

Welcome to the McKay-Dee Hospital Student Experience

Many students come to McKay-Dee Hospital and are able to participate as a student at our facility. We hope you find your experience to be a valuable addition to your education. Before you can begin your rotation you are required to provide some necessary information to the Education Department here at the hospital. You will need to complete the following tasks before you can receive your ID badge and begin any work in the hospital as a student.

- Read through the Student Orientation Booklet
- Submit your immunization information to your school. Do not bring into Intermountain University. Your school is responsible to keep this
- Completed a drug screen & background check through your school. Do not bring results into Intermountain University. Your school is responsible to keep your results.
- Submit a letter of good standing from your school (stating good-standing status and completion of drug screen, background check and current immunizations) via email or hard copy to Intermountain University
- Submit Orientation packet to Intermountain University including:
 - Student profile page
 - Confidentiality Agreement
 - HIPAA Agreement
 - Orientation quiz
- Call or email Intermountain University and set up an appointment to turn in all paperwork. **Badges are issued by appointment only.**

Thanks,

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Student Orientation Booklet

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Intermountain
Healthcare
Healing for life®

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STUDENT REQUIREMENTS

¹Students must meet the following requirements prior to beginning their experience at Intermountain Healthcare; also know as IHC Health Service, Inc.

1. Education Affiliation Agreement

Students must be covered by a current contract with Intermountain Healthcare. You may contact the school or the Intermountain facility to verify this contract.

2. Accredited Educational Programs

Students must be from educational programs that are accredited by National accrediting bodies.

3. Verification & Documentation

The Educational Program (college, university, school) must have verification or documentation of the following items:

- Measles-Mumps-Rubella (2 immunizations), verification of immunity or immunization
 - Verification can be provided by: 1) documentation of immunization (2 Measles-Mumps-Rubella (MMR) immunizations); 2) positive antibody titer.
- Verification of Tuberculosis (TB) screen
 - Each student is required to have a screening for tuberculosis by an intradermal PPD test. Students that are PPD positive need to verify they have had an adequate work-up for tuberculosis and are currently not communicable (chest x-ray report, Physician, or Health Department note).
 - CDC "Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health Care Settings," published December 30 2005, states that initial testing of a healthcare worker should be a two step tuberculin skin test or a one time BAMT (blood test).
- Varicella (Chicken pox), verification of immunity or immunization
 - Verification can be provided by: 1) documentation of having had the disease (parent or student may confirm history of the disease); 2) documentation of immunizations (two doses of varicella vaccine given at least 28 days apart); 3) positive titer.
- Hepatitis B (3 doses) series
 - Any student who works directly with patients or body fluid specimens is required to have completed a three dose series of Hepatitis B vaccine.
 - Verification can be provided by 1) documentation of immunizations; 2) positive antibody titer (titer should be obtained one to two months after original vaccine series).
- Tdap, verification of immunization
 - Each student is required to be immunized with one dose of Tdap to prevent the spread of Pertussis.
 - Verification can be provided by: 1) documentation of immunization.
- Influenza vaccine
 - Each student is required to have a current, annual influenza vaccine.
- Background check (if 18 years of age or older)
- SAM 5 urine drug screen

¹ The term student is general and does not refer to the level of or type of student discipline or medical resident / intern.

4. Read the Student Orientation Booklet

The *Student Orientation Booklet* provides a list of student responsibilities and specific limitations regarding performable skills allowed by students in Intermountain facilities. As part of the school's affiliation agreement with Intermountain, students are subject to general rules, policies and regulations of the facility, which can be found herein.

As each Intermountain facility is different, an asterisk (*) will be placed at the beginning of each topic area to indicate that the topic being discussed will vary from facility to facility. Your Intermountain supervisor / preceptor can help you with facility specific information.

5. Complete the Forms Packet

Along with this booklet, you should have received a *Student Forms Packet*. The following items are provided in the packet.

- Student Profile
- Access and Confidentiality Agreement
- HIPAA Agreement
- Intellectual Property Agreement (if indicated)
- Student Orientation Quiz

All items must be completed and returned to your assigned Intermountain region/facility *Student Placement Coordinator* in order for your student experience to begin.

6. Receive Name Badge

Your student forms packet must be turned in before you can obtain a student ID name badge. The Intermountain region/facility student placement coordinator will help you obtain your ID name badge. The ID badge may be utilized in all Intermountain sites of service during your semester rotation. Instructions on where to return badges after your semester rotation is completed will be provided to you by the student placement coordinator.

Students are not provided with proxy access on their ID badges. Proxy can be obtained temporarily and independent of the ID badge under the supervision and permission of the facility department manager of the secured area. Exceptions: 3rd and 4th year medical students, medical residents and fellows.

7. Meet Stated Requirements

Students may begin their educational experience once the above requirements herein have been met and documented.



INTRODUCTION

Welcome

Welcome to Intermountain Healthcare. We hope you have a wonderful experience throughout your placement with Intermountain.

Intermountain is a premiere, nonprofit healthcare system of doctors, and hospitals dedicated to providing high quality healthcare. Intermountain combines the financial, administrative and delivery aspects of healthcare into one integrated network that is nationally renowned for providing high quality, low cost care. Intermountain was created as a charitable, nonprofit, nondenominational system governed by community leaders who serve as volunteer, unpaid trustees.

As part of a nonprofit system, Intermountain's facilities provide care to all those with a medical need, regardless of their ability to pay. Intermountain provides millions of dollars in charitable assistance to people who need healthcare but are not able to pay for it.

Intermountain employees are expected to exhibit behaviors consistent with company *Mission, Vision and Values*. The same is expected of students in our facilities.

Intermountain Healthcare **Mission**

Excellence in the provision of healthcare services to communities in the Intermountain region.

Intermountain Healthcare **Vision**

Our vision is to be a model healthcare system by continually learning and providing extraordinary care in all its dimensions:

- *Clinical Excellence:* We will deliver the best clinical care in a consistent, integrated way.
- *Service Excellence:* We will provide a compassionate healing experience.
- *Physician Engagement:* We will create systems and processes that help our physicians' best serve their patients.
- *Operational Effectiveness:* We will be wise and careful stewards of our resources to enable extraordinary care.
- *Employee Engagement:* We value our employees as our most important resource.
- *Community Stewardship:* We are committed to serving the diverse needs of the Intermountain region, and to providing generally available medical services to all residents, regardless of ability to pay.

Intermountain Healthcare **Values**

- *Mutual Respect:* We treat each other the way we want to be treated.
- *Accountability:* We accept responsibility for our actions, attitudes and mistakes.
- *Trust:* We act with integrity and can count on each other.
- *Excellence:* We do our best at all times and look for ways to improve.

