Dear Student and/or Clinical Instructor,

Thank you for your interest in Providence Health Care. In order to fulfill your request for clinical experience at our facilities, the following steps must be completed prior to beginning your experience.

**STEP 1: COMPLETE STUDENT INTAKE PACKET AND RETURN PROMPTLY**

The Student Intake Packet consists of four forms that must be completed and returned. Scan and email the completed Student Intake Packet to Barbara.Wisor@providence.org (preferred method) or fax to 509-474-3397. Within this packet you will find the following:

- Providence Passport – This document should be completed by your Clinical Instructor or a school representative.
- Acceptable Use Agreement – This document must completed and signed by the student.
- Code of Conduct Commitment – This document must be signed by the student.
- Non-Employee Confidentiality and Nondisclosure Statement – This document must be signed the student.

**STEP 2: REVIEW ATTACHED ORIENTATION MATERIALS PRIOR TO ROTATION**

Students must review the attached materials prior to starting their rotation:

- Providence Mission & Values
- Code of Conduct Booklet and HIPAA Information
- Emergency Code Information
- Infection Prevention for Students

**STEP 3: UPON ARRIVAL – REPORT TO YOUR PHC DEPARTMENT CONTACT**

- Identification: Upon arrival at our facilities, your Department Contact shall escort you to Badging to have an identification badge made. This badge must be worn at all times while on our campus.
- Systems Access: Depending on the systems access needed for your clinical experience (Epic, Pyxis, etc.) you may have additional training and processes to complete in order to gain access.

Thank you and welcome to Providence. We hope your rotation experience with Providence is rewarding! If you have any questions or concerns, please feel free to reach out to me.

Sincerely,

Barbara J. Wisor

*Barbara J. Wisor, Professional Development Coordinator*

Providence Health Care/P.O. Box 2555/Spokane, WA 99220-2555

Barbara.Wisor@providence.org  509-474-7228
# CLINICAL PASSPORT

<table>
<thead>
<tr>
<th>STUDENT SCHOOL</th>
<th>PHONE</th>
<th>EMAIL</th>
<th>PROGRAM</th>
<th>ROTATION DATES</th>
</tr>
</thead>
</table>

## TB SKIN TEST

<table>
<thead>
<tr>
<th>Two Step TST Dates (mm/dd/yy)</th>
<th>OR</th>
<th>Quantiferon (QFT)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 ____________________________</td>
<td></td>
<td>IF New Positive Exam/X-Ray</td>
</tr>
<tr>
<td>2 ____________________________</td>
<td></td>
<td>Positive TB/Negative X-Ray</td>
</tr>
</tbody>
</table>

## HEPATITIS B

<table>
<thead>
<tr>
<th>Vaccination Dates (mm/dd/yy)</th>
<th>OR</th>
<th>Immunity Confirmed by Titer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 ____________________________</td>
<td></td>
<td>Signed Waiver</td>
</tr>
<tr>
<td>2 ____________________________</td>
<td></td>
<td>____________________________</td>
</tr>
<tr>
<td>3 ____________________________</td>
<td></td>
<td>____________________________</td>
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<tr>
<td>4 ____________________________</td>
<td></td>
<td>____________________________</td>
</tr>
</tbody>
</table>

## MMR (MEASLES, MUMPS, RUBELLA)

<table>
<thead>
<tr>
<th>Vaccination Dates (mm/dd/yy)</th>
<th>OR</th>
<th>Immunity by Titer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 ____________________________</td>
<td></td>
<td>Measles</td>
</tr>
<tr>
<td>2 ____________________________</td>
<td></td>
<td>Mumps</td>
</tr>
<tr>
<td>3 ____________________________</td>
<td></td>
<td>Rubella</td>
</tr>
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</table>

## VARICELLA (CHICKEN POX)

<table>
<thead>
<tr>
<th>Vaccination Date (mm/dd/yy)</th>
<th>OR</th>
<th>Immunity by Titer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 ____________________________</td>
<td></td>
<td>__________________</td>
</tr>
<tr>
<td>2 ____________________________</td>
<td></td>
<td>__________________</td>
</tr>
</tbody>
</table>

## Tdap (TETANUS, DIPHTHERIA, PERTUSSIS)

<table>
<thead>
<tr>
<th>Vaccination Date (mm/dd/yy)</th>
<th>OR</th>
<th>Signed Waiver</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 ____________________________</td>
<td></td>
<td>__________________</td>
</tr>
</tbody>
</table>

## INFLUENZA

<table>
<thead>
<tr>
<th>Vaccination Date (mm/dd/yy)</th>
<th>OR</th>
<th>Signed Waiver</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 ____________________________</td>
<td></td>
<td>__________________</td>
</tr>
</tbody>
</table>

