

Existing Business Partner Protocol











THIS PACKET MUST BE FILLED OUT BY ALL BUSINESS PARTNER
REPRESENTATIVES WHOSE COMPANIES CURRENTLY DO BUSINESS WITHIN
BANNER HEALTH.

IT IS NOT INTENDED FOR VENDOR REPRESENTATIVES WHOSE COMPANIES DO NOT CURRENTLY DO BUSINESS WITHIN BANNER HEALTH.

UPDATED August 2019

Existing Business Partner Representative (EBPR) Orientation Packet

Welcome to Banner Health (BH).

Existing Business Partner Representatives are defined as those individuals providing education, verbal consultation, information, products, or services to any Banner Health Facility, acute and non-acute on behalf of the company/companies they represent. Prior to conducting business in any Banner Facility, you must be credentialed and sign up in Vendormate. Conducting business is defined as any contact whether in person or electronically via e-mail, telephone or other means of electronic communication.

If you are a Distributorship, you must be specific in Part I of your profile and list the vendor/vendors and product/products you represent. You may only conduct business FOR those VENDORS/PRODUCTS that Banner has contracts with. Attempts to sell or use products that Banner has not contracted for may result in your inability to conduct ANY further business with Banner Health.

This packet has been especially developed to introduce you to Banner's business practices. Please take a few minutes to review the enclosed information. If you have any questions, contact any Clinical Supply Program Director (CONTACT INFORMATION ON PAGE 4).

Prior to conducting business at any Banner facility, I understand that I MUST:

- Register in GHX (Vendormate) and submit all the required documents that are detailed in the Banner Health Registration Instructions.
- Please make sure you have reviewed this packet carefully as you will be held accountable for the material contained in this packet.
- Lab vendors need to follow the instructions under the laboratory section.
- Non-Acute Care Only:
 - Use Vendormate's Remote Badge Print. Vendor must have printed badge when arriving at any Banner non-acute location.

CONDUCTING BUSINESS WITH THE BANNER'S NON-ACUTE ENTITIES

IF YOU CONDUCT BUSINESS WITH ANY OF THE BANNER'S NON-ACUTE ENTITIES, YOU ARE EXPECTED TO COMPLY WITH ALL THE REQUIREMENTS FOUND IN THE EXISITING BUSINESS PARTNER PACKET.

YOU ARE NOT TO VISIT ANY OF BANNER CLINICS OR HEALTH CENTERS UNLESS YOU HAVE BEEN REQUESTED TO DO SO BY:

ERIC HELLIKER, (<u>ERIC.HELLIKER@BANNERHEALTH.COM</u>) SUPPLY CHAIN SERVICES PROGRAM DIRECTOR, NON-ACUTE OR ONE OF THE NON-ACUTE ADMINISTRATORS.

YOU ARE REQUIRED TO ENTER THROUGH THE FRONT ENTRANCE AND WILL CHECK IN AT THE FRONT. PRIOR TO YOUR VISIT, YOU MAY PRINT YOUR BADGE ON THE VENDORMATE AP AND THEN CHECK IN AT THE FRONT DESK.

ANY PHARMACEUTICAL SAMPLES MUST BE AUTHORIZED BY KIM URY. IT IS THE RESPONSIBILITY OF THE PHARMACEUTICAL REPRESENTATIVE TO REMOVE ANY EXPIRED PHARMACEUTICAL SAMPLES FROM THE LOCATION.

PRIOR TO CONDUCTING BUSINESS, YOU MUST MAKE AN APPOINTMENT WITH THE FOLLOWING INDIVIDUAL TO REVIEW SPECIFIC EXPECTATIONS.

KIM URY

PHARMACY CONTRACTS ADMINISTRATOR

INTRODUCTION OF MED/SURG PRODUCTS

Banner Health is dedicated to partnering with vendors to <u>improve COST QUALITY AND OUTCOMES.</u> Your product may be evaluated to determine if it brings clinical and cost value to Banner.

- All products for review and/or evaluation must be submitted to the appropriate <u>Clinical Supply</u> <u>Program Director (CSPD)</u> and Contract Administrator (CA).
- Product evaluations can only occur after you have received authorization from the CSPD, and the
 details of the evaluation have been determined.
- <u>Free product</u> is not accepted for any evaluation and samples are not to be left in any patient care
 areas or given to staff, physicians or other health care providers.
- Chemicals offered as samples will not be accepted unless accompanied by an OSHA Materials Safety Data Sheet.
- No in-service or product demonstration will occur without prior knowledge and authorization from the Clinical Supply Program Director.
- Under no circumstances are products to be used on patients without the proper in-servicing to Medical Staff and Health Care Providers. Failure to comply may jeopardize the Business Partner's ability to conduct future business with Banner Health.
- Banner Health does not support the use of "trunk stock" on patients, as the integrity and sterility of the product can not be guaranteed.