Student Hotline

If at any time, you feel that Intermountain is not measuring up to the stated mission, commitments or values, please call the Intermountain Healthcare *Compliance Hotline* at 1-800-442-4845 and leave a message. Your concerns will be addressed.





ROLES & RESPONSIBILITIES

Intermountain Facility Role / Responsibility

Intermountain Healthcare is affiliated with many universities, colleges and technical programs. Students of various levels will be accommodated. Students are not employees of Intermountain and as such are not eligible for workers' compensation or other benefits otherwise available to employees.

The Intermountain Facility will:

- Accept any student otherwise qualified without discrimination of race, sex, creed, national origin, or religion
- Plan with educational entity to provide learning experiences for student to fulfill the objectives of the field instruction. Placements will be coordinated with and assigned through the facility-designated representative.
- Orient student to Intermountain's mission, philosophy, and general physical structure. Inform student of facility rules, policies and regulations with which they are expected to comply.
- Support an Intermountain facility orientation prior to the learning experience. Provide materials as needed for appropriate orientation.
- Provide for the overall supervision of the student based upon program objectives and student need.
- Provide instructional data as mutually agreed upon between the Intermountain facility and the educational entity, such as patient records and general information as appropriate to facilitate student learning.
- Retain responsibility for patient care, recognizing that student will not replace Intermountain staff or give service to patients apart from its educational value.
- Have the right to dismiss a student from the clinical rotation for cause, including but not limited to, patient endangerment.

Student Role / Responsibility

Students are expected to act professionally and refrain from making comments, gestures, or acting in any manner, which can be construed as harassment towards other employees, patients or patient's families.

The student will:

- Adhere to general rules, policies, and regulations of the Intermountain Facility.
- Work in collaboration with assigned staff member who retains responsibility for the patient.
- Preceptor or responsible staff member in patient care areas will introduce the student appropriately to patients and ask the patient's permission to participate in their care.
- Receive patient information as per unit protocol and keep the staff informed of patient status.
- **Immediately** inform the patient care provider of significant changes in a patient's condition.
- Wear an Intermountain ID badge indicating student status and affiliated school.
- Students will respectfully support the patient's rights and will inform the patient care provider immediately whenever a patient requests the student not participate in their care.
- Not give any medication (PO, IV) or perform any invasive procedures unless the Intermountain patient care provider is providing direct supervision (physically standing next to student) and only in accordance with the student's syllabus.

Exception: In conjunction with school course description, nursing students in the final semester of their educational program may, with oversight of their preceptor/supervisor, administer medications independently after verifying the correct medication, dose, route, time, and patient.

- Work within appropriate level of education, seeking direction and validation from the preceptor or his/her instructor. If the student is not able to competently perform the skills assigned, he/she must inform the preceptor.
- Utilize the materials and/or orientations provided to become knowledgeable of facility safety procedures.
 - Know how to handle emergencies, hazardous materials contact, or disasters
 - Know of and follow facility security, safety, and infection control procedures
 - Be CPR certified if providing direct patient care

Supervising Students in Patient Care Areas

Patient care and liability for care is the responsibility of Intermountain Healthcare. Unless there is a contractual arrangement between Intermountain and the learning institution, student supervision is under the direction of the Intermountain patient care provider and assigned supervisor.

- The Intermountain patient care provider / supervisor will assess the student's competence level to ensure patient safety. At no point will a student be given patient care assignments if he/she isn't properly licensed to perform these functions.
- Patient care assignments should be in accordance with the student's syllabus. Students should not perform clinical skills which are not relevant to their course work.
- With any environmental issue (Codes, Safety, EMTALA, Event Reports) we expect students to know and follow Intermountain policies and procedures. The student may observe the event if appropriate to student learning, but must not interfere with the normal functioning of any identified teams or processes.

High School Student Opportunities

High school students cannot participate in hands-on patient care unless they are enrolled in a clinical program, offered through their high school or a concurrent enrollment program, which requires clinical course work to complete a healthcare certification. These students are provided an opportunity within defined and controlled parameters.

Acceptable high school and concurrent enrollment courses requiring clinical rotations:

- Certified Nurse Assistant (CNA)
- Dental Assisting
- Emergency Medical Technician (EMT)
- Medical Assistant (MA)
- Pharmacy Technician
- Surgical Technician

NOTE: High school students enrolled in classes which are not noted above are excluded from this procedure (i.e.: WBL internships). See requirements below for high school students who do not qualify for hands-on care.

Age Appropriateness

- Students who are 17 years of age can request clinical slots within the conditions defined in this procedure.
- Students who are 16 years of age must provide a written request and endorsement from their instructor / guidance counselor. Intermountain reserves the right to accept or deny any request.
- Students under the age of 16 will not be allowed a clinical rotation at any Intermountain clinical facility or site of service.

Placement is Dependent Upon:

- Availability of excess clinical slots, which are subject to shift variance and clinical location. Department managers will determine placement availability per semester (managers will work directly with the Student Placement Coordinator when allocating slots).
- Availability of qualified preceptors.
- Each Intermountain facility and/or department has the right to limit or deny clinical slots to high school students.

High School Students who Cannot Participate in Hands-on Care

High school students who do not meet the criteria noted cannot participate in hands-on patient care. However, they are allowed limited observation if enrolled in a qualified program, such as Work Based Learning (WBL), which requires an introduction to a health science career. Supervised social contact is also allowed between the student and the patient when appropriate.

The following clinical departments are not offered to high school students participating in WBL observational / job shadowing experiences:

- Operating Rooms.
- Labor Rooms. Though students are allowed on the nursing unit they cannot watch live deliveries.
- Nurseries, including well baby and NICU.
- Emergency Rooms.
- *Any location in which blood or body fluid splashes are likely or in which the spread of infection is a major concern as defined by the facility/region.
- *Any location where an invasive procedure is performed as defined by the facility/region.



PATIENT RIGHTS & RESPONSIBILITIES

Intermountain Healthcare outlines the rights afforded to each person who is a patient in our facilities. This *Patient Rights and Responsibilities document* discloses Intermountain's commitment to an environment of trust – an environment where patients can feel comfortable and confident with the care they receive. As a student, you have the responsibility to help Intermountain carry out this commitment.

The *Patient's Rights Policy* has been adopted to promote quality care with satisfaction for the patient, the family, the physician, and the staff, regardless of race, color, religion, sex, age, national origin, physical or mental disability, veteran status and/or the ability to pay. Patient Rights and Responsibilities signs are posted in English and in Spanish throughout Intermountain facilities.

