

Regional Orientation (Virtual) Hand-in Package



Welcome to the virtual version of Southern Health-Santé Sud's Regional Orientation. This orientation will take approximately 4 hours to complete. **Your progress in the course is not saved, so if you close out of your browser while in the middle of the course, you will need to start from the beginning again. While take breaks please ensure to keep your browser/course open.**

It is the expectation that all new staff and staff returning to the organization as a rehire, where there has been a leave of a period of greater than three 3 months, complete all section of Regional Orientation (please reference the Regional Orientation Program Policy ORG.1510.PL.004 for more information).

Before starting the virtual Regional Orientation course, please ensure you have the following:

- Completed your New Hire Package (provided by your hiring manager)
- A distraction-free space
- A stable internet connection
- Four (4) hours to dedicate to completing the full course
- Regional Orientation participant package (printed or electronic)
 - *Note: this package is intended to be printed double sided.*

Please note if you do not have the means to complete the virtual Regional Orientation at home, you can connect with your facility's local education facilitator to arrange a space and time at your facility to complete.

Scan or Click to Begin!



- **Welcome from the Senior Leadership Team**
 - Overview of the Southern Health-Santé Sud
 - **Accessibility for Manitobans Act**
 - **Baby Friendly Initiative**
 - **Communications & French Language Services**
 - Health Provider Site (HPS), Media & Staff Communiqué
 - **Personal and Personal Health Information (PHIA)**
 - Declaration of Confidentiality
 - **Human Resources**
 - **Social Media**
 - **Workplace Safety and Health**
 - **Occupational Health**
 - **Safe Client Handling and Injury Prevention Program (SCHIPP) Module 1**
 - **Workplace Hazardous Materials Information System (WHMIS)**
 - **Ethics**
 - **Respectful Workplace and Cultural Diversity**
 - **Indigenous Health**
 - **Patient Safety, Quality Improvement and Risk Management**
 - Manitoba Health Standards/Accreditation Canada
 - Reporting and Managing Critical Incidents/CO/O/NM
 - Complaint Management
 - Protection for Employees: It's Safe to Tell
 - **Protection for Persons in Care Act (PPCA)**
 - Zero Tolerance of Abuse
 - **Client Bill of Rights**
 - **Disaster Management and Emergency Preparedness**
 - **Infection Prevention and Control**
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You must return your completed Regional Orientation Hand-in Package to your site's education facilitator in order to be paid for this education.

Please ensure that you complete this package in its entirety before handing it in.



Personal Health Information Declaration of Confidentiality

I, the undersigned, have read and understand the Southern Health-Santé Sud policy on confidentiality of personal health information as described in the Confidentiality Policy which is in accordance with *The Personal Health Information Act* (Manitoba).

I also acknowledge that I am aware of and understand the Corporate Policies of Southern Health-Santé Sud regarding the security of personal health information including the policies relating to the use, collection, disclosure, storage and destruction of personal health information.

In consideration of my employment or association with Southern Health-Santé Sud, and as an integral part of the terms and conditions of my employment or association, I hereby agree, declare and undertake that I will not at any time, during my employment or association with Southern Health-Santé Sud, or after my employment or association ends, access or use personal health information, or reveal or disclose to any persons within or outside Southern Health-Santé Sud, any personal health information except as may be required in the course of my duties and responsibilities and in accordance with applicable Legislation, and Corporate and departmental policies governing proper release of information.

I understand that my obligations outlined above will continue after my employment/ contract/ association/ appointment with Southern Health-Santé Sud ends.

I further understand that my obligations concerning the protection of the confidentiality of personal health information relate to all personal health information whether I acquired the information through my employment/contract/association/appointment with Southern Health-Santé Sud or within any of the healthcare facilities within Southern Health-Santé Sud.

I also understand that unauthorized use or disclosure of such information may result in a disciplinary action up to and including termination of employment/contract/association/appointment, the imposition of fines pursuant to *The Personal Health Information Act*, and where applicable, a report to my professional regulatory body.

I have read and understand the contents of the Southern Health-Santé Sud Personal Health Information Confidentiality Policy and the consequences of a breach.

This declaration was made by: _____
Position held and Location (Facility/Office)

Signature: _____ Date:

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I have provided the applicable PHIA education as it relates to the Confidentiality Policy and explained the consequences of a breach with the above named.

Witness Signature

Print Name and Title of Witness



Regional Orientation (Virtual) Checklist

Upon completion of virtual Regional Orientation, check all sections that have been completed and sign below.
Please note that it is the expectation that staff complete all sections. This form will be retained in your personnel file.

Have you completed your New Hire Package? Yes
If you have not, please connect with your hiring supervisor/manager for more information.

| | |
|--|--------------------------|
| Welcome from the Senior Leadership Team | <input type="checkbox"/> |
| Accessibility for Manitobans Act | <input type="checkbox"/> |
| Baby Friendly Initiative | <input type="checkbox"/> |
| Communications & French Language Services | <input type="checkbox"/> |
| Personal and Personal Health Information (PHIA) | <input type="checkbox"/> |
| Human Resources | <input type="checkbox"/> |
| Social Media | <input type="checkbox"/> |
| Workplace Safety and Health | <input type="checkbox"/> |
| Occupational Health | <input type="checkbox"/> |
| Safe Client Handling and Injury Prevention Program (SCHIPP) Module 1 | <input type="checkbox"/> |
| Workplace Hazardous Materials Information System (WHMIS) | <input type="checkbox"/> |
| Ethics | <input type="checkbox"/> |
| Respectful Workplace and Cultural Diversity | <input type="checkbox"/> |
| Indigenous Health | <input type="checkbox"/> |
| Patient Safety, Quality Improvement and Risk Management | <input type="checkbox"/> |
| Protection for Persons in Care Act (PPCA) | <input type="checkbox"/> |
| Client Bill of Rights | <input type="checkbox"/> |
| Disaster Management and Emergency Preparedness | <input type="checkbox"/> |
| Infection Prevention and Control | <input type="checkbox"/> |
| Union Presentation (<i>if applicable</i>) | <input type="checkbox"/> |

I have completed the above modules of Virtual Regional Orientation and agree to comply with the policies & procedures.

Employee's full name: _____ Work Site: _____

Employee ID #: _____ Date: _____

Employee's signature: _____

Did you complete Virtual RO while on duty or off duty? _____



Regional Orientation (Virtual) Sign-off

In order to be paid for Virtual Regional Orientation, please confirm you have completed all sections and knowledge checks and hand this package in to your facility's education facilitator/designate.

I confirm that I have completed the following:

Virtual Regional Orientation

Knowledge Check Quiz

**Please note that all quiz results are collected for verification purposes. We will verify that the quiz has been completed so only check if it has been done. Staff who have not finished their quiz will not be marked as complete and will not be paid (if completing off duty) until the quiz results have been received.*

Employee's full name: _____ **Employee ID #:** _____

To be completed by the education facilitator or designate

I confirm that the above employee has handed in all necessary forms and paperwork and can be paid for their completion of Regional Orientation and I will:

Send this package to payroll for the employee's personnel file

Educator/designate name: _____ **Work Site:** _____

Educator/designate signature: _____ **Date:** _____

Virtual Regional Orientation Evaluation

Please use the QR code or link below to fill out an evaluation for Virtual Regional Orientation. Your feedback is important!



<https://www.surveymonkey.com/r/NVN8XXS>

All the best in your career with Southern Health-Santé Sud

Healthier **people**. Healthier **communities**. **Thriving** together.

Le mieux-être des **gens**. Le mieux-être des **communautés**. **Prospérons** ensemble.