

Instructions for Student Paperwork & Documentation

Directions:

1. Review [Student Experience Policy & Procedure](#)
2. Review [Orientation Material](#)

Print and sign the following documents:

1. Print and sign the [Orientation Checklist](#) *
2. Print and complete the [Post Test](#)*
3. Print and complete [Student Profile](#) *
4. Print and sign the [Acceptable Use Agreement Form](#)*
5. Print and sign the [Confidentiality/Nondisclosure Form](#)*
6. Print and sign the [Student Clinical Inquiry Projects Form](#)*

*These forms must be completed and submitted to the Student Program Coordinator as soon as possible.

**All students must wear their St. Patrick Hospital student badge
at all times when in the Hospital.**

Student Program Coordinator Contact Information:

Kerry Schultz

Student Program Coordinator

Phone: (406) 327-5928

Fax: (406) 329-5688

Email: carolyn.schultz@providence.org

Office Hours: Monday-Thursday, 8:00am-3:30pm

Orientation Packet Checklist

Packet Materials:

READ & INITIAL:

- Student Experience Policy
- Orientation Material: (which includes)
 - Introduction – Providence: Answering the Call to Care, 1856
 - Our Mission
 - HRO – Caring Reliably
 - Doing the Right Thing Right – Providence Code of Conduct
 - Cultural Diversity
 - Hand Hygiene
 - Standard Precautions: Blood borne Pathogens & Other Potentially Infectious Materials
 - Environment of Care
 - Plain Language - Overhead Announcement
 - Workplace Violence Prevention
 - Hazcom Training
 - Complete Post Test

Print and complete the following documents and turn into the student Coordinator as soon as possible:

- Signed Orientation Packet Checklist
- Completed Orientation Post-test
- Completed/signed Student Profile
- Signed Acceptable Use Agreement
- Signed Confidentiality & Non-Disclosure Statement
- Completed Clinical Inquiry Projects Form

I have read the Student Experience Policy and Orientation Material and understand the information provided. I agree to adhere to the conditions of the Confidentiality/Non-disclosure Statement and the Acceptable Use Agreement. By signing, I am verifying that the information on file with the School is accurate and current. I also understand that I, as the student, am responsible for keeping these records current.

Name: (Please Print)

Providence: Answering the Call to Care, 1856

On November 3, 1856 Mother Joseph and four Sisters of Providence left Montreal, arriving in Fort Vancouver, Washington Territory on December 8, 1856. Their mandate and desire was to care for the poor, the sick, and to educate children. The Panama Canal did not exist so they traveled by mule through the marsh and jungles across Central America before getting back on a ship. They were met with heavy seas and terrible motion sickness at the mouth of the Columbia River. Upon arriving in Fort Vancouver, their accommodations were very sparse and they shared a small room together in the Bishop's house.

Despite primitive conditions and hardships, the nuns persevered, feeding the poor, caring for the sick and orphaned, teaching, and gardening. To finance new buildings and their work, Mother Joseph and some of the sisters launched what they called "begging tours." In 1858, they opened St. Joseph's hospital, the first in the Northwest -- one tiny room with four beds, benches, and tables carved by Mother Joseph.

In 1863, Father DeSmet, S.J. visited Mother Joseph in Ft. Vancouver, pleading for the Sisters to open a school for Indian girls at his mission at St. Ignatius. Mother Joseph requested approval and support from Montreal and it was granted. In 1864, another group of nuns left Montreal to join Mother Joseph for training then traveled to the newly designated Montana Territory.

For more than forty years, Mother Joseph designed and supervised in the construction of hospitals, schools and other buildings across the northwest. Clad in habit, with hammer and saw in hand, she personally supervised the construction, reportedly ripping out faulty workmanship and redoing it herself.

It was under Mother Joseph's leadership, that Providence became the second corporation in the territory of Washington in 1859. Mother Joseph is honored in Statuary Hall in DC as one of our honored pioneers. She is the only person kneeling, this posture represents the fact that, according to the artist, to accomplish so many great works she had to be a woman of great faith and prayer.

Caring for Montana Since 1864

In 1864, four young Catholic nuns began a long journey that not only took them from Montreal to the Pacific Coast...but also forever changed health care in the northwestern United States. Those nuns – all younger than 30 – traveled by boat to Panama, crossed by land to the Pacific Ocean and then continued by boat to Fort Vancouver on the Columbia River. There, they boarded a steamer and traveled upriver to Walla Walla. Then they rode on horseback 500 miles along the newly completed Mullan Road – first across the treeless Columbia Plateau and then through the dense forests of Coeur d'Alene country, where they crossed Coeur d'Alene Lake on a flatboat.

The final leg of their journey had the young nuns crossing the Bitterroot Mountains at what is now Lookout Pass and descending to the Clark Fork River. They arrived at the St. Ignatius Mission south of Flathead Lake just before winter set in, in October 1864, and became the first Sisters to reach the new Montana Territory.

Pioneering Firsts in Montana Health Care and Education

The Sisters knew little about their destination. But their mission was clear: to serve the community's unmet needs, particularly among the poor. The "Lady Black Robes" as they were known, founded first a

school for Native American children and cared for those affected by warring and illness. To support their humanitarian work, the Sisters organized “begging tours” to the scattered mining camps and communities of Oregon, Idaho and Montana.

Through years of begging tours they raised enough to expand their original mission at St. Ignatius to include Sacred Heart Academy and St. Patrick Hospital – both in Missoula. In April of 1873, Mother Caron, Superior General of the Sisters of Providence, along with Sister Mary Edward and Sister Mary Victor, traveled to Missoula to start both a hospital and a school with \$500 raised from the begging tours.

Growing to Meet the Needs of Missoula, Montana

The new hospital in Missoula had humble beginnings: a small, simple frame building. But, it offered professional health care and the warm concern of the Catholic nuns who ran it. In the following years, the original building underwent additions and remodels. In 1889, a new three-story hospital increased patient capacity from 40 to 90.

