes: No Goggles: Yes Aprons: No
Masks: Yes Head Covering: No Gowns: Yes

Emotional / Psychological Factors: This section requires a response of Yes or No from drop down box.

Trauma: Yes Grief: Yes Death: Yes Public Contact: Yes Deadlines: Yes

This job description is intended to describe the general content of and requirements for the performance of this job. It is not to be considered an exhaustive statement of duties, responsibilities, or requirements.

Reviewed and Approved by: Drew Evans
Title: Manager System Safety and Security
Date: 3/15/2017
Compensation Rep: Jim Kouaie
Title: Sr. Compensation Consultant
Date: 3/15/2017

Case Status: - Review

Service	Description	Status
Subject Data	[REDACTED]	●
Sex Offenders	Subject Name: [REDACTED] State: National	●
Sex Offenders	Subject Name: [REDACTED] State: Illinois	●
Sex Offenders	Subject Name: [REDACTED] State: Tennessee	●
County Criminal	Felony & Misd. - Knox, Tennessee	●
County Criminal	Felony & Misd. - Lake, Illinois	●
Federal Criminal	Felony & Misd. - Knox, Tennessee	●
Federal Criminal	Felony & Misd. - Lake, Illinois	●
Education	[REDACTED]	<input checked="" type="checkbox"/>
Education	Hospital Corp School	<input checked="" type="checkbox"/>
National Criminal Database	Subject Name: [REDACTED]	●
OIG & GSA Excluded Parties	OIG & GSA Excluded Parties	●
SanctionsBase	Certiphi SanctionsBase	●

Key: ● = Pass = Review △ = Pending ⚠ = Pending Possible

NOTICE: Please be advised that Certiphi Screening's "Pass/Review" ratings are exclusively based on objective standards of interpreting background information legally obtained under The Fair Credit Reporting Act (15 U.S.C. section 1681). Such "Pass/Review" assessments should not be inferred nor understood as legally binding indications, recommendations or consumer rating assessments by Certiphi Screening. Any and all interpretive procedures utilized in characterizing what constitutes all "Pass/Review" ratings are established individually by each client of Certiphi Screening and are merely included in said report for that client's specific requirements. Certiphi Screening does not make any employment or contracting decisions for its clients based on background information in accordance with section 1681m of the FCRA.

Due Diligence Investigation Service Entry/Support Positions - Standard Level 1

Subject:
[REDACTED]
SSN/ID#: [REDACTED]

Client: Mount Carmel Health System - Human Resources	Client Code: 200-200
Requester: Laura Mangia / 72504.655500	Report #: 2410000
Request Date: 10/04/2012	Delivery Date: 10/17/2012

Personal & Confidential: This report is to only be used in strict adherence to the terms and conditions set forth in our Agreement. © Certiphi Screening, Inc., 2012. All rights reserved. Certiphi Screening, Inc. is a subsidiary company of Vertical Screen, Inc. Direct any questions to Certiphi Screening, Inc., P.O. Box 541, Southampton, PA 18966 USA. Phone: (800) 803-7860; Fax: (888) 260-1380.

Subject Data	Pass
---------------------	-------------

Name: [REDACTED]

Date of Birth: 01/25/1982

Social Security /ID#: [REDACTED]

<i>SSN/ID# Validation</i>	
State Issued:	TN
Date Issued:	01/01/1987-12/31/1989
DOB Scan:	Clear
Death Index:	Clear
Valid SSN/ID#:	Yes

Current Address: [REDACTED]
Knoxville, TN 37923
Knox County
United States

Other Addresses: [REDACTED]
WAUKEGAN, IL 60087
Lake County
United States

Comments: None

Sex Offender Registry **Pass**

Source Searched: National Sex Offender Registry
Date of Search: 10/05/2012
Subject Covered: [REDACTED]
Date of Birth: 01/25/1982
Search Results: No Records Found
Comments: None

Sex Offender Registry **Pass**

Source Searched: Illinois State Police Statewide Sex Offender Registry
Date of Search: 10/05/2012
Subject Covered: [REDACTED]
Date of Birth: 01/25/1982
Search Results: No Records Found
Comments: None

Sex Offender Registry **Pass**

Source Searched: Tennessee Sexual Offender Registry
Date of Search: 10/09/2012
Subject Covered: [REDACTED]
Date of Birth: 01/25/1982
Search Results: No Records Found
Comments: None

County Criminal **Pass**

Source Searched: Knox County Criminal Court
Records Covered: Felony & Misdemeanor
Date of Search: 10/08/2012
Subject Covered: [REDACTED]
Search Results: No records found
Comments: None

County Criminal **Pass**

Source Searched: Lake County Circuit Court
Records Covered: Felony & Misdemeanor
Date of Search: 10/04/2012
Subject Covered: [REDACTED]
Search Results: No records found
Comments: None

Federal Criminal	Pass
-------------------------	-------------

Source Searched: USDC - Eastern District of TN
Records Covered: Felony & Misdemeanor.
Date of Search: 10/04/2012
Subject Covered: [REDACTED]
Search Results: No records found
Comments: None

Federal Criminal	Pass
-------------------------	-------------

Source Searched: USDC - Northern District of IL
Records Covered: Felony & Misdemeanor
Date of Search: 10/04/2012
Subject Covered: [REDACTED]
Search Results: No records found
Comments: None

Education History	Review
--------------------------	---------------

School: [REDACTED]
Location: [REDACTED] Postal Code:37932
Years Attended: not available
Years Reported by Subject: 00/00/0000 - 00/00/0000
Degree: not available
Degree Reported by Subject: HIGH SCHOOL
DegreeScan: Clear
Credit Hours Obtained: not available
Major: not available
Major Reported by Subject: None reported
Comments: We have received no response to our request for additional information. Please contact us with the requested information if you would like us to continue our attempts to complete this verification.

Research History

Date	Phone/Source	Events
Thurs, 10/4 10:31AM		Number was not provided - looking for new number
Thurs, 10/4 10:46AM	() -	Unable to locate new number <input type="checkbox"/> additional review required
Thurs, 10/4 4:07PM	() -	Client/applicant contacted-awaiting reply.
Sat, 10/6		Our office is closed today - additional attempts will be made the following business day.
Sun, 10/7		Our office is closed today - additional attempts will be made the following business day.
Thurs, 10/11 9:39AM	() -	Unable to complete verification with institution.

Applicant Contact History

Date	Phone/Source	Events
Fri, 10/5 1:05PM		Sent email to candidate
Mon, 10/8 8:12AM		Sent email to candidate
Tues, 10/9 10:12AM		Sent email to candidate
Wed, 10/10 9:10AM		Sent email to candidate
Fri, 10/12 8:37AM		Advised candidate to provide documentation
Mon, 10/15 8:07AM		Advised candidate to provide documentation
Tues, 10/16 3:30PM		Advised candidate to provide documentation
Wed, 10/17 7:48AM		Candidate did not respond

Education History**Review**

School:	Hospital Corp School
Location:	, Postal Code:
Years Attended:	not available
Years Reported by Subject:	00/00/0000 - 00/00/0000
Degree:	not available
Degree Reported by Subject:	No Degree
DegreeScan:	Clear
Credit Hours Obtained:	not available
Major:	not available
Major Reported by Subject:	None reported
Comments:	We have received no response to our request for additional information. Please contact us with the requested information if you would like us to continue our attempts to complete this verification.

Research History

Date	Phone/Source	Events
Thurs, 10/4 10:31AM		Number was not provided - looking for new number
Thurs, 10/4 12:17PM () -		Unable to locate new number <input type="checkbox"/> additional review required
Thurs, 10/4 4:19PM () -		Client/applicant contacted-awaiting reply.
Sat, 10/6		Our office is closed today - additional attempts will be made the following business day.
Sun, 10/7		Our office is closed today - additional attempts will be made the following business day.
Thurs, 10/11 9:41AM () -		Unable to complete verification with institution.

Applicant Contact History

Date	Phone/Source	Events
Fri, 10/5 1:09PM		Sent email to candidate
Mon, 10/8 8:13AM		Sent email to candidate
Tues, 10/9 10:12AM		Sent email to candidate
Wed, 10/10 9:11AM		Sent email to candidate
Fri, 10/12 8:38AM		Advised candidate to provide documentation
Mon, 10/15 8:07AM		Advised candidate to provide documentation
Tues, 10/16 3:32PM		Advised candidate to provide documentation
Wed, 10/17 7:48AM		Candidate did not respond

National Criminal Database **Pass**

Source Searched: National Criminal Database
Date of Search: 10/04/2012
Subject Covered: [REDACTED]
Search Results: No records found
Comments: None

OIG & GSA Excluded Parties **Pass**

Source Searched: OIG & GSA Excluded Parties
Date of Search: 10/04/2012
Subject Covered: [REDACTED]
Search Results: No records found
Comments: None

Note: This search covers the HHS Office of Inspector General's (OIG) List of Excluded Individuals/Entities (LEIE), and the General Service Administration (GSA) - Excluded Parties List (EPLS). These lists include individuals and entities excluded from federally-funded health care programs, and parties debarred, suspended, proposed for debarment, or declared ineligible by agencies or by the General Accounting Office.

Certiphi SanctionsBase™ **Pass**

Source Searched: Certiphi SanctionsBase™
Date of Search: 10/04/2012
Subject Covered: [REDACTED]
Search Results: No records found
Comments: None

Note: The Certiphi SanctionsBase is a proprietary database of sanctions, disciplinary and administrative actions taken by various federal and state healthcare regulatory authorities. The database currently contains information from the FDA, NIH, GSA, OFAC as well as hundreds of other federal and state-level licensing and regulatory bodies. Please advise if you would like more detailed information on the exact contents of Certiphi's SanctionsBase.

End of Report
Copy of Credit Report Attached

2017-18 Staff Annual Performance
Review

MCHS_Phlebotomist_M2301
Manager: Stahl, Shannon R (224219)
Evaluated By: Stahl, Shannon R (224219)

Organization: Core Lab (Stahl, Shannon R (224219))
Location: MCHS - Mount Carmel West
07/01/2017 - 06/30/2018

Overall

Manager Overall Evaluation

Calculated Rating: 3.13
Rating: Fully Met
Comment:

Acknowledgement

Manager

Entered by: Stahl, Shannon R (224219) Date: 08/30/2018
Status: Acknowledge Review with Comments
Comment:

Employee

Entered by: (On Leave) Date: 08/30/2018
Status: Acknowledge Review without Comments
Comment:

Goals

Blood culture contamination rate: goals is <3%
Individually graded per month as follows:
Exceeds: <3%
Partially meets: >= 3%
Does not meet: >4 %

Due Date: 06/30/2018 Status: Completed Completion Date: 06/30/2018
Category: 1. People Centered Care, 3. Operational Excellence, 2. Engaged Colleagues
Weight: 33

Manager Evaluation

Rating: Exceeds
Comment: Team goal met.
Individual goal met: 1 contamination total

Employee Evaluation

Rating: Fully Meets
Comment:

Additional Manager Evaluation

Sign out board: All shifts will write their number and assignment on the board on 2T daily.
Switching to the phone system and away from the pagers, specimen processing must be able to know

and locate phlebotomists with STAT collection requests.

Due Date: 06/30/2018 Status: Completion Date:
Category: 6. Effective Stewardship, 3. Operational Excellence, 2. Engaged Colleagues
Weight: 33

Manager Evaluation Employee Evaluation
Rating: Fully Meets Rating: Fully Meets
Comment:
Additional Manager Evaluation

TAT on STAT collections, from time of order to time of collect. STATs should be collected ASAP. Goal is within 15 minute response time.

Due Date: 06/30/2018 Status: Completed Completion Date: 06/30/2018
Category: 1. People Centered Care, 3. Operational Excellence, 2. Engaged Colleagues
Weight: 34

Manager Evaluation Employee Evaluation
Rating: Fully Meets Rating: Fully Meets
Comment:
Additional Manager Evaluation

Section Summary

Manager Evaluation Employee Evaluation
Rating: Fully Meets Rating: Fully Meets

Core Values

Reverence

We honor the sacredness and dignity of every person.

- I connect with compassion and courtesy
- I respect every person.
- I use preferred names, introduce myself, my role, and what I am doing.
- I smile, acknowledge others, open doors, make eye contact, and say please and thank you.
- I am aware of my facial expressions and body language.

Manager Evaluation Employee Evaluation
Rating: Fully Met Rating: Fully Met

Commitment to Those Who are Poor

We stand with and serve those who are poor, especially those most vulnerable.

- I reach out to help those in need.
- I escort patients/family to their location.

- I notice when others are suffering or struggling and reach out to comfort and assist them.

Manager Evaluation
Rating: **Exceeded**

Employee Evaluation
Rating: **Fully Met**

Justice

We foster right relationships to promote the common good, including sustainability of Earth.

- I make every moment matter.
- I build and maintain healthy and trusting relationships.
- I avoid judging others because of differences or circumstances.
- I listen and avoid interrupting and multitasking.

Manager Evaluation
Rating: **Fully Met**

Employee Evaluation
Rating: **Fully Met**

Stewardship

We honor our heritage and hold ourselves accountable for the human, financial and natural resources entrusted to our care.

- I engage every day with an owner's mind and a servant's heart.
- I support others in fulfilling our Mission.
- I own every problem and seek to find a resolution.
- I practice self-care and invest in my own resilience.

Manager Evaluation
Rating: **Fully Met**

Employee Evaluation
Rating: **Fully Met**

Integrity

We are faithful to who we say we are.

- I am a champion for our Mission and Core Values.
- I put people at the center of all I do by being present and attentive.
- I practice gratitude.
- I take responsibility for my role as a team member.

Manager Evaluation
Rating: **Fully Met**

Employee Evaluation
Rating: **Fully Met**

Section Summary

Manager Evaluation
Rating: **Fully Met**

Comment:

Employee Evaluation
Rating: **Fully Met**

Comment:

Manager Role Specific Accountabilities of the Job Description

Colleague demonstrates the essential functions, knowledge and skills in the job description, including other duties and competencies as assigned.

Manager Evaluation

Rating: Fully Met

Response:

Additional Manager Evaluation

In consideration and review of the colleague's job description, describe and give specific examples of what essential functions of the job the colleague is meeting or exceeding. What does the colleague do well?

Manager Evaluation

Rating: Fully Met

Response: [REDACTED] is a good phlebotomist, needs to work on team work across shifts.

Additional Manager Evaluation

In consideration and review of the colleague's job description, describe and give specific examples of any essential functions of the job where the colleague is partially meeting or not meeting. Identify any areas for improvement.

Manager Evaluation

Rating: Fully Met

Response: Teamwork across shifts and tactful/respectful communication

Additional Manager Evaluation

Section Summary

Manager Evaluation

Rating: Fully Met

Colleague Role Specific Accountabilities of the Job Description

Colleague demonstrates the essential functions, knowledge and skills in the job description, including other duties and competencies as assigned.

Manager Evaluation

Rating: **Fully Meets**

Response:

Additional Manager Evaluation

Employee Evaluation

Rating: **Fully Meets**

Response:

2018-19 Staff Annual Performance
Review

MCHS_Phlebotomist_M2301

Organization: Clinical Laboratory Mcgc (Carter, Kayla M T
(4067152))

Manager: Carter, Kayla M T (4067152)

Location: MCHS - Mount Carmel Grove City

Evaluated By: Carter, Kayla M T (4067152)

07/01/2018 - 06/30/2019

Overall

Manager Overall Evaluation

Calculated Rating: 3.3

Rating: Fully Met

Acknowledgement

Manager

Entered by: Carter, Kayla M T (4067152) Date: 06/17/2019

Status: Acknowledge Review without Comments

Comment:

Employee

Entered by: (On Leave) () Date: 06/17/2019

Status: Acknowledge Review without Comments

Comment:

Goals

Blood culture contamination rate

Team goal <3%

Individual goal <10%

Team <3% Meets

3-4% Partially Meets

>4% Does Not Meet

Individual 0-5% Exceeds

5-10% Meets

>10% Does Not Meet

Due Date: 06/30/2019 Status: Completion Date:

Category: 1. People Centered Care, 3. Operational Excellence, 2. Engaged Colleagues

Weight: 25

Manager Evaluation

Rating: Fully Meets

Comment: Colleague continues to perform well and

Employee Evaluation

Rating: Fully Meets

Comment:

rarely has a blood culture contamination. He uses the proper procedure for collection.

.Reduce by 10% the number of Misidentification Errors/ Error Correction/Voice reports.

>10.00% Exceeds

=10% Meets

1-9% Partially Meets

Increased Errors Does not meet

Due Date: 06/30/2019 Status: Completion Date:

Category: 1. People Centered Care, 3. Operational Excellence, 2. Engaged Colleagues

Weight: 25

Manager Evaluation

Rating: **Fully Meets**

Comment: Colleague has attention to detail and performs his job efficiently. I do not receive many errors made and he continues to work in this manner.

Employee Evaluation

Rating: **Fully Meets**

Comment:

Implement IDEA Boards

Contribute >6 times on Idea Boards-Exceeds

Contribute 6 times on Idea Boards- Meets

Contribute 2-5 times on Idea Boards- Partial Meet

Contribute 0-1 - Does Not Meet

Due Date: 06/30/2019 Status: Completion Date:

Category: 3. Operational Excellence, 2. Engaged Colleagues

Weight: 15

Manager Evaluation

Rating: **Fully Meets**

Comment: Colleague asks questions and continues to give opinions when needed to help the workflow go smoothly

Employee Evaluation

Rating: **Fully Meets**

Comment:

Improve STAT collection/Turnaround Times to 85% or (+ 5% from current metric) within 45 minutes from Time of Specimen Receipt to Time of Results Reports for Troponin, CBC, and BMP.

>5.00% Exceeds

=5.00% Meets

<5.00% Partially Meets

<0.00 Improvement Does Not Meet

Due Date: 06/30/2019 Status: Completion Date:

Category: 1. People Centered Care, 3. Operational Excellence, 2. Engaged Colleagues

Weight: 35

Manager Evaluation

Rating: **Fully Meets**

Comment: Colleague continues to collect specimens and send them down to the lab in a timely manner.

Employee Evaluation

Rating: **Fully Meets**

Comment:

Section Summary

Manager Evaluation

Rating: **Fully Meets**

Employee Evaluation

Rating: **Fully Meets**

Core Values

Colleague demonstrates the Core Values of Trinity Health on a daily basis through his/her behavior and interaction with others, internally and externally, to achieve the goals and priorities of the organization. The Trinity Health Core Values are: Reverence, Commitment to Those Who Are Poor, Justice, Stewardship, and Integrity.

Manager Evaluation

Rating: **Exceeded**

Response: Colleague is always respectful towards patients and employees. He does his job well by putting the Core Values in the front line of his job.

Employee Evaluation

Rating: **Exceeded**

Response:

Section Summary

Manager Evaluation

Rating: **Exceeded**

Employee Evaluation

Rating: **Exceeded**

Role Specific Job Duties

Colleague demonstrates the essential functions, knowledge and skills in the job description, including other duties and competencies as assigned.

Manager Evaluation

Rating: **Fully Met**

Response: Colleague is extremely knowledgeable and performs well in his position.

Employee Evaluation

Rating: **Fully Met**

Response:

Section Summary

Manager Evaluation

Employee Evaluation

Rating:

Fully Met

Rating:

Fully Met

Staff Annual Performance Review 2016 - 17

MCHS_Phlebotomist_M2301
Manager: Stahl, Shannon R (224219)
Evaluated By: Stahl, Shannon R (224219)

Organization: Core Lab (Stahl, Shannon R (224219))
Location: MCHS - Mount Carmel West
07/01/2016 - 06/30/2017

Overall

Manager Overall Evaluation

Calculated Rating: 2.74
Rating: Fully Met
Comment:

Acknowledgement

Manager

Entered by: Stahl, Shannon R (224219) Date: 11/15/2017
Status: Acknowledge Review without Comments
Comment:

Employee

Entered by: Date:
Status:
Comment:

Goals

Fire Safety team with evening shift supervisor(Havilah Stansbery). Responsibilities would include keeping others on the shift up to date in competency.

Due Date: 07/30/2017 Status: In Progress Completion Date:
Category: 3. Operational Excellence, 2. Engaged Colleagues
Weight: 33

Manager Evaluation

Rating: Fully Meets

Comment: participated on the fire safety team for his shift.

Employee Evaluation

Rating:

Comment:

Additional Manager Evaluation

Keep blood culture contamination rate <3%

Due Date: 07/30/2017 Status: Completed Completion Date: 07/30/2017
Category: 3. Operational Excellence, 2. Engaged Colleagues, 1. People Centered Care, 6. Effective Stewardship
Weight: 34

Manager Evaluation

Rating: **Fully Meets**

Comment: The phlebotomy team has consistently maintained a rate <3% both individual and together.

Employee Evaluation

Rating:

Comment:

Additional Manager Evaluation

Team project: Improve TAT for collection times of DT and STATs. Reduction should be 10%

Due Date: 07/30/2017

Status: Completed

Completion Date:

Category: 3. Operational Excellence, 2. Engaged Colleagues, 1. People Centered Care, 6. Effective Stewardship

Weight: 33

Manager Evaluation

Rating: **Fully Meets**

Comment: The laboratory met the turnaround time (TAT) goals set for the PI monitors for STAT ED and STAT inpatient samples. There was improved TAT from the prior Fiscal year (FY), with a higher target set for FY17 compared to FY16.

Employee Evaluation

Rating:

Comment:

Additional Manager Evaluation

Section Summary

Manager Evaluation

Rating: **Fully Meets**

Comment:

Employee Evaluation

Rating:

Comment:

Core Values

Reverence

We honor the sacredness and dignity of every person.

- I connect with compassion and courtesy
- I respect every person.
- I use preferred names, introduce myself, my role, and what I am doing.
- I smile, acknowledge others, open doors, make eye contact, and say please and thank you.
- I am aware of my facial expressions and body language.

Manager Evaluation

Rating: **Exceeded**

Comment:

- Establishes rapport with coworkers
- Show appropriate respect for coworkers and customers of different backgrounds, cultures, and religions

Employee Evaluation

Rating:

Comment:

Additional Manager Evaluation

Commitment to Those Who are Poor

We stand with and serve those who are poor, especially those most vulnerable.

- I reach out to help those in need.
- I escort patients/family to their location.
- I notice when others are suffering or struggling and reach out to comfort and assist them.

Manager Evaluation

Rating: **Exceeded**

Comment:

Additional Manager Evaluation

Employee Evaluation

Rating:

Comment:

Justice

We foster right relationships to promote the common good, including sustainability of Earth.

- I make every moment matter.
- I build and maintain healthy and trusting relationships.
- I avoid judging others because of differences or circumstances.
- I listen and avoid interrupting and multitasking.

Manager Evaluation

Rating: **Fully Met**

Comment:

Additional Manager Evaluation

Employee Evaluation

Rating:

Comment:

Stewardship

We honor our heritage and hold ourselves accountable for the human, financial and natural resources entrusted to our care.

- I engage every day with an owner's mind and a servant's heart.
- I support others in fulfilling our Mission.
- I own every problem and seek to find a resolution.
- I practice self-care and invest in my own resilience.

Manager Evaluation

Rating: **Exceeded**

- Comment:
- Can be counted on to contribute to improvement of the laboratory
 - Always eager to learn new skills and improve performance

Additional Manager Evaluation

Employee Evaluation

Rating:

Comment:

Integrity

We are faithful to who we say we are.

- I am a champion for our Mission and Core Values.
- I put people at the center of all I do by being present and attentive.
- I practice gratitude.
- I take responsibility for my role as a team member.

Manager Evaluation

Rating: **Exceeded**

- Comment:
- Takes responsibility for their role as a member of the laboratory team

Employee Evaluation

Rating:

Comment:

- Shows dedication to producing work at the highest quality

Additional Manager Evaluation

Section Summary

Manager Evaluation

Rating: **Exceeded**

Employee Evaluation

Rating:

Role Specific Accountabilities of the Job Description

Colleague demonstrates the essential functions, knowledge and skills in the job description, including other duties and competencies as assigned.

Manager Evaluation

Rating: **Partially Met**

Response: Would like to see how we can manage pager response more affectively and complete draws in a timely manner. [REDACTED] has helped with new colleagues on the shift get adjusted.

Employee Evaluation

Response:

Additional Manager Evaluation

Section Summary

Manager Evaluation

Rating: **Partially Met**

Department Orientation Checklist



Review the contents below with each new hire or transfer colleague within Mount Carmel Health System on their first day in a department/unit. Retain in the colleague's department record.

Colleague Name: [REDACTED] Colleague ID Number: [REDACTED]
Job Title: LoB Job Code: _____ Hire/Transfer Date: 9/4/18

- Department Tour: restrooms, locker, work supplies, colleague lounge, communication process
- Department Organization: organizational chart; reporting relationships; departmental meetings; etc.
- Paging System
- Policies and Procedures:
 - Human Resources (on @MC – HR, HR Policies webpage):
 - Dress/Uniform: Professional Appearance (Dress Code Guidelines)
 - Scheduling work hours (Hours and Work Assignments)
 - Absences/Tardiness/Call In procedure–Attendance Policy (Attendance)
 - Administrative Policies and Procedures (on @MC – Worklife, Policies & Procedures):
 - Find Code: Release of Patient Status and Updates to Friends and Family Members
 - Identification of Patients (name and date of birth)
 - Incident or Occurrence Reporting
 - Interpreting Services
 - Patient Rights and Responsibilities
- Safety Procedures and Plans: (on @MC – Safety & Security webpage):
 - Fire procedures and department specific responsibilities; evacuation plan
 - Location of fire alarms and extinguishers
 - Safety and Security:
 - Code Adam (infant/child abduction)
 - Code Yellow (disaster)
 - Code Red (fire)
 - Code Black (bomb threat)
 - Code Gray (severe weather)
 - Code Orange (hazardous material spill)
 - Code Blue (medical emergency)
 - Code Pink (pediatric medical emergency)
 - Code Violet (violent person)
 - Code Silver (person with weapon/hostage)
 - Code Brown (missing adult patient)
 - Code Evac (evacuation)
 - Code Utility (loss of utilities)
 - Emergency and disaster procedures and department specific responsibilities
 - Hazard Communication
 - SDS Information/ Emergency procedures related to spills or exposure
 - Eyewash – Deluge Shower Stations (if applicable)
- Infection Control: (on @MC – Clinical Quality, Infection Control webpage)
 - Hand washing; universal precautions and use of personal protective equipment
 - Isolation precautions
 - Infectious Waste

Colleague Signature: [REDACTED] Date: Sep 4, 18
Manager Signature: [Signature] Date: 9/4/18

Laura Mangia

From: Christopher M. Kent
Sent: Wednesday, September 24, 2014 3:57 PM
To: Laura Mangia
Subject: RE: [REDACTED] & Brittany Borre

Laura,

[REDACTED] is still in the system as being budgeted for 0.9 FTE, he should have been changed to 1.0 FTE back in August.

Thanks!

From: Christopher M. Kent
Sent: Wednesday, August 13, 2014 11:27 AM
To: Laura Mangia
Subject: RE: [REDACTED] & Brittany Borre

Thanks!

Chris | Laboratory Supervisor | Mount Carmel West | 614.234.1319

From: Laura Mangia
Sent: Tuesday, August 12, 2014 1:25 PM
To: Christopher M. Kent
Subject: RE: [REDACTED] & Brittany Borre

Hi, Chris! I think I have them flipped – I will change accordingly – [REDACTED] should be FT/80 and Brittany should be FT/72 then, right? I will fix them! Laura ☺

From: Christopher M. Kent
Sent: Tuesday, August 12, 2014 11:16 AM
To: Laura Mangia
Subject: [REDACTED] & Brittany Borre

Laura,

Can you please send PCFs for [REDACTED] and Brittany Borre so that I can ensure that it is budgeted the correct FTE count? [REDACTED] should be 1.0 FTE and Brittany is to be 0.9 FTE.

Thanks!
Chris

Christopher M. Kent | Laboratory Supervisor | Mount Carmel West | 614.234.1319

Laura Mangia

From: Christopher M. Kent
Sent: Tuesday, August 12, 2014 11:16 AM
To: Laura Mangia
Subject: [REDACTED] & Brittany Borre

Laura,

Can you please send PCFs for [REDACTED] and Brittany Borre so that I can ensure that it is budgeted the correct FTE count? [REDACTED] should be 1.0 FTE and Brittany is to be 0.9 FTE.

Thanks!
Chris

Christopher M. Kent | Laboratory Supervisor | Mount Carmel West | 614.234.1319

MCHS Laboratory Phlebotomy Incomplete Introductory Period Review

Upon review of the colleague file, a performance review was not conducted at the completion of the colleague's introductory period. The colleague's competency in the work area has been validated through observation of daily work with discrepancies addressed through appropriate processes.

The introductory period performance review was not conducted after 90 days of employment due to:

Unintentional Omission

Where applicable, a complete annual performance review has been performed and presented to the colleague since the completion of the introductory period.

Colleague Name: 

Introductory Period End Date: 1/28/2013

Manager Signature: Christopher M Kent

Date: 2/24/2014

E 2-10-13
J 11-5-12
J 1-28-13
N 5-1-14

ENTERED
CARL SPECI...
APR 16 2014
HUMAN RESOURCES



A DIVISION OF HEALTH CARE

DEPARTMENT ORIENTATION CHECKLIST

Review the contents below with each new associate who is newly hired or transfers within the Mount Carmel Health System within the first two weeks. Retain in the associate's department record.

Associate Name: [Redacted] Associate ID Number: [Redacted]
Job Title: PHLEBOTOMIST Job Code: M 2301 Hire/Transfer Date: 10/28/2012

- Job Description Given/Reviewed
- Competency-Based Orientation Information/Packet Given
- Department Tour: restrooms, locker, work supplies, associate lounge, communication process
- Department Organization: reporting relationships, departmental meetings, etc
- Guiding Behaviors
- Scheduling work hours: timekeeping procedures: lunch/breaks; overtime; PLT; etc.
- Timekeeping & Payroll practices policy/procedure review and pay information
- Dress/Uniform
- Policies and Procedures:
 - Human Resources (available on Insight – Human Resources webpage):
 - Absences/Tardiness/Call in procedure
 - Internet utilization
 - Introductory and evaluation process
 - Administrative Policies (able to locate on Insight):
 - Risk Management/incident reporting
 - Organizational Integrity; Privacy & Security of Health Information; Find Code: Release of Patient Information
 - Code of Conduct
 - Department specific policies (available on Insight or manual):
 - Safety Procedures and Plans: (available on Insight):
 - Fire procedures and department specific responsibilities; evacuation plan
 - Location of fire alarms and extinguishers
 - Safety and Security:
 - Code Adam (Infant/child abduction)
 - Code Yellow (disaster)
 - Code Red (fire)
 - Code Black (bomb threat)
 - Code Gray (severe weather)
 - Code Orange (hazardous material spill)
 - Code Blue (medical emergency)
 - Code Pink (pediatric medical emergency)
 - Code Violet (violent person)
 - Code Silver (person with weapon/hostage)
 - Code Brown (missing adult patient)
 - Code Evac (evacuation)
 - Code Utility (loss of utilities)
 - Emergency and disaster procedures and department specific responsibilities
 - Hazard Communication
 - Proper handling and storage of chemicals
 - MSDS information/ Emergency procedures related to spills or exposure
 - Infection Control: Infection Control Manual (able to locate on Insight)
 - Hand washing
 - Universal precautions and use of personal protective equipment
 - Multi-drug resistant organisms (MDRO)
 - Respiratory precautions (TB) and negative pressure rooms
 - Infectious Waste

Associate's signature [Redacted]
Manager's signature Christopher M Keck

Date 4/2/2014
Date 4/1/2014

**Mount Carmel Human Resources
Non-Management Performance Appraisal Form**

First Name [redacted] Last Name [redacted] Associate ID #: [redacted]

Department: MCW Phlebotomy Dept ID #: 19012 Job title: Phlebotomist

Review Due Date: 5/1/2013 Review Period (start & end dates): FY13 - 7/1/2012 to 6/30/2013

RATING SCALE:
 3 = constantly exceeds expectations
 2.5 = occasionally exceeds expectations
 2 = meets expectations
 1.5 = occasionally meets expectations
 1 = does not meet expectations

**RECEIVED
HUMAN RESOURCES
MAY 01 2013
MOUNT CARMEL WEST**

Instructions: Associate completes the self-evaluation column and returns form to manager. A self-evaluation is important to the evaluation process, and highly encouraged; however, the manager should not hold up the evaluation if the Associate does not complete a self evaluation. The manager will then complete the manager-rating and schedule a performance review conference with Associate

The completed evaluation form should be sent to Human Resources. All other required competencies and education documents are to be kept in the department file and/or recorded in HealthStream.

GUIDING BEHAVIORS

The Guiding Behaviors flow directly from Trinity Health and Mount Carmel's Mission and help us to focus on and connect with the Mission. The Guiding Behaviors set the expectation for how we work together in living our Mission and Core Values.

- We support each other in serving our patients and communities
- We communicate openly, honestly, respectfully and directly
 - We are fully present
 - We are all accountable
- We trust and assume goodness in intentions
- We are continuous learners

Supporting Examples (Associate Comments) **Supporting Examples (Manager Comments)**

[redacted]	[redacted] communicates concerns regarding the phlebotomy department to his supervisor and manager with the intention of bettering the department. His feedback is honest and contributes to the department's positive progress.
------------	--

Character Count (limit 760 characters)

Self Rating: [redacted] #N/A Mgr Rating: 2 Meets

**ENTERED
CARL SPECKMAN
MAY 03 2013
HUMAN RESOURCES**

220
0.67

SKILL AND KNOWLEDGE COMPETENCIES

How does the Associate demonstrate all essential job responsibilities from the Job Description? If an essential job responsibility is met, a score of 2 is applicable. If an essential job responsibility has changed or does not require a score, you may check Not Applicable (N/A). (Note: Ratings other than 2 should have supporting documentation.)

Essential Job Responsibility / Work-Related Goal: (Service Excellence)

SERVICE EXCELLENCE: Exhibits each of the Mount Carmel Service Excellence Behavior Standards, role modeling excellence for all to see. For example, demonstrates friendliness and courtesy, effective communication, creates a professional environment, and provides first class service.

Supporting Examples (Associate Comments) **Supporting Examples (Manager Comments)**

No Comments	[redacted] is friendly and courteous to other members of the hospital and laboratory teams.
-------------	---

Character Count (limit 760 characters)

Self Rating: 2 Meets Mgr Rating: 2 Meets

86

**Mount Carmel Human Resources
Non-Management Performance Appraisal Form**

First Name	Last Name	Associate ID #

A. Essential Job Responsibility / Work-Related Goal:
Computer Support Services - uses computer support services to the benefit of staff, patients and customers

Character Count (limit 500 characters)

106

Supporting Examples (Associate Comments)	Supporting Examples (Manager Comments)
---	---

Character Count (limit 760 characters)

No Comments

The phlebotomist position requires efficient and proficient use the available computer support services, demonstrating competent use of Corner PathNet software to accomplish daily duties.

188

Self Rating <input type="text" value="2"/> Meets	Mgr Rating <input type="text" value="2"/> Meets
---	--

B. Essential Job Responsibility / Work-Related Goal:
Technical Performance - Assists with laboratory testing to provide quality, accurate results to the physicians and other health care providers.

Character Count (limit 500 characters)

144

Supporting Examples (Associate Comments)	Supporting Examples (Manager Comments)
---	---

Character Count (limit 760 characters)

No Comments

is a consistent performer and understands his role in the laboratory's ability to provide quality results to our customers

129

Self Rating <input type="text" value="2"/> Meets	<input type="text" value="2"/> Meets
---	--------------------------------------

C. Essential Job Responsibility / Work-Related Goal:
Team - Supports fellow associates in the goal of providing the best possible outcomes for the patient.

Character Count (limit 500 characters)

102

Supporting Examples (Associate Comments)	Supporting Examples (Manager Comments)
---	---

Character Count (limit 760 characters)

No Comments

has demonstrated a willingness to help others with their workloads - this assistance allows us to provide improved test result turnaround times, thereby allowing patient care to move forward in a more timely manner. Additionally, has demonstrated often demonstrates flexibility in his schedule so that special scheduling requests by other team members may be accommodated. In order to ensure best possible outcomes for the patient, it is necessary that Aaron remain productive throughout her scheduled hours

521

Self Rating <input type="text" value="2"/> Meets	Mgr Rating <input type="text" value="2"/> Meets
---	--

**Mount Carmel Human Resources
Non-Management Performance Appraisal Form**

First Name	Last Name	Associate ID #:

D. Essential Job Responsibility / Work-Related Goal: Health, Safety and Education - Supports Laboratory in maintaining a safe work environment
--

Character Count (limit 500 characters)

89

Supporting Examples (Associate Comments)	Supporting Examples (Manager Comments)
No Comments	is compliant with the PPE standards of her position.

Character Count (limit 760 characters)

58

Self Rating <input type="text" value="2"/> Meets	Mgr Rating <input type="text" value="2"/> Meets
---	--

E. Essential Job Responsibility / Work-Related Goal: Communication and Customer Satisfaction - Develops and maintains effective working relationships with staff and other departments to promote customer service.

Character Count (limit 500 characters)

158

Supporting Examples (Associate Comments)	Supporting Examples (Manager Comments)
No Comments	has developed effective working relationships with other members of the hospital and laboratory teams - when needed, he requests additional assistance from co-workers. By providing feedback regarding the present processes of the department, Aaron demonstrates attention to customer satisfaction.

Character Count (limit 760 characters)

302

Self Rating <input type="text" value="2"/> Meets	Mgr Rating <input type="text" value="2"/> Meets
---	--

0.67

**Mount Carmel Human Resources
Non-Management Performance Appraisal Form**

First Name	Last Name	Associate ID #:

INDIVIDUAL GOALS: (for PAST 12 months)
Individual Goals support Department, Business Unit and System Goals

Rating Scale:
3 = achieved goal
2 = some progress towards goal
1 = unable to make progress towards goal
(.5 scores are acceptable)

Please DOCUMENT and provide RATINGS for your Individual Goals for the past year in the space provided below.

Individual Goal

Train as a phlebotomist new to the Mount Carmel West. Learn to use processes and systems that are in place within the phlebotomy department.

Rating	
Self	Manager
	2

Individual Goal

Contribute to reduction in overall turnaround time for testing on specimens collected by the Mount Carmel West phlebotomy team - phlebotomy "time" is measured within laboratory performance improvement indicators.

	2
--	---

Individual Goal

100% compliance with Mount Carmel hand hygiene standards.

	3
--	---

Individual Goal

--	--

Individual Goal

--	--

0.78

**Mount Carmel Human Resources
Non-Management Performance Appraisal Form**

First Name Last Name Associate ID #:

REQUIREMENTS

	Yes or No
1. Demonstrates training with new equipment.	<input checked="" type="checkbox"/>
2. Demonstrates training/education regarding new or revised documentation forms, policies/procedures, and quality issues.	<input checked="" type="checkbox"/>
3. Demonstrates knowledge and integration of bloodborne pathogen regulations/TB into practice (Complies with TB testing).	<input checked="" type="checkbox"/>
4. Demonstrates knowledge and integration of 7 safety practices (medical equipment, utilities, emergency preparedness, life safety, hazardous material, safety including back safety), and security management, as documented in HealthStream.	<input checked="" type="checkbox"/>
5. Demonstrates knowledge and skill in caring for population specific patients (Complete and attach the Population Specific Competency Evaluation Form and keep with education records in department. Enter competency into HealthStream)	<input checked="" type="checkbox"/>
6. Demonstrates knowledge of other regulatory practices as appropriate to area/department practice. Has completed required HIPAA education.	<input checked="" type="checkbox"/>
7. Demonstrates knowledge and accurate documentation of time worked in the automated timekeeping system.	<input checked="" type="checkbox"/>
8. Other job specific requirements.	<input checked="" type="checkbox"/>

All Associates are expected to keep these requirements current. Failure to do so may result in Corrective Action.

Manager's Comments

Christopher M. Kent
 Manager's Signature Manager ID Date

Associate's Comments


 Associate's Signature Associate ID Date

	Weighted	
Guiding Behaviors Score	2	0.667
Skills and Knowledge Competencies Score	2	0.667
Individuals Goals (for past 12 months)	2.33	0.777
Overall Performance Score	2.11	

Please click link below to be directed to the Annual Mandatory forms.
http://efrms.mchs.com/ffserver/Annual_Mandatory_Forms

**Mount Carmel Human Resources
Non-Management Performance Appraisal Form**

First Name	Last Name	Associate ID #:
------------	-----------	-----------------

INDIVIDUAL GOALS: (for NEXT 12 months)
Individual Goals support Department, Business Unit and System Goals

Individual Goals for the upcoming year need to be documented on the evaluation form and submitted to HR. Managers should give a copy to their Associate and keep one for the manager file.

Set three to five Individual Goals related to major areas of job responsibility and/or CORE Values. (The "Individual Goal-Setting Guide" is available on the Human Resources page on Insight).

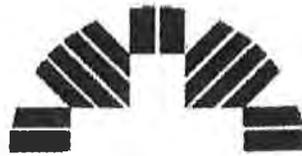
Individual Goal	Character Count (limit 610)
Demonstrate a positive attitude during the continued transition period of the phlebotomy department.	
	100

Individual Goal	Character Count (limit 610)
Contribute to reduction in overall turnaround time for testing on specimens collected by the Mount Carmel West phlebotomy team - phlebotomy "time" is measured within laboratory performance improvement indicators	
	212

Individual Goal	Character Count (limit 610)

Individual Goal	Character Count (limit 610)

Individual Goal	Character Count (limit 610)



MOUNT CARMEL

New Employee Information Form

Mount Carmel Health System is an equal employment opportunity employer. We do not discriminate on the basis of race, color, religion, age, physical or mental handicap, marital status or any other basis prohibited by law. In order to maintain accurate records for our benefit programs and to comply with federal, state and local laws, Human Resources needs the following information on all employees. If any of the information you have provided on your application or on this form change prior to your start date, please contact your recruiter. *If any corrections are made to your name, you must provide proof in order for the change to be processed.*

Please type your name exactly as it appears on your Social Security Card:

First Name	Middle Name	Last Name

Social Security No. (### - ## - ####)		Hire Date	10/23/2012
Street Address		Apt or P.O. Box	
City	Knoxville	State	TN
County		Zip Code	37923
Home Phone Number (###) ### - ####		Cell Phone Number (###) ### - ####	
Other Phone Number (###) ### - ####		Birthdate (MM/DD/YYYY)	01 25 1982

Gender Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Marital Status <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
Highest Education:	

Military Status: <i>Military Status is used to track those employees who are considered a veteran.</i>	<input type="checkbox"/> No Military Service <input type="checkbox"/> Inactive Reserve <input type="checkbox"/> Veteran of the Vietnam Era <input type="checkbox"/> Veteran (VA Ineligible) <input type="checkbox"/> Pre-Vietnam-Era Veteran <input type="checkbox"/> Post-Vietnam-Era Veteran <input type="checkbox"/> Not a Veteran	<input type="checkbox"/> Active Reserve <input type="checkbox"/> Retired Military <input checked="" type="checkbox"/> Other Protected Veteran <input type="checkbox"/> Vietnam & Other Protected Vet <input type="checkbox"/> Not a Vietnam-Era Veteran <input type="checkbox"/> Vietnam-Era Veteran
--	---	---

Ethnic Group - Primary: You may select more than one ethnic group; however, for EEO reporting purposes, only one group may be selected as primary.	<i>Providing this information for this section is voluntary, however, the Equal Employment Opportunity Commission (EEOC) strongly encourages self-identification of race and ethnic categories. The data collected will not be used in the determination of hiring decisions, eligibility for promotion, transfer or tenure.</i>		
Ethnic Group - Secondary: (if applicable)	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian/Other Pacific Islander <input checked="" type="checkbox"/> White/Caucasian <input type="checkbox"/> Hispanic/Latino		
Primary Emergency Contact Information:			
Name	[REDACTED]		
Address	[REDACTED]		
	City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>42331</u>
Relationship	<input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Daughter <input type="checkbox"/> Son <input type="checkbox"/> Friend <input type="checkbox"/> Sister <input type="checkbox"/> Brother <input type="checkbox"/> Other		
Phone Numbers	Home [REDACTED]	Business _____	Other _____
Secondary Emergency Contact Information:			
Name	[REDACTED]		
Address	[REDACTED]		
	City <u>Columbus</u>	State <u>OH</u>	Zip Code _____
Relationship	<input type="checkbox"/> Spouse <input type="checkbox"/> Mother <input checked="" type="checkbox"/> Father <input type="checkbox"/> Daughter <input type="checkbox"/> Son <input type="checkbox"/> Friend <input type="checkbox"/> Sister <input type="checkbox"/> Brother <input type="checkbox"/> Other		
Phone Numbers	Home [REDACTED]	Business _____	Other _____
Position Information			
Job Title	<u>Phlebotomist</u>		
Department	<u>Laboratory Phlebotomy MCW</u>	Start Date	<u>11/05/2012</u>
Location you will be working at? <input type="checkbox"/> MCE <input checked="" type="checkbox"/> MCW <input type="checkbox"/> MCSA <input type="checkbox"/> New Albany <input type="checkbox"/> Offsite _____			

Professional License and/or Certification Information (Only if applicable for your position)

EXAMPLE: License Code RN Expires 8/31/07 License # RN-000000

**PLEASE BRING ALL LICENSURE, CERTIFICATION AND CPR CARD INFO
WITH YOU TO HUMAN RESOURCES**

Name of License #1 _____ Expires _____ License # _____

Name of License #2 _____ Expires _____ License # _____

Name of License #3 _____ Expires _____ License # _____

Name of Certification _____ Certification # _____ Expires _____

CPR Certified? Yes No Expires _____

ETHNICITY AND RACE IDENTIFICATION
(Please read the Privacy Act Statement and instructions before completing form.)

Name (Last, First, Middle Initial)	Social Security Number	Birthdate (Month and Year)
██████████ ██████████ ██████████	██████████ ██████████ ██████████	01 / 82

Agency Use Only

Privacy Act Statement

Ethnicity and race information is requested under the authority of 42 U.S.C. Section 2000e-16 and in compliance with the Office of Management and Budget's 1997 Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity. Providing this information is voluntary and has no impact on your employment status, but in the instance of missing information, your employing agency will attempt to identify your race and ethnicity by visual observation.

This information is used as necessary to plan for equal employment opportunity throughout the Federal government. It is also used by the U. S. Office of Personnel Management or employing agency maintaining the records to locate individuals for personnel research or survey response and in the production of summary descriptive statistics and analytical studies in support of the function for which the records are collected and maintained, or for related workforce studies.

Social Security Number (SSN) is requested under the authority of Executive Order 9397, which requires SSN be used for the purpose of uniform, orderly administration of personnel records. Providing this information is voluntary and failure to do so will have no effect on your employment status. If SSN is not provided, however, other agency sources may be used to obtain it.

Specific Instructions: The two questions below are designed to identify your ethnicity and race. Regardless of your answer to question 1, go to question 2.

Question 1. Are You Hispanic or Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)
 Yes No

Question 2. Please select the racial category or categories with which you most closely identify by placing an "X" in the appropriate box. Check as many as apply.

RACIAL CATEGORY (Check as many as apply)	DEFINITION OF CATEGORY
<input type="checkbox"/> American Indian or Alaska Native	A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
<input type="checkbox"/> Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
<input type="checkbox"/> Black or African American	A person having origins in any of the black racial groups of Africa.
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<input checked="" type="checkbox"/> White	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Notice to Employee

1. For state purposes, an individual may claim only natural dependency exemptions. This includes the taxpayer, spouse and each dependent. Dependents are the same as defined in the Internal Revenue Code and as claimed in the taxpayer's federal income tax return for the taxable year for which the taxpayer would have been permitted to claim had the taxpayer filed such a return.
2. You may file a new certificate at any time if the number of your exemptions *increases*.

You must file a new certificate within 10 days if the number of exemptions previously claimed by you *decreases* because:

- (a) Your spouse for whom you have been claiming exemption is divorced or legally separated, or claims her (or his) own exemption on a separate certificate.
- (b) The support of a dependent for whom you claimed exemption is taken over by someone else.
- (c) You find that a dependent for whom you claimed exemption must be dropped for federal purposes.

The death of a spouse or a dependent does not affect your withholding until the next year but requires the filing of a new certificate. If possible, file a new certificate by Dec. 1st of the year in which the death occurs.

For further information, consult the Ohio Department of Taxation, Personal and School District Income Tax Division, or your employer.

3. If you expect to owe more Ohio income tax than will be withheld, you may claim a smaller number of exemptions; or under an agreement with your employer, you may have an additional amount withheld each pay period.
4. A married couple with both spouses working and filing a joint return will, in many cases, be required to file an individual estimated income tax form IT 1040ES even though Ohio income tax is being withheld from their wages. This result may occur because the tax on their combined income will be greater than the sum of the taxes withheld from the husband's wages and the wife's wages. This requirement to file an individual estimated income tax form IT 1040ES may also apply to an individual who has two jobs, both of which are subject to withholding. In lieu of filing the individual estimated income tax form IT 1040ES, the individual may provide for additional withholding with his employer by using line 5.

✂ please detach here



Department of Taxation

Employee's Withholding Exemption Certificate

IT 4
Rev. 5/07

Print full name _____ Social Security number _____

Home address and ZIP code _____ **Knoxville TN 37923**

Public school district of residence Columbus City School district no. 2563
(See "The Finder" at tax.ohio.gov.)

1. Personal exemption for yourself, enter "1" if claimed 1
2. If married, personal exemption for your spouse if not separately claimed (enter "1" if claimed) 1
3. Exemptions for dependents _____
4. Add the exemptions that you have claimed above and enter total _____
5. Additional withholding per pay period under agreement with employer \$ _____

Under the penalties of perjury, I certify that the number of exemptions claimed on this certificate does not exceed the number to which I am entitled.

Signature _____ Date 10/30/12

MOUNT CARMEL HEALTH SYSTEM CONFIDENTIALITY AND NETWORK ACCESS AGREEMENT

The following rules for Confidentiality and Network Access apply to all non-public patient and business information (Confidential Information) of Mount Carmel Health System, Trinity Health, and related organizations. The rules also apply to the non-public and business information of joint ventures, or of other entities and persons collaborating with Mount Carmel Health System and Trinity Health, to which the user has access. As a condition of being permitted to have access to Confidential Information relevant to my job function or role I agree to the following rules:

1. Permitted and required access, use and disclosure:

- I will access, use or disclose Confidential Patient Information (PHI) only for legitimate purposes of diagnosis, treatment, obtaining payment for patient care, or performing other health care operations functions permitted by HIPAA and I will only access, use or disclose the minimum necessary amount of information needed to carry out my job responsibilities.
- I will access, use or disclose Confidential Business Information only for legitimate business purposes of Mount Carmel Health System or Trinity Health.
- I will protect all Confidential Information to which I have access, or which I otherwise acquire, from loss, misuse, alteration or unauthorized disclosure, modification or access including:
 - making sure that paper records are not left unattended in areas where unauthorized people may view them;
 - using password protection, screensavers, automatic time-outs or other appropriate security measures to ensure that no unauthorized person may access Confidential information from my workstation or other device;
 - appropriately disposing of Confidential Information in a manner that will prevent a breach of confidentiality and never discarding paper documents or other materials containing Confidential Information in the trash unless they have been shredded
 - safeguarding and protecting portable electronic devices containing Confidential Information including laptops, smartphones, PDAs, CDs, and USB thumb drives.
- I will disclose Confidential Information only to individuals, who have a need to know to fulfill their job responsibilities and business obligations.
- I will comply with Mount Carmel Health System/Trinity Health's access and security procedures, and any other policies and procedures that reasonably apply to my use of the computer systems and/or my access to information on or related to the computer systems including off-site (remote) access using portable electronic devices.

2. Prohibited access, use and disclosure:

- I will not access, use or disclose Confidential Information in electronic, paper or oral forms for personal reasons, or for any purpose not permitted by Mount Carmel Health System/Trinity Health policy, including information about co-workers, family members, friends, neighbors, celebrities, or myself. I will follow the required procedures at Mount Carmel Health System to gain access to my own PHI in medical and other records.
- I will not use another person's, login ID, password, other security device or other information that enables access to Mount Carmel Health System/ Trinity Health's computer systems or applications nor will I share my own with any other person.
- If my employment or association with Mount Carmel Health System/Trinity Health ends, I will not subsequently access, use or disclose any Mount Carmel Health System/Trinity Health Confidential Information and will promptly return any security devices and other Mount Carmel Health System/ Trinity Health property.
- I will not engage in any personal use of Mount Carmel Health System's computer systems that inhibits or interferes with the productivity of employees or others associated with Mount Carmel Health System/Trinity Health's operations or business, or that is intended for personal gain;
- I will not engage in the transmission of information which is disparaging to others based on race, national origin, sex, sexual orientation, age, disability or religion, or which is otherwise offensive, inappropriate or in violation of the mission, values, policies or procedures of Mount Carmel Health System/ Trinity Health;

**MOUNT CARMEL HEALTH SYSTEM
CONFIDENTIALITY AND NETWORK ACCESS AGREEMENT**

- I will not utilize the Mount Carmel Health System/Trinity Health network to access Internet sites that contain content that is inconsistent with the mission, values and policies of Mount Carmel Health System/ Trinity Health.

3. Accountability and sanctions:

- I will immediately notify the Mount Carmel Health System/Trinity Health Security Official or Privacy Official if I believe that there has been improper/unauthorized access to the Mount Carmel Health System/ Trinity Health network or improper use or disclosure of confidential information in electronic, paper or oral forms.
- I understand that Mount Carmel Health System/Trinity Health will monitor my access to, and my activity within, Mount Carmel Health System's/Trinity Health's computer system, and I have no rightful expectation of privacy regarding such access or activity.
- I understand that if I violate any of the requirements of this agreement, I may be subject to disciplinary action, my access may be suspended or terminated and/or I may be liable for breach of contract and subject to substantial civil damages and/or criminal penalties.
- If I lose my security device I will report the loss to Mount Carmel Health System Information Resources Customer Support immediately and I may be charged for its replacement.

4. Software use:

- I understand that my use of the software on Mount Carmel Health System/Trinity Health's network is governed by the terms of separate license agreements between Trinity Health and the vendors of that software.
- I agree to use such software only to provide services to benefit Mount Carmel Health System/Trinity Health.
- I will not attempt to download copy or install the software on any other computer.
- I will not make any change to any of Mount Carmel Health System/Trinity Health's systems without Mount Carmel Health System's/ Trinity Health's prior express written approval.

5. Network:

- I understand that access to Mount Carmel Health System's/Trinity Health's network is "as is", with no warranties and all warranties are disclaimed by Trinity Health.
- Mount Carmel Health System/Trinity Health may suspend or discontinue access to protect the network or to accommodate necessary down time. In an emergency or unplanned situation Mount Carmel Health System/Trinity Health may suspend or terminate access with out advance warning.
- Mount Carmel Health System/Trinity Health may terminate this agreement, user access and use of Confidential Information at any time for any reason or no reason.

6. Employer acceptance of responsibility for an individual with access to Confidential Information:

(Applies to physicians/physician practices; other individual or facility providers; a vendor that is not a business associate; payers; any other unaffiliated organization).

- I accept responsibility for all actions and/or omissions by my employees and/or agents
- I agree to notify the Mount Carmel Health System Information Resources Customer Support within 5 business days if any of my employees or agents who have access to Mount Carmel Health System's/Trinity Health systems or applications no longer need or are eligible for access due to leaving my practice/company, changing their job duties or for any other reason.
- I agree to report any actual or suspected privacy or security violations made by my employees and/or agents to the Mount Carmel Health System/Trinity Health Privacy Official or Security Official.
- I understand that Mount Carmel Health System/Trinity Health may terminate my employee and/or agent's access.

**MOUNT CARMEL HEALTH SYSTEM
CONFIDENTIALITY AND NETWORK ACCESS AGREEMENT**

**SIGNATURE PAGE
RELATIONSHIP TO MOUNT CARMEL HEALTH SYSTEM/TRINITY HEALTH**

I am a: (Please check all that apply to you)

Direct relationships with Mount Carmel Health System

- Associate (employee) at Mount Carmel Health System
- Physician Credentialed on Mount Carmel Health System Medical Staff
- Volunteer at a Mount Carmel Health System Facility
- Temporary/Contractor at a Mount Carmel Health System/ Facility: (name of agency) _____
- Student at Mount Carmel Health System: (name of educational organization) _____

Employed by or Associated with a Mount Carmel Health System Credentialed Medical Staff Member

- Medical Staff Member's Employee or Temp Staff (name of practice) _____
- Medical Staff Member's Vendor's Employee (name of vendor) _____

Vendor Providing Goods or Services to Mount Carmel Health System

- Employee/Temp Staff of Mount Carmel Health System's clinical services vendor: (name of vendor) _____
- Employee/Temp Staff of Mount Carmel Health System's business services vendor: (name of vendor) _____
- Employee/Temp Staff of Mount Carmel Health System's IT services vendor: (name of vendor) _____

Mount Carmel Health System's Joint Venture or a Facility Managed by Mount Carmel Health System

- Employee of a Mount Carmel Health System's Joint Venture (name of joint venture) _____
- Employee of a Hospital/Other Facility Managed by Mount Carmel Health System (name of facility) _____
- Credentialed Physician on Medical Staff of a Hospital/Other Facility Managed by Mount Carmel Health System:
(name of facility): _____

- Employee or Temp Staff of a Credentialed Physician on the Medical Staff of a Hospital/Other Facility Managed by Mount Carmel Health System: (name of physician's practice) _____

Other

- Unaffiliated (non-credentialed) Physician/Other Provider: (name of practice) _____
- Employee of an Unaffiliated Physician or Facility: (name of practice or facility) _____
- Employee of a Payer: (name of payer) _____
- Researcher (Research study name) _____
- Other (name of employer) _____

USER SIGNATURE

If there are any items in this agreement that I do not understand I will ask my Mount Carmel Health System supervisor or other appropriate Mount Carmel Health System contact person for clarification. My signature below acknowledges that I have read, understand and accept this agreement and realize it is a condition of my employment or association with Mount Carmel Health System/ Trinity Health. I also acknowledge that I have received a copy of the Confidentiality and Network Access Agreement.

Print Name _____

Signature of Individual to be given access _____ Date 10/30/12

EMPLOYER SIGNATURE

(Required when user is an employee or agent of: a physician/physician practice; other individual or facility provider; a vendor that is not a business associate; any other organization unaffiliated with Mount Carmel Health or Trinity Health.

My signature below acknowledges that I have read, understand and accept my responsibilities as the employer or the sponsor of the user who has signed this agreement above.

Print Name _____

Signature of employer of the individual to be given access _____ Date 10/30/12

MOUNT CARMEL
A Member of Trinity Health

**DISCLOSURE/CONFLICT OF INTEREST STATEMENT
BY EMPLOYED PHYSICIAN, EMPLOYEE AND VOLUNTEER**

The purpose of this form is to disclose any interest or affiliations you or a family member may have that may create a conflict of interest, based upon your position at Mount Carmel.

I hereby state that I or a member of my family have the following affiliations or interests that might possibly constitute a conflict of interest:

1. **Business Relationship with Mount Carmel:**
Please identify and describe any business arrangements you or a family member have with Mount Carmel, its affiliates and its subsidiaries.

2. **Relationships External to Mount Carmel:**
Please describe any employment or other relationship(s) you have with an organization that has a business or other relationship with Mount Carmel or its subsidiaries (including consulting activities, governance/directorship appointments, etc).

3. **Outside Activities:**
Please identify any outside activities in which you or a family member participate which might constitute a conflict of interest (example: holding a position as an officer, director or consultant to a business entity providing or receiving products or services to/from Mount Carmel).

I agree to immediately inform Mount Carmel People Services/Medical Staff Office as appropriate, of any changes in my personal or family member's circumstance relative to conflict of interest which may occur prior to completion of my next annual disclosure statement.

I understand that if I terminate my employment or association with Mount Carmel that I will not share any business information that I had access to and acknowledge that legal action may result if I do so.

I understand that the contents of this document will be treated as confidential information accessible only to Mount Carmel's governing board as necessary to determine the existence of a conflict of interest on my part or on the part of a member of my family.

ORGANIZATIONAL INTEGRITY

I am aware of and understand that it is my responsibility to follow the Mount Carmel Standards of Conduct in regard to the Organizational Integrity Program. I further understand that if I engage in conduct that violates these policies, I will be subject to discipline up to and including termination.

Name: (Please print) _____

Signature: _____

Date: _____

10/30/12

Standards of Conduct Acknowledgement and Certification

I acknowledge that I have received a copy of the Mount Carmel Standards of Conduct. I agree to read the Standards of Conduct and discuss any questions I have with my supervisor, a higher-level manager, or other individuals responsible for my relationship with the organization.

I agree to abide by these Standards of Conduct during the course of my employment, medical staff appointment or other business relationship with Mount Carmel. I understand that I will be held accountable for my actions and behaviors inconsistent with the Standards of Conduct. Violations could result in disciplinary action, up to and including termination of employment, suspension of medical staff privileges, or termination of business relationships, as applicable, in accordance with Mount Carmel's and Trinity Health's policies.

NAME: [REDACTED] [REDACTED] [REDACTED] _____

Department: Laboratory Phlebotomy MCW _____

Organization: Mount Carmel West _____

Signature: [REDACTED] _____

Date: 10/30/12 _____



MOUNT CARMEL

A MEMBER OF TRINITY HEALTH

Mount Carmel Policy and Procedure Acknowledgement of Receipt

I acknowledge receiving a copy of the Mount Carmel Human Resources Policies and Procedures Manual. I recognize as a condition of my employment, to comply with all provisions in this manual and other policies. I understand that no representative of Mount Carmel has the authority to make an agreement contrary to the provisions of this manual.

I recognize that this manual does not constitute a contract of employment. I understand that at any time, for any reason, I can terminate my employment relationship and that Mount Carmel has the same right regarding my employment status. I agree to take any lawful medical substance abuse, or other examination required by Mount Carmel as a condition of my employment, and I understand that my employment can be terminated for refusing to take such a lawful examination.

ASSOCIATE SIGNATURE _____

TODAY'S DATE 10/10/12

SOCIAL SECURITY NUMBER _____

PRIMARY WORK SITE

- | | |
|---------------------------|-------------------------------------|
| Mount Carmel East | <input type="checkbox"/> |
| Mount Carmel West | <input checked="" type="checkbox"/> |
| Mount Carmel St. Ann's | <input type="checkbox"/> |
| Mount Carmel New Albany | <input type="checkbox"/> |
| Care Continuum Businesses | <input type="checkbox"/> |
| Corporate Services Center | <input type="checkbox"/> |
| Other (please indicate) | <input type="checkbox"/> _____ |



MOUNT CARMEL

Application for System Access for Physicians, Office Staff and Authorized Contractors for Medical Practices

Please complete the request form below, an asterisks or ~** denotes a required field. For assistance, please contact the Physician HELP line at (614) 234-8995.