As a reminder that we take our patient's safety seriously, <u>BANNER WILL NOT PAY</u> invoices for new products that have not followed the process unless you obtain approval in writing from the Department Director prior to the case. Agreements made with physicians in their offices are not binding with Banner Health. In order to safely introduce new products, please schedule an appointment with the appropriate Clinical Supply Program Director listed below.

Georgia (Denise) Robson, RN **RN Clinical Supply Senior Director** SPVAP Director **PTAG Director** PeriOp (Orthopedics, Biologics) 602-747-7820 Sue Hellriegel, RN Cardiology, Central Venous Access Catheters, Cardiovascular, Structural Heart, Perfusion **RN Clinical Supply Program Director** Services and Supplies, Enterostomal Supplies, Medical Imaging, Interventional Radiology, bedside procedural trays, Contrast Media, Radiopharmaceuticals, Advanced Wound Care/ 602-747-2662 sue.hellriegel@bannerhealth.com Skin Integrity, Emergency Services, Dialysis (Products /Solutions and Equipment), Specialty beds and Surfaces, and Vendor Relations. Women, Infants, Neonatal, Pediatrics, Core Medical Supplies, General Urological, Peripheral Allyn Peters, RN **RN Clinical Supply Program Director** Access Devices, Infusion Devices, Enteral Feeding Pumps and Supplies, Safety Products, Safe 602-747-2664 Patient Handling, Phlebotomy Supplies, Infection Prevention, Hand Hygiene, Surface Allyn.peters@bannerhealth.com Disinfection, Personal Protective Equipment, Phlebotomy Supplies. Perioperative Services (Excluding Orthopedics, and CVOR), Central Sterile Processing, Kim Deyo, RN **RN Clinical Supply Program Director** Respiratory Care, Endoscopy, Pain Management, Reprocessing, Custom Sterile Packs, 602-747-2627 Regional Anesthesia (epidurals, spinal, nerve block trays), Kim.deyo@bannerhealth.com

If you have any questions, please contact any one of the Clinical Supply Program Directors

We appreciate your cooperation in making patient safety our number one priority.

INTRODUCTION OF LABORATORY PRODUCTS

Sonora Quest Laboratories and Laboratory Sciences of Arizona (SQL/LSA) is dedicated to partnering with vendors to <u>improve patient care and reduce costs</u>. If your product will improve patient care <u>and</u> reduce cost, then we would like to meet with you.

In order to safely introduce new products, please schedule an appointment with the appropriate person listed below. Allow a minimum of one month for this process to occur.

Andrea McLaughlin | Sr. Category Manager Sonora Quest Laboratories/Laboratory Sciences of Arizona | Phone 602.685.5239 | Fax 602.685.5065 | Cell 602.295.6852 | Andrea.McLaughlin@SonoraQuest.com

Your product will be evaluated to determine high-quality, cost-effective patient care. If your product is approved, you will be contacted to proceed with next steps.

All products for review and/or evaluation shall be submitted through the appropriate contact listed above. Samples are only to be supplied upon the request of the SQL/LSA Materials Management Department. Samples are not to be left in patient care areas or ancillary departments. Chemicals offered as samples will not be accepted unless accompanied by an OSHA Materials Safety Data Sheet. NO in-service or product demonstration will occur without prior knowledge and authorization from SQL/LSA Materials Management. Under no circumstances are products to be used on patients without the proper in-servicing to Laboratory Personnel. Failure to comply may jeopardize the Business Partner's ability to conduct future business with SQL/LSA.

As a reminder that we take our patient's safety seriously, <u>SQL/LSA WILL NOT PAY</u> invoices for new products that have not followed the process unless you obtain approval in writing from the Department Director prior to the case.

If you have any questions, please contact any of the person listed above.

We appreciate your cooperation in making safe patient care our number one priority

INTRODUCTION OF PHARMACEUTICALS

While this section refers specifically to pharmaceutical representatives, the representative is also required to adhere to the guidelines and protocols in the entire packet. Prior to conducting business at any Banner Facility, representatives must complete the Existing Business Partner Packet. Representatives must first sign in at the Supply Chain Services Department or front desk each time they are in a Banner Facility.

Access to Banner Health and Banner Facilities

Your primary contact in each facility is the Director of Pharmacy. You should not be doing any business in the facility until you see the Director or his/her designee and receive guidelines specific to that institution.