By 1923, however, more hospital space was needed to serve Missoula’s fast-growing community. The Sisters’ earlier “begging tours” technique wouldn’t work to raise the needed \$45,000. Thankfully, pledges and donations made up the sum, and the five-story, 100-foot by 40-foot annex was built. St. Patrick Hospital was now a 150-bed facility.

Ushering in Modern Health Care

In 1906, St. Patrick Hospital founded a school of nursing, which combined the teaching and health care ministries. By 1946, the school of nursing had a dedicated building and flourished. Nursing training shifted to universities in the 1970s. The St. Patrick School of Nursing closed in 1978 after training and graduating more than 1200 nurses.

The Sisters of Providence faced a great challenge. In order to move forward, they needed more space and increased funding. The facility they planned would cost \$500,000 – a far cry from the initial \$500 to establish the hospital in 1873. The new facility, the Broadway Building, opened March 17, 1952, to considerable public fanfare and praise. The following years were marked by expanded, specialized services as St. Patrick added sophisticated technology and a reputation as a leading regional cardiac and cancer center.

By 1980, shortage of space and the constant development of modern technology again required a building expansion. Efforts to raise \$37.4 million for a 285,000 square-foot facility began. This facility, constructed in 1984, remains the hospital’s main headquarters today.

Expanding into the Mission Valley

In 1990, Saint Joseph Hospital in Polson, Montana, was in a dire financial state. The Sisters of Providence assumed responsibility for the hospital on March 1, 1990. This allowed Saint Joseph Hospital to continue providing valuable health care to the community. The Sisters of Providence understood the importance of the hospital to the wellbeing of the community. The Saint Joseph Hospital Board of Directors, faced with

an old building needing extensive upgrades to meet standards and maintain its operating license, reviewed options and concluded new construction was the solution.

Modernizing Care for Healthy Communities

The sponsors recognized the citizens needed health care to keep pace with changing lifestyles and technology. Physicians and patients needed modern diagnostic imaging equipment, outpatient surgery, physical therapy, cardiovascular rehabilitation, home health services and wellness programs. The resulting vision was one where the hospital and doctors worked together to provide primary health care services in a state-of-the-art facility, designed to meet the needs of the growing, diverse and aging community.

The plan included replacing the 60-year-old building with a new structure featuring a modern imaging suite, a new emergency room, a new surgical suite, patient rooms, medical office space and administrative offices. The cost of the project was estimated at \$10 million.

Community contributions, combined with donations from foundations, raised \$1.6 million. The balance of the funding came by way of a Providence Bond Issue. The old building was razed and a new one rose in its place. The new building, Providence St. Joseph Medical Center, takes full advantage of beautiful views of Flathead Lake. It's filled with natural light, which combined with the care, competence and training of our staff, make it a special healing place.

Creating Healthier Communities, Together

Our Providence system includes employed caregivers serving in a diverse range of ministries from birth to end of life, including acute care, physician clinics, long-term and assisted living, palliative and hospice care, home health, supportive housing and education.

For many years, Providence Health & Services has partnered with other Mission-driven health care organizations to provide quality health care across the northwest. These partnerships include Swedish in 2012, Kadlec in 2014, Institute for Systems Biology in 2016 and most notably with St. Joseph Health in 2016 to become Providence St Joseph Health. Beginning in 2020, the System rebranded as Providence.

The partnership with St Joseph Health created an extensive high-quality healthcare network reaching communities large and small across Alaska, Washington, Oregon, California, Montana, New Mexico & Texas with more than 52 hospitals, 829 clinics and 106K caregivers plus a high school, nursing schools and a University.

Locally, Providence St. Patrick Hospital continues to be a leader in the health care industry winning awards such as Truven's Top 50 Heart Hospital and Top 100 Hospital, ANCC's Magnet Recognition for nursing excellence, Women's Choice Award, Mountain-Pacific Quality Health Award, Practice Greenhealth's Emerald Award.

MISSION

Thank you for sharing your gifts and talents at Providence St. Patrick Hospital. Each of us, by the work we do every day, contributes to our healing ministry in support of our Mission. It is important for us to remind ourselves of the awesome privilege and the responsibility we each have as members of the Providence St. Patrick Hospital family to carry out our Mission of revealing God's love for all through our compassionate service.

The Mission, Values, Vision and Promise of Providence St Joseph Health and St. Patrick Hospital are:

Our Mission

As expressions of God's healing love, witnessed through the ministry of Jesus, we are steadfast in serving all, especially those who are poor and vulnerable.

Our Values

Compassion

Dignity

Justice

Excellence

Integrity

Our Vision

Health for a Better World.

Our Promise

"Know me, care for me, ease my way."

HRO

CARING RELIABLY

Be Compassionate. Be Safe. Be Reliable.

For Providence and our affiliates, becoming a high reliability organization (HRO) means achieving and sustaining a high performing organization with an internally driven safety focus. We are shaping, through the behavior of every person, a culture of reliability that will enable us to predictably achieve – every time, every place– safe, high quality outcomes.

Caregiver education

On our journey to become a highly reliable organization; every one of us will take an active role in keeping our patients and co-workers safe, treating everyone with respect, and getting the best outcomes for patients, for Providence and affiliates, and the communities we serve in support of our mission.

HRO includes the tones, behaviors, and tools that should be used in how we act with each other and with our patients and families to create a high reliability organization.



Toolbox for everyone

With our collective commitment to safety and reliability, we serve our mission and achieve our vision.

Our Mission

As people of Providence, we reveal God's love for all, especially the poor and vulnerable, through our compassionate service.