## BACKGROUND CHECKS

<table>
<thead>
<tr>
<th>Date</th>
<th>(Can be one of the two below)</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>National Criminal Background Check</td>
<td>Excluded Provider Search on OIG</td>
</tr>
<tr>
<td></td>
<td>Washington State Patrol Check</td>
<td>Excluded Provider Search on GSA</td>
</tr>
</tbody>
</table>

## ORIENTATION MATERIALS – Must be reviewed prior to beginning clinical rotation.

<table>
<thead>
<tr>
<th>Date</th>
<th>Mission &amp; Values</th>
<th>Date</th>
<th>Infection Prevention Module</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Code of Conduct/HIPAA</td>
<td></td>
<td>Emergency Code Information</td>
</tr>
</tbody>
</table>

By signing this document, I acknowledge that the above information is accurate and complete. I understand the School is responsible for maintaining, and procuring upon request, documentation of above information.

_______________________________________________
Clinical Instructor or School Representative

Return to Barbara Wisor at Barbara.Wisor@providence.org or fax to 509-474-3397.
HIPAA Privacy & Security: What You Need to Know

Providence expects that all employees/physicians and others with access to our electronic health records will protect our patients’ information in accordance with the HIPAA privacy and security rules and applicable state laws. PROVIDENCE monitors access and performs investigations on access where appropriateness is in question. This tip sheet highlights key HIPAA focus areas. In a time of increasing government enforcement, fines and potential jail time, these tips will help you do the right thing.

- *Never* view patient records outside your scope of work. *Only view records relevant to performing your job.* No peeking!

- *Never* share your ID or passwords with anyone and do not allow others to use the computer while you are logged in.

- Don’t leave your password written down near your computer. Make certain to lock or log off your computer when you step away.

- Understand what qualifies as protected health information (PHI).

Examples of PHI include:

- Names and addresses
- Telephone/Fax Numbers
- Email Addresses
- Social Security Numbers
- Medical Record Numbers
- Dates that include Dates of Birth, Death, Admission, Discharge
- Full-Face Photos and Comparable Images of Patients

- Use secure shredder bins to dispose of documents containing PHI or other confidential information. Never recycle documents containing confidential information.

- Keep PHI out of sight and secure it when not in use to prevent unauthorized access.

- Avoid patient-related discussions in public areas.

- You are responsible for keeping health information received at work confidential. Do not post PHI to social networking sites such as Facebook or Twitter. This is a serious HIPAA violation and constitutes a breach.
Always use a cover sheet when transmitting information by fax. Do not put confidential information on the cover sheet.

Before discarding pill bottles, IV bags, vials or other items with labels containing PHI, black out the information or remove the labels and dispose of them in the shredder bin.

Understand what constitutes a breach. A breach is defined as the impermissible acquisition, access, use, or disclosure of PHI which compromises the security or privacy of the information. Healthcare professionals that violate privacy laws and regulations, and commit a breach can face very serious consequences. These can include progressive discipline, up to and including termination. Healthcare professionals may also face criminal prosecution and civil penalties up to $250,000. The best way to prevent a breach is to always keep the information obtained at work confidential and follow proper security practices when dealing with PHI.

Examples of potential breaches include:

- Viewing patient records (including family members) without a legitimate business purpose or “need to know”
- Throwing PHI in the trashcan instead of the shredder bin
- Giving discharge summaries and prescriptions to the wrong patient
- Posting patient information/PHI to social networking sites or blogs
- Sending faxes with confidential information to the wrong recipient

Understand how to report a compliance issue or suspected breach:

1. Contact your PHC compliance Director Tammie Nelson
2. Call the Integrity line at (888)294-8455. The Integrity Line is available toll-free 24 hours a day, 7 days a week. You may report concerns anonymously.

Consult PROVIDENCE’s Code of Conduct when you have questions about doing the right thing. The Code will help you understand our expectations and the importance of being honest and fair in all of our business interactions with customers, patients, members, payers and vendors. The Code details how to report a violation or concern about potential illegal or inappropriate actions. Copies of the Code in different languages can also be found online.

Remember to always ask questions when you are in doubt!
The Providence Commitment

Mission
As people of Providence, we reveal God's love for all, especially through our compassionate service.

Core Values
Respect
All people have been created in the image of God – Genesis 1:27
We welcome the uniqueness and honor the dignity of every person.
We communicate openly and we act with integrity.
We develop the talents and abilities of one another.

Compassion
Jesus taught and healed with compassion for all – Matthew 4:24
We reach out to people in need and give comfort as Jesus did.
We nurture the spiritual, physical and emotional well-being of one another and those we serve.
We embrace those who are suffering.