Issues that involve Banner Health should be directed to:

Kim Ury Pharmacy Senior Contract Administrator 602.747.2771

Contracting Practices with Banner Health

It is the policy of Banner Health that all contracts for pharmaceutical products be applicable to all Banner facilities. Individual facility agreements are not allowed, nor can any agreement be signed at the facility level. Mike Halmrast and Kim Ury are the point persons for contract development and negotiation. Any proposed changes in current contracts or pricing agreements need to be submitted to Mike Halmrast or Kim Ury. In the contracting process, Banner expects the lowest prices and the best contracts in the country. Banner is a very large account for most firms and expects to be treated as such. The negotiation phase is an intense process designed to bring about the best agreement for Banner.

Sales Activities

The philosophy of Banner Health is to serve the interests and needs of the patients, their families and employees. Sales activities that are conducted in inappropriate areas or under inconvenient circumstances are viewed by Banner as opposed to this philosophy. It is for this reason that the policies governing access of representatives to specific areas of the Medical Centers will be rigidly enforced.

As a Corporation, Banner does endorse the concept that representatives should not be doing business in patient care areas nor, in any way, interfere with any caregiver's opportunity to provide patient care. Any breach of the above requirements could result in the representative being banned from all Banner facilities.

Samples and Displays

Samples may be distributed only to specific physicians (for personal or office use) and are not to be left in patient care areas or ancillary departments. Banner Pharmacies do not hold or distribute samples to individual physicians. In the rare instance where samples are required to treat a specific patient with a drug not on formulary, samples are to be left ONLY WITH the Pharmacy Department. Pharmaceutical displays at each facility, where allowed, are scheduled thru the Medical Education Office.

Educational Activities

The facility Director of Pharmacy or his/her designee must approve all educational programs conducted in the facility by pharmaceutical representatives.

Title: Existing Business Partner Representatives (EBPR) Protocol

I. Purpose:

To establish uniform protocols for the interaction between BH staff and Business Partner Representatives and assist the Banner Health Facilities in promoting patient rights and safety. Banner Health always expects our EBPRs to conduct themselves in a professional and ethical manner. In order to ensure patient rights and safety and maintain the integrity of our business partner relationships, you must:

- A. Be properly educated in BH purchasing policies, product evaluations, Technology Management requirements etc. These will be reviewed with you upon your initial meeting with the Banner Clinical Supply Program Director and Contract Administrator.
- B. Review all new products with the appropriate CSPD before introducing into any Banner facility.
- C. Provide ONLY VERBAL consultative services to physicians and health care providers during surgical, interventional and diagnostic procedures.
- D. Follow requirements set forth by any regulatory agencies.
- E. Not view any scheduled procedure without authorization from the Department Director. This helps to ensure the privacy of BH patients and to be compliant with HIPAA regulations. Not have access to patient medical records or surgery schedules without authorization.
- F. Not go into any department lounge or changing areas without prior authorization. Business is NOT to be conducted in any waiting rooms, or other public areas.
- G. NOT go into any supply areas unless escorted by a Banner employee and are not to remove any supplies without the written authorization of the Department Director or his/her designee.
 Unauthorized removal of supplies may be considered theft and appropriate action may be taken.
- H. Comply with all BH policies and procedures and/or instructions from the physician and/or health care provider. Be knowledgeable of, and practice aseptic principles and techniques always.
- Coordinate all clinical in-service education with the Clinical Supply Program Director. It will also
 be the responsibility of the EBPR to obtain an in-service education log sheet and ensure that all BH
 staff sign-in when attending an in-service session.

The use of electronic devices (cell phones, lap top computers, IPADS etc.) within a Banner facility must be limited to approved areas and should not be used in any areas where patients or visitors are present. All electronic devices must be turned off prior to entering any procedural areas. You are not to conduct business in any public areas such as facility main lobbies, waiting rooms, cafeterias or cafes.

It is the responsibility of the BPR to maintain compliance with the following:

- 1. Arranging electrical equipment checks by the Technology Management Department prior to the equipment use.
- 2. Arrange for cleaning of non-sterile equipment 24 hours prior to the scheduled procedure.
- 3. Banner Health's EBP Dress Code
 BPR must wear appropriate business attire. (Business casual or suits are required if you wish to conduct business within Banner. Scrubs, even those issued by the EBPR's Company ARE
 NOT to be worn into the hospital. You must change out of your street clothes and into hospital issued scrubs before proceeding into any sterile procedure areas.
 Please limit the use of perfumes, colognes, and aftershave products. Some patients are hyper-sensitive to scents. Representatives who come in direct contact with patients and sterile supplies are prohibited from wearing artificial nails. Natural nails must be

trimmed within $\frac{1}{4}$ " of the tip of the finger. Open-toed shoes are not allowed in clinical areas. Temporary Vendor ID will always be displayed.

