

**Welcome to Beaumont Health!** This is an exciting, yet busy time, as you prepare to begin your residency or fellowship at Beaumont. Please review the instructions below to help you to plan for orientation and start date of Thursday, June 24, 2021.

**Beaumont Service Center.** The Beaumont Service Center is located at 26901 Beaumont Boulevard, Southfield, MI, 48033. Park near the Main Entrance. *Map Provided.* You are required to wear a mask. Before arriving download the **COVID-19 Screening** app. *Instructions and QR Code provided.* Complete the daily **COVID-19 Screening**.

## Complete **BEFORE Thursday, June 24, 2021**

1. **Beaumont Password Set-Up.** As a part of our onboarding process, it is required that you set up your password, which will provide access to the Beaumont computer systems. To do this, please go to <https://pss.beaumont.org/> and select "Register Beaumont Logon ID." Your account name or system logon has been sent to you via email. It is important that you remember your username/logon and password – as it will be required for participation in your orientation classes. If you have any technical issues, please contact our IT help desk at 888-481-2448.
  
2. **Pre-Employment Physical.** All Beaumont employees are subject to Drug (including cannabis, hashish or marijuana) and Nicotine testing. A positive drug screen (not attributed to a prescribed drug reported in advance) or nicotine screen will result in not passing the Pre-Employment Physical. You will NOT be eligible to enter your residency program, or any employment at Beaumont. This will be reported as a violation of the Match agreement as it is a failure to meet the conditions of employment.
  - a. Appointment required; **beginning May 1, call 947.522.3717 and identify yourself as a NEW Resident,** to schedule your one-hour appointment **between May 24 and June 18.**
  - b. Friday, **June 18 is the last day for physicals.** You must be cleared by Employee Health before Orientation on June 24.
  - c. Physicals may be completed at either the Beaumont Service Center (BSC) in Southfield or Beaumont Hospital, Dearborn. If scheduled at BSC, you may also be able to complete your I-9 Verification and professional portrait (see #3 & 4 below) at the same time.

- d. Bring to your Pre-Employment Physical:
  - i. Completed EHS Form *provided*.
  - ii. List of current medications
  - iii. Immunization Records. The following immunizations are required:
    - 1. MMR Booster (Measles, Mumps and Rubella)
    - 2. Chickenpox
    - 3. Hepatitis B
    - 4. Tetanus/Diphtheria/Acellular Pertussis
    - 5. TB Test. If you have a previous history of a positive TB skin test, provide documentation of that positive result and any chest x-ray reports done within the past three months. A chest x-ray will be done at the time of your screening if you have not had a recent one.

Suggested places to obtain these records: office of pediatrician, personal physician, OB/GYN physician, former or current health-care employer, school records, or county health department.

### 3. Professional Portraits.

- a. **If your Pre-Employment Physical is scheduled at BSC between May 24 and June 11, or after June 14 in the afternoon:**
  - i. Make an appointment for your professional portrait to be taken at the same time.
  - ii. Email [susanne.wu@beaumont.org](mailto:susanne.wu@beaumont.org); Subject: **New Resident/Fellow Portrait Appointment**.
  - iii. Specify the appointment time for your scheduled physical at the BSC. We will try to schedule your portrait 60 minutes prior to that time. This will allow for arrival at the physical appointment 30 minutes early, as required by Employee Health and Safety.
  - iv. For residents and fellows with physical appointments scheduled at the BSC prior to 8:00 am, an attempt will be made to schedule a portrait appointment as close to the end of your physical appointment as possible. The earliest portrait appointment available would be 7:30 am.
- b. **If your Pre-Employment Physical is scheduled at BSC after June 14 in the morning or at Beaumont, Dearborn:**
  - i. **Walk-in Portraits ONLY:** June 14 – June 23, 2021; 8 am – 12 noon (Monday – Friday only).
- c. Take the D Elevator to the 4<sup>th</sup> floor for **Professional Photos**. Enter through the glass doors directly to the left, marked 4<sup>th</sup> & Dequindre. Pass through the second set of glass doors, marked “B-Space” and turn right. Take the first right off the hallway to the photo studio. You will wear a Beaumont white coat for the portrait. **Men should wear a shirt and tie; Women should wear a dress or top with a modest neckline.**

- 4. **I-9 Documentation Verification.** Before you arrive at the Beaumont Service Center complete the electronic [Employment Eligibility Verification Form \(I-9\)](#)
  - a. **If your Pre-Employment Physical is scheduled at BSC,** you may also complete your I-9 Verification at the same time.
    - i. Complete the electronic [Employment Eligibility Verification Form \(I-9\)](#) in advance
    - ii. Bring required documentation. *List of acceptable documents provided.*

- b. **If your Pre-Employment Physical is at Beaumont, Dearborn, Walk-in ONLY at BSC: June 14 – June 23, 2021; 8 am – 12 noon (Monday – Friday only).**
    - i. Complete the electronic [Employment Eligibility Verification Form \(I-9\)](#) in advance.
    - ii. Bring required documentation. *List of acceptable documents provided.*
  - c. Go to the Career Center, in area C for **I-9 Documentation Verification**. You **must** provide acceptable documentation to verify your eligibility to work in the United States. Original documents must be provided and will be copied to complete the process. *List of acceptable documents provided* (one document from List A, **or** one document from List B **and** one document from List C).
5. Upload your **BLS & ACLS Certification** card to New Innovations <https://www.new-innov.com>; must be an approved course (*AHA course examples provided; American Red Cross also accepted for BLS*). Contact your Program Manager if you do not have a card and are not able to locate a class.
  6. Complete assigned **IHI Modules**. *Instructions provided.*
  7. Beaumont Hospitals have internal **AT&T and Verizon** antennas to improve reception. **Both offer discounts to Beaumont employees**. Please use these carriers for cellular service to ensure that you can communicate with your teams effectively. You are expected to use your personal device and may connect to the BH Guest Wi-Fi.

## What to expect on **Thursday, June 24, 2021**

As you are beginning your career during the time of COVID-19, we are unable to host an in-person Orientation. However, we are looking forward to your arrival and preparing you to serve as a Beaumont doctor. Your Orientation will be a combination of on-line modules and videos, live Orientation through Zoom, live Epic training through Microsoft Teams, and your program-specific Orientation. Instructions and access codes will be provided before June 24.

1. **Orientation Day - June 24, 2021**. You will be provided access to the **Beaumont intranet and applications on your start date**. You will need a computer and internet service on this date. If you do not have access, please contact your Program Manger to use a Beaumont computer.
2. Complete the **Beaumont Health Orientation** module **before 9:15 am**. It is available through **experienceBeaumont** (HealthStream tile) or [www.healthstream.com/hlc/beaumonthealth](http://www.healthstream.com/hlc/beaumonthealth). This is an overview of Beaumont Health's mission and approach to patient care. It will provide context for the live Zoom to follow at 9:30 am.

- Log on to the **Orientation Webinar via Zoom at 9:15 am (details to come)**. The two-hour session (9:30 – 11:30 am) will focus on important topics related to beginning your residency training during the time of COVID-19, including patient and provider safety and residency wellness.
- An optional session, **Getting settled in the US**, for those who have not lived in the US before is scheduled for 11:30 am – 12:30 pm. Significant others are welcome to participate.

## June 25 - July 15, 2021

- Epic Training.** You will receive an email invitation to Microsoft Teams (with log in link) for each required course: *Inpatient Provider* is scheduled in the morning, with *Ambulatory Epic* in the afternoon. There is an assessment to complete at the end of each course, which then triggers your Epic access. You **MUST** participate in the entire training session; **attendance is monitored by the instructors.**
  - June 25, 8 am – 12:30 pm & 1 – 4 pm: All Royal Oak programs, EXCEPT OB/GYN
  - June 28, 8 am – 12:30 pm & 1 – 4 pm: All Dearborn, Taylor, Trenton & Wayne programs
  - June 29, 8 am – 12:30 pm & 1 – 4 pm: All Farmington Hills programs  
Troy & Grosse Pointe Family Medicine programs  
Royal Oak OB/GYN program

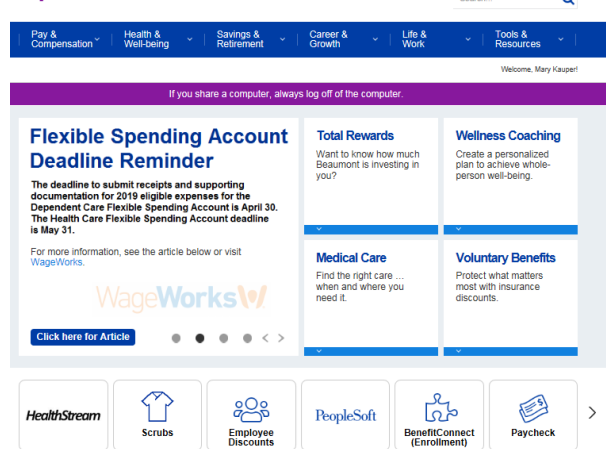
### experienceBeaumont

**Outside Beaumont use:**  
[www.experienceBeaumont.com](http://www.experienceBeaumont.com)

**Inside Beaumont use:**



### experienceBeaumont



- Through **experienceBeaumont** (use [left and right] arrows to reveal more tiles):
  - No later than **June 30, 2021**, complete the assigned Beaumont Health **Annual Education & GME Curriculum** (HealthStream tile) to be eligible for patient contact. You will not be able to begin your program until you complete every assigned module. The Curriculum also includes valuable information related to enrolling in Benefits and GME Policies.
  - Enroll in **Benefits** before you get very busy when your program begins on July 1 (BenefitConnect tile). You will receive an email from BenefitConnect with instructions.
  - Update your **Home Address** (PeopleSoft tile); this is where your first paycheck will be sent.

