



Student Orientation Manual

The purpose of this packet is to prepare you to enter St. Patrick Hospital with some context of our mission, values, culture and provide you with the necessary safety information to ensure a safe clinical experience for yourself, our staff, and our patients. It is your obligation to review the Student Experience Policy and the information provided in this manual. There is an orientation manual quiz in the Student Onboarding Packet that you will be expected to complete based on this information.

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.

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

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.

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.**

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.”

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)

Caring Reliably at Providence Health & Services.

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PH16-20563

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 cultural 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.

Environment of Care

The Safety Management Department provides a safe and secure environment for the patients, visitors, caregivers, students and volunteers who visit or work on the Providence St. Patrick Hospital Campus. The Department is comprised of Safety/Security Officers and Safety Dispatchers working 24/7 at the main campus and the Providence Center.

All Providence campuses are Tobacco Free and posted weapons free.

What you need to know about Environment of Care and Safety Management:

- Learn and follow job/task specific safety procedures as specified in your areas of responsibility.
- Wear ID badge, above the waist, **at all times** when on duty or representing the Hospital. Protect this badge, report if it is lost and **return it to the coordinator when terminating your volunteer or student time** at the Hospital.
- Report incidents, accidents and unsafe conditions when they occur:
 - o All patient, visitor, volunteer and student injuries are recorded the Hospital on-line incident reporting tool. To enter an event (injury or accident), go to the St. Patrick Hospital Intranet. Click on the Speak Up for Safety link under Safety First on the right side of the screen.
 - o All caregiver injuries are recorded in the Employee Incident Report (EIR), the Hospital caregiver on-line incident reporting tool. To enter an event (injury or accident), go to the St. Patrick Hospital Intranet. Click on the Employee Incident Report (EIR) link under Safety Corner on the right side of the screen.
- Know your role in the event of an incident or emergency.
- Utilize personal protective clothing, supplies and equipment as appropriate for job or task.
- The Environment of Care (EOC) Emergency Reference Guide in your area contains specific information for you to use during an emergency or disaster.
 - o Familiarize yourself with the location of the EOC Board and its contents.
 - o Know your role and your area’s role in event of disaster.
- Report medical equipment failures when they occur by:
 - o Placing the piece of equipment in the soiled utility room.
 - o Affix an out of service tag to the cord plug of the equipment in a manner that will prevent operation.
 - o File a work order request to the BioMedical Engineering Department located on the intranet under work-order request.
 - o Utility failures need to be reported to the Facilities Engineering Department.

RACE:

Rescue anyone in immediate danger

Alarm: sound the alarm

Confine the fire by closing all doors and windows

Extinguish the fire with a fire extinguisher

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."

Contact Security: Non-emergency: Out of house: 329-2620	In-house: 7-2620
Emergency: 329-5330	In-house: 7-5330

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.**



PINK - Airborne Precautions

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

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

ORANGE - Droplet Precautions

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

GREEN - Contact Precautions

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>Soft Targets:</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>Emotional Triggers:</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
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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 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, etc.
- 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? See following page.

AVOID | DENY | DEFEND

Since 2002, the Advanced Law Enforcement Rapid Response Training (ALERRT)[™] program at Texas State University has been used to train law enforcement officers across the nation in how to rapidly respond to dangerous active threat situations.

Over the years we've seen response times shorten and the capabilities of law enforcement increase. As a result of increased public awareness, many citizens have asked what they can do to protect themselves and reduce the dangers faced during one of these events. As we've seen that hiding and hoping isn't a very effective strategy, Avoid Deny Defend[®] has been developed as an easy to remember method for civilians of all ages and abilities to follow.

AVOID | DENY | DEFEND[™]

During an act of violence (robbery, hostage situation, workplace violence, active shooter, etc):

AVOID starts with your state of mind.

- Pay attention to your surroundings
- Have an exit plan
- Move away from the source of the threat as quickly as possible
- The more distance and barriers between you and the threat, the better

DENY when getting away is difficult or maybe even impossible.