J. Product Evaluation

- 1) Product evaluations can only occur after all the following steps have been taken:
 - Schedule an appointment with the appropriate CSPD and CA to review the product, part number and pricing information
 - Permission to proceed with and the terms of the evaluation have been agreed upon.
 - The appropriate Banner paper work has been filled out.
 - Evaluation product has been ordered. Banner will not accept free product.
 - Staff has been in-serviced
 - ☼ If the evaluation includes equipment, the EBPR must schedule a meeting with the Corporate Capital Team.
- Commitments made on behalf of the hospital are null and void unless authorized by an agent of the facility (Corporate or Hospital Administration; System Supply Chain; Pharmacy Director, or Food Service Director).

L. <u>Business Partner Representative Noncompliance</u>:

- First Offense: BPR will receive a verbal warning from the Clinical Supply Program Director
- <u>Second Offense</u>: The CSPD (Clinical Supply Program Director) will meet with the BPR and his/her manager. After the incident is discussed, corrective action may be taken up to and including the inability of the BPR to conduct business within any Banner Facility. The CSPD will document outcome on Vendor Incident Log and notify the BPR'S Regional/National Sales Director. You will be prohibited from entering a Banner Facility and will not be able to sign in using Vendormate's service.
- Situations may occur that necessitate bypassing one or more steps in the non-compliant process. The decision will be made after consulting with the Department Head and Risk Management, when applicable. This would result in an immediate ban from Banner Health.
- Any attempts to solicit pricing information from any Banner Employee will be considered a breach of ethics and may result in the immediate removal of the EBP representative.

II. Consignment:

 The BPR MUST work with the appropriate Contract Administrator prior to placing products on consignment, the information related to pricing, quantity and product codes must be submitted on the appropriate Consignment Agreement Form. Any changes to consignment must be submitted and approved by the Contract Administrator before the change can be made.

III. Contract Awards:

 Contracts will be awarded based on criteria established by Banner Health. Criteria include, but are not limited to product specifications and quality, service specifications and quality, total delivered costs and logistics.

- The Contracting Department will be responsible for ensuring that potential contracts do not conflict with existing Banner and/or Group Purchasing Organization commitments.
- Prior to any award of business, Banner may at its' discretion request sample products for analysis and evaluation. Banner may also request references from existing customers of the Business Partner.
- Banner reserves the right to accept or reject any or all proposals based on criteria established by Banner Health.
- Contract terms and pricing are applicable to all Banner Facilities unless otherwise noted in the
 agreement. Individual departments/facilities are not authorized to negotiate or set the terms of a
 Corporate Contract.
- Any offers for bulk purchases or price reduction of products must be made available to all Banner
 facilities and submitted to the appropriate Contract Administrator for approval. Banner does not
 support any kind of facility-based offers and facility personnel are not authorized to approve any kind
 of pricing agreement.

A GUIDE FOR BUSINESS PARTNER REPRESENTATIVES

Upon Arrival:

You must check in via Vendormate's remote badge print feature (BMG Health Centers and Clinics) or log into and print badge at the Vendormate kiosk location. For all Pharmacy vendors, you must also proceed to Pharmacy for an additional sign in. For all infant formula vendors, you must proceed to the Facility Clinical Dietician office for additional sign in. If you do not fulfill all the requirements and do not have authorization you will be turned away. For all non-acute entities, you will be required to check in at the front desk and display your previously printed Vendormate badge.

Parking:

You may park in the designated visitor parking area. BPR'S are never to park in reserved parking spaces. There is a "NO PARKING" POLICY ENFORCED IN THE RECEIVING AREA. Vehicles in violation will be towed at owner's expense.

Deliveries:

All deliveries accompanied by a packing slip, receiver, bill of lading, purchase order, product evaluation, or equipment rental are to be made to the Receiving Department at the designated Banner Facility between 7 a.m. and 4 p.m., Monday through Friday. Emergency deliveries (after 4 p.m. and on weekends) are to be made to the SPD Department at the designated Banner facility. <u>ALL DELIVERIES MUST BE SIGNED FOR - NO EXCEPTIONS.</u>

Compliance Policies:

You are responsible for all the compliance materials outlined in the compliance section in the Vendormate Registration and for annual recertification.

Sales Activity:

Banner Health's Anti-Solicitation Policy prohibits the distribution of note pads, pens, and other items of an advertising nature or the posting of any literature on walls or bulletin boards in patient care areas or any other area with public access. No food will be allowed.