REQUESTOR'S HOME INFORMATION

Form with fields: First Name*, MI, Last Name*, Home Phone Number*, Home Address*, City* (Knoxville), State* (TN), Zip Code* (37923)

VERIFICATION OF REQUESTOR AUTHORITY AND IDENTITY

Form with fields: Specify New or Existing User* (New User checked), User Role* (Physician Office Employee checked), Clinical License/Certification Type (Phlebotomist), City of Birth* (Salt Lake City), Mother's Maiden Name* (Borton), Last Four Digits SSN* (5356)

REASON FOR REQUESTING ACCESS

Form with fields: Reason for Requesting Access* - Select All That Apply (Current Patient Treatment, Coding, Billing, Scheduling, Registration, Other), If Other, Describe Reason, Enter your complete os or d number* (d0000 or os000000)

REQUESTOR'S OFFICE INFORMATION

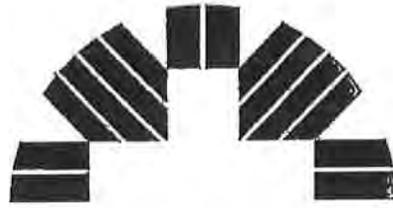
Form with fields: Practice Name* (Mount Camel West), Office Telephone Number*, Back Office/Private Number, Office Address*, City* (Practice then employer), State*, Zip Code*, First and Last Name of Physician Office Manager, Office Manager E-mail Address, Business Fax Number

PHYSICIAN REQUESTORS ONLY

Form with fields: Pager, Cell Number

I AM REQUESTING THE FOLLOWING PRIVILEGE(S) - SELECT ALL THAT APPLY*

Form with fields: New or additional clinical software as specified below, Updating my personal information, Physician requesting home access, Updating office information, Applications Requesting Access To: AccessMC, Centricity/PACS, ChartMaxx, Medical Manager, NextGen



MOUNT CARMEL

Job Description Acknowledgement Receipt

I have received and read a copy of my current job description and understand its contents.

[Redacted Signature]

Signature

[Redacted Name]

Printed Name

10/30/12

Date

Acknowledgement and Certification

I acknowledge that I have received a copy of the Mount Carmel Standards of Conduct. I agree to read the Standards of Conduct and discuss any questions I have with my supervisor, a higher-level manager, or other individuals responsible for my relationship with the organization.

I agree to abide by these Standards of Conduct during the course of my employment, medical staff appointment or other business relationship with Mount Carmel. I understand that I will be held accountable for my actions and behaviors inconsistent with the Standards of Conduct. Violations could result in disciplinary action, up to and including termination of employment, suspension of medical staff privileges, or termination of business relationships, as applicable, in accordance with Mount Carmel's and Trinity Health's policies.

Name: (please print) _____
Department: L6 MCW
Organization: _____
Signature: _____
Date: 10/30/12

Please sign, detach and return to your Human Resource Department.



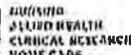


Interview Result Form
 Submitted By *PATRICIA A BENNON (ID #: 222632)*
 On *2012-10-23 20:43:00.0*

HR Generalist	<i>LAURA A MANGIA</i>		
Applicant Name	[REDACTED]	Date Interviewed	<i>09/10/2012</i>
Internal or External Candidate?	<i>External</i>	Job Code	
Position Interviewed For	<i>Phlebotomist</i>	Cost Center Number	<i>OH1MH.19012.002</i>
Department	<i>MCW Phlebotomy</i>	Cost Center Location	<i>MCW Phlebotomy</i>
Job Preview/Shadowing	<i>No</i>		
Candidate Selected	<i>Yes</i>		
Start Date	<i>11/05/2012</i>	Requisition Number	
Employee Will Be	<i>FullTime</i>	Certification/Licensure	<i>No</i>
Hours Per Week	<i>36</i>	Certificate/License #	
Work Shift Hours	<i>2nd shift</i>	Exp. Date	
Fingerprinting Required?	<i>No</i>		

Grant Funded? *No*
 Manager Comments *Aaron has been working for us as a temp in phlebotomy. He is highly skilled, great customer service aptitude also. We feel fortunate to be able to hire him into a 0.9 hour position on second shift.*

<i>For Human Resources Use Only</i>			
Rehire	<i>No</i>	Lab & Physical Date Time	<i>10/29/2012 11:00am</i>
Sign-On Bonus Amount	<i>No</i>	Lab & Physical Location	<i>MCW</i>
Payout over	<i>Years</i>		
Starting Hourly Rate (\$)	<i>14.00</i>	Years of Experience	<i>13</i>
Orientation Date	<i>11/05/2012</i>	Referred By	
Self-Study	<i>No</i>		
Position Accepted	<i>Yes</i>	Reason	
People Service Comments			
Signature	<i>LAURA A MANGIA</i>	Date	<i>10/24/2012 14:00:48</i>



PERSONAL & CONFIDENTIAL

The below named applicant has applied for employment with Medical Staffing Network Healthcare, LLC, and has submitted your name as a former employer, supervisor, or co-worker for reference purposes. MSN strives to promote the highest quality and service. In keeping with these standards we recruit accordingly and are dependent on receipt of references. MSN appreciates your cooperation in completing this form as objectively as you can. Thank you for your help.

TO BE COMPLETED BY APPLICANT

I authorize the company to thoroughly investigate my background, references, employment record, and other matters related to my suitability for employment, without any further notice to me. I further authorize my former employers or any other third party to disclose to the Company all reports and other information related to my suitability for employment. In addition, I hereby release the company and its officers and employees, and any other third party, from any and all claims, demands, and/or liabilities arising out of or related to such investigation or disclosure.

Applicant's Signature & Approval: [Signature] Date: 8/22/12

Applicant's Name (print or type) Last: [Redacted] First: [Redacted] Initial: [Redacted]

Position Held: Phlebotomist Employment Dates: From: 3/2009 To: 8/12

PLEASE DIRECT THIS REQUEST FOR REFERENCE TO:

Employer's Name: Deante Adams Title: Supervisor

Hospital/Clinic: Lab Corp Department/Unit: Lab / Phlebotomy

Street: [Redacted]

City: Knoxville State: TN Zip: [Redacted]

Phone Numbers: (805) 305-4599

Reason for Leaving: 805-886-5542

TO BE COMPLETED BY EMPLOYER

Is Above Data Correct? Yes No Is Applicant eligible for Re-Hire? Yes No

If no to either of above, why? [Redacted]

Unit Type Unit Size Patient/Nurse Ratio

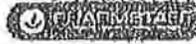
Please evaluate Applicant using this scale: 1=Above Average 2=Average 3=Below Average 4=Poor

Table with 4 columns (Quality of Work, Quantity of Work, Interest and enthusiasm, Relate to patients, Relate to staff, Adaptability to change) and 4 rows (Ability to handle stress, Attendance, Punctuality, Professional Appearance, Ability to take charge). All ratings are 1.

Additional Comments: was one of the best we had out 30 people. Always dependable. met goals always professional at all times. Patients loved him. we had to lose him.

Reference Signature: [Signature] Printed Name: Recruiter Title: Recruiter Date: 8/22/12

Verbal Reference Obtained by



PERSONAL & CONFIDENTIAL

The below named applicant has applied for employment with Medical Staffing Network Healthcare, LLC and has submitted your name as a former employer, supervisor, or co-worker for reference purposes. The applicant has authorized this request to verify employment and his/her performance. MSN strives to promote the highest quality and service. In keeping with these standards we recruit accordingly and are dependent on receipt of references. MSN appreciates your cooperation in completing this form as objectively as you can. Thank you for your help.

TO BE COMPLETED BY APPLICANT

I authorize the company to thoroughly investigate my background, references, employment record, and other matters related to my suitability for employment, without any further notice to me. I further authorize my former employers or any other third party to disclose to the Company all reports and other information related to my suitability for employment. In addition, I hereby release the company and its officers and employees, and any other third party, from any and all claims, demands, and/or liabilities arising out of or related to such investigation or disclosure.

Applicant's Signature & Approval: [Signature] Date: 8/22/12

Applicant's Name (print or type) Last: [Redacted] First: [Redacted] Initial: [Redacted]

Position Held: Phlebologist Employment Dates: From: 3/2009 To: 8/2012

PLEASE DIRECT THIS REQUEST FOR REFERENCE TO:

Employer's Name: Brenda Hutchinson Title: Supervisor

Hospital/Clinic: Lab Corp Department/Unit: Phlebotomy

Street: [Redacted]

City: Knoxville State: TN Zip: [Redacted]

Phone Numbers: 825 305-4599

Reason for Leaving: [Redacted]

TO BE COMPLETED BY EMPLOYER

Is Above Data Correct? Yes No

Is Applicant eligible for Re-Hire? Yes No

If no to either of above, why? [Redacted]

Unit Type Unit Size Patient/Nurse Ratio

Please evaluate Applicant using this scale: 1=Above Average 2=Average 3=Below Average 4=Poor

Table with 4 columns: Category, 1=Above Average, 2=Average, 3=Below Average, 4=Poor. Rows include Quality of Work (Technical Competence), Quantity of Work (Productivity), Interest and enthusiasm, Relate to patients, Relate to staff, and Adaptability to change.

Additional Comments: Excellent worker hated to lose him

Reference Signature: [Signature] Printed Name: [Redacted] Title: [Redacted] Date: 8/22/12

Mangia, Laura

From: Anderson, Mary Beth
Sent: Wednesday, October 24, 2012 9:36 AM
To: Mangia, Laura
Subject: RE: [REDACTED] Phlebotomist
Attachments: 20121024092400179.pdf

Laura,

The buy out will be dependent on if he works 40 hours per week until Nov 3. If he does so then it should be around \$2,000.00 (could be less or a little more depending on the exact hours). We will provide the amount as soon as he starts on November 5th. The buyout fee will be invoiced to cost center OH1MH-19012-002.

Attached are his references. He did attend day 1 & 2 of orientation, it is documented in healthstream.

Let me know if you need anything additional ☺

Mary Beth Anderson

Staffing Manager
Dawson Healthcare
Mount Carmel Health System
Office: (614) 234-3702
Fax: (614) 255-1393
Cell: (614) 307-0831
manderson2@mchs.com

From: Mangia, Laura
Sent: Tuesday, October 23, 2012 2:13 PM
To: Anderson, Mary Beth
Subject: FW: [REDACTED] Phlebotomist
Importance: High

Hi, Mary Beth! We would like to buy-out [REDACTED]'s contract and have him start on our payroll on November 5th. Can you please send me any references that you have for him? Also, can you please verify that he did attend both days of system orientation as a temporary? Thanks so much! Laura ☺

Laura Mangia
Generalist, Human Resources
Mount Carmel Health System
614/234-7212
614/234-6611 (fax)

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From: McKibben, Sean
Sent: Tuesday, October 23, 2012 12:08 PM
To: Null, Amy; Bush, Dina R
Cc: Mangia, Laura; Kent, Christopher M; Bennon, Patricia
Subject: RE: [REDACTED], Phlebotomist

10/24/2012

I am in agreement with this.

Approved.

Thanks
Sean

From: Null, Amy
Sent: Tuesday, October 23, 2012 9:56 AM
To: Bush, Dina R; McKibben, Sean
Cc: Mangia, Laura; Kent, Christopher M; Bennon, Patricia
Subject: FW: [REDACTED], Phlebotomist

Dina & Sean,
Please see below – in summary, we have a contract phlebo right now who is FABULOUS. We want to hire him; if we keep him on contract until 11/3/12 we can then buy him out for \$2,000. Would you please approve? We are paying him about \$25/hour right now on contract.
Thanks,
Amy

Amy Null
System Director, Laboratory Services
Mount Carmel Health System
Office (614) 234-1420
Cell (614) 309-1830
Fax (614) 234-5756
anull@mchs.com

From: Kent, Christopher M
Sent: Monday, October 22, 2012 2:31 PM
To: Null, Amy; Bennon, Patricia
Subject: FW: [REDACTED], Phlebotomist

Not that it is a great time to talk about needing money to buy out a contract, however, this would be a great deal for us. [REDACTED] is trained, has received positive feedback from team members, I have received word of appreciation from a nursing staff member because he went out of his way to help with a difficult situation, and possesses a positive attitude, and a good work ethic (former military in combat zones).

Chris

From: Anderson, Mary Beth
Sent: Monday, October 22, 2012 2:20 PM
To: Kent, Christopher M
Cc: Mangia, Laura
Subject: RE: [REDACTED], Phlebotomist

They said it would be around \$2,000. Thanks.

Mary Beth Anderson

10/24/2012

Staffing Manager
Dawson Healthcare
Mount Carmel Health System
Office: (614) 234-3702
Fax: (614) 255-1393
Cell: (614) 307-0831
manderson2@mchs.com

From: Kent, Christopher M
Sent: Monday, October 22, 2012 8:13 AM
To: Anderson, Mary Beth
Cc: Mangia, Laura
Subject: FW: [REDACTED] Phlebotomist

Mary Beth,

Can you please check on the buy-out if we keep [REDACTED] on through the end of his present contract (through 11/3)?

Thanks!
Chris

Chris

From: Mangia, Laura
Sent: Friday, October 19, 2012 10:43 AM
To: Null, Amy; Bennon, Patricia; Kent, Christopher M
Subject: FW: [REDACTED], Phlebotomist

Buy-out for [REDACTED]... Please let me know... TY! Laura ☺

Laura Mangia
Generalist, Human Resources
Mount Carmel Health System
614/234-7212
614/234-6611 (fax)

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From: Anderson, Mary Beth
Sent: Friday, October 19, 2012 9:41 AM
To: Mangia, Laura
Subject: RE: [REDACTED] Phlebotomist

Hi Laura,

\$2640- 24th

\$2400 -29th

Let me know of any decisions ☺

Mary Beth Anderson

Staffing Manager
Dawson Healthcare

10/24/2012

Mount Carmel Health System

Office: (614) 234-3702

Fax: (614) 255-1393

Cell: (614) 307-0831

manderson2@mchs.com

From: Mangia, Laura

Sent: Wednesday, October 17, 2012 4:48 PM

To: Anderson, Mary Beth

Subject: RE: [REDACTED], Phlebotomist

Is it better to do a complete week or could we look at mid-week next week? If middle of the week doesn't work, let's just look at October 29th... If middle of the week is possible, could you possibly ask for buy-out effective for both dates? Thanks, Mary Beth! Laura :)

From: Anderson, Mary Beth

Sent: Wed 10/17/2012 3:53 PM

To: Mangia, Laura

Subject: RE: [REDACTED], Phlebotomist

As of what date?

From: Mangia, Laura

Sent: Wednesday, October 17, 2012 2:39 PM

To: Anderson, Mary Beth

Subject: [REDACTED], Phlebotomist

Importance: High

Hi, Mary Beth!

Can you please check on a buy-out rate for us on [REDACTED]?

Thank you!

Laura ☺

Laura Mangia
Generalist, Human Resources
Mount Carmel Health System
614/234-7212
614/234-6611 (fax)

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Laura Mangia
Generalist, Human Resources
Mount Carmel Health System
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614/234-6611 (fax)

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Subject: RE: [REDACTED] Phlebotomist

Hi Laura,

10/23/2012

\$2640- 24th

\$2400 -29th

Let me know of any decisions ☺

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To: Mangia, Laura
Subject: RE: [REDACTED] Phlebotomist

As of what date?

From: Mangia, Laura
Sent: Wednesday, October 17, 2012 2:39 PM
To: Anderson, Mary Beth
Subject: [REDACTED] Phlebotomist
Importance: High

Hi, Mary Beth!

Can you please check on a buy-out rate for us on [REDACTED]?

Thank you!

Laura ☺

Laura Mangia
Generalist, Human Resources
Mount Carmel Health System
614/234-7212
614/234-6611 (fax)

This electronic message transmission contains confidential or privileged information from Mount Carmel. The information is intended for use by the individual or entity named above. If you are not the intended recipient, be aware that any disclosure, copying, distribution or use of the contents of this information is prohibited. If you have received this electronic transmission in error, please notify us immediately by telephone (614-234-8700) or by

10/23/2012

electronic mail (exchange@mchs.com).

Laboratory Phlebotomy department at **Mount Carmel West**. As discussed, your base salary will be **\$14.00** per hour. Your manager is **Chris Kent**, whose phone number is **(614) 234-1319**.

As mentioned on the telephone, your lab and physical appointment time is Tuesday, **October 30, 2012** at **10:00am** in Health Services at Mount Carmel West. Upon arrival, you will need to show photo identification (i.e.: driver's license, passport, school ID). Your physical does include a drug and alcohol urinalysis (offer of employment is contingent upon successfully passing the drug and alcohol urinalysis, physical, references and background check). Please allow 1 hour for this appointment.

In addition to your lab and physical you will be required to attend a new associate meeting prior to your first day of employment. Please come to Human Resources at Mount Carmel West. We will review your completed new-hire paperwork as well as provide an overview of Mount Carmel. Please allow 30-45 minutes for this appointment. You must bring with you the following:

- Completed new-hire paperwork (sent via e-mail/U.S. mail)
- State Issued Photo I.D. (i.e. Drivers License, Passport)
- Proof of Eligibility to work in the U.S. (i.e. Social Security Card, Birth Certificate, Passport)
- Any Licensure required for your job (i.e. Nursing License, CPR Card, Drivers License)

After your new associate meeting you will be directed to Facilities or Safety & Security to have your photo taken for your Mount Carmel associate ID badge. You will receive your ID badge once your picture has been taken.

Your first day of employment will be **Monday, November 5, 2012**. You will not need to attend system orientation since you already attended as a temporary associate.

Please note that effective January 1, 2007, Mount Carmel has committed to becoming a tobacco and smoke-free campus. Should you need assistance in personally meeting this expectation, you are encouraged to contact our Health Services or Human Resources Department for available resources.

I am delighted that you have accepted a position at Mount Carmel. If you have any questions, do not hesitate to call me at **614-234-7212**. Welcome!

Sincerely,

Laura Mangia

Laura Mangia
Human Resources Generalist
Cc:file

This letter is intended to confirm the rate of pay and other pertinent employment information. The letter in no way constitutes an employment contract, nor is it intended to be an employment agreement. We reserve our right to exercise an employment at will philosophy.

Mangia, Laura

From: Mangia, Laura
Sent: Tuesday, October 23, 2012 4:46 PM
To: Bennon, Patricia; Kent, Christopher M
Cc: Null, Amy
Subject: [REDACTED]
Importance: High

Hi, Pat & Chris!

[REDACTED] has accepted and will be officially a Mount Carmel associate on Monday, November 6th. He is going to do his drug screen next Monday, October 29th at 11am. He will not have to attend orientation since he attended as a temporary associate.

Could one of you please send me an interview result form for him so I can complete his file?

I did let Mary Beth know that we did want to buy-out his contract.

Thanks so much!

Laura ☺

Laura Mangia
Generalist, Human Resources
Mount Carmel Health System
614/234-7212
614/234-6611 (fax)

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Mangia, Laura

From: McKibben, Sean
Sent: Tuesday, October 23, 2012 12:08 PM
To: Null, Amy; Bush, Dina R
Cc: Mangia, Laura; Kent, Christopher M; Bennon, Patricia
Subject: RE: [REDACTED] Phlebotomist

I am in agreement with this.

Approved.

Thanks
Sean

From: Null, Amy
Sent: Tuesday, October 23, 2012 9:56 AM
To: Bush, Dina R; McKibben, Sean
Cc: Mangia, Laura; Kent, Christopher M; Bennon, Patricia
Subject: FW: [REDACTED] Phlebotomist

Dina & Sean,
Please see below – in summary, we have a contract phlebo right now who is FABULOUS. We want to hire him; if we keep him on contract until 11/3/12 we can then buy him out for \$2,000. Would you please approve? We are paying him about \$25/hour right now on contract.
Thanks,
Amy

Amy Null
System Director, Laboratory Services
Mount Carmel Health System
Office (614) 234-1420
Cell (614) 309-1830
Fax (614) 234-5756
anull@mchs.com

From: Kent, Christopher M
Sent: Monday, October 22, 2012 2:31 PM
To: Null, Amy; Bennon, Patricia
Subject: FW: [REDACTED] Phlebotomist

Not that it is a great time to talk about needing money to buy out a contract, however, this would be a great deal for us. [REDACTED] is trained, has received positive feedback from team members, I have received word of appreciation from a nursing staff member because he went out of his way to help with a difficult situation, and possesses a positive attitude, and a good work ethic (former military in combat zones).

Chris

10/23/2012

From: Anderson, Mary Beth
Sent: Monday, October 22, 2012 2:20 PM
To: Kent, Christopher M
Cc: Mangia, Laura
Subject: RE: [REDACTED] Phlebotomist

They said it would be around \$2,000. Thanks.

Mary Beth Anderson

Staffing Manager
Dawson Healthcare
Mount Carmel Health System
Office: (614) 234-3702
Fax: (614) 255-1393
Cell: (614) 307-0831
manderson2@mchs.com

From: Kent, Christopher M
Sent: Monday, October 22, 2012 8:13 AM
To: Anderson, Mary Beth
Cc: Mangia, Laura
Subject: FW: [REDACTED] Phlebotomist

Mary Beth,

Can you please check on the buy-out if we keep [REDACTED] on through the end of his present contract (through 11/3)?

Thanks!
Chris

Chris

From: Mangia, Laura
Sent: Friday, October 19, 2012 10:43 AM
To: Null, Amy; Bennon, Patricia; Kent, Christopher M
Subject: FW: [REDACTED] Phlebotomist

Buy-out for [REDACTED]... Please let me know... TY! Laura ☺

Laura Mangia
Generalist, Human Resources
Mount Carmel Health System
614/234-7212
614/234-6611 (fax)

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From: Anderson, Mary Beth
Sent: Friday, October 19, 2012 9:41 AM
To: Mangia, Laura
Subject: RE: [REDACTED] Phlebotomist

Hi Laura,

10/23/2012

\$2640- 24th

\$2400 -29th

Let me know of any decisions ☺

Mary Beth Anderson

Staffing Manager
Dawson Healthcare
Mount Carmel Health System
Office: (614) 234-3702
Fax: (614) 255-1393
Cell: (614) 307-0831
manderson2@mchs.com

From: Mangia, Laura
Sent: Wednesday, October 17, 2012 4:48 PM
To: Anderson, Mary Beth
Subject: RE: [REDACTED] Phlebotomist

Is it better to do a complete week or could we look at mid-week next week? If middle of the week doesn't work, let's just look at October 29th... If middle of the week is possible, could you possibly ask for buy-out effective for both dates? Thanks, Mary Beth! Laura :)

From: Anderson, Mary Beth
Sent: Wed 10/17/2012 3:53 PM
To: Mangia, Laura
Subject: RE: [REDACTED] Phlebotomist

As of what date?

From: Mangia, Laura
Sent: Wednesday, October 17, 2012 2:39 PM
To: Anderson, Mary Beth
Subject: [REDACTED] Phlebotomist
Importance: High

Hi, Mary Beth!

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Thank you!

Laura ☺

Laura Mangia
Generalist, Human Resources
Mount Carmel Health System
614/234-7212
614/234-6611 (fax)

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10/23/2012

electronic mail (exchange@mchs.com).

Case Status: - Review

Service	Description	Status
Subject Data	[REDACTED]	●
Sex Offenders	Subject Name: [REDACTED] State: National	●
Sex Offenders	Subject Name: [REDACTED] State: Illinois	●
Sex Offenders	Subject Name: [REDACTED] State: Tennessee	●
County Criminal	Felony & Misd. - Knox, Tennessee	●
County Criminal	Felony & Misd. - Lake, Illinois	●
Federal Criminal	Felony & Misd. - Knox, Tennessee	●
Federal Criminal	Felony & Misd. - Lake, Illinois	●
Education	[REDACTED]	☒
Education	Hospital Corp School	☒
National Criminal Database	Subject Name: [REDACTED]	●
OIG & GSA Excluded Parties	OIG & GSA Excluded Parties	●
SanctionsBase	Certiphi SanctionsBase	●

Key: ● = Pass ☒ = Review △ = Pending ⚠ = Pending Possible

NOTICE: Please be advised that Certiphi Screening's "Pass/Review" ratings are exclusively based on objective standards of interpreting background information legally obtained under The Fair Credit Reporting Act (15 U.S.C. section 1681). Such "Pass/Review" assessments should not be inferred nor understood as legally binding indications, recommendations or consumer rating assessments by Certiphi Screening. Any and all interpretive procedures utilized in characterizing what constitutes all "Pass/Review" ratings are established individually by each client of Certiphi Screening and are merely included in said report for that client's specific requirements. Certiphi Screening does not make any employment or contracting decisions for its clients based on background information in accordance with section 1681m of the FCRA.

Due Diligence Investigation Service Entry/Support Positions - Standard Level 1

Subject:
[REDACTED]
SSN/ID#: [REDACTED]

Client: Mount Carmel Health System - Human Resources	Client Code: 200-200
Requester: Laura Mangia / 72504.655500	Report #: 2410000
Request Date: 10/04/2012	Delivery Date: 10/17/2012

Personal & Confidential: This report is to only be used in strict adherence to the terms and conditions set forth in our Agreement. © Certiphi Screening, Inc., 2012. All rights reserved. Certiphi Screening, Inc. is a subsidiary company of Vertical Screen, Inc. Direct any questions to Certiphi Screening, Inc., P.O. Box 541, Southampton, PA 18966 USA. Phone: (800) 803-7860; Fax: (888) 260-1380.

Subject Data	Pass
---------------------	-------------

Name: [REDACTED]

Date of Birth: 01/25/1982

Social Security /ID#: [REDACTED]

<i>SSN/ID# Validation</i>	
State Issued:	TN
Date Issued:	01/01/1987-12/31/1989
DOB Scan:	Clear
Death Index:	Clear
Valid SSN/ID#:	Yes

Current Address: [REDACTED]
Knoxville, TN 37923
Knox County
United States

Other Addresses: [REDACTED]
WAUKEGAN, IL 60087
Lake County
United States

Comments: None

Offender is Pass

Source Searched: National Sex Offender Registry
Date of Search: 10/05/2012
Subject Covered: [REDACTED]
Date of Birth: 01/25/1982
Search Results: No Records Found
Comments: None

Sex Offender Registry Pass

Source Searched: Illinois State Police Statewide Sex Offender Registry
Date of Search: 10/05/2012
Subject Covered: [REDACTED]
Date of Birth: 01/25/1982
Search Results: No Records Found
Comments: None

Sex Offender Registry Pass

Source Searched: Tennessee Sexual Offender Registry
Date of Search: 10/09/2012
Subject Covered: [REDACTED]
Date of Birth: 01/25/1982
Search Results: No Records Found
Comments: None

County Criminal Pass

Source Searched: Knox County Criminal Court
Records Covered: Felony & Misdemeanor
Date of Search: 10/08/2012
Subject Covered: [REDACTED]
Search Results: No records found
Comments: None

ou Cr m nal Pass

Source Searched: Lake County Circuit Court
Records Covered: Felony & Misdemeanor
Date of Search: 10/04/2012
Subject Covered: [REDACTED]
Search Results: No records found
Comments: None

ederal Criminal

Pass

Source Searched: USDC - Eastern District of TN
 Records Covered: Felony & Misdemeanor
 Date of Search: 10/04/2012
 Subject Covered: [REDACTED]
 Search Results: No records found
 Comments: None

ederal Cr m na

Pass

Source Searched: USDC - Northern District of IL
 Records Covered: Felony & Misdemeanor
 Date of Search: 10/04/2012
 Subject Covered: [REDACTED]
 Search Results: No records found
 Comments: None

ucation

Review

School: [REDACTED]
 Location: [REDACTED] Postal Code:37932
 Years Attended: not available
 Years Reported by Subject: 00/00/0000 - 00/00/0000
 Degree: not available
 Degree Reported by Subject: HIGH SCHOOL
 DegreeScan: Clear
 Credit Hours Obtained: not available
 Major: not available
 Major Reported by Subject: None reported
 Comments: We have received no response to our request for additional information. Please contact us with the requested information if you would like us to continue our attempts to complete this verification.

Research History

Date	Phone/Source	Events
Thurs, 10/4 10:31AM		Number was not provided - looking for new number
Thurs, 10/4 10:46AM () -		Unable to locate new number <input type="checkbox"/> additional review required
Thurs, 10/4 4:07PM () -		Client/applicant contacted-awaiting reply.
Sat, 10/6		Our office is closed today - additional attempts will be made the following business day.
Sun, 10/7		Our office is closed today - additional attempts will be made the following business day.
Thurs, 10/11 9:39AM () -		Unable to complete verification with institution.

Applicant Contact History

Date	Phone/Source	Events
Fri, 10/5 1:05PM		Sent email to candidate
Mon, 10/8 8:12AM		Sent email to candidate
Tues, 10/9 10:12AM		Sent email to candidate
Wed, 10/10 9:10AM		Sent email to candidate
Fri, 10/12 8:37AM		Advised candidate to provide documentation
Mon, 10/15 8:07AM		Advised candidate to provide documentation
Tues, 10/16 3:30PM		Advised candidate to provide documentation
Wed, 10/17 7:48AM		Candidate did not respond

Education History	Review
--------------------------	---------------

School:	Hospital Corp School
Location:	, Postal Code:
Years Attended:	not available
Years Reported by Subject:	00/00/0000 - 00/00/0000
Degree:	not available
Degree Reported by Subject:	No Degree
DegreeScan:	Clear
Credit Hours Obtained:	not available
Major:	not available
Major Reported by Subject:	None reported
Comments:	We have received no response to our request for additional information. Please contact us with the requested information if you would like us to continue our attempts to complete this verification.

Research History

Date	Phone/Source	Events
Thurs, 10/4 10:31AM		Number was not provided - looking for new number
Thurs, 10/4 12:17PM () -		Unable to locate new number <input type="checkbox"/> additional review required
Thurs, 10/4 4:19PM () -		Client/applicant contacted-awaiting reply.
Sat, 10/6		Our office is closed today - additional attempts will be made the following business day.
Sun, 10/7		Our office is closed today - additional attempts will be made the following business day.
Thurs, 10/11 9:41AM () -		Unable to complete verification with institution.

Applicant Contact History

Date	Phone/Source	Events
Fri, 10/5 1:09PM		Sent email to candidate
Mon, 10/8 8:13AM		Sent email to candidate
Tues, 10/9 10:12AM		Sent email to candidate
Wed, 10/10 9:11AM		Sent email to candidate
Fri, 10/12 8:38AM		Advised candidate to provide documentation
Mon, 10/15 8:07AM		Advised candidate to provide documentation
Tues, 10/16 3:32PM		Advised candidate to provide documentation
Wed, 10/17 7:48AM		Candidate did not respond

Criminal Database

Pass

Source Searched: National Criminal Database
Date of Search: 10/04/2012
Subject Covered: [REDACTED]
Search Results: No records found
Comments: None

OIG & GSA Excluded Parties

Pass

Source Searched: OIG & GSA Excluded Parties
Date of Search: 10/04/2012
Subject Covered: [REDACTED]
Search Results: No records found
Comments: None

Note: This search covers the HHS Office of Inspector General's (OIG) List of Excluded Individuals/Entities (LEIE), and the General Service Administration (GSA) - Excluded Parties List (EPLS). These lists include individuals and entities excluded from federally-funded health care programs, and parties debarred, suspended, proposed for debarment, or declared ineligible by agencies or by the General Accounting Office.

SanctionsBase™

Pass

Source Searched: Certiphi SanctionsBase™
Date of Search: 10/04/2012
Subject Covered: [REDACTED]
Search Results: No records found
Comments: None

The Certiphi SanctionsBase is a database, disciplinary, administrative action, various sanctions, health care regulatory authority. The database currently contains information from the FDA, NIH, GSA, OFAC as well as hundreds of other federal and state-level licensing and regulatory bodies. Please advise if you would like more detailed information on the exact contents of Certiphi's SanctionsBase.

End of Report
Copy of Credit Report Attached

PORT

<FOR>	<SUB NAME>	<MKT SUB>	<INFILE>	<DATE>	<TIME>
(I) E PH0007282	TRUE SCRN	15 TN	12/00	10/04/12	08:14CT

*** BEST MATCH ***

<SUBJECT>	[REDACTED]	<SSN>	[REDACTED]	<BIRTH DATE>	1/82
<CURRENT ADDRESS>	[REDACTED]			<DATE RPTD>	4/10
	KNOXVILLE TN. 37923				
<FORMER ADDRESS>	[REDACTED]				1/05
	KNOXVILLE TN. 37932				
	WAUKEGAN IL. 60087				

<POSITION>

JIM COGDILL	SALES				
U S NAVY		2/07	2/07	10/06	
					7/03

S P E C I A L M E S S A G E S
**** 0001 INQUIRIES ON FILE ***

ID REPORT SERVICED BY:
 TRANSUNION
 2 BALDWIN PLACE, P. O. BOX 1000,CHESTER, PA. 19022

800-888-4213

END OF TRANSUNION REPORT

EMPLOYEE REQUISITION APPROVAL

Date: 07/11/2012 Job Title: Phlebotomist
Hiring Manager Name: Pat Bennon/Chris Kent Job Code: M2301
Department (example: MHS00000): Hours per Pay: 72
Job Location: MCW: OH1MH.19012.002 Shift: 2nd

Status: Full-Time Part-Time Casual
Budgeted Unbudgeted
Replacement? Yes No

1701

Position Previously Filled by (Name): Sheridan Byrd
Status Change Transfer ; Transfer Date: Other:
Reason Associate Vacated Position: Resigned, accepted offer at OSU
General Justification/Reason for Filling: Minimum phlebotomy staff required for inpatient phlebotomy, 24/7 department; evening shift position, need minimum number of FTEs to cover the shift (including weekends and holidays). Direct impact on length of stay, patient care, and patient/physician/nursing satisfaction if not adequately staffed.

Additional Information Required for All Requested Positions:

- If your department is over standard YTD, what is your plan to meet standard by the end of the fiscal year?
N/A
- If your department has a negative salary variance YTD, please explain how you plan to meet salary budget by the end of fiscal year.
Eventual plan to combine phlebotomy and specimen processing staff, assist with coverage.
- If this position is not approved, how would you get the work done and who would perform these functions?
We would need to cover this position with additional OT, extra part-time hours, or agency phlebotomist(s) to meet minimum staffing levels.

Additional Information Required for Supervisory/Management Positions:

- Organizational Chart – please forward with signed request
- What is the # and Titles of Direct Reports to this Position?
- Does this Position have Responsibility to Evaluate the Work of Others? If so, what are the positions evaluated?
- Does this Position Directly Manage a Budget? If so, what is the approximate annual budget?
- Does this Position Independently Develop and/or Recommend Policies and Procedures? If so, give examples of the Policies/Procedures.

If this position is new or part of a new program, please include Business Plan (if prepared) and expected return on investment and other expected outcomes as a result of filling this position.

Approved by: Department Head: Pat Bennon, MCW Laboratory Director
VP:
SVP:

Department Name: **MCW Laboratory**
 Department Number: **00184K.1901Z.002**
 Position: **Physician**
 Month: **11-31d**

Year / Department Director:
 Complete sheets to pastor.

Authorized FTEs: **11.00**
 # FTEs currently filled: **9.00**
 Vacancy rate: **16.67%**
 # FTEs held for ALT: **0.00**

	Month-To-Date (MTD)		Standard Play Number Below	Year-To-Date (YTD)		Standard
	Actual	Budget		Actual	Budget	
Primary Scientific	4,224	4,124	0.64	44,318	45,177	45,994
Total Paid FTEs	12.60	12.78	0.13	12.60	11.98	12.46
Payroll Productive Hours	1,930.20	2,099.80	(0.15)	22,302.00	20,118.92	21,414.10
Temporary/Contracted Prod Hours			Schedule Hour			
Payroll Non-Productive Hours	224.35	149.83	percent mark	1,771.39	1,933.29	2,487.70
Total Productive Hours/AOS	0.46	0.51	25.00%	0.50	0.48	0.49
Total Temporary/Contracted/AOS						
Total Non-productive Hours/AOS	0.05	0.04		0.04	0.04	0.06
Total Paid Hours/AOS	0.51	0.55		0.54	0.49	0.54

of people on LOA? Expected date(s) of completion
 # Anticipated LOAs Expected start/end date(s)

FTEs posted: **1.60**
 # Overhead FTEs: **-**
 Agency hours (prior 2 PPT): **-**
 Sifter hours (prior 2 PPT): **-**
 Overtime hours (prior 2 PPT): **-**
 Education hours (prior 2 PPT): **-**
 Orientation hours (prior 2 PPT): **-**

	Month-To-Date (MTD)			Year-To-Date (YTD)		
	Prior - 1 Month	Actual	Variance	Actual	Budget	Variance
Payroll Productive Dollars	\$ 31,343	\$ 34,151	\$ 2,808	\$ 344,035	\$ 393,641	\$ 49,606
Payroll Non-Productive Dollars*	\$ 3,573	\$ 3,564	\$ -909	\$ 35,737	\$ 31,102	\$ 4,635
Payroll Total Dollars	\$ 34,916	\$ 37,715	\$ 2,807	\$ 379,772	\$ 384,743	\$ 44,241
Salary and Contract Labor/AOS	\$ 8.27	\$ 9.07	\$ 0.80	\$ 9.02	\$ 8.97	\$ 0.04
AOR (productive only)	\$ 16.24	\$ 16.26	\$ 0.02	\$ 16.32	\$ 16.38	\$ 0.06

* Excludes education #03102, residential work program #051045, services #031002, FY #031000 and 01000.

What is the direct impact of not filling the position? Is there anticipated overtime/variable pay expected as a result of not filling the position?
 Minimum staffing level required to cover second shift 7 days per week. High turn-over in this job code. TAT for lab dress is maintained and can
 What is the impact of this position on patient satisfaction LOS management/throughput and clinical service delivery?

See above justification. LOS and physician satisfaction is impacted if physician cannot obtain lab results in a timely manner.
 Is this department position required to meet minimum staffing levels?
 Yes, this position is needed to cover hours of operation 7 days per week.
 Is this position due to a new service offering with hours change?
 No. Physician resigned his current night second shift position as of July 26
 Please explain salary expense variance.

OT and casual hours utilized one to cover open shifts due to terminations, transfers, LOAs, jury duty, etc.
 What is the degree of difficulty to recruit?
 Hard to recruit qualified, experienced phlebotomists. An important job for patient satisfaction, but lower on the salary scale as difficult to find good.

Mangia, Laura

From: Bennon, Patricia
Sent: Wednesday, July 11, 2012 4:13 PM
To: Mangia, Laura
Cc: Kent, Christopher M; McKibben, Sean; Null, Amy; Contosta, Jeannette; Young, Shari; Flannery, Kevin J
Subject: New SRC request for FT Phlebotomy, 2nd shift
Follow Up Flag: Follow up
Flag Status: Red
Attachments: SRC - Lab Phlebo Eve shift 19012 07-11-2012.xls; Employee Req - Lab Phlebotomist 19012 (eve shift 0.9 fte) Sheridan Byrd 07-11-2012.doc

We received a resignation today in Phlebotomy and if possible would like to have it included in the SRC reviews for this week. We are at critical staffing levels right now and need to make sure we get the open positions filled and new staff trained ASAP.

Thanks,

Pat Bennon, MHA, MT
Director, Mount Carmel West Laboratory
Mount Carmel Health System
793 W. State Street
Columbus, Ohio 43222
Phone (614) 234-3355
Fax (614) 234-1373
email: pbennon@mchs.com

Mangia, Laura

From: McKibben, Sean
Sent: Thursday, July 12, 2012 7:21 AM
To: Mangia, Laura
Subject: RE: New SRC request for FT Phlebotomy, 2nd shift

Thanks!

From: Mangia, Laura
Sent: Thursday, July 12, 2012 7:21 AM
To: McKibben, Sean; Bennon, Patricia
Cc: Kent, Christopher M; Null, Amy; Contosta, Jeannette; Young, Shari; Flannery, Kevin J
Subject: RE: New SRC request for FT Phlebotomy, 2nd shift

Hi, Sean - thank you for your approval. Yes, we can absolutely get it on for today - I was waiting to hear from you before I sent it out. Thank you! Laura

From: McKibben, Sean
Sent: Thu 7/12/2012 7:07 AM
To: Bennon, Patricia; Mangia, Laura
Cc: Kent, Christopher M; Null, Amy; Contosta, Jeannette; Young, Shari; Flannery, Kevin J
Subject: RE: New SRC request for FT Phlebotomy, 2nd shift

Approved.....Laura can we get it on today's agenda?

From: Bennon, Patricia
Sent: Wednesday, July 11, 2012 4:13 PM
To: Mangia, Laura
Cc: Kent, Christopher M; McKibben, Sean; Null, Amy; Contosta, Jeannette; Young, Shari; Flannery, Kevin J
Subject: New SRC request for FT Phlebotomy, 2nd shift

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Thanks,

Pat Bennon, MHA, MT
Director, Mount Carmel West Laboratory
Mount Carmel Health System
793 W. State Street
Columbus, Ohio 43222
Phone (614) 234-3355
Fax (614) 234-1373
email: pbennon@mchs.com

7/12/2012



Position Applied For

Position: Phlebotomist
Facility: Mount Carmel East
Department: Clinical Laboratory MCE
Schedule: Part time
Req Num: 20122226

Application for Employment

We consider applicants for all positions without regard to race, color, religion, creed, national origin, age, disability, sexual orientation, marital status, or any other legally protected status.

Instructions to Applicant

1. You must fully and accurately complete the Application for Employment. Incomplete applications will not be considered. Mount Carmel Health System may use the information given in the application to investigate the applicant's previous employment and background.
2. If you are hired, proof of citizenship or immigration status will be required to verify your lawful right to work in the United States.

*** Required Information**

August 20, 2012

PERSONAL INFORMATION

Are you a current associate of Mount Carmel Health No System?*

Are you a current associate with any other Trinity Health No Ministry Organization?*

First Name:* [REDACTED] MI: [REDACTED]

Last Name:* [REDACTED]

Address:* [REDACTED]

City:* Knoxville

State:* TN Province/Region:

Zip:* 37923

Country:* United States

County of Residence:* Knox

Social Security Number:* ***-**-****

Home/Other Phone:* [REDACTED]

Work Phone: 865-305-4599

Cell Phone:

Best way to contact: No Preference

Email Address:* [REDACTED]

EDUCATION

High School

Name of school: [REDACTED] Degree Type: HIGH SCHOOL
 Street: [REDACTED] Did you graduate? Yes
 City: Knoxville
 State: TN Province:
 Zip: 37932
 Country: United States

Other

Name of school: Hospital Corp School Major:
 Street: Degree Type:
 City: Did you graduate? Yes
 State: Province:
 Zip:
 Country:

List scholastic honors, specialized training, apprenticeship, and extra-curricular activities that may be helpful in considering your application:

United States Navy Hospital Corp School.

LICENSES/CERTIFICATIONS

Professional Licensure

Please Provide Professional Licenses/Registrations held. Include License Number and Expiration Date.

Type	State	Number	Date Issued	Expiration Date	Temp / Perm
------	-------	--------	-------------	-----------------	-------------

If you are applying for a job category that requires licensure, please answer the following question:
 Is your license currently subject to any investigation by a licensing agency?

DRIVING INFORMATION

If the position you are applying for requires you to drive a motor vehicle you must possess a valid driver's license. Please provide your license information if applicable.

Driver License Number	Driver License Type	Plate Number	State of Issue	Date Issued	Date Expired
[REDACTED]	Personal	560-ZFT	TN	02 2012	01 2017

No Has your driver's license ever been suspended, revoked or modified?, If Yes Explain:

WORK HISTORY

Please include a complete employment history (up to 10 years is preferred), beginning with your most recent employer. Make sure you include volunteer work or other job related training which provides information on skills/abilities you have developed. It is important to be accurate and complete since your pay rate is related to your experience.

Are you presently employed? Yes

1. Current/most recent employer:

Name of Company:* Lab Corp of America

Street:

City:* Knoxville

State:* TN

Zip:* 37922

Province/Region:

Country:* United States

Employer's Phone:* 865-305-4599

Other Name(s) Used:

Job Title:* psts

Employed From:* 04 2009

Starting Salary:* 14.25

Ending Salary:* 14.96

Supervisor's Name:* Brenda Hutchinson

Employment Status: Full Time

Job Duties and Responsibilities:*
phlebotomy and patient care

Reason For Leaving:*
Moving to ohio to be closer to family.

May we contact this employer for a reference?
* Yes

Are there any gaps in employment history? If yes please explain:

MILITARY SERVICE

Were/Are you a member of the U.S. Armed Forces? Yes

Branch of Service: United States navy

Period of Active Duty: From: 08 2000

To: 10 2006

REFERENCES

Please give three professional references (DO NOT list relatives or personal references)

Name	Name of Company	Phone Number	Email Address	Relationship	Years Known
------	-----------------	--------------	---------------	--------------	-------------

ADDITIONAL INFORMATION

Minimum Salary Required:* 14.00

When will you be available to begin work? June 1st

How did you find out about this position?* Indeed.com

If you selected other, please enter "Other" source:

If you were referred by an associate, please list their name
(s):

If you heard from an advertisement, please list the
publication:

Which job status/shift would you accept? (please check all that apply)	Status	Shift	Days
	<input checked="" type="checkbox"/> Full Time	<input checked="" type="checkbox"/> Day	<input checked="" type="checkbox"/> Sunday
	<input checked="" type="checkbox"/> Part Time	<input checked="" type="checkbox"/> Evening	<input checked="" type="checkbox"/> Monday
	<input type="checkbox"/> On Call	<input type="checkbox"/> Night	<input checked="" type="checkbox"/> Tuesday
	<input type="checkbox"/> Flex Time	<input type="checkbox"/> Weekend	<input checked="" type="checkbox"/> Wednesday
	<input type="checkbox"/> Temporary	<input type="checkbox"/> Holiday	<input checked="" type="checkbox"/> Thursday
		<input type="checkbox"/> Rotating Shifts	<input checked="" type="checkbox"/> Friday <input checked="" type="checkbox"/> Saturday

Please answer all of the following questions.

* No Do you have any relative(s) working for Mount Carmel Health System?

If yes, please list their :
Name:
Relationship:

* No Have you ever been employed by any member of Mount Carmel Health System or any other facility sponsored by Trinity Health?

If yes, enter the name and address of member/facility and dates of employment:
Name:
Address:
Dates of employment:

* No Have you ever worked or attended school under another name?

If yes, what name(s):

* Yes Are you 18 years of age or older?

* Yes Do you have the legal right to remain and work in the United States and after employment, can you submit legal verification of your legal right to work in the United States?

* No Have you ever been involuntarily terminated or involuntarily dismissed from a former position or job? Note: Involuntary termination is not an automatic bar to employment; all circumstances will be considered.

If yes, please explain:

* No Other than a minor traffic violation, have you ever pled guilty to or been convicted of any crime?

If yes, give the Offense, the dates pled guilty or convicted, and the Name and Location of the court that convicted you.
Please include felonies, misdemeanors, nolo contendres. DO NOT include crimes adjudicated in juvenile proceedings. Note: Answering "yes" to this question MAY not automatically disqualify you from consideration. Misstatements and/or omissions on this question will disqualify you from consideration.

* No Do you have any pending criminal charges against you?

* No Have you ever been sanctioned by the Office of Inspector General of the Department of Health and Human Services (HHS/OIG) or the Government Services Administration (GSA) or excluded or suspended from participation in any federal or state health care program?

RESUME

Resume

To copy and paste your resume:

1. Highlight the text on the resume you want to copy.
2. Press 'Ctrl C' to copy (Hold down the Ctrl key and press C).

3. Place the cursor in the **RESUME** box below.
4. Press 'Ctrl V' to paste the information.

Cover Letter**Resume**

[REDACTED]
Knoxville, TN 37923
Home: [REDACTED] ? Cell: (865)257.8773
[REDACTED]

Work Experience
1999 - Present

Lab Corp of America 03/2009 - Present
1932 Alcoa Highway Bldg C155 * Knoxville, TN 37920
Position: Patient Service Technician Specialist
Responsibilities: Patient care, Implementing proper procedure for blood draws including Stats, AP, Routine, Emergency, Legal, Trama, Pediatric, Neonatal), Retrieving Specimens, Cultures, and Tissue Samples, Inventory Control, Medical Knowledge.
Achievements: Team Player of the Week Award for Highest Productivity and 100% TAT Multiple weeks in a row.

Knoxville Convention Center 02/2008 -08/2008
701 Henley Street * Knoxville, TN 37902
Position: Event Technician
Responsibilities: Event Preparation, Equipment Set-up, Serving Food, Audio Set-up.

Jim Cogdill Dodge 01/2007 - 02/2008
8544 Kingston Pike * Knoxville, TN 37919
Position: Lead Associate
Responsibilities: New / Used Auto Sales, Commercial Auto Sales, Inventory Control, Training New Sales Associates, Financial Management, Credit Checking, Customer Service, Personal Shopper, Internet Sales, Special Order Sales, Product Knowledge.

Dicks Sporting Goods 06/2006 - 12/2006
221 North Peters Road * Knoxville, TN 37923
Position: Lead Fitness Associate, Hunting Lodge Manager - Gun Salesman
Responsibilities: Fitness Equipment Assembly, Loading and Unloading of Merchandise, Sales Associate, Customer Service & Assistance, Product Knowledge, Product Assembly.

Parkwest Medical Center 11/2005 - 05/2006
9352 Park West Boulevard * Knoxville, TN 37923
Position: Materials Associate
Responsibilities: Inventory Control, ER and OR Surgery Instrument Preparation, Emergency Materials Runner, Biohazard Waste Management, and Instrument Sterilization.

US Navy 08/2000 - 11/2005
(See Military Work Experience: Page 3)

Pep Boys 12/1999 - 05/2000
106 Market Place Boulevard * Knoxville, TN 37922
Position: Intermediate Mechanic
Responsibilities: Changed Oil, Alignment, Changed and Rotated Tires,
Education
1996 - Present

Pellissippi State Technical Community College 2006 - 2008
Special Courses: Media Technologies, Mac I & II, Design I & II, Typography.

Major: Communications Graphic Technology.
Degree: In Progress

University of Phoenix 2005
Courses: On-Line: General Studies 101, B+
Degree: Transferred

Great Lakes Naval Hospital Corps School (A-school), 2000 - 2001
Great Lakes Naval Training Center
Special Courses: EMT, Cardiac Care, Pharmacy
Certificate: Graduate of Naval Hospital Corps School

Great Lakes Naval Training Center (Boot Camp) 2000
Degree: Graduated

Farragut High School 1996 - 2000
Special Courses: Graphic Design I, II, & III; Drafting I, II, & III
Degree: High School Diploma

Honors / Awards

US Joint Services Achievement Medal - in support of Operation Enduring Freedom and the Global War on Terrorism
Combat Action Ribbon
Navy Meritorious Unit Commendation
Navy Good Conduct Medal Navy & Marine Overseas Service Ribbon
Global War on Terrorism Service Medal
National Defense Service Medal
Navy Expert Rifleman Medal (Sharpshooter)
Navy Expert Pistol Medal (Sharpshooter)

Military Work Experience

U S Navy 10/09/2005 Honorable Discharge

Pensacola Naval Air Station and Hospital 5/2005 - 10/2005
BMC Corry Station Clinic
(see below)

Guantanamo Bay Naval Station (GTMO)/ Southern Command 11/2004 - 5/2005
Rank: HM (E-3) / Top Security Clearance
Responsibilities: Provided highest standard and emergent care to: a population of over 500 Taliban and Al Qaeda detainees and Taliban and El Qaeda insurgents during their capture and transport from Afghanistan or Iraq to the detention center at GTMO. Provide medical assistance to US casualties while on-station in Iraq and Afghanistan.
Special Training: Anti-Terrorism, Suicide Prevention, Cell Extraction.

Pensacola Naval Air Station and Hospital 9/2003 - 10/2004
BMC Corry Station Clinic
Supply Petty Officer (annual budget - \$180K)
Responsibilities: Medical Records Keeping - input/verification; Patient Treatment general sick call; Basic lab technician with phlebotomy as a regular duty
Training Lectures Given: Sexual Transmitted Disease Prevention Education; Biological/Chemical Weapons and Threat Agents
Community Service: Habitat for Humanity
Special Training: Helicopter Search & Rescue / Hurricane Ivan Rescue and Recovery

Great Lakes Naval Hospital and Clinic 04/2001 - 9/2003

Rank: HM (E-3)

Responsibilities: Assisting in the prevention and treatment of disease and injuries; Preparing/Administering medications including injections; Caring for the sick and injured; Administering immunization programs; Rendering emergency medical treatment; Instructing sailors and marines in first aid, Self aid and personal hygiene procedures; Transporting the sick and injured; Conducting preliminary physical examinations; Performing medical administrative, Supply, and Accounting procedures; Maintaining treatment records and reports; Supervising shipboard and field environmental sanitation and preventive medicine programs; Supervising air, water, food and habitability standards, General sick call and medial records input/verification, Basic lab tech with phlebotomy as a regular duty,

Training Lectures Given: Sexual Transmitted Diseases, Sexual Harassment, and Suicide Awareness.

Community Service: Worked at the Clinic (USS Red Rover Training Command Clinic), High School volunteer work, from counseling to High school football games.

Special Training: Auxiliary Security Force Training - ASF (post 9/11) Basic police force policies, procedures, and tactics including vehicle patrol, security measures and surveillance; small arms and rifle training.

READ AND SIGN

Read the following carefully before signing.

As an applicant for employment at Mount Carmel Health System, it is important to understand we enforce a Tobacco Free Workday - Every Day policy. What this means for associates is they may not use tobacco products at any time during their work shifts, even during breaks, and whether on or off campus. During the shift, your personal presence including clothing, must be free of the odor of tobacco or tobacco smoke.

Please type your name below in agreement with this policy.

Candidate's/Applicant's Signature: Aaron Cole

Applicant Authorization and Release:

I certify that the information contained in this application is correct to the best of my knowledge and understand that any falsification, misrepresentation or omission on this application is grounds for refusal to hire, or if hired, dismissal. I authorize any of the persons or organizations referenced in this application to give Mount Carmel Health System any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application and release all or such parties and the Hospital from all liability for any damage that may result from furnishing such information. I authorize Mount Carmel Health System to request, receive and use such information and release Mount Carmel Health System from any liability regarding the use of such information. I specifically waive any written notice provisions required by state or federal law. Further, I understand and agree that Mount Carmel Health System and/or any affiliate may conduct an investigation into criminal history, past employment, education records, Medicare/Medicaid Fraud check and agree to cooperate in any investigation and release all of such parties and the Hospital from all liability for any damage that may result from furnishing such information. Additionally, Mount Carmel Health System may, through a testing service of its choice, collect a blood, urine, hair, saliva, or breath sample from me and conduct necessary medical tests to determine the presence or use of drugs and/or alcohol, including controlled substances. I hereby release Mount Carmel Health System and its employees from any liability arising out of such test and agree to be bound by its results. I agree that the test results and other relevant medical information may be released to Mount Carmel Health System for appropriate review. I also understand that if I refuse to execute this consent, I will not be considered for employment with Mount Carmel Health System. If I am accepted for employment with Mount Carmel Health System, I agree to comply with its Drug Free Workplace Policy. I understand that my employment is contingent upon successfully completing any background check or post offer physical exam.

I understand and agree that this application for employment and any of the investigations conducted regarding my application may be shared with any other members of Mount Carmel Health System and/or affiliates for other employment opportunities.

I agree to comply with Mount Carmel Health System rules, regulations and policies and acknowledge that these rules, regulations and policies may be changed, interpreted, withdrawn, or supplemented any time, and without prior notice to me. I understand that I am required to follow all policies, procedures, rules or regulations of Mount Carmel Health System and/or its affiliates and that any violation may result in disciplinary action including termination of my employment.

I understand that I must be willing and able to rotate shifts, work Saturdays, Sundays and Holidays as required by

Mount Carmel Health System and/or affiliates.

I acknowledge that any offer of employment, or my acceptance of an employment offer, if such is to occur, may be withdrawn, with or without cause, and with or without prior notice, at any time, at the option of Mount Carmel Health System or myself. I understand that this application and any other documents, which I may receive, are not contracts of employment. If employed, I understand that I will be an employee "at will" and either Mount Carmel Health System or I may terminate my employment relationship at any time with or without notice for any reason not violative of the law. I further understand that no representative of Mount Carmel Health System other than an officer has any authority to enter into any agreement for employment for any specified period of time or to assume any other personnel action, either prior to commencement of employment or after I have become employed, or to assure any benefits or terms and conditions of employment, or make any agreement contrary to the foregoing.

My typed name below shall have the same force and effect as my written signature.

Candidate's/Applicant's Signature: 

Date: August 20, 2012

Mangia, Laura

From: Anderson, Mary Beth
Sent: Friday, October 19, 2012 10:43 AM
To: Mangia, Laura
Subject: RE: [REDACTED] Phlebotomist

Thanks ☺

Mary Beth Anderson

Staffing Manager
Dawson Healthcare
Mount Carmel Health System
Office: (614) 234-3702
Fax: (614) 255-1393
Cell: (614) 307-0831
manderson2@mchs.com

From: Mangia, Laura
Sent: Friday, October 19, 2012 10:42 AM
To: Anderson, Mary Beth
Subject: RE: [REDACTED] Phlebotomist

Thanks, Mary Beth! No more news yet about the hold – Alan is coming over for lunch though so I will ask him to get back to you this afternoon. ☺

Laura Mangia
Generalist, Human Resources
Mount Carmel Health System
614/234-7212
614/234-6611 (fax)

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From: Anderson, Mary Beth
Sent: Friday, October 19, 2012 10:17 AM
To: Mangia, Laura
Subject: RE: [REDACTED] Phlebotomist

His contract is supposed to be up on 11/3 but since that was only an 8 week assignment he would not be at his 520 hours ☺

Have you received any more news from Alan regarding the hold? I have not received any since the first day you and I spoke.

Mary Beth Anderson

Staffing Manager
Dawson Healthcare
Mount Carmel Health System
Office: (614) 234-3702
Fax: (614) 255-1393

10/19/2012

Cell: (614) 307-0831
manderson2@mchs.com

From: Mangia, Laura
Sent: Friday, October 19, 2012 10:09 AM
To: Anderson, Mary Beth
Subject: RE: [REDACTED] Phlebotomist

Thanks, Mary Beth! When would his contract period be up please? Sorry, I have so many reports open – feeling a bit overwhelmed... ☺

Laura Mangia
Generalist, Human Resources
Mount Carmel Health System
614/234-7212
614/234-6611 (fax)

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From: Anderson, Mary Beth
Sent: Friday, October 19, 2012 9:41 AM
To: Mangia, Laura
Subject: RE: [REDACTED] Phlebotomist

Hi Laura,

\$2640- 24th

\$2400 –29th

Let me know of any decisions ☺

Mary Beth Anderson

Staffing Manager
Dawson Healthcare
Mount Carmel Health System
Office: (614) 234-3702
Fax: (614) 255-1393
Cell: (614) 307-0831
manderson2@mchs.com

From: Mangia, Laura
Sent: Wednesday, October 17, 2012 4:48 PM
To: Anderson, Mary Beth
Subject: RE: [REDACTED] Phlebotomist

Is it better to do a complete week or could we look at mid-week next week? If middle of the week doesn't work, let's just look at October 29th... If middle of the week is possible, could you possibly ask for buy-out effective for both dates? Thanks, Mary Beth! Laura :)

From: Anderson, Mary Beth
Sent: Wed 10/17/2012 3:53 PM

10/19/2012

To: Mangia, Laura
Subject: RE: [REDACTED], Phlebotomist

As of what date?

From: Mangia, Laura
Sent: Wednesday, October 17, 2012 2:39 PM
To: Anderson, Mary Beth
Subject: [REDACTED] Phlebotomist
Importance: High

Hi, Mary Beth!

Can you please check on a buy-out rate for us on [REDACTED]?

Thank you!