- d. Sign up for **Direct Deposit** (PeopleSoft tile) to your bank or credit union to guarantee timely deposit of pay and reimbursements every two weeks.
  - e. After you receive your first paycheck, register to view pay statements, with **ADP iPay** (Paycheck tile)
3. If you have not been vaccinated, you may register for a **COVID Vaccine** after you become employed on June 24, 2021. *Instructions provided.*
  4. Complete the **Conflict of Interest Disclosure** by **June 30, 2021** at <https://beaumont.cloud-cme.com>. *Instructions provided.*
  5. View the assigned **GME Orientation** by **July 12, 2021**. These provide valuable information related to resources specifically available to residents and fellows.
    - a. PPE & COVID-19 (9 min.): <https://www.nejm.org/doi/full/10.1056/NEJMvcm2014809>
    - b. Adult Learning & Feedback (30 min.): <https://beaumont.mediasite.com/mediasite/Play/b928bc0ce53e44c4bddbbd596014ba481d>
    - c. Research 101 (15 min.): <https://beaumont.mediasite.com/mediasite/Play/bac3c42492974047a3a5b3a9d3205be81d>
  6. No later than **July 15, 2021**, submit all receipts related to **Reimbursement for Onboarding Activities**. Your Program Manager will assist you in learning how to submit through Concur at <https://intranet.beaumont.org/applications/concur-expense-reporting>. Reimbursement will be provided on your paycheck.

For questions, please contact your Program Manager.

Attachments:

1. EHS Form for Pre-Employment Physical
2. List of acceptable I-9 Documents
3. Online COVID-19 Assessment instructions and QR Code
4. Map of the Beaumont Service Center
5. Acceptable BLS/ACLS Courses
6. IHI Instructions
7. COVID Vaccine Registration Instructions
8. Conflict of Interest Instructions

## HEALTH EVALUATION

### PRE-PLACEMENT HISTORY AND PHYSICAL SCREENING

EMPLOYEE NAME				PHYSICAL DATE
ADDRESS	CITY	STATE	ZIP	LAST 4 DIGITS of SS #
POSITION	DEPARTMENT			DATE OF BIRTH
LOCATION				HOME TELEPHONE NO.
E-MAIL ADDRESS				CELL NO.

### PAST MEDICAL HISTORY

Please 3 below if you have ever had or are currently under treatment for any of the following:

1. Anemia/Sickle Cell Anemia		12. Epilepsy/Seizure		23. Numbness/Muscle Weakness	
2. Arthritis/Joint Pains		13. Eye Problems/Contacts/Glasses		24. Speech Defects/Hearing Loss	
3. Asthma/COPD		14. Gallbladder Problems		25. Scoliosis/Curvature of Spine	
4. Back Pain/Back Problems		15. Headaches		26. Serious Accident/Injury	
5. Cancer		16. Heart Disease/Heart Attack		27. Shortness of Breath/Chest Pain	
6. Carpel Tunnel Syndrome		17. Hernia		28. Skin Rash/Hives/Eczema	
7. Depression/Anxiety		18. High Blood Pressure		29. Stomach/Intestinal Problems	
8. Diabetes Mellitus/Sugar in Urine		19. Jaundice/Liver Problems		30. Swelling of Ankles or Feet	
9. Dislocations/Fracture/Broken Bones		20. Kidney Trouble/Blood in Urine		31. Thyroid Problem	
10. Dizziness/Fainting Spells		21. Knee or Leg Problems		32. Tuberculosis/Positive TB Skin Test	
11. Emotional/Psychiatric Illness		22. Neurologic Disorders		33. Varicose Veins	

**COMMENTS:**


**SURGERIES:**


**HOSPITALIZATIONS:**


**ALLERGIES:** **LATEX**

## HEALTH EVALUATION

	Yes	No
Today, are you currently suffering from any of the following:		
Diarrhea . . . . .		
Fever . . . . .		
Jaundice . . . . .		
Vomiting . . . . .		
Sore throat with fever . . . . .		
Lesions containing pus on hand, wrist or an exposed body part . . . . .		
2. In the past, have you ever been diagnosed as being ill with any of the following?		
If yes, what was the date of the diagnosis?	<b>Date</b>	
Typhoid Fever (Salmonella Typhi) . . . . .	_____	
Shigellosis (Shigella Spp.) . . . . .	_____	
Escherichia Coli 0157:H7 Infection (E. Coli 0157:H7) . . . . .	_____	
Hepatitis A (Hepatitis A Virus) . . . . .	_____	
Norovirus . . . . .	_____	
3. Have you been exposed to or suspected of causing a confirmed outbreak of Typhoid Fever, Shigellosis, E. Coli 0157:H7 infection or Hepatitis A? . . . . .		
4. Do you live in the same household as a person diagnosed with Typhoid Fever, Shigellosis, Hepatitis A, or illness due to E. Coli 0157:H7? . . . . .		
5. Do you have a household member attending or working in a setting where there is a confirmed outbreak of Typhoid Fever, Shigellosis, E. Coli 0157:H7 infection, or Hepatitis A? . . . . .		
6. I agree to tell my manager if I, or someone I live with have any of the above symptoms and/or diagnosis.		
Signature: _____ Date: _____		

## OCCUPATIONAL HISTORY

Have you ever:	Yes	No	Have you ever worked around:	Yes	No
1. Changed jobs for health reasons?			1. Ethylene Oxide		
2. Been injured on the job?			2. Toxic fumes		
3. Had work related disability to your hands, feet or knees?			3. Asbestos		
4. Had work related disability to your back/shoulder?			4. Excessive dust		
5. Had skin problems due to detergents or cleaners?			5. Excessive noise		
6. Had problems with latex or powdered gloves?			6. Heavy metals (lead, mercury, etc.)		
If yes, please explain:			If yes, please explain:		

# HEALTH EVALUATION

1. Recent travel history: \_\_\_\_\_  
\_\_\_\_\_

2. Do you use tobacco products? Yes No If yes, what product \_\_\_\_\_ for \_\_\_\_\_ years

3. Have you ever smoked? Yes No If yes, \_\_\_\_\_ packs per day for \_\_\_\_\_ years Year quit \_\_\_\_\_

4. Do you drink alcoholic beverages? Yes No If yes, type and quantity per week? \_\_\_\_\_

5. Are you currently taking any medications or using any drugs? Yes No  
If yes, please list \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Are you currently being treated for any health problems? Yes No If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Personal Physician:  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone # \_\_\_\_\_

**I certify that the above medical information about my health is correct and I understand that providing false or misleading information may be sufficient cause for termination. I further understand that this history and physical examination is performed exclusively for employment purposes. The findings herein are not valid for any other purpose.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**BUSINESS USE ONLY**

**HEALTH EVALUATION**

<p><b>Laboratory Tests:</b> Check all that apply</p> <input type="checkbox"/> Rubella <input type="checkbox"/> Mumps <input type="checkbox"/> HBsAg <input type="checkbox"/> Rubeola <input type="checkbox"/> HBsAb <input type="checkbox"/> Hep A <input type="checkbox"/> Varicella <input type="checkbox"/> HBcAb <input type="checkbox"/> Latex IgE <input type="checkbox"/> _____	<p><b>Other Tests:</b> Check all that apply</p> <input type="checkbox"/> Respirator Fit Test <input type="checkbox"/> Pulmonary Function Testing <input type="checkbox"/> Color Vision _____ /15	<p><b>Recommended Immunizations</b></p> <input type="checkbox"/> Tetanus/TDAP <input type="checkbox"/> Flu <input type="checkbox"/> HBV <input type="checkbox"/> MMR <input type="checkbox"/> HAV <input type="checkbox"/> Varicella <input type="checkbox"/> Meningitis Vaccine
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**TB Testing Information**

<input type="checkbox"/> Lived outside United States or Canada	<input type="checkbox"/> History of previous positive TB test
<input type="checkbox"/> History of BCG, if Yes – When? _____	<input type="checkbox"/> Requires 2-Step PPD Testing
<input type="checkbox"/> Requires TB testing	<input type="checkbox"/> TB information provided at time of physical
<input type="checkbox"/> Requires QFT/T-Spot	

**OHS/EHS**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**PHYSICAL EXAMINATION**

HEIGHT	WEIGHT	PULSE	BLOOD PRESSURE	TEMPERATURE
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Date of Most Recent Chest X-Ray: _____	TB Skin Test: _____
Letter Requested: <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason: _____
Hold Date: _____ Human Resources Notified: _____	Hold Release Date: _____ Human Resources Notified: _____