Our Promise

Together, we answer the call of every person we serve: know me, care for me, ease my way.*

Our Vision

Simplify health for everyone

Core Values

Respect, Compassion, Justice, Excellence, Stewardship

CARING RELIABLY

Be Compassionate. Be Safe. Be Reliable.

Tones for respect of others at all times

Smile and greet others; say "Hello"

Introduce using preferred names and explain roles

Listen with empathy and intent to understand

Communicate positive intent of our actions

Provide opportunities for others to ask questions

Universal behaviors and tools



PAY ATTENTION TO DETAIL

- Self-check using STAR (Stop, Think, Act, Review)
- Peer check



HAVE A QUESTIONING ATTITUDE

- Validate and verify
- Know why and comply



COMMUNICATE CLEARLY

- SBAR (Situation, Background, Assessment, Recommendation)
- Three-way repeat-back and read-back
- Phonetic and numeric clarification
- Clarifying questions



OPERATE AS A TEAM

- Brief, execute and debrief



SPEAK UP FOR SAFETY

- Escalation using CUS (Concerned, Uncomfortable, Stop) and chain of command
- Event reporting systems (UOR)

Cultural Diversity

All human beings have more in common than they have differences. That is no more apparent than when a person is being treated in a medical setting. Health care is more than treatment of diseases or bodies. It is also the care of an individual who comes to us with a social, cultural, family, and religious history. Cultural skill entails the ability to collect relevant data regarding the patient's presenting problem, as well as accurately perform a culturally-based assessment in a sensitive manner.

Cultural competence and the understanding of diversity in the workplace are based on several core beliefs:

- Each patient is a unique person
- Individuals are complex
- Cultivating compassion requires that we understand situations from the others' point of view and engage in self-reflection regarding how our actions are affecting the other person
- We can appreciate the similarities as well as the differences among people and acknowledge strengths and weaknesses of each individual



The goals of developing cultural competence and an understanding of diversity in the workplace are to:

- Improve the quality and efficacy of medical care for all patients
- Reduce health inequity, reduce disparity
- Better communication between patient and caregiver regarding medical history and symptoms, resulting in more accurate diagnosis and better care
- Increase respect and trust between patient and caregiver, increasing the likelihood of compliance with recommended treatment

Providence St. Patrick Hospital ensures cultural diversity by doing the following:

- Examining our stereotypes, biases and assumptions
- Creating new ways of thinking
- Avoiding the pitfalls of non-verbal communication
- Following the patient's lead
- Asking questions
- Interacting with the patient's family
- Using a medical interpreter
See policy 2898221 Interpretive Services for more information.

Montana Service Area Critical Event Notification

In the Providence Montana Service Area we began using plain language overhead announcements to notify people of critical events in August of 2019. This allows us to clearly communicate with caregivers, patients and visitors and potentially give instructions. This is considered best practice by TJC, the Emergency Nurses Association, The American College of Surgeons, FEMA and others.

There are three types of notifications:

Medical Alerts:

- [Medical Alert] + [Type of Event] + [Location]
- Adult, Pediatric and Infant CPR
- Example: "Medical Alert, CPR Team, Room 444"

Security Alerts:

- [Security Alert] + [Type of Event] + [Location] + [Instructions if needed]
- Combative Person, Person with a weapon, Active shooter, Infant Abduction, Missing person, Bomb threat
- Example: "Security Alert, Active shooter in the cafeteria, Run, Lock, Fight!"

Facility Alerts:

- [Facility Alert] + [Type of Event] + [Location] + [Instructions if needed]
- Fire/Fire Alarm, Hazardous Materials Spill
- Example: "Facility Alert, Hazardous Materials Spill at the loading dock, please avoid the area until cleared."

Hand Hygiene

Hand hygiene is the single most effective method for prevention of infection, for both you and our patients. Providence St. Patrick Hospital abides by the Centers for Disease Control (CDC) and Prevention Guidelines, for more information go to: <http://www.cdc.gov/>

What you need to know to protect yourself and patients:

1. Use soap and water (not alcohol-based hand rub) when hands are:
 - a. visibly dirty or contaminated with blood or other body fluids
 - b. after using the restroom
 - c. before and after eating
 - d. after contact with patient with diarrhea, Clostridium difficile or other spore forming organism (antimicrobial soap preferred).
2. If hands are not visibly soiled, use an alcohol-based hand rub for routinely decontaminating hands. Alcohol based hand rub is the preferred method but soap and water is acceptable. Using alcohol-based hand rub immediately following hand washing may increase dermatitis.
3. The expectation is the volunteer/student/caregiver will perform hand hygiene upon **entry** and **exit** of the patient's room. If you apply an alcohol hand-rub as you leave one patient and are still rubbing your hands together as you arrive at the next patient then there is no need to repeat hand hygiene.
4. Perform hand hygiene after contact with a patient's intact skin.
5. Wear gloves when using disinfecting wipes to clean equipment or surfaces.
6. Perform hand hygiene after removing gloves. Hands can be contaminated during the removal of gloves and there is always the potential for unseen breaks in the glove.

How to Perform Hand Hygiene

Hand washing with soap:

1. Wet hands under running water. Apply soap and rub hands together vigorously using rotary motion and friction for at least 15 seconds, covering all surfaces of the hands and fingers, including under fingernails.
2. Rinse hands under running water and dry thoroughly with a disposable towel.
3. Dry hands. Use towel to turn off faucet. (Do not turn off faucet first and then use the same towel to dry your clean hands).



Alcohol-based hand-rub:

1. Apply product to palm of one hand and rub hands together, using enough product to cover **all** surfaces of hands and fingers, until dry.

Standard Precautions: Bloodborne Pathogens and Other Potentially Infectious Materials

Organisms that cause disease can be carried in a person's blood and other body fluids. Healthcare workers are routinely exposed to the blood and fluids of their patients and therefore are at risk for contracting disease.

