

Orientee: _____ Primary Preceptor: _____ Job Position: _____ Starting Date: _____

The Learning Plan (attach additional pages as needed)

<p>Orientee’s Job Specific Entry Level:</p> <p><input type="checkbox"/> Novice/beginner (minimal job experience in this position, new grad, transfer)</p> <p><input type="checkbox"/> Competent/transitional (has worked in this position before, brings relevant job experience)</p> <p><input type="checkbox"/> Expert (considerable experience, has worked several jobs in this position, teacher/mentor in this field)</p> <p><input type="checkbox"/> Preferred teaching & learning styles reviewed and compared (for a formal learning style assessment access http://www.learning-styles-online.com)</p>	<p>Known strengths from previous experiences:</p> <p>Known skills for further development:</p> <p><input type="checkbox"/> Overall orientation goals have been reviewed and an orientation plan has been mutually agreed upon</p> <p>Orientation Goals/Plan:</p>
<p style="text-align: center;">Preceptor Commitment</p> <p>I commit to designing a positive learning experience for this Orientee. I agree to consistently strive to teach new skills through modeling & guided learning experiences, to provide meaningful & constructive feedback, to validate skill competence and assist the Orientee to set goals for improvement.</p> <p>Signature: _____</p> <p>Additional Preceptors:</p> <p>Name: _____ Initials: _____</p> <p>Name: _____ Initials: _____</p> <p>Name: _____ Initials: _____</p>	<p style="text-align: center;">Orientee Commitment</p> <p>I commit to giving my best each day to increase knowledge & gain confidence in the skills for this job position. I will take responsibility for my own learning and actively participate by asking questions and suggesting ways to meet my own learning goals.</p> <p>Signature: _____</p>

Summary of Experience (attach additional pages as needed)

<p>Preceptor Comments:</p> <p>Signature: _____</p>	<p>Orientee Comments:</p> <p>Signature: _____</p>	<p>Manager Comments/Plan for next 6 months:</p> <p>Signature: _____</p>
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Method of Validation D=demo/simulation V=verbal PT= posttest/policy C=Competency form/checklist
 Final Assess E= Exceptionally Developed F= Fully Developed O= Opportunity for Further Development

General Orientation Competencies:

<p>Ability for human caring/relationships:</p> <ul style="list-style-type: none"> <input type="checkbox"/> demonstrates the CARES values consistently <input type="checkbox"/> adapts into the dept. culture and works positively with others <input type="checkbox"/> arrives to work on time and verbalizes appropriate call-in procedures <input type="checkbox"/> uses a team approach and follows through on tasks that impact others <p>Method of Validation/Date/Initials _____ Final Assess _____</p>	<p>Ability to evaluate the need for a task to be completed and demonstrates initiative to manage daily tasks.</p> <ul style="list-style-type: none"> <input type="checkbox"/> opens Outlook, replies or sends an email message <input type="checkbox"/> verbalizes tasks required for the shift and a plan to complete <input type="checkbox"/> can complete daily tasks within one shift <input type="checkbox"/> asks for help or delegate tasks if unable to finish in one shift <p>Method of Validation/Date/Initials _____ Final Assess _____</p>	<p>As applicable: Demonstrates leadership capability:</p> <ul style="list-style-type: none"> <input type="checkbox"/> respectfully and appropriately delegates tasks to colleagues and support positions <p>Method of Validation/Date/Initials _____ Final Assess _____</p>
<p>As applicable: Demonstrates ability to guide/direct/teach as needed.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Explains POC, treatment and services <input type="checkbox"/> oral health <input type="checkbox"/> basic health practices and safety <input type="checkbox"/> fall reduction strategies <input type="checkbox"/> safe and effective use of medications <input type="checkbox"/> nutrition interventions (i.e., supplements) and modified diets <input type="checkbox"/> how to obtain continuing care, treatment and services <input type="checkbox"/> pain, risk for pain, importance of effective pain management, pain assessment process, methods for pain management <input type="checkbox"/> safe and effective use of medical equipment or supplies provided by the hospital <input type="checkbox"/> how pt./family can voice concerns re: pt. safety issues before/during/after care <p>Method of Validation/Date/Initials _____ Final Assess _____</p>		
<p>Ability for effective multi-disciplinary communication by:</p> <ul style="list-style-type: none"> <input type="checkbox"/> respectful and positive interactions <input type="checkbox"/> ability to resolve conflict/ ask for help <input type="checkbox"/> ability to find, read and mark as read a policy and procedure relevant to job position <input type="checkbox"/> submission of one JDI, DIG, Drop in your bucket or cheer or volunteers to join a council <input type="checkbox"/> ability to access the Thompson Health Marketplace, the System Calendar and the Intranet 	<p>Integration of knowledge for this job position:</p> <ul style="list-style-type: none"> <input type="checkbox"/> verbalizes a solid understanding of the scope of the role and how it impacts Thompson Health <input type="checkbox"/> identifies annual educational responsibilities or growth opportunities to continue in this role <input type="checkbox"/> identifies key resources for guidance <p>Method of Validation/Date/Initials _____ Final Assess _____</p>	<p>Ability for critical thinking:</p> <ul style="list-style-type: none"> <input type="checkbox"/> identifies 1 thing that could go wrong each day and what s/he would do to solve it <input type="checkbox"/> can verbalize what to do in an emergency <input type="checkbox"/> can verbalize what to do if an error occurs <p>Method of Validation/Date/Initials _____ Final Assess _____</p>
<p>Appropriate clinical communication & documentation:</p> <ul style="list-style-type: none"> <input type="checkbox"/> report/document a change in patient condition promptly (using SBAR or other tool) <input type="checkbox"/> uses complete verbal report & written/typed communication for all parts of record including discharge & transfer documents <input type="checkbox"/> complies with order transcription policy <input type="checkbox"/> processes all orders in a timely way <input type="checkbox"/> takes verbal/telephone orders & documents correctly <input type="checkbox"/> identifies potential barriers to effective communication with patient/care givers (meds, dementia, delirium, hearing/vision) <input type="checkbox"/> ensures patient/family participation in decision making <p>Method of Validation/Date/Initials _____ Final Assess _____</p>	<p>Follows Safety guidelines and ensures patient/resident safety:</p> <ul style="list-style-type: none"> <input type="checkbox"/> maintains an open blame- free, safety- first culture <input type="checkbox"/> follows safety policies for locking computer, fire safety, code responses <input type="checkbox"/> demonstrates safe & proper body mechanics <input type="checkbox"/> knows what unanticipated adverse events are and how to report these events <input type="checkbox"/> can locate policy and procedure/reference materials for disaster plan and infection control <input type="checkbox"/> employs frequent hand washing/disinfection per policy <input type="checkbox"/> complies with infection control precautions <input type="checkbox"/> demonstrates safe & appropriate PPE use <input type="checkbox"/> maintains Bloodborne prevention strategies <input type="checkbox"/> follows appropriate waste disposal for blood & infectious body fluid <input type="checkbox"/> follows appropriate disposal for sharps <input type="checkbox"/> demonstrates infection control measures when using equipment (therm., BP cuff, glucometer) <input type="checkbox"/> Follows fall/injury prevention program by communicating noted risks and implementing prevention program <input type="checkbox"/> Follows restraint/side rail program by describing/implementing safe and appropriate restraints <input type="checkbox"/> Demonstrates appropriate and effective response to patient/resident emergency <input type="checkbox"/> maintains current CPR or ACLS/PALS <input type="checkbox"/> identifies early warning signs of a change in a patient's condition and how to respond & who to contact <input type="checkbox"/> verbalizes how to activate rapid response/code blue or EMS <input type="checkbox"/> follows "Do not Resuscitate" and "Advanced Directives" policy <input type="checkbox"/> demonstrates ability to find MOLST form <p>Method of Validation/Date/Initials _____ Final Assess _____</p>	

Ability to complete tasks/perform skills within the specific job position

Fill in boxes below for specific tasks required of this job position and/or attach checklists.