- Keep distance between you and the source
- Create barriers to prevent or slow down a threat from getting to you
- Turn the lights off and silence your phone
- Remain out of sight and quiet by hiding behind large objects

DEFEND because you have the right to protect yourself.

- If you cannot AVOID or DENY, be prepared to DEFEND yourself
- Be aggressive and committed to your actions
- Do not fight fairly. THIS IS ABOUT SURVIVAL.

Call 911 when you are in a safe area.

When Law Enforcement arrives, show your hands and follow commands.



ALERRT
TEXAS STATE UNIVERSITY

Remember that **What You Do Matters.**[®]

For more information, visit **AvoidDenyDefend.org**
or email: **ADD@alerrt.org**


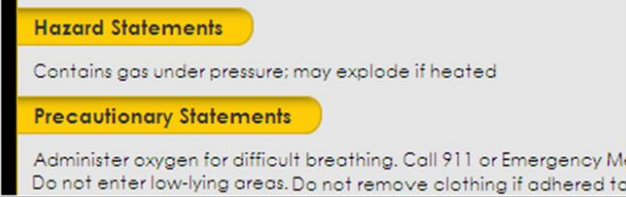
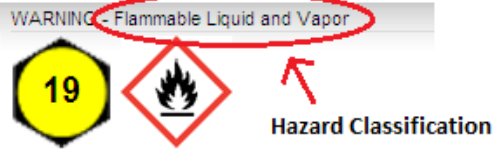
ALERRT at Texas State University's Avoid Deny Defend[®] training is a not-for-profit vital message and may be used at no cost provided it is distributed at no cost to the end user. We only ask that you credit ALERRT at Texas State as the creators of the Avoid Deny Defend[®] program.

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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>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>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.

3 – Pictograms:

A graphic representation of the hazard

WARNING - Flammable Liquid and Vapor

DANGER - Compressed Gas

HCS Pictograms and Hazards

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.

Each pictogram consists of a symbol on a white background framed within a red border and represents a distinct hazard(s).

The pictogram on the label is determined by the chemical hazard classification.

Health Hazard • Carcinogen • Mutagenicity • Reproductive Toxicity • Respiratory Sensitizer • Target Organ Toxicity • Aspiration Toxicity	Flame • Flammables • Pyrophorics • Self-Heating • Emits Flammable Gas • Self-Reactives • Organic Peroxides	Exclamation Mark • Irritant (skin and eye) • Skin Sensitizer • Acute Toxicity • Narcotic Effects • Respiratory Tract Irritant • Hazardous to Ozone Layer (Non-Mandatory)
Gas Cylinder • Gases Under Pressure	Corrosion • Skin Corrosion/Burns	Exploding Bomb • Explosives • Self-Reactives • Organic Peroxides
Flame Over Circle • Oxidizers	Environment (Non-Mandatory) • Aquatic Toxicity	Skull and Crossbones • 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.

Safety Data Sheets (SDS)

- As of June 1, 2015, chemical manufacturers, distributors, or

SAMPLE LABEL

<p>PRODUCT IDENTIFIER</p> <p>CODE _____</p> <p>Product Name _____</p> <p>SUPPLIER IDENTIFICATION</p> <p>Company Name _____</p> <p>Street Address _____</p> <p>City _____ State _____</p> <p>Postal Code _____ Country _____</p> <p>Emergency Phone Number _____</p> <p>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.</p> <p>Only use non-sparking tools. Use explosion-proof electrical equipment. Take precautionary measure against static discharge.</p> <p>Ground and bond container and receiving equipment.</p> <p>Do not breathe vapors. Wear Protective gloves.</p> <p>Do not eat, drink or smoke when using this product.</p> <p>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</p> <p>If exposed call Poison Center.</p> <p>If on skin (on hair): Take off immediately any contaminated clothing. Rinse skin with water.</p>	<p>HAZARD PICTOGRAMS</p> <p>SIGNAL WORD</p> <p>Danger</p> <p>HAZARD STATEMENT</p> <p>Highly flammable liquid and vapor. May cause liver and kidney damage.</p> <p>SUPPLEMENTAL INFORMATION</p> <p>Directions for use</p> <p>_____</p> <p>_____</p> <p>Fill weight: _____ Lot Number _____</p> <p>Gross weight: _____ Fill Date: _____</p> <p>Expiration Date: _____</p>
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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.