The company-wide Patient Rights and Responsibilities document includes 19 patient rights and 7 patient responsibilities. Some areas within Intermountain have slightly modified versions of the rights and responsibilities that are more specific to their patients, residents, or members. If you have questions regarding these modified versions, please contact your instructor, the department director or the facility compliance coordinator. Each facility has a compliance coordinator to address concerns in this area.

(*) It is the student's responsibility to locate the Patient Rights and Responsibilities posted in the Intermountain facility and become familiar with them.



HEALING COMMITMENTS

Intermountain Healthcare is committed to providing a healing environment to those they serve. The following are Intermountain's six Healing Commitments. Each commitment is focused on specific ways employees and students can ensure extraordinary care and healing for patients, guests and employees.

Healing Commitments

I am committed to creating an extraordinary experience for those I serve

This is the pledge of every person at Intermountain Healthcare. Clinical excellence is the cornerstone of our service, as it should be. We believe that our commitment to clinical quality can be elevated even more by creating an extraordinary healing environment. Titles and job descriptions don't matter. From the unit manager to the nurse to the gardener, every person is committed to creating a healing environment in every way we can – with our skills, our attitudes, and our service.

I help you feel safe, welcome and at ease

When people come to us for care they often feel vulnerable and are experiencing something unfamiliar, perhaps even frightening. Our understanding and concern are very important.

As an Intermountain student, I will:

- Acknowledge you immediately
- Make eye contact, smile, and be attentive to you
- Introduce myself and explain my role
- Help you connect with other members of the team
- Seek out opportunities to welcome and help you

I listen to you with sensitivity and respond to your needs

Words, gestures, actions, and listening intently provide an opportunity to understand, to engage, and to contribute to healing.

As an Intermountain student, I will:

- Focus on you and what you are communicating
- Allow you to complete your thoughts without interruption
- Demonstrate with body language and tone of voice that I care about what you are saying
- Ask, "What else can I do for you?" and follow through as quickly as possible
- Use creativity and innovation as I look for ways to meet your needs

I treat you with respect and compassion

Respect and compassion require an environment where people know their dignity will be preserved, their privacy respected, and their needs met with comfort and care.

As an Intermountain student, I will:

- Protect your privacy
- Show concern and offer comfort
- Appreciate people's differences

I keep you informed and involved

Timely information, shared in a concerned manner, decreased feelings of helplessness, increases participation in care, and can help lead to healing.

As an Intermountain student, I will:

- Anticipate your need for information and provide it frequently
- Make you a partner in decisions that affect you
- Respect your time and give you a realistic estimate of how long things will take
- Explain things to you in a way that is clear and easy for you to understand

I ensure our team works with you

Helping people understand and trust how the team works is vital to providing an experience that inspires confidence.

As an Intermountain student, I will:

- Introduce other members of the team and their roles
- Share information so you do not have to repeat yourself more often than necessary
- Acknowledge the information you have already given and tell you why we may be asking for it again
- Make our communication visible to you and include you as a member of the team
- Support other departments to foster your trust and confidence in our organization

I take responsibility to help solve problems

Recognizing problems and responding promptly provides our greatest opportunity to find solutions that bring about the best possible results when problems occur.

As an Intermountain student, I will:

- Listen to your concerns
- Acknowledge the problem and apologize for your experience
- Solve problems when possible and address them thoroughly
- Thank you for sharing your concerns and inform you that I will document the problem to prevent future errors



CULTURAL DIVERSITY & SENSITIVITY

What is Culture?

Culture is the values, beliefs and practices shared by a group of people. We have an obligation to be respectful and sensitive to another's belief system (co-workers, patients, families). It's important to be culturally competent and comfortable with those we serve and serve with by examining our own personal biases and cultural values and understand how they may inhibit effective communication.

How to be culturally competent

- Ask yourself these questions:
 - Who are my customers?

- How can I learn about them?
- What are my beliefs about this group?
- Acquire basic knowledge of the cultural values, beliefs and practices of your customers:
 - Ask questions
 - Listen
 - Account for language issues
 - Be aware of communication styles

Be sensitive to personal health beliefs and practices

As a student, ask your preceptor to help you find the answers to the following questions:

- How does the patient stay healthy?
 - Special foods, drinks, objects or clothes
 - Avoidance of certain foods, people or places
 - Customary rituals or people used to treat the illness
- What are the expectations for medicine usage?
 - Past experiences with medicine usage
 - Will the patient take medicine even when he/she doesn't feel sick?
 - Is the patient taking other medicines or anything else to help them feel well?
- Family and community relationships
 - Are illnesses treated at home or by a community member?
 - Who in the family makes decisions about health care?
- Language barriers
 - Can the patient understand limited English?
 - Consider literacy level
 - Use visual aids and demonstrate procedures
 - Check understanding
 - Is an interpreter necessary? If yes, follow IHCHS guidelines by using a trained medical interpreter. Avoid using family members
- Body language
 - Is there cultural significance for:
 - Eye contact
 - Touching
 - Personal space
 - Privacy / modesty
- Other cultural factors to consider
 - Gender
 - Wealth or social status
 - Presence of a disability
 - Sexual orientation
- Religious / Spiritual beliefs
 - Are there sensitivities / beliefs associated with:
 - Birth, death
 - Certain treatments, blood products

Prayer, medication and worship
Food preparation, clothing, special objects, and gender practices

(additional resources found on www.intermountain.net: Human Resources and Cultural Resources)



PROFESSIONAL IMAGE

Goal: Create and present a professional image that helps our patients, members and customers feel safe, confident and comfortable when they interact with any Intermountain employee or student.

Personal Identification

An Intermountain name badge must be worn in a visible location on the upper torso area at all times while at work. ID badges are to be free of pins, stickers, or any other material that might interfere with the viability of the photo or the identification of the person wearing the badge.

Personal Appearance

- Employees / students are expected to practice personal hygiene such as being neatly groomed and free of body odor or strong perfume or cologne that might interfere with those who are ill or allergic to such odors or fragrances.
- Hairstyles are to be conservative, clean and neat, and should not inadvertently make contact with patients or customers.
- Beards and mustaches are to be neatly trimmed.
- Fingernails are to be conservative, of short to moderate length, and safe and clean for interacting with those around us. Employees / students in patient care areas cannot wear artificial nails and wraps.
- Department managers may ask students to cover their tattoos while on duty if the tattoos are deemed to be unprofessional or distracting.