Laura ☺

Laura Mangia
Generalist, Human Resources
Mount Carmel Health System
614/234-7212
614/234-6611 (fax)

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10/19/2012

Jobs Applied to 14

Overview**Overview****Experience**

none entered

Websites

none entered

Skills

none entered

Education

none entered

Candidate Information

Added By Mr. [REDACTED]

Duplicates**Potential Duplicates**

Type	Name	Eligible for Rehire	Match Reasons	Merge	Remove
Candidate	AARON Cole		[REDACTED]		
Employee	Alexandra Cole (Terminated) (4205673)	No	[REDACTED]		
Employee	Allison Cole (4253904)		[REDACTED]		
Employee	Angela L Cole (5055204)		[REDACTED]		
Employee	Angela Gave Cole (1811892)		[REDACTED]		
Employee	Dr. Arthur N Cole (Terminated) (267639)		[REDACTED]		
Employee	Ms. Amy R Cole (269890)		[REDACTED]		
Employee	Amy Cole (4266311)		[REDACTED]		
Employee	Angela Cole (4210028)		[REDACTED]		
Employee	Audrey Cole (4262194)		[REDACTED]		
Employee	Audrey Cole (5049839)		[REDACTED]		
Employee	Ms. Allison L Cole (4052581)		[REDACTED]		
Candidate	Andrea Cole		[REDACTED]		
Candidate	Andrea Cole		[REDACTED]		

Type	Name	Eligible for Rehire	Match Reasons	Merge	Remove
Candidate	[REDACTED]				
Candidate	[REDACTED]				
Candidate	[REDACTED]				

Additional Data

View As Of 07/19/2019

SkillSurvey Reference Check

Survey ID

Screening**Screening Questions**

Questionnaire Internal Standard Questionnaire: Trinity Health V5

Respondent Mr. [REDACTED]

Submission Date 06/28/2019

Question	Answers
Have you communicated your interest in this position to your current Manager?	Answers Yes
As a current colleague are you looking to add this opportunity as an Additional Job?	Answers No
Have you had any disciplinary action in the past 12 month's	Answers No
If yes, to disciplinary questions, please provide details.	
If you are aware of any relatives that currently work for any organization within the Trinity Health System, please provide their name and contact information here.	
Which shifts are you willing to work? (Select one or more)	Answers Nights, Evenings, Weekends, Rotating, Days
Are you willing to travel for work?	Answers <25% travel
Are you willing to relocate?	Answers No
Are you legally able to remain and work in the United States without Sponsorship?	Answers Yes
Are you 18 years of age or older?	Answers Yes
Have you ever been sanctioned or are you currently under investigation by the Office of Inspector General of the Department of Health and Human Services (HHS/OIG) of the Government Services Administration (GSA) or excluded or suspended from participation in any federal or state health care program?	Answers No
Sanctions, Exclusions, or Suspensions Details	

Question	Answers
Have you ever been found or are you currently under investigation to have engaged in substantiated abuse or neglect of children or adults under the laws of any states of the United States? What is your desired minimum pay rate in dollars? (provide as an annual or hourly amount)	Answers No

Assessments

none entered

none entered

Background Check History

Interview

Interview Feedback

Overall Average Rating 5 (out of 5)

Ratings Submitted 1 of 1 Interviewer Feedback Received

Interview - 00147253 Armed Safety and Security Officer - Security - Mount Carmel St., Ann's (Fill Date: 07/21/2019)

Interviewer	Feedback Submitted	Overall Rating
 Mr. Jeremy M Reisinger (4033234)		5 (out of 5) - Highly Recommended

Time Zone

Questionnaire Results

Initial Application

Questionnaire Internal Standard Questionnaire: Trinity Health V5

Respondent Mr. Aaron D Cole (285671)

Submission Date 06/28/2019

Question	Answers
Have you communicated your interest in this position to your current Manager? As a current colleague are you looking to add this opportunity as an Additional Job?	Answers Yes Answers No

Question	Answers
Have you had any disciplinary action in the past 12 months?	Answers No
If yes, to disciplinary questions, please provide details.	
If you are aware of any relatives that currently work for any organization within the Trinity Health System, please provide their name and contact information here.	
Which shifts are you willing to work? (Select one or more)	Answers Nights, Evenings, Weekends, Rotating, Days
Are you willing to travel for work?	Answers <25% travel
Are you willing to relocate?	Answers No
Are you legally able to remain and work in the United States without Sponsorship?	Answers Yes
Are you 18 years of age or older?	Answers Yes
Have you ever been sanctioned or are you currently under investigation by the Office of Inspector General of the Department of Health and Human Services (HHS/OIG) of the Government Services Administration (GSA) or excluded or suspended from participation in any federal or state health care program?	Answers No
Sanctions, Exclusions, or Suspensions Details	
Have you ever been found or are you currently under investigation to have engaged in substantiated abuse or neglect of children or adults under the laws of any states of the United States?	Answers No
What is your desired minimum pay rate in dollars? (provide as an annual or hourly amount)	

Offer**Questionnaire** Offer Details - Do NOT select "None of the Above"**Respondent** Derek Doncyson (4250399)**Submission Date** 07/02/2019

Question	Answers
What is the pay type for this offer?	Answers Hourly
Does this offer include a relocation package?	Answers No
Is this offer for a Work from Home Employee?	Answers No
Is this a Union Job?	Answers No
FOR INTERNAL: Is there a change in benefits?	Answers No change or is not applicable

Attachments**Attachments**

Attachment	
Resume / Cover Letter	
Other Documents	Category

Offer

Offer Details

Job Details

Hire Date 07/21/2019
Location MCHS - Mount Carmel St. Ann's
Hire Reason Data Change > Transfer > Move to Another Manager (Reporting Relationship Change)
Job Profile MCHS_Armed Safety and Security Officer_M4850
Business Title MCHS_Armed Safety and Security Officer_M4850
Default Weekly Hours 40
Scheduled Weekly Hours 40
Contract End Date

Compensation Totals

Total Base Pay	Currency	Frequency
18,000 USD		Hourly

Compensation Package Trinity Health - Compensation Package
Grade MCHS_Structure
Grade Profile MCHS_9
Company OH_MCHS Mount Carmel Health System

Plan Assignments

Plan Type	Compensation Plan	Assignment
Allowance	MCHS - On Call	2.00 USD Hourly
Allowance	MCHS - Night Differential	2.50 USD Hourly
Allowance	MCHS - Evening Differential	2.00 USD Hourly
Allowance	MCHS - Charge Pay	1.00 USD Hourly
Allowance	MCHS - Weekend Differential	1.00 USD Hourly
Hourly	TH Hourly Plan	18.00 USD Hourly

Attachments

Generated Documents

Document	Signature Type	Signed By	Signature Date	Uploaded Document
Trinity Health Systems Offer Letter - Internal 07/02/2019.pdf	E-sign by Adobe Sign	[REDACTED]	07/03/2019 08:32:05 PM	Trinity Health Systems Offer Letter - Internal_uploaded

Reminders

Upcoming

none entered

Completed

none entered



[Redacted]

Complete Report

Social Security Number: [Redacted]

DOB: Jan 25, 1982

Prepared By:

HireRight

3349 Michelson Dr. Suite 150

Irvine, CA 92612

Phone: 866-521-6995

Fax: 877-797-3442

customerservice@hireright.com

Request #: HA-070319-A86Q7

Turnaround time: 38 seconds

Package: Custom

Date Request Submitted: Jul 3, 2019 5:19 AM PDT

Request Completion Date: Jul 3, 2019 5:20 AM PDT

Adjudication Status: Meets Company Standards [\(change\)](#)

Adjudication Status Set: Jul 15, 2019 5:39 AM PDT

Adjudication Pending Date: Jul 3, 2019 5:20 AM PDT

Requested By:

Derek Doncyson

Trinity Health Corporation (Mount Carmel, OH)

6150 East Broad Street

Columbus, OH 43213

Phone: (614) 546-3474

E-mail: Derek.Doncyson@mchs.com

Product	Verification	Result	Adjudication Result
MVR	UG797436, OH, USA	Complete - No Violation Data Found	

Reviewer's Comments

Comments from Trinity Health Corporation (Mount Carmel, OH)

Adjudicated by Ashley Beckham (Jul 15, 2019 5:39 AM PDT)

Adjudication Status: Meets Company Standards

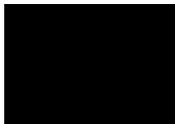
MVR

MVR

Complete - No Violation Data Found ¹

Time Completed: Jul 3, 2019 5:20 AM PDT

Name:



License Number:

State Issued:

OH

Date License was First Issued:

Information Provided

Information Corrected

License Number:



Driver's License First Name:



Driver's License Middle Name:

Driver's License Last Name:

License and Permit Information:

License Type:

1. PERSONAL

Class D

Class OPERATOR

Description

Issued Date May 22, 2019

Expiration Jan 25, 2022

Date

Status VALID

Restrictions CORRECTIVE LENSES

Endorsements MOTORCYCLE

Misc Data:

Indicates if the driver is deceased or not:

N

NO DRIVER RECORDS IN FILE

Activity Log

Activity	Date/Time	Performed By	Recipient	Result
Report	Jul 3, 2019 5:19	Trinity Health Corporation (Mount		

Submitted	AM PDT	Carmel, OH)		
Adjudicated	Jul 3, 2019 5:20 AM PDT	HireRight		Pending
Email Notification	Jul 3, 2019 5:20 AM PDT	HireRight System	Trinity Health Corporation (Mount Carmel, OH)	Pending
Adjudicated	Jul 15, 2019 5:39 AM PDT	Trinity Health Corporation (Mount Carmel, OH)		Meets Company Standards

¹ "Complete" indicates that this request has been processed to conclusion. Please review the report details in their entirety to evaluate any potential discrepancies or records related to this request.

All times listed in America/Los_Angeles timezone

The Activity Log above may reflect activity for this screening report. E-mail notifications, if configured by the company that requested the report, may have been sent by or through HireRight to an authorized company-user (shown as the "Recipient"). Some adjudication history entries and related e-mail notifications, if any, indicate whether an initial determination was made regarding whether the report satisfied the company's hiring criteria (shown in the "Result" column), including any preliminary status Result of "Meets" or "Does Not Meet" company standards. Sometimes a company's final adjudication determination may change from its initial determination. Questions about the company's hiring decisions should be directed to the company.

LEGAL NOTES:

This report contains personal information, and should be handled at all times in accordance with your Service Agreement with HireRight and applicable law. Proper use of the content of this report, and final verification of the named individual's identity, are your responsibility.



MOUNT CARMEL

07/02/2019

Mr. [REDACTED]
[REDACTED]

Grove City, Ohio 43123

Dear [REDACTED],

On behalf of Mount Carmel, I am pleased to confirm our offer for the **Full-time Armed Security Officer** position at the **Mount Carmel St. Ann's Campus**.

- Your manager is: **Jeremy Reisinger**
- Your transfer:
 - o includes a change in pay. Your new compensation is: **\$18.00USD/HR**
- Your official transfer date will be: **July 21st 2019**

I am delighted that you have accepted a new position at Mount Carmel. If you have any questions, do not hesitate to call me at **(614)-546-3474**. Congratulations!

Sincerely,

Derek Doncyson
Talent Acquisition Partner, Human Resources
Mount Carmel Health System | A Member of Trinity Health

Cc: Supporting documents

This letter is intended to confirm the rate of pay and other pertinent employment information. The letter does not constitute an employment contract, nor is it intended to be an employment agreement. We reserve our right to exercise an employment at will philosophy.

Name: Mr. [REDACTED] (Internal)



MOUNT CARMEL

Signature: *daron D Cole*
Director of Health Services

Date: Jul 3, 2019

[REDACTED]
Grove City, Ohio 43123
Mobile: (614)886.8114
Cole.AaronD@gmail.com

Work Experience

1999 – Present

Mount Carmel Grove City

11/2012 – present

5300 N Meadows Drive
Grove City, OH 43123

Position: Critical Care Technician

Responsibilities: Patient care, Implementing proper procedure for blood draws including Stats, AP, Routine, Emergency, Legal, Trauma, Retrieving and Processing Specimens, Cultures, and Tissue Samples, Inventory Control, Medical Knowledge.

Lab Corp of America

03/2009 – 08/2012

1932 Alcoa Highway Building C155 • Knoxville, TN 37920

Position: Patient Service Technician Specialist

Responsibilities: Patient care, Implementing proper procedure for blood draws including Stats, AP, Routine, Emergency, Legal, Trauma, Pediatric, Neonatal, Retrieving Specimens, Cultures, and Tissue Samples, Inventory Control, Medical Knowledge.

Achievements: Above and Beyond Award - For going above and beyond to save a life. Team Player of the Week Award - For Highest Productivity and 100% TAT (Multiple weeks in a row).

Responsibilities: Fitness Equipment Assembly, Loading and Unloading of Merchandise, Sales Associate, Customer Service & Assistance, Product Knowledge, Product Assembly.

US Navy

08/2000 – 11/2005

(See Military Work Experience: Page 3)

Education

L.E.P.D. 06.29.2019 –
Special Courses: OPATA Training 06.30.2019
Contact: Lori Delbert (614) 999-1009

Pellissippi State Technical Community College 2006 – 2008

Special Courses: Media Technologies, Mac I & II, Design I & II, Typography.
Major: Communications Graphic Technology.
Degree: In Progress

University of Phoenix 2004

Courses: On-Line: General Studies 101, B+
Degree: Transferred

Great Lakes Naval Hospital Corps School (A-school) 2000 – 2001

Great Lakes Naval Training Center
Special Courses: EMT, Cardiac Care, Pharmacy
Certificate: Graduate of Naval Hospital Corps School

Great Lakes Naval Training Center (Boot Camp) 2001

Degree: Graduated

Farragut High School 1996 - 2000

Special Courses: Graphic Design I, II, &III; Drafting I, II, & III
Degree: High School Diploma

Honors / Awards

US Joint Services Achievement Medal - in support of Operation Enduring Freedom and the Global War on Terrorism

Navy Meritorious Unit Commendation

Navy Good Conduct Medal

Global War on Terrorism Service Medal

National Defense Service Medal

Navy Expert Rifleman Medal (Sharpshooter)

Navy Expert Pistol Medal (Sharpshooter)

Military Work Experience

U S Navy

10/09/2005

Honorable Discharge

Pensacola Naval Air Station and Hospital

5/2005 - 10/2005

BMC Corry Station Clinic

(see below)

Guantanamo Bay Naval Station (GTMO)/ Southern Command 11/2004 - 5/2005

Rank: HM (E-3) / Top Security Clearance

Responsibilities: Provided highest standard and emergent care to: a population of over 500 Taliban and Al Qaeda detainees and Taliban and El Qaeda insurgents during their capture and transport from Afghanistan or Iraq to the detention center at GTMO. Provide medical assistance to US casualties while on-station in Iraq and Afghanistan.

Special Training: Anti-Terrorism, Suicide Prevention, Cell Extraction.

Pensacola Naval Air Station and Hospital

9/2003 - 10/2004

BMC Corry Station Clinic

Supply Petty Officer (annual budget - \$80K)

Responsibilities: Medical Records Keeping - input/verification; Patient Treatment general sick call; Basic lab technician with phlebotomy as a regular duty

Training Lectures Given: Sexual Transmitted Disease Prevention Education; Biological/Chemical Weapons and Threat Agents

Community Service: Habitat for Humanity

Special Training: Helicopter Search & Rescue / Hurricane Ivan Rescue and Recovery

Great Lakes Naval Hospital and Clinic

04/2001 - 9/2003

Rank: HM (E-3)

Responsibilities: Assisting in the prevention and treatment of disease and injuries; Preparing/Administering medications including injections; Caring for the sick and injured; Administering immunization programs; Rendering emergency medical treatment; Instructing sailors and marines in first aid, Self aid and personal hygiene procedures; Transporting the sick and injured; Conducting preliminary physical examinations; Performing medical administrative, Supply, and Accounting procedures; Maintaining treatment records and reports; Supervising shipboard and field environmental sanitation and preventive medicine programs; Supervising air, water, food and habitability standards, General sick call and medial records input/verification, Basic lab tech with phlebotomy as a regular duty,

Training Lectures Given: Sexual Transmitted Diseases, Sexual Harassment, and Suicide Awareness.

Community Service: Worked at the Clinic (USS Red Rover Training Command Clinic), High School volunteer work, from counseling to High school football games.

Special Training: Auxiliary Security Force Training - ASF (post 9/11) Basic police force policies, procedures, and tactics including vehicle patrol, security measures and surveillance; small arms and rifle training.

*Estimated Times are stated in hours:minutes format.

LEGEND  = Course  = Curriculum

HealthStream.

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HealthStream.

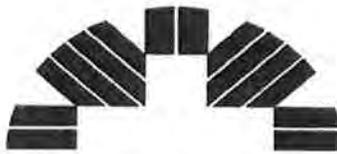
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Job Description
Orientation
Hospital Orientation
Licenses
Job Orientation



Job Description



MOUNT CARMEL

A MEMBER OF  TRINITY HEALTH



July 23/1

POSITION DESCRIPTION

POSITION TITLE: Armed Safety & Security Officer	DEPARTMENT: Safety & Security
JOB CODE: M4850	REPORTS TO: Armed Supervisor of Safety & Security
DATE ISSUED: 2/1/2017	SUPERVISES: N/A
DATE REVISED: 2/1/2017	MATRIX REPORTING RELATIONSHIPS: N/A

Mount Carmel Mission Statement and Guiding Behaviors

Mission: We serve together in Trinity Health, in the spirit of the Gospel, to heal body, mind and spirit, to improve the health of our communities and to steward the resources entrusted to us.

The Guiding Behaviors set the expectation for how we work together in living our Mission and Core Values. They are:

- We support each other in serving our patients and communities.
- We communicate openly, honestly, respectfully and directly.
- We are fully present.
- We are all accountable.
- We trust and assume goodness in intentions.
- We are continuous learners.

Job Summary

- In accordance with the Mission and Guiding Behaviors; the Safety & Security Officer is to provide protective services to all persons and property across the Mount Carmel Health System.
- Ensure a safe environment for all associates, physicians, patients, and visitors in compliance with various regulatory standards to include, JC, OSHA, ect.
- Provide a quality service consistent with the values of Mount Carmel Health System for our associates, physicians, patients and visitors.

Job Qualifications (Knowledge, Skills, and Abilities)

- Education: High school graduate or GED required.
- Licensure / Certification: Receipt of Ohio Peace Officer Training Academy certificate of completion prior to being assigned a shift as an Armed Safety and Security Officer for Mount Carmel
- Experience: Three to five years experience in security, law enforcement or military disciplines or equivalent training which might include criminal justice, homeland security, or law enforcement academy is preferred.
- Effective Communication Skills
- Valid driver's license with good driving record maintained
- Customer service oriented able to function in high stress situations with personal restraint, integrity, and control.
- Basic computer skills that commensurate with the job.
- Ability to communicate effectively and appropriately with diverse populations.
- Ability to write, read, and communicate effectively in the English language.

Essential Responsibilities

- Exhibits each of the Mount Carmel Service Excellence Behavior Standards holding self and others accountable and role modeling excellence for all to see. For example: demonstrates friendliness and courtesy, effective communication creates a professional environment and provides first class service.
- Meets population specific and all other competencies according to department requirements.
- Promotes a Culture of Safety by adhering to policy, procedures and plans that are in place to prevent workplace injury, violence or adverse outcome to associates and patients.
- Relationship-based Care: Creates a caring and healing environment that keeps the patient and family at the center of care throughout their experience at Mount Carmel following the principles of our interdisciplinary care delivery system.
- **(For patient care providers)** Provides nursing care, ensures an environment of patient safety, promotes evidence-based practice and quality initiatives and exhibits professionalism in nursing practice within the model of the ANCC Magnet Recognition Program®.
- Maintain a safe and secure environment through job knowledge, skills and engagement. Intervene as appropriate in any safety & security observed issues.
- Enforces all governmental regulations, standards, policies associated with Mount Carmel Health System and Safety & Security policies, (i.e. smoking policy).
- Communicate safety and security discrepancies to the appropriate parties for mitigation.
- Ensure department goals & objectives are reached/maintained during assigned shift(s).
- Responsible for assuring that the Safety, Life Safety, security, and Emergency Management, and the JC standards are followed as it relates to the position.
- Responsible for completing and documenting assigned tasks, such as fire drill and safety tours on time.
- Ensure accurate documentation during assigned shift (i.e. security reports, safety incidents, activity logs).
- Ensure consistent delivery of professional, friendly, and courteous service.
- Comply with the organization and department dress code.
- Conduct initial and follow-up investigations, if warranted or directed, ensuring documentation of investigative steps.
- Proactive patrolling of the campus by foot, segway, or vehicle as assigned.
- Respond to all "STAT" calls expeditiously and safely.

- Be familiar with all hospital emergency codes and appropriate responses
- Responsible for completing assigned tasks/duties on time (i.e. fire drills and safety tours).
- Provide on-the-spot in-service training to staff where knowledge related discrepancies are noted.
- Demonstrate sound judgment, decision skills, and prioritizing responses to emergency situations.
- Ability to perform duties in an independent manner.
- Custodial responsibility for patient valuables and maintaining lost and found by following the proper protocols.

Other Job Responsibilities

- Inspects panic alarms, AED's, and call boxes as assigned.
- Provides escorts for associates, patients, visitors and students (where located) in the hospital areas and areas contiguous to the hospital areas.
- Issue parking citations and enforce the parking policy.
- Provide helipad duties during helicopter landings and departures
- Assist in the collection of ICES data as directed
- Monitoring of cameras and access control responsibilities as assigned
- Citizen arrest duties only in accordance with applicable laws and statutes
- Assist motorist with vehicle assistance as appropriate (i.e. jump start)
- Traffic enforcement keeping emergency entrances and approaches clear of non-emergency vehicle traffic
- Respond to safety incidents/visitor injuries as appropriate, ensuring medical is summoned as appropriate.
- During emergent events direct media to the proper area/contact
- Perform other assigned duties as directed by Management.
- Use proper radio procedures and monitors on-going activity
- Be familiar with geographic location and facility layout
- Immediately report and respond appropriately to Salient events, communicating the event to your supervisor.
- Provide for security per policy for VIPs
- Chemical spill clean up as assigned.
- Responsible for compliance with Organizational Integrity through raising questions and promptly reporting actual or potential wrongdoing.
- All other duties as assigned.

EQUIPMENT: This section requires a response of Yes or No from drop down box.

Radiation: No Electrical: Yes
Chemical: Yes Mechanical: No

KEY TO FREQUENCY CODES for Physical Requirement Sections: This section requires a numerical response from drop down box.

1 = Up to 33% of the time 3 = Over 66% of the time
2 = From 33% - 66% of the time 4 = Not Applicable

PHYSICAL REQUIREMENTS

Sitting: 3 Balancing: 3
Standing: 3 Reaching Overhead: 1
Walking: 3 Grasping: 3
Ability to be Mobile: 3 Keyboarding : 3
Bending: 2 Pinching: 3
Kneeling/Crawling: 1 Twisting: 2
Stooping: 1 Climbing: 1
Turning/Pivoting: 2 Pulling: 2
Working Above Shoulder Level: 4

Pushing: 2 Maximum Weight: Equal to or greater than 35 lbs
Lifting: 3 Maximum Weight: Equal to or greater than 35 lbs

POTENTIAL EXPOSURE: This section requires a response of Yes or No from drop down box.

Blood / Body Fluid Contact: Yes Humidity: No Temperature: No
Air-borne Pathogen: Yes Chemicals (Fumes / Burns): No Dust: No
Radiation: No Vibrations: No Noise: No

Personal Protective Equipment: This section requires a response of Yes or No from drop down box.

Gloves: Yes Shoes: No Goggles: Yes Aprons: No
Masks: Yes Head Covering: No Gowns: Yes

Emotional / Psychological Factors: This section requires a response of Yes or No from drop down box.

Trauma: Yes Grief: Yes Death: Yes Public Contact: Yes Deadlines: Yes

This job description is intended to describe the general content of and requirements for the performance of this job. It is not to be considered an exhaustive statement of duties, responsibilities, or requirements.

Reviewed and Approved by: Drew Evans
Title: Manager System Safety and Security
Date: 3/15/2017
Compensation Rep: Jim Koussaie
Title: Sr. Compensation Consultant
Date: 3/15/2017

Orientation

**MOUNT CARMEL HEALTH SYSTEM
SAFETY AND SECURITY
SECURITY OFFICER
ORIENTATION**

Orientee: _____



Primary Preceptor: J. Reisinger

Secondary Preceptor: _____

Start Date: 7/23/19

Completion Date: 8-17-19

Reviewed By: [Signature]

*** Return to manager when completed ***

**INTRODUCTION AND OVERVIEW
OF THE MOUNT CARMEL HEALTH SYSTEM**

SYSTEM MISSION STATEMENT

**Mount Carmel Health System
is a community of committed persons
working to extend God's ministry of health.
We seek out and respond to the health needs
of our communities.**

**We serve and care for all people
with fairness, respect and compassion.**

**As a member of the Holy Cross Health System
we dedicate ourselves to
Fidelity, Excellence, Empowerment and Stewardship
by living the values of
Dignity of Persons, Service to Others,
Social Justice for All.**

**Faithful to the spirit of the
Congregation of the Sisters of the Holy Cross
both the Holy Cross Health System
and the Mount Carmel Health System
exist to witness Christ's love through excellence in the
delivery of health services
motivated by respect for those we serve.
While stewarding our resources, we foster a climate
that empowers those who serve with us.**

**INTRODUCTION AND OVERVIEW
OF THE MOUNT CARMEL HEALTH SYSTEM
SAFETY AND SECURITY DEPARTMENT**

Mission Statement

Safety and Security is a team of dedicated individuals working together to provide a safe and secure environment by providing high quality life safety, personal and property protection services.

We achieve timely, cost effective results through the collective knowledge, talents, and skills of Associates working together for the benefit of those we serve.

Simply stated, we:

- ☆ work as a team,
- ☆ strive for excellence,
- ☆ are on time,
- ☆ are within budget,
- ☆ enjoy our work and each other.

REQUIREMENTS

- Annual TB Test – See Associate Health Services
- Annual Safety Education Training (HealthStream)
- **Annual OPOTA FIREARMS Recertification**
- Good written and verbal skills
- Computer Skills – Windows and Microsoft Office
 - Demonstrates the Use of the Mouse
 - Demonstrates the use of the Keyboard
 - Demonstrates the use of the Registrar

SECURITY OFFICER ORIENTATION WEEKLY PROGRESS

Week One:	Day one: System Orientation
	Day two: Introduction to Employees
	✓ Review Job Description
	Review Supervisor/Take Charge Responsibilities
	Department Goals and Objectives
	✓ Organizational Chart
	Campus Tour
	✓ Work Schedule/Post Assignments/Overtime
	✓ Meals and Breaks
	✓ PLT/DIS/LOA's
	✓ Clocking In/Absenteeism/Tardiness
	✓ Dress Code
	Day three: Department Resources and Manuals
	Review H.R. Policies and Procedures
	Emergency Operations Manuals
Week Two:	Safety Management
Week Three and Four:	Security Management and Emergency Preparedness Management
Week Five and Six:	Hazardous Materials Management
Week Seven and Eight:	Life Safety Management

GENERAL ORIENTATION CHECKLIST

ITEM	RESPONSIBLE PERSON	TIME FRAME	DATE COMPLETED
Home Address & Telephone No.	Employee	Day 1	7-23-19
Uniforms/Equipment	Supervisor	Day 1	7/23/19
Shift Assignment	Supervisor	Day 1	7/23/19
E-Mail Address	Supervisor	Week 1	7/23/19
Review Progressive Counseling Policy	Supervisor	Week 1	7/23/19
Confidentiality Policy	Supervisor	Week 1	7/23/19
Joint Commission/Life Safety/OSHA Regulations	Supervisor	Week 3	7/23/19
Hospital Paging System	Supervisor	Week 1	7/23/19
Complaints against Security Officers	Supervisor	Week 1	7/23/19
Department Policies and Procedures	Supervisor	Week 1	8/17/19
Department Forms/Pass-On Log	Supervisor	Week 1	7/23/19
Productivity Data/Dispatch Log	Supervisor	Week 1	8/17/19

SECURITY OFFICER

	Reviews Pertinent Information		Performs With Assistance		Performs Independently	
	Orientee Date & Initials	Preceptor Date & Initials	Orientee Date & Initials	Preceptor Date & Initials	Orientee Date & Initials	Preceptor Date & Initials
SAFETY MANAGEMENT						
Describes AMA Patients		JR 7/23/19	Ⓟ	JR 7/30/19		
Describes Pink Slipped Patients		JR 7/22/19	Ⓟ	JR 7/30/19		
Demonstrates Camera Center Operations		JR 7/25/19	Ⓟ	JR 7/30/19		
Describes Correction of Hazardous Conditions		JR 7/23/19	Ⓟ	JR 7/30/19		
Demonstrates Detainment/Restraint of Patients		JR 7/23/19	Ⓟ	JR 7/30/19		
Describes Elevator Locations & Operations		JR 7/23/19	Ⓟ	JR 7/30/19		
Demonstrates Heliport Lighting/Traffic Control		JR 7/23/19	Ⓟ	JR 8-17-19		
Describes and Demonstrates Infectious Control/Universal Precautions		JR 7/23/19	Ⓟ	JR 7/30/19		
Conducts Safety Inspections						
SECURITY MANAGEMENT						
Demonstrates 10 codes / Two-Way Radio Communications		JR 7/23/19	Ⓟ	JR 7/30/19		
Describes Areas Unauthorized		JR 7/23/19	Ⓟ	JR 7/30/19		
Demonstrates Vehicle Operations			Ⓟ	JR 7/30/19		
Demonstrates writing Departmental Forms / Pass-On Book		JR 7/23/19	Ⓟ	JR 7/30/19		
Demonstrates and describes Door Lock / Unlock Schedules		JR 7/26/19	Ⓟ	JR 7/30/19		
Demonstrates Identification / Package Checks			Ⓟ	JR 7/30/19		
Demonstrates and describes Visitation Policy			Ⓟ	JR 7/30/19		

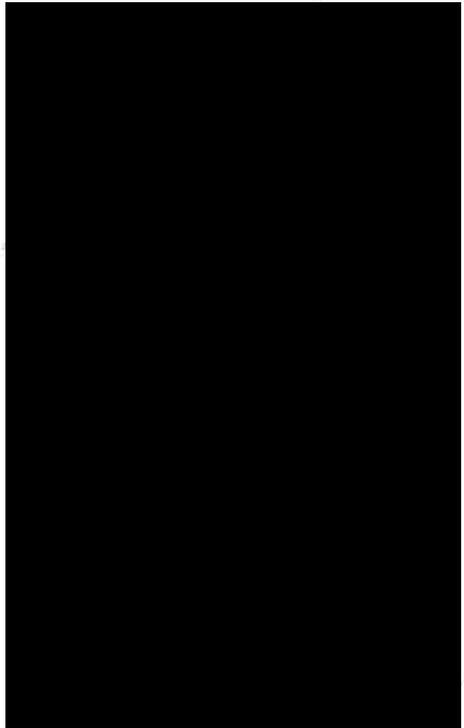
SECURITY OFFICER

	Reviews Pertinent Information		Performs With Assistance		Performs Independently	
	Orientee Date & Initials	Preceptor Date & Initials	Orientee Date & Initials	Preceptor Date & Initials	Orientee Date & Initials	Preceptor Date & Initials
Demonstrates Numerical Keypads / Codes / Use of		JK 7-25-19	C	JK 7-20-19		
Demonstrates Lost and Found		JK 7-25-19	C	JK 7-30-19		
Describes Matrix System / Card Access						
Demonstrates Money / Protective Escorts		JK 7-25-19	A	JK 7-30-19		
Demonstrates and describes Off Property Duties / Alarms			A	SR 7-27-19		
Demonstrates and describes Parking Enforcement			A	JK 7-30-19		
Demonstrates and describes Patient Valuables Policy / Procedure			A	JK 7-30-19		
Demonstrates Patrols / Interior / Exterior / Emergency Room		JK 7-25-19	A	JK 7-30-19		
Demonstrates Defensive Tactics and ASP and OC Training			C	JK 8-2-19		
Describes Removal of Belligerent / Combative Visitors, Patients, or Associates			A	JK 7-30-19		
Demonstrates Safety / Security Vehicle Procedures			A	JK 7-30-19		
Demonstrates Signing on Computers / Work Orders			A	JK 7-30-19		
LIFE SAFETY MANAGEMENT						
Conducts Construction Safety Inspection (ILSM Forms)			A	JK 8/17/19		
Completes Construction Safety Evolution Form (ILSM)			C	JK 8/17/19		
Describes Electrical Safety			C	JK 8/17/19		
Conducts Fire Drills			C	JK 8/17/19		
Completes Drill Evaluation Form			C	JK 8/17/19		

	Reviews Pertinent Information		Performs With Assistance		Performs Independently	
	Orientees Date & Initials	Preceptor Date & Initials	Orientees Date & Initials	Preceptor Date & Initials	Orientees Date & Initials	Preceptor Date & Initials
Describes Fire Hazards			CP	7/18/17/19		
Describes types of Fire Extinguishers			CP	7/18/17/19		
Describes types of fires			CP	7/18/17/19		
Describes Fire Response Team			CP	7/18/17/19		
Demonstrates inspection of Fire Extinguishers & Locations			CP	7/18/17/19		
Describes locations of Fire System Pull-Boxes			CP	7/18/17/19		
Describes location of Mechanical Rooms & Airhandlers			CP	7/18/17/19		
Describes Simplex Fire Alarm System			CP	7/18/17/19		
Describes Safety and Security Fire Plan			CP	7/18/17/19		
Demonstrates Safety / Security Intervention Regarding Patients			CP	7/18/17/19		
HARARDOUS MATERIALS MANAGEMENT						
Demonstrates and Describe Hazmat Suit / Location			CP	7/18/17/19		
Describes SDS Manuals			CP	7/18/17/19		
Demonstrates Use of SDS			CP	7/18/17/19		
Describes Mercury & Chemotherapy Spills			CP	7/18/17/19		
Describes Personal Protective Equipment			CP	7/18/17/19		

Hospital Orientation

Licenses



Job Orientation

I [REDACTED] have been issued 52 rounds of Winchester Ranger 9mm +P 124 Grain ammunition on 10/14/19. I understand that this is the only duty ammunition I may use while on duty and must carry in my duty weapon and magazines at all times.

Received By:

[REDACTED] 912 10/14/19

Issued By

[Signature] 10/14/19

I [REDACTED] have been issued 52 rounds of Federal Premium 124 Grain HST HP 9 mm ammunition on July 31, 2019. I understand that this is the only duty ammunition I may use while on duty and must carry in my duty weapon and magazines at all times.

Received By:

[REDACTED] July 31/2019

Issued By

[Signature] 7/31/19

I, [REDACTED], have received the following issued uniforms from the Safety & Security Department at Mount Carmel St. Ann's Hospital.

	<u>Item Description</u>	<u>Quantity</u>	<u>Received</u>
1	Short Sleeve Class A Navy Blue Shirt	2	✓
2	Kenwood Digital Radio, Charger, Remote Speaker Mic (SA712)	1	✓
3	Uniform Navy Blue Pants	2	✓
4	All Weather Navy Blue Jacket	0	
5	Mount Carmel Ball Cap	1	✓
6	Nylon Duty Belt	1	✓
7	Nylon O/C Case	1	✓
8	Nylon Radio Case	0	
9	Nylon Glove Pouch	1	✓
10	Nylon Handcuff Case	1	✓
11	Nylon Belt Keepers	4	✓
12	Key Holder	1	✓
13	ASP Holder	1	✓
14	Magazine Holder	1	✓
15	Level 3 Duty Holster	1	✓
16	Pair of Handcuffs w/ Key	1	✓
17	ASP Expandable Baton	1	✓
18	Can of O/C	1	✓
19	MCHS Security Badge	1	✓
20	Name Plate	0	
21	Pair of Collar Brass	0	
22	Office Key	1	✓

Upon termination of employment, I understand that the above issued property must be turned into the Security Supervisor.

Printed Name: [REDACTED]

Signed: [REDACTED]

Date: July 23, 2019

Issued By: [Signature]

1 vest & external carrier
7/23/19
[Signature]

For: 00147253 Armed Safety and Security Officer - Security - Mount Carmel St. Ann's

Step Hire
Source Internal Recruiting Source -> Internal Recruiting Source



Mr. Jeremy M Reisinger (4033234)
Hiring Manager



Derek Doncyson (4250399)
Recruiter

Overview

Experience

none entered

Websites

none entered

Skills

none entered

Education

none entered

Candidate Information

Added By Mr. [REDACTED]

Screening

Screening Questions

Questionnaire Internal Standard Questionnaire: Trinity Health VS

Respondent Mr. [REDACTED]

Submission Date 06/28/2019

Question	Answers
Have you communicated your interest in this position to your current Manager?	Answers Yes
As a current colleague are you looking to add this opportunity as an Additional Job?	Answers No
Have you had any disciplinary action in the past 12 month's	Answers No
If yes, to disciplinary questions, please provide details. If you are aware of any relatives that currently work for any organization within the Trinity Health System, please provide their name and contact information here. Which shifts are you willing to work? (Select one or more)	Answers No
Are you willing to travel for work?	Answers Nights, Evenings, Weekends, Rotating, Days
Are you willing to relocate?	Answers <25% travel
Are you legally able to remain and work in the United States without Sponsorship?	Answers No
Are you 18 years of age or older?	Answers Yes
Have you ever been sanctioned or are you currently under investigation by the Office of Inspector General of the Department of Health and Human Services (HHS/OIG) of the any Federal or state health care program? Sanctions, Exclusions, or Suspensions Details	Answers Yes
Have you ever been found or are you currently under investigation to have engaged in substantiated abuse or neglect of children or adults under the laws of any states of the United States?	Answers No
What is your desired minimum pay rate in dollars? (provide as an annual or hourly amount)	Answers No

Assessments

Background Check History

none entered

Interview

none entered

Interview Feedback

Overall Average Rating 5 (out of 5)

Ratings Submitted 1 of 1 Interviewer Feedback Received

Interview - 00147253 Armed Safety and Security Officer - Security - Mount Carmel St. Ann's (Fill Date: 07/21/2019)

Interviewer	Feedback Submitted	Overall Rating
 Mr. Jeremy M Reisinger (403323234) Time Zone		5 (out of 5) - Highly Recommended

Questionnaire Results

Initial Application

Questionnaire Internal Standard Questionnaire: Trinity Health V5
 Respondent Mr. Aaron D Cole (285671)
 Submission Date 06/28/2019

Question	Answers
Have you communicated your interest in this position to your current Manager?	Answers Yes
As a current colleague are you looking to add this opportunity as an Additional Job?	Answers No
Have you had any disciplinary action in the past 12 month's	Answers No
If yes, to disciplinary questions, please provide details.	
If you are aware of any relatives that currently work for any organization within the Trinity Health System, please provide their name and contact information here.	
Which shifts are you willing to work? (Select one or more)	Answers Nights, Evenings, Weekends, Rotating, Days
Are you willing to travel for work?	Answers <25% travel

Question	Answers
Are you willing to relocate?	Answers No
Are you legally able to remain and work in the United States without Sponsorship?	Answers Yes
Are you 18 years of age or older?	Answers Yes
Have you ever been sanctioned or are you currently under investigation by the Office of Inspector General of the Department of Health and Human Services (HHS/OIG) of the Government Services Administration (GSA) or excluded or suspended from participation in any federal or state health care program?	Answers No
Sanctions, Exclusions, or Suspensions Details	
Have you ever been found or are you currently under investigation to have engaged in substantiated abuse or neglect of children or adults under the laws of any states of the United States?	Answers No
What is your desired minimum pay rate in dollars? (provide as an annual or hourly amount)	

Offer

Questionnaire Offer Details - Do NOT select "None of the Above"
Respondent Derek Doncyson (42503399)
Submission Date 07/02/2019

Question	Answers
What is the pay type for this offer?	Answers Hourly
Does this offer include a relocation package?	Answers No
Is this offer for a Work from Home Employee?	Answers No
Is this a Union Job?	Answers No
FOR INTERNAL: Is there a change in benefits?	Answers No change or is not applicable

Attachments

Attachments

Resume / Cover Letter

Attachment	
------------	--

Other Documents

Attachment	Category
Attachment	

Offer

Offer Details

Job Details

Hire Date 07/21/2019
Location MCHS - Mount Carmel St. Ann's
Hire Reason Data Change > Transfer > Move to Another Manager (Reporting Relationship Change)
Job Profile MCHS_Armed Safety and Security Officer_M4850
Business Title MCHS_Armed Safety and Security Officer_M4850
Default Weekly Hours 40
Scheduled Weekly Hours 40
Contact End Date

Compensation Totals

Total Base Pay	Currency	Frequency
18.00 USD		Hourly

Plan Assignments

Allowance	Plan Type	Compensation Plan	Assignment
Allowance		MCHS - On Call	2.00 USD Hourly
Allowance		MCHS - Night Differential	2.50 USD Hourly
Allowance		MCHS - Evening Differential	2.00 USD Hourly
Allowance		MCHS - Charge Pay	1.00 USD Hourly
Allowance		MCHS - Weekend Differential	1.00 USD Hourly
Hourly		TH Hourly Plan	18.00 USD Hourly

Attachments

Generated Documents

Document	Signature Type	Signed By	Signature Date	Uploaded Document
Trinity Health Systems Offer Letter - Internal 07/02/2019.pdf	E-sign by Adobe Sign	Mr. Aaron D Cole (285671)	07/03/2019 08:32:05 PM	Trinity Health Systems Offer Letter - Internal uploaded

Reminders

Upcoming

none entered

Completed

none entered

**Evaluation/Safety Test/Competency
Awards
Application/Transfers**

Evaluation/Safety Test/Competency

**Mount Carmel Health System
Competency Assessment
Safety & Security
Safety & Security Officer**

Associate Name:

ID Number:

Job Title:

Safety & Security Officer

- High Risk Low Volume Problem Prone New Equipment/Service Process Change

CARING COMPONENTS:

Demonstrates service excellence behavior

KNOWLEDGE AND SKILL COMPONENTS:

Effective in patrol techniques, communications use of cameras-monitoring/recording, escorts, door openings, assist calls.
Knowledge of location of Security sensitive areas.

Enforces policies & procedures

Completes accurate incident report documentation/investigation and follow-ups as appropriate

Completes accurate activity logs

Ability to apply clinical restraints and assistance

Ability to work independently

Completes timely fire drills and critiques

Understands ILSM protocols

Ability to turn off Med Gas per policy

Workplace Violence policy knowledge

Ability to process visitors after-hours or as required

Ability to lock and unlock facility (includes Lockdown plan)

Management of Aggressive Behavior and de-escalation techniques

Understands Safe Medical Device Act responsibilities

Helicopter operations- Safety duties

Discernment of sentinel events-notification protocols

Knowledge of Emergency Codes and security response (i.e. Code Red, Code Adam, Code Orange, etc).

Follows the department uniform and dress code

Disseminates pertinent info (pass on book, memo, reports, BOLO)

Understands Forensic responsibilities

Understands role and actions- VIP/Media event

Officer can articulate use of force and demonstrate "take downs" and the use of defensive weapons: ASP & Pepper Spray and law enforcement restraints: (i.e. handcuffs)

Officer demonstrates the ability to co-operate with other agencies, departments, and staff as appropriate

Officer has a basic understanding of the National Patient Safety Goals.

Officer demonstrates proper telephone etiquette.

Officer demonstrates the proper radio communications-understands RF interference

Officer is knowledgeable of all security alarms and responds appropriately (panic, infant, etc).

Officer conducts proper patient valuables receiving and returning

Morgue procedures (MCSA only)

Traffic ingress/egress control- normal and emergency (i.e. emergency room areas)

The officer has demonstrated the proper use of Fire Extinguisher and knows where and what K type extinguishers are used for.

Officer knows the Emergency Procedures for handling Hazardous Materials (chemical, asbestos, etc) and security response.

Officer understands their role in the incident command structure (HICS)

Understanding of response to elevator malfunction

Proper PPE use- Infectious, Chemical, Noise, PAPR etc (i.e. universal precautions- chemical protection)

MRI Safety

Role in Bomb Threat- search techniques/staging

Knowledge of Burn Permit process

Mount Carmel Health System
Competency-Based Orientation and Introductory Period Evaluation
(Safety & Security)

Associate Name: [REDACTED]	ID Number: [REDACTED]	Job Title: Armed Security Officer	<input type="checkbox"/> New Hire <input checked="" type="checkbox"/> Transfer <input type="checkbox"/> Additional job code 90 Day Evaluation Date entered into role: 7/23/19
-------------------------------	--------------------------	---	--

Attach above Competency Based Orientation to Introductory Evaluation below.

[REDACTED] has successfully completed the Introductory Period.

Developmental Needs identified related to competency: None Needed

Additional needs identified during Introductory Period: None Needed

Goals (includes identified competency and developmental needs):

- 1) To have a positive impact with each person I encounter.
- 2) To perform at least two rounds interior and exterior to insure patient. Staff. And visitor safety.
- 3) To team build with my colleagues and learn more each day.

Associate Signature [REDACTED] Date 8/21/19 Manager Signature _____ Date _____

**Mount Carmel Health System
Competency Assessment
Safety & Security
Safety & Security Officer**

Associate Name : [REDACTED]	ID Number: [REDACTED]	Job Title: Armed Security Officer
		90 Day-Evaluation

- High Risk
 Low Volume
 Problem Prone
 New Equipment/Service
 Process Change

CARING COMPONENTS:

Demonstrates service excellence behavior

KNOWLEDGE AND SKILL COMPONENTS:

- Effective in patrol techniques, communications use of cameras-monitoring/recording, escorts, door openings, assist calls.
- Knowledge of location of Security sensitive areas.
- Enforces policies & procedures
- Completes accurate incident report documentation/investigation and follow-ups as appropriate
- Completes accurate activity logs
- Ability to apply clinical restraints and assistance
- Ability to work independently
- Completes timely fire drills and critiques
- Understands ILSM protocols
- Ability to turn off Med Gas per policy
- Workplace Violence policy knowledge
- Ability to process visitors after-hours or as required
- Ability to lock and unlock facility (includes Lockdown plan)
- Management of Aggressive Behavior and de-escalation techniques
- Understands Safe Medical Device Act responsibilities
- Helicopter operations- Safety duties
- Discernment of sentinel events-notification protocols
- Knowledge of Emergency Codes and security response (i.e. Code Red, Code Adam, Code Orange, etc).
- Follows the department uniform and dress code
- Disseminates pertinent info (pass on book, memo, reports, BOLO)
- Understands Forensic responsibilities
- Understands role and actions- VIP/Media event
- Officer can articulate use of force and demonstrate "take downs" and the use of defensive weapons: ASP & Pepper Spray and law enforcement restraints: (i.e. handcuffs)
- Officer demonstrates the ability to co-operate with other agencies, departments, and staff as appropriate
- Officer has a basic understanding of the National Patient Safety Goals.
- Officer demonstrates proper telephone etiquette.
- Officer demonstrates the proper radio communications-understands RF interference
- Officer is knowledgeable of all security alarms and responds appropriately (panic, infant, etc).
- Officer conducts proper patient valuables receiving and returning
- Morgue procedures (MCSA only)
- Traffic ingress/egress control- normal and emergency (i.e. emergency room areas)
- The officer has demonstrated the proper use of Fire Extinguisher and knows where and what K type extinguishers are used for.
- Officer knows the Emergency Procedures for handling Hazardous Materials (chemical, asbestos, etc) and security response.
- Officer understands their role in the incident command structure (HICS)
- Understanding of response to elevator malfunction
- Proper PPE use- Infectious, Chemical, Noise, PAPR etc (i.e. universal precautions- chemical protection)
- MRI Safety

Role in Bomb Threat- search techniques/staging

Knowledge of Burn Permit process

Understands Property Search policy and role

Suicide precautions/assessment

Proper lifting/body mechanics

Pediatric; (1 year – 12 years)

Needs to involve parents if possible:

- Provide privacy as appropriate.
- Allow child to exercise some control.
- Speaks at eye level maintaining eye contact
- Uses direct approach with child, giving one direction at a time.

Allows choice when possible.

Adolescent: (13-17 years)

Needs to recognize that this age group:

- Needs to be called by name or preferred name.
- Provide privacy/modesty
- Allows choice when possible, and encourages verbalization of concerns and fears.
- Tells patients behaviors that are permitted.
- Watches for body language and cue for feelings.
- Speaks directly to patient in simple medical terms.
- Concerns and fears.

Geriatric: (65+)

- Needs to establish that the patient is wearing glasses, hearing aids, or may have memory loss and recognizes the tools that are needed for effective communications during interviews and investigations.
- Does not shout at patients, speak slowly and distinctly.
- Does not rush patient, gives them time to process information.
- Repeats instructions several times.
- Discuss one item at a time.
- Assist in transferring patient under direction of a Registered Nurse.
- Provide privacy/modesty

Adult (18-64 years)

- Calls patient by preferred name.
- Allows choices when possible
- Provides for privacy/modesty
- Respects patient right to make informed decisions.
- Assists in relinquishing valuables
- Watches body language as cue for feelings.
- Interviews patient in a calm, reassuring manner concerning lost articles.
- Assists in controlling confused patient.

Knowledge of Automated External Defibrillator (AED) –location and use

Able to act appropriately in an emergent or sentinel type of event

METHOD OF COMPETENCY VALIDATION:

- Return Demonstration
- Observation of Daily Work
- Post Test
- Mock Event/Simulation

- QI Monitors/Audits
- Peer Review
- Case Study
- Discussion Group

Competency Validated By: (Signature and credentials) *[Signature]* Supervisor Date 10-29-19

Developmental Needs identified: (See Performance Evaluation for related goals)

Associate Signatur [Redacted] Date 10/29/19 Manager Signature _____ Date _____

Evidence Based References/Resources (if applicable):

MOUNT CARMEL
POLICY/PROCEDURE

SUBJECT: Authorized Access to Medication Storage Areas

Appendix A

Orientation Checklist

Medication Storage Areas - Access by Non-Licensed Personnel

Employee's Name: [REDACTED] Employee ID Number: [REDACTED]

Position: Security Dept: Security Date: 4-17-2020

- € Access to medication storage areas is restricted to authorized personnel.
- € Access to medication storage areas by non-licensed support services personnel is based on the need for the individual to perform their assigned task.
- € Authorization for non-licensed personnel to access a medication storage area is identified by job classification and department specific job description with competencies related to the specific role(s).
 - Environmental Services
 - Facility Operations/Engineering/Management
 - Security
- € Support services personnel that are not authorized access may only access a secure medication storage area in the presence of an authorized individual. (e.g. nurse, pharmacy)
- € Medications must be stored in a secure environment.
- € Medication storage areas (patient servers, medication carts, medication rooms, medication refrigerators, etc.) must be secured at all times.
- € Medications in patient care areas that are not actively staffed must be locked.
- € Medication storage areas must be clean and provide sanitary conditions for medication storage and preparation.
- € Medications and medication related supplies may not be placed by the sink or drain.
- € Contact the area supervisor or the pharmacy if work in a medication storage area may interfere with medication security or integrity (e.g. if medications need to be moved).
- € Report any suspected employee impairment, diversion or theft of medications, syringes, needles or any supplies to the area supervisor or pharmacy.

Preceptor's Name: Jeremy Reisinger (print)

Preceptor's Signature: [Signature] Date: 4-17-2020

Employee's Name: [REDACTED] (print)

I acknowledge that I have read and understand my responsibilities related accessing medication storage areas.

Employee's Signature: [REDACTED] Date: 4-17-2020

**MOUNT CARMEL
POLICY/PROCEDURE**

SUBJECT: Authorized Access to Medication Storage Areas

Appendix B

**Medication Storage Areas - Access by Non-Licensed Personnel
Competency**

1. Medication storage areas can be accessed by any hospital employee.
 - a. True
 - b. False

2. If you have a job to do in a secure medication storage area you;
 - a. May access the area to do the job without authorization
 - b. May access the area if authorized by your job description
 - c. May access the area under the supervisor of an authorized nurse or pharmacy staff
 - d. B and C

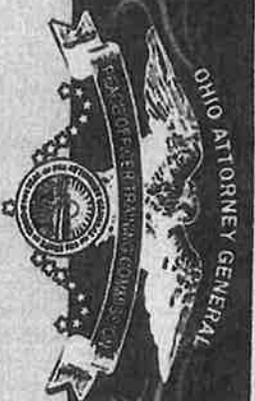
3. Medication carts, medication rooms, medication refrigerators, freezers and warmers are all medication storage areas.
 - a. True
 - b. False

4. An unlocked mobile medication cart containing medications is in the hallway on a unit that is closed. You should;
 - a. Move the cart to a secure area
 - b. Report by contacting the area supervisor or pharmacy
 - c. Leave the cart alone because the unit may reopen soon
 - d. None of the above

5. You find used needles and syringes when cleaning a restroom in a restricted access area of the hospital. You should;
 - a. Clean it up and continue working
 - b. Not report this because you don't know who used them
 - c. Not report this because it is not your responsibility
 - d. Immediately report the finding to your supervisor

Education





OHIO PEACE OFFICER TRAINING COMMISSION

THE OFFICE OF THE ATTORNEY GENERAL

&

This is to certify that



has completed the Ohio

Private Security Firearms Regualification Program

Conducted by

L.E.P.D. Training Academy

Awarded On

November 20, 2020

Dave Yost
Dave Yost
Attorney General

Vernon P. Stanforth
Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission
645859 A PSR20-399

REQUALIFICATION DUE BY 12/30/2021



Dwight A. Holcomb
Dwight A. Holcomb, Executive Director
Ohio Peace Officer Training Commission

[Signature]
School Commander

This certificate alone does not authorize you to work as a security guard or private investigator. For licensing requirements, contact the Ohio Department of Public Safety/Private Investigator Security Guard Services or visit <http://pisgs.ohio.gov/>



**GUIDELINES
2015|CPR & ECC**

Certificate

has successfully completed
HeartCode® BLS Online Portion

Hands-on skills practice and testing, either conducted by an authorized AHA BLS Instructor or using a voice-assisted manikin system, is required to receive a Basic Life Support Provider course completion card.

For greater success, it is recommended the hands-on skills session be conducted shortly after completing the online portion. Please take this certificate with you to your hands-on skills session.

*This certificate does not constitute successful completion of the full
Basic Life Support Provider Course.*

n-scyw-sqp92-u38vk-zkm48

Certificate Number

2020-01-12

Date Completed

Certificate

has successfully completed
the skills practice and testing for the
HeartCode® BLS Hands-On Session

This certificate does not constitute successful completion of the full Basic Life Support Program. This certificate and the Online Portion certificate are required to receive the American Heart Association Basic Life Support Provider course completion card.

2-ee94p-p2mxt-5d6a7-ma725

Certificate Number

2020-10-01

Date Completed

Certificate of Completion

This is to Certify



has completed the course

MCHS - Heartcode w/COMPUTERIZED MANIKIN Skills Check

on

3/3/2020



MOUNT CARMEL

A Member of Trinity Health

Certificate


has successfully completed
HeartCode® BLS Online Portion

Hands-on skills practice and testing, either conducted by an authorized AHA BLS Instructor or using a voice-assisted manikin system, is required to receive a Basic Life Support Provider course completion card.

For greater success, it is recommended the hands-on skills session be conducted shortly after completing the online portion. Please take this certificate with you to your hands-on skills session.

*This certificate does not constitute successful completion of the full
Basic Life Support Provider Course.*

n-scyw-sqp92-u38vk-zkm48

Certificate Number

2020-01-12

Date Completed

Baton Basic Certification
TECHNIQUE PROFICIENCY CHECKLIST

- | | | |
|--------------------------------|---|--------------------------------|
| 1) Check: | Pass: <input checked="" type="checkbox"/> | Fail: <input type="checkbox"/> |
| 2) Redirection: | Pass: <input checked="" type="checkbox"/> | Fail: <input type="checkbox"/> |
| 3) Closed Mode Weapon Strike | Pass: <input type="checkbox"/> | Fail: <input type="checkbox"/> |
| 4) Closed Mode Reaction Strike | Pass: <input checked="" type="checkbox"/> | Fail: <input type="checkbox"/> |
| 5) Closed Mode Straight Strike | Pass: <input checked="" type="checkbox"/> | Fail: <input type="checkbox"/> |
| 6) Opening the Baton | Pass: <input checked="" type="checkbox"/> | Fail: <input type="checkbox"/> |
| 7) Open Mode Weapon Strike | Pass: <input checked="" type="checkbox"/> | Fail: <input type="checkbox"/> |
| 8) Open Mode Reaction Strike | Pass: <input checked="" type="checkbox"/> | Fail: <input type="checkbox"/> |
| 9) Open Mode Straight Strike | Pass: <input checked="" type="checkbox"/> | Fail: <input type="checkbox"/> |
| 10) Closing the Baton | Pass: <input checked="" type="checkbox"/> | Fail: <input type="checkbox"/> |

TECHNIQUE PROFICIENCY PASS: FAIL:

COUNSELED: _____

CERTIFICATION APPROVED: _____ CERTIFICATION DENIED: _____

INSTRUCTOR: Chris Taylor B-41764

DATE: 3/5/2021



Box 1794 Appleton, WI 54912 (920) 735-6242 · Fax (920) 735-6245 asp-usa.com

ASP Basic Certification (ABC) EXPANDABLE BATON TRAINING

Information Sheet

(Please Print)

Date 3/5/2021

✓ Initial Certification Recertification

First Name _____ Last Name _____

Home Address _____

City Grove City State OH Province _____ Zip 43123

Telephone _____ E-mail Address _____

Employing Agency Mount Carmel

Agency Address 500 S Cleveland Ave

City Westerville State OH Province _____ Zip 43081

Agency Telephone (386) 898-4005 E-mail Address _____

✓ Duty Status: Full Duty Restricted Duty

Has your agency adopted or authorized the use of the ASP Baton? _____

How many officers are in your agency? 20

Height 59 Weight 200 Age 39 Date of Birth 11/25/1982

Have you been exercising? Yes

Do you have any knee, back or health problems? NO

Are you on any medication? No

Person to be notified in case of emergency:

Name _____

Phone _____ Alternate (_____) _____

Relationship Spouse

✓ Briefly describe any health problems: _____ Injury Check: 1A 1P

WAIVER

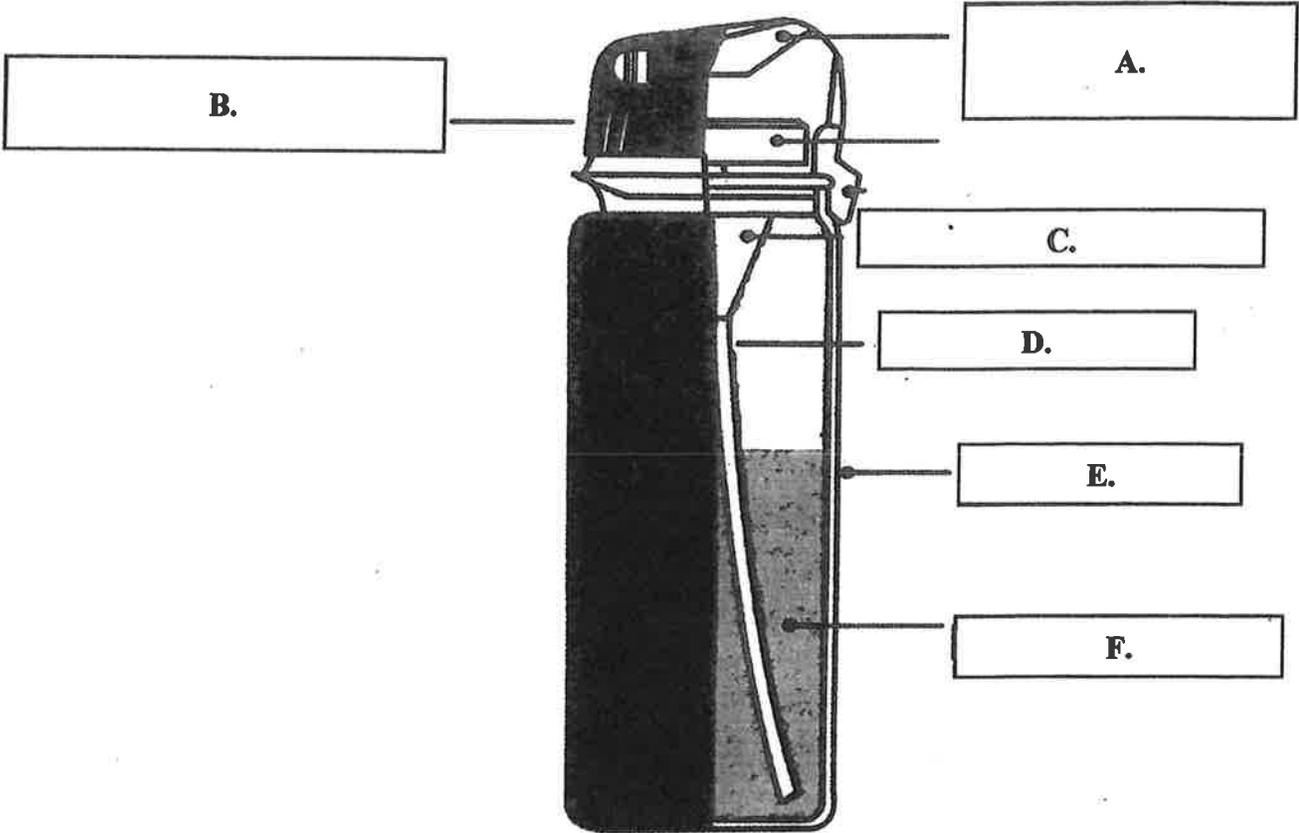
Release from Liability and Assumption of Risk Agreement

1) Intending that this Agreement be legally binding upon me, my heirs, executors, administrators, and assigns, I hereby waive, release, and forever discharge Armament Systems and Procedures, INC, and all of their agents, representatives, heirs, executors, administrators, successors and assigns, of and from any and all claims, demands, rights and causes of action of whatsoever kind and nature, arising from, and by reason of any and all known and unknown, foreseen and unforeseen physical and mental injuries and consequences thereof, suffered by me during any and all ASP Expandable Baton certification training activities.

2) In signing this Release, I assert that (a) I am presently in good physical and mental health; (b) I have no reason to believe that I am not in good physical and mental health; (c) I am fully aware of, and do acknowledge and assume all risk of injury inherent in my participation in this training seminar; (d) I have read and fully understand the terms and conditions of this Agreement.

This program is competency based. Mere participation does not automatically assure successful completion.

3/5/2021 _____
Date Signed



- 8.) What is the second step in the decontamination process?
A. Spray them again
B. Tell them to stop crying like a baby
 C. Offer verbal rapport to the subject
- 9.) What is the third step of the decontamination process?
 A. Expose subject to fresh air
B. Throw the subject a bottle of water
C. Stand there and record them with your cellphone
- 10.) What is the best way to flush the eyes?
A. Using milk
B. Rubbing eyes continually
 C. Water
- 11.) What type of agent is OC?
A. Glue
B. Cleaning Fluid
 C. Inflammatory
- 12.) What is the main ingredient of OC?
A. Water
 B. Cayenne Pepper
C. Powder
- 13.) Does CMS (Center for Medicaid/Medicare System) guidelines allow for OC to be used on a PATIENT?
A. Yes
 B. No
C. Only if they deserve it.
- 14.) List the nomenclature of a canister of OC

- A. Flip Top
- B. Actuator or Nozzle
- C. Valve Assembly
- D. Tube
- E. Canister
- F. Formulation

Name: [REDACTED]
Campus: [REDACTED]
Date: March 5, 2021

100920
Chris Taylor

HANDCUFFING TEST

- 1.) WHEN TO USE HANDCUFFS?
 - A.) ON A VIOLENT PATIENT
 - B.) AFTER COMMITTING A FELONY IN YOUR PRESENCE
 - C.) ON VIOLENT INDIVIDUALS WHO POSE AN IMMEDIATE THREAT TO STAFF, VISITORS, PATIENTS, OR YOURSELF
 - D.) ALL OF THE ABOVE
 - E.) BOTH B AND C

- 2.) CMS ALLOWS YOU TO HANDCUFF PATIENTS?
 - A.) TRUE
 - B.) FALSE

- 3.) WHAT ACTIONS NEED TO OCCUR AFTER THE USE OF HANDCUFFS?
 - A.) INCIDENT REPORT AND VOICE
 - B.) LOCAL POLICE, SIR, AND VOICE
 - C.) SUPERVISOR, LOCAL POLICE, SIR, AND VOICE

- 4.) SECURITY IS ABLE TO HANDCUFF TO A STATIONARY OBJECT?
 - A.) TRUE
 - B.) FALSE

DT Training Scenarios

1. Patient Wandering – Patient arrives at the hospital via private transport. Patient checks in stating " I do not wish to live anymore" and is immediately taken to the triage area for further evaluation. Patient is carrying a small bag and has on street clothes. Charge RN contacts Safety and Security regarding wandering the patient due to the statements made by the patient. Verbalize response and next steps prior to intervention with patient.

PASS / FAIL

2. Code Violet – Security is called STAT to ER for verbally aggressive patient. While responding to STAT call, Security hears "Code Violet – ER #9" paged overhead. Security arrives to find staff attempting to hold patient down in bed. Patient is making verbal threats while trying to bite, spit, kick, and punch at staff who are attempting to control patient. Verbalize response to code violet and further information needed before scenario resumes.

PASS / FAIL

3. Restraint – Security is responding to call for service on in-patient unit. Not much information is given prior to responding. Upon arrival Security witnesses several staff members attempting to keep confused patient in bed. Patient is flailing his arms and legs attempting to "escape" from the hospital. Patient recognizes Security as law enforcement and begins to focus on officers. Patient is begging Security to take him with them because he is not safe around nursing staff. Verbalize response and de-escalation efforts needed before scenario resumes. Obtain additional information as needed.

PASS / FAIL

4. Pink Slip – Security responding to disturbance in ER. Upon arrival Security intercepts patient attempting to leave the hospital. Staff is stating that the patient cannot leave. What is the response by Security at that exact moment? Patient becomes verbally aggressive with Security stating "you cannot hold me!" Verbalize efforts to get the patient back to his room and information needed to make appropriate decisions during the incident. What factors are important to consider? Resume scenario...

PASS / FAIL

5. Suspicious Person – Security receives a call from a visitor stating that they have observed a vehicle on campus that appears to be occupied sitting at the edge of property near connex boxes that contain contractor tools and equipment. This box has already been broken into previously and several thousands of dollars in equipment was stolen. Describe steps taken when dispatched and actions on-scene. Start scenario...

PASS / FAIL

6. Domestic Situation – Security responding to a disturbance in Maternity unit. Upon arrival security speaks with RN who advises that she has heard yelling and screaming coming from inside the room. She further advises that the only people inside the room are the patient and the father of the baby. Security responds to the room and finds patient in tears stating that she has been physically assaulted by the male party. Male party states that is not leaving his baby! Start scenario...

PASS / FAIL

9. GSW – Security is sitting post in ER lobby when GSW arrives via private vehicle. Two individuals carry the GSW into the ER lobby and drop him near the entrance. Both individuals flee the ER to their vehicle (Late model Infinity SUV, black with orange wheels with orange Infinity logo on each side). Patient has been shot in the chest. Gather additional information and advise response. Action...