What you need to know about Bloodborne Pathogens:

- Important bloodborne pathogens in the healthcare setting are HIV, HBV and HCV
 - o Human immunodeficiency virus (HIV – attacks the immune system)
 - o Hepatitis B virus (HBV – can cause long term liver damage)
 - o Hepatitis C virus (HCV– can cause long term liver damage)
- These pathogens are most commonly spread by sexual contact, sharing drug needles and/or mother to child transmission.
- Blood is not the only avenue for exposure - all body fluids, secretions or excretions are included - these are called other potentially infectious materials (OPIM)
- In the healthcare setting, caregivers can be exposed to bloodborne pathogens through sharps injury, mucous membrane contact, or non-intact skin contact.

How do I protect myself from exposure?

- Use **Standard Precautions!**
- One exception is sweat. Standard Precautions do not apply to sweat
-



How do we prevent exposure or cross contamination?

- **Standard Precautions are the most basic infection prevention practices that *apply to all patient care***, regardless of infection status of the patient, in any setting where health care is delivered.
- They are intended to prevent transmission of infectious diseases from one person to another.

Standard precautions are:

- o **Proper hand hygiene**
- o **Personal protective equipment (PPE)**
 - **Gloves, masks, face shields, lab coats, shoe covers, etc.**
- o **Environmental cleaning/disinfection**
- o **Respiratory hygiene/cough etiquette (cover your cough)**

- **Sharps safety**
- **Safe injection practices**
- **Sterile instruments and devices**

What if I am exposed?

- **Wash** the exposed area immediately with soap and water
- **Identify** the source of the exposure
- **Notify** your supervisor, clinical instructor or volunteer manager

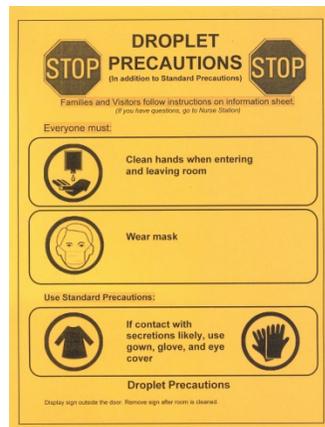


After an exposure the Hospital offers free medical evaluation and follow-up.

Are there other ways infections can be spread?

Infections can also be shared in 3 additional ways: **Airborne, Contact** and **Droplet**.

St. Patrick’s works diligently to protect everyone by **posting precaution signs outside patient rooms** if there is a concern. **In each case you must STOP and report to the Nurses’ Station before entering the room.**



Airborne Precautions

(Bright pink signs)

Used for patients infected with an illness known or suspected to be spread through the air.

Examples: measles, chickenpox, shingles, tuberculosis, small pox

Droplet Precautions

(Bright orange signs)

Used for patients infected with an illness known or suspected to be transmitted by droplets, usually through coughing, sneezing, or certain procedures.

Examples: Influenza, RSV, Respiratory Syncytial Virus, Bacterial Meningitis, Pertussis

Contact Precautions

(Bright green signs)

Used for patients infected with an illness known or suspected to be transmitted by direct patient contact or contact with items in the patient’s room.

Examples: C Diff, Clostridium Difficile, MRSA, Methicillin-Resistant Staph Aureus

Workplace Violence Prevention

What is workplace violence?

Violence or the threat of violence against workers. It can occur at or outside the workplace and can range from threats and verbal abuse to physical assaults and homicide, one of the leading causes of job-related deaths.

Why Are Hospitals Vulnerable?

| | |
|---|---|
| <p><u>Soft Targets:</u></p> <ul style="list-style-type: none"> Open access 24/7/365 Very few have metal detectors or do searches Un-armed Security Officers at many hospitals Staff coming and going at all hours (domestic incidents) Forensic patients Law Enforcement dumping grounds | <p><u>Emotional Triggers:</u></p> <ul style="list-style-type: none"> Family “reunions” End-of-life concerns Long ER waits Loss of parental custody Domestic and gang violence Psychiatric patients New diagnoses/bad news Confusing surroundings |
|---|---|

How do we minimize risk?

- New construction or physical changes
- Alarms, panic buttons, cell phones, video surveillance
- Metal detectors, curved mirrors
- Locked personal belongings
- Safe rooms
- Furniture arrangement
- Crime Prevention Through Environmental Design-CPTED
- **Liaison with police, prosecutors & federal agencies**
- **REPORT ALL INCIDENTS OF VIOLENCE – we have a no tolerance policy!!**

What security measures might you encounter around the hospital?

- Staff controlled access – “buzzing” in to access departments such as Emergency, Family Maternity Center and others
- Badge controlled access – badge contains a chip that can only open doors that you have clearance to enter such as Cath Lab, Radiology
- There are mirrors, cameras, bullet proof glass and other security methods throughout the hospital.
- Posted Tobacco free and weapons free campus.

What do I do if there is an armed intruder?

This applies to any situation you may be in grocery store, movie theater, etc.

COPING

WITH AN ACTIVE SHOOTER SITUATION

- Be aware of your environment and any possible dangers
- Take note of the two nearest exits in any facility you visit
- If you are in an office, stay there and secure the door
- Attempt to take the active shooter down as a last resort

Contact your building management or human resources department for more information and training on active shooter response in your workplace.

CALL 911 WHEN IT IS SAFE TO DO SO

HOW TO RESPOND

WHEN AN ACTIVE SHOOTER IS IN YOUR VICINITY

1. RUN

- Have an escape route and plan in mind
- Leave your belongings behind
- Keep your hands visible

2. HIDE

- Hide in an area out of the shooter's view
- Block entry to your hiding place and lock the doors
- Silence your cell phone and/or pager

3. FIGHT

- As a last resort and only when your life is in imminent danger
- Attempt to incapacitate the shooter
- Act with physical aggression and throw items at the active shooter

CALL 911 WHEN IT IS SAFE TO DO SO

PROFILE

OF AN ACTIVE SHOOTER

An active shooter is an individual actively engaged in killing or attempting to kill people in a confined and populated area, typically through the use of firearms.