Jewelry

Employee / students should select and wear jewelry that does not create a safety hazard or interfere with one's work. **Visible body piercing is not permitted** except for piercing of the ears. Ear jewelry should not be excessive (maximum of two conservative earrings per ear).

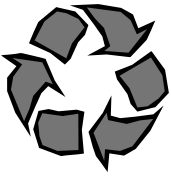
Clothing Appearance

Clothing should be clean, pressed, and in good repair, without holes, rips or tears. Employee / students should wear clothing that is appropriate to their work setting and follow the department dress standard. If uniforms are required in a department, each employee/student is expected to follow that requirement. Socks/hosiery should be worn by all employee / students.

Unacceptable clothing: jeans, bib overalls, mini-skirts, baseball hats, T-shirts with logos or silk screens, sweats, tight or revealing clothing, Capri pants.

Lost or Stolen Items

Intermountain Healthcare is not responsible for personal items lost or stolen. You are encouraged to lock up all personal items necessary to have on site during your educational experience.



ENVIRONMENTAL SAFETY

Safety is Everyone's Concern

Call Security when you:

- See any criminal activity
- See any suspicious circumstances
- Need to access lost and found items
- Need to report visitor accidents or visitor needs
- Need escort or vehicle assistance

(*) Each Intermountain facility has a number to contact security directly. Make sure you are aware of the number in the facility you are working.

Emergency Code Response

It is your responsibility in an emergency situation to recognize the emergency and respond appropriately. (*) Know the facility specific phone number to call, be respectful to the responding code team and assist as needed.

The emergency codes listed below are standard for all Intermountain facilities:

Code **RED**..... Fire

Code **BLUE**..... Cardiac Emergency

Code **GREEN**..... Security Incident (manpower)

Code **PINK**..... Abduction

Code **YELLOW**..... Bomb Threat

Code **DISASTER**..... Implement Disaster Plan

Code **ZULU**..... Helicopter Crash (on hospital campus)

Code **SILVER**..... Person exhibiting lethal or deadly behavior (location identified)

Fire Prevention and Response

Promoting fire safety by recognizing and correcting fire hazards, and appropriately responding to any fire incident at work is a shared responsibility of everyone.

Employees and students can apply simple safety measures that will help prevent fires:

- Properly store and dispose of combustible materials.
- Comply with electrical equipment policies.
- Report any defective wiring (frayed cords, brown fuses, etc.)
- Enforce your facility's smoking policy.
- Find out when and who should turn off medical gas valves.
- Learn your department evacuation plan.
- Maintain clear and unobstructed hallways, doorways and aisles.

Our hospitals are designed to contain a fire behind closed doors for a period of time to allow fire-fighting efforts to occur. Closed fire doors allow areas of the facility away from the fire to remain functional. It is important not to block or prop doors open in any way.

Code RED

The term we use for a possible or actual fire at Intermountain facilities is Code Red. Alarms and strobe lights are used to let staff know about the Code Red (see chart below). If your facility has overhead paging, "Code Red" and the location of the fire will be announced. Fire drills will be paged as "Code Red Drill"

Strobes	Alarm	Meaning	How to Respond
✓	✓	The fire is in YOUR area!	Follow RACER and your department/facility plan.
✓		There is a fire somewhere in the building, but not in your exact location.	Follow department/facility fire response plan.

RACER

R – *Rescue*

Rescue anyone (including patients, visitors, employees and yourself) in immediate danger from flames or smoke.

NOTE: Many patients are connected to oxygen tanks and monitoring equipment. These items need to be moved with the patient whenever possible.

A – *Alarm*

Activate the nearest fire alarm pull box and call your facility emergency number or 911.

Take the time before a fire emergency to locate the fire alarm pull boxes in your work area.

C – *Contain*

Keep the smoke and fire from spreading to other locations within the facility by closing any open doors or windows. If the fire is in a patient's room, turn off the oxygen flow meter and remove from the wall.

E – *Extinguish*

Take time before an emergency to locate the fire extinguishers in your area. If a fire is small and manageable, use the nearest fire extinguisher. Follow the steps in PASS. The PASS acronym will help you properly extinguish a fire.

P Pull the pin

A Aim the nozzle

S Squeeze the handle

S Sweep at the base of the fire

R – *Relocate*

Follow your facility's evacuation procedure and move everyone to a safe location. Use an evacuation route that leads away from the fire. Do not use elevators!

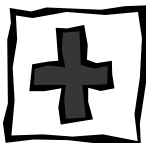
EMTALA

The *Emergency Medical Treatment and Labor Act* is a federal law that requires hospitals to treat all people who request emergency care.

Employee / Student Responsibility

- Get help for people (adults or children) who request emergency care.
- If help is required to transport the person, call the hospital operator; state the problem and the location. Request Security to help transport the person.
- Initiate a Code Blue, if appropriate

- Never direct a person seeking emergency care to go to another hospital or facility if a patient requiring treatment for an emergency medical condition refuses to stay at the hospital. We may not force individuals to receive treatment, however:
 - If the individual insists on leaving or going elsewhere for treatment, it is important to give them information regarding the possible risk and benefits involved in staying or leaving
 - It is **vital** to document the individual's refusal of treatment.
- Contact your Intermountain preceptor/supervisor if you have questions.



STUDENT HEALTH

Infection Prevention and Control

The purpose of an infection prevention and control program is to prevent the transmission of infections within a health care facility. You can protect yourself and the patients by adhering to basic infection prevention and control principles. Standard precaution procedures should be used routinely when caring for patients, regardless of their diagnosis.

Standard Precautions

Standard Precautions is the name of the isolation system used within Intermountain Healthcare, and is used for every patient, regardless of diagnosis. The aim is to minimize risk of exposure to blood or body fluids. To accomplish this, personal protective equipment (PPE) (i.e. gloves, gowns, masks, and goggles) is used for potential contact with body fluids from any patient.

Standard Precautions include these principles:

- Hand Hygiene: Wash your hands with soap and water or sanitize your hands with an alcohol-based hand rub before and after each patient contact, and after removing gloves.
- Gloves: Use when touching any body fluids or non-intact skin.
- Gowns: Use if splashing or splattering of clothing is likely.
- Masks and goggles: Use if aerosolization or splattering is likely.
- Needles: Activate sharps safety devices if applicable, then discard uncapped needle/syringe and other sharps in containers provided for this purpose. Use safety products provided.
- Patient Specimens: Consider all specimens, including blood, as bio-hazardous.
- Blood Spills: Clean up with disposable materials (i.e., paper towels or spill kit), clean and disinfect the area. Notify Housekeeping for thorough cleaning.