Authority/Penalties:

Failure to comply with the above protocol will result in the initiation of the BPR non-compliance policy.

Changes in Employment/Product Line:

It is the responsibility of the Business Partner to notify Vendormate of any changes in employment status or representation in product line. Failure to do so may result in your inability to conduct business within any Banner Facility.

EMERGENCY CODES AND STAFF RESPONSE NON-ACUTE SETTINGS DIAL 911 FOR ANY EMERGENCY

CODE	DESCRIPTION	INITIAL RESPONSE	SECONDARY RESPONSE
RED	FIRE, smoke or smell of something burning	RESCUE, those in immediate danger. ALARM by activating the nearest pull station and dialing your emergency number. CONTAIN the fire by closing doors. EXTINGUISH if safe to do so.	Evacuate if directed to do so.
BLUE	Adult medical emergency "CODE BLUE ADULT". Pediatric medical emergency "CODE BLUE PEDS".	Assess patient for CPR needs. CALL FOR HELP. If trained, initiate CPR.	Code Team(s) report to scene.
PINK	INFANT/CHILD ABDUCTION	Dial emergency number immediately. Monitor all exits, stairwells, hallways, etc.	Report suspicious persons or activities to Security.
YELLOW	BOMB THREAT may be written or verbal.	Get as much information as possible. Dial the emergency number immediately. Assist in search.	If a suspect device is located contact Security.
TRIAGE	Internal disaster "CODE TRIAGE INTERNAL". External disaster "CODE TRIAGE EXTERNAL".	Refer to Policy in Safety Manual. Key operational areas will be established depending on the nature of the emergency.	Refer to department specific plans
GRAY	COMBATIVE PERSON	Dial emergency number immediately. Security will respond. Assist victim/others if safe to do so.	Contact local Police Dept.
ORANGE	HAZARDOUS MATERIAL SPILL/RELEASE	Isolate and contain spill to smallest area possible. Dial emergency number. Notify Supervisor.	Trained staff or vendor will address large scale spills.
PURPLE	EMERGENCY DEPT BYPASS		

EXISTING BUSINESS PARTNER REPRESENTATIVE PROFILE PART ONE

ALL EXISTING BUSINESS PARTNERS, SERVICE AND/ OR DELIVERY PERSONNEL MUST COMPLETE PART ONE

ALL EXISITNG BUSINESS PARTNERS WHO CONDUCT BUSINESS IN THE OR, AND/OR INVASIVE PROCEDURE SUITES MUST COMPLETE PARTS ONE AND TWO.

PART ONE (PLEASE FILL OUT COMPLETELY. ANY INCOMPLETE PROFILES WILL NOT BE ACCEPTED)									
Full Name of Company:									
Your Name (Print or Type):									
Company's Contact Number # () Cellular Phone #: () Fax # ()									
E-Mail:		•							
Does your company already	☐ Yes, List products:								
have contracts with Banner?	No STOP! -IF YOU DO NOT HAVE AN ACTIVE CONTRACT, YOU ARE NOT CONSIDERED AN EXISTING BUSINESS PARTNER. YOU WILL NOT BE APPROVED. Return to Page 2 for details on how your company can apply to become a BANNER BUSINESS PARTNER.								
Your Manager's Name:	E-MAIL Contact number: ()								
Areas of Responsibility (pleas	e check	ONLY those where you w	ill be con	ducting business):					
AZ ACUTE BUSINESS	Banner Baywood						Banner Casa		
ENTITIES Banner Del E. Webb	$+$ \Box	Medical Center Banner Desert Medical		Medical Center Banner Estrella		П	Grande Medical Center Banner Gateway		
Medical Center	Center /Banner Cardon Children's Hospital		י	Medical Center		_	Medical Center		
Banner Goldfield Medical Center	Banner Goldfield Banner Heart Hospital Banner Ironwood				Banner MD Anderson Cancer Center				
Banner Payson		Banner Thunderbird		Banner University Medical Center- Phoenix	'		Banner University	Medical Center-T and S	
Banner Page Hospital		Banner Payson	NON-ACUTE BUSINESS				Sonora Quest/Lab Sciences of Arizona		
Arizona Medical SAFA Medical Group			ENTITIES >>>>>>> Western Region Division Clinics Medical Clinics and Health Centers						
Clinics and Health Centers				1					
WESTERN REGION ACUTE	+	Banner Churchill		Community Hospital			East Morgan		
BUSINESS ENTITIES >>>>>>>		Hospital		Community Hospital		Ш	County Hospital		
Banner Fort Collins	Banner Fort Collins Banner Lassen Medical Center			McKee Medical Center			North Colorado Medical Center		
Ogallala Community Hospital		Platte County Memorial Hospital		Sterling Regional Medical Center			Washakie Medical Center		
Scope of Responsibility (for pa	atient ca	re products)							
☐ Demonstration				Education S		ervice	ice		
List Products the above applie	s to: pro	oducts must be listed, or	your pack	et will not be proce	ssed				
My qualifications and specific	training	enable me to Teac	h [Demonstrate the fo	ollowing	g:			
☐ Equipment	☐ Med/	Surg products	Pharn	Pharmaceuticals					
☐ Instrumentation ☐ ☐ Orthotics/Prosthetics ☐ ☐ O			Other	ther					
My qualifications and specific training enable me to Teach Demonstrate to the following:									
□Nursing Staff □Department □Physicians □Patient and family Management □Physicians									
IN PROVIDING THE PRECEDING INFORMATION I AM CERTIFYING MY CAPABILITY AND KNOWLEDGE IN THE USE OF THE PRODUCTS THAT I AM									
Does anyone in your immediate family work for Banner Health? If yes, please list.									
Is anyone in your immediate family part of the Medical Staff at any Banner Facility? If yes, please list.									