**OFFICE USE ONLY**

Vaccine	Date	Vaccine	Date
MMR	#1 _____	Hepatitis B	#1 _____
	#2 _____		#4 _____
			#5 _____
<b>OR</b>	<b>Check One</b>	Hepatitis B	#3 _____
Rubella titer	_____	Result <input type="checkbox"/> + <input type="checkbox"/> -	#6 _____
Rubeola titer	_____	Result <input type="checkbox"/> + <input type="checkbox"/> -	
Mumps titer	_____	Result <input type="checkbox"/> + <input type="checkbox"/> -	
		<b>AND/OR</b>	
		Hep B Ab titer	_____
Varivax (chickenpox)	#1 _____	Tetanus (TD) Tet/Diphtheria/Pertussis (Tdap)	_____
	#2 _____		_____
<b>OR</b>		BCG vaccine	_____
Varicella titer	_____	Result <input type="checkbox"/> + <input type="checkbox"/> -	

N95 fit testing	Color blindness Screening/Ishara
Pass _____ Fail _____	Pass _____ Failed _____
Mask _____	_____ / _____
UDS    positive _____ Negative _____	Nicotine positive _____ Negative _____ IGRA
Completed Miosha form	Date _____
Yes _____ No _____	Results _____

**LISTS OF ACCEPTABLE DOCUMENTS**  
**All documents must be UNEXPIRED**

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Native American tribal document
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		7. Employment authorization document issued by the Department of Homeland Security
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		<b>For persons under age 18 who are unable to present a document listed above:</b>		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

## COVID-19 ASSESSMENT FOR TEAM MEMBERS

Every Beaumont Health team member must be assessed for COVID-19 symptoms and risk factors before they can work in our facilities.

This survey must be taken by all Beaumont Health team members whether or not you have a direct patient care role. This survey should be completed every workday.

This survey can be completed on any mobile device with access to a web browser. You do not need to be on the Beaumont network. NOTE: If you do not have mobile device, skip to instructions on page 5.

- 1) Go to the URL:  
**<https://secure.beaumont.org/clearforwork>**

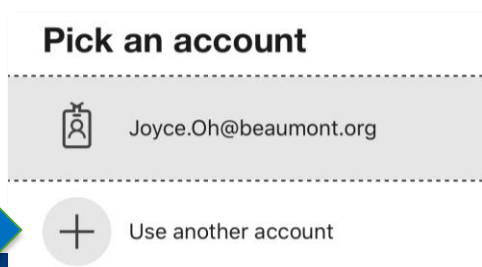
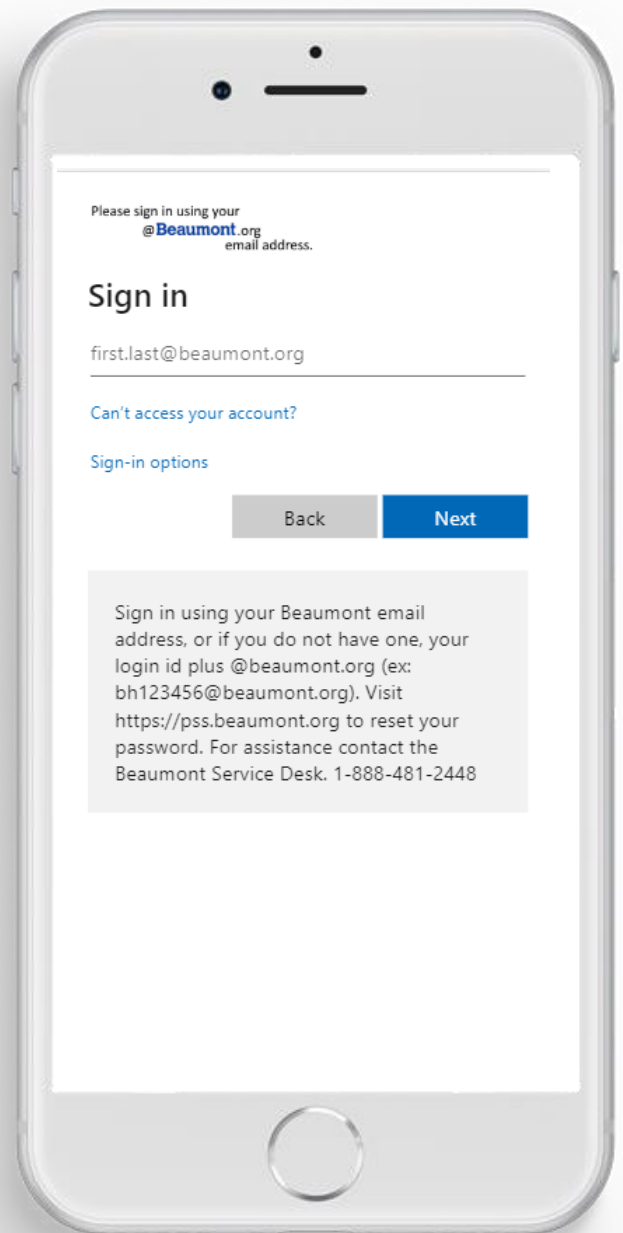
Alternatively, you can scan the following QR code with your Smartphone camera:



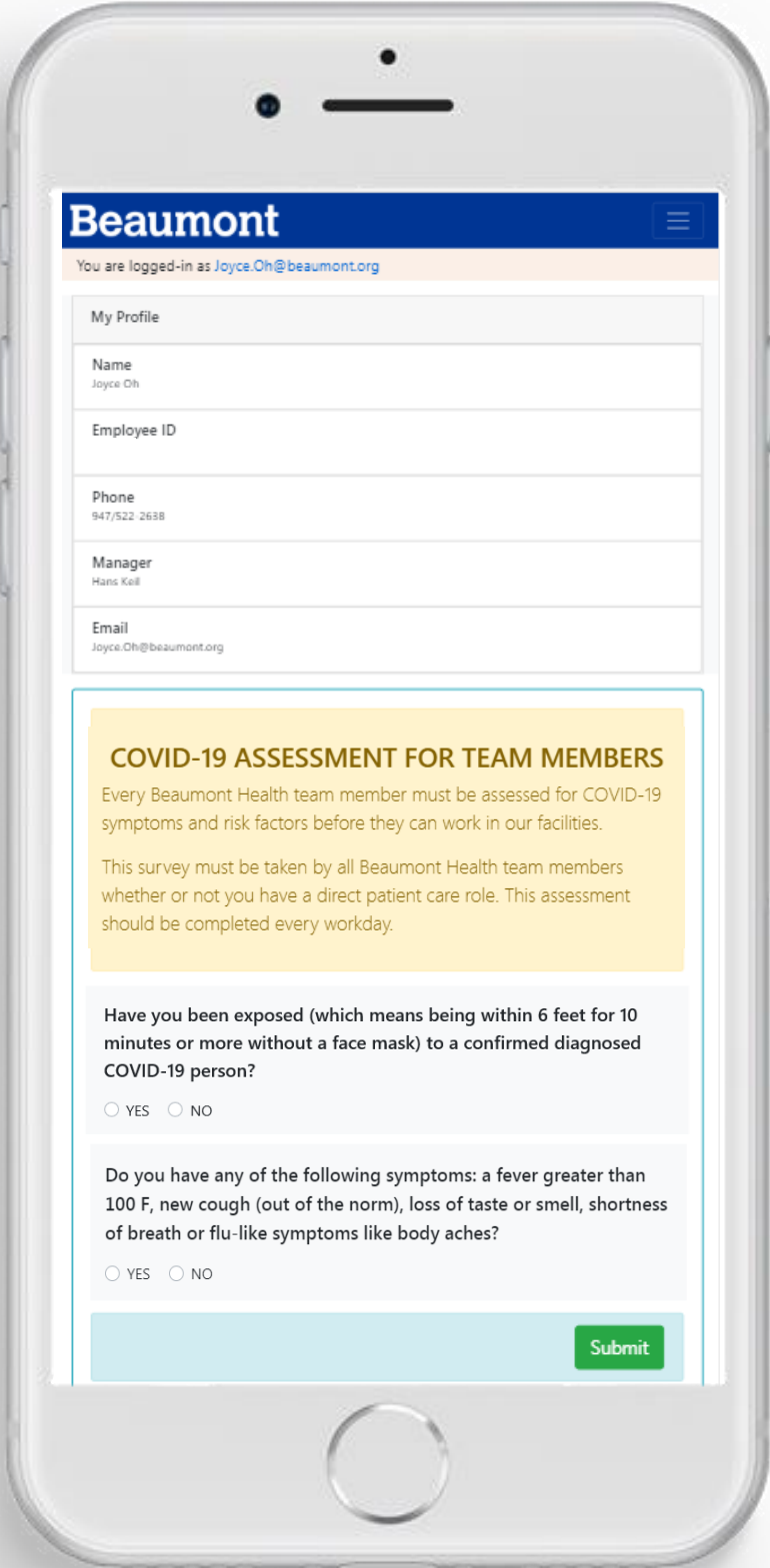
- 2) Sign in with your Beaumont.org email  
Beaumont.edu users should enter .org instead of .edu.