Droplet

Droplet Precautions are used when patients have a disease process that is spread by contact with respiratory secretions. These include: Respiratory infections (RSV, Human Metapneumovirus, Parainfluenza, Influenza), *Neisseria meningitidis* (meningitis or sepsis), Invasive *Haemophilus Influenza* type B (meningitis, sepsis, epiglottitis), Diphtheria, Pneumonic Plague, Mumps, Parvovirus B19, Rubella.

Droplet Precautions include:

- Private Room: Private room or rooms with a patient who has a similar diagnosis. Patient is confined to the room until directed by Infection Prevention and Control.
- Mask and Gloves: Worn by all hospital personnel upon entering the room.
- Gown: To be worn if there is a possibility of contact with bodily fluids.

- Hand Hygiene: Wash or sanitize your hands upon entering patient room, removing gloves, and when leaving the patient room.

Contact

Contact isolation is used when patients have a disease process that is spread by contact with wounds or body fluids. These include: Diarrhea (Rotavirus, Clostridium difficile, E. Coli 0157:H7, Shigella, Salmonella, Hepatitis A, Campylobacter, Yersinia.), open draining wounds, infection or colonization with multi-drug resistant organisms (MDROs)

Contact Precautions include:

- Private room: Private room or rooms with a patient who has a similar diagnosis. Patients who are un-diapered and incontinent of stool should be confined to the room.
- Gloves: All hospital personnel wear gloves when entering the room.
- Gown: To be worn if clothing will have contact with patient or objects in the room.
- Hand Hygiene: Wash or sanitize your hands upon entering patient room, removing gloves, and when leaving the patient room.
- NOTE: For patients with Clostridium Difficile (C-Diff), do not use a hand sanitizer or other products which contain alcohol. Use soap and water only.

Airborne

Airborne precautions are used when the infection is spread through the air. Examples of diseases requiring airborne precautions are:

- TB (tuberculosis).
- Measles.
- Chickenpox

Precautions include:

- Place patient in a private negative pressure room. Keep door closed except to enter / exit.
- Wear an N-95 respirator mask, which requires a fit test, or a Powered Air Purifying Respirator (PAPR) when entering the room. Students will not be assigned these patients due to OSHA's medical evaluation and fit testing requirements for the use of respirators.
- Use proper hand hygiene. Wash or sanitize your hands upon entering patient room, removing gloves, and when leaving the patient room.

Other Infection Prevention and Control Concerns include:

*ARTIFICIAL NAILS POLICY

"For infection control purposes, employees in patient care areas, those who handle food, medications, or laboratory specimens cannot wear artificial nails and wraps. These care providers should wear short, clean, natural nails. Other healthcare workers should keep their fingernails conservative, of short to moderate length, and safe and clean for interacting with those around us."

SHARPS CONTAINERS

All sharps should be placed in a sharps container after use. These containers are placed frequently throughout units. Containers should be changed before full (pay attention to the "fill line" on container).

WASTE

Red bags are used for bio-hazardous waste and must be used if blood or other body fluids can be squeezed or crushed out of the container.

Yellow bags are used for hazardous drugs. Drugs are classified as hazardous if studies in animals or humans indicate that exposures to them have a potential for causing cancer, developmental or reproductive toxicity, or harm to organs. Employees and students who have not been trained and authorized should not handle hazardous drugs or anything containing a hazardous drug due to the potential for surface contamination. If you see any hazardous drug waste (yellow bag) in an unsecured area, notify your supervisor and facility chemical safety officer immediately.

LINEN

All soiled linen is considered contaminated and should NOT be carried so that it touches the body or clothing of the person transporting it. Wet linen must be wrapped with dry linen or placed in a plastic bag before putting into linen bag to prevent seep-through. If the linen bag is leak proof, no special handling of wet linens is necessary.

Ergonomics

Ergonomics focuses on creating a work environment in which a worker should not experience physical problems from that work. Examples of work design that may lead to physical stress include:

- Poor work-station layout
- Improper work methods, such as poor posture

Improper work design can cause repetitive force or movement of the body without an adequate rest period for tissues to recover. Over time, this may lead to damage of tendons, bones, nerves or muscles, typically in the hands, elbows, shoulders, neck and back. An example would be tendonitis progressing to carpal tunnel syndrome.

Certain workers are more at risk for developing problems than others. Examples include those who:

- Perform repetitive tasks for a long time period
- Use forceful hand motion
- Must stay in a fixed position for extended periods
- Work in awkward positions
- Use excessive bending or twisting motions of the wrist
- Have continuous contact with the edge of a work surface
- Experience temperature extremes
- Use inappropriate hand tools
- Have improper sitting position

Symptoms that may appear include pain, swelling, numbness, tingling, restricted range of motion, or weakness in the affected body part, with varying degrees of severity.

At the first sign of discomfort, the worker should begin to take an anti-inflammatory medication, such as ibuprofen (Advil) and apply ice to the affected area. A work analysis is often performed to correct problems that may be causing or aggravating the condition.

Realize also that obesity, pregnancy, recent weight gain, smoking, lack of general physical condition, and emotional stress may contribute to the development of these disorders. Additionally, activities and hobbies at home can contribute to these symptoms and adjustments may need to be made. Stress management, exercise programs, smoking cessation and counseling often are added as part of overall medical management.

Back Safety

Be Nice To Your Back!

Your back is an original and the only one you get! It holds you up all day long and assists you with everyday activities like lifting, bending, reaching, and standing. Even the simplest activity, if done incorrectly, can strain your

back and cause permanent injury. Every year many health care workers suffer back injuries. Some of these injuries lead to permanent loss of work. You can prevent injuries by following these simple safety guidelines.

Lifting

- Use additional staff and mechanical equipment as needed to safely transfer, reposition or lift patients. Never attempt to reposition a patient by yourself. Don't overestimate the weight you can lift. (See Intermountain Healthcare's Safe Patient Handling Guidelines for more information)
- Keep your feet apart, with one foot next to the object being lifted and one foot slightly behind. This gives greater stability and upward thrust.
- Let your legs do the work, not your back! Keep your back straight and bend your knees, keeping your knees in line with your feet, to get close to the object you are lifting.
- Use your entire hand when lifting. Your fingers alone have very little strength. Wrap your fingers around the object, with firm pressure from your palm, on the object.
- Bring the load in close to your body with your arms and elbows tucked close to your side.
- Position your body so that your weight is distributed inside your feet. This gives you better lifting strength and better balance. Lift by using the strength of your legs and not your back.
- Never twist your body from side to side when lifting or transferring. This is a major cause of back injuries. Move your feet if you must change direction.
- Don't lift or carry objects above shoulder level.