DEMONSTRATING AND ASSUME FULL RESPONSIBILITY FOR THE PROPER WORKING CONDITION OF MY PRODUCTS AND MY ABILITY TO USE IT (THEM). IN CONNECTION WITH THE ABOVE MENTIONED EQUIPMENT, THE UNDERSIGNED VENDOR HEREBY AGREES THAT AS A CONDITION TO PROVIDE A DEMONSTRATION OF THE EQUIPMENT ON THE PREMISES OF BANNER HEALTH, AN ARIZONA NONPROFIT CORPORATION, ("BH") AND TO THE EXTENT PERMITTED BY ARIZONA LAW, VENDOR DOES HEREBY COVENANT AND AGREE TO INDEMNIFY AND HOLD HARMLESS BH, ITS APPOINTED BOARDS AND COMMISSIONS, OFFICIALS, OFFICERS, EMPLOYEES, STUDENTS, AGENTS AND SUBAGENTS INDIVIDUALLY AND COLLECTIVELY FROM ALL FINES, CLAIMS, SUITS OR ACTIONS OF ANY KIND AND NATURE BY REASON OF VENDOR'S ACTS OR OMISSIONS, LOSS, CLAIM AND LIABILITY ARISING OUT OF DEFECTS IN THE EQUIPMENT OR THE EQUIPMENT DEMONSTRATION. (APPLIES ONLY TO BUSINESS PARTNERS WHO SUPPLY MEDICAL EQUIPMENT).

I AGREE TO COMPLY WITH AND OBSERVE ALL APPLICABLE RULES AND REGULATIONS CONCERNING CONDUCT ON THE PREMISES, WHICH BH IMPOSES UPON ITS EMPLOYEES AND AGENTS. IF I AM REQUESTED OR PERMITTED TO OBSERVE CLINICAL PROCEDURES CONDUCTED ON PATIENTS AT ANY BH FACILITY, I SHALL COMPLY WITH ALL POLICIES AND PROCEDURES OF BH, INSTRUCTIONS FROM THE PHYSICIAN AND HEALTH CARE PROVIDERS, AND SHALL IN ALL EVENTS RESTRICT ACTIVITIES TO OBSERVATION AND VERBAL CONSULTATION TO PHYSICIAN. BH RESERVES THE RIGHT TO BAN ANY BUSINESS PARTNER REPRESENTATIVE FROM PROVIDING SERVICES TO ANY BH FACILITY. BH MAY REQUEST VENDOR TO REPLACE ANY REPRESENTATIVE DEEMED INAPPROPRIATE, FOR WHATEVER REASON.

I UNDERSTAND THAT PRIOR TO ANY DEMONSTRATIONS, IN-SERVICES OR EDUCATIONAL TRAINING SESSIONS, THE CLINICAL SUPPLY PROGRAM DIRECTOR MUST REVIEW ALL EDUCATIONAL MATERIAL.

I FURTHER UNDERSTAND THAT ANY DEMONSTRATION, IN-SERVICE OR EDUCATIONAL TRAINING SESSIONS ARE TO BE LIMITED TO THE SPECIFIC PRODUCTS OR EQUIPMENT AGREED UPON.