Justice
This is what the Lord requires of you: act with justice, love with kindness and walk humbly with your God – Micah 6:8
We believe everyone has a right to the basic goods of the earth.
We strive to remove the causes of oppression.
We join with others to work for the common good and to advocate for social justice.

Excellence
Much will be expected of those who are entrusted with much – Luke 12:48
We set the highest standards for ourselves and for our ministry.
We strive to transform conditions for a better tomorrow while serving the needs of today.
We celebrate and encourage the contributions of one another.

Stewardship
The earth is the Lord's and all that is in it – Psalm 24:1
We believe that everything entrusted to us is for the common good. We strive to care wisely for our people, our resources and our earth.
We seek simplicity in our lives and in our work.
ACCEPTABLE USE AGREEMENT

This Acceptable Use Agreement applies to Providence Health & Services (PH&S) employees, volunteers, trainees and all others doing business with Providence.

Compliance with this agreement is a condition of continued employment with PH&S according to policy P-802, Acceptable Use of IT assets, which can be found at:

This policy describes the appropriate use of Providence information and technology resources including data, systems, networks and devices including but not limited to desktop computers, laptops, PDAs, fax machines and copiers and is intended to promote and protect the confidentiality, integrity, and availability of PH&S information and technology.

I am aware and agree, unless further described herein:
• Internet usage, communications and transactions are not private. All computer activity is recorded and can be traced to a specific user ID.
• Information and technology associated with or belonging to PH&S must be protected by taking appropriate measures such as keeping passwords private, encrypting all computers and devices, and locking all portable devices. Additional information and online training on how to protect information and technology is available at http://grace.providence.org/iseprise/EpriseFilterExt.dll/main/Sites/security/home
• PH&S information and technology is for business use and must not be used for purposes which may interfere or are in conflict with the PH&S mission and/or policies. Any use of PH&S information or technology for a purpose not specifically authorized by PH&S is prohibited.
• PH&S reserves the right to limit or restrict any member’s use of information or technology to meet the business and service obligations of the organization.

Although information and technology resources are for business use, limited personal use may be permitted with the following restrictions:
• Usage must be reasonable, lawful and ethical and cannot be offensive or disrespectful to coworkers or others in the work or patient care environment.
• Usage must not interfere or be in conflict with PHS responsibilities or productivity.

IMPORTANT: In addition to termination, non-compliance could result in further action, including civil or criminal prosecution. Violation of these requirements by a third party contracted with PH&S may result in termination of the representative’s contractual arrangement with PH&S for default and may further result in such representative being subject to civil or criminal laws, as applicable.

By signing this document, I acknowledge that I have read, understand, and agree to abide by the Providence Health & Services Acceptable Use Agreement. This agreement does not limit my right to use my own general knowledge and experience, whether or not gained while employed by PH&S, or my right to use information which is known to the general public through no fault of my own.

Signature:___________________________________________Date:_/__/____ Employee ID________
Printed Name:___________________________________________Position:__________________________
Department:________________________________________Work Location/Facility Site:_________________
Employee# ____________

ACKNOWLEDGMENT OF COMMITMENT TO THE CODE OF CONDUCT

These standards in the Providence Code of Conduct do not, nor were they intended to, cover every situation you may encounter. They provide only broad guidance that is defined in greater detail by the various policies, standards, procedures and guidelines of Providence, your region and your facility.

Providence is committed to the standards outlined in this Code of Conduct. Your commitment is critical to the success of this Integrity and Compliance Program. Failure to do so is grounds for disciplinary action, up to and including termination, in accordance with your personnel policies and/or collective bargaining agreement if applicable.

As with any policy, compliance with the Providence Code of Conduct is a condition for, but not a guarantee of, continued employment.


I acknowledge that I have received my copy of the Providence Code of Conduct.

I understand that I am responsible for becoming familiar with the information contained in the Code and that this Code does not include all of the specific policies of Providence.

I further understand that any clarification of the contents of this handbook will be provided during compliance education sessions or, upon my request, by my supervisor, the local or regional compliance office or the System Integrity office.

Name (Please Print)  Signature

Date  Ministry/Facility and Department
I understand that in the course of performing services on behalf of Providence Health & Services – Washington/Montana (WA/MT), I will have access to information not generally available or known to the public. I understand that such information is confidential information that belongs to WA/MT. Confidential information includes but is not limited to patient, customer, member, provider, group, physician, employee, financial, and proprietary information, whether oral or recorded in any form or medium. I understand that information developed by me, alone or with others, may also be considered confidential information belonging to WA/MT.