CHARACTERISTICS

OF AN ACTIVE SHOOTER SITUATION

- Victims are selected at random
- The event is unpredictable and evolves quickly
- Law enforcement is usually required to end an active shooter situation



HOW TO RESPOND

WHEN LAW ENFORCEMENT ARRIVES

- Remain calm and follow instructions
- Put down any items in your hands (i.e., bags, jackets)
- Raise hands and spread fingers
- Keep hands visible at all times
- Avoid quick movements toward officers such as holding on to them for safety
- Avoid pointing, screaming or yelling
- Do not stop to ask officers for help or direction when evacuating

INFORMATION

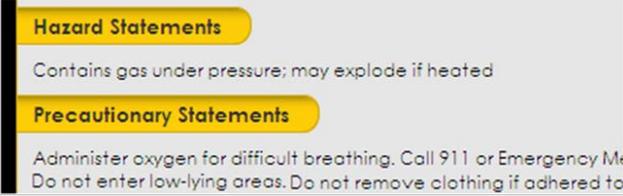
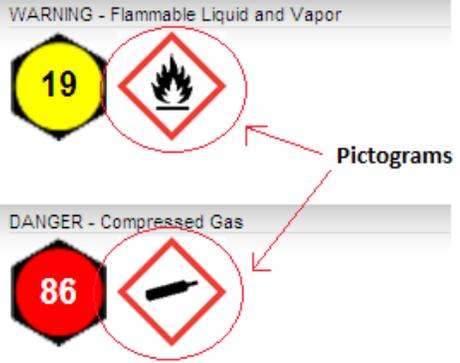
YOU SHOULD PROVIDE TO LAW ENFORCEMENT OR 911 OPERATOR

- Location of the active shooter
- Number of shooters
- Physical description of shooters
- Number and type of weapons held by shooters
- Number of potential victims at the location

Hazcom Training

To protect your health and safety OSHA changed and updated their hazardous labeling system. All caregivers, students and volunteers need to be educated about these changes and how hazardous materials are marked.

There are **5 Elements** you need to understand:

| | | | | | | | | | | |
|---|---|---|---|---|---|--|--|---|--|--|
| <p>1 - Signal Words: Danger = Highest Hazard Chemicals Warning = Lower (Medium) Hazard Chemicals No Signal Word = Low Hazard Chemicals</p>  <p>Signal Word</p> | <p>4 – Hazard Statements: Standardized, assigned phrases that describe the hazard:</p> <ul style="list-style-type: none"> • “Extremely Flammable Aerosol and Vapor” • “Toxic and Corrosive Liquids”  | | | | | | | | | |
| <p>2 – Hazard Classification: Manufacturers are now required to classify their products according to the “intrinsic hazards of the ingredients that make up that product.”</p> <ul style="list-style-type: none"> • Flammable Liquids • Corrosive to Metals • Explosive, etc.  <p>Hazard Classification</p> | <p>5 – Precautionary Statements: Additional information that provides measures to be taken to minimize or prevent adverse effects of the hazard. There are 4 types of Precautionary Statements:</p> <ul style="list-style-type: none"> • Prevention • Storage • Disposal • Response to exposure or spillage of a Hazardous Material. | | | | | | | | | |
| <p>3 – Pictograms: A graphic (pictorial) representation of the hazard</p>  <p>Pictograms</p> | <p>HCS Pictograms and Hazards</p> <p>As of June 1, 2015, the Hazard Communication Standard (HCS) will require pictograms on labels to alert users of the chemical hazards to which they may be exposed.</p> <p>Each pictogram consists of a symbol on a white background framed within a red border and represents a distinct hazard(s).</p> <p>The pictogram on the label is determined by the chemical hazard classification.</p> <table border="1"> <tr> <td data-bbox="846 1381 1068 1591"> <p>Health Hazard</p>  <ul style="list-style-type: none"> • Carcinogen • Mutagenicity • Reproductive Toxicity • Respiratory Sensitizer • Target Organ Toxicity • Aspiration Toxicity </td> <td data-bbox="1071 1381 1279 1591"> <p>Flame</p>  <ul style="list-style-type: none"> • Flammables • Pyrophorics • Self-Heating • Emits Flammable Gas • Self-Reactives • Organic Peroxides </td> <td data-bbox="1282 1381 1490 1591"> <p>Exclamation Mark</p>  <ul style="list-style-type: none"> • Irritant (skin and eye) • Skin Sensitizer • Acute Toxicity • Narcotic Effects • Respiratory Tract Irritant • Hazardous to Ozone Layer (Non-Mandatory) </td> </tr> <tr> <td data-bbox="846 1596 1068 1738"> <p>Gas Cylinder</p>  <ul style="list-style-type: none"> • Gases Under Pressure </td> <td data-bbox="1071 1596 1279 1738"> <p>Corrosion</p>  <ul style="list-style-type: none"> • Skin Corrosion/Burns </td> <td data-bbox="1282 1596 1490 1738"> <p>Exploding Bomb</p>  <ul style="list-style-type: none"> • Explosives • Self-Reactives • Organic Peroxides </td> </tr> <tr> <td data-bbox="846 1743 1068 1864"> <p>Flame Over Circle</p>  <ul style="list-style-type: none"> • Oxidizers </td> <td data-bbox="1071 1743 1279 1864"> <p>Environment (Non-Mandatory)</p>  <ul style="list-style-type: none"> • Aquatic Toxicity </td> <td data-bbox="1282 1743 1490 1864"> <p>Skull and Crossbones</p>  <ul style="list-style-type: none"> • Acute Toxicity (fatal or toxic) </td> </tr> </table> | <p>Health Hazard</p>  <ul style="list-style-type: none"> • Carcinogen • Mutagenicity • Reproductive Toxicity • Respiratory Sensitizer • Target Organ Toxicity • Aspiration Toxicity | <p>Flame</p>  <ul style="list-style-type: none"> • Flammables • Pyrophorics • Self-Heating • Emits Flammable Gas • Self-Reactives • Organic Peroxides | <p>Exclamation Mark</p>  <ul style="list-style-type: none"> • Irritant (skin and eye) • Skin Sensitizer • Acute Toxicity • Narcotic Effects • Respiratory Tract Irritant • Hazardous to Ozone Layer (Non-Mandatory) | <p>Gas Cylinder</p>  <ul style="list-style-type: none"> • Gases Under Pressure | <p>Corrosion</p>  <ul style="list-style-type: none"> • Skin Corrosion/Burns | <p>Exploding Bomb</p>  <ul style="list-style-type: none"> • Explosives • Self-Reactives • Organic Peroxides | <p>Flame Over Circle</p>  <ul style="list-style-type: none"> • Oxidizers | <p>Environment (Non-Mandatory)</p>  <ul style="list-style-type: none"> • Aquatic Toxicity | <p>Skull and Crossbones</p>  <ul style="list-style-type: none"> • Acute Toxicity (fatal or toxic) |
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| <p>Flame Over Circle</p>  <ul style="list-style-type: none"> • Oxidizers | <p>Environment (Non-Mandatory)</p>  <ul style="list-style-type: none"> • Aquatic Toxicity | <p>Skull and Crossbones</p>  <ul style="list-style-type: none"> • Acute Toxicity (fatal or toxic) | | | | | | | | |