<p>T-EV orientation</p> <ul style="list-style-type: none"> • Documentation • use of the history log • locking charts/addenda • CPOE <table border="1"> <thead> <tr> <th>SA</th> <th>Date</th> <th>Initials</th> <th>Method</th> <th>Progress or Final Assess</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	SA	Date	Initials	Method	Progress or Final Assess	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	<p>Intranet</p> <ul style="list-style-type: none"> • policies and procedures- online • forms • education • Emergency Preparedness/disaster planning • MSDS sheets – where to find and access <table border="1"> <thead> <tr> <th>SA</th> <th>Date</th> <th>Initials</th> <th>Method</th> <th>Progress or Final Assess</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	SA	Date	Initials	Method	Progress or Final Assess	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	<p>Communication</p> <ul style="list-style-type: none"> • Code alarms – overhead, assignment of staff • Sheriff’s phone (Bat phone) • Call schedule • EMS radio/phone • Release of information • Triage phone calls- telephone advice • Contacting ancillary services: SW, PH • Maintenance of the Culture Log <table border="1"> <thead> <tr> <th>SA</th> <th>Date</th> <th>Initials</th> <th>Method</th> <th>Progress or Final Assess</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	SA	Date	Initials	Method	Progress or Final Assess	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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<p>ED Operations</p> <p>Location of rooms, cubicles, storage areas, other treatment areas.</p> <p>Location of emergency equipment and supplies, including methodology of replacement.</p> <p>Location of emergency medications and stock medications, including methodology of replacement.</p> <p>Location of orthopedic supplies.</p> <p>Instruction in use of specialized equipment (pelvic bed, stretchers, monitors, I-Med pumps, D95 Respirators, Bair hugger, OB monitor, rapid infuser etc)</p> <p>Triage process – 5 level ESI</p> <p>Assignments</p> <table border="1"> <thead> <tr> <th>SA</th> <th>Date</th> <th>Initials</th> <th>Method</th> <th>Progress or Final Assess</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	SA	Date	Initials	Method	Progress or Final Assess	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	<p>Documentation</p> <ul style="list-style-type: none"> • Use of electronic system • Transfer paperwork – in house/ outside facility • NIH stroke scale-online certification • Electronic Restraint flowsheets • Electronic Moderate sedation flowsheet • Reassessment protocols according to Triage level <table border="1"> <thead> <tr> <th>SA</th> <th>Date</th> <th>Initials</th> <th>Method</th> <th>Progress or Final Assess</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	SA	Date	Initials	Method	Progress or Final Assess	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	<p>(SA) Self-Assessment of confidence level by Orientee: 0=none 1=minimal 2=moderate 3=very high</p> <p>Method of Validation: D= demo/sim V= verbal PT= posttest/policy C= comp form/ checklist</p> <p>Progress Key over time if applicable : L= Limited: Requires direct guidance, frequent mistakes C= Capable: Able to perform skill as required; Seeks help if needed I=Independent: Performs skill safely, accurately and without help P=Proficient: Able to teach or mentor others</p> <p>Final Assessment: E= Exceptionally Developed- Viewed as the consummate professional by others in this area. S/he is viewed as a towering strength in a particular area being evaluated and can teach others. Exudes positive influence. F= Fully Developed- Accurately and efficiently completes tasks in a timely manner. May benefit from occasional guidance, supervision or direction. O= Opportunity for Further Development- May demonstrate strength in a particular area and the strength can be developed further OR demonstrates inconsistent performance and requires more guidance than would be expected based on level of education and training.</p>															
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Ability to complete tasks/perform skills within the specific job position

Fill in line items for specific tasks required of this job position and/or attach checklists.