Note: if you have more than one Microsoft 365 account, your Smartphone may remember the last account you logged into and display that organization (vs. Beaumont).

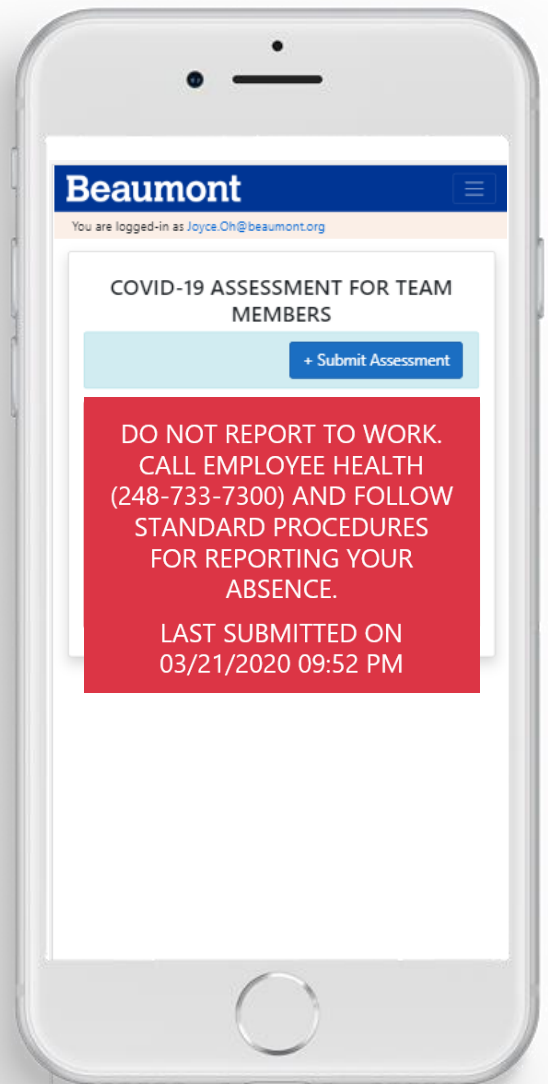
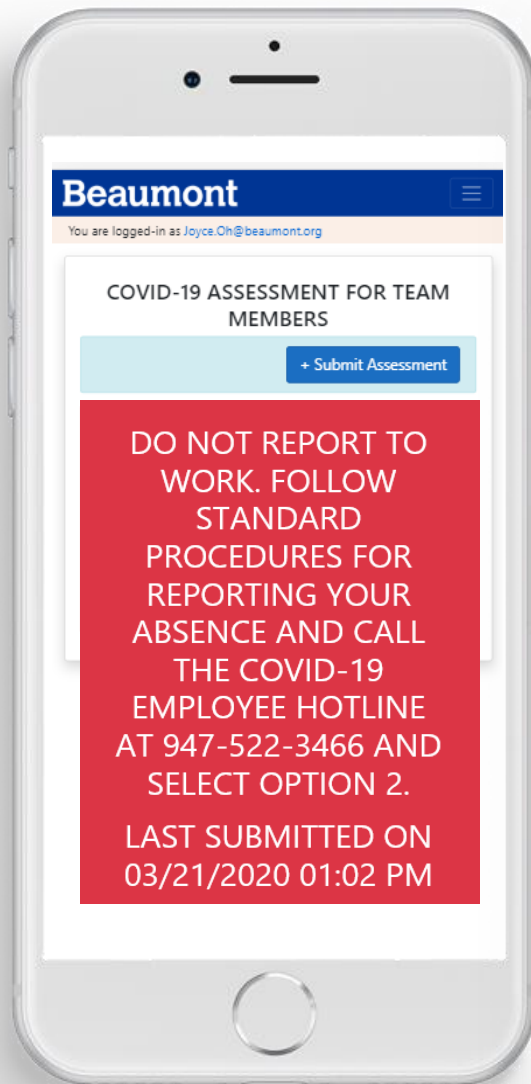
If this occurs, please select “use another account” and login using your Beaumont.org email.



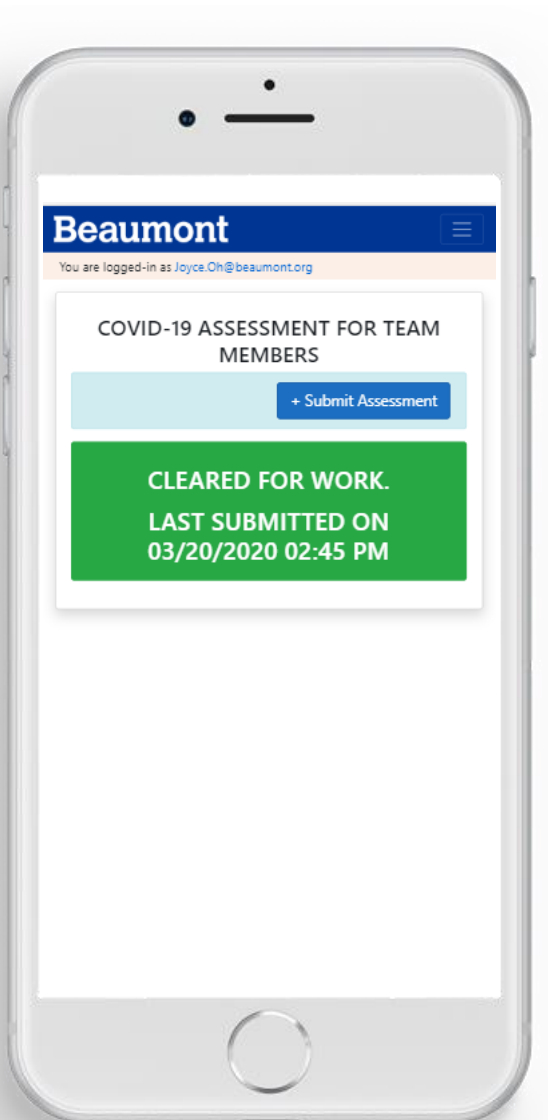
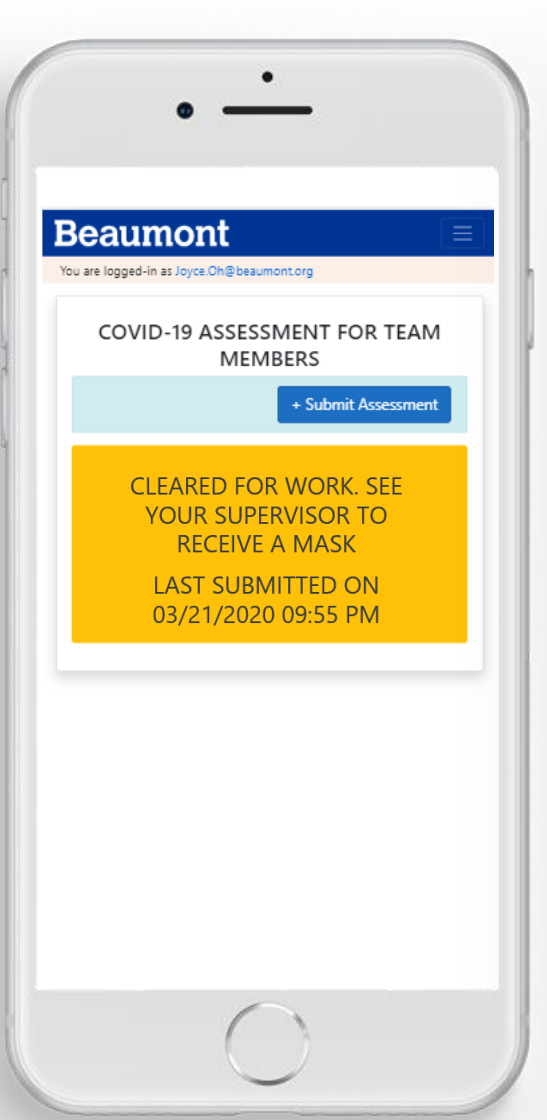
3) Answer the two questions provided and click "Submit".



- 4) Based on your answers, you will receive one of four instructions. If you received a RED screen, DO NOT REPORT TO WORK but follow the instructions provided.