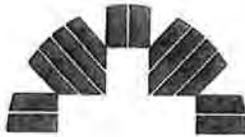
PASS / FAIL

10. Property Search/Overdose - Security called to in-patient room for suspicion of patient using drugs in the room. Upon arrival security speaks with physician who advises that she has spoken with the patient on two occasions today. The first time he was alert and oriented and even energetic. The second time he appeared lethargic and completely out of it, he was having trouble finishing sentences without falling asleep. None of the medications he is receiving would cause the change in behavior. The patient also has a history of IV drug abuse and admitted to using drugs 3 days prior to admission into the hospital. He is there for an abscess that is infected on his arm that he needs to receive surgery for. Please provide steps needed to perform search and explain how these are communicated to the patient. Also state any notifications that are made and any witnesses to the search. Begin...

PASS / FAIL

11. Discharged Patient – Security called to ER because discharged patient is refusing to leave the room. Patient states that he is not ready to leave because staff and the doctor has not addressed his concerns. Patient is being passive aggressive with staff and stating that he will not leave until he has had an opportunity to speak with the doctor about his care. Ask any additional questions as appropriate and determine your strategy for his removal from the room. Scenario resumes when ready...

PASS / FAIL



MOUNT CARMEL

A MEMBER OF TRINITY HEALTH

Safety and Security Defensive Tactics / OC Repellant / ASP Baton Competency Form

Students Name (print):

I.D. Number:

Date: 3/5/2021

Campus: ST ANN

- | | | |
|--|-------------|------|
| 1. Escort Position | <u>Pass</u> | Fail |
| 2. Balance Displacement | | |
| a. At the shoulder | <u>Pass</u> | Fail |
| b. Friction on the back | <u>Pass</u> | Fail |
| c. At the hip | <u>Pass</u> | Fail |
| 3. Handcuffing | | |
| a. Standing/Prone Position | <u>Pass</u> | Fail |
| b. Removing Handcuffs | <u>Pass</u> | Fail |
| 4. Armbars/Wristlocks | | |
| a. Transport Wristlock | <u>Pass</u> | Fail |
| b. Transport Wristlock Takedown to Handcuffs | <u>Pass</u> | Fail |
| c. Straight Arm bar | <u>Pass</u> | Fail |
| d. Straight Arm bar Takedown to Handcuffs | <u>Pass</u> | Fail |
| 5. Weapon Retention Drills | | |
| a. Holstered | <u>Pass</u> | Fail |
| b. Un-holstered | <u>Pass</u> | Fail |
| c. Stripping Weapon from Subject | <u>Pass</u> | Fail |
| 6. Oleoresin Capsicum (OC) | | |
| a. Nomenclature | <u>Pass</u> | Fail |
| b. Spray Patterns | | |
| i. Balance/Movement/Verbal Commands/Control | <u>Pass</u> | Fail |
| ii. Up/Down | <u>Pass</u> | Fail |
| iii. Side to Side | <u>Pass</u> | Fail |
| iv. Circular | <u>Pass</u> | Fail |
| c. Decon Process | <u>Pass</u> | Fail |

Name: [REDACTED]
Campus: St ANN
Date: 9-4-2020

100%
[Signature]

HANDCUFFING TEST

- 1.) WHEN TO USE HANDCUFFS?
 - A.) ON A VIOLENT PATIENT
 - B.) AFTER COMMITTING A FELONY IN YOUR PRESENCE
 - C.) ON VIOLENT INDIVIDUALS WHO POSE AN IMMEDIATE THREAT TO STAFF, VISITORS, PATIENTS, OR YOURSELF
 - D.) ALL OF THE ABOVE
 - E.) BOTH B AND C

- 2.) CMS ALLOWS YOU TO HANDCUFF PATIENTS?
 - A.) TRUE
 - B.) FALSE

- 3.) WHAT ACTIONS NEED TO OCCUR AFTER THE USE OF HANDCUFFS?
 - A.) INCIDENT REPORT AND VOICE
 - B.) LOCAL POLICE, SIR, AND VOICE
 - C.) SUPERVISOR, LOCAL POLICE, SIR, AND VOICE

- 4.) SECURITY IS ABLE TO HANDCUFF TO A STATIONARY OBJECT?
 - A.) TRUE
 - B.) FALSE

10
10076
Chris Taylor

OC Test
Mount Carmel Health System
Safety and Security

- 1.) **What does OC stand for?**
 - A. Orange Crush
 - B. Ocean Crust
 - C. Oleoresin Capsicum

- 2.) **What is the average expiration date on an OC canister?**
 - A. 1-2 years
 - B. 3-4 years
 - C. 4-5 years

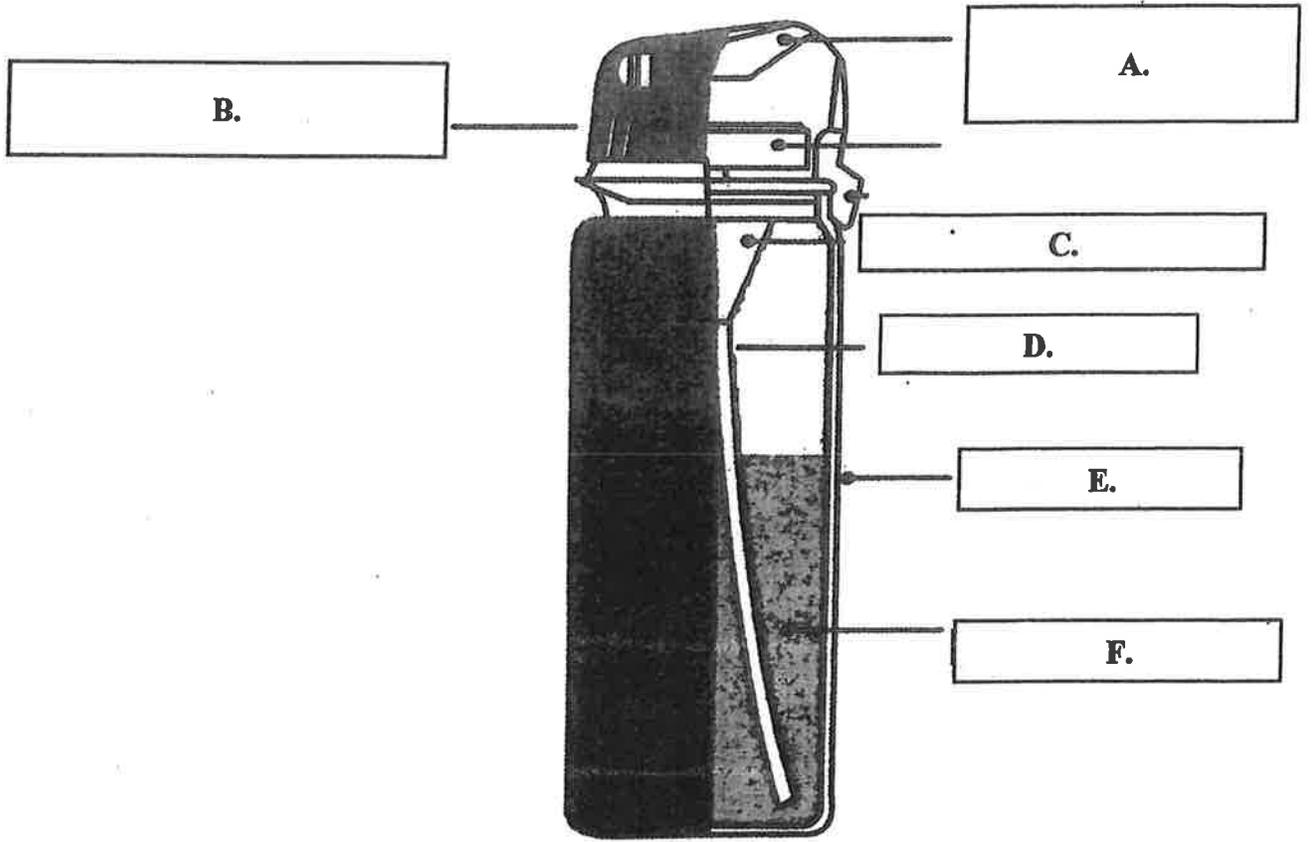
- 3.) **How often should you check your OC spray for adequate spray strength?**
 - A. 30 days
 - B. 60 days
 - C. 90 days

- 4.) **How long of a burst should you use on a threat?**
 - A. 1-2 seconds
 - B. 2-4 seconds
 - C. Empty the entire can

- 5.) **What is Oleoresin Capsicum commonly known as?**
 - A. Mace
 - B. Pepper Spray
 - C. Gas

- 6.) **When deploying OC, what area of the body should you deploy the OC towards?**
 - A. Arms
 - B. Chest
 - C. Face and eyes

- 7.) **After using OC on a subject, what should you immediately do with the subject?**
 - A. Leave lying on the ground.
 - B. Remove from contaminated area
 - C. Spray again





Box 1794 Appleton, WI 54912 (820) 735-6242 · Fax (820) 735-6246 asp-uea.com

ASP Basic Certification (ABC) EXPANDABLE BATON TRAINING

Information Sheet

(Please Print)

Date 9-4-2020

Initial Certification

Recertification

First Name [REDACTED] Last Name [REDACTED]

Home Address [REDACTED]

City Grove City State OH Province _____ Zip 43123

Telephone [REDACTED] E-mail Address _____

Employing Agency Mount Carmel St. Ann's Hospital

Agency Address 500 S. Cleveland Ave

City Westerville State OH Province _____ Zip 43081

Agency Telephone (380) 898-4005 E-mail Address _____

✓ Duty Status: Full Duty Restricted Duty

Has your agency adopted or authorized the use of the ASP Baton? Yes

How many officers are in your agency? 17

Height 5'9 Weight 200 Age 38 Date of Birth 1/25/1982

Have you been exercising? Yes

Do you have any knee, back or health problems? No

Are you on any medication? No

Person to be notified in case of emergency:

Name [REDACTED]

Phone [REDACTED] Alternate (_____) _____

Relationship WIFE

✓ Briefly describe any health problems:

Injury Check: 1A 1P

WAIVER

Release from Liability and Assumption of Risk Agreement

1) Intending that this Agreement be legally binding upon me, my heirs, executors, administrators, and assigns, I hereby waive, release, and forever discharge Amament Systems and Procedures, INC, and all of their agents, representatives, heirs, executors, administrators, successors and assigns, of and from any and all claims, demands, rights and causes of action of whatsoever kind and nature, arising from, and by reason of any and all known and unknown, foreseen and unforeseen physical and mental injuries and consequences thereof, suffered by me during any and all ASP Expandable Baton certification training activities.

2) In signing this Release, I assert that (a) I am presently in good physical and mental health; (b) I have no reason to believe that I am not in good physical and mental health; (c) I am fully aware of, and do acknowledge and assume all risk of injury inherent in my participation in this training seminar; (d) I have read and fully understand the terms and conditions of this Agreement.

This program is competency based. Mere participation does not automatically assure successful completion.

9-4-2020

Date

[REDACTED]

Signed

15. ASP Weapon Side Strikes are intended to be performed at a:
- a. 45 degree angle
 - b. 180 degree angle
 - c. Horizontal angle
 - d. 90 degree angle
 - e. Vertical angle
16. When striking the ASP Baton is gripped with:
- a. The index finger and thumb
 - b. A loose flexible grip
 - c. Two fingers and the thumb
 - d. Full hand grip
 - e. Both hands
17. Officer/Subject factors include:
- a. Special knowledge
 - b. Imminent danger
 - c. Injury or exhaustion
 - d. Size
 - e. Officer on the ground
18. If the subject complies, the Officer doesn't not advance/strike
- a. True
 - b. False
19. The ASP Baton is designed to be
- a. An offensive weapon
 - b. A comealong device
 - c. A defensive weapon
 - d. A deadly force option
 - e. A restraining device
20. The principle goal of any arrest or physical confrontation is:
- a. Establishing control
 - b. Superior Officer skill
 - c. Subject safety
 - d. Documentation
 - e. Punishment

Graded By: 

ASP Written Exam: Pass Fall

Instructor: Chad Taylor B-41764

Date: 9/4/2020

MCSA
9/4/20

DT Training Scenarios

1. Patient Wandering – Patient arrives at the hospital via private transport. Patient checks in stating " I do not wish to live anymore" and is immediately taken to the triage area for further evaluation. Patient is carrying a small bag and has on street clothes. Charge RN contacts Safety and Security regarding wandering the patient due to the statements made by the patient. Verbalize response and next steps prior to intervention with patient.

PASS / FAIL

2. Code Violet – Security is called STAT to ER for verbally aggressive patient. While responding to STAT call, Security hears "Code Violet – ER #9" paged overhead. Security arrives to find staff attempting to hold patient down in bed. Patient is making verbal threats while trying to bite, spit, kick, and punch at staff who are attempting to control patient. Verbalize response to code violet and further information needed before scenario resumes.

PASS / FAIL

3. Restraint – Security is responding to call for service on in-patient unit. Not much information is given prior to responding. Upon arrival Security witnesses several staff members attempting to keep confused patient in bed. Patient is flailing his arms and legs attempting to "escape" from the hospital. Patient recognizes Security as law enforcement and begins to focus on officers. Patient is begging Security to take him with them because he is not safe around nursing staff. Verbalize response and de-escalation efforts needed before scenario resumes. Obtain additional information as needed.

PASS / FAIL

4. Pink Slip – Security responding to disturbance in ER. Upon arrival Security intercepts patient attempting to leave the hospital. Staff is stating that the patient cannot leave. What is the response by Security at that exact moment? Patient becomes verbally aggressive with Security stating "you cannot hold me!" Verbalize efforts to get the patient back to his room and information needed to make appropriate decisions during the incident. What factors are important to consider? Resume scenario...

PASS / FAIL

5. Suspicious Person – Security receives a call from a visitor stating that they have observed a vehicle on campus that appears to be occupied sitting at the edge of property near connex boxes that contain contractor tools and equipment. This box has already been broken into previously and several thousands of dollars in equipment was stolen. Describe steps taken when dispatched and actions on-scene. Start scenario...

PASS / FAIL

6. Domestic Situation – Security responding to a disturbance in Maternity unit. Upon arrival security speaks with RN who advises that she has heard yelling and screaming coming from inside the room. She further advises that the only people inside the room are the patient and the father of the baby. Security responds to the room and finds patient in tears stating that she has been physically assaulted by the male party. Male party states that is not leaving his baby! Start scenario...

PASS / FAIL

9. GSW – Security is sitting post in ER lobby when GSW arrives via private vehicle. Two individuals carry the GSW into the ER lobby and drop him near the entrance. Both individuals flee the ER to their vehicle (Late model Infinity SUV, black with orange wheels with orange Infinity logo on each side). Patient has been shot in the chest. Gather additional information and advise response. Action...

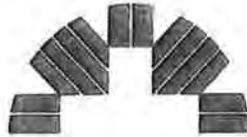
PASS / FAIL

10. Property Search/Overdose - Security called to in-patient room for suspicion of patient using drugs in the room. Upon arrival security speaks with physician who advises that she has spoken with the patient on two occasions today. The first time he was alert and oriented and even energetic. The second time he appeared lethargic and completely out of it, he was having trouble finishing sentences without falling asleep. None of the medications he is receiving would cause the change in behavior. The patient also has a history of IV drug abuse and admitted to using drugs 3 days prior to admission into the hospital. He is there for an abscess that is infected on his arm that he needs to receive surgery for. Please provide steps needed to perform search and explain how these are communicated to the patient. Also state any notifications that are made and any witnesses to the search. Begin...

PASS / FAIL

11. Discharged Patient – Security called to ER because discharged patient is refusing to leave the room. Patient states that he is not ready to leave because staff and the doctor has not addressed his concerns. Patient is being passive aggressive with staff and stating that he will not leave until he has had an opportunity to speak with the doctor about his care. Ask any additional questions as appropriate and determine your strategy for his removal from the room. Scenario resumes when ready...

PASS / FAIL



MOUNT CARMEL

A MEMBER OF  TRINITY HEALTH

Safety and Security Defensive Tactics / OC Repellant / ASP Baton Competency Form

Students Name (print): 
I.D. Number: 
Date: 9-4-2020
Campus: ST-ANN

1. Escort Position	Pass	Fail
2. Balance Displacement		
a. At the shoulder	Pass	Fail
b. Friction on the back	Pass	Fail
c. At the hip	Pass	Fail
3. Handcuffing		
a. Standing/Prone Position	Pass	Fail
b. Removing Handcuffs	Pass	Fail
4. Armbars/Wristlocks		
a. Transport Wristlock	Pass	Fail
b. Transport Wristlock Takedown to Handcuffs	Pass	Fail
c. Straight Arm bar	Pass	Fail
d. Straight Arm bar Takedown to Handcuffs	Pass	Fail
5. Weapon Retention Drills		
a. Holstered	Pass	Fail
b. Un-holstered	Pass	Fail
c. Stripping Weapon from Subject	Pass	Fail
6. Oleoresin Capsicum (OC)		
a. Nomenclature	Pass	Fail
b. Spray Patterns		
i. Balance/Movement/Verbal Commands/Control	Pass	Fail
ii. Up/Down	Pass	Fail
iii. Side to Side	Pass	Fail
iv. Circular	Pass	Fail
c. Decon Process	Pass	Fail

Oleoresin Capsicum



July 23, 19

HISTORY

The first use of pepper as a defensive or offensive weapon dates back to approximately 2000 BC during the wars between India and China.

The first use of OLEORESIN CAPSICUM as a weapon was 1540 by the Aztec Indians against the Spanish. A field of peppers was burned to create an irritant smoke cloud to stop the Spanish invaders.

In 1930, the U.S. military developed an OLEORESIN CAPSICUM (OC) compound, but found no effective method of delivery suitable for military use.

In 1974, the first commercial OC product for law enforcement was developed.

In 1987, the Firearms Training Unit of the FBI began a study of OC with the intention of supplementing their CN/CS munitions. It concluded with the adoption of OC for use by their Special Agents in January 1990.

During the early 1990's Aerosol Companies throughout the US experienced a dramatic increase in the demand for OC aerosol projectors, attributes primarily to two factors:

- 1.) The high profile of the Rodney King incident and the concern over the public's perception of excessive force, which ultimately increased the need for alternative force options.
- 2.) The Law Enforcement community's awareness of blood borne pathogens, and the need to reduce the potential for exposure.

DEFINITIONS

Oleoresin: a mixture of an essential oil and resin found in nature.

Capsicum: any solanaceous plant of the genus capsicum, as C. Frutescent, the common pepper of the garden, occurring in many varieties that range from mild to hot, having pungent seeds, also ranging from mild to hot, enclosed in a podded or bell-shaped pericarp.

Oleoresin Capsicum: oil of capsicum

Pungency: the heat or intensity of the pepper

Capsaicinoids: a group of compounds, naturally occurring within the fats, oils, and waxes of the pepper plant.

Capsaicin: the most prevalent of the seven compounds found within the Capsaicinoids and considered to be the ACTIVE ingredient in OC.

Scoville Heat Units (SHU): a measurement of heat as perceived from the burning sensation when peppers are placed on the tongue.

Solvents: a liquid substance capable of dissolving or dispersing one or more other substances.

Emulsifier: a substance that creates an emulsion, or a mixture of mutually insoluble liquids in which one is dispersed in droplets throughout the other- bonds two or more liquids together.

Carrier: the ingredient, or ingredients, other than the OC, which compromise the OC Formulation-carries the OC from the canister to the target.

Propellant: the gas or liquid, which pressurizes the canister and propels the carrier and agent to the target

WHAT IS OLEORESIN CAPSICUM AND HOW DOES IT WORK?

Oleoresin Capsicum (Pepper Spray) or OC, is derived from Cayenne Peppers. Unlike Mace or Tear Gas, which are irritants, Pepper Spray (OC) is an Inflammatory Agent. Contact with mucous membranes (eyes, nose, throat, and lungs) causes immediate dilation of the capillaries. This can result in temporary blindness, and inflammation of the breathing tube tissue and systematically cut off all but life support breathing.

OC also will create an intense burning sensation on the surface of the skin. However, OC WILL NOT cause any lasting effects. The effects will last from FIFTEEN MINUTES TO SIXTY MINUTES in length or duration. However, depending on the individual, the effects may be lesser or greater depending on an individuals tolerance level.

Because OC is an INFLAMMATORY AGENT and not an irritant, it is effective on those who feel no pain such as psychotics and those under the influence of narcotics or alcohol.

When using your OC make sure you have a safe distance between you and the threat if at all possible. Aim the unit at the FACIAL region of the threat and release a 1-2 second burst from the unit. After deploying your unit step away from the threat however, keeping visual contact on the threat.

OC like any other product will lose its strength over time. It is recommended that it be replaced every 3 to 4 years. The OC should be tested every 90 days to insure proper spray strength. This should be done outside with you being down wind to prevent self contamination.

Considerations for Deploying O.C.

Use of Force Continuum Considerations

1. Presence
2. Verbal
3. Soft Physical Techniques
4. Hard Physical Techniques
5. Deadly Force

Deploying Formula

1. Spray (One to Two second bursts)
2. Command
3. Evaluate
4. Control

Securing Subject(s)

1. After subject has been sprayed, secure into handcuffs.
2. Goal Oriented Subjects can still fight and attack an Officer even after being sprayed several times.
3. Nothing is failsafe! Always use caution.

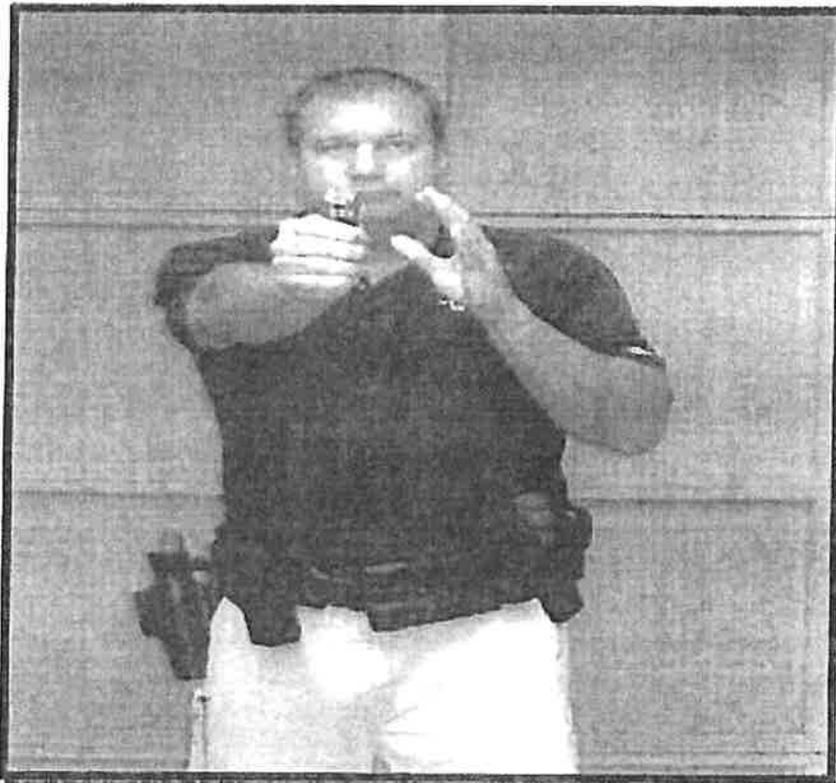
CARRY POSITIONS

One Hand Carry:

Canister held in hand with the bottom of the canister over the Officer's front foot. Do not fully extend the arm holding the canister. Empty hand is positioned either with the fingertips lower than the cheekbone and forward of the nozzle or behind the nozzle, in either position do not extend the canister any further than 3-6 inches from the chest.

Advantage: Presents a dominant and authoritative appearance allowing for easy transitioning between weapons and provides a clearing or checking hand.

Disadvantage: The possibility exists that during the deployment of OC might contaminate the Officer's free hand.



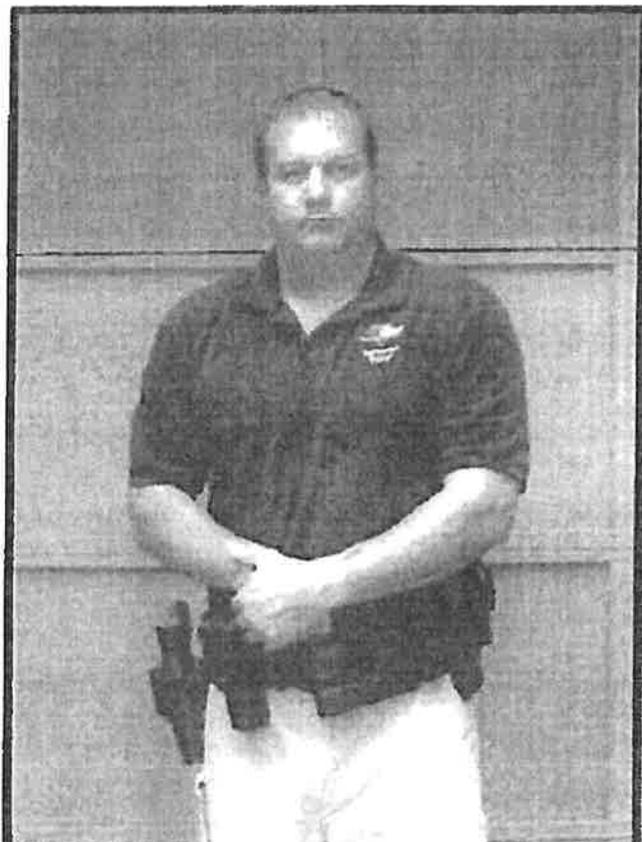
Two Hand Conceal Carry/Front Position:

Officer assumes a good stable interview position, strong leg back, canister held in front and close to the body by either strong or weak hand. Both elbows above the Officer's duty belt, placing the free hand over the unit to conceal it from view, keeping the thumb off the actuator or on the safety cap. Primarily for the second responding Officer at the scene.

Advantage: Presents a professional appearance and a low profile approach for the Officer and will not alert other bystanders that the Officer is ready to deploy OC. Designated finger needs to be above the flip top safety to prevent accidental discharge.

The benefits of using the thumb are often favored as it allows the user to apply direct pressure downward on the actuator for quick and smooth release of the aerosol.

Disadvantage: Some thumbs may not be able to fit in the actuator housing to allow the Officer to safely discharge the unit.

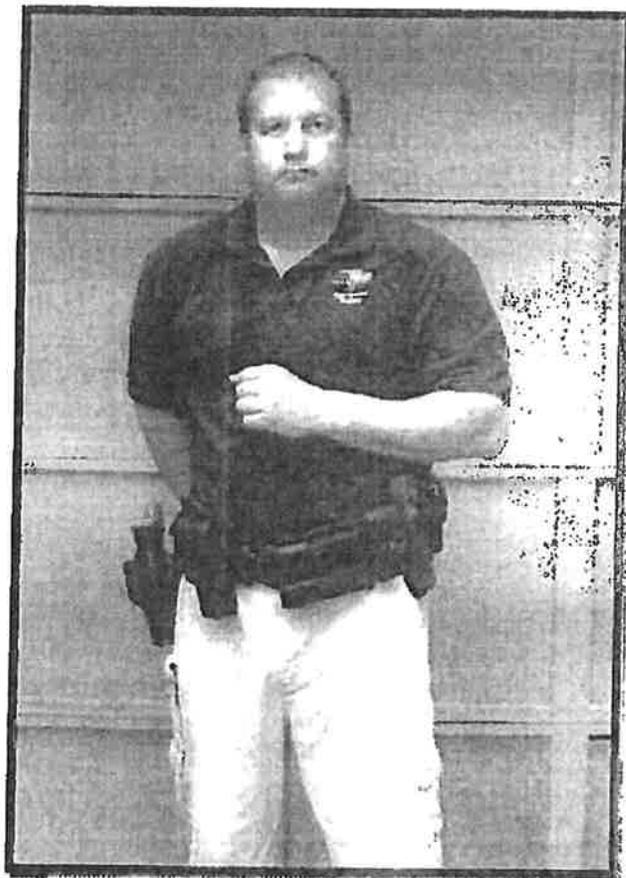
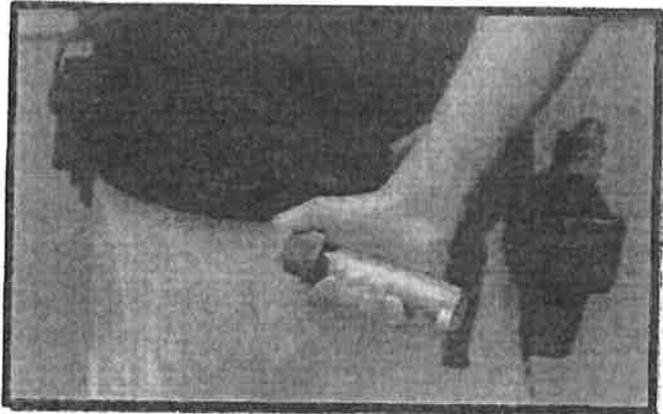


Low Profile/Rear Carry:

Canister held in hand with the arm extended downwards to the Officer's side, and the thumb is on top of the flip top safety.

Advantage: Presents a low profile, hiding the unit from immediate view, presenting a professional, but tactically ready position.

Disadvantage: If the subject attacks the Officer at the rear, subject may be able to grab the unit.

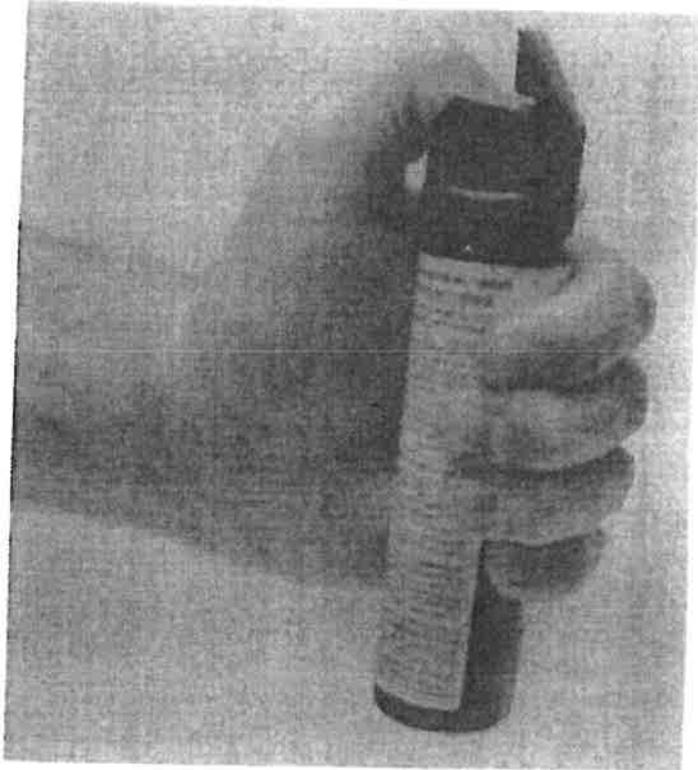


PROPER GRIP



- **Fingers extended and joined**
- **Index finger below the nozzle guard**
- **Thumb on top of the flip top safety**

PROPER GRIP



- **Keep fingers extended and joined**
- **Thumb firmly on actuator**
- **Slow steady pressure directly down on the actuator**

IMPROPER GRIP



DECONTAMINATION OF SUBJECTS

Step 1

Remove subject from contaminated area.
(Physically)

Step 2

Verbal rapport advising subject of anticipated effects of the spray.

Step 3

Provide physical relief - Expose subject to fresh air and face into wind, have subject stay still, breathe normally and relax as much as possible.

Step 4

When a viable water source is available, have subject flush eyes (strobing, repeated opening/closing of the eyes) out with copious amounts of water.



**MOUNT CARMEL HEALTH
SAFETY AND SECURITY
Policy**

[Redacted] 5/23/14

SUBJECT: Use of Force

PURPOSE

To provide guidelines for Security Officers in using force to control hostile persons and to provide guidelines for the use of defensive weapons.

POLICY

Security Officers must be prepared to perform assigned duties at all times. When using force to control a subject or to overcome resistance, the force must be based on the actions and behavior of the subject and be reasonable for the situation. The level of force used must be balanced against the likelihood of injury to the subject and/or officer.

The Safety and Security Department will use the USE OF FORCE CONTINUUM as a guide when dealing with an uncooperative subject. The USE OF FORCE CONTINUUM is a general guideline to be used in subject control and officer defense. Since confrontation is dynamic and is often unpredictable, an officer may be forced to escalate, de-escalate, or go from minimum to maximum use of force without resorting to each intermediate step. The Department's Use of Force Continuum is designed to aid and assist officers in the decision-making process.

Use of Force continuum and training in defensive weapons will take place within the first 90 days of employment for Safety & Security Officers and annual thereafter. Competencies/methodology of training will be tracked. Safety & Security will provide training on OC repellent, ASP Expandable Baton, and Defensive Tactics annually. In addition, Security Officers will have Initial 20-hour security firearms training authorized by the State of Ohio and annual re-qualifications thereafter.

USE OF FORCE CONTINUUM

1. Physical Presence of the Officer
2. Issuance of Verbal and Physical Directions or Commands
 - a. To direct subject
 - b. To inform bystanders
 - c. To create a voice stunning value
 - d. To calm subject
3. Empty Hand Control
 - a. Soft
 1. Assistance from other officers
 2. Escort Position

- b. Hard Defensive Tactics
 1. Joint Manipulations or pressure points, takedowns,
 2. Handcuffing

Use of Non-Lethal Defensive Weapons

A. OC Repellent-Chemical

1. The OC repellent is a liquid or foam irritant. It requires direct application to the subject's face to be effective.
2. The application of the agent should be made ideally from a range of 6-12 feet. This distance also provides safety for the officer. If the agent is applied at a closer range it may affect the officer. When spraying the subject, the spray should be directed at the eyes for maximum effect. If the subject is wearing glasses spray at the top of the glasses and allow the agent to splash into the eyes. The agent should take full effect in 2-5 seconds.
3. Officers using the agent should not touch their face until they have had the opportunity to wash their hands with soap and water.

After spraying a person, afford that person an opportunity to wash the contaminated areas and remove any saturated clothing. The most effective antidote is a large amount of air. The subject should be taken to the Emergency Department to be checked.

If the agent is used in an enclosed area, such as a small room or vehicle, open all windows and allow the area to ventilate.
4. The OC agent should only be used when a physical confrontation is occurring or is about to occur.

B. Canine (K9)

If a perpetrator becomes violent and physically assaulting by way of non-deadly measures, K9s can be deployed to get the perpetrator(s) under control to prevent bodily harm/physical assault.

C. Expandable Baton

1. The expandable baton is to be primarily used as a defensive weapon. Striking a person with the baton is justified when an officer is:
 - a. Protecting him/herself or another from assault
 - b. Attempting to stop an individual's aggression or to overcome resistance or violent behavior where lesser means of physical force are ineffective.
2. The primary target areas for applying non-lethal force with the baton are the large muscle groups or bones. Light strikes to these areas will cause pain and minor bruising, although such a strike can potentially disable an assailant and bring the attack to an abrupt halt.
3. It is important to avoid striking the head, temple, throat, and the back of the neck. Even light strikes or pressure these areas could inflict serious or possibly fatal injuries.
4. If an officer strikes a person with the baton that person will be taken to the Emergency department to be checked.

Lethal/Deadly Force Firearms

Select officers/ supervisors carry firearms and the use of firearms on a person is considered lethal and deadly force. The use of deadly force will be in accordance with Ohio State Laws (ORC) – and will only be used on a perpetrator for the protection of life from substantial risk of death or serious bodily injury to self or others. Officers/supervisors that carry firearms have gone through the OPOTA Security Firearms training program and have met proficiency/competency and will re-qualify on an annual basis. Armed security must make sound judgment when using fire arms in the above circumstances, but be cognizant to their action as it relates to the potential of bullets hitting and wounding innocent bystanders. Firearms should not be discharged on moving vehicles unless it is a situation that is life-threatening. Only authorized department firearms will be used.

SPECIAL PROVISIONS

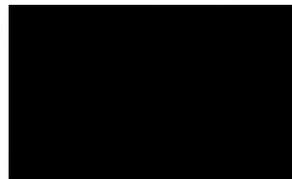
Anytime that an officer uses the OC repellant, K9, baton, handcuffs, or firearm on any individual an Incident Report will be completed by the Officer's Supervisor/In Charge Officer. Local Law Enforcement Agency will also be contacted for possible charges on subject that OC repellant, K9, handcuffs, baton, firearm was used on. This report will be forwarded to the Regional System Manager of the Safety and Security Department. All Use of Force Incidents will be investigated by the Defensive Tactics Instructors.

*Reviewed 09-2011
Revised 12/2012
Reviewed 08/2014
Reviewed 08/2016
Revised 11/2016, 12/2016
Firearms effective: 2/1/17*

DEFINITIONS:

- 1. Active Resistance – Behavior that consists of non-threatening physical opposition to being controlled.**
- 2. Assaultive Behavior – Aggressive physical opposition directed towards the officer or others by a subject. Assaultive behavior can be either an actual attack, or threat of attack conveyed through body language and assaultive verbalization.**
- 3. Controlling Force – Usually the minimal amount of physical force needed to control a subject who will not submit to verbal commands. Generally, this level of force involves the application of pain without injury. Controls techniques are used to encouraged a subject to go in a desired direction, and usually are applied to subjects that are either passively or actively resisting the officer's attempt to control them.**
- 4. Deadly/Lethal Force – Any force which carries a substantial risk that it will proximately result in the death or serious bodily injury of any person.**
- 5. Reasonable Belief – That belief by an officer, acting on personal knowledge of facts and circumstances which are reasonably trustworthy, that would justify a person of average caution to believe that a crime has been or is being committed. Similar to the probable cause standard.**
- 6. Reasonable Force – Force that will likely lead to a safe control of the subject. If a lesser force would likely lead to safe control the lesser force should be used.**
- 7. Serious Physical Injury – Injuries being inflicted or about to be inflected which could cause the death of any person.**

**MOUNT CARMEL HEALTH
SAFETY AND SECURITY
Policy**



July 23/11

SUBJECT: Detainment of Individuals

PURPOSE

To provide guidelines for the detention of persons on Mount Carmel Health property by Security Officers.

POLICY

There are three instances when a Security Officer may detain a person on Mount Carmel Health property. They are:

1. When there are reasonable grounds to believe that a person has committed a felony pursuant to section 2935.04 of the Ohio Revised Code.
2. When there is probable cause to believe that a person has unlawfully taken items offered for sale at a mercantile establishment pursuant to section 2935.04.1 of the Ohio Revised Code.
3. When a psychiatrist, licensed clinical psychologist, licensed physician, health officer designee has taken a person into custody and has reason to believe that the person is mentally ill pursuant to sections 5122.10 and 5122.01 of the Ohio Revised Code.

PROCEDURE

Security Officers in the detention of persons will follow the following procedures.

A. Section 2935.04 ORC – Detention of a person when a felony has been committed.

1. Section 2935.04 of the Ohio Revised Code (ORC) allows any person to make an arrest without a warrant if there are reasonable grounds to believe that the person has committed a felony. In main an arrest under this section the Security Officer has two additional requirements:
 - a. Section 2935.07 ORC requires that the person making the arrest must, before making the arrest, inform that person of the intention to make the arrest and the cause of the arrest.

SUBJECT: Detainment of Individuals (Con't)

- a. The Emergency Department's Licensed Independent Social Worker (LISW) and Licensed Professional Clinical Counselor (LPCC) have been designated as "health officers" as referred to in section 5122.01(J).
2. When a patient has been determined to be mentally ill by a person listed in section 5122.10 ORC and this person is attempting to leave the hospital, a Security Officer should be called immediately.
 - a. If the person is located on Mount Carmel property the Security Officer should attempt to persuade the person to return to the hospital. If the person refuses the Security Officer should restrain the person and return the person to the hospital.
 - b. If the person can not be located on Mount Carmel property the local police department will be notified. Once the person is located the police department should transport the person to a mental health facility.

SPECIAL PROVISIONS

- A. In all incidents the Security Officer will initiate an Incident Report. The Safety and Security Department should request either a "run number" or report number of the Police responding to the incident and include it with the Incident Report.
- B. Any use of force used to detain a person must be within the Safety and Security Department policy on Use of Force.
- C. The safety of visitors, patients, and employees must be considered in detaining persons by force. Should the situation present an unsafe condition the Security Officer should refrain from using force.

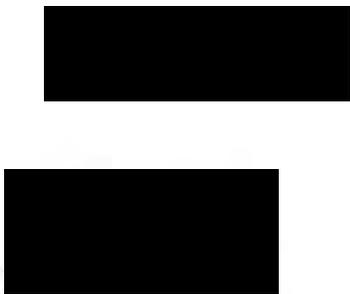
Awards

Application / Transfers



MOUNT CARMEL

A MEMBER OF  TRINITY HEALTH



10/3/14

POSITION DESCRIPTION

POSITION TITLE: Phlebotomist	DEPARTMENT: Assigned department or location
JOB CODE: 2301, 0119	REPORTS TO: Assigned supervisor
DATE ISSUED: 1/1/98	SUPERVISES: N/A
DATE REVISED: 12/18/06; 11/22/2010, 7/2012	MATRIX REPORTING RELATIONSHIPS: N/A

Mount Carmel Mission Statement and Guiding Behaviors

Mission: We serve together in Trinity Health, in the spirit of the Gospel, to heal body, mind and spirit, to improve the health of our communities and to steward the resources entrusted to us.

The Guiding Behaviors set the expectation for how we work together in living our Mission and Core Values. They are:

- We support each other in serving our patients and communities.
- We communicate openly, honestly, respectfully and directly.
- We are fully present.
- We are all accountable.
- We trust and assume goodness in intentions.
- We are continuous learners.

Job Summary

- In accordance with the Mission and Guiding Behaviors; the Phlebotomist ensures accurate registration of patients with all information required. Places patient orders; collects and labels specimens utilizing positive patient identification. Processes and prepares specimens for transport as needed. Produces reports for faxing or delivery as needed and communicates appropriate information to the healthcare team.

Job Qualifications (Knowledge, Skills, and Abilities)

- Education: High school diploma or equivalent
- Licensure / Certification: Phlebotomy certification desirable, but not required.
- Experience: Phlebotomy and basic computer skills required;
- Effective Communication Skills
- Working knowledge of medical terminology is desirable.
- Detail oriented, able to work with minimal supervision.
- Ability to effectively function in stressful situations.
- Ability to work a flexible schedule, as needed.
- Working knowledge of third party payor regulations and requirements desirable.

Essential Responsibilities

- Exhibits each of the Mount Carmel Service Excellence Behavior Standards holding self and others accountable and role modeling excellence for all to see. For example: demonstrates friendliness and courtesy, effective communication creates a professional environment and provides first class service.
- Meets population specific and all other competencies according to department requirements.
- Promotes a Culture of Safety by adhering to policy, procedures and plans that are in place to prevent workplace injury, violence or adverse outcome to associates and patients.
- Relationship-based Care: Creates a caring and healing environment that keeps the patient and family at the center of care throughout their experience at Mount Carmel following the principles of our interdisciplinary care delivery system.
- **(For patient care providers)** Provides nursing care, ensures an environment of patient safety, promotes evidence-based practice and quality initiatives and exhibits professionalism in nursing practice within the model of the ANCC Magnet Recognition Program®.
- Customer Service - Establishes, maintains and improves strong positive relationships with the medical staff, the public, other Mount Carmel Health departments and own department staff.
- Greet all patients in a friendly and gracious manner, creating a warm and friendly atmosphere.
- Obtains all patient information in a private and confidential manner.
- Performs contract management and LIS registrations. Maintains all required documentation.
- Places patient orders accurately.
- Identifies each patient accurately by verifying date of birth, spelling of last and first name.
- Collects specimens utilizing professional and accepted practices: Venipuncture, Capillary puncture and Urine Collection.
- Labels all specimens accurately.
- Transports specimens in a timely manner.
- Processes specimens per laboratory procedure.
- Review computer reports, resolves any problems and makes appropriate corrections.
- Answers telephone promptly (within 3 rings) and handles all calls with courtesy and efficiency. Provides appropriate results and delivers accurate messages regarding specimen collection and processing.
- Maintains adequate supply levels for assigned areas.
- Maintains a safe environment following hospital policies and procedures, performs required safety checks.
- Maintains a high level of quality assurance.
- Reports all quality concerns according to policy.

- Cancels and charges in LIS and HIS at Supervisor / Coordinator direction.

Other Job Responsibilities

- Participates in continuing education activities.
- Attends department specific meetings.
- Responsible for compliance with Organizational Integrity through raising questions and promptly reporting actual or potential wrongdoing.
- All other duties as assigned.

EQUIPMENT: This section requires a response of Yes or No from drop down box.

Radiation: No Electrical: Yes
Chemical: No Mechanical: No

KEY TO FREQUENCY CODES for Physical Requirement Sections: This section requires a numerical response from drop down box.

1 = Up to 33% of the time 3 = Over 66% of the time
2 = From 33% - 66% of the time 4 = Not Applicable

PHYSICAL REQUIREMENTS

Sitting: 1 Balancing: 1
Standing: 3 Reaching Overhead: 1
Walking: 3 Grasping: 2
Ability to be Mobile: 3 Keyboarding : 3
Bending: 2 Pinching: 3
Kneeling/Crawling: 1 Twisting: 1
Stooping: 2 Climbing: 1
Turning/Pivoting: 1 Pulling: 2
Working Above Shoulder Level: 1

Pushing: 2 Maximum Weight: Equal to or greater than 35 lbs
Lifting: 1 Maximum Weight: Equal to or greater than 35 lbs

POTENTIAL EXPOSURE: This section requires a response of Yes or No from drop down box.

Blood / Body Fluid Contact: Yes Humidity: No Temperature: No
Air-borne Pathogen: Yes Chemicals (Fumes / Burns): No Dust: No
Radiation: No Vibrations: No Noise: No

Personal Protective Equipment: This section requires a response of Yes or No from drop down box.

Gloves: Yes Shoes: No Goggles: Yes Aprons: No
Masks: Yes Head Covering: No Gowns: Yes

Emotional / Psychological Factors: This section requires a response of Yes or No from drop down box.

Trauma: No Grief: No Death: No Public Contact: Yes Deadlines: Yes

This job description is intended to describe the general content of and requirements for the performance of this job. It is not to be considered an exhaustive statement of duties, responsibilities, or requirements.

Reviewed and Approved by: Amy Null
Title: System Director, Lab Services
Date: 12/19/2010
Human Resources Leader: Mary Ann Wolf
Title: Vice President - Human Resources
Date: 2/11/2011
Compensation Rep: Kim Berno
Title: Sr. Compensation Analyst
Date: 2/11/2011

LABORATORY FIRE DRILL

R.A.C.E

1. **Rescue** people in immediate danger.
2. **Alarm:** Pull/Activate the nearest "Fire Alarm Box"
3. **Report** fire by calling "3".
Information to give operator when calling "3"
 - a. Name
 - b. We have a fire.
 - c. Exact location (i.e. 2 Tower Laboratory- Hematology, 4 Tower Laboratory-Blood Bank, etc)
4. **Alert** all Laboratory personnel; don't forget Registration if in 2 Tower Lab.
5. **Confine:** Close all doors. Do not endanger yourself or others.
6. **Evacuate** Laboratory. Meet in designated area. Remember to account for everyone
 - a. 2 Tower-Souder Street across from outside 2 Tower Lab side entrance.
 - b. 4 Tower-Columbus Rehab Parking Lot SE corner.
7. Only return after receiving notification from Security or Fire Department.

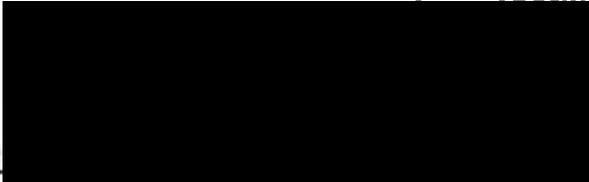
Colleague: 

Supervisor: _____

Date: _____

10/2/14

**Mount Carmel West
Laboratory Annual Evaluation Checklist
Phlebotomy and Specimen Processing**

Colleague: 

Please initial below next to each laboratory manual indicating you are knowledgeable about the contents of the manual and able to perform the tasks as directed. **Only initial for the manuals that relate to the departments you are trained in.**

<i>All Colleagues to Review and Initial</i>	
General Laboratory Manuals Reviewed	INITIAL
Laboratory Administrative Manual	
Emergency Response Manual / Plan	
Laboratory Safety Manual (Includes Chemical Hygiene Plan)	
Infection Control Manual (on InSight)	

<i>Initial the Appropriate Lab Department(s)</i>	
Specimen Processing Manual Reviewed:	INITIAL
Specimen Processing Manual	
Phlebotomy Manual Reviewed:	INITIAL
Specimen Processing Manual	

Colleague Signature: 

Date: 10/2/14



MOUNT CARMEL

A MEMBER OF  TRINITY HEALTH

POSITION DESCRIPTION

POSITION TITLE: Phlebotomist	DEPARTMENT: Laboratory Services
JOB CODE: 2301	REPORTS TO: Supervisor, Laboratory / Coordinator, Phlebotomy
DATE ISSUED: 1/1/98	SUPERVISES: N/A
DATE REVISED: 12/18/06; 11/22/2010	MATRIX REPORTING RELATIONSHIPS: N/A

Mount Carmel Mission Statement and Guiding Behaviors

Mission: We serve together in Trinity Health, in the spirit of the Gospel, to heal body, mind and spirit, to improve the health of our communities and to steward the resources entrusted to us.

The Guiding Behaviors set the expectation for how we work together in living our Mission and Core Values. They are:

- We support each other in serving our patients and communities.
- We communicate openly, honestly, respectfully and directly.
- We are fully present.
- We are all accountable.
- We trust and assume goodness in intentions.
- We are continuous learners.

Job Summary

- In accordance with the Mission and Guiding Behaviors; the Phlebotomist ensures accurate registration of patients with all information required. Places patient orders; collects and labels specimens utilizing positive patient identification. Processes and prepares specimens for transport as needed. Produces reports for faxing or delivery as needed and communicates appropriate information to the healthcare team.

[Redacted Name]

[Redacted Signature]

12/13/13

Name

Signature

Date

Job Qualifications (Knowledge, Skills, and Abilities)

- Education: High school diploma or equivalent
- Licensure / Certification: Phlebotomy certification desirable, but not required
- Experience: Phlebotomy and basic computer skills required;
- Effective Communication Skills
- Working knowledge of medical terminology is desirable.
- Detail oriented, able to work with minimal supervision.
- Ability to effectively function in stressful situations.
- Ability to work a flexible schedule, as needed.
- Working knowledge of third party payor regulations and requirements desirable.

Essential Responsibilities

- Exhibits each of the Mount Carmel Service Excellence Behavior Standards holding self and others accountable and role modeling excellence for all to see. For example: demonstrates friendliness and courtesy, effective communication creates a professional environment and provides first class service.
- Meets population specific and all other competencies according to department requirements.
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- Processes specimens per laboratory procedure.
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PHYSICAL REQUIREMENTS

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Standing: 3 Reaching Overhead: 1
Walking: 3 Grasping: 2
Ability to be Mobile: 3 Keyboarding : 3
Bending: 2 Pinching: 3
Kneeling/Crawling: 1 Twisting: 1
Stooping: 2 Climbing: 1
Turning/Pivoting: 1 Pulling: 2
Working Above Shoulder Level: 1

Pushing: 2 Maximum Weight: Equal to or greater than 35 lbs
Lifting: 1 Maximum Weight: Equal to or greater than 35 lbs

POTENTIAL EXPOSURE: This section requires a response of Yes or No from drop down box.

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Gloves: Yes Shoes: No Goggles: Yes Aprons: No
Masks: Yes Head Covering: No Gowns: Yes

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Reviewed and Approved by: Amy Null
Title: System Director, Lab Services
Date: 12/19/2010
Human Resources Leader: Mary Ann Wolf
Title: Vice President - Human Resources
Date: 2/11/2011
Compensation Rep: Kim Berno
Title: Sr. Compensation Analyst
Date: 2/11/2011



Transfer Application

Position Applied For

Position: Phlebotomist
Facility: Mount Carmel West
Department: Laboratory Phlebotomy MCW
Schedule: Full time
Req Num: 20121701

We consider associates for all positions without regard to race, color, religion, creed, national origin, age, disability, sexual orientation, marital status, or any other legally protected status.

* Required Information

September 12, 2012

PERSONAL INFORMATION

Are you a current associate of Mount Carmel Health System?* Yes

Associate ID#:* 855858

First Name:* [REDACTED] MI: [REDACTED]

Last Name:* [REDACTED]

Address:* [REDACTED]

City:* columbus

State:* OH

Zip:* 43231

Social Security Number:* [REDACTED]

Home/Other Phone:* [REDACTED]

Work Phone:

Cell Phone: [REDACTED]

Best way to contact: Cell Phone

Email Address:* [REDACTED]

CURRENT STATUS

Current Job Title:* phlebotomist

Current Location:* mount carmel west

Current Department:* blood bank

Current Job Responsibilities:* draw blood, . pt care

Current Shift:* 2

Start Date:* 9/10/12

Manager Name:* chris kent

Manager Extension:* :1319

Why are you requesting a transfer?*" to be perm position

Is your current manager aware of your request for transfer?*

Yes

Is this position in addition to your current position?* No

EDUCATION

High School

Name of school: Degree Type:
 Street: Did you graduate?
 City:
 State: Province:
 Zip:
 Country:

List scholastic honors, specialized training, apprenticeship, and extra-curricular activities that may be helpful in considering your application:

LICENSES/CERTIFICATIONS

Professional Licensure

Please Provide Professional Licenses/Registrations held. Include License Number and Expiration Date.

Type	State	Number	Date Issued	Expiration Date	Temp / Perm
------	-------	--------	-------------	-----------------	-------------

If you are applying for a job category that requires licensure, please answer the following question:
 Is your license currently subject to any investigation by a licensing agency?

DRIVING INFORMATION

If you are required to drive a motor vehicle you must possess a valid driver's license. Please provide your license information.

Driver License Number	Driver License Type	Plate Number	State of Issue	Date Issued	Date Expired
-----------------------	---------------------	--------------	----------------	-------------	--------------

Has your driver's license ever been suspended, revoked or modified? If Yes,

WORK HISTORY

Please provide the requested information about your past employers, beginning with your most recent employer. Make sure you include volunteer work or other job related training which provides information on skills/abilities you have developed. It is important to be accurate and complete since your pay rate is related to your experience.

1. Previous positions at Mount Carmel and/or previous employers:

Name of Company:* labcorp of america	Job Duties and Responsibilities:* draw blood and pt care
Street:	Reason For Leaving:* family
City:	May we contact this employer for a reference?*
State:	Yes
Zip:	
Employer's Phone:	
Other Name(s) Used:	
Job Title:* phlebotomist	
Employed From:* 03 2009	
Employed To:* 08 2012	

Starting Salary:* 14

Ending Salary:* 15

Supervisor's Name: brend hutchinson

Employment Status: Full Time

Are there any gaps in employment history? Please explain:

ADDITIONAL INFORMATION

Minimum Salary Required:

How did you find out about this position?* Internal Transfer

If you selected other, please enter "Other" source:

Which job status/shift would you accept?
(please check all that apply)

- | | | |
|------------------------------------|--|------------------------------------|
| Status | Shift | Days |
| <input type="checkbox"/> Full Time | <input type="checkbox"/> Day | <input type="checkbox"/> Sunday |
| <input type="checkbox"/> Part Time | <input type="checkbox"/> Evening | <input type="checkbox"/> Monday |
| <input type="checkbox"/> PRN | <input type="checkbox"/> Night | <input type="checkbox"/> Tuesday |
| <input type="checkbox"/> Flex Time | <input type="checkbox"/> Weekend | <input type="checkbox"/> Wednesday |
| <input type="checkbox"/> Temporary | <input type="checkbox"/> Rotating Shifts | <input type="checkbox"/> Thursday |
| | | <input type="checkbox"/> Friday |
| | | <input type="checkbox"/> Saturday |

Please answer all of the following questions.

- * No **Have you been in your current position for at least 6 months?**
- * No **Do you have any relative(s) working for Mount Carmel Health Sytem?**
If yes, please list their
Name:
Relationship:
- * No **Have you received corrective action within the last 12 months?**
- * No **Have you ever worked or attended school under another name?**
If yes, what name(s):
- * Yes **May we contact your present manager/supervisor?**
- * Yes **Are you 18 years of age or older?**

RESUME

Resume

To copy and paste your resume:

1. Highlight the text on the resume you want to copy.
2. Press 'Ctrl C' to copy (Hold down the Ctrl key and press C).
3. Place the cursor in the **RESUME** box below.
4. Press 'Ctrl V' to paste the information.

Cover Letter

Resume

READ AND SIGN

Read the following carefully before signing.

As an associate at Mount Carmel Health System, it is important to understand we enforce a Tobacco Free Workday - Every Day policy. What this means for associates is they may not use tobacco products at any time during their work shifts, even during breaks, and whether on or off campus. During the shift, your personal presence including clothing, must be free of the odor of tobacco or tobacco smoke.

Please type your name below in agreement with this policy.

Candidate's/Associate's Signature:

aaron cole

Associate Authorization and Release:

I certify that the information contained in this application is correct to the best of my knowledge and understand that any falsification, misrepresentation or omission on this application is grounds for refusal to hire, or if hired, dismissal. I authorize any of the persons or organizations referenced in this application to give Mount Carmel Health System any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application and release all or such parties and the Hospital from all liability for any damage that may result from furnishing such information. I authorize Mount Carmel Health System to request, receive and use such information and release Mount Carmel Health System from any liability regarding the use of such information. I specifically waive any written notice provisions required by state or federal law. Further, if applicable, I understand and agree that Mount Carmel Health System and/or any affiliate may conduct an investigation into criminal history, past employment, education records, Medicare/Medicaid Fraud check and agree to cooperate in any investigation and release all of such parties and the Hospital from all liability for any damage that may result from furnishing such information. Additionally, Mount Carmel Health System may, through a testing service of its choice, collect a blood, urine, hair, saliva, or breath sample from me and conduct necessary medical tests to determine the presence or use of drugs and/or alcohol, including controlled substances. I hereby release Mount Carmel Health System and its employees from any liability arising out of such test and agree to be bound by its results. I agree that the test results and other relevant medical information may be released to Mount Carmel Health System for appropriate review. I also understand that if I refuse to execute this consent, I will not be considered for employment with Mount Carmel Health System. If I am accepted for employment with Mount Carmel Health System, I agree to comply with its Drug Free Workplace Policy. I understand that my employment is contingent upon successfully completing any background check or post offer physical exam.

I understand and agree that this application for employment and any of the investigations conducted regarding my application may be shared with any other members of Mount Carmel Health System and/or affiliates for other employment opportunities.

I agree to comply with Mount Carmel Health System rules, regulations and policies and acknowledge that these rules, regulations and policies may be changed, interpreted, withdrawn, or supplemented any time, and without prior notice to me. I understand that I am required to follow all policies, procedures, rules or regulations of Mount Carmel Health System and/or its affiliates and that any violation may result in disciplinary action including termination of my employment.

I understand that I must be willing and able to rotate shifts, work Saturdays, Sundays and Holidays as required by Mount Carmel Health System and/or affiliates.

I acknowledge that any offer of employment, or my acceptance of an employment offer, if such is to occur, may be withdrawn, with or without cause, and with or without prior notice, at any time, at the option of Mount Carmel Health System or myself. I understand that this application and any other documents, which I may receive, are not contracts of employment. If employed, I understand that I will be an employee "at will" and either Mount Carmel Health System or I may terminate my employment relationship at any time with or without notice for any reason not violative of the law. I further understand that no representative of Mount Carmel Health System other than an officer has any authority to enter into any agreement for employment for any specified period of time or to assume any other personnel action, either prior to commencement of employment or after I have become employed, or to assure any benefits or terms and conditions of employment, or make any agreement contrary to the foregoing.

My typed name below shall have the same force and effect as my written signature.

Candidate's/Associate's Signature: [REDACTED]

Date: September 12, 2012

[REDACTED]
Columbus, Ohio 43231

Home: [REDACTED] • Cell: [REDACTED]
[REDACTED]

Work Experience

1999 - Present

Lab Corp of America

03/2009 - Present

1932 Alcoa Highway Bldg C155 • Knoxville, TN 37920

Position: Patient Service Technician Specialist

Responsibilities: Patient care, Implementing proper procedure for blood draws including Stats, AP, Routine, Emergency, Legal, Trama, Pediatric, Neonatal, Retrieving Specimens, Cultures, and Tissue Samples, Inventory Control, Medical Knowledge.

Achievements: Above and Beyond Award - For going above and beyond to save a life. Team Player of the Week Award - For Highest Productivity and 100% TAT (Multiple weeks in a row).

Knoxville Convention Center

02/2008 -08/2008

701 Henley Street • Knoxville, TN 37902

Position: Event Technician

Responsibilities: Event Preparation, Equipment Set-up, Serving Food, Audio Set-up.

Jim Cogdill Dodge

01/2007 - 02/2008

8544 Kingston Pike • Knoxville, TN 37919

Position: Lead Associate

Responsibilities: New / Used Auto Sales, Commercial Auto Sales, Inventory Control, Training New Sales Associates, Financial Management, Credit Checking, Customer Service, Personal Shopper, Internet Sales, Special Order Sales, Product Knowledge.

Dicks Sporting Goods

06/2006 - 12/2006

221 North Peters Road • Knoxville, TN 37923

Position: Lead Fitness Associate, Hunting Lodge Manager - Gun Salesman

Responsibilities: Fitness Equipment Assembly, Loading and Unloading of Merchandise, Sales Associate, Customer Service & Assistance, Product Knowledge, Product Assembly.

Parkwest Medical Center

11/2005 - 05/2006

9352 Park West Boulevard • Knoxville, TN 37923

Position: Materials Associate

Responsibilities: Inventory Control, ER and OR Surgery Instrument Preparation, Emergency Materials Runner, Biohazard Waste Management, and Instrument Sterilization.

US Navy

08/2000 - 11/2005

(See Military Work Experience: Page 3)

Certificate of Course Completion

This is to certify that



has completed

MCGC Fire & Life Safety Course for Pre-Opening Training

Date: _____
January 30, 2019

ELECTRONIC MAIL

FOR: BENNON, PATRICIA A
DATE/TIME: 10/28/15 12:43
SUBJECT: xmas holiday coverage, 2nd sh

FROM: BENNON, PATRICIA A

██████████ and Nicole,

We need one of you to either pick up this shift or you can always ask if someone would want to work it for you. Casie is already signed up, and Natasha worked xmas last year.

If you can find anyone who wants the double time pay, let me know and we will place both of your names in a hat and draw one. This is the fairest way I know to do it!

thanks, Pat

ELECTRONIC MAIL

FOR: [REDACTED]

FROM: STAHL, SHANNON R

DATE/TIME: 06/07/18 08:28

SUBJECT: 6T AM draw

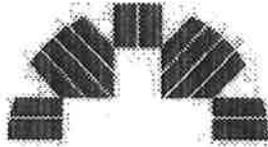
CC: 224219

Patient on 6T, you had a TROPI in RM COL, a METAB still in dispatch, but you collected the CBC. All were ordered for 0600.

This delayed patient care, especially for the Troponin. If it was a difficult stick, then please make sure not to confirm it or relay to someone to try to recollect.

Remember to collect an extra if possible, especially on 6T patients.

Thanks.



MOUNT CARMEL

**Mount Carmel Grove City
Emergency Department**
5300 North Meadows Drive Grove City, Ohio 43123
Phone: 614-663-5300

Work Release Form

This notice verifies that your employee [REDACTED] was seen in this facility on 11/03/2017 21:29:01.