Skills	Self-Assess	Date	Initials	Method	Progress Or NA	Final Assess
General Patient Care Skills						
Use of Stretchers, locking mechanisms, HOB elevation						
Universal precautions						
Child abuse screening and care-forms						
Domestic violence screening and follow up						
Pain Assessment						
Obtain arterial/venipuncture specimens: and labeling <ul style="list-style-type: none"> • Adult phlebotomy and IV insertion • Pediatric phlebotomy and IV/IO insertion • central line/Portacath/PICC access • ABG 						
Insert NG tube						
Insert urinary catheter: <ul style="list-style-type: none"> • Straight cath using regular catheter • Straight cath using female cath set • Indwelling catheter • Coude • Triple lumen cath for continuous irrig. 						
Assist with insertion of pulmonary artery catheter and/or CVP line						
Use of Bair Hugger warming equipment/ thermometer						

Skills	Self-Assess	Date	Initials	Method	Progress Or NA	Final Assess
Obtain clean catch urine specimen-M/F						
Gastric lavage set up and perform						
Use of noninvasive BP equipment-manual/ electronic <ul style="list-style-type: none"> • Obtain and interpret orthostatic VS 						
Use of pulse oximetry – adult & ped						
Use of restraints: <ul style="list-style-type: none"> <input type="checkbox"/> Adult <input type="checkbox"/> Pediatric for procedures 						
Assist w/LP: <ul style="list-style-type: none"> <input type="checkbox"/> Adult <input type="checkbox"/> Pediatric 						
Glucometer						
Assist with Arterial Line Insertion						

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Skills	Self-Assess	Date	Initials	Method	Progress Or NA	Final Assess
Respiratory Patient Care						
Basic assessment of breathing and auscultation of breath sounds: <ul style="list-style-type: none"> • Wheezes • Rales/rhonchi 						
Interpretation of ABGs						
Perform or assist with simple airway patency maneuvers: <ul style="list-style-type: none"> • Chin lift/jaw thrust • Insertion or oral/nasal airway • Use of Magill forceps • Oral Suctioning 						
Assist with invasive airway patency procedures: <ul style="list-style-type: none"> • Intubation – set up and monitoring • Cricothyroidotomy 						
Apply capnography						
Locate and demonstrate equipment for O2 admin: <ul style="list-style-type: none"> • Nasal cannula • Venti/face/NRB mask • Bag-valve mask • Ventilator – trouble shoot alarms, monitor • Non-invasive ventilatory assistance (BiPap) • Transport oxygen tanks – set up, adjust gauges 						
Obtain Peak Flow measurement						
Nebulizer therapy						
Teach MDI use w/without spacer						

Skills	Self-Assess	Date	Initials	Method	Progress Or NA	Final Assess
Cardiac Patient Care						
Basic assessment of the cardiac pt – rhythm, breathing, edema, <ul style="list-style-type: none"> • Recognition, interpretation and nursing management of basic atrial arrhythmias • Recognition, interpretation and nursing management of basic ventricular arrhythmias 						
Apply cardiac monitor – 3 or 5 leads						
Correctly obtain and document 12 lead EKG						
Perform defibrillation: (after ACLS) <ul style="list-style-type: none"> <input type="checkbox"/> Adult <input type="checkbox"/> Pediatric <input type="checkbox"/> Cardioversion 						
Apply external Pacer/Defib pads and adjust machine appropriately for use						
Assist with insertion of temporary Pacemaker						
Institute Thrombolytic therapy procedure						
Perform CPR <ul style="list-style-type: none"> <input type="checkbox"/> Adult <input type="checkbox"/> Pediatric 						
Review STEMI protocols						
Locate and utilize transport monitor and meds						
Obtain and maintain ACLS certification within 1 yr of beginning practice in the Emergency Dept.						