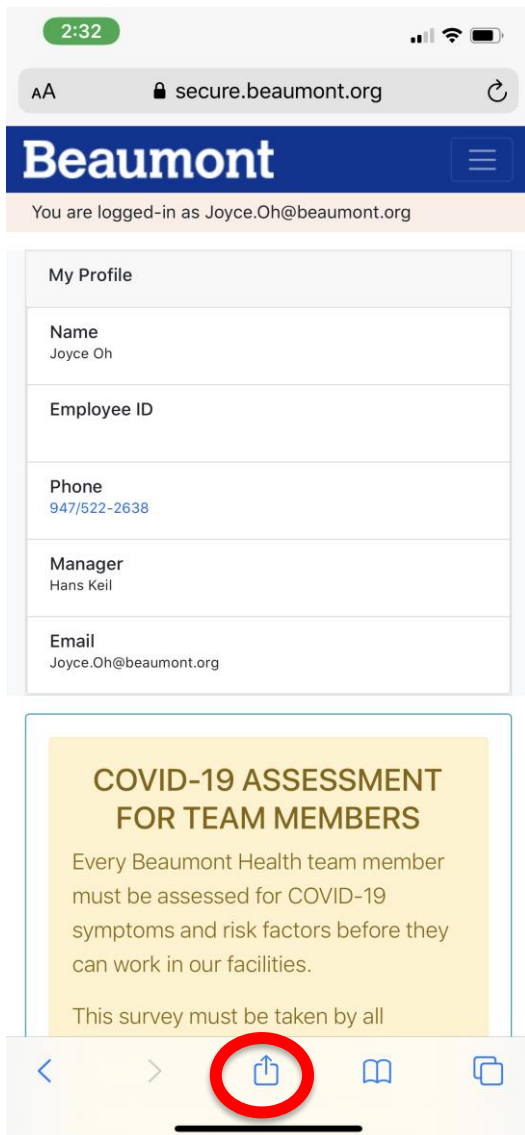
5) For the YELLOW AND GREEN screens, REPORT TO WORK and be prepared to show your smartphone for entry into the facility.



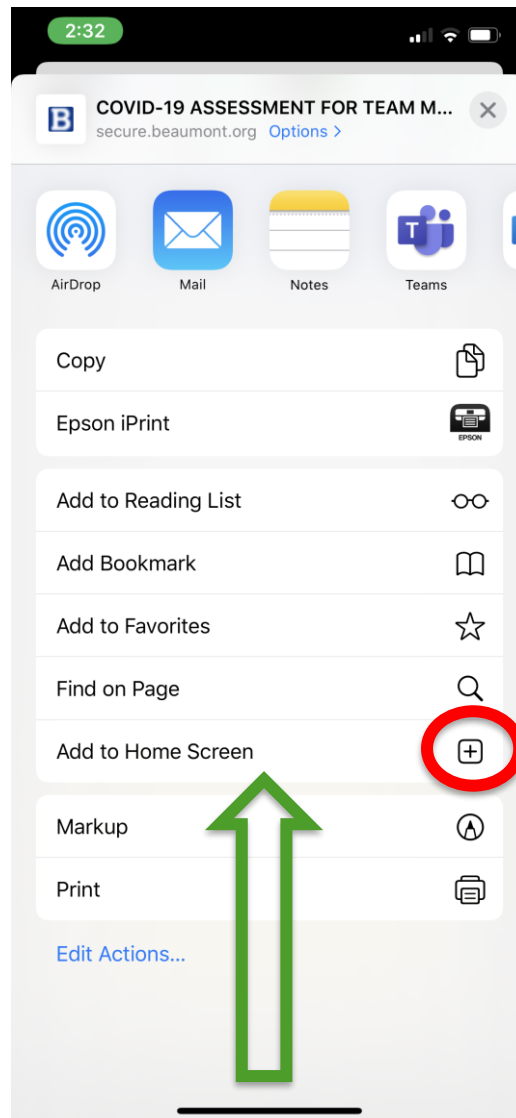
To add the Covid-19 Assessment to your Smartphone home screen:

**FOR IPHONE USERS (NOTE THIS ONLY WORKS WITH THE SAFARI BROWSER, NOT CHROME):**

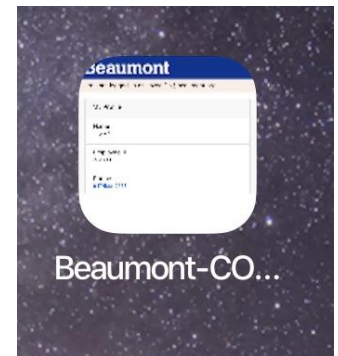
1. Enter website address as <https://secure.beaumont.org/clearforwork>



2. Press the middle "Share" Button



3. Swipe Up to see all the Options  
Press the "Add to Home Screen" Button



4. The icon is now on the home Screen



iPhone users experiencing connectivity or server issues while using the iPhone mail app to send Beaumont email should download the Microsoft Outlook app from the App store

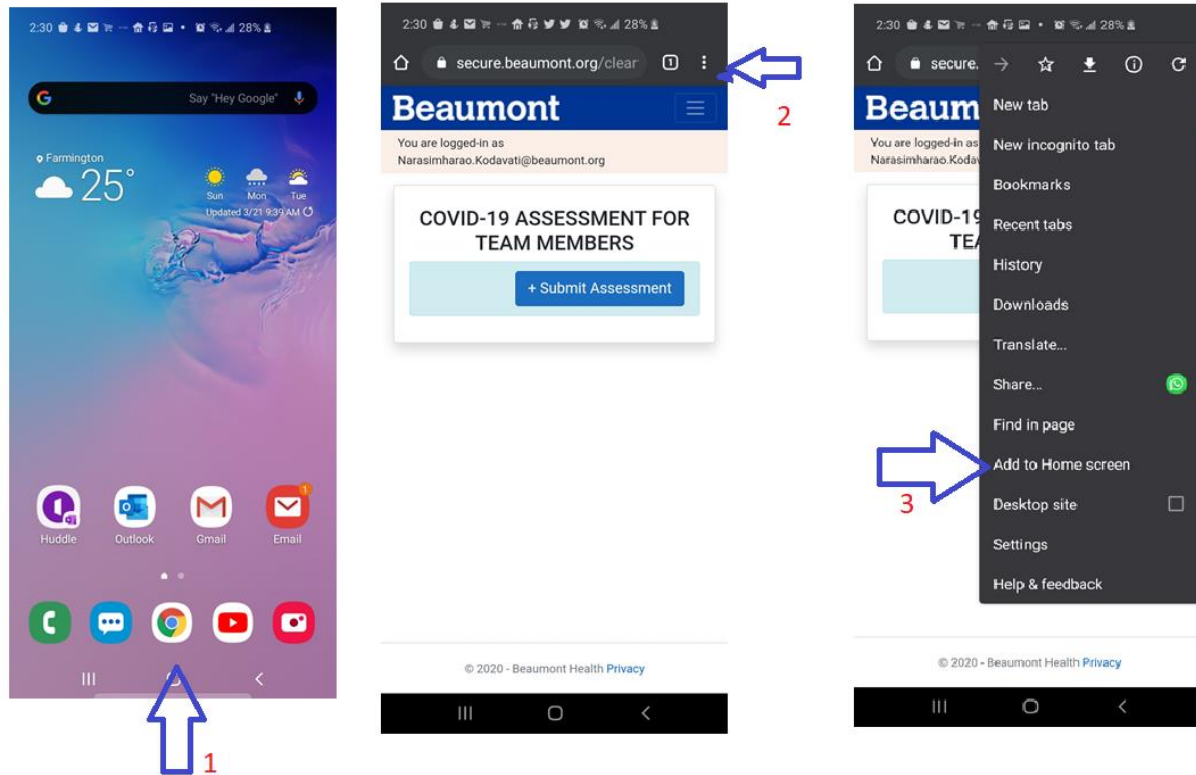
## [Instructions on how to setup Microsoft Outlook app](#)

1. From the App Store, download the Microsoft Outlook app

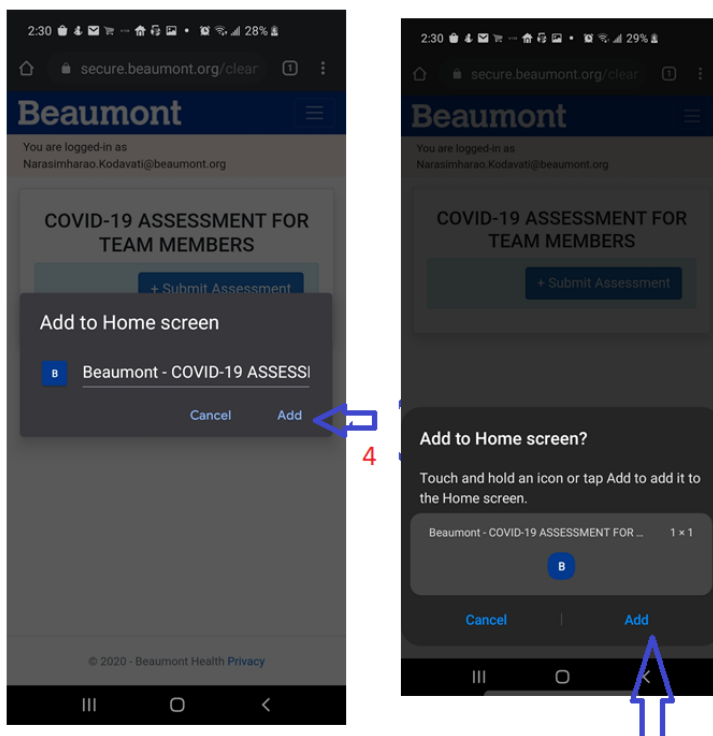


2. Open the Outlook app
3. Tap Get Started.
4. Type in your Beaumont email address.
5. Tap “Exchange”
6. Enter your Workspace email password, your display name, and an optional description of the account. If prompted for the following information, please use following settings:
  - Server: mail.beaumont.org
  - Domain: BH
  - UserID: your BH login ID (e.g. 123456 or bh123456)
7. Tap Go on the keyboard.
8. If you would like to add another account, you can. Otherwise, tap Maybe Later. That's it. You're done! You should see your inbox in the app and be able to send and receive email.