I AM AWARE OF THE FEDERAL AND STATE LAWS AND REGULATIONS THAT GOVERN FALSE CLAIMS AND STATEMENTS AND THE ROLES THESE LAWS PLAY IN PREVENTING AND DETECTING FRAUD, WASTE AND ABUSE. I HAVE REVIEWED THE BANNER HEALTH CODE OF CONDUCT, COMPLIANCE HANDBOOK AND COMPLIANCE ISSUE REPORTING POLICY ON THE BANNER WEBSITE. (WWW.BANNERHEALTH.COM. CLICK ON VENDOR AT THE BOTTOM OF THE PAGE).

BH WILL NOT BE RESPONSIBLE FOR ANY UNAUTHORIZED PRODUCTS BROUGHT IN OR SENT INTO ANY BH FACILITY WITHOUT PRIOR WRITTEN AUTHORIZATION. PRODUCTS BROUGHT IN OR SENT INTO ANY BH FACILITY WITHOUT PRIOR WRITTEN AUTHORIZATION WILL BE DONE SO AT THE VENDOR'S EXPENSE.

I UNDERSTAND THAT I MUST FILL OUT PARTS ONE AND TWO (WHERE APPLICABLE).

I AGREE TO UPDATE MY PROFILE IN VEDNORMATE ANY TIME INFORMATION CHANGES AND TO NOTIFY VENDORMATE IF MY EMPLOYMENT STATUS CHANGES.

I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO MAINTAIN CURRENT VACCINATION RECORDS AND THAT I MUST RECEIVE A FLU SHOT ON AN ANNUAL BASIS PRIOR TO DECEMBER 1^{ST.} IF I DECLINE A FLU SHOT, I MUST SIGN THE DECLINATION STATEMENT

Name (printed)	Signature				
Company	Date				
☐ I am always declining to be vaccinated for the flu and agree to wear a mask when I am in a Banner Facility.					
Signature:					

PART TWO

ALL EXISTING BUSINESS PARTNER REPRESENTATIVES WHO CONDUCT BUSINESS IN THE OPERATING ROOM AND/OR INVASIVE PROCEDURE SUITES MUST REVIEW AND SIGN PART TWO,

Existing Business Partner Representative Requirements for Conduct in the Operating Room and Invasive Procedure Suites within Banner Health.

In accepting an invitation to support our physicians, operating room personnel and procedure suites staff, you assume many responsibilities. Of vital importance to the patient is the maintenance of aseptic technique to prevent infection in the surgical wound as well as confidentiality of patient information. Each individual present in the operating room and procedure suites shares in the maintenance of asepsis through proper conduct. The following restrictions apply when you are in the room.

Hand Hygiene:

The easiest and most effective way of reducing the spread of infection is proper hand hygiene. Please adhere to appropriate hand washing protocols (CDC recommendations for hand hygiene can be found at www.cdc.gov) during your visit within our institution.

Surgical Attire:

When suitable, you will be directed to the appropriate locker room to don scrubs. A scrub top, scrub pants, hat that covers all the hair, shoe covers (optional) and mask must be worn before entering the operating room when a patient is present or when sterile supplies are opened. It is acceptable to wear an undershirt (crew neck or V-neck, short sleeves) under your scrubs—since the temperature in the operating room is a bit cool. If you leave the department, please be sure to remove your hat, shoe covers and mask as you depart the operating room or procedure suite.

Hair Coverings:

In the operating room and in some procedure suites a RED cap will be provided. The red cap will help to distinguish the business partners from the Banner personnel. Hoods are the preferred head covering for persons with beards or facial hair. Be sure to cover your hair completely when donning the cap. Stud earrings are the only type allowed in the operating room. Confine necklaces inside your scrubs.

Mask:

Mask must be worn when entering and the operating room. For some procedure suites masks are not necessary. Ask any member of the patient care team and they will direct you in the expectations for the area you are working. Surgical masks are tied so that the nose and mouth are completely covered. Universal precautions are necessary for all involved. Please ask the Operating Room Educator or any patient care team member if you have any questions about universal precautions.

Personal Valuables:

Please place your valuable items in a locker if one is assigned to you. The Department cannot be responsible for lost or stolen items while you are in a procedure. Purses, backpacks are not permitted in the OR suites.

Badge:

All persons must be identified on the surgical record, which is a legal document; therefore, your badge must be visible. Upon entering the operating room or procedure suite, please introduce yourself to the circulator or appropriate health care professional. The badge needs to be located on the left upper portion of the scrub top. It should be placed above the pocket.

Existing Business Partner Representatives Involvement in a Procedure

At no time will an EBP in an operating room or in an invasive procedure suite be allowed to "scrub in" on a case, touch a patient, manipulate a device while on a patient, operate any equipment during a procedure, or open sterile packages in the sterile field. However, a vendor's representative who must be present intra-procedurally in order to adjust, program, or test a medical device, that is on a patient may do so only when the manufacturer's product instructions specifically state that such services must be performed by a trained representative of the manufacturer. The representative's company will provide documentation detailing the scope of the representative's capabilities and training to provide specific services during a procedure.