Excused from work for 2 days
The following restrictions: None:

NOTE: If symptoms continue and the employee is unable to perform the full duties of their job by this date, please advise the employee to return to this facility or make an appointment with the referral physician for further evaluation.

Catherine Fox MD
ED Physician/Provider



MOUNT CARMEL

Mount Carmel Corrective Action

Mount Carmel and all of us individually are held accountable for our behaviors and actions. Guiding Behaviors are how we work together by: Supporting each other in servicing our patients and communities, Communicating openly, honestly, respectfully, and directly, Being fully present, Being accountable, Trusting and assuming good intentions, and Being continuous learners. In addition to supporting our Mission and Values, the Standards of Conduct also assist us in ensuring that our actions and behaviors are consistent with the legal, ethical, and professional obligations that apply to our health system ministry. Actions and behaviors that are inconsistent with the Standards of Conduct can significantly harm relationships with patients, communities, business partners, and others we rely upon to assist us in delivery of healthcare services.

Name: [REDACTED]

ID#: [REDACTED]

Date: 5/11/2015

Position Title: Phlebotomist

Department: 19008-Clinical Laboratory

Corrective Action Level: Verbal

Action Codes: (Inv) Excessive Absenteeism

Current Issue

[REDACTED] has accrued more than four unscheduled absences (and/or early shift departures) within less than a 6-month period (from 1/7/2015 to present).

These unscheduled absences include: 1/7/2015, 3/2/2015, 3/27/2015 (early departure), 4/24/2015 (early departure), and 4/29/2015.

In accordance with Mount Carmel Health System's Policies and Procedures, Section 440.2, a Verbal Warning is issued.

Instances of absence and tardiness negatively impact the ability of the laboratory to provide service to other department and our patients.

Previous Discussions / Corrective Actions

Date	Issue	Action
10/3/14	Excessive Internet Use	

Expectation

Per Mount Carmel Health System's Policies and Procedures, Section 440.0...

"An Associate is expected to work as scheduled and report on time."

The Mount Carmel West Laboratory policy on tardiness is that instance of clocking in four (4) or more minutes after the start of shift are considered as tardy occurrences.



RECEIVED

JAN 14 2015

MCHS Influenza Vaccination Program Associate Health
2014-2015 Influenza Vaccination Program Vaccine Component Carmel West

Please Print Clearly:

Name:

[Redacted] Last [Redacted] First [Redacted] MI

Colleague ID# [Redacted] or

Non-employed: Physician _____ Volunteer _____ Other (specify) _____

The 2014-2015 nasal and injection vaccines contain the identified strains as recommended by the Center for Disease Control (CDC).

CONSENT: I have had the opportunity to read the information (current VIS dated 8/19/14) about the influenza vaccine and have had an opportunity to ask questions and have them answered. I understand the benefits and risks of influenza vaccine as described.

Signature: [Redacted]

Date: Jan 14 2015

For Office use only

Screening completed

Vaccine Manufacture: AFLURION
BioCSL

Lot: [Barcode] Exp: 30JUN2015
Lot: T51108
17000-06

Exp. Date

Route: Nasal IM Site: Left Deltoid Right Deltoid Dose: 0.5ml

Signature:

BAB Ciegly RN ID# 267488 Date: 1/14/2015

Please fax completed forms to 614-234-8903



MOUNT CARMEL

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Name: [REDACTED]

ID#: [REDACTED]

Date: 10/3/2014

Position Title: Phlebotomist

Department: MCW Phlebotomy

Corrective Action Level: Verbal

Action Codes: Inapprop/Excess Internet Usage

Current Issue

Mount Carmel Health System provides access to the World Wide Web so that associates can appropriately and effectively perform their job responsibilities. The Mount Carmel Internet Policy, as indicated in the New Associate Information book, is that the internet is to be used for business purposes only.

During the month of August 2014, [REDACTED] had more than 8,500 internet accesses (almost 109 GB).

It should be noted that [REDACTED] demonstrated a significant reduction in internet use during the month of September 2014.

Previous Discussions / Corrective Actions

Date	Issue	Action

Expectation

Mount Carmel Health System provides access to the World Wide Web so that associates can appropriately and effectively perform their job responsibilities. The Mount Carmel Internet Policy, as indicated in the New Associate Information book, is that the internet is to be used for business purposes only.

Please note that Mount Carmel's Internet Policy does state that records of corrective action do remain in effect for the duration of employment with Mount Carmel.

Performance Improvement Plan No Yes (see attached if applicable)

Consequences of Failure to Improve

Consequences of failure to improve may result in further Corrective Action up to and including Termination of employment with Mount Carmel.

Associate Response

**This is to acknowledge that this Corrective Action Form has been reviewed with me. My signature does not necessarily mean that I agree.*

Associate Signature: _____ Date: _____

*Mount Carmel's appeal process may be utilized under certain circumstances within 7 days of this action.

Other Signatures

Supervisor / Manager: _____ Date: _____

Director (if appropriate): _____ Date: _____

Human Resources: _____ Date: _____

Copies to: Associate, Human Resources, Supervisor / Manager



Mount Carmel
Internet Resource Utilization Report (Cost Center)
 August 01, 2014 through August 31, 2014

Mount Carmel Ranking	Employee	Title	Total Accesses	Browse Time (Minutes)	Total Volume (Gigabytes)
(780) McKIBBEN, SEAN					
<i>19012 - Laboratory Phlebotomy MCW</i>					
759		Phlebotomist			
5,687	(ml260480) Leon, Mechelle	Phlebotomist	8,505	37.5	109.8
5,933	(as273476) Sotiri, Alma	Phlebotomist	85	2.8	7.3
6,017	(bk282261) Khmour, Belal	Phlebotomist	57	1.6	5.5
		Phlebotomist	49	3.5	2.4
<i>19002 - Outpatient Draw</i>					
5,175	(pa300444) Angerer, Pete	Phlebotomy Registration Spec	170	6.5	2.0
5,701	(ph296305) Houston, Perlita	Phlebotomy Registration Spec	83	1.1	0.7
<i>19011 - Lab Outreach</i>					
2,263	(kw293034) Wagner, Kassie	Phlebotomy Registration Spec	1,957	7.9	19.5
2,476	(js157487) Southers, Jennifer	Phlebotomy Registration Spec	1,665	13.3	14.6
3,073	(mf294561) Feliciano, Maricela	Phlebotomy Registration Spec	1,059	21.2	15.7
3,098	(lkgp5435) Mercier, Leandra	Phlebotomy Registration Spec	1,033	9.6	15.1
3,529	(ts280186) Sater, Tanya	Phlebotomy Registration Spec	737	9.9	6.3
4,352	(vr284562) Reher, Veronica	Phlebotomy Registration Spec	358	5.4	5.5
4,504	(vn260972) Newton, Virginia	Phlebotomy Registration Spec	313	1.6	4.5
4,661	(jf299867) Fichter, Jennifer	Phlebotomy Registration Spec	272	9.3	2.4
4,816	(ph271739) Hebb, Pamela	Phlebotomy Registration Spec	235	4.4	6.9
4,857	(dg292957) Graham, Dawn	Phlebotomy Registration Spec	226	3.0	5.2
4,892	(tm272562) Moore, Terri	Phlebotomy Registration Spec	222	11.5	1.6
5,051	(ls292968) Starkey, Laura	Phlebotomy Registration Spec	192	5.4	4.9
5,335	(bb157041) Barnes, Barbara	Phlebotomy Registration Spec	137	0.6	1.0
5,451	(xqsm7174) Kraft, Kelly	Phlebotomy Registration Spec	118	7.1	1.0
5,505	(cb259591) Bowen, Cathy	Phlebotomy Registration Spec	108	8.6	2.1
5,516	(te281707) Ewing, Tammy	Phlebotomy Registration Spec	107	1.7	2.5
5,934	(bg260183) Gillilan, Bernadine	Phlebotomy Registration Spec	57	1.0	0.9
6,059	(so275093) Old, Susan	Phlebotomy Registration Spec	46	4.0	0.6
6,202	(sw294389) White, Sommer	Phlebotomy Registration Spec	32	2.0	0.1
6,296	(sd274807) Downs, Shalene	Phlebotomy Registration Spec	26	1.5	0.2
<i>48901 - Long Term Acute Care Hospital</i>					
706	(jf839658) Ferguson-Donnell, Julia	Unit Coordinator	9,246	93.3	184.3
1,656	(lw856549) Woods, Lekeeta	Unit Coordinator	3,271	45.2	64.0
1,790	(sr842160) Risko, Shirley	Unit Coordinator	2,910	9.5	55.7
2,185	(tqql2308) Costlow, Sydney	Unit Coordinator	2,092	66.1	60.0
3,149	(nrhq4107) Franks, Ashley	RN Staff	994	4.2	9.2
4,180	(sk856728) Kaur, Sandeep	Unit Coordinator	422	13.5	7.1
<i>19007 - Microbiology</i>					
1,096	(kg222360) Glass, Karla	Med Technologist	5,638	29.8	44.0
2,461	(db261652) Bermeo, Darla	Med Lab Technician	1,685	10.0	13.9
3,918	(ha259390) Andreason, Heather	Med Technologist	528	1.3	4.2

ELECTRONIC MAIL

FOR: [REDACTED]

FROM: KENT, CHRISTOPHER M

DATE/TIME: 11/18/13 09:36

SUBJECT: TB Questionnaire

Aaron,

Please go to the Associate Health Page on InSight, select TB Screening from the tab choices, print the Questionnair Form, and fax it to Associate Health.

Annual completion of this form is a condition of employment, please complete this before performing any phlebotomy responsibilities.

Thank you,
Chris

Certificate of Completion

This is to Certify



has completed the course
"TH - Safe Choices - Post Test & Evaluation"

11/12/2013



Mount Carmel Health System
Competency-Based Orientation and Introductory Period Evaluation
Specimen Processing
Mount Carmel Health System Specimen Processing

Associate Name: [Redacted]	ID Number: [Redacted]	Job Title: <u>Phlebotomist</u>	<input type="checkbox"/> New Hire <input type="checkbox"/> Transfer <input checked="" type="checkbox"/> Additional job code
-------------------------------	--------------------------	-----------------------------------	---

Core Competencies	Method of Competency Validation (may use more than one method)							Date	Competency Assessed by: (signature and credentials)
	Demonstration	Observation of daily work	Post-test	Mock Event/ Simulation	QI Monitors/ Audits	Peer Review	Case Study		
Specimen Processing									
• Prepares specimens for testing in a Mount Carmel Health System laboratory		✓						10-17-18	LB
• Displays positive customer attitude		✓						10-17-18	LB
• Answer phone in a pleasant fashion identifying the laboratory, your name, and asking "How may I help you?"		✓						10-17-18	LB
• Courteous and professional when answering the phone									
• Resolve concerns and questions of the caller									
• Transfer phone to the proper department in a timely manner with proper introduction									
• Operates pneumatic tube system		✓						10-17-18	LB
• Uses Cerner PathNet to perform tasks including: order laboratory testing, cancel test requests, track specimens, and locate patient results		✓						10-17-18	LB
• Processes samples appropriately for testing, this may include: centrifugation, aliquoting samples, and ensuring storage at the correct temperature		✓						10-17-18	LB
• Operates centrifuge									
• Delivers specimens to proper department for testing									
• Understand HIPAA and Mount Carmel Health System privacy practices		✓						10-17-18	LB
• Able to triage phone calls		✓						10-17-18	LB
• Able to triage specimen workload		✓						10-17-18	LB

_____ has successfully completed the Introductory Period.

Developmental Needs identified related to competency:

Additional needs identified during Introductory Period:

Goals (includes identified competency and developmental needs):

Associate Signature [Redacted]	Date <u>10/16/18</u>	Manager Signature <u>[Signature]</u>	Date <u>10/16/18</u>
-----------------------------------	----------------------	--------------------------------------	----------------------

**Mount Carmel Human Resources
Non-Management Performance Appraisal Form**

First Name	Last Name	Associate ID #:
Department	Dept ID #	Job title
MCW Phlebotomy	19012	Phlebotomist

Review Due Date	Review Period (start & end dates)
5/1/2013	FY13 - 7/1/2012 to 6/30/2013

RATING SCALE:
 3 = consistently exceeds expectations
 2.5 = occasionally exceeds expectations
 2 = meets expectations
 1.5 = occasionally meets expectations
 1 = does not meet expectations

Instructions: Associate completes the self-evaluation column and returns form to manager. A self-evaluation is important to the evaluation process, and highly encouraged; however, the manager should not hold up the evaluation if the Associate does not complete a self evaluation. The manager will then complete the manager-rating and schedule a performance review conference with Associate.

The completed evaluation form should be sent to Human Resources. All other required competencies and education documents are to be kept in the department file and/or recorded in HealthStream.

GUIDING BEHAVIORS

GUIDING BEHAVIORS
 The Guiding Behaviors flow directly from Trinity Health and Mount Carmel's Mission and help us to focus on and connect with the Mission. The Guiding Behaviors set the expectation for how we work together in living our Mission and Core Values.

- We support each other in serving our patients and communities
- We communicate openly, honestly, respectfully and directly
- We are fully present
- We are all accountable
- We trust and assume goodness in intentions
- We are continuous learners

Supporting Examples (Associate Comments)	Supporting Examples (Manager Comments)
---	---

Character Count (limit 760 characters)

	Aaron communicates concerns regarding the phlebotomy department to his supervisor and manager with the intention of bettering the department. His feedback is honest and contributes to the department's positive progress.
--	---

220
0.67

Self Rating	#N/A	Mgr Rating	2	Meets
--------------------	------	-------------------	---	-------

SKILL AND KNOWLEDGE COMPETENCIES

How does the Associate demonstrate all essential job responsibilities from the Job Description? If an essential job responsibility is met, a score of 2 is applicable. If an essential job responsibility has changed or does not require a score, you may check Not Applicable (N/A). (Note: Ratings other than 2 should have supporting documentation.)

Essential Job Responsibility / Work-Related Goal: (Service Excellence)

SERVICE EXCELLENCE: Exhibits each of the Mount Carmel Service Excellence Behavior Standards, role modeling excellence for all to see. For example, demonstrates friendliness and courtesy, effective communication, creates a professional environment, and provides first class service.

Supporting Examples (Associate Comments)	Supporting Examples (Manager Comments)
---	---

Character Count (limit 760 characters)

No Comments	Aaron is friendly and courteous to other members of the hospital and laboratory teams.
-------------	--

86

Self Rating	2	Meets	Mgr Rating	2	Meets
--------------------	---	-------	-------------------	---	-------

**Mount Carmel Human Resources
Non-Management Performance Appraisal Form**

First Name Last Name Associate ID #:

A. Essential Job Responsibility / Work-Related Goal:

Computer Support Services - uses computer support services to the benefit of staff, patients and customers.

Character Count (limit 500 characters)

106

Supporting Examples (Associate Comments)

No Comments

Supporting Examples (Manager Comments)

The phlebotomist position requires efficient and proficient use the available computer support services, demonstrating competent use of Cerner PathNet software to accomplish daily duties.

Character Count (limit 760 characters)

Self Rating Meets

Mgr Rating Meets

188

B. Essential Job Responsibility / Work-Related Goal:

Technical Performance - Assists with laboratory testing to provide quality, accurate results to the physicians and other health care providers.

Character Count (limit 500 characters)

144

Supporting Examples (Associate Comments)

No Comments

is a consistent performer and understands his role in the laboratory's ability to provide quality results to our customers.

Character Count (limit 760 characters)

Self Rating Meets

Meets

129

C. Essential Job Responsibility / Work-Related Goal:

Team - Supports fellow associates in the goal of providing the best possible outcomes for the patient.

Character Count (limit 500 characters)

102

Supporting Examples (Associate Comments)

No Comments

Supporting Examples (Manager Comments)

has demonstrated a willingness to help others with their workloads - this assistance allows us to provide improved test result turnaround times, thereby allowing patient care to move forward in a more timely manner. Additionally, has demonstrated often demonstrates flexibility in his schedule so that special scheduling requests by other team members may be accommodated. In order to ensure best possible outcomes for the patient, it is necessary that Aaron remain productive throughout her scheduled hours.

Character Count (limit 760 characters)

Self Rating Meets

Mgr Rating Meets

521

**Mount Carmel Human Resources
Non-Management Performance Appraisal Form**

First Name	Last Name	Associate ID #:
[REDACTED]	[REDACTED]	[REDACTED]

D. Essential Job Responsibility / Work-Related Goal:
Health, Safety and Education - Supports Laboratory in maintaining a safe work environment

Character Count (limit 500 characters)

89

Supporting Examples (Associate Comments)	Supporting Examples (Manager Comments)
--	--

Character Count (limit 760 characters)

No Comments

[REDACTED] is compliant with the PPE standards of her position.

58

Self Rating	2	Meets	Mgr Rating	2	Meets
-------------	---	-------	------------	---	-------

E. Essential Job Responsibility / Work-Related Goal:
Communication and Customer Satisfaction - Develops and maintains effective working relationships with staff and other departments to promote customer service.

Character Count (limit 500 characters)

158

Supporting Examples (Associate Comments)	Supporting Examples (Manager Comments)
--	--

Character Count (limit 760 characters)

No Comments

[REDACTED] has developed effective working relationships with other members of the hospital and laboratory teams - when needed, he requests additional assistance from co-workers. By providing feedback regarding the present processes of the department, [REDACTED] demonstrates attention to customer satisfaction.

302

Self Rating	2	Meets	Mgr Rating	2	Meets
-------------	---	-------	------------	---	-------

0.67

**Mount Carmel Human Resources
Non-Management Performance Appraisal Form**

First Name Last Name Associate ID #:

INDIVIDUAL GOALS: (for PAST 12 months)
Individual Goals support Department, Business Unit and System Goals

Rating Scale:
3 = achieved goal
2 = some progress towards goal
1 = unable to make progress towards goal
(5 scores are acceptable)

Please DOCUMENT and provide RATINGS for your Individual Goals for the past year in the space provided below.

Individual Goal

Train as a phlebotomist new to the Mount Carmel West. Learn to use processes and systems that are in place within the phlebotomy department.

Rating	
Self	Manager
	2

Individual Goal

Contribute to reduction in overall turnaround time for testing on specimens collected by the Mount Carmel West phlebotomy team - phlebotomy "time" is measured within laboratory performance improvement indicators.

Rating	
Self	Manager
	2

Individual Goal

100% compliance with Mount Carmel hand hygiene standards.

Rating	
Self	Manager
	3

Individual Goal

Rating	
Self	Manager

Individual Goal

Rating	
Self	Manager

0.78

**Mount Carmel Human Resources
Non-Management Performance Appraisal Form**

First Name Last Name Associate ID #:

REQUIREMENTS

- | | Yes or No |
|--|--------------------------|
| 1. Demonstrates training with new equipment. | <input type="checkbox"/> |
| 2. Demonstrates training/education regarding new or revised documentation forms, policies/procedures, and quality issues. | <input type="checkbox"/> |
| 3. Demonstrates knowledge and integration of bloodborne pathogen regulations/TB into practice (Complies with TB testing). | <input type="checkbox"/> |
| 4. Demonstrates knowledge and integration of 7 safety practices (medical equipment, utilities, emergency preparedness, life safety, hazardous material, safety including back safety), and security management, as documented in HealthStream. | <input type="checkbox"/> |
| 5. Demonstrates knowledge and skill in caring for population specific patients (Complete and attach the Population Specific Competency Evaluation Form and keep with education records in department. Enter competency into HealthStream). | <input type="checkbox"/> |
| 6. Demonstrates knowledge of other regulatory practices as appropriate to area/department practice. Has completed required HIPAA education. | <input type="checkbox"/> |
| 7. Demonstrates knowledge and accurate documentation of time worked in the automated timekeeping system. | <input type="checkbox"/> |
| 8. Other job specific requirements. | <input type="checkbox"/> |

All Associates are expected to keep these requirements current. Failure to do so may result in Corrective Action.

Manager's Comments

Christopher M Kent
 Manager's Signature 274452 Manager ID Date 4/30/2013.

Associate's Comments

285671 Associate ID Date 4-30-13

	Weighted	
Guiding Behaviors Score	2	0.667
Skills and Knowledge Competencies Score	2	0.667
Individuals Goals (for past 12 months)	2.33	0.777
Overall Performance Score	2.11	

Please click link below to be directed to the Annual Mandatory forms.
http://eforms.mchs.com/ifsorver/Annual_Mandatory_Forms

**Mount Carmel Human Resources
Non-Management Performance Appraisal Form**

First Name	Last Name	Associate ID #:
<input type="text"/>	<input type="text"/>	<input type="text"/>

INDIVIDUAL GOALS: (for NEXT 12 months)
Individual Goals support Department, Business Unit and System Goals

Individual Goals for the upcoming year need to be documented on the evaluation form and submitted to HR. Managers should give a copy to their Associate and keep one for the manager file.

Set three to five Individual Goals related to major areas of job responsibility and/or CORE Values. (The "Individual Goal-Setting Guide" is available on the Human Resources page on Insight).

Individual Goal

Demonstrate a positive attitude during the continued transition period of the phlebotomy department.

Character Count (limit 610)

100

Individual Goal

Contribute to reduction in overall turnaround time for testing on specimens collected by the Mount Carmel West phlebotomy team - phlebotomy "time" is measured within laboratory performance improvement indicators.

Character Count (limit 610)

212

Individual Goal

Character Count (limit 610)

Individual Goal

Character Count (limit 610)

Individual Goal

Character Count (limit 610)

**Mount Carmel Human Resources
Non-Management Performance Appraisal Form**

First Name [Redacted] Last Name [Redacted] Associate ID #: [Redacted]
 Department [CCU] Dept ID # [Redacted] Job title [Phlebotomist]
 Review Due Date [5/1/2013] Review Period (start & end dates) [FY13 - 7/1/2012 to 6/30/2013]

RATING SCALE:
 3 = consistently exceeds expectations
 2.5 = occasionally exceeds expectations
 2 = meets expectations
 1.5 = occasionally meets expectations
 1 = does not meet expectations

Instructions: Associate completes the self-evaluation column and returns form to manager. A self-evaluation is important to the evaluation process, and highly encouraged; however, the manager should not hold up the evaluation if the Associate does not complete a self evaluation. The manager will then complete the manager-rating and schedule a performance review conference with Associate.

The completed evaluation form should be sent to Human Resources. All other required competencies and education documents are to be kept in the department file and/or recorded in HealthStream.

GUIDING BEHAVIORS

GUIDING BEHAVIORS
 The Guiding Behaviors flow directly from Trinity Health and Mount Carmel's Mission and help us to focus on and connect with the Mission. The Guiding Behaviors set the expectation for how we work together in living our Mission and Core Values.

- We support each other in serving our patients and communities
- We communicate openly, honestly, respectfully and directly
- We are fully present
- We are all accountable
- We trust and assume goodness in intentions
- We are continuous learners

Supporting Examples (Associate Comments) | Supporting Examples (Manager Comments)

--	--

Character Count (limit 760 characters)

Self Rating [2] #N/A | Mgr Rating [] #N/A

SKILL AND KNOWLEDGE COMPETENCIES

How does the Associate demonstrate all essential job responsibilities from the Job Description? If an essential job responsibility is met, a score of 2 is applicable. If an essential job responsibility has changed or does not require a score, you may check Not Applicable (N/A). (Note: Ratings other than 2 should have supporting documentation.)

Essential Job Responsibility / Work-Related Goal: (Service Excellence)

SERVICE EXCELLENCE: Exhibits each of the Mount Carmel Service Excellence Behavior Standards, role modeling excellence for all to see. For example, demonstrates friendliness and courtesy, effective communication, creates a professional environment, and provides first class service.

Supporting Examples (Associate Comments) | Supporting Examples (Manager Comments)

--	--

Character Count (limit 760 characters)

Self Rating [2] #N/A | Mgr Rating [] #N/A

Mount Carmel Human Resources
Non-Management Performance Appraisal Form

First Name _____ Last Name _____ Associate ID #: _____

A. Essential Job Responsibility / Work-Related Goal:

Computer Support Services - uses computer support services to the benefit of staff, patients and customers

Character Count (limit 500 characters)

106

Supporting Examples (Associate Comments)

Supporting Examples (Manager Comments)

Character Count (limit 760 characters)

Self Rating #N/A

Mgr Rating #N/A

B. Essential Job Responsibility / Work-Related Goal:

Technical Performance - Assists with laboratory testing to provide quality, accurate results to the physicians and other health care providers.

Character Count (limit 500 characters)

144

Supporting Examples (Associate Comments)

Supporting Examples (Manager Comments)

Character Count (limit 760 characters)

Self Rating #N/A

Mgr Rating #N/A

C. Essential Job Responsibility / Work-Related Goal:

Team - Supports fellow associates in the goal of providing the best possible outcomes for the patient.

Character Count (limit 500 characters)

101

Supporting Examples (Associate Comments)

Supporting Examples (Manager Comments)

Character Count (limit 760 characters)

Self Rating #N/A

Mgr Rating #N/A

**Mount Carmel Human Resources
Non-Management Performance Appraisal Form**

First Name	Last Name	Associate ID #:

D. Essential Job Responsibility / Work-Related Goal:
Health, Safety and Education - Supports Laboratory in maintaining a safe work environment

Character Count (limit 500 characters)

89

Supporting Examples (Associate Comments)	Supporting Examples (Manager Comments)

Character Count (limit 760 characters)

Self Rating	2	#N/A	Mgr Rating		#N/A
--------------------	---	------	-------------------	--	------

E. Essential Job Responsibility / Work-Related Goal:
Communication and Customer Satisfaction - Develops and maintains effective working relationships with staff and other departments to promote customer service.

Character Count (limit 500 characters)

158

Supporting Examples (Associate Comments)	Supporting Examples (Manager Comments)

Character Count (limit 760 characters)

Self Rating	2	#N/A	Mgr Rating		#N/A
--------------------	---	------	-------------------	--	------

#DIV/0!

Mount Carmel Human Resources
Non-Management Performance Appraisal Form

First Name [redacted] Last Name [redacted] Associate ID #: [redacted]

INDIVIDUAL GOALS: (for PAST 12 months)
Individual Goals support Department, Business Unit and System Goals

Rating Scale:
3 = achieved goal
2 = some progress towards goal
1 = unable to make progress towards goal
(5 scores are acceptable)

Please DOCUMENT and provide RATINGS for your Individual Goals for the past year in the space provided below.

Individual Goal	Rating	
	Self	Manager
To become more aware of the procedures and protocols of Mount Carmel.	2	

#DIV/0!

**Mount Carmel Human Resources
Non-Management Performance Appraisal Form**

First Name Last Name Associate ID #

REQUIREMENTS

	Yes or No
1. Demonstrates training with new equipment.	<input type="checkbox"/>
2. Demonstrates training/education regarding new or revised documentation forms, policies/procedures, and quality issues.	<input type="checkbox"/>
3. Demonstrates knowledge and integration of bloodborne pathogen regulations/TB into practice (Complies with TB testing).	<input type="checkbox"/>
4. Demonstrates knowledge and integration of 7 safety practices (medical equipment, utilities, emergency preparedness, life safety, hazardous material, safety including back safety), and security management, as documented in HealthStream.	<input type="checkbox"/>
5. Demonstrates knowledge and skill in caring for population specific patients (Complete and attach the Population Specific Competency Evaluation Form and keep with education records in department. Enter competency into HealthStream).	<input type="checkbox"/>
6. Demonstrates knowledge of other regulatory practices as appropriate to area/department practice. Has completed required HIPAA education.	<input type="checkbox"/>
7. Demonstrates knowledge and accurate documentation of time worked in the automated timekeeping system.	<input type="checkbox"/>
8. Other job specific requirements.	<input type="checkbox"/>

All Associates are expected to keep these requirements current. Failure to do so may result in Corrective Action.

Manager's Comments

Manager's Signature Manager ID Date

Associate's Comments

Associate's Signature Associate ID Date

	Weighted	
Guiding Behaviors Score		
Skills and Knowledge Competencies Score	#DIV/0!	#DIV/0!
Individuals Goals (for past 12 months)	#DIV/0!	#DIV/0!
Overall Performance Score	#DIV/0!	

Please click link below to be directed to the Annual Mandatory forms.
http://eforms.mchs.com/lserver/Annual_Mandatory_Forms

Mount Carmel Human Resources
Non-Management Performance Appraisal Form

First Name

Last Name

Associate ID #:

INDIVIDUAL GOALS: (for NEXT 12 months)

Individual Goals support Department, Business Unit and System Goals

Individual Goals for the upcoming year need to be documented on the evaluation form and submitted to HR. Managers should give a copy to their Associate and keep one for the manager file.

Set three to five Individual Goals related to major areas of job responsibility and/or CORE Values. (The "Individual Goal-Setting Guide" is available on the Human Resources page on Insight).

Individual Goal

To help focus on working together with Nursing staff on providing better patient care and timely lab processing.

Character Count (limit 610)

Individual Goal

To better communicate openly, and honestly with fellow co-workers.

Character Count (limit 610)

Individual Goal

To be more accountable for my actions and help management with future changes and procedures.

Character Count (limit 610)

Individual Goal

[Empty goal box]

Character Count (limit 610)

Individual Goal

[Empty goal box]

Character Count (limit 610)

Mount Carmel Health System

Student Assignment Completion Report

Due Date Range: 4/25/2012 Through 4/24/2013

Data as of: 4/23/2013 12:00 AM

Reporting on

Score Not Yet Due as: **Not Yet Due**
 Include User ID: **No**
 Include Job Title: **No**

Delivered 4/24/2013:

Scores

Total Completed 0.00%
 -COMPLETED ON-TIME: 0.00%
 -COMPLETED LATE: 0.00%
 -COMPLETED FAILED: 0.00%
 Not Yet Due: 0.00%
 Past Due: 0.00%
 Delinquent: 100.00%
 Total: 100.00%
 Exempt: 0.00%

Student Completion: 0.00%

Supervisor:
 Department: MMH1901202-LABORATORY PHLEBOTOMY
 MCW

Items	Not Yet Due	Completed			Past Due	Delinquent	Exempt
	(Is Due On...)	On Time	Late	Failed	(Was Due On...)	(As of...)	
<input checked="" type="checkbox"/> 2012 Clinical New Associate System Education						(1/10/2013)	
<input type="checkbox"/> TH - Enterprise Information Security - Maintaining the Privacy and Security of Trinity Health Information						(12/31/2012)	
Student Totals	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	



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 Build 13.01.28.895.20

O:HLCWEB27

Legend:

Curriculum Equivalent Course Assessment

OFFICIAL TRANSCRIPT
Mount Carmel Health System

Transcript Range: Apr. 25, 2012 - Apr. 24, 2013

Report Date: April 24, 2013 9:57 AM

TOTALS FOR [REDACTED]

COMPLETIONS	ESTIMATED TIME
3	16:30

Name	Est. Time*	Completion Date
<input type="checkbox"/> TH - Falls Prevention for Ancillary Associates	0:30	04/12/2013
<input type="checkbox"/> MCHS - New Associate Orientation Day 2	8:00	11/06/2012
<input type="checkbox"/> MCHS - New Associate Orientation Day 1	8:00	11/05/2012

* Estimated Times are stated in hours:minutes format.

Legend:

Course



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O:HLCWEB27

TH - Falls Prevention

for Ancillary Associates

Assignment Name: Falls

Prevention for Ancillary

Associates,

Assigned By: GARRICK DUCAT

Course

Group

Exempt

Legend:

 Curriculum

Course



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Build 13.01.28.895.20

O:HLCWEB27 A:HLCWEB27 C:UNKNOWN

**Mount Carmel Health System
Competency-Based Orientation and Introductory Period Evaluation**

Introductory

**Use of Cerner Bridge ("TranSpec")
Mount Carmel Health System Phlebotomy**

Associate Name: [REDACTED]	ID Number: [REDACTED]	Job Title: Phlebotomist	<input checked="" type="checkbox"/> New Hire <input type="checkbox"/> Transfer <input type="checkbox"/> Additional job code
-------------------------------	--------------------------	----------------------------	---

Core Competencies	Method of Competency Validation (may use more than one method)							Date	Competency Assessed by: (signature and credentials)		
	Demonstration	Return	Observation of daily work	Post-test	Mock Event/ Simulation	CI Monitors/ Audits	Peer Review			Case Study	Discussion Group
Based upon job description, performance standards, and regulatory/accrediting standards.											
Cerner Bridge Application ("TranSpec")			<input checked="" type="checkbox"/>							9/20/12	SDD

[REDACTED] has successfully completed the Introductory Period.

Developmental Needs identified related to competency:

Additional needs identified during Introductory Period:

Goals (Includes identified competency and developmental needs):

Associate Signatur [REDACTED]

Date 9/21/12

Manager Signature [Signature]

Date 9/21/2012

CARING COMPONENTS:

- Positively identify the patient

KNOWLEDGE AND SKILL COMPONENTS:

- Log into Cerner Bridge ("TranSpec")
- Scans patient wristband
- Review the tests and specimen containers to be collected
- Prints label at the bedside using the TranSpec wireless label printer
- Upon completion of specimen collection, labels the blood tubes at the bedside
- Confirm collection of the tests in TranSpec
- Uncheck specimens (in TranSpec) that were not collected and discard labels

CRITICAL THINKING COMPONENTS

- Review the battery level of the handheld printer
- Reboot the Transpec device in the event that TranSpec has logged off
- Call Customer Support if technical support is required

Evidence Based References/Resources (if applicable):

**Mount Carmel Health System
Annual Competency Assessment
Mount Carmel Health System Phlebotomy**

Associate Name:

ID Number:

Job Title: **Phlebotomist**

- High Risk Low Volume Problem Prone New Equipment/Service Process Change

VENIPUNCTURE

Definition: Demonstrates ability to properly collect specimens for testing via venipuncture.

CARING COMPONENTS:

- Greet the patient and family members with a smile, "hello," and identification (name and title/role)
- Remain calm and polite with the patient if the patient refuses to have blood drawn
- Listen to the patient's concerns
- Speak clearly and explains why specimen(s) are to be collected
- Uses positive body language and maintain eye contact with the patient

KNOWLEDGE AND SKILL COMPONENTS:

- Wash hands when entering patient room
- Identify the patient by asking the patient (or a nursing staff member) their name and date of birth
- Apply gloves
- Apply tourniquet, locate a vein for venipuncture site, and clean collection site with alcohol
- Collect blood cultures correctly
 - Clean septum of each bottle with alcohol, leave alcohol pad on stopper
 - Prepare sterile site with proper solution and allow collection site to dry completely prior to venipuncture
 - Perform the venipuncture while maintaining a sterile field
 - Inoculate bottles in the correct order with sufficient amount of blood
- Properly anchors the vein
- Insert needle at proper angle and depth
- Collect specimens in the correct order of draw
- Release tourniquet
- Withdraw needle, apply pressure to the site, and activate safety device on needle
- Properly dispose of the needle
- Invert the specimen collection tubes eight to ten times
- Label specimen containers at the patient's bedside
- Examine specimen collection site for bleeding, apply pressure as needed.
- Understands, recognizes, takes prompt corrective action, and seeks additional assistance from appropriate parties (if needed) in the event of an adverse patient reaction to the phlebotomy procedure.
- Remove all collection materials, remove gloves, and wash hands

CRITICAL THINKING COMPONENTS

- If unable to establish required blood flow, adjust needle
- Use correct order of draw based on the laboratory specimens/tests to be collected

METHOD OF COMPETENCY VALIDATION:

- | | |
|---|---|
| <input type="checkbox"/> Return Demonstration | <input type="checkbox"/> QI Monitors/Audits |
| <input checked="" type="checkbox"/> Observation of Daily Work | <input type="checkbox"/> Peer Review |
| <input type="checkbox"/> Post Test | <input type="checkbox"/> Case Study |
| <input type="checkbox"/> Mock Event/Simulation | <input type="checkbox"/> Discussion Group |

Competency Validated By: (Signature and credentials)



Date 10-11-18

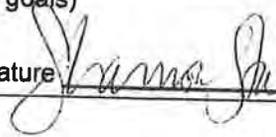
Developmental Needs identified: (See Performance Evaluation for related goals)

Associate Signature



Date 10/11/18

Manager Signature



Date 10-17-18

Associate Name: [REDACTED]	ID Number: [REDACTED]	Job Title: Phlebotomist
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LABORATORY INFORMATION SYSTEM

Definition: Uses Cerner PathNet to perform daily job functions – to include result inquiry and test order entry.

CARING COMPONENTS:

- Courteous and professional when answering the phone
- Resolve concerns and questions of the caller
- Transfer phone to the proper department in a timely manner with proper introduction

KNOWLEDGE AND SKILL COMPONENTS:

- Able to sign on to Cerner PathNet
- Receive specimens: **SPR- Specimen Received, CLN- Collection Log-In**
- Orders laboratory test requests: **COE- Clinical Order Entry** and **ROU- Requisition Order Update** NA
- Cancels laboratory test requests: **CTS- Cancel Tests**
- Reprints labels using function **LRP- Label Reprint**
- Able to retrieve patient laboratory history and results: **OID- Order Inquiry By Date**
- Correctly reads and applies footnotes to laboratory test requests **[F11]**
- Reviews pending collection report: **NCC- Nursing Collection Checklist**
- Faxes results: **CCC- Communications Chart Create** NA
- Able to read and send message via Cerner PathNet Electronic Mail: **MOV- Message Overview, EMR- Electronic Mail Routing**
- Look up physician or diagnosis information: **DTI- Doctor Demographic Inquiry**

CRITICAL THINKING COMPONENTS

- Able to follow instructions to use new functions in order to provide service
- Troubleshooting – contacting the appropriate person(s) in the event of a concern with Cerner PathNet or other computer programs.

METHOD OF COMPETENCY VALIDATION:

- | | |
|---|---|
| <input type="checkbox"/> Return Demonstration | <input type="checkbox"/> QI Monitors/Audits |
| <input checked="" type="checkbox"/> Observation of Daily Work | <input type="checkbox"/> Peer Review |
| <input type="checkbox"/> Post Test | <input type="checkbox"/> Case Study |
| <input type="checkbox"/> Mock Event/Simulation | <input type="checkbox"/> Discussion Group |

Competency Validated By: (Signature and credentials) [Signature] Date 10-11-18

Developmental Needs identified: (See Performance Evaluation for related goals)

Associate Signature [REDACTED] Date 10/11/18 Manager Signature [Signature] Date 10-12-18

Associate Name: [REDACTED]	ID Number: [REDACTED]	Job Title: Phlebotomist
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CERNER BRIDGE APPLICATION ("TRANSPEC")

Definition: Demonstrates ability to use TransSpec to ensure appropriate specimen collection and positive patient identification.

CARING COMPONENTS:

- Positively identify the patient

KNOWLEDGE AND SKILL COMPONENTS:

- Log into Cerner Bridge ("TranSpec")
- Scans patient wristband
- Review the tests and specimen containers to be collected
- Prints label at the bedside using the TranSpec wireless label printer
- Upon completion of specimen collection, labels the blood tubes at the bedside
- Confirm collection of the tests in TranSpec
- Uncheck specimens (in TranSpec) that were not collected and discard labels

CRITICAL THINKING COMPONENTS

- Review the battery level of the handheld printer
- Reboot the Transpec device in the event that TranSpec has logged off
- Call Customer Support if technical support is required

METHOD OF COMPETENCY VALIDATION:

- | | |
|---|---|
| <input type="checkbox"/> Return Demonstration | <input type="checkbox"/> QI Monitors/Audits |
| <input checked="" type="checkbox"/> Observation of Daily Work | <input type="checkbox"/> Peer Review |
| <input type="checkbox"/> Post Test | <input type="checkbox"/> Case Study |
| <input type="checkbox"/> Mock Event/Simulation | <input type="checkbox"/> Discussion Group |

Competency Validated By: (Signature and credentials) [Signature] Date 10-11-18

Developmental Needs identified: (See Performance Evaluation for related goals)

Associate Signature [REDACTED] Date 10/11/18 Manager Signature _____ Date _____

**Mount Carmel Health System
Annual Competency Assessment
Mount Carmel Health System Phlebotomy**

Associate Name: [REDACTED]	ID Number: [REDACTED]	Job Title: Phlebotomist
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- High Risk
 Low Volume
 Problem Prone
 New Equipment/Service
 Process Change

VENIPUNCTURE
Definition: Demonstrates ability to properly collect specimens for testing via venipuncture.

CARING COMPONENTS:

- Greet the patient and family members with a smile, "hello," and identification (name and title/role)
- Remain calm and polite with the patient if the patient refuses to have blood drawn
- Listen to the patient's concerns
- Speak clearly and explains why specimen(s) are to be collected
- Uses positive body language and maintain eye contact with the patient

KNOWLEDGE AND SKILL COMPONENTS:

- Wash hands when entering patient room
- Identify the patient by asking the patient (or a nursing staff member) their name and date of birth
- Apply gloves
- Apply tourniquet and locate a vein for venipuncture site
- Clean collection site with alcohol
- Collect blood cultures correctly
 - Clean septum of each bottle with alcohol, leave alcohol pad on stopper
 - Prepare sterile site with proper solution and allow collection site to dry completely prior to venipuncture
 - Perform the venipuncture while maintaining a sterile field
 - Inoculate bottles in the correct order with sufficient amount of blood
- Properly anchors the vein
- Insert needle at proper angle and depth
- Collect specimens in the correct order of draw
- Release tourniquet
- Withdraw needle, apply pressure to the site, and activate safety device on needle
- Properly dispose of the needle
- Invert the specimen collection tubes eight to ten times
- Label specimen containers at the patient's bedside
- Examine specimen collection site for bleeding, apply pressure as needed
- Remove all collection materials
- Remove gloves and wash hands

CRITICAL THINKING COMPONENTS

- If unable to establish required blood flow, adjust needle
- Use correct order of draw based on the laboratory specimens/tests to be collected

METHOD OF COMPETENCY VALIDATION:

- | | |
|--|--|
| <input type="checkbox"/> Return Demonstration
<input checked="" type="checkbox"/> Observation of Daily Work
<input type="checkbox"/> Post Test
<input type="checkbox"/> Mock Event/Simulation | <input type="checkbox"/> QI Monitors/Audits
<input checked="" type="checkbox"/> Peer Review
<input type="checkbox"/> Case Study
<input type="checkbox"/> Discussion Group |
|--|--|

Competency Validated By: (Signature and credentials) [Signature] Date 12/4/13

Developmental Needs identified: (See Performance Evaluation for related goals)

Associate Signature [REDACTED] Date 12/14/13 Manager Signature _____ Date _____

Associate Name: [REDACTED]	ID Number: [REDACTED]	Job Title: Phlebotomist
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Evidence Based References/Resources (if applicable):

LABORATORY INFORMATION SYSTEM

Definition: Uses Cerner PathNet to perform daily job functions – to include result inquiry and test order entry.

- CARING COMPONENTS:**
- Courteous and professional when answering the phone
 - Resolve concerns and questions of the caller
 - Transfer phone to the proper department in a timely manner with proper introduction

- KNOWLEDGE AND SKILL COMPONENTS:**
- Able to sign on to Cerner PathNet
 - Receive specimens: **SPR- Specimen Received, CLN- Collection Log-In**
 - Orders laboratory test requests: **COE- Clinical Order Entry, ROE- Requisition Order Entry, and ROU- Requisition Order Update**
 - Cancels laboratory test requests: **CTS- Cancel Tests**
 - Reprints labels using function **LRP- Label Reprint**
 - Able to retrieve patient laboratory history and results: **OID- Order Inquiry By Date**
 - Correctly reads and applies footnotes to laboratory test requests **[F11]**
 - Reviews pending collection report: **NCC- Nursing Collection Checklist**
 - Faxes results: **CCC- Communications Chart Create**
 - Able to read and send message via Cerner PathNet Electronic Mail: **MOV- Message Overview, EMR- Electronic Mail Routing**
 - Look up physician or diagnosis information: **DTI- Doctor Demographic Inquiry**

- CRITICAL THINKING COMPONENTS**
- Able to follow instructions to use new functions in order to provide service
 - Troubleshooting – contacting the appropriate person(s) in the event of a concern with Cerner PathNet or other computer programs.

METHOD OF COMPETENCY VALIDATION:

<input type="checkbox"/> Return Demonstration	<input type="checkbox"/> QI Monitors/Audits
<input checked="" type="checkbox"/> Observation of Daily Work	<input checked="" type="checkbox"/> Peer Review
<input type="checkbox"/> Post Test	<input type="checkbox"/> Case Study
<input type="checkbox"/> Mock Event/Simulation	<input type="checkbox"/> Discussion Group

Competency Validated By: (Signature and credentials) *[Signature]* Date 12/14/13

Developmental Needs identified: (See Performance Evaluation for related goals)

Associate Signature [REDACTED] Date 12/14/13 Manager Signature _____ Date _____

Evidence Based References/Resources (if applicable):

Associate Name: [REDACTED]	ID Number: [REDACTED]	Job Title: Phlebotomist
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CERNER BRIDGE APPLICATION ("TRANSPEC")

Definition: Demonstrates ability to use TranSpec to ensure appropriate specimen collection and positive patient identification.

CARING COMPONENTS:

- Positively identify the patient

KNOWLEDGE AND SKILL COMPONENTS:

- Log into Cerner Bridge ("TranSpec")
- Scans patient wristband
- Review the tests and specimen containers to be collected
- Prints label at the bedside using the TranSpec wireless label printer
- Upon completion of specimen collection, labels the blood tubes at the bedside
- Confirm collection of the tests in TranSpec
- Uncheck specimens (in TranSpec) that were not collected and discard labels

CRITICAL THINKING COMPONENTS

- Review the battery level of the handheld printer
- Reboot the Transpec device in the event that TranSpec has logged off
- Call Customer Support if technical support is required

METHOD OF COMPETENCY VALIDATION:

- | | |
|---|---|
| <input type="checkbox"/> Return Demonstration | <input type="checkbox"/> QI Monitors/Audits |
| <input checked="" type="checkbox"/> Observation of Daily Work | <input checked="" type="checkbox"/> Peer Review |
| <input type="checkbox"/> Post Test | <input type="checkbox"/> Case Study |
| <input type="checkbox"/> Mock Event/Simulation | <input type="checkbox"/> Discussion Group |

Competency Validated By: (Signature and credentials) [Signature] Date 12/14/13

Developmental Needs identified: (See Performance Evaluation for related goals)

Associate Signature [REDACTED] Date 12/14/13 Manager Signature _____ Date _____

Evidence Based References/Resources (if applicable):

Mount Carmel Health System
Competency-Based Orientation and Introductory Period Evaluation

Introductory

Venipuncture
Mount Carmel Health System Phlebotomy

Associate Name: [Redacted]	ID Number: [Redacted]	Job Title: Phlebotomist	<input checked="" type="checkbox"/> New Hire <input type="checkbox"/> Transfer <input type="checkbox"/> Additional job code
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Core Competencies	Method of Competency Validation (may use more than one method)							Date	Competency Assessed by: (signature and credentials)
	Demonstration	Return	Observation of daily work	Post-test	Mock Event/ Simulation	QI Monitors/ Audits	Peer Review		
Based upon job description, performance standards, and regulatory/accrediting standards.									
Venipuncture									
• Vacutainer Needle			✓					9/20/12	SDD
• Syringe and Needle			✓					9/20/12	SDD
• Winged "Butterfly" Needle			✓					9/20/12	SDD

[Redacted] has successfully completed the Introductory Period.

Developmental Needs identified related to competency:

SDD

Additional needs identified during Introductory Period:

SDD

Goals (Includes identified competency and developmental needs):

Associate Signature [Redacted] Date 9/21/12 Manager Signature [Signature] Date 9/26/12

CARING COMPONENTS:

- Greet the patient and family members with a smile, "hello," and identification (name and title/role)
- Remain calm and polite with the patient if the patient refuses to have blood drawn
- Listen to the patient's concerns
- Speak clearly and explains why specimen(s) are to be collected
- Uses positive body language and maintain eye contact with the patient

KNOWLEDGE AND SKILL COMPONENTS:

- Wash hands when entering patient room
- Identify the patient by name and date of birth
- Apply gloves
- Apply tourniquet and locate a vein for venipuncture site
- Clean collection site with alcohol
- Properly anchors the vein
- Insert needle at proper angle and depth
- Collect specimens in the correct order of draw
- Release tourniquet
- Withdraw needle, apply pressure to the site, and activate safety device on needle
- Properly dispose of the needle
- Invert the specimen collection tubes eight to ten times
- Label specimen containers at the patient's bedside
- Examine specimen collection site for bleeding, apply pressure as needed

- Remove all collection materials
- Remove gloves and wash hands

CRITICAL THINKING COMPONENTS

- If unable to establish required blood flow, adjust needle
- Use correct order of draw based on the laboratory specimens/tests to be collected

Evidence Based References/Resources (if applicable):

Mount Carmel Health System
Competency-Based Orientation and Introductory-Period Evaluation
Use of Cerner PathNet (Laboratory Information Systems)
Mount Carmel Health System Phlebotomy

Associate Name: [Redacted]	ID Number: [Redacted]	Job Title: Phlebotomist	<input checked="" type="checkbox"/> New Hire <input type="checkbox"/> Transfer <input type="checkbox"/> Additional job code
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Core Competencies	Method of Competency Validation (may use more than one method)							Date	Competency Assessed by: (signature and credentials)				
	Demonstration	Return	Observation of daily work	Post-test	Mock Event/ Simulation	QI Monitors/ Audits	Peer Review			Case Study	Discussion Group		
Based upon job description, performance standards, and regulatory/accrediting standards.			✓										
Cerner PathNet											9/20/12	SDD	

[Redacted] has successfully completed the Introductory Period.

Developmental Needs identified related to competency:

-

Additional needs identified during Introductory Period:

-

Goals (Includes identified competency and developmental needs):

-

Associate Signature: [Redacted] Date: 9/21/12 Manager Signature: [Signature] Date: 9/21/2012

- | |
|---|
| <p align="center">CARING COMPONENTS:</p> <ul style="list-style-type: none"> • Courteous and professional when answering the phone • Resolve concerns and questions of the caller • Transfer phone to the proper department in a timely manner with proper introduction |
| <p align="center">KNOWLEDGE AND SKILL COMPONENTS:</p> <ul style="list-style-type: none"> • Able to sign on to Cerner PathNet • Receive specimens: SPR- Specimen Received, CLN- Collection Log-In • Orders laboratory test requests: COE- Clinical Order Entry, ROE- Requisition Order Entry, and ROU- Requisition Order Update • Cancels laboratory test requests: CTS- Cancel Tests • Reprints labels using function LRP- Label Reprint • Able to retrieve patient laboratory history and results: OID- Order Inquiry By Date • Correctly reads and applies footnotes to laboratory test requests [F11] • Reviews pending collection report: NCC- Nursing Collection Checklist • Faxes results: CCC- Communications Chart Creat • Able to read and send message via Cerner PathNet (Electronic Mail): MOV- Message Overview, EMR- Electronic Mail Routing • Look up physician or diagnosis information: DTI- Doctor Demographic Inquiry |
| <p align="center">CRITICAL THINKING COMPONENTS</p> <ul style="list-style-type: none"> • |
| <p>Evidence Based References/Resources (if applicable):</p> |

Mount Carmel Health System
Competency-Based Orientation and Introductory Period Evaluation
Blood Culture Collection
Mount Carmel Health System Phlebotomy

Introductory

Associate Name: [REDACTED]	ID Number: [REDACTED]	Job Title: Phlebotomist	<input checked="" type="checkbox"/> New Hire <input type="checkbox"/> Transfer <input type="checkbox"/> Additional Job code
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Core Competencies	Method of Competency Validation (may use more than one method)							Date	Competency Assessed by: (signature and credentials)
	Demonstration	Observation of daily work	Post-test	Mock Event/ Simulation	QI Monitors/ Audits	Peer Review	Case Study		
Based upon job description, performance standards, and regulatory/accrediting standards.									
Blood Culture Collection		<input checked="" type="checkbox"/>						9/20/12	SDD

[REDACTED] has successfully completed the Introductory Period.

Developmental Needs identified related to competency:

Additional needs identified during Introductory Period:

Goals (Includes identified competency and developmental needs):

Associate Signature: [REDACTED] Date: 9/21/12 Manager Signature: [Signature] Date: 9/21/2012

CARING COMPONENTS:

- Greet the patient and family members with a smile, "hello," and identification (name and title/role)
- Remain calm and polite with the patient if the patient refuses to have blood drawn
- Listen to the patient's concerns
- Speak clearly and explains why specimen(s) are to be collected
- Uses positive body language and maintain eye contact with the patient

KNOWLEDGE AND SKILL COMPONENTS:

- Wash hands when entering patient room
- Identify the patient by name and date of birth
- Apply gloves
- Apply tourniquet and locate a vein for venipuncture site
- Clean septum of each bottle with alcohol, leave alcohol pad on stopper
- Prepare sterile site with proper solution and allow collection site to dry completely prior to venipuncture
- Perform the venipuncture while maintaining a sterile field
- Inoculate bottles in the correct order with sufficient amount of blood
- Label specimen containers at the patient's bedside
- Examine specimen collection site for bleeding, apply pressure as needed
- Remove all collection materials
- Remove gloves and wash hands

CRITICAL THINKING COMPONENTS

- If unable to establish required blood flow, adjust needle
- Use correct order of draw based on the laboratory specimens/tests to be collected

Evidence Based References/Resources (if applicable):

MCHS Laboratory Phlebotomy Incomplete Introductory Period Review

Upon review of the colleague file, a performance review was not conducted at the completion of the colleague's introductory period. The colleague's competency in the work area has been validated through observation of daily work with discrepancies addressed through appropriate processes.

The introductory period performance review was not conducted after 90 days of employment due to:

Unintentional Omission

Where applicable, a complete annual performance review has been performed and presented to the colleague since the completion of the introductory period.

Colleague Name: 

Introductory Period End Date: 1/28/2013

Manager Signature: Christopher M Kent Date: 2/24/2014



MOUNT CARMEL

DEPARTMENT ORIENTATION CHECKLIST

Review the contents below with each new associate who is newly hired or transfers within the Mount Carmel Health System within the first two weeks. Retain in the associate's department record.

Associate Name: [Redacted] Associate ID Number: [Redacted]
Job Title: PHLEBOTOMIST Job Code: M2301 Hire/Transfer Date: 10/28/2012

- Job Description Given/Reviewed
Competency-Based Orientation Information/Packet Given
Department Tour: restrooms, locker, work supplies, associate lounge, communication process
Department Organization: reporting relationships, departmental meetings, etc
Guiding Behaviors
Scheduling work hours: timekeeping procedures: lunch/breaks; overtime; PLT; etc.
Timekeeping & Payroll practices policy/procedure review and pay information
Dress/Uniform
Policies and Procedures:
Human Resources (available on Insight - Human Resources webpage):
Absences/Tardiness/Call in procedure
Internet utilization
Introductory and evaluation process
Administrative Policies (able to locate on Insight):
Risk Management/incident reporting
Organizational Integrity; Privacy & Security of Health Information; Find Code: Release of Patient Information
Code of Conduct
Department specific policies (available on Insight or manual):
Safety Procedures and Plans: (available on Insight):
Fire procedures and department specific responsibilities; evacuation plan
Location of fire alarms and extinguishers
Safety and Security:
Code Adam (Infant/child abduction)
Code Yellow (disaster)
Code Red (fire)
Code Black (bomb threat)
Code Gray (severe weather)
Code Orange (hazardous material spill)
Code Blue (medical emergency)
Code Pink (pediatric medical emergency)
Code Violet (violent person)
Code Silver (person with weapon/hostage)
Code Brown (missing adult patient)
Code Evac (evacuation)
Code Utility (loss of utilities)
Emergency and disaster procedures and department specific responsibilities
Hazard Communication
Proper handling and storage of chemicals
MSDS information/ Emergency procedures related to spills or exposure
Infection Control: Infection Control Manual (able to locate on Insight)
Hand washing
Universal precautions and use of personal protective equipment
Multi-drug resistant organisms (MDRO)
Respiratory precautions (TB) and negative pressure rooms
Infectious Waste

Associate's signature [Redacted]
Manager's signature Christopher M Keck

Date 4/2/2014
Date 4/1/2014

**Mount Carmel Health System
Annual Competency Assessment
Mount Carmel Health System Phlebotomy**

Associate Name: [Redacted]

ID Number: [Redacted]

Job Title: **Phlebotomist**

- High Risk Low Volume Problem Prone New Equipment/Service Process Change

VENIPUNCTURE

Definition: Demonstrates ability to properly collect specimens for testing via venipuncture.

CARING COMPONENTS:

- Greet the patient and family members with a smile, "hello," and identification (name and title/role)
- Remain calm and polite with the patient if the patient refuses to have blood drawn
- Listen to the patient's concerns
- Speak clearly and explains why specimen(s) are to be collected
- Uses positive body language and maintain eye contact with the patient

KNOWLEDGE AND SKILL COMPONENTS:

- Wash hands when entering patient room
- Identify the patient by asking the patient (or a nursing staff member) their name and date of birth
- Apply gloves
- Apply tourniquet and locate a vein for venipuncture site
- Clean collection site with alcohol
- Collect blood cultures correctly
 - Clean septum of each bottle with alcohol, leave alcohol pad on stopper
 - Prepare sterile site with proper solution and allow collection site to dry completely prior to venipuncture
 - Perform the venipuncture while maintaining a sterile field
 - Inoculate bottles in the correct order with sufficient amount of blood
- Properly anchors the vein
- Insert needle at proper angle and depth
- Collect specimens in the correct order of draw
- Release tourniquet
- Withdraw needle, apply pressure to the site, and activate safety device on needle
- Properly dispose of the needle
- Invert the specimen collection tubes eight to ten times
- Label specimen containers at the patient's bedside
- Examine specimen collection site for bleeding, apply pressure as needed
- Remove all collection materials
- Remove gloves and wash hands

CRITICAL THINKING COMPONENTS

- If unable to establish required blood flow, adjust needle
- Use correct order of draw based on the laboratory specimens/tests to be collected

METHOD OF COMPETENCY VALIDATION:

- | | |
|---|---|
| <input type="checkbox"/> Return Demonstration | <input type="checkbox"/> QI Monitors/Audits |
| <input checked="" type="checkbox"/> Observation of Daily Work | <input type="checkbox"/> Peer Review |
| <input type="checkbox"/> Post Test | <input type="checkbox"/> Case Study |
| <input type="checkbox"/> Mock Event/Simulation | <input type="checkbox"/> Discussion Group |

Competency Validated By: (Signature and credentials) *[Signature]* Date 5-7-16

Developmental Needs identified: (See Performance Evaluation for related goals)

Associate Signature [Redacted] Date 5/7/16 Manager Signature *[Signature]* Date 5-13-16

Associate Name: [REDACTED]	ID Number: [REDACTED]	Job Title: Phlebotomist
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LABORATORY INFORMATION SYSTEM

Definition: Uses Cerner PathNet to perform daily job functions – to include result inquiry and test order entry.

CARING COMPONENTS:

- Courteous and professional when answering the phone
- Resolve concerns and questions of the caller
- Transfer phone to the proper department in a timely manner with proper introduction

KNOWLEDGE AND SKILL COMPONENTS:

- Able to sign on to Cerner PathNet
- Receive specimens: **SPR- Specimen Received, CLN- Collection Log-In**
- Orders laboratory test requests: **COE- Clinical Order Entry and ROU- Requisition Order Update**
- Cancels laboratory test requests: **CTS- Cancel Tests**
- Reprints labels using function **LRP- Label Reprint**
- Able to retrieve patient laboratory history and results: **OID- Order Inquiry By Date**
- Correctly reads and applies footnotes to laboratory test requests **[F11]**
- Reviews pending collection report: **NCC- Nursing Collection Checklist**
- Faxes results: **CCC- Communications Chart Create**
- Able to read and send message via Cerner PathNet Electronic Mail: **MOV- Message Overview, EMR- Electronic Mail Routing**
- Look up physician or diagnosis information: **DTI- Doctor Demographic Inquiry**

CRITICAL THINKING COMPONENTS

- Able to follow instructions to use new functions in order to provide service
- Troubleshooting – contacting the appropriate person(s) in the event of a concern with Cerner PathNet or other computer programs.

METHOD OF COMPETENCY VALIDATION:

- | | |
|---|---|
| <input type="checkbox"/> Return Demonstration | <input type="checkbox"/> QI Monitors/Audits |
| <input checked="" type="checkbox"/> Observation of Daily Work | <input type="checkbox"/> Peer Review |
| <input type="checkbox"/> Post Test | <input type="checkbox"/> Case Study |
| <input type="checkbox"/> Mock Event/Simulation | <input type="checkbox"/> Discussion Group |

Competency Validated By: (Signature and credentials) Holly Daney Date 5-7-16

Developmental Needs identified: (See Performance Evaluation for related goals)

Associate Signature [REDACTED] Date 5/7/16 Manager Signature Pat Beman Date 5-13-16

Job Title: Phlebotomist

CERNER BRIDGE APPLICATION ("TRANSPEC")

Definition: Demonstrates ability to use TranSpec to ensure appropriate specimen collection and positive patient identification.