Status **Active** PolicyStat ID **16362836**



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Origination 08/2021
Last Approved 10/2024
Effective 10/2024
Last Revised 10/2024
Next Review 10/2027

Owner Danell Stengem:
Director Clinical
Education RN
Policy Area Education and
Professional
Development
Applicability MT - St. Patrick
Hospital

Student Experience

Purpose/Policy Statement

This policy outlines the roles and responsibilities of faculty, students, educational institutions, and Providence MT (St. Patrick Hospital and/or St. Joseph Medical Center) staff for contracts, clinical responsibilities and policy and procedure adherence related to the student experience to ensure the outcomes of success.

Providence MT facilities (Providence St. Patrick Hospital and/or St. Joseph Medical Center) provide clinical or non-clinical practicum experiences to students enrolled in academic programs and to allied health professionals who require these experiences to meet program requirements or requirement for certification/registration.

Providence caregivers are expected provide an atmosphere to support learning, to participate in orientation of professional students and faculty and to participate in facilitating learning experiences. When mentoring students, Providence caregivers shall retain accountability and responsibility for all patient care.

Use of the facilities for practicum experience is limited to those students formally enrolled in academic programs who require practicum experience to meet program requirements and for other healthcare professionals to meet requirements for certification or registration.

Accredited colleges, universities, vocational schools and healthcare organizations may request clinical or non-clinical practicum experiences by contacting the Providence Montana Professional Development Department/The Learning Center.

An agreement is formalized with schools/healthcare organizations for all practicum experiences. These agreement define responsibilities for the educational institution/healthcare organization and the

hospitals.

Procedure

Agreements for Practicum Experiences

Is responsible for the administration of all affiliation agreements between Providence MT (St. Patrick Hospital and/or St. Joseph Medical Center) and participating educational institutions. The affiliation agreements outline and include but are not limited to malpractice insurance, background checks, immunizations, and worker compensation.

A signed Clinical Affiliation Agreement with Providence MT (Providence St. Patrick Hospital or St. Joseph Medical Center) must be in place and all requirements outlined in the agreement must be met prior to the student beginning clinical rotations at Providence St. Patrick Hospital or St. Joseph Medical Center.

To be eligible to participate in a clinical rotation at Providence St. Patrick Hospital, students must review, complete, and return the following documents to the Associate Education and Training Specialist.

The Learning Center will issue a badge which must be worn at all time while student is in the Hospital. Students are required to return thier issued badge back to the Associate Education and Training Specialist when their clinical experience concludes.

Professional Student Placement

- Representatives from the educational institutions or healthcare organizations provide the Providence MT Professional Development Department/The Learning Center with requests for number of students and desired areas of placement, either directly or through a grid developed in collaboration with the Associate Education and Training Specialist.
- The Providence MT Professional Development Department/the Learning Center shares requests with appropriate department/unit managers to determine if the number of students can be accommodated; final decision regarding placement and number of students rests with the department/unit manager.
- Individual instrucors/clinical placement coordinators provide clinical schedules or placement time-frames with names of students, term dates, etc., to department manager/nurse manager and the Providence MT Professional Development Department/Learning Center.
- All preceptor assignments are coordinated by the Associate Education and Training Specialist. Students or faculty should not approach staff nurses/charge nurses/unit managers with requests or plans to coordinate their own future preceptor assignments.
- Graduate/Nurse Practitioner/Physican Assistant Students are responsible for securing their own clinical placements.

Student Onboarding Packet includes the following:

- Orientation Packet Checklist
- Student Profile

- Confidentiality and Nondisclosure
- Signed Acceptable Use Agreement (if applicable)
- Orientation Post-Test

Process of Problem-Solving

Meetings to discuss concerns or problems related to student experience should be initially processed with the individual involved as soon as possible. Regularly schedule meetings between on-site faculty and appropriate managers are encouraged to facilitate communication and early resolution of any identified problems.