Labels:

OSHA has updated the requirements for labeling of hazardous chemicals under its Hazard Communication Standard (HCS).

As of June 1, 2015, all labels are required to have:

- Pictograms
- A Signal Word
- Hazard & Precautionary Statements
- Product Identifier
- Supplier Identification.

A sample label, identifying the required label elements, is shown on the right.

SAMPLE LABEL

| | |
|--|---|
| <p style="text-align: center;">PRODUCT IDENTIFIER</p> <p>CODE _____ Product Name _____</p> <p style="text-align: center;">SUPPLIER IDENTIFICATION</p> <p>Company Name _____ Street Address _____ City _____ State _____ Postal Code _____ Country _____ Emergency Phone Number _____</p> <p style="text-align: center;">PRECAUTIONARY STATEMENTS</p> <p>Keep container tightly closed. Store in cool, well ventilated place that is locked. Keep away from heat/sparks/open flame. No smoking. Only use non-sparking tools. Use explosion-proof electrical equipment. Take precautionary measure against static discharge. Ground and bond container and receiving equipment. Do not breathe vapors. Wear Protective gloves. Do not eat, drink or smoke when using this product. Wash hands thoroughly after handling. Dispose of in accordance with local, regional, national, international regulations as specified.</p> <p>In Case of Fire: use dry chemical (BC) or Carbon dioxide (CO₂) fire extinguisher to extinguish.</p> <p>First Aid If exposed call Poison Center. If on skin (on hair): Take off immediately any contaminated clothing. Rinse skin with water.</p> | <p style="text-align: center;">HAZARD PICTOGRAMS</p>  <p style="text-align: center;">SIGNAL WORD Danger</p> <p style="text-align: center;">HAZARD STATEMENT Highly flammable liquid and vapor. May cause liver and kidney damage.</p> <p style="text-align: center;">SUPPLEMENTAL INFORMATION</p> <p>Directions for use _____ _____ _____</p> <p>Fill weight: _____ Lot Number _____ Gross weight: _____ Fill Date: _____ Expiration Date: _____</p> |
|--|---|

Safety Data Sheets (SDS)

- As of June 1, 2015, chemical manufacturers, distributors, or importers are required to provide Safety Data Sheets (SDS) to communicate the hazards of hazardous chemical products.
- No longer known as MSDS (material safety data sheets).
- Sixteen standardized sections in uniform format with specific information required in each section.
- Rather than simplified, most SDS will be longer and more technical in nature.

Hazard Communication Safety Data Sheets

The Hazard Communication Standard (HCS) requires chemical manufacturers, distributors, or importers to provide Safety Data Sheets (SDSs) (formerly known as Material Safety Data Sheets or MSDSs) to communicate the hazards of hazardous chemical products. As of June 1, 2015, the HCS will require new SDSs to be in a uniform format, and include the section numbers, the headings, and associated information under the headings below:

Section 1, Identification includes product identifier; manufacturer or distributor name, address, phone number; emergency phone number; recommended use; restrictions on use.

Section 2, Hazard(s) identification includes all hazards regarding the chemical; required label elements.

Section 3, Composition/information on ingredients includes information on chemical ingredients; trade secret claims.

Section 4, First-aid measures includes important symptoms/ effects, acute, delayed; required treatment.

Section 5, Fire-fighting measures lists suitable extinguishing techniques, equipment; chemical hazards from fire.

Section 6, Accidental release measures lists emergency procedures; protective equipment; proper methods of containment and cleanup.

Section 7, Handling and storage lists precautions for safe handling and storage, including incompatibilities.

Section 8, Exposure controls/personal protection lists OSHA's Permissible Exposure Limits (PELs); Threshold Limit Values (TLVs); appropriate engineering controls; personal protective equipment (PPE).

Section 9, Physical and chemical properties lists the chemical's characteristics.

Section 10, Stability and reactivity lists chemical stability and possibility of hazardous reactions.

Section 11, Toxicological information includes routes of exposure; related symptoms, acute and chronic effects; numerical measures of toxicity.

Section 12, Ecological information*

Section 13, Disposal considerations*

Section 14, Transport information*

Section 15, Regulatory information*

Section 16, Other information, includes the date of preparation or last revision.