I will hold confidential information in strict confidence and will not disclose or use it except (1) as authorized by WA/MT; (2) as permitted under written Agreement between WA/MT and my employer or myself; (3) consistent with the scope of services I perform on behalf of WA/MT and with applicable WA/MT policies and practices; and (4) solely for the benefit of WA/MT, its patients, members and other customers.

I understand that this Confidentiality and Nondisclosure Statement does not limit my right to use my own general knowledge and experience, whether or not gained while contracting with WA/MT, or my right to use information that becomes generally known to the public through no fault of my own.

I will not access Confidential Information for which I have no legitimate need to know.

I understand it is my responsibility to become familiar with and abide by applicable laws, regulations, and WA/MT policies and protocols regarding the confidentiality and security of confidential information.

I understand that e-mail is not a secure, confidential method of communication. I will not include confidential patient information in e-mail communications outside of the Providence Health & Services (i.e. from or to non-providence.org email addresses, without first contacting the Privacy Officer or the Information Security Officer for current protection method information).

I understand that WA/MT electronic communication technologies (Internet and e-mail) are intended for benefit of WA/MT, however limited personal use is permitted. Personal use is defined as incidental and occasional use of electronic communications technologies for personal activities that should normally be conducted during personal time, such as break periods, or before and after scheduled working hours, and is not in conflict with WA/MT business requirements. Internet usage is monitored and audited on a regular basis by WA/MT management. WA/MT management also reserves the right to monitor e-mail and telephone usage.

I understand that if I breach the terms of this confidentiality and nondisclosure statement or any applicable WA/MT confidentiality, privacy, and/or security policies, WA/MT may terminate my computer access. I further understand that I may be subject to any applicable sanctions or disciplinary actions as determined by my relationship and contracts or agreements with WA/MT, up to and including terminations of that relationship or contract/agreement, if applicable.
Emergency Codes

Code Names and Colors:

<table>
<thead>
<tr>
<th>CODE NAME</th>
<th>EMERGENCY SITUATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>RED</td>
<td>Fire</td>
</tr>
<tr>
<td>BLUE</td>
<td>Heart or Respiration Stopping</td>
</tr>
<tr>
<td>GRAY</td>
<td>Combative/Hostile Person</td>
</tr>
<tr>
<td>SILVER</td>
<td>Weapon/Hostage Situation</td>
</tr>
<tr>
<td>AMBER ALERT</td>
<td>Infant or Child Abduction</td>
</tr>
<tr>
<td>EXTERNAL TRIAGE</td>
<td>External Disaster</td>
</tr>
<tr>
<td>INTERNAL TRIAGE</td>
<td>Internal Emergency</td>
</tr>
<tr>
<td>RAPID RESPONSE TEAM</td>
<td>Early Response for Declining Patient</td>
</tr>
<tr>
<td>CODE “NAME” CLEAR</td>
<td>Clear Code</td>
</tr>
<tr>
<td>PURPLE</td>
<td>Missing vulnerable adult; used for any high risk patient who is absent from care area without knowledge/permission of staff. (e.g. incapacitated due to physical or mental impairment)</td>
</tr>
</tbody>
</table>

Additional Codes:

<table>
<thead>
<tr>
<th>CODE NAME</th>
<th>How it is called</th>
</tr>
</thead>
<tbody>
<tr>
<td>Code 3</td>
<td>Code 3: specific personnel and location (specify child/infant as appropriate)</td>
</tr>
<tr>
<td>Medical Emergency</td>
<td>Examples:</td>
</tr>
<tr>
<td>(used to call</td>
<td>Code 3, Anesthesia, location</td>
</tr>
<tr>
<td>designated staff)</td>
<td>Code 3, Stroke Alert, location</td>
</tr>
<tr>
<td></td>
<td>Code 3, Cardiac Alert (Holy Family), location</td>
</tr>
<tr>
<td></td>
<td>Code 3, Respiratory, location</td>
</tr>
<tr>
<td>Code 77</td>
<td>“Code 77”</td>
</tr>
<tr>
<td>Bomb Threat</td>
<td></td>
</tr>
</tbody>
</table>
How to Call a Code

Providence HOLY FAMILY Hospital:

Dial 482-2155

*Announce* code name, room number, area, adult or child.

Providence SACRED HEART Medical Center & Children’s Hospital:

Dial 474-5555

*Announce* code name, room number, area (east, west, main,), Adult or child.

Remember – **DO NOT** call “0” - the operator will place you in a line with all other calls!

For all locations outside the main hospital buildings, call 911.
IN CASE OF A HAZARDOUS MATERIAL SPILL:

**SPILL**

**S** Secure the immediate area

**P** Phone security @ ext. 474-3099

**I** Identify the material (pull MSDS)

**L** Look up the appropriate personal protective equipment required for cleanup

**L** Leave it clean