The Sterile Field:

To maintain sterile technique, nothing in a sterile field can be touched by those who are not scrubbed, gowned and gloved. The sterile area usually includes the draped patient, all gowned and gloved personnel, a mayo stand, back table, basins, all of which will be covered by sterile drapes. Please ask if you have any questions.

Where to stand:

If you are in the operating room or a procedure suite during the "set up' of the case, the best position to select is one near the wall, away from the cabinets, out of the way of the traffic flow of the room. There is much preparation necessary before an operation; the staff is busy, so it is wise to stay back from those who are setting up currently.

Conduct, Conversation and Colds:

Engage in minimum conversation in the operating room or procedure suite. Do not go into the operating room or procedure suite when you have a cold or any infectious disease because the patient must be protected from unnecessary exposure to bacteria. If you should begin to feel faint or nauseated during the procedure, sit down immediately away from the sterile field on a stool or even on the floor, until you regain your composure. This should not be an embarrassment for you, in fact it happens often. To help eliminate this possibility we suggest you eat breakfast or lunch prior to entering an operating room or procedure suite, especially foods with high protein content.

Emergency

Should any type of emergency arise, take your direction from the patient care staff in your room. Emergency codes are posted in the department for your perusal.

Your responsibility as a Vendor in any procedure over and above your support of the physician and the staff with your equipment includes maintaining aseptic conditions, not touching the sterile areas and keeping conversation to a minimum. You facilitate the work of our health care personnel by taking an observational position, which does not interfere with the flow of traffic in the room. By following these directions, it is hoped that your time in the hospital will be valuable for all parties.

I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO MAINTAIN CURRENT VACCINATION RECORDS AND THAT I MUST RECEIVE A FLU SHOT ON AN ANNUAL BASIS PRIOR TO DECEMBER 1^{ST.} IF I DECLINE A FLU SHOT, I MUST SIGN THE DECLINATION STATEMENT FOUND IN PART ONE. YOUR EMPLOYER WILL BE SUBJECT TO RANDOM AUDITS TO CHECK FOR COMPLIANCE. (initial here).

I understand that I must provide Vendormate with documentation on radiation safety if I am in procedures where fluoroscopy or other radiographic equipment is in use. I also understand that I must NEVER touch, manipulate or operate any radiographic equipment. Doing so is a violation of the ARRA (Arizona Radiation Regulatory Agency). (initial here)

I always agree to wear a dosimeter badge when in procedural areas where fluoroscopy is performed. It is the responsibility of the company I work for to furnish such badge. Banner is not responsible for furnishing and or monitoring radiation level. I further understand that if I may be asked to eave the procedural is if I do not have a dosimeter badge. (initial here)

I understand that if I must provide Vendormate with documentation of laser safety if I am in procedures where laser is in use or I am contracted to provide laser equipment. (initial here)

SECTION THREE							
IN ADDITION TO COMPLETING THE ABOVE SECTIONS, THIS SECTION IS TO BE COMPLETED BY ANY FIELD REPRESENTATIVE, CLINICAL REPRESENTATIVE OR CLINICAL CONSULTANT THAT WILL BE INVOLVED IN TRAINING THAT REQUIRES THAT INDIVIDUAL TO HAVE DIRECT INVOLVEMENT WITH THE EQUIPMENT, DEVICE OR MEDICAL SUPPLY DURING THE TRAINING OF BANNER STAFF, AND OR PHYSICIANS.							
Full Name of Company:							
Name of Device:							
Facility where training will take place:							
Department where training will take place:							
Your Name (Print or Type):							
Voice Mail # () Cellular Phone #: ()	Fax # ()						
E-Mail:							
Describe what your role will be in the training:							
IF SECTION THREE IS COMPLETED, ONE OF THE CLINICAL SUPPLY PROGRA	M DIRECTORS MUST APPROVE THEIR APPLICATION.						
I HAVE READ AND UNDERSTAND ALL PAGES OF THE BANNER EXISTING PROTOCOL PACKET AND ACKNOWLEDGE THAT IT IS MY RESPONSIBILITY TO BE FAMILIAR WITH THE CONTENTS AND REQUIREMENTS OUTLINED WITHIN THE BANNER EXISTING PROTOCOL PACKET AND MAINTAIN ALL REQUIREMENTS AND DOCUMENTATION WITH VENDORMATE.							
Name (printed)	Signature						
Company	Date						