## FOR ANDROID USERS:



3. Open Chrome App and navigate to <https://secure.beaumont.org/clearforwork>
4. Select the options menu (three vertical dots on the top right corner)
5. Click on the Add to Home screen option to add shortcut to your phone's home screen.



1. It prompts the user with the below message. Select Add to confirm the icon name
2. Select Add again to create the icon on the user's phone

If you do NOT have a smartphone, you can download a paper version of the assessment from the *experienceBeaumont* site. You can print the form and bring the completed form with you when you arrive to work.

**Beaumont**

## COVID-19 ASSESSMENT FOR TEAM MEMBERS

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Every Beaumont Health team member must be assessed for COVID-19 symptoms and risk factors before they can work in our facilities.

This survey must be taken by all Beaumont Health team members whether or not you have a direct patient care role. This assessment should be completed every workday.

**NOTE: ALL FIELDS ARE REQUIRED.**

**Name (first and last):** \_\_\_\_\_

**Employee ID:** \_\_\_\_\_ **Date and time:** \_\_\_\_\_ AM / PM

**1) Have you been exposed (which means being within 6 feet for 10 minutes or more without a face mask) to a confirmed diagnosed COVID-19 person?**

**YES**       **NO**

**2) Have you developed ANY of the following:**

- Fever greater than 100F
- NEW shortness of breath
- NEW flu-like symptoms like body aches
- NEW diarrhea
- NEW abnormal cough
- NEW loss of taste or smell (in addition to the above)

**YES**       **NO**

**3) Please check which two answers you selected above:**

**1. YES & 2. YES**      **DO NOT REPORT TO WORK**  
 Call Employee Health (248-733-7300) and follow standard procedures for reporting your absence.

**1. NO & 2. YES**      **DO NOT REPORT TO WORK**  
 Follow standard procedures for reporting your absence and call the COVID-19 Employee Hotline at 947-522-3466 and select option 2.

**1. YES & 2. NO**      **CLEARED FOR WORK**  
 See your supervisor to receive a mask.

**1. NO & 2. NO**      **CLEARED FOR WORK**

3/26/2020 2:32 PM



BEAUMONT SERVICE CENTER

# WHERE TO PARK?

Our address is 26901 Beaumont Blvd., Southfield, Michigan 48034  
Effective June 16, please park in the East Lot and use the Main Entrance.  
You will be going to the Career Center in C1 and Photography on D4



Beaumont


## BLS (Basic Life Support)

### BLS Provider

The new AHA BLS Provider Course replaces the BLS for Healthcare Providers and BLS for Hospital Providers Courses. The BLS Provider Course teaches both single-rescuer and team basic life support skills for application in both in- and out-of-hospital settings. This course trains participants to promptly recognize several life-threatening emergencies, give high-quality chest compressions, deliver appropriate ventilation, and provide early use of an AED. It includes adult, child, and infant rescue techniques. Provider cards are available exclusively to authorized TCs for issuance in accordance with AHA policy.

Beaumont Health also accepts American Red Cross for BLS, ACLS and PALS certification.


### Current Cards

BASIC LIFE SUPPORT	
<b>BLS Provider</b>	 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	Recommended Renewal Date
Training Center Name	Instructor Name
Training Center ID	Instructor ID
Training Center Address	eCard Code
Training Center Phone Number	QR Code
<small>To view or verify authenticity, students and employers should scan the QR code with their mobile device or go to <a href="http://www.heart.org/mycard">www.heart.org/mycard</a>. © 2016 American Heart Association. All rights reserved. 16-3001 3/16</small>	


15-3001 BLS Provider eCard

### Quality Control Checkpoints

- Issue date beginning February 16, 2016
- Valid until further notice
- Renewal date 2 years after month of issue

BASIC LIFE SUPPORT		BASIC LIFE SUPPORT	
<b>BLS Provider</b>	 American Heart Association	Training Center Name	
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.		Training Center ID	
Issue Date	Recommended Renewal Date	TC Address	
		TC Phone	
		Instructor Name	
		Instructor ID	
<small>To view or verify authenticity, students and employers should scan the QR code with their mobile device or go to <a href="http://www.heart.org/mycard">www.heart.org/mycard</a>. © 2016 American Heart Association. All rights reserved. 16-3001 3/16</small>			

15-3001 BLS Provider wallet eCard

BASIC LIFE SUPPORT	
<b>BLS Provider</b>	 American Heart Association
The above individual 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	Recommended Renewal Date

15-1805 BLS Provider printed wallet card

American Red Cross Training Services	
<b>Certificate of Completion</b>	
has successfully completed requirements for Basic Life Support	
Date Completed: 6/5/2020	
Validity Period: 2 - Years	
Conducted by: American Red Cross	
<small>To verify certificate, scan code or visit <a href="http://redcross.org/digitalverification">redcross.org/digitalverification</a> and enter ID. Learn and be inspired at <a href="http://LearningRedCross.org">LearningRedCross.org</a></small>	

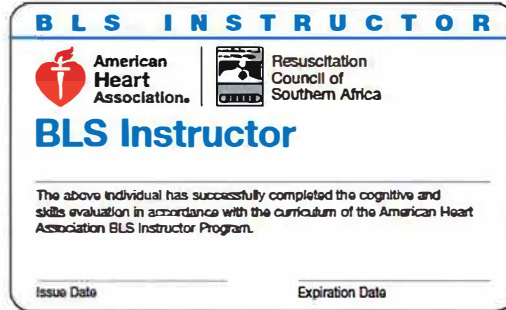
American Red Cross BLS certificate

## Resuscitation Council of Southern Africa

The RCSA issues cards in the countries where it conducts AHA training. Other International TCs in southern Africa may issue this card or the standard AHA course card. For a full list of RCSA cobranded cards, see the International Printed Course Cards in the Course Card Index.



Sample RCSA Provider printed card



Sample RCSA Instructor printed card

## Heart and Stroke Foundation of Canada

The Heart and Stroke Foundation of Canada (HSFC) works closely with AHA ECC Programs. The HSFC provider card is recognized by the AHA and can be used for admission to an AHA provider update course in the same discipline. The HSFC instructor card is recognized by AHA TCs in the same way as an instructor card issued by any AHA TC.



HSFC provider cards are silver.



HSFC instructor cards are gold.



## Military Training Network (United States Only)

Since 1984, the AHA has recognized the Military Training Network (MTN) for Resuscitative Medicine Programs as equivalent to an AHA ECC region and national TC.

The MTN coordinates resuscitative medicine programs for the uniformed services. The Department of Defense Health Council at the Uniformed Services University of the Health Sciences established these programs for the uniformed services.

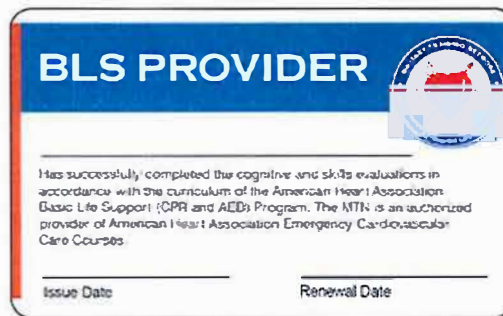
For more information, go to [www.usuhs.mil/mtn/](http://www.usuhs.mil/mtn/).

### MTN Provider Cards

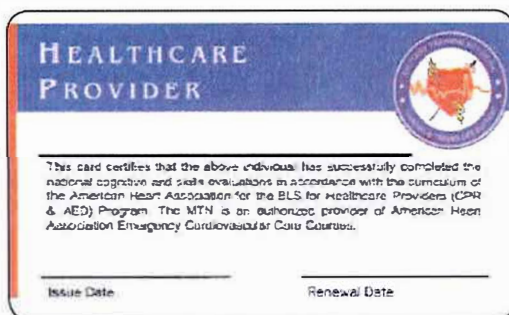
- MTN provider cards for AHA courses are equivalent to the corresponding AHA provider cards (the MTN uses the AHA curricula).
- These cards are recognized within the Department of Defense.
- These cards may not bear the AHA logo.
- MTN provider cards should be recognized by AHA TCs and Training Sites (TSs) when renewing provider status of Department of Defense personnel.
- The MTN may issue AHA provider cards.
- A person with a current MTN provider card may attend a discipline-specific AHA renewal or update course.