Moving Patients

To move a patient between a bed and a stretcher, position the two surfaces close to each other with their heights as level as possible. Lock both the bed and stretcher in place. Get assistance and slide the patient over. Avoid reaching all the way over the bed and pulling with your back. It may be helpful to use a bed sheet under the patient to help move him/her. You can get up and kneel next to the patient for better leverage and control.

To move a patient from a bed to a wheelchair, lower the bed and place the wheelchair beside the bed. Lock the wheelchair in place. While facing the patient, with your knees bent and back straight, help rock the patient to a sitting position. Rotate the patient gently so he/she is sitting on the edge of the bed with both feet on the floor. Place one of your knees against one of the patient's legs for support. Bend your knees slightly, and while keeping your back straight, place the patient's arms on your shoulders. Pivot and lower the patient into the wheelchair.

Reaching

Do not bend your back when reaching. Decrease the distance between you and the object you are reaching as much as possible. If you can't keep your back straight, you are reaching too far. This is a major problem with moving patients. Reach with your arms and legs, not your back. If you can't comfortably reach something about you, then use a ladder or stool.

Standing

Standing properly is important for your back. Stand straight with your knees slightly bent, hips slightly flexed, your pelvis tilted forward. If you are standing for long periods, you can ease some of the back strain by putting one foot on a low stool or box.

Sitting

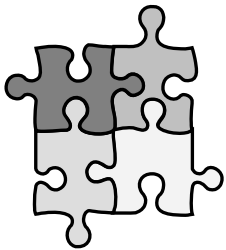
Sit straight in a chair that supports your lower back. Keep both feet on the floor and, if possible, keep your knees slightly below your hips. Avoid slouching in chairs as slouching increases back strain. Try to situate your workstation so that you are looking straight ahead with no twisting in your back.

Student Injury / Illness Reporting

All on-the-job injuries or illnesses must be reported immediately to your school instructor or the department manager or supervisor. If a life-threatening or serious injury occurs, report to the facility Emergency Department ("ED") for initial treatment. ED will assess injuries and determine the risk level, treatment options, and medical services required. You and/or your school or company will be responsible to pay for services provided.

Document any job-related illness or injury, including all exposures to blood and body fluids (puncture wounds, splashes in the eye, fall or back injuries) on the Employee Injury/Illness Report Form or an Event Form. These forms can be obtained from the Employee Health Office or the nursing supervisor. Completed forms should be sent to Employee Health within 24 hours. Check the "Region Specific" section of this book for additional or facility specified procedures.

(*) Contact Employee Health for further assistance.



CORPORATE COMPLIANCE PROGRAM

Goal: The goal of Intermountain Healthcare is to promote honest, ethical behavior in the day-to-day operations. It is the employee and student's responsibility to be compliant. Compliance means to uphold the directives of the corporation and report discrepancies when observed.

Legal Compliance

Intermountain Healthcare is committed to comply with federal, state, and local laws, rules and regulations. These laws protect the patient, our organization and our employees. Employees and students are accountable to ensure that all activity by or in behalf of the organization is in compliance with applicable laws.

High Ethical Standards

We are honest and ethical in all we do. Intermountain Healthcare expects employees and students to maintain high standards in the performance of our responsibilities. Employees and students commit to the following core principles and to the specific guidelines that govern our work and responsibilities:

- We are committed to a healing experience
- We perform our jobs with honesty and integrity
- We know and abide by all laws, and we know and understand the details of the policies and procedures that apply to our jobs and to us as individual employees
- We speak up with concerns about compliance and ethics issues
- We report observed and suspected violations of laws or policies. We agree to report any requests to do things that we believe may be violations
- We cooperate with any investigations of potential violations

Reporting Requirements

As part of Intermountain's compliance with applicable laws, regulations, and rules, employees and students are required to report any and all suspected compliance violations. There are three options for reporting suspected violations, asking questions or discussing compliance concerns. These are:

- The department supervisor or director
- (*) A facility compliance coordinator
- The Intermountain Healthcare Compliance Hotline (800-442-4845)

Be assured that no retaliation against you will be instituted for reporting. Students should first go to their instructor to report compliance issues.



(HIPAA) PRIVACY & SECURITY OF HEALTH INFORMATION

Certain laws and regulations require that practitioners and health plans maintain the privacy of health information. In August of 1996, Congress passed the privacy legislation we now call HIPAA. It stands for the Health Insurance Portability and Accountability Act of 1996. A large part of it deals with employees qualifying for health insurance when they change jobs – that is the portability aspect of HIPAA. However, there is much more to HIPAA. Title II of HIPAA is known as Administrative Simplification. Administrative simplification establishes requirements for the following: transactions and code sets, identifiers, security, privacy, timeframes, and penalties.

In general, privacy is about who has the right to access personally identifiable health information. The rule covers all individually identifiable health information in the hands of practitioners, providers, health plans, and healthcare clearinghouses.

Intermountain facilities take HIPAA regulations very seriously. HIPAA impacts students in the following ways:

- Patient records may not be photo copied or printed from a computer terminal for personal use (i.e. writing care plans or other papers).
- Students must not release any patient information independently.
- Any request for patient information should be directed to your Intermountain preceptor/supervisor.
- Violations of HIPAA may result in termination of the student experience.

Identifiable Information

The following is considered identifiable information by HIPAA and must not be accessed or shared for any purpose other than patient care.

1. Names
2. All geographic subdivisions smaller than a State, including street address, city, county, precinct, zip code
3. All elements of dates (except year) for dates directly related to an individual, including birth date, admission date, discharge date, date of death; and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older.
4. Telephone numbers
5. Fax numbers
6. Electronic mail addresses
7. Social Security numbers
8. Medical record numbers; Health Plans Beneficiary Number
10. Account Numbers
11. Certificate/License Numbers
12. Vehicle identifiers and serial numbers, including license plate numbers;
13. Device identifiers and serial numbers
14. Web Universal Resource Locators (URLs)
15. Internet Protocol (IP) address numbers

- | | |
|--|---|
| <p>16. Biometric identifiers, including finger and voice prints</p> <p>17. Full face photographic images and any comparable images</p> <p>18. Any other unique identifying number, characteristic, or code, except a re-</p> | <p>identification number to which the key is kept secure. Data that is fully de-identified no longer requires HIPAA protections or tracking of disclosures. However, de-identified patient information is still confidential and may not be disclosed without Intermountain's permission.</p> |
|--|---|

Do not use any of the above elements when writing reports or making presentations. If you feel you need to include any identifiable elements, please check with the Facility Privacy Coordinator.