Skills	Self-Assess	Date	Initials	Method	Progress Or NA	Final Assess	Skills	Self-Assess	Date	Initials	Method	Progress Or NA	Final Assess
Stroke Patient Care – Utilizing the Stroke Team							EENT						
Recognize signs and symptoms of stroke							Perform visual acuity as indicated						
Recognizes stroke as an emergency, able to activate the stroke team in a timely manner							Perform eye irrigation <ul style="list-style-type: none"> • Use of Morgan Lens • Measure pH of ocular fluid 						
Able to perform a neurological assessment using Glasgow coma and/or NIH stroke scale(certification)							Demonstrate contact lens removal – hard/soft						
Able to mix and administer thrombolytic per protocol and physician order.							Assemble equipment and assist with eye examination: <ul style="list-style-type: none"> • Instill anesthetic medication • Fluorscein stain paper • Wood’s lamp • Slit lamp • Tonometer 						
Able to identify signs and symptoms of complications including neurological and secondary medical complications							Perform ear irrigation						
Recognizes alterations in cognitive, perceptual and language functions (visual neglect, comprehension or expression deficits, alertness and orientation)							Apply ear pressure dressing						
Read and passed post test for Stroke articles: CE157-60 and 60074 within 3 months							Obtain equipment and assist with nasal packing procedure for epistaxis: <ul style="list-style-type: none"> • ENT cart- new and old • Various packing supplies Assist with fiberoptic laryngoscopy						
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							Assist with removal of Foreign Body: <ul style="list-style-type: none"> • Eye • Ear • Nose Throat						

Skills	Self-Assess	Date	Initials	Method	Progress Or NA	Final Assess
OB/GYN patient care						
Demonstrate use and manipulation of OB/GYN bed						
Assemble equipment and assist in emergent childbirth <ul style="list-style-type: none"> suction notification of OB physician/ OB nursing staff APGAR scoring Newborn incubator 						
Obtain and assemble equipment to assist in pelvic exam and obtaining vaginal cultures						
Use of doppler/fetoscope- location of fetal monitoring equipment in ED.						
Describe how to contact SANE and process to follow prior to his/her arrival.						
Describe procedure to follow when products of conception are passed in the ED.						

Skills	Self-Assess	Date	Initials	Method	Progress Or NA	Final Assess
Orthopedic patient care						
Is familiar with basic assessment and initial treatment for usual orthopedic presentations: hip, ankle, knee, shoulder, wrist, etc						
Apply splints: <ul style="list-style-type: none"> Ace wrap – ankle, knee, wrist, elbow Clavicle immobilizer Shoulder immobilizer Knee immobilizer – varied and straight Arm sling Finger splint Velcro cock up wrist splint Ankle air splint Assist with posterior splint creation Buddy taping for toes 						
Demonstrate crutch fitting and walking						
Use of ring cutter						
Assist with cast cutter						
Assist with compartmental compression monitoring						

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Skills	Self-Assess	Date	Initials	Method	Progress Or NA	Final Assess	Skills	Self-Assess	Date	Initials	Method	Progress Or NA	Final Assess
Wound care							ED transfers						
Perform wound preparation using sterile/aseptic technique							<ul style="list-style-type: none"> To the general med/surg floors ICU OR Telemetry floor Psychiatric/substance abuse Other institutions-emergent/non-emergent Helicopter protocols 						
Assemble equipment assist with repair – suture/staple/steri strips							EMS protocols – basic/ALS/Critical Care						
Obtain wound cultures – label appropriately							Family Interventions						
Remove sutures or staples							Able to recognize the varied reactions of the family in crisis and react appropriately.						
Apply appropriate dressing to wound after tx.							Makes referrals for follow up appropriately						
Assist with I&D							Able to access the department Grief Project and make referrals for follow up						
Care of amputated part							Supportive of peers’ reactions to stress, grief, death, and dying.						
Care of the burn wound – filing report							Pediatric patient care – current with ENPC or within 1 year.						
							Pediatric Immunization screening						
Assessment of the bite wound: <ul style="list-style-type: none"> Animal bites – reporting for follow up Human – abx and follow up Rabies exposure – forms, document, arrange follow up visits for medications 						Child abuse screening and follow up							
							Pediatric medication protocol for double checking, reconstituting, and administration <ul style="list-style-type: none"> Two syringe method Accessing monograph on Meditech Syringe pump if weight less than 15 Kg Two RN check for calculation accuracy Demonstrated/passed peds med competency 						
Infection Control							Infection Control cont						
Use of isolation rooms – where, what for, how.							Use of D95 respirators vs duckbill masks vs blue masks						
Use of Isolation Carts – alerting other staff, restocking							Post-Exposure policy and procedure						
							How to contact system ID, dept. liaison						