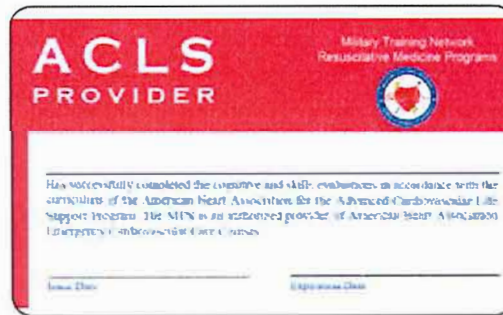
MTN Heartsaver CPR AED card



MTN BLS Provider card



MTN Healthcare Provider card; previous BLS card

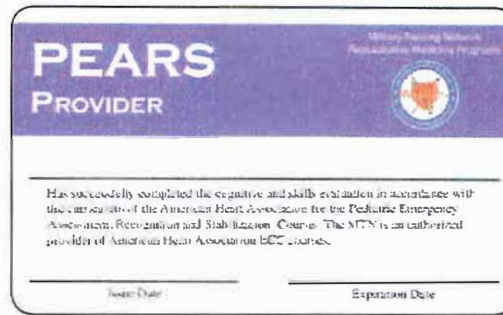


MTN ACLS Provider card

# Military Training Network



MTN PALS Provider card



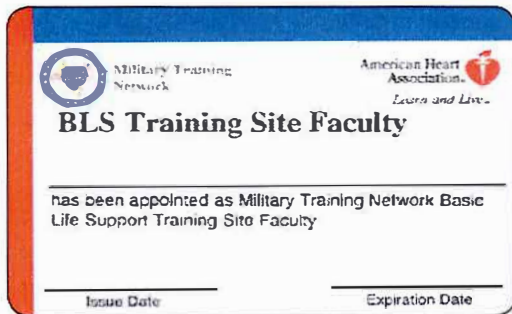
MTN PEARS Provider card

## MTN Instructor Cards

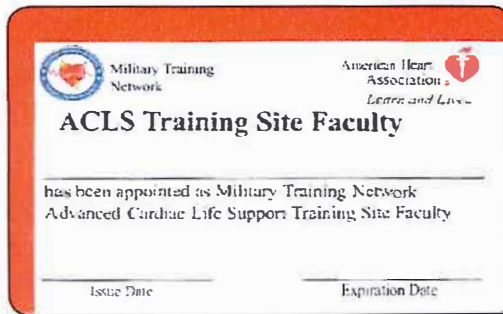
- The MTN issues AHA Instructor cards.
- MTN Instructors who wish to teach outside the MTN must align with a civilian TC and meet its affiliation requirements. These instructors will have dual instructor status and alignment and will issue cards appropriate to their audiences.
- MTN Instructors must meet all TC and MTN training requirements to maintain their status. All courses may count toward teaching requirements in both systems. It is the instructor's responsibility to ensure that the MTN site and the TC are provided with course rosters.

## MTN Training Site Faculty Cards

- The MTN appoints TS Faculty rather than TC Faculty or Regional Faculty.
- MTN TS Faculty appointments are not recognized outside the MTN and are not transferable to civilian TCs. An MTN TS Faculty member who aligns with a civilian TC will need to work with the new TC to establish TC Faculty status.



MTN BLS Training Site Faculty card



MTN ACLS Training Site Faculty card



MTN PALS Training Site Faculty card



**The Institute for Healthcare Improvement (IHI) Open School offers online courses to residents, fellows and faculty providing an educational foundation to ensure high quality, safe and equitable care. These courses are made available to trainees as part of the Beaumont GME IHI subscription. All incoming residents and fellows are required to complete before their new hire orientation.**

The 7 required IHI courses are listed below. Instructions to create a new IHI account are at the bottom of this page and instructions to update an existing account are located on page 2 of this document.

**IHI Orientation Curriculum (Required)**

1. QI 102: How to Improve with the Model for Improvement
2. QI 103: Testing and Measuring Changes with the PDSA Cycles
3. QI 104: Interpreting Data: Run Charts, Control Charts, and other Measurement Tools
4. PS 102: From Error to Harm
5. PS 103: Human Factors and Safety (new in 2021)
6. PS 104: Teamwork and Communication (new in 2021)
7. TA 101: Introduction to the Triple Aim for Populations

**IHI Basic Certificate in Quality & Safety (Recommended)** To receive the Certificate, complete the following 6 modules within the first year in addition to the modules assigned above:

1. QI 101: Introduction to HealthCare Improvement
2. QI 105: Leading Quality Improvement
3. PS 101: Introduction to Patient Safety
4. PS 105: Responding to Adverse Events
5. PFC 101: Introduction to Person – and Family-Centered Care
6. L 101: Introduction to Health Care Leadership

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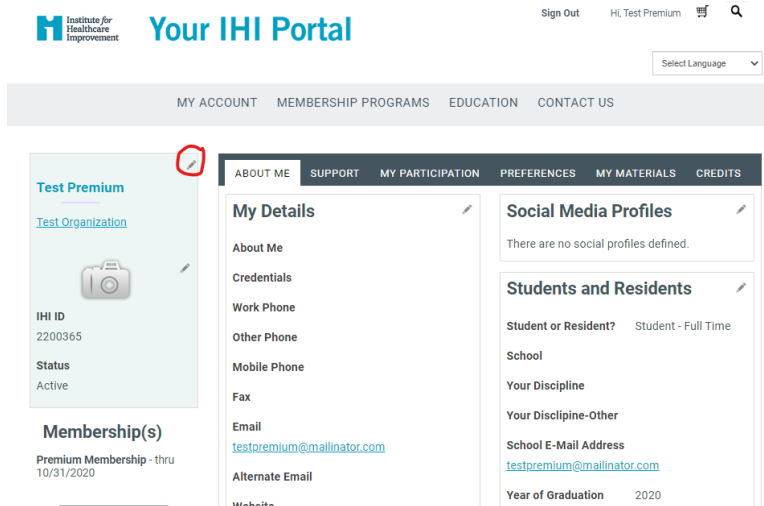
**Instructions on how new users can create and existing users can update accounts:**

**Create a new account**

1. Go to the IHI Portal here: (<https://my.ihi.org/Portal/rise/Contacts/ihi-create-account/create-account-complete.aspx>)
2. Please fill in the mandatory fields. Most importantly type **Beaumont Health – MI United States -, MI** and choose it in the organization drop down. This will list your account on our Beaumont GME server.

## Update an existing account

1. Go to your My IHI Portal (<https://my.ihl.org/myaccount>)
2. To edit your organization, select the pencil in the left-hand corner of the box with your name, organization, and IHI ID number.



3. Edit the Primary Organization box. Please type **Beaumont Health – MI United States -, MI** and choose it in the organization drop down.

4. Hit Save & Close.
5. Logout and Log back in, you should now appear on the administrator's roster.

If you have already taken the IHI courses, please update your account (as shown above) and your transcripts will populate to our server.

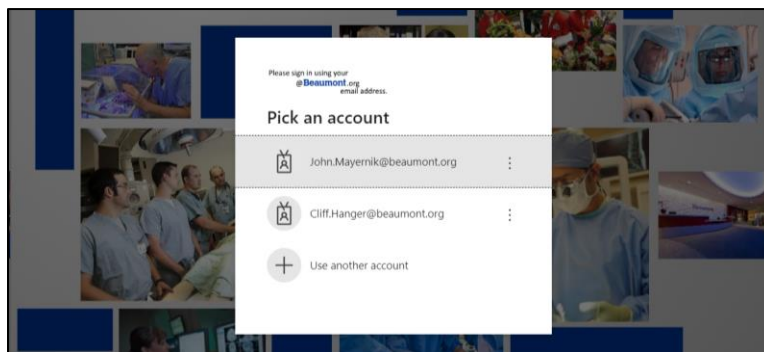
If you have any issues creating or updating your account please email [Kristina.crofut@beaumont.org](mailto:Kristina.crofut@beaumont.org)

## Employee Vaccine Registration

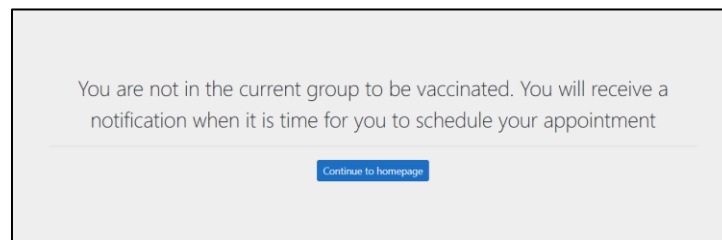


*Make sure you have a myBeaumontChart login. At the end of the questionnaire, you will be asked to log into myBeaumontChart to finalize your vaccine appointment. You **MUST** have an email confirmation to receive your vaccine.*

1. Open <https://secure.beaumont.org/CovidVaccineAppointment>.
2. If you are already logged into Beaumont, you may skip the sign-in screens. **If you are asked to choose an account, click on your account or click on Use another account button.**
3. Follow the prompts for your login and password.



At this point, you may be redirected to an Exempt screen. The program matches your name with the names of people designated to receive the vaccine. If you are not on the list, you cannot continue until invited. If you see this message and believe this is in error, please contact your manager or email [VaccineRegistrationHelp@beaumont.org](mailto:VaccineRegistrationHelp@beaumont.org).



- If you proceed, you will see this screen. **Review the Useful links.**


**BEAUMONT HEALTH COVID-19  
VACCINE REGISTRATION AND SCHEDULING**

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Useful links

- [VSafe Facts](#)
- [Pfizer-BioNTech COVID-19 Vaccine EUA Fact Sheet](#)  
The Pfizer-BioNTech COVID-19 Vaccine EUA Fact Sheet is provided for your reference. If you have any additional questions, please contact your Primary Care Provider.