Other Protected Information

While this section primarily addresses the requirements of the HIPAA Privacy Rule, additional protections and requirements may apply to certain types of sensitive information, such as substance abuse records, genetic test results, Social Security numbers and credit card numbers. If your Student assignment includes accessing or disclosing these types of information, ask your supervisor for relevant policies and procedures.

Additional steps to protect a patient's privacy

- Close room doors when discussing treatments and administering procedures.
- Close curtains and speak softly in semi-privacy rooms when discussing treatment and performing procedures
- Avoid discussions about patients in public areas such as cafeteria lines, waiting rooms, and elevators.
- Safeguard medical records by not leaving the record unattended in an area where the public can view or access the record.
- If you have logged into a computer system to view an electronic medical record, make sure to log off once you are finished.
- Do not share Intermountain computer systems access code or password with anyone. Take precautions to prevent others from learning your access code and password.
- Before discarding any patient-identifiable information, make sure it is properly shredded or locked in a secure bin to be destroyed later. Do not leave information intact in a trashcan.
- Do not use cell phones or other electronic devices to take or send photographic images and audio/video recordings of patients and/or medical information.
- Do not publish medical information, photo images, or audio/video recordings on networking web sites or blogs, such as *My Space*, *Twitter* or *Facebook*. This includes de-identified and "virtually" identifiable information.
- Employees may convey medical information in a secured email if relevant to one's job and patient treatment. However, email communication is not permitted as a means for student learning. (Refer to Intermountain's: "Protected Health Information Email Procedure")

Intermountain's Facility Patient Directory

Certain patient information may be included in a facility patient directory. Each patient or personal representative should be asked, upon admission, if they wish to be listed in the patient directory, and their preference noted in the admitting system. The following protected health information (PHI) may be included in the directory:

- Patient's name
- Patient's location
- Patient's general condition (usually a one word description, such as: undetermined, good, fair, serious, critical, or treated and released)
- Patient's religious affiliation (optional)

Not all patients are listed in the facility directory. Circumstances include: patient choice, sensitive admission, or treatment is subject to privacy laws and regulations. These admissions are noted as "No Information" (NI) status. NI status means the patient has decided he/she does not want Intermountain to provide PHI, or any information related to admission, to all callers and guests (including family, friends, media, neighbors, etc.).

When a patient is unable to express a preference (unconscious, medicated, etc.), the patient is given an interim status of "Did Not Provide" (DNP). Intermountain may assist family or friends to locate a DNP patient, but should be careful not to disclose to the media or other callers that the patient is present in the facility. The patient or personal representative should determine a preference as soon as it is feasible.

Accounting for Disclosures

Privacy regulations grant the patient the right to receive a summary of certain disclosures by Intermountain. Therefore, Intermountain must account for certain releases of information outside of its operating units. Specifically, releases made for reasons other than treatment, payment, healthcare operations, or without the patient's written authorization. Healthcare operations are business activities undertaken by Intermountain, such as quality improvement studies, peer review, credentialing, medical reviews, and fraud and abuse investigations. For more information about the disclosures which must be documented and how to record them, see the "Protected Health Information Disclosure Accounting Procedure."

Students must not release any patient information independently. Any request for patient information should be directed to your Intermountain preceptor/supervisor.

Verification of Identity

When information is requested about a patient, regardless of who is requesting the information (i.e. law enforcement, "parent", physician's office) please direct the request to your Intermountain preceptor/supervisor who will verify identity of the requestor. Students must not release any patient information independently.

Notice of Privacy Practices

The Privacy Rule gives patients the right to be informed of the privacy practices of Intermountain Healthcare, as well as to be informed of their privacy rights with respect to their personal health information. Intermountain's Notice of Privacy Practices is generally distributed to patients on the first day that the patient receives treatment. Intermountain is required to attempt to obtain written acknowledgment that we offered the patient a copy of the Notice.

Privacy & Patient Care

Treatment of patients should be essentially unobstructed by the Privacy Rule. For some purposes (such as providing treatment, obtaining payment, and health care operations), the Privacy Rule permits Intermountain to use and disclose health information without the patient's permission and with only a few restrictions. Intermountain may disclose, without the patient's permission, information necessary for the treatment or payment activities of another health care physician or provider if both entities have a relationship with the patient.

Examples of permitted uses and disclosures include:

- When sending a specimen to a lab for testing, the physician's office may send the laboratory the patient's health plan information so that the laboratory may be reimbursed by the patient's health plan for services rendered.
- A physician's office may send health information to another physician's office for the treatment of a patient. As long as both have a relationship with the patient, physicians and other providers may share health information as needed for treatment purposes.
- A physician's office may send health information to a pharmacy so that pharmacy may fill a prescription for a patient. The physician's office may also send the patient's health plan information so that the pharmacy may be reimbursed for filling the prescription.

- A health plan may share certain member information with another health plan to coordinate benefits.
- A health plan may collect data directly from paneled physicians' medical charts for purposes such as completing HEDIS performance measures or other Quality Improvement studies.
- A hospital's Quality Management department may abstract data from charts at the facility to conduct a study designed to improve patient care.

Disclosures to Patients' Family & Friends

Only Intermountain employees may disclose health information to a family member, other relative, close personal friend of the patient or any other person identified by the patient. This is never the responsibility of the student.

Information Privacy and Security Incidents

If you become aware of a situation where patient health information has been shared with the wrong person, or the privacy and/or security of patient health information has been compromised in any way and regardless of whether it was intentional or accidental, immediately report the situation to your supervisor or call the Intermountain Compliance Hotline (1-800-442-4845).



OSHA: OCCUPATIONAL SAFETY & HEALTH ACT

As a student in an Intermountain Healthcare facility, it is an expectation that you will fully comply with all of the following OSHA standards.

OSHA Standards

Hazardous Materials

Know what materials, within your work area, would be considered hazardous. If there is a spill of any of these materials, contact the MSDS hotline. The MSDS phone number for all Intermountain facilities is: 1-800-451-8346.

"Sharps" protective devices

Use protective devices at all times to prevent needle sticks

"Sharps" disposal containers

Immediately dispose of all sharp objects in the "sharps" disposal containers.

Personal Protective Equipment (PPE)

Wear personal protective equipment when there is potential for handling or coming in contact with bodily secretions or fluids. PPE should be located in areas where such exposures are likely to occur.

Contact your Intermountain preceptor/supervisor if you have questions or need additional information.