Name: _____

Date: _____

Orientation Post-Test

1. If I have a concern about a potential violation of the Integrity & Compliance Program, a Providence policy or standard, or a law or regulation, I should:
 - Do nothing
 - Tell a coworker
 - Pretend I didn't see anything
 - Call the Integrity Line, (888) 294-8455 or report it to a manager or instructor

2. As a Providence caregiver, I have a responsibility to follow:
 - The Integrity & Compliance Program
 - Laws and regulations
 - Providence policies and standards
 - All of the above

3. The Providence Integrity and Compliance Program applies to:
 - Only key leaders
 - Only hospital employees
 - Only System Office employees
 - All Providence caregivers, volunteers and students

4. Any form of retaliation against individuals making harassment complaints, witnesses or other persons involved a harassment investigation is prohibited
 - True
 - False

5. Downloading of software that is not Providence business related is prohibited. This includes?
 - Games
 - Movies
 - Executable files
 - All of the above

6. Only those services that are medically necessary and are supported by valid orders will be submitted for payment to Medicare, Medicaid and other payers?
 - True
 - False

7. Providence's _____ protects me if I raise concerns about potential wrongdoing in good faith.
- EMTLA (Emergency Medical Treatment and Active Labor Act)
 - Non-Retaliation Policy
 - Mission and Core Values
 - Conflict of Interest Policy
8. What is the purpose of the National Patient Safety Goals?
- Improve patient safety
 - Provide guidance on how to solve problems
 - Provide a framework for healthcare safety
 - All of the above
9. Cultural competence and understanding diversity in the workplace is based on?
- Each patient is a unique person
 - Individuals are complex
 - We celebrate the similarities as well as the differences among people
 - All of the above
10. The MOST effective products to use when hands are visibly dirty are?
- Soap and water
 - Iodine compounds
 - Alcohol-based rubs
 - Ammonium compounds
11. Cross-contamination happens when?
- A patient has a drug-resistant infection
 - A patient's skin is free of bacterial colonization
 - A healthcare worker transfers bacteria from one patient to another
 - A healthcare worker decontaminates his or her hands between patient contacts
12. Which of the following best describes a safeguard against exposure to bloodborne pathogens in the healthcare setting:
- Use Droplet Precautions in the care of all patients
 - Use Standard Precautions in the care of all patients
 - Use Droplet Precautions only in the care of patients known or suspected to have a bloodborne disease
 - Use Standard Precautions only in the care of patients known or suspected to have a bloodborne disease

13. Bloodborne diseases are most commonly spread through mother-to-child transmissions, unprotected sex and:
- Sharing drug needles
 - Contaminated water supplies
 - Eating food prepared by an infected individual
 - Blood splashes or sprays in the healthcare setting
14. Which of the following describes proper use of PPE (Personal Protective Equipment) to safeguard against exposure to bloodborne pathogens:
- Wear gloves when drawing blood
 - Avoid using a mask during invasive procedures
 - If a surgical mask is worn during invasive procedures, additional eye protection is not necessary
 - If hands are washed immediately after drawing blood, it is not necessary to wear gloves to draw the blood
15. Which of the following is an important bloodborne pathogen:
- Hantavirus
 - Enterococcus bacterium
 - Human immunodeficiency virus (HIV)
 - Haemophilus influenza bacterium
16. The Environment of Care Emergency Reference Guide located in your area is a great source of information regarding what to do in an emergency of any kind.
- True
 - False
17. While in the Hospital, volunteers and students are required to wear their badges above the waist at all times.
- True
 - False
18. An incident report is filed in Datix for all patient, student or visitor incidents, accidents or unsafe conditions.
- True
 - False

19. Utility failures should be reported to the Facilities Engineering Department
- True
 - False
20. The “plain language” overhead page “facility alert, fire alarm at the Broadway Building Level 1, Conference Center” indicates a possible fire.
- True
 - False
21. The “plain language” overhead page in the event of a missing or lost child would be announced overhead as “Security Alert, missing child, female, age 4, brown hair, red pants.”
- True
 - False
22. There are 3 types of overhead notifications, Medical, Security and Facility Alerts.
- True
 - False
23. Providence St. Patrick Hospital has a no tolerance policy towards Workplace Violence:
- True
 - False
24. What are the 5 new elements introduced by the New HazCom Standard?
- Signal Words
 - Hazard Classification
 - Pictograms
 - Hazard Statements
 - Precautionary Statements
 - All of the above

Student Profile

Please print clearly:

All students participating in a clinical experience will work within their scope of practice as defined by the State of Montana and/or Providence St. Patrick Hospital.

| Personal Information: | |
|--|--|
| Name: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> First Middle Initial Last </div> | |
| Address: _____ City: _____ State: _____ | |
| Phone Number: _____ Email Address: _____ | |
| Social Security Number: _____ Birthdate: _____ | |
| School Information: | |
| School Name: _____ Phone Number: _____ | |
| Program: _____ | |
| Instructor(s) Name/Contact Information: _____ | |
| Start date of clinical experience: _____ End date of clinical experience: _____ | |
| Unit/Department Providing Clinical Experience: _____ | |
| Signatures: | |
| I understand the Clinical Experience requirements. I understand that I will work within my scope of practice and will not vary from it. | |
| Signature: _____ Date: _____ | |
| Signature - Student Program Coordinator: _____ Date: _____ | |
| Contact Information: | |
| Student Program Coordinator Phone: 406-327-5928 Email: Carolyn.schultz@providence.org | |

Confidentiality and Nondisclosure Statement

Name: _____ Position: _____

- | | | |
|---|-------------------------------------|---|
| <input type="checkbox"/> Caregiver (employee) | <input type="checkbox"/> Contractor | <input type="checkbox"/> Intern |
| <input type="checkbox"/> Student | <input type="checkbox"/> Temporary | <input type="checkbox"/> Physician/Resident |

I understand that in my involvement with Providence Health & Services and its affiliated organizations (collectively referred to as “Providence”). 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 Providence. Confidential data/information includes but is not limited to patient, customer, member, provider, group, physician, student, resident, financial, and proprietary information, whether oral or recorded in any form or medium. Confidential data/information also includes caregiver information that a caregiver does not wish to share. However, nothing in this policy restricts a caregiver’s or, if applicable, other individual’s, right to disclose wages, hours, and working conditions in accordance with Federal and State Laws. I understand that information developed by me, alone or with others, may also be considered confidential information belonging to Providence in accordance with Providence policies and procedures.