Issues that cannot be resolved between these individuals or that require changes in contractual agreement are referred to the Providence MT Director of Education and Practice for further deliberation.

Orientation or Professional Students/Faculty

Orientation will cover applicable general and departmental orientation content. Orientation materials cover the following:

- Providence Mission and Core Values
- Privacy and confidentiality/HIPPA
- Providence Code of Conduct
- High Reliability/Caring Reliably
- Emergency preparedness/codes
- Infection Prevention and Control
- Clinical Informatics
- Environment of Care
- Workplace Violence Prevention
- Hazcom Training

All students and faculty will review the Providence MT Student Intake Packet orientation materials. Completion is documented on the forms in the packet and retained in the Providence MT Professional Development Department/The Learning Center.

Department-specific orientation (including relevant policies/procedures) will be coordinated at the unit level and arranged between faculty and unit managers.

On-site faculty are responsible for arranging their own orientation, using hospital-provided materials and for initiating a plan for their students' unit level orientation.

Pre-Placement Checks

Academic institutions will ensure that the student has completed a criminal background check pursuant to applicable "Child and Adult Abuse Laws." School agrees to provide Hospital with a copy of the criminal

background check results, if requested. School acknowledges that placement of each student at Hospital is contingent upon provision of completing a criminal background check within 90 days of beginning the initial clinical rotation of the academic year. Students not meeting the adjudication guidelines for Providence Health and Services will not be eligible to participate in clinical rotations at Providence St. Patrick Hospital or St. Joseph Medical Center

School shall perform an excluded provider search on the Office of Inspector General List of Excluded Individuals/Entities (<https://oig.hhs.gov/exclusions/>) and the System for Award Management (SAM) www.sam.gov for any students providing treatment, care or services at Hospital. Evidence that each student is not on the above mentioned excluded provider list is a condition precedent to clinical education program placement.

Evaluation of Professional Student Clinical Experience

On-site faculty are responsible for evaluation professional student experience. Providence MT may reserve the right to survey students to evaluate professional students experiences as well.

General Student Clinical Experience Tasks

Nursing Students: Student nurses may perform independently tasks at the practice level of non-licensed assistive personnel. Faculty and/or licensed hospital staff supervise all other duties/procedures. Students are responsible for documenting their individual assessments, interventions and patient response to care. Faculty and staff review all student documentation.

All Other Students: All other students in the areas of (but not limited to): respiratory therapy, pharmacy, surgery, social work, dietary, physical therapy, occupational therapy, speech therapy, medical laboratory, radiology, or other units/departments may perform independently tasks at the practice level of non-licensed assistive personnel. Faculty and/or licensed hospital staff supervise all other duties/procedures. Students are responsible for documenting their individual assessments, interventions and patient response to care. Faculty and staff review all student documentation.

Providence MT (Providence St. Patrick Hospital or St. Joseph Medical Center) staff retains the responsibility for the care of the patient(s) assigned; including monitoring the patient's condition and performing those aspects of care in which the student is not qualified. Hospital staff documents each shift that the care provided by the student was observed and delivered in a manner in accordance with the accepted standards of Providence MT. Disagreements about student assessments or documentation are communicated to the instructor and/or student and specific information assessed or interpreted by Providence MT licensed staff.

Medical & PA Students: Scope of service includes the following:

Medical, Nurse Practitioner and Physician Assistant student may:

- Access medical records
- Visit a patient and write progress notes (co-signed by physician)
- Complete insurance forms

- Transcribe physician's verbal orders in chart
- Assist with treatments and procedures (approved by physician)

Applicability

This policy applies to all departments and units that host students.

Cognizant Office(s)/Getting Help

Chief Nursing Officer 406-329-2989

Student Coordinator, 406-327-5928

Policy Authority

Nursing and Patient Care Officer