CARING COMPONENTS:

- Positively identify the patient

KNOWLEDGE AND SKILL COMPONENTS:

- Log into Cerner Bridge ("TranSpec")
- Scans patient wristband
- Review the tests and specimen containers to be collected
- Prints label at the bedside using the TranSpec wireless label printer
- Upon completion of specimen collection, labels the blood tubes at the bedside
- Confirm collection of the tests in TranSpec
- Uncheck specimens (in TranSpec) that were not collected and discard labels

CRITICAL THINKING COMPONENTS

- Review the battery level of the handheld printer
- Reboot the Transpec device in the event that TranSpec has logged off
- Call Customer Support if technical support is required

METHOD OF COMPETENCY VALIDATION:

- | | |
|---|---|
| <input type="checkbox"/> Return Demonstration | <input type="checkbox"/> QI Monitors/Audits |
| <input checked="" type="checkbox"/> Observation of Daily Work | <input type="checkbox"/> Peer Review |
| <input type="checkbox"/> Post Test | <input type="checkbox"/> Case Study |
| <input type="checkbox"/> Mock Event/Simulation | <input type="checkbox"/> Discussion Group |

Competency Validated By: (Signature and credentials) Holly Danoy Date 5-7-16

Developmental Needs identified: (See Performance Evaluation for related goals)

Associate Signature [Redacted] Date 5/7/16 Manager Signature Pat Benner Date 5/13/16

Progressive Counseling
Chronologicals
Attendance/Plt

Progressive Counseling

Chronologicals

EMPLOYEE'S CHRONOLOGICAL RECORD

NAME _____

Date Hired _____

Department _____

Unit _____

Shift _____

Date & Time

Comments

Signature

ATTENDANCE/PLT

Mount Carmel Health System
Competency Assessment
Safety & Security

DEFENSIVE TACTICS/HANDCUFFING/STRAIGHT BATON/O.C. REPELLANT/DE-ESCALATION/RESTRAINTS

Associate Name	[REDACTED]	ID Number:	[REDACTED] / [REDACTED]	Job Title:	OFC
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- High Risk Low Volume Problem Prone New Equipment/Service Process Change

CARING COMPONENTS:

Demonstrates service excellence behavior

KNOWLEDGE AND SKILL COMPONENTS:

- ABILITY TO EXPLAIN THE USE OF FORCE CONTINUUM
- ABILITY TO PERFORM BALANCE DISPLACEMENT AT THE HIP
- ABILITY TO PERFORM BALANCE DISPLACEMENT ON THE BACK
- ABILITY TO PERFORM BALANCE DISPLACEMENT AT THE SHOULDER
- ABILITY TO PERFORM A TRANSPORT WRIST LOCK TO BOTH THE RIGHT AND LEFT SIDE
- ABILITY TO PERFORM A STRAIGHT ARM BAR TO BOTH THE RIGHT AND LEFT SIDE
- ABILITY TO USE HANDCUFFS IN THE STANDING METHOD
- ABILITY TO USE HANDCUFFS FROM THE KNEELING POSITION
- ABILITY TO REMOVE HANDCUFFS
- ABILITY TO UNDERSTAND WHEN TO PLACE HANDCUFFS ON SUBJECT
- ABILITY TO PERFORM SEPERATION FROM SUBJECT GRABBING
- ABILITY TO PERFORM PEELING OF THE HAND(S) OF SUBJECT DURING A GRAB
- ABILITY TO PERFORM SEPERATION FROM A FINGER JAB
- ABILITY TO PERFORM PEELING OF FINGER(S)/HAND(S) DURING A FINGER JAB
- ABILITY TO PERFORM A SCARF POSITION ON SUBJECT
- ABILITY TO PERFORM A SIT OUT MANEUVER DURING THE SCARF
- ABILITY TO PERFORM A MOUNT POSITION ON A SUBJECT
- ABILITY TO MAINTAIN CONTROL OF SUBJECT WHILE IN THE MOUNTED POSITION
- ABILITY TO ESCAPE A MOUNT POSITION FROM A SUBJECT
- ABILITY TO PERFORM A GUARD POSITION ON A SUBJECT
- ABILITY TO ESCAPE A GUARD POSITION FROM A SUBJECT
- ABILITY TO PERFORM WEAPON RETENTION FROM THE HOLSTER
- ABILITY TO PERFORM WEAPON RETENTION FROM SHOOTING POSITION
- ABILITY TO PERFORM WEAPON STRIP FROM SUBJECT IN SHOOTING POSITION
- ABILITY TO PERFORM THE USE OF STRAIGHT BATON FROM THE FIELD INTERVIEW STANCE
- ABILITY TO PERFORM THE USE OF STRAIGHT BATON FROM THE READY STANCE
- ABILITY TO PERFORM THE USE OF STRAIGHT BATON USING THE FORWARD FLUID SHOCKWAVE STRIKE
- ABILITY TO PERFORM THE USE OF STRAIGHT BATON USING THE FORWARD CUTTING STRIKE
- ABILITY TO PERFORM THE USE OF STRAIGHT BATON USING THE BACKHAND STRIKE
- ABILITY TO CLOSE THE BATON FROM THE STANDING POSITION
- ABILITY TO CLOSE THE BATON FROM THE KNEELING POSITION
- ABILITY TO OPEN AND USE THE BATON FROM THE CRISIS POSITION
- ABILITY TO EXPLAIN WHEN TO USE STRAIGHT BATON AND WHEN NOT TO USE STRAIGHT BATON
- ABILITY TO EXPLAIN WHAT O.C. STANDS FOR
- ABILITY TO EXPLAIN WHEN TO USE O.C.
- ABILITY TO EXPLAIN WHEN NOT TO USE O.C.
- ABILITY TO EXPLAIN WHETHER TO USE O.C. ON A PATIENT OR NOT
- ABILITY TO EXPLAIN THE EFFECTS OF O.C. ON A SUBJECT
- ABILITY TO EXPLAIN THE DECONTAMINATION PROCEDURES
- ABILITY TO VERBALLY DE-ESCALATE (CIT TRAINING/AGGRESSIVE BEHAVIOR TRAINING)
- ABILITY TO APPLY RESTRAINTS
- ABILITY TO POSITION PATIENT ON THE BED/CART

Defensive Tactics / Impact Weapon
Competency Form

STUDENTS NAME: _____

INSTRUCTORS: _____

JOINT LOCKS

1. BALANCE DISPLACEMENT TECHNIQUE

(At the hip)

- a. Starts from Escort Position
- b. Removes hand from Triceps and places it on rear waist of suspect
- c. Presses hand forward and downward, displacing balance
- d. Suspect steps in desired direction

S	A	F
S	A	F
S	A	F
S	A	F

Comments: _____

(Friction on the Back)

- a. Starts from Escort Position
- b. Places hand in the middle of suspect's back and presses forward
- c. Moves hand in random manner, forcing steps in desired direction

S	A	F
S	A	F
S	A	F

Comments: _____

(Random Motion at the Shoulder)

- a. Starts from the Escort Position
- b. Continually moves suspect's arm in a random manner
- c. Suspect is off balance and moves in desired direction

S	A	F
S	A	F
S	A	F

Comments: _____

2. TRANSPORT WRIST LOCK

- e. Elbow tucked between arm and body
- f. Forearm elevation
- g. Wrist hyperextension
- h. To the ground

S	A	F
S	A	F
S	A	F
S	A	F

Comments: _____

Defensive Counter Maneuvers

7. GRABBING

- a. Separation
- b. Verbal Commands
- c. Peeling the hand(s)
 - 1. Outside/In
 - 2. Inside/Out

S	A	F	
S	A	F	
S	A	F	
	S	A	F
	S	A	F

Comments: _____

8. FINGER POKES

- a. Separation
- b. Verbal Commands
- c. Peeling the fingers/hands
- d. Second Responding Officer Action

S	A	F
S	A	F
S	A	F
S	A	F

Comments: _____

Ground Techniques

9. Scarf Position (Left/Right)

- a. From the side/cross mount position
- b. Perform a sit out maneuver
- c. Right leg ends at 10 o'clock position
- d. Keep hips off of the ground
- e. Left foot is at 8 o'clock position
- f. Right arm around subjects neck/head
- g. Left arm and hand secures subjects arm
- h. Pin your chest to subjects chest

S	A	F
S	A	F
S	A	F
S	A	F
S	A	F
S	A	F
S	A	F
S	A	F

Comments: _____



Box 1794 · Appleton, WI 54912 · (920) 735-6242 · Fax (920) 735-6245 · asp-usa.com

ASP Basic Certification (ABC) EXPANDABLE BATON TRAINING

Information Sheet

(Please Print)

Date 8/2/19

Initial Certification Recertification

First Name _____ Last Name _____
Home Address _____
City Grove City State OH Province _____ Zip 43123
Telephone _____ E-mail Address _____

Employing Agency MT Carmel
Agency Address 5065 Cleveland Ave
City Westerville State OH Province _____ Zip 43081
Agency Telephone (614) 826-4000 E-mail Address _____

✓ Duty Status: Full Duty Restricted Duty
Has your agency adopted or authorized the use of the ASP Baton? _____
How many officers are in your agency? 20
Height 5 10 Weight 195 Age 37 Date of Birth 1/25/1982
Have you been exercising? Yes
Do you have any knee, back or health problems? No
Are you on any medication? Yes

Person to be notified in case of emergency:
Name _____
Phone (_____) _____ Alternate (_____) _____
Relationship WIFE

✓ Briefly describe any health problems: _____ Injury Check: 1A 1P

WAIVER

Release from Liability and Assumption of Risk Agreement

1) Intending that this Agreement be legally binding upon me, my heirs, executors, administrators, and assigns, I hereby waive, release, and forever discharge Armament Systems and Procedures, INC, and all of their agents, representatives, heirs, executors, administrators, successors and assigns, of and from any and all claims, demands, rights and causes of action of whatsoever kind and nature, arising from, and by reason of any and all known and unknown, foreseen and unforeseen physical and mental injuries and consequences thereof, suffered by me during any and all ASP Expandable Baton certification training activities.

2) In signing this Release, I assert that (a) I am presently in good physical and mental health; (b) I have no reason to believe that I am not in good physical and mental health; (c) I am fully aware of, and do acknowledge and assume all risk of injury inherent in my participation in this training seminar; (d) I have read and fully understand the terms and conditions of this Agreement.

This program is competency based. Mere participation does not automatically assure successful completion.

8/2/19
Date _____

Baton Basic Certification

TECHNIQUE PROFICIENCY CHECKLIST

The following checklist is designed to assist you and the ASP Instructor in evaluating your performance of ASP Techniques. Those components of the technique that are acceptable are checked.

- | | |
|--|--|
| <p>1) Check</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Balance <input checked="" type="checkbox"/> Movement <input checked="" type="checkbox"/> Verbalization <input checked="" type="checkbox"/> Technique <input checked="" type="checkbox"/> Target | <p>6) Opening the Baton</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Balance <input checked="" type="checkbox"/> Movement <input checked="" type="checkbox"/> Verbalization <input checked="" type="checkbox"/> Technique <input checked="" type="checkbox"/> Target |
| <p>2) Redirection</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Balance <input checked="" type="checkbox"/> Movement <input checked="" type="checkbox"/> Verbalization <input checked="" type="checkbox"/> Technique <input checked="" type="checkbox"/> Target | <p>7) Open Mode Weapon Strike</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Balance <input checked="" type="checkbox"/> Movement <input checked="" type="checkbox"/> Verbalization <input checked="" type="checkbox"/> Technique <input checked="" type="checkbox"/> Angle <input checked="" type="checkbox"/> Target |
| <p>3) Closed Mode Weapon Strike</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Balance <input checked="" type="checkbox"/> Movement <input checked="" type="checkbox"/> Verbalization <input checked="" type="checkbox"/> Technique <input checked="" type="checkbox"/> Angle <input checked="" type="checkbox"/> Target | <p>8) Open Mode Reaction Strike</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Balance <input checked="" type="checkbox"/> Movement <input checked="" type="checkbox"/> Verbalization <input checked="" type="checkbox"/> Technique <input checked="" type="checkbox"/> Target |
| <p>4) Closed Mode Reaction Strike</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Balance <input checked="" type="checkbox"/> Movement <input checked="" type="checkbox"/> Verbalization <input checked="" type="checkbox"/> Technique <input checked="" type="checkbox"/> Angle <input checked="" type="checkbox"/> Target | <p>9) Open Mode Straight Strike</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Balance <input checked="" type="checkbox"/> Movement <input checked="" type="checkbox"/> Verbalization <input checked="" type="checkbox"/> Technique <input checked="" type="checkbox"/> Target |
| <p>5) Closed Mode Straight Strike</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Balance <input checked="" type="checkbox"/> Movement <input checked="" type="checkbox"/> Verbalization <input checked="" type="checkbox"/> Technique <input checked="" type="checkbox"/> Target | <p>10) Closing the Baton</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Balance <input checked="" type="checkbox"/> Movement <input checked="" type="checkbox"/> Technique |

- A check mark indicates an acceptable observed action.
- Three of the components must be acceptable for a passing score.
- Each technique must have a passing score for certification.
- The minimum passing score is 100% (10 techniques).

TECHNIQUE PROFICIENCY: ACCEPTABLE NOT ACCEPTABLE

COUNSELED _____

INSTRUCTOR _____

DATE _____

8/2/2019

Handwritten signature: Chad Taylor

S+ANN 8/2/19

OC Test
Mount Carmel Health System
Safety and Security

100%
02 Aug 19

- 1.) What does OC stand for?
 - A. Orange Crush
 - B. Ocean Crust
 - C. Oleoresin Capsicum

- 2.) What is the average expiration date on an OC canister?
 - A. 1-2 years
 - B. 3-4 years
 - C. 4-5 years

- 3.) How often should you check your OC spray for adequate spray strength?
 - A. 30 days
 - B. 60 days
 - C. 90 days

- 4.) How long of a burst should you use on a threat?
 - A. 1-2 seconds
 - B. 2-4 seconds
 - C. Empty the entire can

- 5.) What is Oleoresin Capsicum commonly known as?
 - A. Mace
 - B. Pepper Spray
 - C. Gas

- 6.) When deploying OC, what area of the body should you deploy the OC towards?
 - A. Arms
 - B. Chest
 - C. Face and eyes

- 7.) After using OC on a subject, what should you immediately do with the subject?
 - A. Leave lying on the ground.
 - B. Remove from contaminated area
 - C. Spray again

100%!
-0
26
02/26/19

Name: [REDACTED]
Campus: MCH Saint Ann
Date: 8/2/19

HANDCUFFING TEST

- 1.) WHEN TO USE HANDCUFFS?
 - A.) ON A VIOLENT PATIENT
 - B.) AFTER COMMITTING A FELONY IN YOUR PRESENCE
 - C.) ON VIOLENT INDIVIDUALS WHO POSE AN IMMEDIATE THREAT TO STAFF, VISITORS, PATIENTS, OR YOURSELF
 - D.) ALL OF THE ABOVE
 - E.) BOTH B AND C

- 2.) CMS ALLOWS YOU TO HANDCUFF PATIENTS?
 - A.) TRUE
 - B.) FALSE

- 3.) WHAT ACTIONS NEED TO OCCUR AFTER THE USE OF HANDCUFFS?
 - A.) INCIDENT REPORT AND VOICE
 - B.) LOCAL POLICE, SIR, AND VOICE
 - C.) SUPERVISOR, LOCAL POLICE, SIR, AND VOICE

- 4.) SECURITY IS ABLE TO HANDCUFF TO A STATIONARY OBJECT?
 - A.) TRUE
 - B.) FALSE

Mount Carmel Health System
Competency Assessment
Safety & Security

DEFENSIVE TACTICS/HANDCUFFING/STRAIGHT BATON/O.C. REPELLANT/DE-ESCALATION/RESTRAINTS

Associate Name: [REDACTED]	ID Number: [REDACTED] / [REDACTED]	Job Title: OFC
----------------------------	------------------------------------	-------------------

High Risk Low Volume Problem Prone New Equipment/Service Process Change

CARING COMPONENTS:

Demonstrates service excellence behavior

KNOWLEDGE AND SKILL COMPONENTS:

- ABILITY TO EXPLAIN THE USE OF FORCE CONTINUUM
- ABILITY TO PERFORM BALANCE DISPLACEMENT AT THE HIP
- ABILITY TO PERFORM BALANCE DISPLACEMENT ON THE BACK
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- ABILITY TO EXPLAIN THE DECONTAMINATION PROCEDURES
- ABILITY TO VERBALLY DE-ESCALATE (CIT TRAINING/AGGRESSIVE BEHAVIOR TRAINING)
- ABILITY TO APPLY RESTRAINTS
- ABILITY TO POSITION PATIENT ON THE BED/CART

- ABILITY TO LOOP THE CONNECTING STRAP AROUND THE BED FRAME
- ABILITY TO PLACE THE PROPER COLORED CUFF ON THE PROPER LIMB (BLUE FOR WRISTS/RED FOR ANKLES, LOCKING)
- ABILITY TO PASS ONE FINGER BETWEEN THE RESTRAINT AND PATIENTS WRIST/ANKLE
- ABILITY TO PLACE PATIENT INTO POSEY VEST
- ABILITY TO SECURE POSEY VEST STRAPS TO THE BED FRAME
- ABILITY TO PASS DT TRAINING SCENARIOS ANNUALLY

- Able to act appropriately in an emergent or sentinel type of event

METHOD OF COMPETENCY VALIDATION:

- Return Demonstration
- Observation of Daily Work
- Post Test
- Mock Event/Simulation

- QI Monitors/Audits
- Peer Review
- Case Study
- Discussion Group

Competency Validated By: (Signature and credentials) _____

Date 02/02/19

Developmental Needs identified: (See Performance Evaluation for related goals)

Associate Signature _____ Date _____ Instructor(s) Signature _____ Date _____

Evidence Based References/Resources (if applicable):

Defensive Tactics / Impact Weapon
Competency Form

STUDENTS NAME: _____



INSTRUCTORS: _____

JOINT LOCKS

1. BALANCE DISPLACEMENT TECHNIQUE

(At the hip)

- a. Starts from Escort Position
- b. Removes hand from Triceps and places it on rear waist of suspect
- c. Presses hand forward and downward, displacing balance
- d. Suspect steps in desired direction

S	A	F
S	A	F
S	A	F
S	A	F

Comments: _____

(Friction on the Back)

- a. Starts from Escort Position
- b. Places hand in the middle of suspect's back and presses forward
- c. Moves hand in random manner, forcing steps in desired direction

S	A	F
S	A	F
S	A	F

Comments: _____

(Random Motion at the Shoulder)

- a. Starts from the Escort Position
- b. Continually moves suspect's arm in a random manner
- c. Suspect is off balance and moves in desired direction

S	A	F
S	A	F
S	A	F

Comments: _____

2. TRANSPORT WRIST LOCK

- e. Elbow tucked between arm and body
- f. Forearm elevation
- g. Wrist hyperextension
- h. To the ground

S	A	F
S	A	F
S	A	F
S	A	F

Comments: _____

3. STRAIGHT ARM BAR

- i. Decentralize the center of gravity
- j. Maintain control over subject's arm
- k. Maintained balance while lowering center for takedown
- l. To the ground
- m. Control for handcuffing procedure

S
S
S
S
S

A	F
A	F
A	F
A	F
A	F

Comments: _____

HANDCUFFING

4. STANDING METHOD

- a. Approach is from rear
- b. Simultaneous Control at application, thumb lock/cuff push
- c. Position maintained with the flip under technique
- d. Second cuff applied without loss of control

S
S
S
S

A	F
A	F
A	F
A	F

Comments: _____

5. TAKEDOWN FROM KNEELING POSITION

- e. All slack is removed from cuffed hand
- f. Decentralized towards the 2.5 position
- g. Iron wrist lock is applied simultaneously with decentralized pull
- h. Straight arm applied after proning the target
- i. Second cuff applied without loss of control

S
S
S
S
S

A	F
A	F
A	F
A	F
A	F

Comments: _____

6. REMOVING HANDCUFFS

- a. Officer instructs suspect he is going to be de-cuffed
- b. Suspect is told to leave uncuffed hand on his hip
- c. Open handcuff closed immediately and put in weak hand
- d. Officer steps to rear 45 degrees while holding cuff at arms length
- e. Second cuff is removed

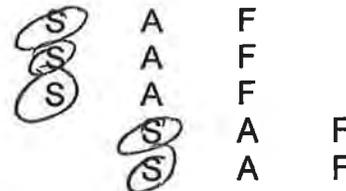
S
S
S
S

A	F
A	F
A	F
A	F

Defensive Counter Maneuvers

7. GRABBING

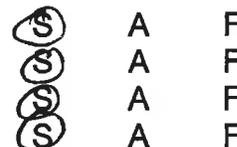
- a. Separation
- b. Verbal Commands
- c. Peeling the hand(s)
 - 1. Outside/In
 - 2. Inside/Out



Comments: _____

8. FINGER POKES

- a. Separation
- b. Verbal Commands
- c. Peeling the fingers/hands
- d. Second Responding Officer Action

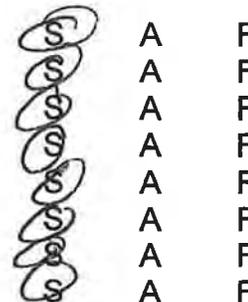


Comments: _____

Ground Techniques

9. Scarf Position (Left/Right)

- a. From the side/cross mount position
- b. Perform a sit out maneuver
- c. Right leg ends at 10 o'clock position
- d. Keep hips off of the ground
- e. Left foot is at 8 o'clock position
- f. Right arm around subjects neck/head
- g. Left arm and hand secures subjects arm
- h. Pin your chest to subjects chest



Comments: _____

1

2

3

4



Box 1794 · Appleton, WI 54912 · (920) 735-6242 · Fax (920) 735-6245 · asp-usa.com

ASP Basic Certification (ABC) EXPANDABLE BATON TRAINING

Information Sheet

(Please Print)

Date 8/2/19

Initial Certification Recertification

First Name _____ Last Name _____
Home Address _____
City Grove City State OH Province _____ Zip 43123
Telephone _____ E-mail Address _____

Employing Agency MT Carmel
Agency Address 5065 Cleveland Ave
City Westerville State OH Province _____ Zip 43081
Agency Telephone (614) 876-4000 E-mail Address _____

✓ Duty Status: Full Duty Restricted Duty
Has your agency adopted or authorized the use of the ASP Baton? _____
How many officers are in your agency? 20
Height 5 10 Weight 195 Age 37 Date of Birth 1/25/1982
Have you been exercising? Yes
Do you have any knee, back or health problems? No
Are you on any medication? Yes

Person to be notified in _____ agency:
Name _____
Phone _____
Relationship WIFE Alternate (_____) _____

✓ Briefly describe any health problems: _____ Injury Check: 1A 1P

WAIVER

Release from Liability and Assumption of Risk Agreement

- 1) Intending that this Agreement be legally binding upon me, my heirs, executors, administrators, and assigns, I hereby waive, release, and forever discharge Armament Systems and Procedures, INC, and all of their agents, representatives, heirs, executors, administrators, successors and assigns, of and from any and all claims, demands, rights and causes of action of whatsoever kind and nature, arising from, and by reason of any and all known and unknown, foreseen and unforeseen physical and mental injuries and consequences thereof, suffered by me during any and all ASP Expandable Baton certification training activities.
- 2) In signing this Release, I assert that (a) I am presently in good physical and mental health; (b) I have no reason to believe that I am not in good physical and mental health; (c) I am fully aware of, and do acknowledge and assume all risk of injury inherent in my participation in this training seminar; (d) I have read and fully understand the terms and conditions of this Agreement.

This program is competency based. Mere participation does not automatically assure successful completion.

8/2/19 _____
Date _____ Signed _____

Baton Basic Certification

WRITTEN EXAMINATION

For each question below, circle the option that is the most correct.

- A defensive tactic is evaluated by its ability to:
 a) Control v Injure
 b) Maim v Destroy
 c) Threaten v Control
 d) React v Act
 e) Demonstrate the officer's skill
- The primary striking surface of an open ASP Baton is the:
 a) Cap
 b) Center of the shaft
 c) Last 3" of the baton
 d) First joint
 e) Handle
- The hand using the service firearm is the:
 a) Weak Hand
 b) Contact Hand
 c) Weapon Hand
 d) Reaction Hand
 e) Support Hand
- The ASP Baton should not be opened:
 a) To the sky
 b) To the ground
 c) During a strike
 d) To the side
 e) Towards the threat
- The two baton modes are:
 a) Open and Closed
 b) Interview and Combat
 c) Weapon and Reaction
 d) Concealed and Loaded
 e) Ready and Extended
- Which is **not** an ASP Target area:
 a) Center mass of the arms
 b) Center mass of the legs
 c) Center mass of the body
 d) Groin or sternum
 e) The Weapon Delivery System
- Targeting specific points violates which training principle:
 a) Forgiving techniques
 b) Fine motor skills
 c) Spaced practice
 d) Static training
 e) Complex techniques
- The ASP Baton is **always** carried:
 a) On the right side
 b) In the front
 c) On the Reaction Side
 d) Tip down
 e) On the left side
- The Reaction Strike is primarily a:
 a) Strong strike
 b) Closed strike
 c) Clearance strike
 d) Offensive strike
 e) Initial strike
- The most frequently used ASP strike is the:
 a) Reaction Strike
 b) Weapon Strike
 c) Straight Strike
 d) Clearance Strike
 e) Reverse Strike
- When performing an Open Straight Strike, the Reaction Hand is:
 a) Palm up on the shaft
 b) Maintaining distance
 c) Guarding the face
 d) Palm down gripping the shaft
 e) Executing a downward block
- If the baton opens too easily:
 a) Make the retaining clip smaller
 b) Replace the o-ring
 c) Widen the retaining clip
 d) Remove the retaining clip
 e) Lubricate the baton
- The most common problem in opening the baton is:
 a) Grip of the baton
 b) Loose o-ring
 c) Broken retaining clip
 d) Operator error
 e) Loose handle cap
- Officer-Subject Factors do not include:
 a) Age
 b) Size
 c) Weapon proximity
 d) Skill level
 e) Multiple officers
- ASP Weapon Side Strikes are **intended** to be performed at a:
 a) 45 degree angle
 b) 180 degree angle
 c) Horizontal angle
 d) 90 degree angle
 e) Vertical angle
- When striking, the ASP Baton is gripped with:
 a) The index finger and thumb
 b) A loose flexible grip
 c) Two fingers and the thumb
 d) Full hand grip
 e) Both hands
- Special circumstances do **not** include:
 a) Special knowledge
 b) Imminent danger
 c) Injury or exhaustion
 d) Size
 e) Officer on the ground
- Safety is the **ultimate** responsibility of the:
 a) Student
 b) Training partner
 c) Course coordinator
 d) Instructor
 e) Administrative officer
- The ASP Baton is **designed** to be:
 a) An offensive weapon
 b) A comealong device
 c) A defensive weapon
 d) A deadly force option
 e) A restraining device
- The principle goal of any arrest or physical confrontation is:
 a) Establishing control
 b) Superior officer skill
 c) Subject safety
 d) Documentation
 e) Punishment

- Each question is worth five (5) points.
- The minimum acceptable score is 80% (16 correct).

FINAL SCORE: 100 GRADED BY: Stanley Miller
ASP WRITTEN EXAM: ACCEPTABLE X NOT ACCEPTABLE _____
COUNSELED _____
INSTRUCTOR: Chad Taylor DATE: 8/2/2019

Baton Basic Certification

TECHNIQUE PROFICIENCY CHECKLIST

The following checklist is designed to assist you and the ASP Instructor in evaluating your performance of ASP Techniques. Those components of the technique that are acceptable are checked.

- | | |
|--|--|
| <p>1) Check</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Balance <input checked="" type="checkbox"/> Movement <input checked="" type="checkbox"/> Verbalization <input checked="" type="checkbox"/> Technique <input checked="" type="checkbox"/> Target | <p>6) Opening the Baton</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Balance <input checked="" type="checkbox"/> Movement <input checked="" type="checkbox"/> Verbalization <input checked="" type="checkbox"/> Technique <input checked="" type="checkbox"/> Target |
| <p>2) Redirection</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Balance <input checked="" type="checkbox"/> Movement <input checked="" type="checkbox"/> Verbalization <input checked="" type="checkbox"/> Technique <input checked="" type="checkbox"/> Target | <p>7) Open Mode Weapon Strike</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Balance <input checked="" type="checkbox"/> Movement <input checked="" type="checkbox"/> Verbalization <input checked="" type="checkbox"/> Technique <input checked="" type="checkbox"/> Angle <input checked="" type="checkbox"/> Target |
| <p>3) Closed Mode Weapon Strike</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Balance <input checked="" type="checkbox"/> Movement <input checked="" type="checkbox"/> Verbalization <input checked="" type="checkbox"/> Technique <input checked="" type="checkbox"/> Angle <input checked="" type="checkbox"/> Target | <p>8) Open Mode Reaction Strike</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Balance <input checked="" type="checkbox"/> Movement <input checked="" type="checkbox"/> Verbalization <input checked="" type="checkbox"/> Technique <input checked="" type="checkbox"/> Target |
| <p>4) Closed Mode Reaction Strike</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Balance <input checked="" type="checkbox"/> Movement <input checked="" type="checkbox"/> Verbalization <input checked="" type="checkbox"/> Technique <input checked="" type="checkbox"/> Angle <input checked="" type="checkbox"/> Target | <p>9) Open Mode Straight Strike</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Balance <input checked="" type="checkbox"/> Movement <input checked="" type="checkbox"/> Verbalization <input checked="" type="checkbox"/> Technique <input checked="" type="checkbox"/> Target |
| <p>5) Closed Mode Straight Strike</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Balance <input checked="" type="checkbox"/> Movement <input checked="" type="checkbox"/> Verbalization <input checked="" type="checkbox"/> Technique <input checked="" type="checkbox"/> Target | <p>10) Closing the Baton</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Balance <input checked="" type="checkbox"/> Movement <input checked="" type="checkbox"/> Technique |

- A check mark indicates an acceptable observed action.
- Three of the components must be acceptable for a passing score.
- Each technique must have a passing score for certification.
- The minimum passing score is 100% (10 techniques).

TECHNIQUE PROFICIENCY: ACCEPTABLE NOT ACCEPTABLE

COUNSELED _____

INSTRUCTOR _____

DATE _____

8/2/2019

Handwritten signature: Chad Taylor

WRITTEN EXAMINATION

TECHNIQUE PROFICIENCY CHECKLIST

✓
✓

COMMENTS:

|||||

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|||||

Certification Approved
A105/5/8

Certification Denied

INSTRUCTOR Chris Taylor

AIC B-41764

S+ANN 8/2/19

OC Test
Mount Carmel Health System
Safety and Security

100!
20
02 Aug 19

- 1.) **What does OC stand for?**
 - A. Orange Crush
 - B. Ocean Crust
 - C. Oleoresin Capsicum

- 2.) **What is the average expiration date on an OC canister?**
 - A. 1-2 years
 - B. 3-4 years
 - C. 4-5 years

- 3.) **How often should you check your OC spray for adequate spray strength?**
 - A. 30 days
 - B. 60 days
 - C. 90 days

- 4.) **How long of a burst should you use on a threat?**
 - A. 1-2 seconds
 - B. 2-4 seconds
 - C. Empty the entire can

- 5.) **What is Oleoresin Capsicum commonly known as?**
 - A. Mace
 - B. Pepper Spray
 - C. Gas

- 6.) **When deploying OC, what area of the body should you deploy the OC towards?**
 - A. Arms
 - B. Chest
 - C. Face and eyes

- 7.) **After using OC on a subject, what should you immediately do with the subject?**
 - A. Leave lying on the ground.
 - B. Remove from contaminated area
 - C. Spray again

- 8.) What is the second step in the decontamination process?
- A. Spray them again
 - B. Tell them to stop crying like a baby
 - C. Offer verbal rapport to the subject
- 9.) What is the third step of the decontamination process?
- A. Expose subject to fresh air
 - B. Throw the subject a bottle of water
 - C. Stand there and record them with your cellphone
- 10.) What is the best way to flush the eyes?
- A. Using milk
 - B. Rubbing eyes continually
 - C. Water
- 11.) What type of agent is OC?
- A. Glue
 - B. Cleaning Fluid
 - C. Inflammatory
- 12.) What is the main ingredient of OC?
- A. Water
 - B. Cayenne Pepper
 - C. Powder
- 13.) Does CMS (Center for Medicaid/Medicare System) guidelines allow for OC to be used on a PATIENT?
- A. Yes
 - B. No
 - C. Only if they deserve it.

100%!
-0
26
02/26/19

Name: [REDACTED]
Campus: MCH - Saint Ann
Date: 8/2/19

HANDCUFFING TEST

- 1.) WHEN TO USE HANDCUFFS?
 - A.) ON A VIOLENT PATIENT
 - B.) AFTER COMMITTING A FELONY IN YOUR PRESENCE
 - C.) ON VIOLENT INDIVIDUALS WHO POSE AN IMMEDIATE THREAT TO STAFF, VISITORS, PATIENTS, OR YOURSELF
 - D.) ALL OF THE ABOVE
 - E.) BOTH B AND C

- 2.) CMS ALLOWS YOU TO HANDCUFF PATIENTS?
 - A.) TRUE
 - B.) FALSE

- 3.) WHAT ACTIONS NEED TO OCCUR AFTER THE USE OF HANDCUFFS?
 - A.) INCIDENT REPORT AND VOICE
 - B.) LOCAL POLICE, SIR, AND VOICE
 - C.) SUPERVISOR, LOCAL POLICE, SIR, AND VOICE

- 4.) SECURITY IS ABLE TO HANDCUFF TO A STATIONARY OBJECT?
 - A.) TRUE
 - B.) FALSE

1950

Baton Basic Certification

TECHNIQUE PROFICIENCY CHECKLIST

- | | | |
|--------------------------------|---|--------------------------------|
| 1) Check: | Pass: <input checked="" type="checkbox"/> | Fail: <input type="checkbox"/> |
| 2) Redirection: | Pass: <input checked="" type="checkbox"/> | Fail: <input type="checkbox"/> |
| 3) Closed Mode Weapon Strike | Pass: <input checked="" type="checkbox"/> | Fail: <input type="checkbox"/> |
| 4) Closed Mode Reaction Strike | Pass: <input checked="" type="checkbox"/> | Fail: <input type="checkbox"/> |
| 5) Closed Mode Straight Strike | Pass: <input checked="" type="checkbox"/> | Fail: <input type="checkbox"/> |
| 6) Opening the Baton | Pass: <input checked="" type="checkbox"/> | Fail: <input type="checkbox"/> |
| 7) Open Mode Weapon Strike | Pass: <input checked="" type="checkbox"/> | Fail: <input type="checkbox"/> |
| 8) Open Mode Reaction Strike | Pass: <input checked="" type="checkbox"/> | Fail: <input type="checkbox"/> |
| 9) Open Mode Straight Strike | Pass: <input checked="" type="checkbox"/> | Fail: <input type="checkbox"/> |
| 10) Closing the Baton | Pass: <input checked="" type="checkbox"/> | Fail: <input type="checkbox"/> |

TECHNIQUE PROFICIENCY PASS: FAIL:

COUNSELED: _____

CERTIFICATION APPROVED: _____ CERTIFICATION DENIED: _____

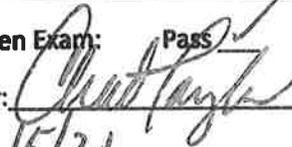
INSTRUCTOR: Chris Taylor B-41764

DATE: 3/5/2021

15. ASP Weapon Side Strikes are Intended to be performed at a:
- a. 45 degree angle
 - b. 180 degree angle
 - c. Horizontal angle
 - d. 90 degree angle
 - e. Vertical angle
16. When striking the ASP Baton is gripped with:
- a. The index finger and thumb
 - b. A loose flexible grip
 - c. Two fingers and the thumb
 - d. Full hand grip
 - e. Both hands
17. Officer/Subject factors Include:
- a. Special knowledge
 - b. Imminent danger
 - c. Injury or exhaustion
 - d. Size
 - e. Officer on the ground
18. If the subject complies, the Officer does not advance/strike
- a. True
 - b. False
19. The ASP Baton is designed to be
- a. An offensive weapon
 - b. A comealong device
 - c. A defensive weapon
 - d. A deadly force option
 - e. A restraining device
20. The principle goal of any arrest or physical confrontation is:
- a. Establishing control
 - b. Superior Officer skill
 - c. Subject safety
 - d. Documentation
 - e. Punishment

Graded By: Zack Powell 

ASP Written Exam: Pass Fail

Instructor: Chris Taylor B-41764 

Date: 3/5/21



Box 1794 Appleton, WI 54912 (920) 735-6242 · Fax (920) 735-6245 asp-usa.com

ASP Basic Certification (ABC) EXPANDABLE BATON TRAINING

Information Sheet

(Please Print)

Date 3/5/2021

Initial Certification Recertification
 First Name _____ Last Name _____
 Home Address _____
 City Grove City State OH Province _____ Zip 43123
 Telephone _____ E-mail Address _____

Employing Agency Mount Carmel
 Agency Address 500 S Cleveland Ave
 City Westerville State OH Province _____ Zip 43081
 Agency Telephone (380) 818-4005 E-mail Address _____

Duty Status: Full Duty Restricted Duty
 Has your agency adopted or authorized the use of the ASP Baton? _____
 How many officers are in your agency? 20
 Height 59 Weight 200 Age 39 Date of Birth 11/25/1982
 Have you been exercising? Yes
 Do you have any knee, back or health problems? NO
 Are you on any medication? No

Person to be notified in case of emergency:
 Name _____
 Phone _____ Alternate (_____) _____
 Relationship Spouse

Briefly describe any health problems: _____ Injury Check: 1A 1P

WAIVER

Release from Liability and Assumption of Risk Agreement

1) Intending that this Agreement be legally binding upon me, my heirs, executors, administrators, and assigns, I hereby waive, release, and forever discharge Armament Systems and Procedures, INC, and all of their agents, representatives, heirs, executors, administrators, successors and assigns, of and from any and all claims, demands, rights and causes of action of whatsoever kind and nature, arising from, and by reason of any and all known and unknown, foreseen and unforeseen physical and mental injuries and consequences thereof, suffered by me during any and all ASP Expandable Baton certification training activities.

2) In signing this Release, I assert that (a) I am presently in good physical and mental health; (b) I have no reason to believe that I am not in good physical and mental health; (c) I am fully aware of, and do acknowledge and assume all risk of injury inherent in my participation in this training seminar; (d) I have read and fully understand the terms and conditions of this Agreement.

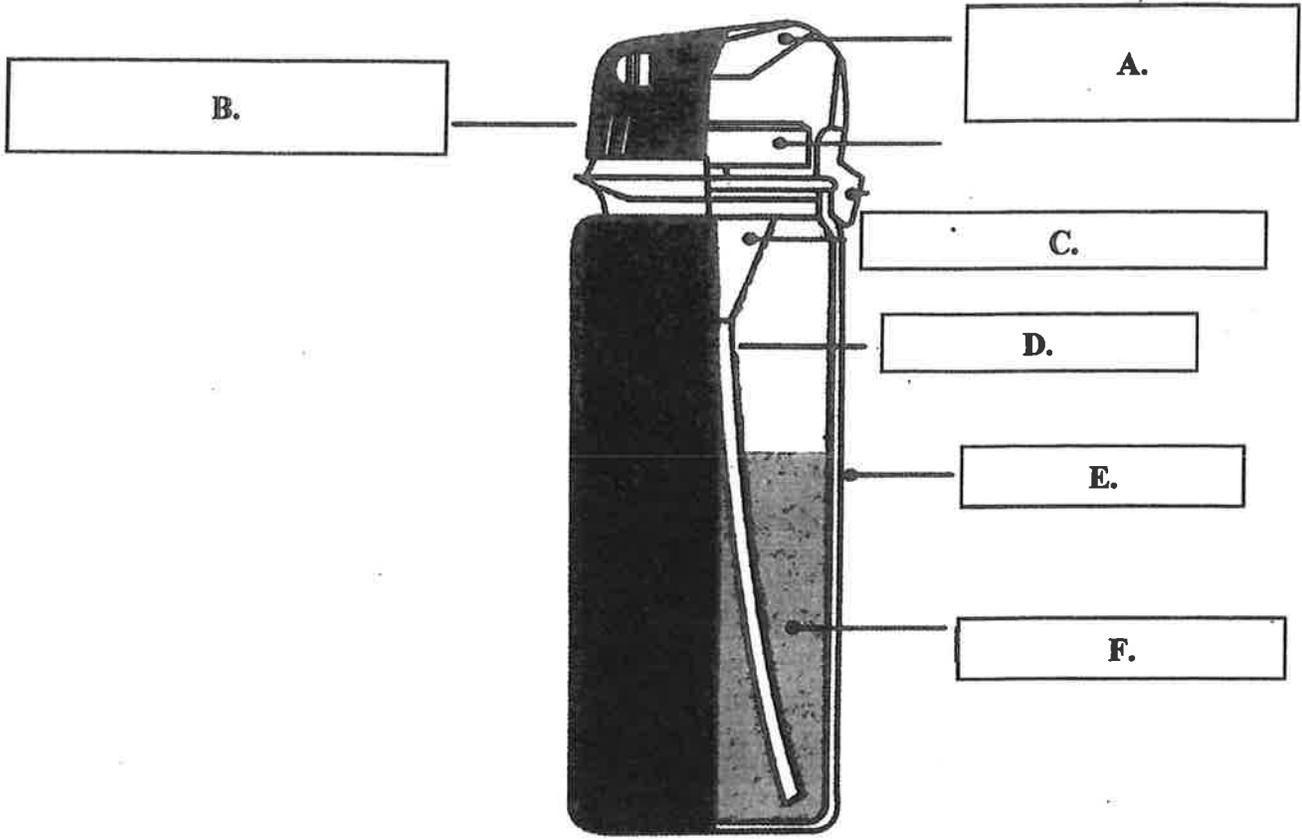
This program is competency based. Mere participation does not automatically assure successful completion.

3/5/2021 _____
 Date Signed

ASP Basic Certification

WRITTEN EXAMINATION

1. A defensive tactic is evaluated by it's ability to:
 - a. Control v Injure
 - b. Maim v Destroy
 - c. Threaten v Control
 - d. React v Act
 - e. Demonstrate the Officers skill
2. The primary striking surface of an open ASP Baton is the:
 - a. Cap
 - b. Center of the shaft
 - c. Last 3" of the baton
 - d. First Joint
 - e. Handle
3. The hand using the service firearm is the:
 - a. Weak hand
 - b. Contact hand
 - c. Weapon hand
 - d. Reaction hand
 - e. Support hand
4. The ASP baton should not be opened:
 - a. To the sky
 - b. To the ground
 - c. During a strike
 - d. To the side
 - e. Towards the threat
5. The two baton modes are:
 - a. Open and Closed
 - b. Interview and Combat
 - c. Weapon and Reaction
 - d. Concealed and Loaded
 - e. Ready and Extended
6. Which is not an ASP target area:
 - a. Center mass of the arms
 - b. Center mass of the legs
 - c. Center mass of the body
 - d. Groin or Sternum
 - e. The Weapon Delivery System
7. Targeting specific points violates which training principle:
 - a. Forgiving techniques
 - b. Fine motor skills
 - c. Spaced practice
 - d. Static training
 - e. Complex techniques
8. The ASP baton is always carried:
 - a. On the right side
 - b. In the front
 - c. On the reaction side
 - d. Tip down
 - e. Left side
9. The Reaction Strike is primarily a:
 - a. Strong strike
 - b. Closed strike
 - c. Clearance strike
 - d. Offensive strike
 - e. Initial strike
10. The most frequently used ASP strike is the:
 - a. Reaction strike
 - b. Weapon strike
 - c. Straight strike
 - d. Clearance strike
 - e. Reverse strike
11. When performing an Open Straight Strike, the Reaction Hand is:
 - a. Palm up on the shaft
 - b. Maintaining distance
 - c. Guarding the face
 - d. Palm down gripping the shaft
 - e. Executing a downward block
12. If the baton opens too easily:
 - a. Make the retaining clip smaller
 - b. Replace the o-ring
 - c. Widen the retaining clip
 - d. Remove the retaining clip
 - e. Lubricate the baton
13. The most common problem in opening the baton is:
 - a. Grip of the baton
 - b. Loose o-ring
 - c. Broken retaining clip
 - d. Operator error
 - e. Loose handle cap
14. Special Circumstances include:
 - a. Age
 - b. Size
 - c. Weapon proximity
 - d. Skill level
 - e. Mutiple Officers



- 8.) What is the second step in the decontamination process?
- A. Spray them again
 - B. Tell them to stop crying like a baby
 - C. Offer verbal rapport to the subject
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 - B. Cleaning Fluid
 - C. Inflammatory
- 12.) What is the main ingredient of OC?
- A. Water
 - B. Cayenne Pepper
 - C. Powder
- 13.) Does CMS (Center for Medicaid/Medicare System) guidelines allow for OC to be used on a PATIENT?
- A. Yes
 - B. No
 - C. Only if they deserve it.
- 14.) List the nomenclature of a canister of OC
- A. Flip Top
 - B. Actuator or Nozzle
 - C. Valve Assembly
 - D. Tube
 - E. Canister
 - F. Formulation

-0
10070
*Alfred
Lynch*

OC Test
Mount Carmel Health System
Safety and Security

- 1.) What does OC stand for?
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 - C. Oleoresin Capsicum

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 - C. Spray again

Name: [REDACTED]
Campus: St Ann
Date: March 5, 2021

100920
Chad
[Signature]

HANDCUFFING TEST

- 1.) WHEN TO USE HANDCUFFS?
 - A.) ON A VIOLENT PATIENT
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- 4.) SECURITY IS ABLE TO HANDCUFF TO A STATIONARY OBJECT?
 - A.) TRUE
 - B.) FALSE





View Job Application: [Redacted]

10:23 AM
08/05/2020
Page 1 of 21

For: 00210846 Armed Safety and Security Officer - Security - Mount Carmel St. Ann's

Phone Number [Redacted]

[Redacted] Resume.pdf

Phone Number [Redacted]
Email [Redacted]
Location [Redacted] OH 43136 United States of America
Jobs Applied to 2

Overview

Overview

Current Job 5 years
Total Jobs 3
Total Experience 11 years

Summary

summary

Experience

OhioHealth
Protective Services officer
April 2015 - July 2020 (5 years, 4 months)
Pickerington
Maintained the safety and security of all associates, patients, visitors, and properties. Utilization of de-escalation/physical control for high stress/psychological patients. Maintained and tested all emergency notification systems. Conducted investigations for criminal activities.

Valor Security Services
Security officer
October 2010 - April 2015 (4 years, 7 months)
Dublin
Maintained the safety and security of The Mall at Tuttle Crossing and its guest by providing first aid for medical issues, performing regular checks throughout the mall and its property, providing stores assistance with shoplifting incidents. Monitoring of the fire system along with using CCTV to help in the prevention/aid of any illegal or dangerous activity.

Chillicothe Correctional Institution
Corrections Officer
January 2007 - July 2008 (1 year, 7 months)
Chillicothe

View Job Application: [REDACTED]

10:23 AM
08/05/2020
Page 2 of 21

Maintained the safety and security of persons and property of the institution by supervising inmates at all times and enforcing state and institutional rules of conduct. References

Available upon request

Websites

none entered

Resume / Cover Letter

[REDACTED] Resume.pdf

Skills

Supervising
Emergency Notification
Investigations
De-Escalation
Correctional
Shoplifting
Monitoring
CCTV

Education

Nelsonville York High School
High School Diploma
Adult career center
Certificate of Attainment
Ohio Department of Rehabilitation and Corrections Academy
Certificate of Attainment

Candidate Information

Added By External Career Site

Duplicates

View Job Application: [REDACTED]

Potential Duplicates

Type	Name	Eligible for Rehire	Match Reasons	Merge	Remove
Candidate	[REDACTED]		[REDACTED] Certificate of Attainment High School Diploma 2007		
Pre-Hire	[REDACTED]		[REDACTED] Certificate of Attainment 2007		
Candidate	[REDACTED]		[REDACTED] Certificate of Attainment High School Diploma		
Employee	[REDACTED]		[REDACTED] Certificate of Attainment		
Employee	[REDACTED]		[REDACTED] High School Diploma		
Employee	[REDACTED] (5045227)	Yes	[REDACTED] High School Diploma		
Employee	[REDACTED] (4274030)	Yes	[REDACTED] High School Diploma		
Candidate	[REDACTED]		[REDACTED] High School Diploma		
Candidate	[REDACTED]		[REDACTED] High School Diploma		
Candidate	[REDACTED]		[REDACTED] High School Diploma		
Candidate	[REDACTED]		[REDACTED] High School Diploma		
Candidate	[REDACTED]		[REDACTED] High School Diploma		
Candidate	[REDACTED]		[REDACTED] High School Diploma		
Candidate	[REDACTED]		[REDACTED] Certificate of Attainment		
Candidate	[REDACTED]		[REDACTED] High School Diploma		
Candidate	[REDACTED]		[REDACTED] High School Diploma		
Candidate	[REDACTED]		[REDACTED] Certificate of Attainment		
Candidate	[REDACTED]		[REDACTED] High School Diploma		
Candidate	[REDACTED]		[REDACTED] High School Diploma		
Candidate	[REDACTED]		[REDACTED] High School Diploma		
Candidate	[REDACTED]		[REDACTED] Certificate of Attainment		

View Job Application: [REDACTED]

10:23 AM
08/05/2020
Page 4 of 21

Type	Name	Eligible for Rehire	Match Reasons	Merge	Remove
Candidate	[REDACTED]		[REDACTED] High School Diploma		
Candidate	[REDACTED]		[REDACTED] Certificate of Attainment		
Candidate	[REDACTED]		[REDACTED] High School Diploma		
Candidate	[REDACTED]		[REDACTED] High School Diploma		
Candidate	[REDACTED]		[REDACTED] High School Diploma		
Employee	[REDACTED] 058331)		[REDACTED] High School Diploma		
Employee	[REDACTED] ated) (208810)	Yes	[REDACTED] High School Diploma		
Employee	[REDACTED] 2843)		[REDACTED] 2007		
Employee	[REDACTED] ated) (4294181)		[REDACTED] High School Diploma		
Employee	[REDACTED] ated) (4233384)		[REDACTED] 2007		
Candidate	[REDACTED]		[REDACTED] High School Diploma		
Candidate	[REDACTED]		[REDACTED] High School Diploma		
Candidate	[REDACTED]		[REDACTED] High School Diploma		
Candidate	[REDACTED]		[REDACTED] High School Diploma		
Candidate	[REDACTED]		[REDACTED] High School Diploma		
Candidate	[REDACTED]		[REDACTED] Certificate of Attainment		
Candidate	[REDACTED]		[REDACTED] Certificate of Attainment		
Candidate	[REDACTED]		[REDACTED] High School Diploma		
Candidate	[REDACTED]		[REDACTED] High School Diploma		
Candidate	[REDACTED]		[REDACTED] Certificate of Attainment		
Candidate	[REDACTED]		[REDACTED] High School Diploma		
Candidate	[REDACTED]		[REDACTED] 2007		
Candidate	[REDACTED]		[REDACTED] High School Diploma		
Candidate	[REDACTED]		[REDACTED]		

Type	Name	Eligible for Rehire	Match Reasons	Merge	Remove
Candidate	[REDACTED]		[REDACTED]		
Candidate	[REDACTED]		[REDACTED]		
Candidate	[REDACTED]		[REDACTED]		
Candidate	[REDACTED]		[REDACTED]		
Candidate	[REDACTED]		[REDACTED]		
Candidate	[REDACTED]		[REDACTED]		
Candidate	[REDACTED]		[REDACTED]		
Candidate	[REDACTED]		[REDACTED]		
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Candidate	[REDACTED]		[REDACTED]		
Candidate	[REDACTED]		[REDACTED]		
Candidate	[REDACTED]		[REDACTED]		
Candidate	[REDACTED]		[REDACTED]		
Candidate	[REDACTED]		[REDACTED]		
Candidate	[REDACTED]		[REDACTED]		
Candidate	[REDACTED]		[REDACTED]		
Candidate	[REDACTED]		[REDACTED]		
Candidate	[REDACTED]		[REDACTED]		
Employee	[REDACTED] (4246460)		[REDACTED]		
Employee	[REDACTED]		[REDACTED]		
Employee	[REDACTED] (4240194)		[REDACTED]		
Employee	[REDACTED]		[REDACTED]		
Employee	[REDACTED]		[REDACTED]		
Employee	[REDACTED]		[REDACTED]		
Employee	[REDACTED] (4246402)		[REDACTED]		
Employee	[REDACTED] (4220551)	Yes	[REDACTED]		
Employee	[REDACTED] (5089154)		[REDACTED]		
Employee	[REDACTED]		[REDACTED]		

View Job Application: [REDACTED]

Type	Name	Eligible for Rehire	Match Reasons	Merge	Remove
Candidate	[REDACTED]		[REDACTED]		
Candidate	[REDACTED]		[REDACTED]		
Candidate	[REDACTED]		[REDACTED]		
Candidate	[REDACTED]		[REDACTED]		
Candidate	[REDACTED]		[REDACTED]		
Candidate	[REDACTED]		[REDACTED]		
Candidate	[REDACTED]		[REDACTED]		
Candidate	[REDACTED]		[REDACTED]		
Candidate	[REDACTED]		[REDACTED]		
Candidate	[REDACTED]		[REDACTED]		
Candidate	[REDACTED]		[REDACTED]		
Candidate	[REDACTED]		[REDACTED]		
Candidate	[REDACTED]		[REDACTED]		
Employee	[REDACTED]		[REDACTED]		
Employee	[REDACTED] (5007060)		[REDACTED]		
Employee	[REDACTED]		[REDACTED]		
Non-Employee	[REDACTED] (C] (Contract Ended)		[REDACTED]		
Employee	[REDACTED]		[REDACTED]		
Employee	[REDACTED] d) (300370)	No	[REDACTED]		
Employee	[REDACTED]		[REDACTED]		
Employee	[REDACTED] d) (281057)		[REDACTED]		
Employee	[REDACTED]		[REDACTED]		
Employee	[REDACTED] ated) (4024537)		[REDACTED]		
Employee	[REDACTED]		[REDACTED]		
Employee	[REDACTED] ed) (4207685)		[REDACTED]		
Non-Employee	[REDACTED] (Contract Ended)		[REDACTED]		
Non-Employee	[REDACTED]		[REDACTED]		
Employee	[REDACTED]		[REDACTED]		
Non-Employee	[REDACTED] Contract Ended)		[REDACTED]		
Employee	[REDACTED] 89434)		[REDACTED]		
Employee	[REDACTED] 2)		[REDACTED]		
Employee	[REDACTED] ed) (297784)		[REDACTED]		
Employee	[REDACTED] 04)		[REDACTED]		
Employee	[REDACTED] ated) (5038808)		[REDACTED]		
Employee	[REDACTED] d) (4057222)		[REDACTED]		
Employee	[REDACTED] ated) (4054976)	No	[REDACTED]		
Non-Employee	[REDACTED] 7][C]		[REDACTED]		

View Job Application: [REDACTED]

Type	Name	Eligible for Rehire	Match Reasons	Merge	Remove
Non-Employee	[REDACTED]				
Employee	[REDACTED] (5070054)	Yes			
Employee	[REDACTED]				
Employee	[REDACTED]				
Employee	[REDACTED] (285666)				
Non-Employee	[REDACTED] (5)[C]				
Employee	[REDACTED]				
Employee	[REDACTED] (4041194)				
Employee	[REDACTED] (4210746)	No			
Employee	[REDACTED]				
Non-Employee	[REDACTED]				
Employee	[REDACTED]				
Employee	[REDACTED]				
Employee	[REDACTED] (4239081)	Yes			
Employee	[REDACTED] (4223727)				
Employee	[REDACTED] (4267369)				
Employee	[REDACTED] (5108830)	Yes			
Employee	[REDACTED] (5055085)				
Non-Employee	[REDACTED] (Contract Ended)				
Employee	[REDACTED] (9)				
Employee	[REDACTED] (5109974)				
Employee	[REDACTED]				
Employee	[REDACTED] (1820791)				
Employee	[REDACTED] (4058010)				
Non-Employee	[REDACTED] (Contract Ended)				
Employee	[REDACTED] (4024366)				
Employee	[REDACTED] (30)				
Employee	[REDACTED] (5063777)				
Employee	[REDACTED] (4)				
Employee	[REDACTED] (4030102)				
Employee	[REDACTED] (67481)				
Employee	[REDACTED] (4220918)				
Employee	[REDACTED] (4226807)	Yes			
Employee	[REDACTED] (5040825)				
Employee	[REDACTED] (6910)				
Employee	[REDACTED] (4212101)	No			
Employee	[REDACTED] (4058795)				
Employee	[REDACTED]				

View Job Application: [REDACTED]

none entered

Background Check History

Background Check History

Status Date	Overall Status	Results URL	Comments	Updated On	Business Process
				07/28/2020 10:20 AM	Background Check for Job Application: [REDACTED] - 00210846 Armed Safety and Security Officer - Security - Mount Carmel St. Ann's (Fill Date: 08/17/2020)

none entered

Interview

Interview Feedback

Overall Average Rating 5 (out of 5)
Ratings Submitted 1 of 1 Interviewer Feedback Received

Interview on 07/22/2020 - 00210846 Armed Safety and Security Officer - Security - Mount Carmel St. Ann's (Fill Date: 08/17/2020)

Interviewer	Feedback Submitted	Overall Rating
 Reisinger, Jeremy M (4033234)		5 (out of 5) - Highly Recommended

Time Zone GMT-05:00 Eastern Time (New York)

Questionnaire Results

Offer

Questionnaire Offer Details - Do NOT select "None of the Above"
Respondent Tole, Gabriella (4291472)
Submission Date 07/28/2020

Question	Answers
What is the pay type for this offer?	Answers Hourly
Does this offer include a relocation package?	Answers No
Is this offer for a Work from Home Employee?	Answers No

Question	Answers
Is this a Union Job?	Answers No
FOR INTERNAL: Is there a change in benefits?	Answers No change or is not applicable

Questionnaire Offer Details - Do NOT select "None of the Above"
Respondent Tole, Gabriella (4291472)
Submission Date 07/28/2020

Question	Answers
What is the pay type for this offer?	Answers Hourly
Does this offer include a relocation package?	Answers No
Is this offer for a Work from Home Employee?	Answers No
Is this a Union Job?	Answers No
FOR INTERNAL: Is there a change in benefits?	Answers No change or is not applicable

Attachments

Attachments

Resume / Cover Letter

Attachment
[REDACTED] Resume.pdf

Other Documents

Attachment	Category

Standard Documents

Document	Effective Date	Document Attachment	Signed By	Signature Date
Health History - Mount Camel V4	01/30/2020	Health History - Mount Camel V4.pdf	[REDACTED]	07/28/2020 11:56:43 AM

Offer

Offer Details

View Job Application: [REDACTED]

10:23 AM
08/05/2020
Page 18 of 21

Job Details

Hire Date 08/17/2020
Location MCHS - Mount Carmel St. Ann's
Hire Reason Hire Employee > Hire Employee > New Hire
Job Profile MCHS_Armed Safety and Security Officer_M4850
Business Title MCHS_Armed Safety and Security Officer_M4850
Default Weekly Hours 40
Scheduled Weekly Hours 40
Contract End Date

Compensation
Totals

Total Base Pay	Currency	Frequency
20,29 USD		Hourly

Compensation Package Trinity Health - Compensation Package
Grade MCHS_Structure
Grade Profile MCHS_9
Company OH_MCHS Mount Carmel Health System

Plan Assignments

Plan Type	Compensation Plan	Assignment
Allowance	MCHS - Evening Differential	2.00 USD Hourly
Allowance	MCHS - Charge Pay	1.00 USD Hourly
Allowance	MCHS - Weekend Differential	1.00 USD Hourly
Allowance	MCHS - On Call	2.00 USD Hourly
Allowance	MCHS - Night Differential	2.50 USD Hourly
Allowance	MCHS - Critical Staffing - Hourly	5.00 USD Hourly
Hourly	TH Hourly Plan	20,29 USD Hourly

Attachments

Generated Documents

Document	Signature Type	Signed By	Signature Date	Uploaded Document
Trinity Health Systems Offer Letter - External 07/28/2020.pdf	E-sign by Adobe Sign			
Trinity Health Systems Offer Letter - External 07/28/2020.pdf	E-sign by Adobe Sign	[REDACTED]	07/28/2020 11:52:15 AM	Trinity Health Systems Offer Letter - External uploaded

View Job Application: [REDACTED]

10:23 AM
08/05/2020
Page 19 of 21

Reminders

Upcoming

Personal Reminders

none entered

Completed

none entered

Candidate

Job Application Details Card

Job Application Details

Job Requisition 00210846 Armed Safety and Security Officer - Security - Mount Carmel St. Ann's (Fill Date: 08/17/2020)
Location MCHS - Mount Carmel St. Ann's
Date Applied 07/09/2020 08:35:03 PM
Source Job Sites -> Indeed



Relsinger, Jeremy M (4033234)
Hiring Manager

Noletti, Madison (4246041)
Recruiter

Tole, Gabriella (4291472)
Recruiter

Step Hire

Education

View Job Application: [REDACTED]

10:23 AM
08/05/2020
Page 20 of 21

Education

Nelsonville York High School
High School Diploma
Adult career center
Certificate of Attainment
Ohio Department of Rehabilitation and Corrections Academy
Certificate of Attainment

Work History

Work History

Current Job 5 years
Total Jobs 3
Total Experience 11 years

Summary

summary

Experience

OhioHealth
Protective Services officer
April 2015 - July 2020 (5 years, 4 months)
Pickerington
Maintained the safety and security of all associates, patients, visitors, and properties.
Utilization of de-escalation/physical control for high stress/psychological patients. Maintained and tested all emergency notification systems. Conducted investigations for criminal activities.

Valor Security Services
Security officer
October 2010 - April 2015 (4 years, 7 months)
Dublin
Maintained the safety and security of The Mall at Tuttle Crossing and its guest by providing first aid for medical issues, performing regular checks throughout the mall and its property, providing stores assistance with shoplifting incidents. Monitoring of the fire system along with using CCTV to help in the prevention/aid of any illegal or dangerous activity.

Chillicothe Correctional Institution
Corrections Officer
January 2007 - July 2008 (1 year, 7 months)
Chillicothe
Maintained the safety and security of persons and property of the institution by supervising inmates at all times and enforcing state and institutional rules of conduct. References
Available upon request

View Job Application: [REDACTED]

10:23 AM
08/05/2020
Page 21 of 21

Resume Attachment

Resume / Cover Letter

[REDACTED] Resume.pdf

Credentials

Skills

Supervising

Emergency Notification

Investigations

De-Escalation

Correctional

Shoplifting

Monitoring

CCTV

My Upcoming Reminders

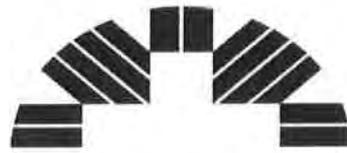
Personal Reminders

none entered

Tags / Pools

Tags / Pools

none entered



MOUNT CARMEL

A MEMBER OF  TRINITY HEALTH

POSITION DESCRIPTION

POSITION TITLE: Armed Safety & Security Officer	DEPARTMENT: Safety & Security
JOB CODE: M4850	REPORTS TO: Armed Supervisor of Safety & Security
DATE ISSUED: 2/1/2017	SUPERVISES: N/A
DATE REVISED: 2/1/2017	MATRIX REPORTING RELATIONSHIPS: N/A

Mount Carmel Mission Statement and Guiding Behaviors

Mission: We serve together in Trinity Health, in the spirit of the Gospel, to heal body, mind and spirit, to improve the health of our communities and to steward the resources entrusted to us.

The Guiding Behaviors set the expectation for how we work together in living our Mission and Core Values. They are:

- We support each other in serving our patients and communities.
- We communicate openly, honestly, respectfully and directly.
- We are fully present.
- We are all accountable.
- We trust and assume goodness in intentions.
- We are continuous learners.

Job Summary

- In accordance with the Mission and Guiding Behaviors; the Safety & Security Officer is to provide protective services to all persons and property across the Mount Carmel Health System.
- Ensure a safe environment for all associates, physicians, patients, and visitors in compliance with various regulatory standards to include, JC, OSHA, ect.
- Provide a quality service consistent with the values of Mount Carmel Health System for our associates, physicians, patients and visitors.

Job Qualifications (Knowledge, Skills, and Abilities)

- Education: High school graduate or GED required.
- Licensure / Certification: Receipt of Ohio Peace Officer Training Academy certificate of completion prior to being assigned a shift as an Armed Safety and Security Officer for Mount Carmel
- Experience: Three to five years experience in security, law enforcement or military disciplines or equivalent training which might include criminal justice, homeland security, or law enforcement academy is preferred.
- Effective Communication Skills
- Valid driver's license with good driving record maintained
- Customer service oriented able to function in high stress situations with personal restraint, integrity, and control.
- Basic computer skills that commensurate with the job.
- Ability to communicate effectively and appropriately with diverse populations.
- Ability to write, read, and communicate effectively in the English language.