I will hold confidential, data/information I see or hear in strict confidence and will not disclose or use it except as authorized by Providence, for Providence’s benefit.

I will only access confidential data/information that I need to do my job and will only provide such data or information to those who need it.

I understand that unless it is a part of my job function, I cannot remove any confidential data/information from Providence without authorization from my supervisor and that I must return any such confidential data/information at the end of my employment, engagement or relationship with Providence. I understand that confidential data/information must be stored securely at all times as defined in Providence policy.

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

I understand that email is not a secure, confidential method of communication. I will never send Providence confidential data/confidential information to a personal email account or store it on my personally owned computer or mobile device. And when sending messages that include confidential data/confidential patient information to a non-providence.org email address as part of my job functions, I must type “provsecure” in the subject line to encrypt the contents of the email. I understand that texting and other messaging are not secure methods to transmit confidential data/information and agree not to use these types of communication methods to transmit such information.

I understand that Providence electronic communication technologies (Internet and email) are intended for job-related activities: however, limited personal use is permitted. Personal use is determined 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 business requirements of the department. Internet usage is monitored and audited on a regular basis by Providence management. Providence management also reserves the right to monitor email and telephone usage.

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 employed by Providence, or my right to use information that becomes generally known to the public through no fault of my own.

I understand that if I breach the terms of this Confidentiality and Nondisclosure Statement, Providence may institute disciplinary action up to and including termination of my employment, engagement or relationship with Providence.

Signature: _____ Date: _____

Note: The signature field above requires a handwritten signature. After the form is populated, please print and sign manually as needed.

The use of electronic signatures is currently under review by Information Security and may replace manual signatures in the near future.

Data Access Acceptable Use Agreement for Non-Providence Workforce Members (Attachment A)

Providence Health & Services (“Providence”) requires that everyone granted access to our information systems will protect our patients’ information in accordance with the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules and other applicable state and federal laws.

I acknowledge that (please initial):

_____ Providence is granting me access to systems and information owned or operated by Providence or one of its subsidiaries, and I will have access to confidential information not generally available or known to the public, including protected health information (PHI).

_____ Providence will issue me a unique user ID and password. I agree that I am not permitted to share this user ID or password with anyone. I will never share my password or leave it written down for others to find, nor will I utilize user ID and password auto save functionality on any computer or mobile device.

_____ I agree to immediately notify Providence by calling the Breach Reporting Hotline **866-406-1290**, if I have a reason to believe that any other person may know my user password.

_____ I understand my computer account and password will be considered my computer signature, and I will protect it accordingly. I will keep PHI out of sight and secure it when not in use to prevent unauthorized access.

_____ Federal and state laws protect Providence information to which I will have access, and I will abide by those laws. I understand what qualifies as PHI and that I am required to comply with the HIPAA Privacy and Security Rules.

_____ I agree that I will not access Providence information for which I have no legitimate need. I will not access my own records or records of my family members. I will only access minimum necessary information for which I have a legitimate reason. I understand all activity is tracked based on my user ID.

_____ I agree that I will hold Providence information in strict confidence and will not disclose or use it except (1) as authorized by Providence; (2) as permitted under written agreement between Providence and the Organization named below or myself; (3) consistent with the reasons for my access; (4) solely for the benefit of Providence, its patients, its members, or its other customers; or (5) as required by applicable law.

_____ If I am a member of a Providence medical staff, I understand I may be given access to certain tools as an important part of the delivery of medical services to Providence patients and I will use the tools to benefit Providence patients while engaged in activities that benefit Providence or its patients. I understand that the continuing medical education (CME) I may redeem from these tools is provided to me as a medical staff incidental benefit. I indemnify Providence for any liability if this benefit is not compliant with applicable law.

**Data Access Acceptable Use Agreement
for Non-Providence Workforce Members (Attachment A)**

____ I understand that e-mail is not a secure, confidential method of communication. I will not include confidential patient information in e-mail communications, unless using an approved secure email method.

____ I understand that should I need to use Providence network, email, or telephone, it is a privilege that may be revoked if I misuse these services. I also understand that these services may be monitored and audited by Providence.

____ I understand that should I need to work with Providence data outside of the systems to which I am granted access, I will use secure methods to dispose of files or documents containing PHI or other confidential information.

____ I understand that if I breach the terms of this agreement, applicable Providence privacy and/or security policies, or applicable law (including without limitation the Health Insurance Portability and Accountability Act (HIPAA) and the Health Information Technology for Economic and Clinical Health (HITECH), Providence may terminate my access, and Providence will be entitled to all remedies it may have under written agreement or under applicable laws, as well as to seek and obtain injunctive and other equitable relief, or contact law enforcement.

____ I will report all suspected privacy and security incidents immediately, but no more than 5 days from the date of discovery, to Providence's toll free **Breach Reporting Hotline number at 866-406-1290**.

I acknowledge that I have read and understand the Providence Non-Employee Acceptable Use Agreement.

Signature: _____ **Date:** __/__/__

Printed Name: _____ **Position** _____

Organization's Name: _____ **Work Location:** _____