**If you experience any technical issues while making your appointment, please contact the IT Help Desk at 888-481-2448.**



**Book your first dose appointment**

\*Please use this site **Only** for the first dose appointment

**I am declining the vaccine at this time**

\*Declining at this time will not prevent you from receiving the vaccine in the future.

- To continue, click on “Book your first dose appointment” button. To decline and stop the process, click on “I am declining the vaccine at this time.” If you choose the later, you can return and change your mind.
- The Consent Form screen appears. Review your information. Read your acknowledgement.
- Sign your name. You may type in your name as you like.
- Click on Electronic Acknowledge after reading the notice.

I have read and I understand the Fact Sheet regarding the Emergency Use Authorization (EUA) for the COVID-19 Vaccine that I am being offered. I am aware of the known risks of the COVID-19 Vaccine, including the risks of not being vaccinated. I understand that I am being offered the COVID-19 Vaccine under an EUA and that clinical trials related to the COVID-19 Vaccine are on-going. I have been given the opportunity to discuss the risks and benefits with my immunization provider and my questions have been answered to my satisfaction. I request the vaccine be given to me or the person listed below.

Please type your legal name as acknowledgement of the above: Date:

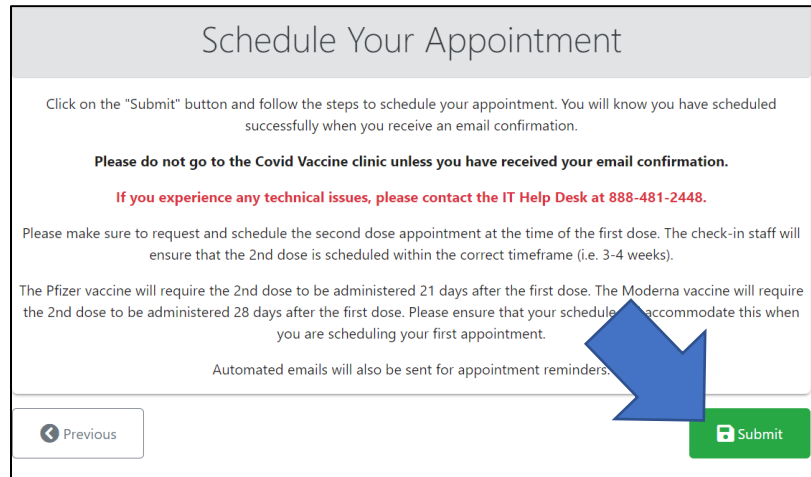
By selecting the checkbox below, you certify that (i) you are the individual completing the form; (ii) all information entered on this form is true and accurate to the best of your knowledge; (iii) you agree with all terms and conditions as listed on this form; (iv) you consent to the use of the checkbox as the means of providing your signature electronically and that such electronic signature is valid.

Electronic Acknowledgement

- Click on Accept button. The User Information appears.
- Continue to fill out the form. If you answer questions in a certain pattern, you may no longer be eligible to accept the vaccine. If you see a green Submit button and click on it, you will be sent out of the form. You may return to the form, login again, re-take the questionnaire when the conditions change.



11. At the end, you will see the Schedule Your Appointment screen. **Review the content.**
12. **Click on Submit to start your scheduling.** This green button will take you out of the program and into myBeaumontChart.



Schedule Your Appointment

Click on the "Submit" button and follow the steps to schedule your appointment. You will know you have scheduled successfully when you receive an email confirmation.

**Please do not go to the Covid Vaccine clinic unless you have received your email confirmation.**

**If you experience any technical issues, please contact the IT Help Desk at 888-481-2448.**

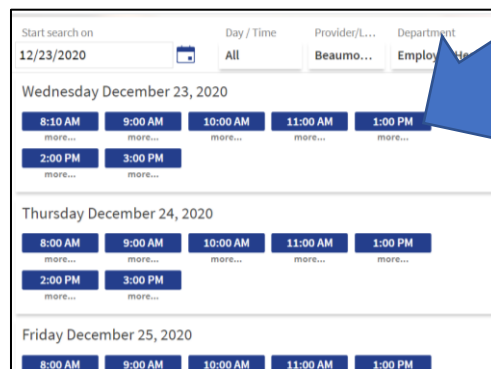
Please make sure to request and schedule the second dose appointment at the time of the first dose. The check-in staff will ensure that the 2nd dose is scheduled within the correct timeframe (i.e. 3-4 weeks).

The Pfizer vaccine will require the 2nd dose to be administered 21 days after the first dose. The Moderna vaccine will require the 2nd dose to be administered 28 days after the first dose. Please ensure that your schedule accommodate this when you are scheduling your first appointment.

Automated emails will also be sent for appointment reminders.

[Previous](#) [Submit](#)

13. The Scheduling screen appears in myBeaumontChart. **Pick a date and time.**



Start search on 12/23/2020 Day / Time All Provider/L... Beaumo... Department Employee Health and Safety

Wednesday December 23, 2020

8:10 AM 9:00 AM 10:00 AM 11:00 AM 1:00 PM  
more... more... more... more... more...

2:00 PM 3:00 PM  
more... more...

Thursday December 24, 2020

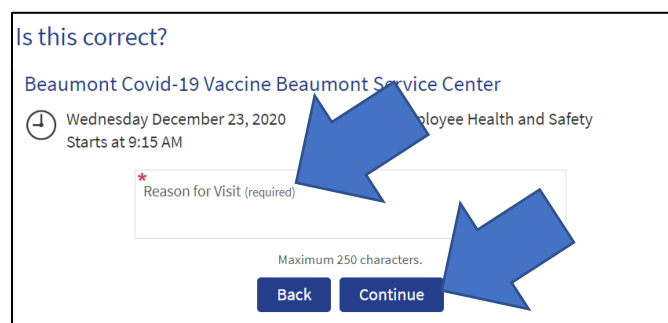
8:00 AM 9:00 AM 10:00 AM 11:00 AM 1:00 PM  
more... more... more... more... more...

2:00 PM 3:00 PM  
more... more...

Friday December 25, 2020

8:00 AM 9:00 AM 10:00 AM 11:00 AM 1:00 PM

14. **Review the date and time.** You must enter a reason for the visit.
15. **Click Continue.**



Is this correct?

Beaumont Covid-19 Vaccine Beaumont Service Center

Wednesday December 23, 2020 Employee Health and Safety  
Starts at 9:15 AM

\* Reason for Visit (required)

Maximum 250 characters.

[Back](#) [Continue](#)

**16. The myBeaumontChart login screen appears.**




*DO NOT continue as a guest. You must login with your myBeaumontChart login.*

**17. Login with your account information.** Your myBeaumontChart login is not the same as your Beaumont login.

**18. If your account is a part of a family, choose the name of the person who is registering.**  
**19. Click Continue button.**


### 20. When you see this screen, you are done.


#### Appointment Details



**Appointment Scheduled**  
You're all set! You can review details of your upcoming appointment below.

##### COVID-19 VACCINE FIRST DOSE

 Wednesday December 23, 2020  
9:15 AM EST  
[Add to calendar](#)

 Employee Health and Safety

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[Reschedule appointment](#)

[Cancel appointment](#)

##### Visit Instructions

**We've saved your spot for Beaumont Health COVID-19 Vaccine!**

Thank you for scheduling your appointment. You must arrive 10 minutes prior to your scheduled appointment time. Please check your email for additional details.

**You are scheduled at:**  
Beaumont Covid-19 Vaccine Beaumont Service Center  
Beaumont Service Center  
26901 Beaumont Boulevard  
Southfield, MI 48033

**We look forward to seeing you!**



*Make sure you log out if you are on a public computer.*

# Beaumont

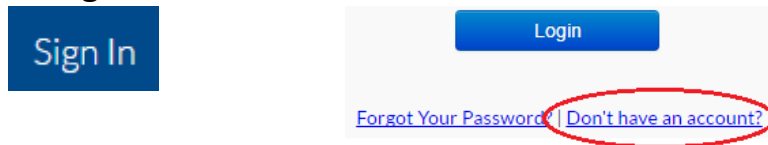
## Welcome to Beaumont Health!

As a resident or fellow at Beaumont Health, you may be involved with selecting content/patient cases for presentation – or presenting content/patient cases – at continuing medical education (CME)-certified lectures. To ensure compliance with CME accreditation requirements, the Beaumont CME department is required to obtain completed conflict of interest disclosure forms from all Beaumont Health residents and fellows.

**To complete this brief online form, please follow the steps below.**

① Go to <https://beaumont.cloud-cme.com>

② Click **Sign In** and then click **Don't have an account?**



③ Enter your information in the provided fields and click **Create Account**

NOTE:       for *Email Address* – please use your **Beaumont** email  
              for *Select Credit Eligibility* – select **AMA PRA Category 1™**

④ Click **Sign In** again and enter your **Beaumont email address** and the **password** you just created for your account

⑤ Click the blue **Disclosure Form** button located at the bottom of the page.



⑥ Complete and submit the form.

If you have any questions or require assistance, please email [cme@beaumont.edu](mailto:cme@beaumont.edu).