Essential Responsibilities

- Exhibits each of the Mount Carmel Service Excellence Behavior Standards holding self and others accountable and role modeling excellence for all to see. For example: demonstrates friendliness and courtesy, effective communication creates a professional environment and provides first class service.
- Meets population specific and all other competencies according to department requirements.
- Promotes a Culture of Safety by adhering to policy, procedures and plans that are in place to prevent workplace injury, violence or adverse outcome to associates and patients.
- Relationship-based Care: Creates a caring and healing environment that keeps the patient and family at the center of care throughout their experience at Mount Carmel following the principles of our interdisciplinary care delivery system.
- **(For patient care providers)** Provides nursing care, ensures an environment of patient safety, promotes evidence-based practice and quality initiatives and exhibits professionalism in nursing practice within the model of the ANCC Magnet Recognition Program®.
- Maintain a safe and secure environment through job knowledge, skills and engagement. Intervene as appropriate in any safety & security observed issues.
- Enforces all governmental regulations, standards, policies associated with Mount Carmel Health System and Safety & Security policies, (i.e. smoking policy).
- Communicate safety and security discrepancies to the appropriate parties for mitigation.
- Ensure department goals & objectives are reached/maintained during assigned shift(s).
- Responsible for assuring that the Safety, Life Safety, security, and Emergency Management, and the JC standards are followed as it relates to the position.
- Responsible for completing and documenting assigned tasks, such as fire drill and safety tours on time.
- Ensure accurate documentation during assigned shift (i.e. security reports, safety incidents, activity logs).
- Ensure consistent delivery of professional, friendly, and courteous service.
- Comply with the organization and department dress code.
- Conduct initial and follow-up investigations, if warranted or directed, ensuring documentation of investigative steps.
- Proactive patrolling of the campus by foot, segway, or vehicle as assigned.
- Respond to all "STAT" calls expeditiously and safely.

- Be familiar with all hospital emergency codes and appropriate responses
- Responsible for completing assigned tasks/duties on time (i.e. fire drills and safety tours).
- Provide on-the-spot in-service training to staff where knowledge related discrepancies are noted.
- Demonstrate sound judgment, decision skills, and prioritizing responses to emergency situations.
- Ability to perform duties in an independent manner.
- Custodial responsibility for patient valuables and maintaining lost and found by following the proper protocols.

Other Job Responsibilities

- Inspects panic alarms, AED's, and call boxes as assigned.
- Provides escorts for associates, patients, visitors and students (where located) in the hospital areas and areas contiguous to the hospital areas.
- Issue parking citations and enforce the parking policy.
- Provide helipad duties during helicopter landings and departures
- Assist in the collection of ICES data as directed
- Monitoring of cameras and access control responsibilities as assigned
- Citizen arrest duties only in accordance with applicable laws and statutes
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- Traffic enforcement keeping emergency entrances and approaches clear of non-emergency vehicle traffic
- Respond to safety incidents/visitor injuries as appropriate, ensuring medical is summoned as appropriate.
- During emergent events direct media to the proper area/contact
- Perform other assigned duties as directed by Management.
- Use proper radio procedures and monitors on-going activity
- Be familiar with geographic location and facility layout
- Immediately report and respond appropriately to Salient events, communicating the event to your supervisor.
- Provide for security per policy for VIPs
- Chemical spill clean up as assigned.
- Responsible for compliance with Organizational Integrity through raising questions and promptly reporting actual or potential wrongdoing.
- All other duties as assigned.

EQUIPMENT: This section requires a response of Yes or No from drop down box.

Radiation: No Electrical: Yes
Chemical: Yes Mechanical: No

KEY TO FREQUENCY CODES for Physical Requirement Sections: This section requires a numerical response from drop down box.

1 = Up to 33% of the time 3 = Over 66% of the time
2 = From 33% - 66% of the time 4 = Not Applicable

PHYSICAL REQUIREMENTS

Sitting: 3 Balancing: 3
Standing: 3 Reaching Overhead: 1
Walking: 3 Grasping: 3
Ability to be Mobile: 3 Keyboarding : 3
Bending: 2 Pinching: 3
Kneeling/Crawling: 1 Twisting: 2
Stooping: 1 Climbing: 1
Turning/Pivoting: 2 Pulling: 2
Working Above Shoulder Level: 4

Pushing: 2 Maximum Weight: Equal to or greater than 35 lbs
Lifting: 3 Maximum Weight: Equal to or greater than 35 lbs

POTENTIAL EXPOSURE: This section requires a response of Yes or No from drop down box.

Blood / Body Fluid Contact: Yes Humidity: No Temperature: No
Air-borne Pathogen: Yes Chemicals (Fumes / Burns): No Dust: No
Radiation: No Vibrations: No Noise: No

Personal Protective Equipment: This section requires a response of Yes or No from drop down box.

Gloves: Yes Shoes: No Goggles: Yes Aprons: No
Masks: Yes Head Covering: No Gowns: Yes

Emotional / Psychological Factors: This section requires a response of Yes or No from drop down box.

Trauma: Yes Grief: Yes Death: Yes Public Contact: Yes Deadlines: Yes

This job description is intended to describe the general content of and requirements for the performance of this job. It is not to be considered an exhaustive statement of duties, responsibilities, or requirements.

Reviewed and Approved by: Drew Evans
Title: Manager System Safety and Security
Date: 3/15/2017
Compensation Rep: Jim Koussaie
Title: Sr. Compensation Consultant
Date: 3/15/2017



MOUNT CARMEL

A MEMBER OF  TRINITY HEALTH

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Reviewed and Approved by: Drew Evans
Title: Manager System Safety and Security
Date: 3/15/2017
Compensation Rep: Jim Kousaie
Title: Sr. Compensation Consultant
Date: 3/15/2017

LaSheba Hampton

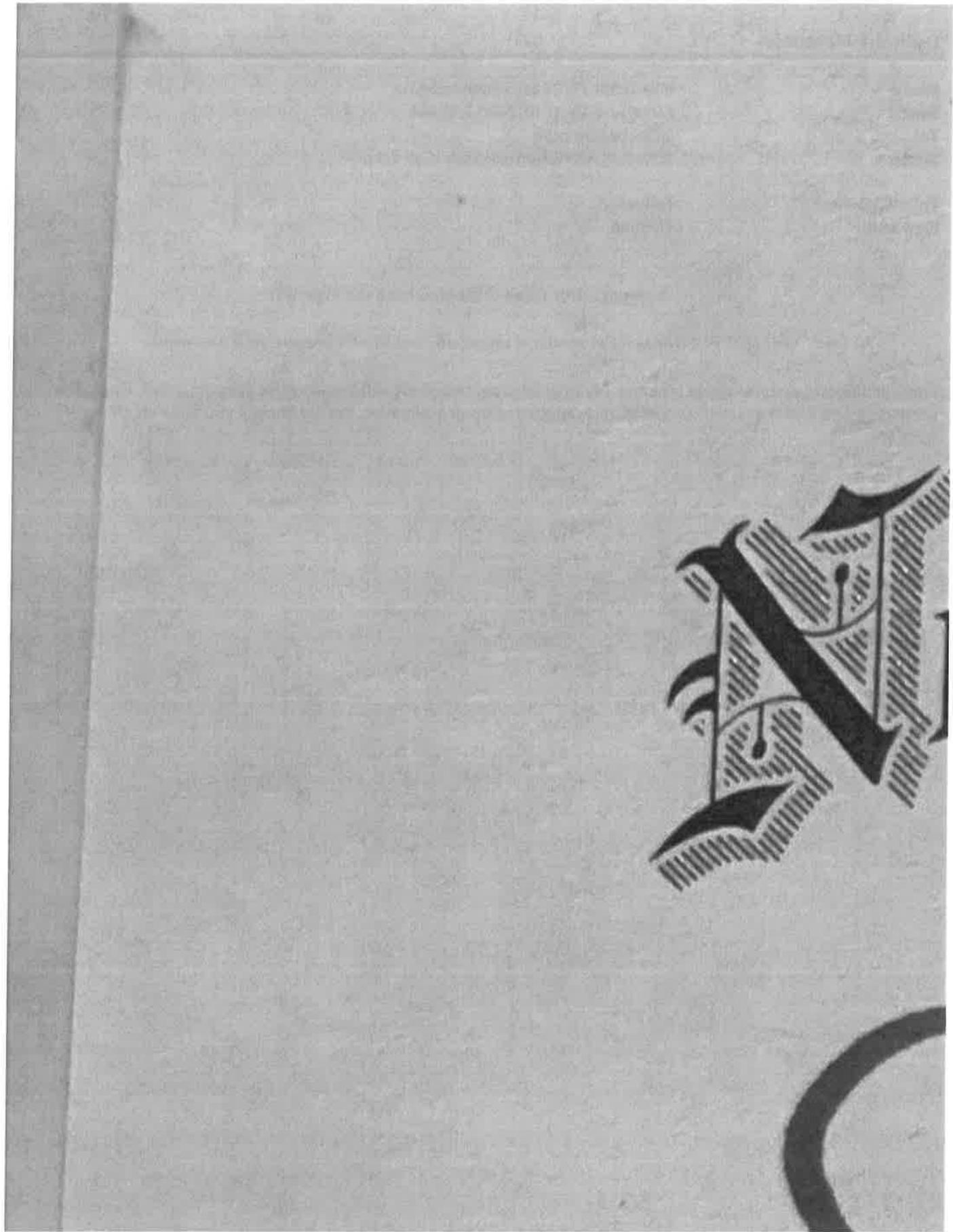
From: [REDACTED]
Sent: Monday, August 10, 2020 2:11 PM
To: LaSheba Hampton
Subject: [External] Re: Nelsonville-York High School

Follow Up Flag: Follow up
Flag Status: Flagged

Warning: This email originated from the Internet!

DO NOT CLICK links if the sender is unknown, and **NEVER** provide your password.

I am sending two pictures of my Diploma. My original copy, one of my children used for coloring paper. Oops. The second picture is of the wallet version the school gave us upon graduation. Let me know if you need anything further.



Bücher H

Accredi

T. Hermann J. J.

Charles M. C.

On Aug 10, 2020, at 11:56 AM, LaSheba Hampton <LaSheba.Hampton@mchs.com> wrote:

Hi 

I was wondering if you were able to get a picture of your high school diploma over to me so it can be verified. HireRight was unable to do so.

Let me know if you'll have troubles getting this before Thursday.

Thanks!

LaSheba Hampton

HR Specialist I, Human Resources Operations

Mount Carmel Health System | A Member of Trinity Health

Call or Text Work Cell: (614) 701-6116

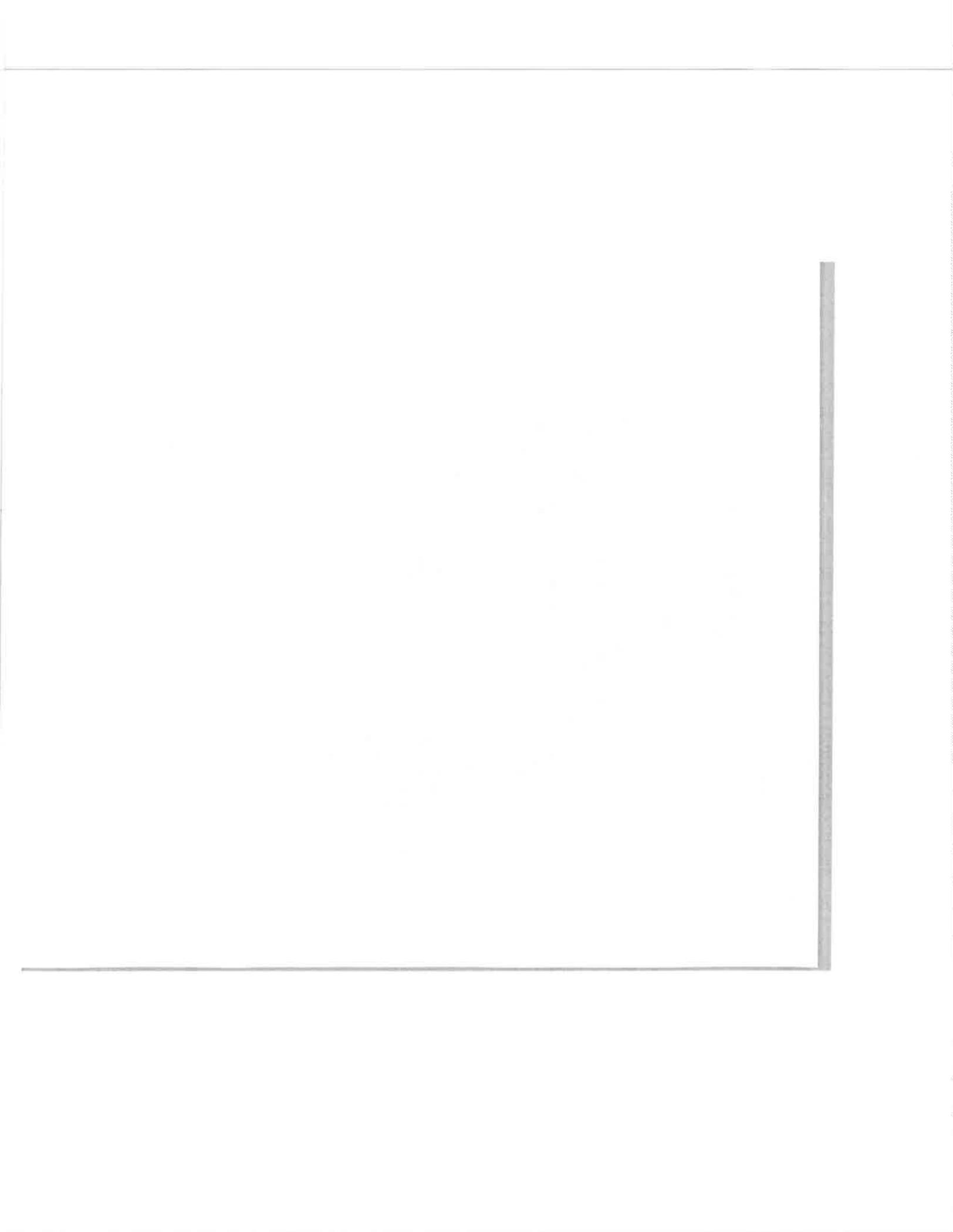
LaSheba.Hampton@mchs.com | mountcarmelhealth.com

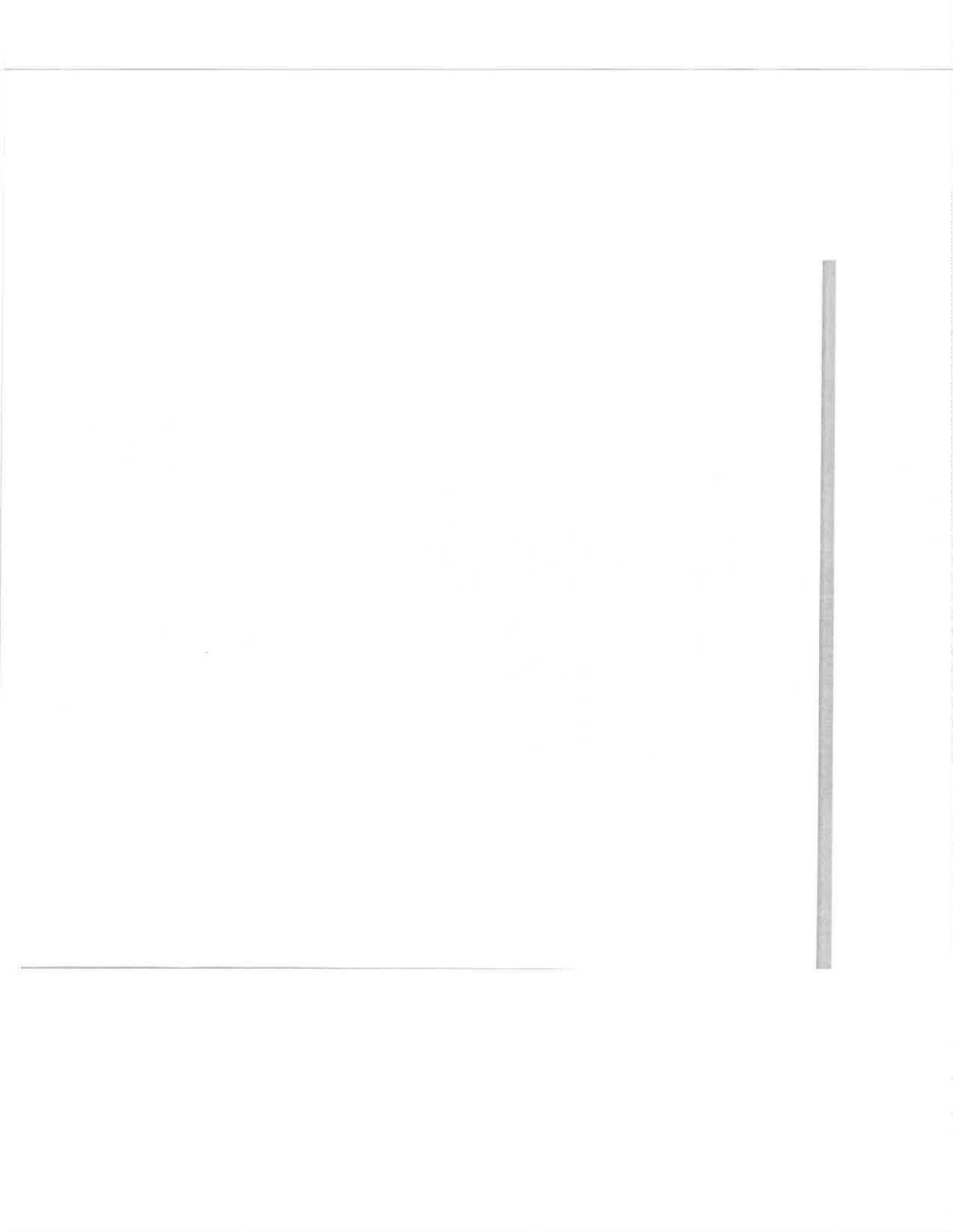
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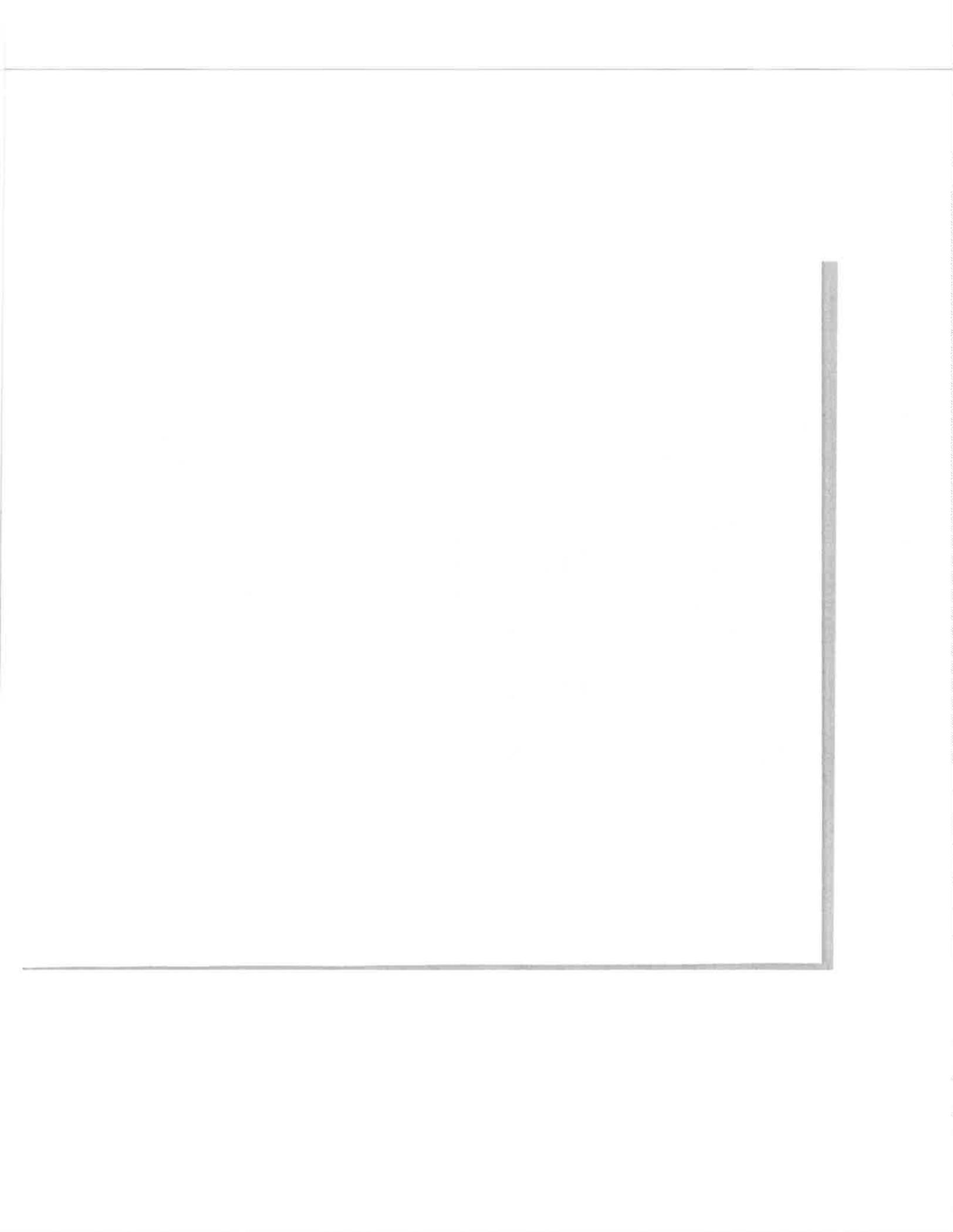
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Confidentiality Notice:

This e-mail, including any attachments is the property of Trinity Health and is intended for the sole use of the intended recipient(s). It may contain information that is privileged and confidential. Any unauthorized review, use, disclosure, or distribution is prohibited. If you are not the intended recipient, please delete this message, and reply to the sender regarding the error in a separate email.









MOUNT CARMEL

07/28/2020

[REDACTED]
Lithopolis, Ohio 43136

Dear [REDACTED],

Welcome to **Mount Carmel Health System** and congratulations on joining our dynamic team! We have a long standing tradition of serving the people in our communities with excellent patient-centered care.

Mount Carmel is a proud member of Trinity Health, one of the largest Catholic healthcare systems in the nation. Trinity serves communities from coast-to-coast through hospitals, continuing care facilities, home health and hospice programs, and much more. We're committed to providing a rewarding and meaningful work experience for all of our colleagues.

On behalf of Mount Carmel, I'm pleased to confirm your acceptance of our offer of employment for the **Armed Safety and Security Officer position** with an agreed-upon start date of **Monday, August 17, 2020**.. You will complete your online orientation modules in Healthstream on this day from home/remote.

Your Offer Summary:

- **Full-time, 80 hours per pay period**, paid bi-weekly
- Your manager is **Jeremy Reisinger**, whose phone number is **(614) 898-4005**
- Your Mount Carmel pay grade: **10**
- Your rate of compensation is: **\$20.29 USD per hour**

This offer is contingent upon satisfactory completion and clearance of all pre-employment protocols, which include but may not be limited to: drug screening, criminal background investigation, education verification, and employment verification. Per your specific job, you may also be required to submit to a job placement physical examination, provide evidence of your current professional licensure/certification and fingerprinting. Continued employment may be, in part, conditional on maintenance of recurring credentialing and maintenance of privileges. Failure to adhere to all steps of the employment evaluation process may result in this offer of employment being withdrawn.

By accepting this offer, you agree to comply with Mount Carmel's policies, procedures, and expectations to advance our mission and values, which includes but is not limited to: annual Influenza vaccination and adherence to our Smoke Free Environment policy, as well as other identified requirements to ensure a safe and healthy workplace. You will also be accountable for annual training(s), as applicable. All organizational policies and procedures, as well as job descriptions, are available on Mount Carmel's intranet. Employment is on an at-will basis, meaning that either yourself or Mount Carmel Health System may terminate the employment relationship at any time and for any reason not contrary to law.

We are thrilled that you're joining the Mount Carmel family! If you're as excited as we are about this opportunity, we would truly appreciate it if you take a few minutes to share your enthusiasm for Mount Carmel on our Indeed and/or Glassdoor profiles, here:

- [Indeed \(click to review\)](#)
- [Glassdoor \(click to review\)](#)



And remember, if you have any questions, do not hesitate to reach out to Gabriella Tole at Gabriella.Tole@MCHS.com. Congratulations!

Sincerely,

Madison Noletti
Talent Acquisition Partner, Human Resources
Mount Carmel Health System | A Member of Trinity Health

Congratulations on your offer! Mount Carmel utilizes Workday for all required onboarding, including pre-employment forms and verification. Below are steps necessary to complete your electronic new hire onboarding in Workday. All onboarding steps must be completed within 48 hours of receipt to ensure that you can start on your planned orientation day.

Once you have signed your offer letter online **and received a Green check mark** confirming successful completion, you will have three (3) additional tasks to review and complete:

- Personal Information
- National ID (Social Security number)
- Review New Hire Documents (In this section, you will find and complete the Employee Health form. Print and bring your completed form with you to your pre-employment lab and physical appointment)

All tasks must be completed in Workday for your onboarding process to continue. It is critical that you complete and submit all tasks and required information as soon as possible.

Once I have received the signed offer letter and you have completed your other required tasks, you will receive several emails, including your Workday username and password. Please use this username and password to log into Workday via the link provided and complete the remaining required documents in your Workday Inbox. Please be sure to review the instructions on each form prior to completing it and ensure information is current and accurate. This information will become part of your colleague record.

NEXT STEPS

There are required pre-employment steps that will need to be completed prior to your start date!

Very Important Information: Instructions and additional details about each step below can be found on the New Hire Portal. This portal also provides you information about New Colleague Orientation, Benefits and additional resources to assist you in starting your career at Mount Carmel.

[Click here to be taken to the New Hire Portal](#)



MOUNT CARMEL

Or browse to this URL: <https://www.mountcarmelhealth.com/careers-and-resources/working-with-us/new-hire-portal/>

You will receive a link from our background check vendor, HireRight, for completion. Please ensure you are checking all of your e-mail folders for this link. Complete within 24 hours of receipt. This is an approved request, please do not delete. Any questions, please reach out to your Talent Acquisition recruiter. Schedule & Complete a Pre-Employment Lab & Physical with Mount Carmel Occupational Health. Attend your scheduled Onboarding Session on **Tuesday, August 4, 2020 at 2:00pm** at Mount Carmel Corporate Services Center at 6150 East Broad Street, Columbus, OH 43213.

Sincerely,
Madison Noletti
Mount Carmel Health System

Please sign at your earliest convenience:

Name: [REDACTED]

Signature: [REDACTED]

Date: Jul 28, 2020

 MCHS - RCE - Environment of Care and Safety	0:30	02/01/2021
 MCHS - RCE - Infection Control All Colleagues	0:25	02/01/2021
 MCHS - RCE - Patient Care and Protection	0:30	02/01/2021
 MCHS - RCE - Patient Rights	0:06	02/01/2021
 MCHS - RCE - Stroke Education	0:30	02/01/2021
 MCHS - RCE - ZERO Harm Error Prevention Annual Training	1:30	02/01/2021
 TH – Influenza Prevention	0:05	11/25/2020
 Caring for Patients at the End of Life – An HCCS Regulatory Course	1:15	08/25/2020
 MCHS - New Hires Clinical Colleagues Curriculum	0:00	08/25/2020
 MCHS - Pain Management (Unlicensed) 2021	0:45	08/25/2020
 MCHS - UNLICENSED Colleague - Pain Management Policy Review	0:31	08/25/2020
 Preventing Patient Falls - A SafetyQ Course	0:18	08/25/2020
 MCHS - New Colleague Virtual Orientation Day 1	8:00	08/17/2020
 MCHS - Baby Friendly Hospital Initiative	0:55	08/17/2020
 MCHS - Bloodborne Pathogens Mandatory Education	0:42	08/17/2020

 MCHS - New Colleague Online Orientation Video	0:58	08/17/2020
 MCHS - New Hires All Colleagues Curriculum 2020	0:00	08/17/2020
 MCHS - Patient Safety Risk Management & the VOICE Reporting System	0:35	08/17/2020
 MCHS - RCE - Environment of Care and Safety	0:30	08/17/2020
 MCHS - RCE - HIPAA Privacy Education	0:08	08/17/2020
 MCHS - RCE - Infection Control All Colleagues	0:40	08/17/2020
 MCHS - RCE - Patient Care and Protection	0:30	08/17/2020
 MCHS - RCE - Patient Rights	0:05	08/17/2020
 MCHS - RCE - Stroke Education	0:10	08/17/2020
 MCR - Landauer Academy - MRI Level 1 Safety for Non-MRI Personnel (CE) - ILZ0127001	0:15	08/17/2020
 TH - ICP - Integrity and Compliance Program New Hire Training	0:37	08/17/2020
 TH - ICP - Social Media and Your Job	0:25	08/17/2020
 TH - TIS - 2020 Security Awareness Training	0:44	08/17/2020

*Estimated Times are stated in hours:minutes format.

LEGEND  = Course  = Curriculum

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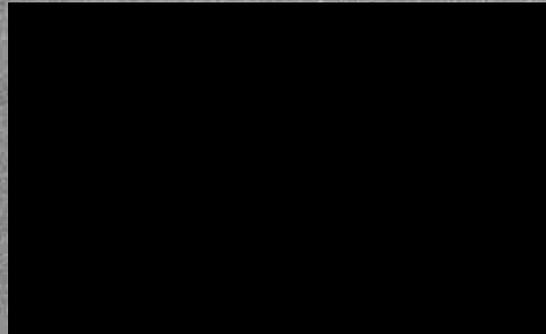
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**Job Description
Orientation
Hospital Orientation
Licenses
Job Orientation**



Job Description

Orientation

Hospital Orientation

Licenses



Job Orientation



Aug. 21, 2020



MOUNT CARMEL

A MEMBER OF  TRINITY HEALTH

POSITION DESCRIPTION

POSITION TITLE: Armed Safety & Security Officer	DEPARTMENT: Safety & Security
JOB CODE: M4850	REPORTS TO: Armed Supervisor of Safety & Security
DATE ISSUED: 2/1/2017	SUPERVISES: N/A
DATE REVISED: 2/1/2017	MATRIX REPORTING RELATIONSHIPS: N/A

Mount Carmel Mission Statement and Guiding Behaviors

Mission: We serve together in Trinity Health, in the spirit of the Gospel, to heal body, mind and spirit, to improve the health of our communities and to steward the resources entrusted to us.

The Guiding Behaviors set the expectation for how we work together in living our Mission and Core Values. They are:

- We support each other in serving our patients and communities.
- We communicate openly, honestly, respectfully and directly.
- We are fully present.
- We are all accountable.
- We trust and assume goodness in intentions.
- We are continuous learners.

Job Summary

- In accordance with the Mission and Guiding Behaviors; the Safety & Security Officer is to provide protective services to all persons and property across the Mount Carmel Health System.
- Ensure a safe environment for all associates, physicians, patients, and visitors in compliance with various regulatory standards to include, JC, OSHA, ect.
- Provide a quality service consistant with the values of Mount Carmel Health System for our associates, physicians, patients and visitors.

Job Qualifications (Knowledge, Skills, and Abilities)

- Education: High school graduate or GED required.
- Licensure / Certification: Receipt of Ohio Peace Officer Training Academy certificate of completion prior to being assigned a shift as an Armed Safety and Security Officer for Mount Carmel
- Experience: Three to five years experience in security, law enforcement or military disciplines or equivalent training which might include criminal justice, homeland security, or law enforcement academy is preferred.
- Effective Communication Skills
- Valid driver's license with good driving record maintained
- Customer service oriented able to function in high stress situations with personal restraint, integrity, and control.
- Basic computer skills that commensurate with the job.
- Ability to communicate effectively and appropriately with diverse populations.
- Ability to write, read, and communicate effectively in the English language.

Essential Responsibilities

- Exhibits each of the Mount Carmel Service Excellence Behavior Standards holding self and others accountable and role modeling excellence for all to see. For example: demonstrates friendliness and courtesy, effective communication creates a professional environment and provides first class service.
- Meets population specific and all other competencies according to department requirements.
- Promotes a Culture of Safety by adhering to policy, procedures and plans that are in place to prevent workplace injury, violence or adverse outcome to associates and patients.
- Relationship-based Care: Creates a caring and healing environment that keeps the patient and family at the center of care throughout their experience at Mount Carmel following the principles of our interdisciplinary care delivery system.
- **(For patient care providers)** Provides nursing care, ensures an environment of patient safety, promotes evidence-based practice and quality initiatives and exhibits professionalism in nursing practice within the model of the ANCC Magnet Recognition Program®.
- Maintain a safe and secure environment through job knowledge, skills and engagement. Intervene as appropriate in any safety & security observed issues.
- Enforces all governmental regulations, standards, policies associated with Mount Carmel Health System and Safety & Security policies, (i.e. smoking policy).
- Communicate safety and security discrepancies to the appropriate parties for mitigation.
- Ensure department goals & objectives are reached/maintained during assigned shift(s).
- Responsible for assuring that the Safety, Life Safety, security, and Emergency Management, and the JC standards are followed as it relates to the position.
- Responsible for completing and documenting assigned tasks, such as fire drill and safety tours on time.
- Ensure accurate documentation during assigned shift (i.e. security reports, safety incidents, activity logs).
- Ensure consistent delivery of professional, friendly, and courteous service.
- Comply with the organization and department dress code.
- Conduct initial and follow-up investigations, if warranted or directed, ensuring documentation of investigative steps.
- Proactive patrolling of the campus by foot, segway, or vehicle as assigned.
- Respond to all "STAT" calls expeditiously and safely.

- Be familiar with all hospital emergency codes and appropriate responses
- Responsible for completing assigned tasks/duties on time (i.e. fire drills and safety tours).
- Provide on-the-spot in-service training to staff where knowledge related discrepancies are noted.
- Demonstrate sound judgment, decision skills, and prioritizing responses to emergency situations.
- Ability to perform duties in an independent manner.
- Custodial responsibility for patient valuables and maintaining lost and found by following the proper protocols.

Other Job Responsibilities

- Inspects panic alarms, AED's, and call boxes as assigned.
- Provides escorts for associates, patients, visitors and students (where located) in the hospital areas and areas contiguous to the hospital areas.
- Issue parking citations and enforce the parking policy.
- Provide helipad duties during helicopter landings and departures
- Assist in the collection of ICES data as directed
- Monitoring of cameras and access control responsibilities as assigned
- Citizen arrest duties only in accordance with applicable laws and statutes
- Assist motorist with vehicle assistance as appropriate (i.e. jump start)
- Traffic enforcement keeping emergency entrances and approaches clear of non-emergency vehicle traffic
- Respond to safety incidents/visitor injuries as appropriate, ensuring medical is summoned as appropriate.
- During emergent events direct media to the proper area/contact
- Perform other assigned duties as directed by Management.
- Use proper radio procedures and monitors on-going activity
- Be familiar with geographic location and facility layout
- Immediately report and respond appropriately to Salient events, communicating the event to your supervisor.
- Provide for security per policy for VIPs
- Chemical spill clean up as assigned.
- Responsible for compliance with Organizational Integrity through raising questions and promptly reporting actual or potential wrongdoing.
- All other duties as assigned.

EQUIPMENT: This section requires a response of Yes or No from drop down box.

Radiation: No Electrical: Yes
Chemical: Yes Mechanical: No

KEY TO FREQUENCY CODES for Physical Requirement Sections: This section requires a numerical response from drop down box.

1 = Up to 33% of the time 3 = Over 66% of the time
2 = From 33% - 66% of the time 4 = Not Applicable

PHYSICAL REQUIREMENTS

Sitting: 3 Balancing: 3
Standing: 3 Reaching Overhead: 1
Walking: 3 Grasping: 3
Ability to be Mobile: 3 Keyboarding : 3
Bending: 2 Pinching: 3
Kneeling/Crawling: 1 Twisting: 2
Stooping: 1 Climbing: 1
Turning/Pivoting: 2 Pulling: 2
Working Above Shoulder Level: 4

Pushing: 2 Maximum Weight: Equal to or greater than 35 lbs
Lifting: 3 Maximum Weight: Equal to or greater than 35 lbs

POTENTIAL EXPOSURE: This section requires a response of Yes or No from drop down box.

Blood / Body Fluid Contact: Yes Humidity: No Temperature: No
Air-borne Pathogen: Yes Chemicals (Fumes / Burns): No Dust: No
Radiation: No Vibrations: No Noise: No

Personal Protective Equipment: This section requires a response of Yes or No from drop down box.

Gloves: Yes Shoes: No Goggles: Yes Aprons: No
Masks: Yes Head Covering: No Gowns: Yes

Emotional / Psychological Factors: This section requires a response of Yes or No from drop down box.

Trauma: Yes Grief: Yes Death: Yes Public Contact: Yes Deadlines: Yes

This job description is intended to describe the general content of and requirements for the performance of this job. It is not to be considered an exhaustive statement of duties, responsibilities, or requirements.

Reviewed and Approved by: Drew Evans
Title: Manager System Safety and Security
Date: 3/15/2017
Compensation Rep: Jim Kousaie
Title: Sr. Compensation Consultant
Date: 3/15/2017

I, Billy Smith, have received the following issued uniforms from the Safety & Security Department at Mount Carmel St. Ann's Hospital.

	<u>Item Description</u>	<u>Quantity</u>	<u>Received</u>
1	Short Sleeve Class A Navy Blue Shirt	2 1/4	
2	Kenwood Digital Radio, Charger, Remote Speaker Mic - 720	1	
3	Uniform Navy Blue Pants	2	
4	All Weather Navy Blue Jacket	N/A	
5	Mount Carmel Ball Cap	1	
6	Nylon Duty Belt	1	
7	Nylon O/C Case	1	
8	Nylon Radio Case	1	
9	Nylon Glove Pouch	1	
10	Nylon Handcuff Case	1	
11	Nylon Belt Keepers	4	
12	Key Holder	1	
13	ASP Holder	1	
14	Magazine Holder	1	
15	Level 3 Duty Holster <i>Left Hand</i>	1	
16	Pair of Handcuffs w/ Key	1	
17	ASP Expandable Baton	1	
18	Can of O/C	1	
19	MCHS Security Badge	1	
20	Name Plate	<i>Handed</i>	
22	Office Key	1	

Upon termination of employment, I understand that the above issued property must be turned into the Security Supervisor.

Printed Name: _____

Signed: _____

Date: *Aug, 18, 2020*

Issued By: *[Signature]* *8/18/2020*

**MOUNT CARMEL HEALTH SYSTEM
SAFETY AND SECURITY
SECURITY OFFICER
ORIENTATION**

Orientee: _____

Primary Preceptor: J. Reisinger

Secondary Preceptor: _____

Start Date: 8/10/2020

Completion Date: 8/30/2020

Reviewed By: J. Reisinger

*** Return to manager when completed ***

**INTRODUCTION AND OVERVIEW
OF THE MOUNT CARMEL HEALTH SYSTEM**

SYSTEM MISSION STATEMENT

**Mount Carmel Health System
is a community of committed persons
working to extend God's ministry of health.
We seek out and respond to the health needs
of our communities.**

**We serve and care for all people
with fairness, respect and compassion.**

**As a member of the Holy Cross Health System
we dedicate ourselves to
Fidelity, Excellence, Empowerment and Stewardship
by living the values of
Dignity of Persons, Service to Others,
Social Justice for All.**

**Faithful to the spirit of the
Congregation of the Sisters of the Holy Cross
both the Holy Cross Health System
and the Mount Carmel Health System
exist to witness Christ's love through excellence in the
delivery of health services
motivated by respect for those we serve.
While stewarding our resources, we foster a climate
that empowers those who serve with us.**

**INTRODUCTION AND OVERVIEW
OF THE MOUNT CARMEL HEALTH SYSTEM
SAFETY AND SECURITY DEPARTMENT**

Mission Statement

Safety and Security is a team of dedicated individuals working together to provide a safe and secure environment by providing high quality life safety, personal and property protection services.

We achieve timely, cost effective results through the collective knowledge, talents, and skills of Associates working together for the benefit of those we serve.

Simply stated, we:

- ☆ work as a team,
- ☆ strive for excellence,
- ☆ are on time,
- ☆ are within budget,
- ☆ enjoy our work and each other.

REQUIREMENTS

- Annual TB Test – See Associate Health Services
- Annual Safety Education Training (HealthStream)
- **Annual OPOTA FIREARMS Recertification**
- Good written and verbal skills
- Computer Skills – Windows and Microsoft Office
 - Demonstrates the Use of the Mouse
 - Demonstrates the use of the Keyboard
 - Demonstrates the use of the Registrar

SECURITY OFFICER ORIENTATION WEEKLY PROGRESS

Week One:	Day one: System Orientation ✓
	Day two: Introduction to Employees ✓
	Review Job Description
	Review Supervisor/Take Charge Responsibilities ✓
	Department Goals and Objectives ✓
	Organizational Chart ✓
	Campus Tour ✓
	Work Schedule/Post/Assignments/Overtime ✓
	Meals and Breaks ✓
	PLT/DIS/LOA's ✓
	Clocking In/Absenteeism/Tardiness ✓
	Dress Code ✓
	Day three: Department Resources and Manuals ✓
	Review H.R. Policies and Procedures ✓
	Emergency Operations Manuals ✓
Week Two:	Safety Management
Week Three and Four:	Security Management and Emergency Preparedness Management
Week Five and Six:	Hazardous Materials Management
Week Seven and Eight:	Life Safety Management

GENERAL ORIENTATION CHECKLIST

ITEM	RESPONSIBLE PERSON	TIME FRAME	DATE COMPLETED
Home Address & Telephone No.	Employee	Day 1	8/18/20
Uniforms/Equipment	Supervisor	Day 1	8/18/20
Shift Assignment	Supervisor	Day 1	8/18/20
E-Mail Address	Supervisor	Week 1	8/18/20
Review Progressive Counseling Policy	Supervisor	Week 1	8/8/20
Confidentiality Policy	Supervisor	Week 1	
Joint Commission/Life Safety/OSHA Regulations	Supervisor	Week 3	
Hospital Paging System	Supervisor	Week 1	
Complaints against Security Officers	Supervisor	Week 1	
Department Policies and Procedures	Supervisor	Week 1	
Department Forms/Pass-On Log	Supervisor	Week 1	
Productivity Data/ Dispatch Log	Supervisor	Week 1	

SECURITY OFFICER

	Reviews Pertinent Information		Performs With Assistance		Performs Independently	
	Orientee Date & Initials	Preceptor Date & Initials	Orientee Date & Initials	Preceptor Date & Initials	Orientee Date & Initials	Preceptor Date & Initials
SAFETY MANAGEMENT						
Describes AMA Patients		gr 8/10/20		gr 8/21/20		
Describes Pink Slipped Patients		gr 8/10/20		gr 8/21/20		
Demonstrates Camera Center Operations		gr 8/10/20		gr 8/21/20		
Describes Correction of Hazardous Conditions		gr 8/10/20		gr 8/21/20		
Demonstrates Detainment/Restraint of Patients		gr 8/10/20		gr 8/21/20		
Describes Elevator Locations & Operations		gr 8/19/20		gr 8/21/20		
Demonstrates Heliport Lighting/Traffic Control		gr 8/19/20				
Describes and Demonstrates Infectious Control/Universal Precautions		gr 8/10/20		gr 8/21/20		
Conducts Safety Inspections		gr 8/10/20				
SECURITY MANAGEMENT						
Demonstrates 10 codes / Two-Way Radio Communications		gr 8/10/20		gr 8/21/20		
Describes Areas Unauthorized		gr 8/10/20		gr 8/21/20		
Demonstrates Vehicle Operations		gr 8/16/20		gr 8/21/20		
Demonstrates writing Departmental Forms / Pass-On Book		gr 8/10/20		gr 8/21/20		
Demonstrates and describes Door Lock / Unlock Schedules		gr 8/16/20		gr 8/21/20		
Demonstrates Identification / Package Checks		gr 8/19/20		gr 8/21/20		
Demonstrates and describes Visitation Policy		gr 8/10/20		gr 8/21/20		

SECURITY OFFICER

	Reviews Pertinent Information		Performs With Assistance		Performs Independently	
	Orientees Date & Initials	Preceptor Date & Initials	Orientees Date & Initials	Preceptor Date & Initials	Orientees Date & Initials	Preceptor Date & Initials
Demonstrates Numerical Keypads / Codes / Use of		NR 8/19/20		NR 8/30/20		
Demonstrates Lost and Found		NR 8/19/20		NR 8/30/20		
Describes Matrix System / Card Access		NR 8/19/20				
Demonstrates Money / Protective Escorts		NR 8/19/20		NR 8/30/20		
Demonstrates and describes Off Property Duties / Alarms		NR 8/19/20		NR 8/30/20		
Demonstrates and describes Parking Enforcement		NR 8/19/20		NR 8/30/20		
Demonstrates and describes Patient Valuables Policy / Procedure		NR 8/19/20		NR 8/30/20		
Demonstrates Patrols / Interior / Exterior / Emergency Room		NR 8/19/20		NR 8/30/20		
Demonstrates Defensive Tactics and ASP and OC Training		NR 8/19/20				
Describes Removal of Belligerent / Combative Visitors, Patients, or Associates		NR 8/19/20		NR 8/30/20		
Demonstrates Safety / Security Vehicle Procedures		NR 8/19/20		NR 8/30/20		
Demonstrates Signing on Computers / Work Orders		NR 8/19/20		NR 8/30/20		
LIFE SAFETY MANAGEMENT						
Conducts Construction Safety Inspection (ILSM Forms)				NR 8/30/20		
Completes Construction Safety Evolution Form (ILSM)				NR 8/30/20		
Describes Electrical Safety				NR 8/30/20		
Conducts Fire Drills				NR 8/30/20		
Completes Drill Evaluation Form				NR 8/30/20		

	Reviews Pertinent Information		Performs With Assistance		Performs Independently	
	Orientee Date & Initials	Preceptor Date & Initials	Orientee Date & Initials	Preceptor Date & Initials	Orientee Date & Initials	Preceptor Date & Initials
Describes Fire Hazards				9/28/20		
Describes types of Fire Extinguishers				9/28/20		
Describes types of fires				9/28/20		
Describes Fire Response Team				9/28/20		
Demonstrates inspection of Fire Extinguishers & Locations				9/28/20		
Describes locations of Fire System Pull-Boxes				9/28/20		
Describes location of Mechanical Rooms & Airhandlers				9/28/20		
Describes Simplex Fire Alarm System				9/28/20		
Describes Safety and Security Fire Plan				9/28/20		
Demonstrates Safety / Security Intervention Regarding Patients				9/28/20		
HARARDOUS MATERIALS MANAGEMENT						
Demonstrates and Describe Hazmat Suit / Location				8/30/20		
Describes SDS Manuals				8/30/20		
Demonstrates Use of SDS				8/30/20		
Describes Mercury & Chemotherapy Spills				8/30/20		
Describes Personal Protective Equipment				8/30/20		



OHIO PEACE OFFICER TRAINING COMMISSION

THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that



has completed the Ohio
Private Security Firearms Training Program

Conducted by
AimHi Private Security Academy

Awarded On
November 24, 2019

Dave Gisl

Dave Gisl
Attorney General

Vernon P. Stanforth

Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission
642151 A PSB19-497
REQUALIFICATION DUE BY 5/24/2021



Dwight A. Hinkamp

Dwight A. Hinkamp, Executive Director
Ohio Peace Officer Training Commission
David L. Pearson

David L. Pearson
School Commander

This certificate alone does not authorize you to work as a security guard or private investigator. For licensing requirements, contact the Ohio Department of Public Safety/Private Investigator Security Guard Services or visit <http://dps.ohio.gov/>

Education

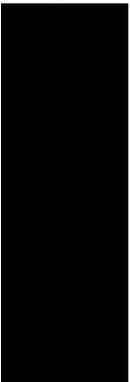




SAVE A LIFE

AMERICAN COLLEGE OF SURGEONS COMMITTEE ON TRAUMA

Recognizes



For successful completion of the

STOP THE BLEED® Course

Presented on *2-2-2021*

, by *Touman West RN*

STOP THE BLEED® is a registered trademark of the US Department of Defense.



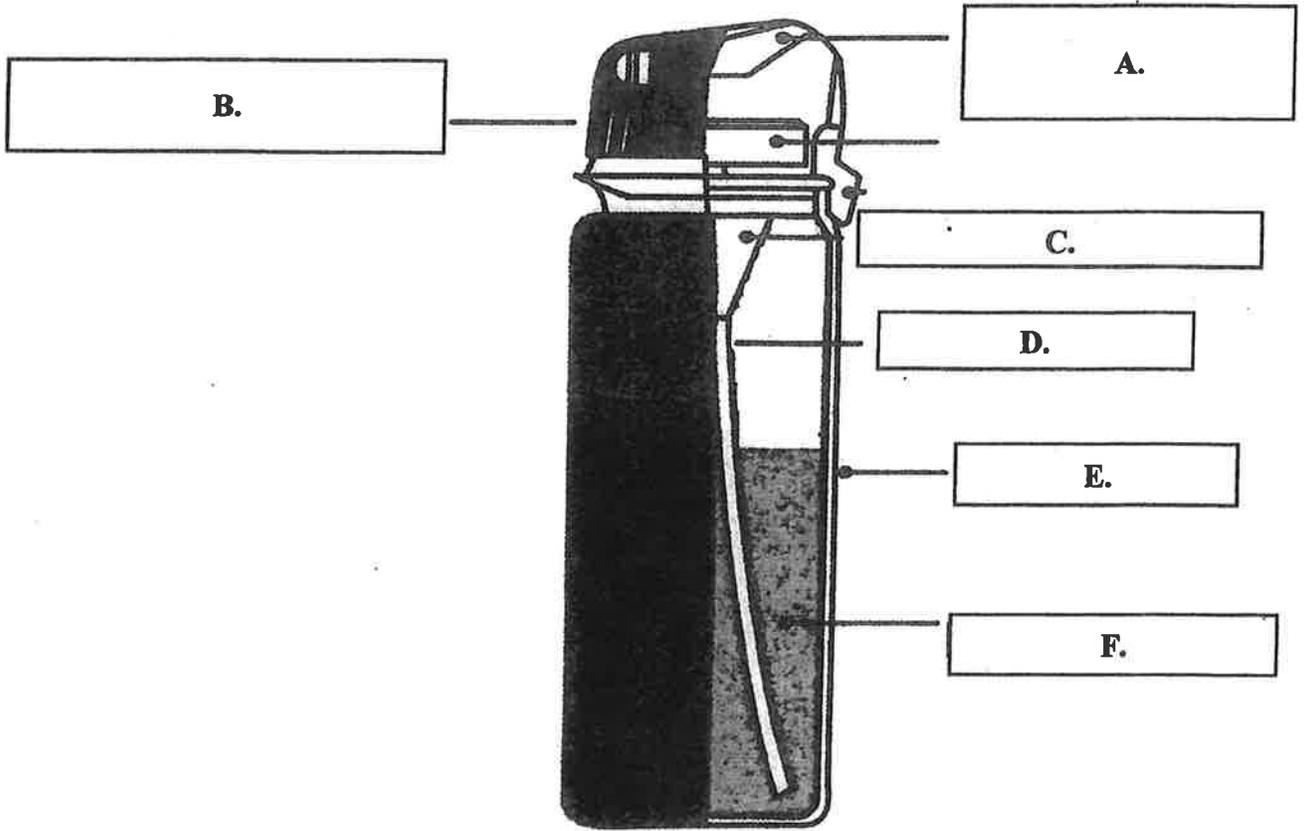
THE
COMMITTEE
ON TRAUMA



AMERICAN COLLEGE OF SURGEONS
*Inspiring Quality:
Highest Standards, Better Outcomes*

100+ years

- 8.) What is the second step in the decontamination process?
A. Spray them again
B. Tell them to stop crying like a baby
C. Offer verbal rapport to the subject
- 9.) What is the third step of the decontamination process?
A. Expose subject to fresh air
B. Throw the subject a bottle of water
C. Stand there and record them with your cellphone
- 10.) What is the best way to flush the eyes?
A. Using milk
B. Rubbing eyes continually
C. Water
- 11.) What type of agent is OC?
A. Glue
B. Cleaning Fluid
C. Inflammatory
- 12.) What is the main ingredient of OC?
A. Water
B. Cayenne Pepper
C. Powder
- 13.) Does CMS (Center for Medicaid/Medicare System) guidelines allow for OC to be used on a PATIENT?
A. Yes
B. No
C. Only if they deserve it.
- 14.) List the nomenclature of a canister of OC
- A. Flip top Safety
- B. Nozzle
- C. Valve
- D. Dip tube
- E. Canister
- F. Active agent





Box 1794 Appleton, WI 54912 (920) 735-6242 · Fax (920) 735-6245 asp-uea.com

ASP Basic Certification (ABC) EXPANDABLE BATON TRAINING

Information Sheet

(Please Print)

Date 9/4/2020

✓ Initial Certification Recertification

First Name [REDACTED] Last Name [REDACTED]

Home Address [REDACTED]

City Lithopolis State OH Province _____ Zip 43156

Telephone [REDACTED] E-mail Address [REDACTED]

Employing Agency mount Carmel

Agency Address 500 South Cleveland Ave.

City Westerville State OH Province _____ Zip 43081

Agency Telephone (____) _____ E-mail Address _____

✓ Duty Status: Full Duty Restricted Duty

Has your agency adopted or authorized the use of the ASP Baton? yes

How many officers are in your agency? _____

Height 5'7 Weight 180 Age 35 Date of Birth 12/09/1984

Have you been exercising? NO

Do you have any knee, back or health problems? NO

Are you on any medication? yes

Person to be notified in case of emergency:

Name [REDACTED]

Phone (____) _____ Alternate (____) _____

Relationship Spouse

✓ Briefly describe any health problems: _____ Injury Check: 1A 1P

WAIVER

Release from Liability and Assumption of Risk Agreement

1) Intending that this Agreement be legally binding upon me, my heirs, executors, administrators, and assigns, I hereby waive, release, and forever discharge Amament Systems and Procedures, INC, and all of their agents, representatives, heirs, executors, administrators, successors and assigns, of and from any and all claims, demands, rights and causes of action of whatsoever kind and nature, arising from, and by reason of any and all known and unknown, foreseen and unforeseen physical and mental injuries and consequences thereof, suffered by me during any and all ASP Expandable Baton certification training activities.

2) In signing this Release, I assert that (a) I am presently in good physical and mental health; (b) I have no reason to believe that I am not in good physical and mental health; (c) I am fully aware of, and do acknowledge and assume all risk of injury inherent in my participation in this training seminar; (d) I have read and fully understand the terms and conditions of this Agreement.

This program is competency based. Mere participation does not automatically assure successful completion.

9/4/2020

Date

[REDACTED]

Signed

ASP Basic Certification

WRITTEN EXAMINATION

100%
O'Connell
Taylor

1. A defensive tactic is evaluated by its ability to:
 - a. Control v Injure
 - b. Maim v Destroy
 - c. Threaten v Control
 - d. React v Act
 - e. Demonstrate the Officers skill
2. The primary striking surface of an open ASP Baton is the:
 - a. Cap
 - b. Center of the shaft
 - c. Last 3" of the baton
 - d. First joint
 - e. Handle
3. The hand using the service firearm is the:
 - a. Weak hand
 - b. Contact hand
 - c. Weapon hand
 - d. Reaction hand
 - e. Support hand
4. The ASP baton should not be opened:
 - a. To the sky
 - b. To the ground
 - c. During a strike
 - d. To the side
 - e. Towards the threat
5. The two baton modes are:
 - a. Open and Closed
 - b. Interview and Combat
 - c. Weapon and Reaction
 - d. Concealed and Loaded
 - e. Ready and Extended
6. Which is not an ASP target area:
 - a. Center mass of the arms
 - b. Center mass of the legs
 - c. Center mass of the body
 - d. Groin or Sternum
 - e. The Weapon Delivery System
7. Targeting specific points violates which training principle:
 - a. Forgiving techniques
 - b. Fine motor skills
 - c. Spaced practice
 - d. Static training
 - e. Complex techniques
8. The ASP baton is always carried:
 - a. On the right side
 - b. In the front
 - c. On the reaction side
 - d. Tip down
 - e. Left side
9. The Reaction Strike is primarily a:
 - a. Strong strike
 - b. Closed strike
 - c. Clearance strike
 - d. Offensive strike
 - e. Initial strike
10. The most frequently used ASP strike is the:
 - a. Reaction strike
 - b. Weapon strike
 - c. Straight strike
 - d. Clearance strike
 - e. Reverse strike
11. When performing an Open Straight Strike, the Reaction Hand is:
 - a. Palm up on the shaft
 - b. Maintaining distance
 - c. Guarding the face
 - d. Palm down gripping the shaft
 - e. Executing a downward block
12. If the baton opens too easily:
 - a. Make the retaining clip smaller
 - b. Replace the o-ring
 - c. Widen the retaining clip
 - d. Remove the retaining clip
 - e. Lubricate the baton
13. The most common problem in opening the baton is:
 - a. Grip of the baton
 - b. Loose o-ring
 - c. Broken retaining clip
 - d. Operator error
 - e. Loose handle cap
14. Special Circumstances include:
 - a. Age
 - b. Size
 - c. Weapon proximity
 - d. Skill level
 - e. Multiple Officers

15. ASP Weapon Side Strikes are intended to be performed at a:
- a. 45 degree angle
 - b. 180 degree angle
 - c. Horizontal angle
 - d. 90 degree angle
 - e. Vertical angle
16. When striking the ASP Baton is gripped with:
- a. The index finger and thumb
 - b. A loose flexible grip
 - c. Two fingers and the thumb
 - d. Full hand grip
 - e. Both hands
17. Officer/Subject factors include:
- a. Special knowledge
 - b. Imminent danger
 - c. Injury or exhaustion
 - d. Size
 - e. Officer on the ground
18. If the subject complies, the Officer doesn't not advance/strike
- a. True
 - b. False
19. The ASP Baton is designed to be
- a. An offensive weapon
 - b. A comealong device
 - c. A defensive weapon
 - d. A deadly force option
 - e. A restraining device
20. The principle goal of any arrest or physical confrontation is:
- a. Establishing control
 - b. Superior Officer skill
 - c. Subject safety
 - d. Documentation
 - e. Punishment

Graded By _____

ASP Written Exam: Pass Fail

Instructor: Chad Taylor B-41764

Date: 9/4/2020

Baton Basic Certification

TECHNIQUE PROFICIENCY CHECKLIST

- | | | |
|--------------------------------|---|--------------------------------|
| 1) Check: | Pass: <input checked="" type="checkbox"/> | Fail: <input type="checkbox"/> |
| 2) Redirection: | Pass: <input checked="" type="checkbox"/> | Fail: <input type="checkbox"/> |
| 3) Closed Mode Weapon Strike | Pass: <input checked="" type="checkbox"/> | Fail: <input type="checkbox"/> |
| 4) Closed Mode Reaction Strike | Pass: <input checked="" type="checkbox"/> | Fail: <input type="checkbox"/> |
| 5) Closed Mode Straight Strike | Pass: <input checked="" type="checkbox"/> | Fail: <input type="checkbox"/> |
| 6) Opening the Baton | Pass: <input checked="" type="checkbox"/> | Fail: <input type="checkbox"/> |
| 7) Open Mode Weapon Strike | Pass: <input checked="" type="checkbox"/> | Fail: <input type="checkbox"/> |
| 8) Open Mode Reaction Strike | Pass: <input checked="" type="checkbox"/> | Fail: <input type="checkbox"/> |
| 9) Open Mode Straight Strike | Pass: <input checked="" type="checkbox"/> | Fail: <input type="checkbox"/> |
| 10) Closing the Baton | Pass: <input checked="" type="checkbox"/> | Fail: <input type="checkbox"/> |

TECHNIQUE PROFICIENCY

PASS: FAIL:

COUNSELED: _____

CERTIFICATION APPROVED: _____ CERTIFICATION DENIED: _____

INSTRUCTOR: Chad Taylor B-41764

DATE: 9/4/2020

MCSA
9/14/20

DT Training Scenarios

1. Patient Wandering – Patient arrives at the hospital via private transport. Patient checks in stating " I do not wish to live anymore" and is immediately taken to the triage area for further evaluation. Patient is carrying a small bag and has on street clothes. Charge RN contacts Safety and Security regarding wandering the patient due to the statements made by the patient. Verbalize response and next steps prior to intervention with patient.

PASS / FAIL

2. Code Violet – Security is called STAT to ER for verbally aggressive patient. While responding to STAT call, Security hears "Code Violet – ER #9" paged overhead. Security arrives to find staff attempting to hold patient down in bed. Patient is making verbal threats while trying to bite, spit, kick, and punch at staff who are attempting to control patient. Verbalize response to code violet and further information needed before scenario resumes.

PASS / FAIL

3. Restraint – Security is responding to call for service on in-patient unit. Not much information is given prior to responding. Upon arrival Security witnesses several staff members attempting to keep confused patient in bed. Patient is flailing his arms and legs attempting to "escape" from the hospital. Patient recognizes Security as law enforcement and begins to focus on officers. Patient is begging Security to take him with them because he is not safe around nursing staff. Verbalize response and de-escalation efforts needed before scenario resumes. Obtain additional information as needed.

PASS / FAIL

DT Training Scenarios

1. Patient Wandering – Patient arrives at the hospital via private transport. Patient checks in stating "I do not wish to live anymore" and is immediately taken to the triage area for further evaluation. Patient is carrying a small bag and has on street clothes. Charge RN contacts Safety and Security regarding wandering the patient due to the statements made by the patient. Verbalize response and next steps prior to intervention with patient.
PASS/ FAIL
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PASS/ FAIL

4. Pink Slip – Security responding to disturbance in ER. Upon arrival Security intercepts patient attempting to leave the hospital. Staff is stating that the patient cannot leave. What is the response by Security at that exact moment? Patient becomes verbally aggressive with Security stating "you cannot hold me!" Verbalize efforts to get the patient back to his room and information needed to make appropriate decisions during the incident. What factors are important to consider? Resume scenario...

PASS / FAIL

5. Suspicious Person – Security receives a call from a visitor stating that they have observed a vehicle on campus that appears to be occupied sitting at the edge of property near connex boxes that contain contractor tools and equipment. This box has already been broken into previously and several thousands of dollars in equipment was stolen. Describe steps taken when dispatched and actions on-scene. Start scenario...

PASS / FAIL

6. Domestic Situation – Security responding to a disturbance in Maternity unit. Upon arrival security speaks with RN who advises that she has heard yelling and screaming coming from inside the room. She further advises that the only people inside the room are the patient and the father of the baby. Security responds to the room and finds patient in tears stating that she has been physically assaulted by the male party. Male party states that is not leaving his baby! Start scenario...

PASS / FAIL

7. Elopement – Security receives frantic call from ER staff stating that the patient in ER #9 is running out the squad bay doors. Security responds and sees patient attempting to run off property. Describe steps taken and ask for any additional information needed at that time. Security catches up to patient just before he leaves property but are unable to stop and hold at that point. Describe next steps needed at that time. Begin scenario....

PASS / FAIL

8. Security is advised of a juvenile patient who arrived at the hospital due to an overdose. Patient took multiple prescription pills as an attempt to end her life. She had made comments that she does not wish to live anymore and wants the pain to go away. Patient's parents show up to the hospital and demand to be reunited with their daughter immediately. Mom makes the statement that she has not given MCHS consent to treat her daughter and will not be cooperating with staff requests. Urine test completed by daughter with mother inside the bathroom. Results of urine show that urine has been diluted with water and mother states that MCHS will never get an accurate urine sample from the patient. Physician responds to the room and advises that discharge of the patient is dependent on blood lab results. Parents consent to the blood draw which shows serious medical concerns and patient is pink slipped for medical conditions and is being transferred to Nationwide Children's Hospital for further evaluation. Mother makes the statement that she will not allow the hospital to put her daughter in a purple gown because she knows what it represents...GO!

PASS / FAIL

9. GSW – Security is sitting post in ER lobby when GSW arrives via private vehicle. Two individuals carry the GSW into the ER lobby and drop him near the entrance. Both individuals flee the ER to their vehicle (Late model Infinity SUV, black with orange wheels with orange Infinity logo on each side). Patient has been shot in the chest. Gather additional information and advise response. Action...

PASS / FAIL

10. Property Search/Overdose - Security called to in-patient room for suspicion of patient using drugs in the room. Upon arrival security speaks with physician who advises that she has spoken with the patient on two occasions today. The first time he was alert and oriented and even energetic. The second time he appeared lethargic and completely out of it, he was having trouble finishing sentences without falling asleep. None of the medications he is receiving would cause the change in behavior. The patient also has a history of IV drug abuse and admitted to using drugs 3 days prior to admission into the hospital. He is there for an abscess that is infected on his arm that he needs to receive surgery for. Please provide steps needed to perform search and explain how these are communicated to the patient. Also state any notifications that are made and any witnesses to the search. Begin...

PASS / FAIL

11. Discharged Patient – Security called to ER because discharged patient is refusing to leave the room. Patient states that he is not ready to leave because staff and the doctor has not addressed his concerns. Patient is being passive aggressive with staff and stating that he will not leave until he has had an opportunity to speak with the doctor about his care. Ask any additional questions as appropriate and determine your strategy for his removal from the room. Scenario resumes when ready...

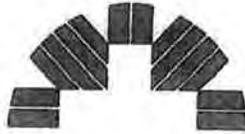
PASS / FAIL

12. Criminal Trespass – Security called to suspicious visitor who was found sleeping in an empty patient room by staff on the unit. Security speaks with visitor upon arrival, but visitor refuses to identify himself to security. He further states that he is homeless, and he needs to be seen because he is having suicidal thoughts. Officer evaluates the situation and determines course of action...Play scenario

PASS / FAIL

Patient checks in to ER for psychiatric evaluation. Case Management and doctor both evaluate patient and determine that he is not suicidal. Patient is discharged from the ER but again refusing to leave...resume scenario

PASS / FAIL



MOUNT CARMEL

A MEMBER OF  TRINITY HEALTH

Safety and Security Defensive Tactics / OC Repellant / ASP Baton Competency Form

Students Name (print): [REDACTED]
I.D. Number: [REDACTED]
Date: 9/4/2020
Campus: St. Ann

1. Escort Position	<u>Pass</u>	Fail
2. Balance Displacement		
a. At the shoulder	<u>Pass</u>	Fail
b. Friction on the back	<u>Pass</u>	Fail
c. At the hip	<u>Pass</u>	Fail
3. Handcuffing		
a. Standing/Prone Position	<u>Pass</u>	Fail
b. Removing Handcuffs	<u>Pass</u>	Fail
4. Armbars/Wristlocks		
a. Transport Wristlock	<u>Pass</u>	Fail
b. Transport Wristlock Takedown to Handcuffs	<u>Pass</u>	Fail
c. Straight Arm bar	<u>Pass</u>	Fail
d. Straight Arm bar Takedown to Handcuffs	<u>Pass</u>	Fail
5. Weapon Retention Drills		
a. Holstered	<u>Pass</u>	Fail
b. Un-holstered	<u>Pass</u>	Fail
c. Stripping Weapon from Subject	<u>Pass</u>	Fail
6. Oleoresin Capsicum (OC)		
a. Nomenclature	<u>Pass</u>	Fail
b. Spray Patterns		
i. Balance/Movement/Verbal Commands/Control	<u>Pass</u>	Fail
ii. Up/Down	<u>Pass</u>	Fail
iii. Side to Side	<u>Pass</u>	Fail
iv. Circular	<u>Pass</u>	Fail
c. Decon Process	<u>Pass</u>	Fail

7. ASP Baton

a. Balance/Movement/Verbalization/Technique/Targeting	Pass	Fail
b. Ready Position	Pass	Fail
c. Closed Mode Weapon Strike	Pass	Fail
d. Closed Mode Reaction Strike	Pass	Fail
e. Closed Mode Straight Strike	Pass	Fail
f. Closed Mode Weapon/Reaction/Straight Strike	Pass	Fail
g. Opening the ASP Baton	Pass	Fail
h. Open Mode Weapon Strike	Pass	Fail
i. Open Mode Reaction Strike	Pass	Fail
j. Open Mode Straight Strike	Pass	Fail
k. Open Mode Weapon/Reaction/Straight Strike	Pass	Fail
l. Closing the ASP Baton/Transitioning to baton holster	Pass	Fail
m. Emergency Open Strike/Closing baton/holster	Pass	Fail

****If an Officer cannot close their baton, a recommendation needs to be forwarded to their Supervisor that an ASP Talon baton be issued to that Officer****

8. Scenario Based Training

a. Patient Wandering	Pass	Fail
b. Code Violet	Pass	Fail
c. Patient Restraint	Pass	Fail
d. Combative Patient Restraint	Pass	Fail
e. Pink Slip Patient	Pass	Fail
f. Suspicious Person(s)	Pass	Fail
g. Domestic Dispute	Pass	Fail
h. Elopement	Pass	Fail
i. Juvenile Patient Elopement via Parent/Guardian	Pass	Fail
j. GSW Patient	Pass	Fail
k. Property Search	Pass	Fail
l. Discharged Patient Refusing to Leave	Pass	Fail
m. Criminal Trespass	Pass	Fail

Grading Scale: **Passing = performs w/out prompting**
 Failed = needs prompting / repeated instruction, or cannot perform task

Student Signature and ID Number: _____

Instructors Signature and ID Number: Chad Taylor # 273267

Instructors Signature and ID Number: _____

**MOUNT CARMEL HEALTH
SAFETY AND SECURITY
Policy**

Aug. 19, 2020

SUBJECT: Use of Force

PURPOSE

To provide guidelines for Security Officers in using force to control hostile persons and to provide guidelines for the use of defensive weapons.

POLICY

Security Officers must be prepared to perform assigned duties at all times. When using force to control a subject or to overcome resistance, the force must be based on the actions and behavior of the subject and be reasonable for the situation. The level of force used must be balanced against the likelihood of injury to the subject and/or officer.

The Safety and Security Department will use the USE OF FORCE CONTINUUM as a guide when dealing with an uncooperative subject. The USE OF FORCE CONTINUUM is a general guideline to be used in subject control and officer defense. Since confrontation is dynamic and is often unpredictable, an officer may be forced to escalate, de-escalate, or go from minimum to maximum use of force without resorting to each intermediate step. The Department's Use of Force Continuum is designed to aid and assist officers in the decision-making process.

Use of Force continuum and training in defensive weapons will take place within the first 90 days of employment for Safety & Security Officers and annual thereafter. Competencies/methodology of training will be tracked. Safety & Security will provide training on OC repellent, ASP Expandable Baton, and Defensive Tactics annually. In addition, Security Officers will have initial 20-hour security firearms training authorized by the State of Ohio and annual re-qualifications thereafter.

USE OF FORCE CONTINUUM

- 1. Physical Presence of the Officer
- 2. Issuance of Verbal and Physical Directions or Commands
 - a. To direct subject
 - b. To inform bystanders
 - c. To create a voice stunning value
 - d. To calm subject
- 3. Empty Hand Control
 - a. Soft
 - 1. Assistance from other officers
 - 2. Escort Position

- b. Hard Defensive Tactics
 - 1. Joint Manipulations or pressure points, takedowns,
 - 2. Handcuffing

Use of Non-Lethal Defensive Weapons

A. OC Repellent-Chemical

1. The OC repellent is a liquid or foam irritant. It requires direct application to the subject's face to be effective.
2. The application of the agent should be made ideally from a range of 6-12 feet. This distance also provides safety for the officer. If the agent is applied at a closer range it may affect the officer. When spraying the subject, the spray should be directed at the eyes for maximum effect. If the subject is wearing glasses spray at the top of the glasses and allow the agent to splash into the eyes. The agent should take full effect in 2-5 seconds.
3. Officers using the agent should not touch their face until they have had the opportunity to wash their hands with soap and water.
After spraying a person, afford that person an opportunity to wash the contaminated areas and remove any saturated clothing. The most effective antidote is a large amount of air. The subject should be taken to the Emergency Department to be checked.
If the agent is used in an enclosed area, such as a small room or vehicle, open all windows and allow the area to ventilate.
4. The OC agent should only be used when a physical confrontation is occurring or is about to occur.

B. Canine (K9)

If a perpetrator becomes violent and physically assaulting by way of non-deadly measures, K9s can be deployed to get the perpetrator(s) under control to prevent bodily harm/physical assault.

C. Expandable Baton

1. The expandable baton is to be primarily used as a defensive weapon. Striking a person with the baton is justified when an officer is:
 - a. Protecting him/herself or another from assault
 - b. Attempting to stop an individual's aggression or to overcome resistance or violent behavior where lesser means of physical force are ineffective.
2. The primary target areas for applying non-lethal force with the baton are the large muscle groups or bones. Light strikes to these areas will cause pain and minor bruising, although such a strike can potentially disable an assailant and bring the attack to an abrupt halt.
3. It is important to avoid striking the head, temple, throat, and the back of the neck. Even light strikes or pressure these areas could inflict serious or possibly fatal injuries.
4. If an officer strikes a person with the baton that person will be taken to the Emergency department to be checked.

Lethal/Deadly Force Firearms

Select officers/ supervisors carry firearms and the use of firearms on a person is considered lethal and deadly force. The use of deadly force will be in accordance with Ohio State Laws (ORC) – and will only be used on a perpetrator for the protection of life from substantial risk of death or serious bodily injury to self or others. Officers/supervisors that carry firearms have gone through the OPOTA Security Firearms training program and have met proficiency/competency and will re-qualify on an annual basis. Armed security must make sound judgment when using fire arms in the above circumstances, but be cognizant to their action as it relates to the potential of bullets hitting and wounding innocent bystanders. Firearms should not be discharged on moving vehicles unless it is a situation that is life-threatening. Only authorized department firearms will be used.

SPECIAL PROVISIONS

Anytime that an officer uses the OC repellant, K9, baton, handcuffs, or firearm on any individual an Incident Report will be completed by the Officer's Supervisor/In Charge Officer. Local Law Enforcement Agency will also be contacted for possible charges on subject that OC repellant, K9, handcuffs, baton, firearm was used on. This report will be forwarded to the Regional System Manager of the Safety and Security Department. All Use of Force Incidents will be investigated by the Defensive Tactics Instructors.

*Reviewed 09-2011
Revised 12/2012
Reviewed 08/2014
Reviewed 08/2016
Revised 11/2016, 12/2016
Firearms effective: 2/1/17*

DEFINITIONS:

1. **Active Resistance** – Behavior that consists of non-threatening physical opposition to being controlled.
2. **Assaultive Behavior** – Aggressive physical opposition directed towards the officer or others by a subject. Assaultive behavior can be either an actual attack, or threat of attack conveyed through body language and assaultive verbalization.
3. **Controlling Force** – Usually the minimal amount of physical force needed to control a subject who will not submit to verbal commands. Generally, this level of force involves the application of pain without injury. Controls techniques are used to encourage a subject to go in a desired direction, and usually are applied to subjects that are either passively or actively resisting the officer's attempt to control them.
4. **Deadly/Lethal Force** – Any force which carries a substantial risk that it will proximately result in the death or serious bodily injury of any person.
5. **Reasonable Belief** – That belief by an officer, acting on personal knowledge of facts and circumstances which are reasonably trustworthy, that would justify a person of average caution to believe that a crime has been or is being committed. Similar to the probable cause standard.
6. **Reasonable Force** – Force that will likely lead to a safe control of the subject. If a lesser force would likely lead to safe control the lesser force should be used.
7. **Serious Physical Injury** – Injuries being inflicted or about to be inflicted which could cause the death of any person.

[REDACTED]
Aug. 19, 2020

**MOUNT CARMEL
POLICY/PROCEDURE**

SUBJECT: INVOLUNTARY HOLD FOR MEDICAL EVALUATION

DEPARTMENT OVERSIGHT & MAINTENANCE: Emergency Department (ED)

POLICY:

Mount Carmel Health System has the duty to exercise reasonable care for the safety of its patients and may, under certain circumstances, have a duty to protect third parties from harm that could be caused by patients leaving the Hospital. Holding a patient who lacks decisional capacity in the Hospital may be the most appropriate option.

RESPONSIBLE PERSONS: ED Physicians, ED Registered Nurses (RNs), Licensed Independent Provider (LIP) – Physician Assistant (PA), Advanced Practice Registered Nurse (APRN)

PROCEDURE:

1. The ED physician shall determine if there is reason to believe that the person (a) represents a substantial risk of physical harm to self or others if allowed to remain at liberty pending examination and (b) is a mentally ill person who, because of the person's illness:
 - a. Represents a substantial risk of physical harm to self as manifested by evidence of threats of, or attempts at, suicide or serious self-inflicted bodily harm;
 - b. Represents a substantial risk of physical harm to others as manifested by evidence of recent homicidal or other violent behavior, evidence of recent threats that place another in reasonable fear of violent behavior and serious physical harm, or other evidence of present dangerousness;
 - c. Represents a substantial and immediate risk of serious physical impairment or injury to self as manifested by evidence that the person is unable to provide for and is not providing for the person's basic physical needs because of the person's mental illness and that appropriate provision for those needs cannot be made immediately available in the community; or
 - d. Would benefit from treatment for the person's mental illness and is in need of such treatment as manifested by evidence of behavior that creates a grave and imminent risk to substantial rights of others or the person.

If the person meets these criteria, the physician may order that the person be held involuntarily pursuant to Ohio Revised Code 5122.10.

2. If the person does not meet the criteria listed in section 1 above, and has decisional capacity, the person may refuse treatment or refuse to remain at the Hospital. If by leaving the person is leaving against medical advice, follow the Administrative policy/procedure A.M.A (Against Medical Advice) Discharges/Eloped/Missing Adult Patient.
3. If the person does not meet the criteria listed in section 1 above, and does NOT have decisional capacity, but is seeking to leave the Hospital against medical advice, the following procedure shall be followed:
 - a. Attempt to get the person to agree voluntarily to remain at the Hospital. Explain the risks to the person if he or she leaves.

**MOUNT CARMEL
POLICY/PROCEDURE**

SUBJECT: INVOLUNTARY HOLD FOR MEDICAL EVALUATION

- b. Attempt to contact the person's legal representative or a family member to have that person assist with convincing the person to remain at the Hospital or to provide a safe method for the person to leave the Hospital (when discharge to care of family is appropriate).
- c. If the less restrictive methods listed in section 3(a) and 3(b) are unsuccessful, the attending or treating physician may issue an order to hold the person at the hospital involuntarily for medical evaluation. This may be ordered only if the physician believes in good faith and in the exercise of his or her professional judgment that person would pose a substantial risk of harm to himself/herself or others if permitted to leave the hospital. In this case the following are required:
 - i. The reason for the order shall be explained to the patient.
 - ii. The ordering physician shall document the order and an explanation for why the order was necessary, including the risk(s) to the patient if the patient were to leave the Hospital, in the medical record.
 - iii. The patient must be held in the less restrictive manner possible and in accordance with the Restraint/Seclusion Use Policy if applicable.
 - iv. The person must be released as soon as safety possible once the physician has determined that decision making capacity exists.

REFERENCES

Administrative Policy/Procedure A.M.A (Against Medical Advice) Discharges/Eloped/Missing Adult Patient.

Ohio Revised Code 5122.10

DEVELOPED BY: Patient Safety/Risk Management Department ORIGINAL DATE: 3/18

REVIEW/REVISION DATE:

REVIEWED BY:

**Mount Carmel Health System Legal Services 2/2018
Emergency Department System Collaborative 2/2/18**

REVIEWED AND APPROVED BY:

**Joni Lutman, MSN, APRN-C, MCHS Regional Director of Nursing Practice and Innovation
Date: 3/22/18**

**Gina Matthias, MSA, BSN, RN Director Patient Care Services MCNA
Date: 3/12/18**

**Rachel Wright, MBA, BSN, RN, CCRN Director of Nursing Practice and Performance
Date: 3/9/18**

**MOUNT CARMEL
POLICY/PROCEDURE**

SUBJECT: INVOLUNTARY HOLD FOR MEDICAL EVALUATION

APPROVAL FOR IMPLEMENTATION BY:

**Linda Breedlove MBA, BSN, RN, NEA-BC, FACHE Vice President of Patient Care Services and
Chief Nursing Officer, MCE**

Date: 3/23/18

**Dina Bush, MHA, BSN, RN Vice President of Patient Care Services and Chief Nursing Officer
MCW**

Date: 3/22/18

**Donald LaFollette, MBA, BSN, RN Vice President of Patient Care Services and Chief Nursing
Officer MCSA**

Date: 3/30/18

**Susan Schultz, MSN, BSN, RN, FACHE RN Vice President of Patient Care Services and Chief
Nursing Officer MCNA**

Date: 3/23/18

Instructor Copy

Oleoresin Capsicum

AUG. 19, 2003

HISTORY

The first use of pepper as a defensive or offensive weapon dates back to approximately 2000 BC during the wars between India and China.

The first use of OLEORESIN CAPSICUM as a weapon was 1540 by the Aztec Indians against the Spanish. A field of peppers was burned to create an irritant smoke cloud to stop the Spanish invaders.

In 1930, the U.S. military developed an OLEORESIN CAPSICUM (OC) compound, but found no effective method of delivery suitable for military use.

In 1974, the first commercial OC product for law enforcement was developed.

In 1987, the Firearms Training Unit of the FBI began a study of OC with the intention of supplementing their CN/CS munitions. It concluded with the adoption of OC for use by their Special Agents in January 1990.

During the early 1990's Aerosol Companies throughout the US experienced a dramatic increase in the demand for OC aerosol projectors, attributes primarily to two factors:

- 1.) The high profile of the Rodney King incident and the concern over the public's perception of excessive force, which ultimately increased the need for alternative force options.
- 2.) The Law Enforcement community's awareness of blood borne pathogens, and the need to reduce the potential for exposure.

DEFINITIONS

Oleoresin: a mixture of an essential oil and resin found in nature.

Capsicum: any solanaceous plant of the genus capsicum, as C. Frutescent, the common pepper of the garden, occurring in many varieties that range from mild to hot, having pungent seeds, also ranging from mild to hot, enclosed in a podded or bell-shaped pericap.

Oleoresin Capsicum: oil of capsicum

Pungency: the heat or intensity of the pepper

Capsaicinoids: a group of compounds, naturally occurring within the fats, oils, and waxes of the pepper plant.

Capsaicin: the most prevalent of the seven compounds found within the Capsaicinoids and considered to be the ACTIVE ingredient in OC.

Scoville Heat Units (SHU): a measurement of heat as perceived from the burning sensation when peppers are placed on the tongue.

Solvents: a liquid substance capable of dissolving or dispersing one or more other substances.

Emulsifier: a substance that creates an emulsion, or a mixture of mutually insoluble liquids in which one is dispersed in droplets throughout the other-bonds two or more liquids together.

Carrier: the ingredient, or ingredients, other than the OC, which compromise the OC Formulation-carries the OC from the canister to the target.

Propellant: the gas or liquid, which pressurizes the canister and propels the carrier and agent to the target

WHAT IS OLEORESIN CAPSICUM AND HOW DOES IT WORK?

Oleoresin Capsicum (Pepper Spray) or OC, is derived from Cayenne Peppers. Unlike Mace or Tear Gas, which are irritants, Pepper Spray (OC) is an Inflammatory Agent. Contact with mucous membranes (eyes, nose, throat, and lungs) causes immediate dilation of the capillaries. This can result in temporary blindness, and inflammation of the breathing tube tissue and systematically cut off all but life support breathing.

OC also will create an intense burning sensation on the surface of the skin. However, OC WILL NOT cause any lasting effects. The effects will last from FIFTEEN MINUTES TO SIXTY MINUTES in length or duration. However, depending on the individual, the effects may be lesser or greater depending on an individuals tolerance level.

Because OC is an INFLAMMATORY AGENT and not an irritant, it is effective on those who feel no pain such as psychotics and those under the influence of narcotics or alcohol.

When using your OC make sure you have a safe distance between you and the threat if at all possible. Aim the unit at the FACIAL region of the threat and release a 1-2 second burst from the unit. After deploying your unit step away from the threat however, keeping visual contact on the threat.

OC like any other product will lose its strength over time. It is recommended that it be replaced every 3 to 4 years. The OC should be tested every 90 days to insure proper spray strength. This should be done outside with you being down wind to prevent self contamination.

Considerations for Deploying O.C.

Use of Force Continuum Considerations

1. Presence
2. Verbal
3. Soft Physical Techniques
4. Hard Physical Techniques
5. Deadly Force

Deploying Formula

1. Spray (One to Two second bursts)
2. Command
3. Evaluate
4. Control

Securing Subject(s)

1. After subject has been sprayed, secure into handcuffs.
2. Goal Oriented Subjects can still fight and attack an Officer even after being sprayed several times.
3. Nothing is failsafe! Always use caution.

CARRY POSITIONS

One Hand Carry:

Canister held in hand with the bottom of the canister over the Officer's front foot. Do not fully extend the arm holding the canister. Empty hand is positioned either with the fingertips lower than the cheekbone and forward of the nozzle or behind the nozzle, in either position do not extend the canister any further than 3-6 inches from the chest.

Advantage: Presents a dominant and authoritative appearance allowing for easy transitioning between weapons and provides a clearing or checking hand.

Disadvantage: The possibility exists that during the deployment of OC might contaminate the Officer's free hand.



Two Hand Conceal Carry/Front Position:

Officer assumes a good stable interview position, strong leg back, canister held in front and close to the body by either strong or weak hand. Both elbows above the Officer's duty belt, placing the free hand over the unit to conceal it from view, keeping the thumb off the actuator or on the safety cap. Primarily for the second responding Officer at the scene.

Advantage: Presents a professional appearance and a low profile approach for the Officer and will not alert other bystanders that the Officer is ready to deploy OC. Designated finger needs to be above the flip top safety to prevent accidental discharge.

The benefits of using the thumb are often favored as it allows the user to apply direct pressure downward on the actuator for quick and smooth release of the aerosol.

Disadvantage: Some thumbs may not be able to fit in the actuator housing to allow the Officer to safely discharge the unit.

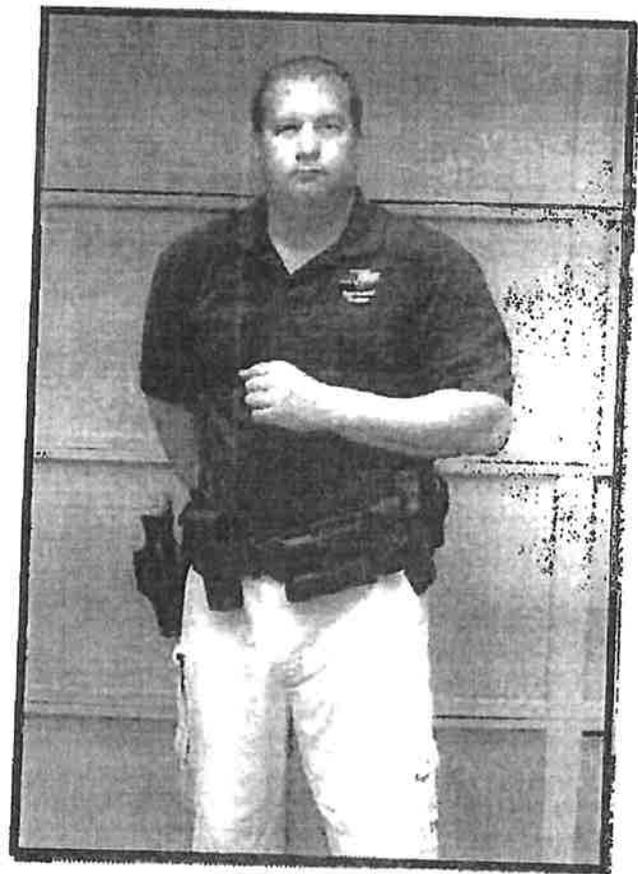
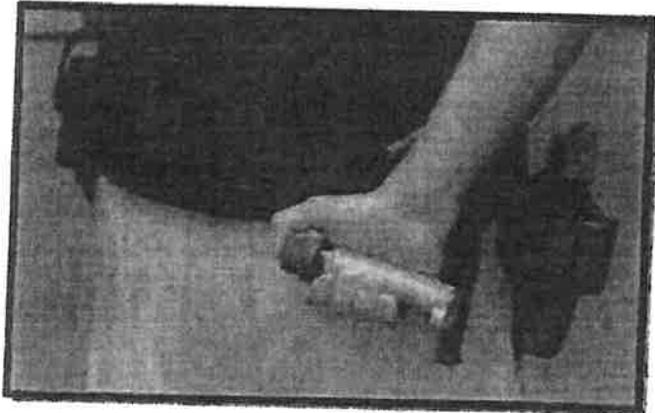


Low Profile/Rear Carry:

Canister held in hand with the arm extended downwards to the Officer's side, and the thumb is on top of the flip top safety.

Advantage: Presents a low profile, hiding the unit from immediate view, presenting a professional, but tactically ready position.

Disadvantage: If the subject attacks the Officer at the rear, subject may be able to grab the unit.

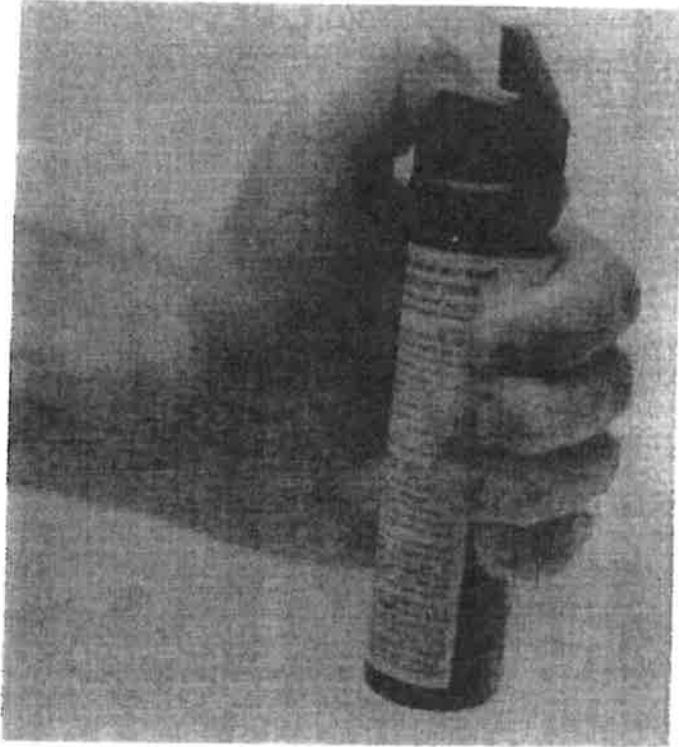


PROPER GRIP



- **Fingers extended and joined**
- **Index finger below the nozzle guard**
- **Thumb on top of the flip top safety**

PROPER GRIP



- **Keep fingers extended and joined**
- **Thumb firmly on actuator**
- **Slow steady pressure directly down on the actuator**

IMPROPER GRIP



DECONTAMINATION OF SUBJECTS

Step 1

Remove subject from contaminated area.
(Physically)

Step 2

Verbal rapport advising subject of anticipated effects of the spray.

Step 3

Provide physical relief - Expose subject to fresh air and face into wind, have subject stay still, breathe normally and relax as much as possible.

Step 4

When a viable water source is available, have subject flush eyes (strobing, repeated opening/closing of the eyes) out with copious amounts of water.



Aug. 1976
2020

MOUNT CARMEL

A Member of Trinity Health

Memorandum

To: MCHS Colleagues, MCHS Medical Staff
From: Nicholas KREATSOULAS, DO, Chief Clinical Officer, MCHS
Date: March 26, 2020
Subject: Enforcing Policy Regarding Facial Hair

Mount Carmel's current policy for colleagues calls for the removal of any facial hair that could impact the ability to pass a fit-test for an N-95 respirator mask. For the safety of our patients, visitors, colleagues, their families and our community, we will begin enforcing this policy immediately.

All staff who interact with patients must remove facial hair that could come into contact with a sealing surface of a respirator. Only those who are not permitted to shave due to religious beliefs are exempt.

We are enforcing this policy in an effort to conserve our inventory of PAPRs, which are used when an individual cannot be fit-tested for an N-95 respirator.

Mount Carmel's Respiratory Protection Plan is available in PolicyTech.

**MOUNT CARMEL HEALTH
SAFETY AND SECURITY
Policy**

Aug-19th 2020

SUBJECT: Detainment of Individuals

PURPOSE

To provide guidelines for the detention of persons on Mount Carmel Health property by Security Officers.

POLICY

There are three instances when a Security Officer may detain a person on Mount Carmel Health property. They are:

1. When there are reasonable grounds to believe that a person has committed a felony pursuant to section 2935.04 of the Ohio Revised Code.
2. When there is probable cause to believe that a person has unlawfully taken items offered for sale at a mercantile establishment pursuant to section 2935.04.1 of the Ohio Revised Code.
3. When a psychiatrist, licensed clinical psychologist, licensed physician, health officer designee has taken a person into custody and has reason to believe that the person is mentally ill pursuant to sections 5122.10 and 5122.01 of the Ohio Revised Code.

PROCEDURE

Security Officers in the detention of persons will follow the following procedures.

A. Section 2935.04 ORC – Detention of a person when a felony has been committed.

1. Section 2935.04 of the Ohio Revised Code (ORC) allows any person to make an arrest without a warrant if there are reasonable grounds to believe that the person has committed a felony. In main an arrest under this section the Security Officer has two additional requirements:
 - a. Section 2935.07 ORC requires that the person making the arrest must, before making the arrest, inform that person of the intention to make the arrest and the cause of the arrest.

SUBJECT: Detainment of Individuals (Con't)

- a. The Emergency Department's Licensed Independent Social Worker (LISW) and Licensed Professional Clinical Counselor (LPCC) have been designated as "health officers" as referred to in section 5122.01(J).
2. When a patient has been determined to be mentally ill by a person listed in section 5122.10 ORC and this person is attempting to leave the hospital, a Security Officer should be called immediately.
 - a. If the person is located on Mount Carmel property the Security Officer should attempt to persuade the person to return to the hospital. If the person refuses the Security Officer should restrain the person and return the person to the hospital.
 - b. If the person can not be located on Mount Carmel property the local police department will be notified. Once the person is located the police department should transport the person to a mental health facility.

SPECIAL PROVISIONS

- A. In all incidents the Security Officer will initiate an Incident Report. The Safety and Security Department should request either a "run number" or report number of the Police responding to the incident and include it with the Incident Report.
- B. Any use of force used to detain a person must be within the Safety and Security Department policy on Use of Force.
- C. The safety of visitors, patients, and employees must be considered in detaining persons by force. Should the situation present an unsafe condition the Security Officer should refrain from using force.

**MOUNT CARMEL HEALTH
SAFETY AND SECURITY
Policy**

Aug. 19th 2020

SUBJECT: Use of Firearms by Security Personnel

PURPOSE

Policy to ensure the effective deployment, handling, and use of assigned or designated firearms by private Mount Carmel Armed Safety and Security Officers/Supervisors and are within legal parameters for the State of Ohio as well as in-line with the organization's mission, core values and guiding behaviors adhering to all safety rules and organizational policies, which includes the Mount Carmel Safety & Security Use of Force continuum. Firearms are deadly force weapons and would never be used unless there is an immediate threat to life or great bodily injury based on justification of deadly force as outline in the Ohio Revised Code (ORC). No Armed Safety and Security Officer/Supervisor will ever use a firearm without legal justification and the appropriate training and competency. Mount Carmel Armed Safety and Security Officers/Supervisors are authorized to carry firearms as representatives of Mount Carmel Health System while on Mount Carmel owned property, having proprietary jurisdiction.

POLICY

The Safety and Security Department will maintain assigned or designated firearms in clean and working order while conducting duties at Mount Carmel owned facilities. All Armed Officers/Supervisors are expected to have the appropriate training as well as updated annual renewal for competency based on established criteria from the Ohio Peace Training Academy (OPOTA) and authorized vendors. Armed Officers/Supervisors are expected to be familiar with local laws, ordinances and policies regarding the carrying and use of firearms. Mount Carmel is not liable for use of firearm "outside course and scope of employment." Firearms protocol is as follows:

1. Use of deadly force based on Use of Force Continuum and immediate threat to life or great bodily harm. Firearm use by Armed Officers/Supervisors to neutralize this kind of threat or action to protect life.
2. Armed Officers/Supervisors will be alert to their surroundings and fully aware of any actions that may injure or kill innocent bystanders in the event of firearm use. Using restraint if necessary based on their professional judgement and self-defense expectations.
3. Armed Officers/Supervisors will not discharge their weapon when lessor means of force is justified.
4. The firearm would never be un-holstered during the performance of duties or used absence of a threat to life or great bodily harm. Other exceptions: clearing, loading, cleaning, storing or training situation.

5. All firearms will be loaded and cleared in a designated clearing barrel.
6. Firearms in transport off property will be in accordance with Ohio Revised Code- ordinances and law.
7. Warning shots shall never be fired and firearms will never be pointed at someone unjustifiably. Horseplay will NOT be tolerated. Professionalism at all times.
8. Supervisor, Manager, Director or designee will be notified as soon as possible of any discharge (intentional or accidental) incident as well as unholstering in an encounter situation. A Security Incident Report will be documented.
9. In the event of an intentional or accidental discharge resulting in injuries or death- Medical personnel will be summoned immediately as well as local jurisdictional law enforcement. Emphasis on safety and preservation of potential crime scene.
10. Only authorized firearms and equipment (web gear- safety holster, ammo pouch, etc.) will be used. Armed officers are expected to have this with appropriate ammo on duty and will be inspected for compliance prior to each shift by Supervisor or In-Charge. Officers are required to be uniformed- exception, System Manager
11. Firearms will be under the control of the Officers/Supervisors assigned to while on duty at all times or properly secured. Never unattended.
12. Armed Officers/Supervisors will carry three loaded magazines with one of the three inserted in the firearm with round in the chamber while on-duty. Level Three holsters are the only holsters authorized.
13. Armed Officers/Supervisors will not loan their assigned firearms to any other officer or person and will always be cognizant of their surroundings protecting the holstered firearm at all times.
14. Designated Officers/Supervisors will report fit for duty with designated firearms or obtain from the on-site safe in the designated security office. If not fit for duty (evidence of non-compliance, alcohol/drug use, etc.). The officer will be removed from duty and the firearm secured.
15. Officers/Supervisors will report any OTHER related firearm incidents to their supervisor or in-charge as well as the Nursing Supervisor immediately.
16. Officers/Supervisors will be in possession of appropriate PPE while carrying firearms and use as appropriate (i.e. protective vests, and hearing and eye protection for training).

17. There may be certain times when Armed Officers/Supervisors will be asked by management to surrender their firearm/ammo due to circumstances (i.e. certain meetings/functions, other training not related to firearms, administrative hearings/internal investigations/disciplinary, etc.). In these cases supervisory/management will ensure proper unloading and clearing of the firearm and securing on site- property receipt issued.
18. Armed Officers/Supervisors will make all required training and competencies.
19. Armed Officers/Supervisors responding to Psychiatric Behavioral Unit (3W MCW) will ensure firearms are stored in designated cabinet before entering the resident area.
20. Armed Officers/Supervisors will report to their Supervisor any potential conflict that arises in carrying said firearm (criminal charges, convictions, domestic violence, mental health changes, etc.)
21. Non-conformance with organizational policies and state law regarding firearm use will result in disciplinary actions up to termination of employment.

FIREARM DEPLOYMENT REVIEW BOARD

A Firearm Deployment Review Board will convene within 72 hours of ANY firearm deployment on a person(s). Reports will be made available to the review board and use of firearms may result in administrative leave and if warranted- counseling. The incident review board will consist of the following:

- System Director of Safety & Security
- System Manager of Safety & Security
- Officer's immediate supervisor
- Senior Vice President of Human Resources or designee
- Legal Counsel
- Director of Regulatory and Risk Management or designee
- Potentially a Law Enforcement Rep (if investigated and appropriate)
- Certified Firearms trainer as appropriate

The Firearm Deployment Review Board will convene no less than four (4) members and will critique and carefully examine the event for justification. Looking at the following as a minimum:

- Was the deployment appropriate within laws and policies
- Thought process- Use of Force continuum – was a lesser means justified
- Policy adherence
- Through examination of circumstances leading up to the event, during event and post event
- Code Silver protocols

- **Training- current and is additional guidance needed**

Upon completion of the review board- findings and recommendations will be placed in writing. This will be shared with the affected Officer/Supervisor as well as any warranted disciplinary action up to and including termination based on the review.

Michael L. Angeline

Date: 1/13/17

**Michael L. Angeline, Director
Mount Carmel Safety & Security
Developed 12/2016**

**Evaluation/Safety Test/Competency
Awards
Application/Transfers**

Evaluation/Safety Test/Competency

Name: [REDACTED]
Campus: MC SA
Date: 3/5/21

-0
100%
Chad Taylor

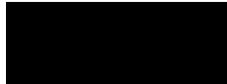
HANDCUFFING TEST

- 1.) WHEN TO USE HANDCUFFS?
 - A.) ON A VIOLENT PATIENT
 - B.) AFTER COMMITTING A FELONY IN YOUR PRESENCE
 - C.) ON VIOLENT INDIVIDUALS WHO POSE AN IMMEDIATE THREAT TO STAFF, VISITORS, PATIENTS, OR YOURSELF
 - D.) ALL OF THE ABOVE
 - E.) BOTH B AND C

- 2.) CMS ALLOWS YOU TO HANDCUFF PATIENTS?
 - A.) TRUE
 - B.) FALSE

- 3.) WHAT ACTIONS NEED TO OCCUR AFTER THE USE OF HANDCUFFS?
 - A.) INCIDENT REPORT AND VOICE
 - B.) LOCAL POLICE, SIR, AND VOICE
 - C.) SUPERVISOR, LOCAL POLICE, SIR, AND VOICE

- 4.) SECURITY IS ABLE TO HANDCUFF TO A STATIONARY OBJECT?
 - A.) TRUE
 - B.) FALSE



OC Test
Mount Carmel Health System
Safety and Security

100%
Chad
Layton

- 1.) What does OC stand for?
 - A. Orange Crush
 - B. Ocean Crust
 - C. Oleoresin Capsicum

- 2.) What is the average expiration date on an OC canister?
 - A. 1-2 years
 - B. 3-4 years
 - C. 4-5 years

- 3.) How often should you check your OC spray for adequate spray strength?
 - A. 30 days
 - B. 60 days
 - C. 90 days

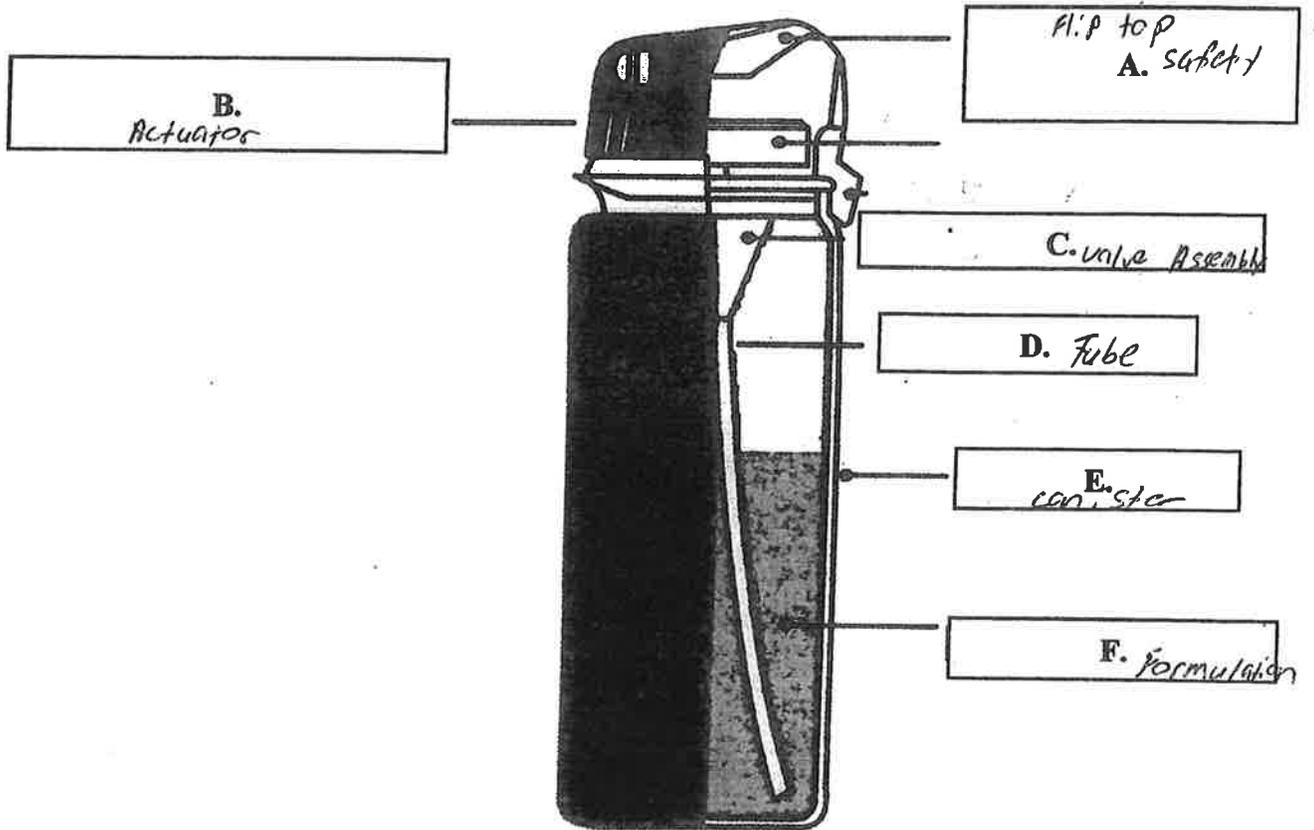
- 4.) How long of a burst should you use on a threat?
 - A. 1-2 seconds
 - B. 2-4 seconds
 - C. Empty the entire can

- 5.) What is Oleoresin Capsicum commonly known as?
 - A. Mace
 - B. Pepper Spray
 - C. Gas

- 6.) When deploying OC, what area of the body should you deploy the OC towards?
 - A. Arms
 - B. Chest
 - C. Face and eyes

- 7.) After using OC on a subject, what should you immediately do with the subject?
 - A. Leave lying on the ground.
 - B. Remove from contaminated area
 - C. Spray again

- 8.) What is the second step in the decontamination process?
- A. Spray them again
 - B. Tell them to stop crying like a baby
 - C. Offer verbal rapport to the subject
- 9.) What is the third step of the decontamination process?
- A. Expose subject to fresh air
 - B. Throw the subject a bottle of water
 - C. Stand there and record them with your cellphone
- 10.) What is the best way to flush the eyes?
- A. Using milk
 - B. Rubbing eyes continually
 - C. Water
- 11.) What type of agent is OC?
- A. Glue
 - B. Cleaning Fluid
 - C. Inflammatory
- 12.) What is the main ingredient of OC?
- A. Water
 - B. Cayenne Pepper
 - C. Powder
- 13.) Does CMS (Center for Medicaid/Medicare System) guidelines allow for OC to be used on a PATIENT?
- A. Yes
 - B. No
 - C. Only if they deserve it.
- 14.) List the nomenclature of a canister of OC
- A. F.I.P To P Safety
 - B. Actuator
 - C. valve Assembly
 - D. Tube
 - E. canister
 - F. Formulation





Box 1794 Appleton, WI 54912 (920) 735-6242 · Fax (920) 735-6245 asp-usa.com

ASP Basic Certification (ABC) EXPANDABLE BATON TRAINING

Information Sheet

(Please Print)

Date 3/5/21

Initial Certification Recertification
 ✓ First Name [REDACTED] Last Name [REDACTED]
 Home Address [REDACTED]
 City Lithopolis State OH Province _____ Zip 43136
 Telephone [REDACTED] E-mail Address [REDACTED]

Employing Agency Mount Carmel
 Agency Address 500 South Cleveland Ave.
 City Westerville State OH Province _____ Zip 43081
 Agency Telephone (780) 898 4005 E-mail Address [REDACTED]

✓ Duty Status: Full Duty Restricted Duty
 Has your agency adopted or authorized the use of the ASP Baton? yes
 How many officers are in your agency? 20
 Height 5'8" Weight 180 Age 36 Date of Birth 12/09/84
 Have you been exercising? NO
 Do you have any knee, back or health problems? NO
 Are you on any medication? yes

Person to be notified in case of emergency:
 Name [REDACTED]
 Phone [REDACTED] Alternate () _____
 Relationship wife

✓ Briefly describe any health problems: High BP Injury Check: 1A 1P

WAIVER

Release from Liability and Assumption of Risk Agreement

1) Intending that this Agreement be legally binding upon me, my heirs, executors, administrators, and assigns, I hereby waive, release, and forever discharge Armament Systems and Procedures, INC, and all of their agents, representatives, heirs, executors, administrators, successors and assigns, of and from any and all claims, demands, rights and causes of action of whatsoever kind and nature, arising from, and by reason of any and all known and unknown, foreseen and unforeseen physical and mental injuries and consequences thereof, suffered by me during any and all ASP Expandable Baton certification training activities.

2) In signing this Release, I assert that (a) I am presently in good physical and mental health; (b) I have no reason to believe that I am not in good physical and mental health; (c) I am fully aware of, and do acknowledge and assume all risk of injury inherent in my participation in this training seminar; (d) I have read and fully understand the terms and conditions of this Agreement.

This program is competency based. Mere participation does not automatically assure successful completion.

3/5/21 Date [REDACTED] signed

ASP Basic Certification

WRITTEN EXAMINATION

- A defensive tactic is evaluated by it's ability to:
 - a. Control v Injure
 - b. Maim v Destroy
 - c. Threaten v Control
 - d. React v Act
 - e. Demonstrate the Officers skill
- The primary striking surface of an open ASP Baton is the:
 - a. Cap
 - b. Center of the shaft
 - c. Last 3" of the baton
 - d. First joint
 - e. Handle
- The hand using the service firearm is the:
 - a. Weak hand
 - b. Contact hand
 - c. Weapon hand
 - d. Reaction hand
 - e. Support hand
- The ASP baton should not be opened:
 - a. To the sky
 - b. To the ground
 - c. During a strike
 - d. To the side
 - e. Towards the threat
- The two baton modes are:
 - a. Open and Closed
 - b. Interview and Combat
 - c. Weapon and Reaction
 - d. Concealed and Loaded
 - e. Ready and Extended
- Which is not an ASP target area:
 - a. Center mass of the arms
 - b. Center mass of the legs
 - c. Center mass of the body
 - d. Groin or Sternum
 - e. The Weapon Delivery System
- Targeting specific points violates which training principle:
 - a. Forgiving techniques
 - b. Fine motor skills
 - c. Spaced practice
 - d. Static training
 - e. Complex techniques
- The ASP baton is always carried:
 - a. On the right side
 - b. In the front
 - c. On the reaction side
 - d. Tip down
 - e. Left side
- The Reaction Strike is primarily a:
 - a. Strong strike
 - b. Closed strike
 - c. Clearance strike
 - d. Offensive strike
 - e. Initial strike
- The most frequently used ASP strike is the:
 - a. Reaction strike
 - b. Weapon strike
 - c. Straight strike
 - d. Clearance strike
 - e. Reverse strike
- When performing an Open Straight Strike, the Reaction Hand is:
 - a. Palm up on the shaft
 - b. Maintaining distance
 - c. Guarding the face
 - d. Palm down gripping the shaft
 - e. Executing a downward block
- If the baton opens too easily:
 - a. Make the retaining clip smaller
 - b. Replace the o-ring
 - c. Widen the retaining clip
 - d. Remove the retaining clip
 - e. Lubricate the baton
- The most common problem in opening the baton is:
 - a. Grip of the baton
 - b. Loose o-ring
 - c. Broken retaining clip
 - d. Operator error
 - e. Loose handle cap
- Special Circumstances include:
 - a. Age
 - b. Size
 - c. Weapon proximity
 - d. Skill level
 - e. Multiple Officers

- 15. ASP Weapon Side Strikes are intended to be performed at a:
 - a. 45 degree angle
 - b. 180 degree angle
 - c. Horizontal angle
 - d. 90 degree angle
 - e. Vertical angle
- 16. When striking the ASP Baton is gripped with:
 - a. The index finger and thumb
 - b. A loose flexible grip
 - c. Two fingers and the thumb
 - d. Full hand grip
 - e. Both hands
- 17. Officer/Subject factors include:
 - a. Special knowledge
 - b. Imminent danger
 - c. Injury or exhaustion
 - d. Size
 - e. Officer on the ground
- 18. If the subject complies, the Officer ~~does not~~ ^{does} advance/strike
 - a. True
 - b. False
- 19. The ASP Baton is designed to be
 - a. An offensive weapon
 - b. A comealong device
 - c. A defensive weapon
 - d. A deadly force option
 - e. A restraining device
- 20. The principle goal of any arrest or physical confrontation is:
 - a. Establishing control
 - b. Superior Officer skill
 - c. Subject safety
 - d. Documentation
 - e. Punishment

Graded By: [REDACTED]

ASP Written Exam: Pass Fail

Instructor: Chad Taylor B-41764

Date: 3/5/21

Baton Basic Certification

TECHNIQUE PROFICIENCY CHECKLIST

- | | | |
|--------------------------------|---|--------------------------------|
| 1) Check: | Pass: <input checked="" type="checkbox"/> | Fail: <input type="checkbox"/> |
| 2) Redirection: | Pass: <input checked="" type="checkbox"/> | Fail: <input type="checkbox"/> |
| 3) Closed Mode Weapon Strike | Pass: <input checked="" type="checkbox"/> | Fail: <input type="checkbox"/> |
| 4) Closed Mode Reaction Strike | Pass: <input checked="" type="checkbox"/> | Fail: <input type="checkbox"/> |
| 5) Closed Mode Straight Strike | Pass: <input checked="" type="checkbox"/> | Fail: <input type="checkbox"/> |
| 6) Opening the Baton | Pass: <input checked="" type="checkbox"/> | Fail: <input type="checkbox"/> |
| 7) Open Mode Weapon Strike | Pass: <input checked="" type="checkbox"/> | Fail: <input type="checkbox"/> |
| 8) Open Mode Reaction Strike | Pass: <input checked="" type="checkbox"/> | Fail: <input type="checkbox"/> |
| 9) Open Mode Straight Strike | Pass: <input checked="" type="checkbox"/> | Fail: <input type="checkbox"/> |
| 10) Closing the Baton | Pass: <input checked="" type="checkbox"/> | Fail: <input type="checkbox"/> |

TECHNIQUE PROFICIENCY

PASS: FAIL:

COUNSELED: _____

CERTIFICATION APPROVED: CERTIFICATION DENIED:

INSTRUCTOR: Chad Taylor B-47164

DATE: 3/5/21

DT Training Scenarios

1. Patient Wandering – Patient arrives at the hospital via private transport. Patient checks in stating " I do not wish to live anymore" and is immediately taken to the triage area for further evaluation. Patient is carrying a small bag and has on street clothes. Charge RN contacts Safety and Security regarding wandering the patient due to the statements made by the patient. Verbalize response and next steps prior to intervention with patient.

PASS / FAIL

2. Code Violet – Security is called STAT to ER for verbally aggressive patient. While responding to STAT call, Security hears "Code Violet – ER #9" paged overhead. Security arrives to find staff attempting to hold patient down in bed. Patient is making verbal threats while trying to bite, spit, kick, and punch at staff who are attempting to control patient. Verbalize response to code violet and further information needed before scenario resumes.

PASS / FAIL

3. Restraint – Security is responding to call for service on in-patient unit. Not much information is given prior to responding. Upon arrival Security witnesses several staff members attempting to keep confused patient in bed. Patient is flailing his arms and legs attempting to "escape" from the hospital. Patient recognizes Security as law enforcement and begins to focus on officers. Patient is begging Security to take him with them because he is not safe around nursing staff. Verbalize response and de-escalation efforts needed before scenario resumes. Obtain additional information as needed.

PASS / FAIL

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PASS / FAIL

4. Pink Slip – Security responding to disturbance in ER. Upon arrival Security intercepts patient attempting to leave the hospital. Staff is stating that the patient cannot leave. What is the response by Security at that exact moment? Patient becomes verbally aggressive with Security stating "you cannot hold me!" Verbalize efforts to get the patient back to his room and information needed to make appropriate decisions during the incident. What factors are important to consider? Resume scenario...

PASS / FAIL

5. Suspicious Person – Security receives a call from a visitor stating that they have observed a vehicle on campus that appears to be occupied sitting at the edge of property near connex boxes that contain contractor tools and equipment. This box has already been broken into previously and several thousands of dollars in equipment was stolen. Describe steps taken when dispatched and actions on-scene. Start scenario...

PASS / FAIL

6. Domestic Situation – Security responding to a disturbance in Maternity unit. Upon arrival security speaks with RN who advises that she has heard yelling and screaming coming from inside the room. She further advises that the only people inside the room are the patient and the father of the baby. Security responds to the room and finds patient in tears stating that she has been physically assaulted by the male party. Male party states that is not leaving his baby! Start scenario...

PASS / FAIL

7. Elopement – Security receives frantic call from ER staff stating that the patient in ER #9 is running out the squad bay doors. Security responds and sees patient attempting to run off property. Describe steps taken and ask for any additional information needed at that time. Security catches up to patient just before he leaves property but are unable to stop and hold at that point. Describe next steps needed at that time. Begin scenario....

PASS / FAIL

8. Security is advised of a juvenile patient who arrived at the hospital due to an overdose. Patient took multiple prescription pills as an attempt to end her life. She had made comments that she does not wish to live anymore and wants the pain to go away. Patient's parents show up to the hospital and demand to be reunited with their daughter immediately. Mom makes the statement that she has not given MCHS consent to treat her daughter and will not be cooperating with staff requests. Urine test completed by daughter with mother inside the bathroom. Results of urine show that urine has been diluted with water and mother states that MCHS will never get an accurate urine sample from the patient. Physician responds to the room and advises that discharge of the patient is dependent on blood lab results. Parents consent to the blood draw which shows serious medical concerns and patient is pink slipped for medical conditions and is being transferred to Nationwide Children's Hospital for further evaluation. Mother makes the statement that she will not allow the hospital to put her daughter in a purple gown because she knows what it represents...GO!

PASS / FAIL

9. GSW – Security is sitting post in ER lobby when GSW arrives via private vehicle. Two individuals carry the GSW into the ER lobby and drop him near the entrance. Both individuals flee the ER to their vehicle (Late model Infinity SUV, black with orange wheels with orange Infinity logo on each side). Patient has been shot in the chest. Gather additional information and advise response. Action...

PASS / FAIL

10. Property Search/Overdose - Security called to in-patient room for suspicion of patient using drugs in the room. Upon arrival security speaks with physician who advises that she has spoken with the patient on two occasions today. The first time he was alert and oriented and even energetic. The second time he appeared lethargic and completely out of it, he was having trouble finishing sentences without falling asleep. None of the medications he is receiving would cause the change in behavior. The patient also has a history of IV drug abuse and admitted to using drugs 3 days prior to admission into the hospital. He is there for an abscess that is infected on his arm that he needs to receive surgery for. Please provide steps needed to perform search and explain how these are communicated to the patient. Also state any notifications that are made and any witnesses to the search. Begin...

PASS / FAIL

11. Discharged Patient – Security called to ER because discharged patient is refusing to leave the room. Patient states that he is not ready to leave because staff and the doctor has not addressed his concerns. Patient is being passive aggressive with staff and stating that he will not leave until he has had an opportunity to speak with the doctor about his care. Ask any additional questions as appropriate and determine your strategy for his removal from the room. Scenario resumes when ready...

PASS / FAIL

12. Criminal Trespass – Security called to suspicious visitor who was found sleeping in an empty patient room by staff on the unit. Security speaks with visitor upon arrival, but visitor refuses to identify himself to security. He further states that he is homeless, and he needs to be seen because he is having suicidal thoughts. Officer evaluates the situation and determines course of action...Play scenario

PASS / FAIL

Patient checks in to ER for psychiatric evaluation. Case Management and doctor both evaluate patient and determine that he is not suicidal. Patient is discharged from the ER but again refusing to leave...resume scenario

PASS / FAIL



MOUNT CARMEL

A MEMBER OF TRINITY HEALTH

Safety and Security Defensive Tactics / OC Repellant / ASP Baton Competency Form

Students Name (print): _____
I.D. Number: _____
Date: 3/5/21
Campus: mcsa

1. Escort Position	Pass	Fail
2. Balance Displacement		
a. At the shoulder	Pass	Fail
b. Friction on the back	Pass	Fail
c. At the hip	Pass	Fail
3. Handcuffing		
a. Standing/Prone Position	Pass	Fail
b. Removing Handcuffs	Pass	Fail
4. Armbars/Wristlocks		
a. Transport Wristlock	Pass	Fail
b. Transport Wristlock Takedown to Handcuffs	Pass	Fail
c. Straight Arm bar	Pass	Fail
d. Straight Arm bar Takedown to Handcuffs	Pass	Fail
5. Weapon Retention Drills		
a. Holstered	Pass	Fail
b. Un-holstered	Pass	Fail
c. Stripping Weapon from Subject	Pass	Fail
6. Oleoresin Capsicum (OC)		
a. Nomenclature	Pass	Fail
b. Spray Patterns		
i. Balance/Movement/Verbal Commands/Control	Pass	Fail
ii. Up/Down	Pass	Fail
iii. Side to Side	Pass	Fail
iv. Circular	Pass	Fail
c. Decon Process	Pass	Fail

7. ASP Baton

a. Balance/Movement/Verbalization/Technique/Targeting	Pass	Fail
b. Ready Position	Pass	Fail
c. Closed Mode Weapon Strike	Pass	Fail
d. Closed Mode Reaction Strike	Pass	Fail
e. Closed Mode Straight Strike	Pass	Fail
f. Closed Mode Weapon/Reaction/Straight Strike	Pass	Fail
g. Opening the ASP Baton	Pass	Fail
h. Open Mode Weapon Strike	Pass	Fail
i. Open Mode Reaction Strike	Pass	Fail
j. Open Mode Straight Strike	Pass	Fail
k. Open Mode Weapon/Reaction/Straight Strike	Pass	Fail
l. Closing the ASP Baton/Transitioning to baton holster	Pass	Fail
m. Emergency Open Strike/Closing baton/holster	Pass	Fail

****If an Officer cannot close their baton, a recommendation needs to be forwarded to their Supervisor that an ASP Talon baton be issued to that Officer****

8. Scenario Based Training

a. Patient Wandering	Pass	Fail
b. Code Violet	Pass	Fail
c. Patient Restraint	Pass	Fail
d. Combative Patient Restraint	Pass	Fail
e. Pink Slip Patient	Pass	Fail
f. Suspicious Person(s)	Pass	Fail
g. Domestic Dispute	Pass	Fail
h. Elopement	Pass	Fail
i. Juvenile Patient Elopement via Parent/Guardian	Pass	Fail
j. GSW Patient	Pass	Fail
k. Property Search	Pass	Fail
l. Discharged Patient Refusing to Leave	Pass	Fail
m. Criminal Trespass	Pass	Fail

**Grading Scale: Passing = performs w/out prompting
 Failed = needs prompting / repeated instruction, or cannot perform task**

Student Signature and ID Number: _____

Instructors Signature and ID Number: Chad Taylor 273267

Instructors Signature and ID Number: _____

Awards

Application / Transfers

For: 00210846 Armed Safety and Security Officer - Security - Mount Carmel St. Ann's

Phone Number

Resume.pdf

Phone Number

Email

Location

o.com
Lithopolis, OH 43136 United States of America

Overview

Current Job 5 years
Total Jobs 3
Total Experience 11 years

Summary

summary

Experience

OhioHealth

Protective Services officer

April 2015 - July 2020 (5 years, 4 months)

Pickerington

Maintained the safety and security of all associates, patients, visitors, and properties.

Utilization of de-escalation/physical control for high stress/psychological patients. Maintained and tested all emergency notification systems. Conducted investigations for criminal activities.

Valor Security Services

Security officer

October 2010 - April 2015 (4 years, 7 months)

Dublin

Maintained the safety and security of The Mall at Tuttle Crossing and its guest by providing first aid for medical issues, performing regular checks throughout the mall and its property, providing store assistance with shoplifting incidents. Monitoring of the fire system along with using CCTV to help in the prevention/aid of any illegal or dangerous activity.

Chillicothe Correctional Institution

Corrections Officer

January 2007 - July 2008 (1 year, 7 months)

Chillicothe

Maintained the safety and security of persons and property of the institution by supervising

Inmates at all times and enforcing state and institutional rules of conduct. References Available upon request

Websites

none entered

Resume / Cover Letter

[REDACTED]s Resume.pdf

Skills

CCTV, Monitoring, Shoplifting, Correctional, De-Escalation, Investigations, Emergency Notification, Supervising

Education

Nelsonville York High School
High School Diploma
Adult career center
Certificate of Attainment
Ohio Department of Rehabilitation and Corrections Academy
Certificate of Attainment

Candidate Information

Added By External Career Site

Screening Assessments

none entered

Background Check History

none entered

Interview

Interview Feedback

none entered

Attachments

Progressive Counseling
Chronologicals
Attendance/Plt

Progressive Counseling

Name: [REDACTED]
Campus: St Ann's
Date: 9/4/20

- 0 / 100%
Chad Taylor

HANDCUFFING TEST

- 1.) WHEN TO USE HANDCUFFS?
 - A.) ON A VIOLENT PATIENT
 - B.) AFTER COMMITTING A FELONY IN YOUR PRESENCE
 - C.) ON VIOLENT INDIVIDUALS WHO POSE AN IMMEDIATE THREAT TO STAFF, VISITORS, PATIENTS, OR YOURSELF
 - D.) ALL OF THE ABOVE
 - E.) BOTH B AND C

- 2.) CMS ALLOWS YOU TO HANDCUFF PATIENTS?
 - A.) TRUE
 - B.) FALSE

- 3.) WHAT ACTIONS NEED TO OCCUR AFTER THE USE OF HANDCUFFS?
 - A.) INCIDENT REPORT AND VOICE
 - B.) LOCAL POLICE, SIR, AND VOICE
 - C.) SUPERVISOR, LOCAL POLICE, SIR, AND VOICE

- 4.) SECURITY IS ABLE TO HANDCUFF TO A STATIONARY OBJECT?
 - A.) TRUE
 - B.) FALSE

OC Test
Mount Carmel Health System
Safety and Security

100%
Cheryl Taylor

- 1.) What does OC stand for?
 - A. Orange Crush
 - B. Ocean Crust
 - C. Oleoresin Capsicum

- 2.) What is the average expiration date on an OC canister?
 - A. 1-2 years
 - B. 3-4 years
 - C. 4-5 years

- 3.) How often should you check your OC spray for adequate spray strength?
 - A. 30 days
 - B. 60 days
 - C. 90 days

- 4.) How long of a burst should you use on a threat?
 - A. 1-2 seconds
 - B. 2-4 seconds
 - C. Empty the entire can

- 5.) What is Oleoresin Capsicum commonly known as?
 - A. Mace
 - B. Pepper Spray
 - C. Gas

- 6.) When deploying OC, what area of the body should you deploy the OC towards?
 - A. Arms
 - B. Chest
 - C. Face and eyes

- 7.) After using OC on a subject, what should you immediately do with the subject?
 - A. Leave lying on the ground.
 - B. Remove from contaminated area
 - C. Spray again