CONTINUOUS QUALITY IMPROVEMENT

Intermountain Healthcare is committed to providing quality care. We strive to meet customer needs through using a continuous quality improvement (CQI) approach. The CQI model used is Plan, Do, Study, and Act. (PDSA). The model is used to answer the question: What changes can we make that will result in improvement?

Plan

The planning part requires that we:

- Define Quality. Intermountain defines quality as: meeting or exceeding the customer's expectations 100% of the time. Quality is delighting the customer.
- Develop and share Intermountain Healthcare goals.
- Develop department and individual improvement goals.
- Identify processes, related to the goals that can be improved and lead to better quality care.
- Identify our customers.

Do

Do is the action part of the process; collecting and analyzing data or meeting with involved parties.

Study

Study means to analyze data for process improvement. Some focus areas of improvement are:

- Clinical Outcomes
- Cost
- Access to Care
- Satisfaction
- Community Service
- Regular Satisfaction Surveys
- Monitoring & correcting quality control issues such as:
 - Response to fire drills
 - Storing things safely
 - Using equipment safely
 - Refrigerator temperatures
 - Crash cart checks
 - Protecting medication

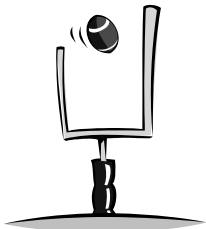
Act

Intermountain Healthcare believes that teamwork is the best way to improve processes. A team consists of a small number of people with complimentary skills who are committed to a common purpose. Each team member holds him/herself accountable for the team's success. Teams test new ideas and continue to improve quality.

In a CQI culture, 80-90% of an employee's time is spent in day-to-day tasks. The remaining 10-20% of the employee's time should be spent improving quality of work. This may involve the following:

- Being on an improvement team
- Collecting measurement data
- Doing quality control monitoring
- Identifying job improvements
- Identifying customers' expectations
- Learning about quality improvement

Poor quality costs the organization money. However, each person can make a difference. Employees / students are responsible to look for ways to improve daily work processes, customer satisfaction, and quality outcomes.



NATIONAL PATIENT SAFETY GOALS

All Joint Commission accredited health care organizations are surveyed for implementation of the following Requirements—or acceptable alternatives – as appropriate to the services the organization provides. Alternatives must be at least as effective as the published Requirements in achieving the goals. Failure by an organization to implement any of the applicable Requirements (or an acceptable alternative) for a National Patient Safety Goal will result in a special Requirement for Improvement for that goal. Organizations are made aware of the requirements to meet the NPSG-related Requirements in the Accreditation Participation Requirements in the accreditation manual.

Improve the Accuracy of Patient Identification

- Use at least two patient identifiers whenever administering medications or blood products; collecting blood samples and other specimens for clinical testing; or providing any other treatments or procedures. Do not use the patient's room number or physical location as an identifier.

Improve Effective Communication among Caregivers

- For verbal or telephone orders or the telephonic reporting of critical test results, verify the complete order or test result by having the person receiving the order or test result “read back” the complete order or test result.
- Use the standardize list of abbreviations, acronyms and symbols used throughout the organization.
- Measure, access and, if appropriate, take action to improve the timeliness of reporting, and the timeliness of receipt by the responsible licensed caregiver, of critical test results and values.
- Implement a standardized approach to “hand off” communications, including an opportunity to ask and respond to questions

Improve the Safety of Using Medications

- The organization reviews (at least annually) a list of look-alike / sound-alike drugs and takes action to prevent errors involving the interchange of these medications.
- Label all medications, medication containers (e.g., syringes, medicine cups, basins), or other solutions on and off the sterile field in pre-operative and other procedural settings.
- Reduce the likelihood of patient harm associated with the use of anticoagulant therapy.

Reduce the Risk of Health Care Associated Infections

- Comply with current World Health Organization (WHO) hand hygiene guidelines or Centers of Disease Control and Prevention (CDC).
- The organization implements evidence-based practices to prevent healthcare associated infections due to multidrug resistant organisms in acute care hospitals.
- The organization implements best practices or evidence-based guidelines to prevent central line associated bloodstream infections.
- The organization implements best practices for preventing surgical site infections.

Accurately and Completely Reconcile Medications across the Continuum of Care

- Obtain and document a complete list of the patient's current medications upon the patient's admission and with the involvement of the patient. This includes a comparison of the medications the organization provides to those on the list.
- A complete list of the patient's medication is communicated to the next provider of service when a patient is referred or transferred to another setting, practitioner or level of care within or outside the organization.

Reduce the Risk of Patient Harm Resulting from Falls

- Implement a fall reduction program and evaluate the effectiveness of the program.

Prevent Healthcare Associated Pressure / Decubitus Ulcers

- Assess and periodically reassess each resident's risk for developing a pressure ulcer and take action to address any identified risks.

Identify Safety Risks Inherent in Patient Population

- The healthcare organization identifies patients who are at risk for suicide.

Improve Recognition and Response to Changes in a Patient's Condition

- The organization selects a suitable method enabling healthcare staff to directly request additional assistance from a specially trained individual(s) when the patient's condition appears to be worsening.



EVENT REPORTS INCIDENT REPORTS

An incident is any event that is not consistent with the normal, routine operation of a department, which may have potential for injury and/or property damage. The person discovering the incident should complete the report of an event. This report should be **forwarded to Risk Management within 24 hours of the event.**

Event reports are used for the improvement of the quality of patient care and the reduction of any circumstances, which might cause the event to be repeated. When used in this manner, event reports become a tool for the CQI process.

Event Report Facts

The Event Report is used as a means of gathering data to identify repeated events, possible preventative actions, and educational needs. (*) Event Reports can be filled out electronically or via hardcopy.

The event report is not part of the medical record and **should not be placed in the chart.** The medical record should, however, state the pertinent facts and responses about the event, **without the mention of an event report being filed.** When documenting an incident in the medical record, state the objective facts only, i.e., what you actually saw or heard when you discovered the incident. There are two ways to tell every situation:

SUBJECTIVE

The 93 year-old acrobat wiggled out of his restraints and vaulted over the side rails landing on his rear on the floor. Patient was complaining his head hurt.

OBJECTIVE

The 93 year-old man was found lying on the floor beside his bed. Restraints were tied to the bed and side rails were up. Patient states his head hurts.

If you were the defendant in a legal suit, which version would you want to be read to the jury?

Event reports are confidential documents and are protected from disclosure by Utah code. **Do not mention event reports in the medical record.**

According to the Safe Medical Devices Act, event reports must be filled out if there is a malfunction of a piece of medical equipment. The FDA requires health care facilities to report when circumstances “reasonably suggest” that a medical device has caused or contributed to the death, serious injury, or serious illness of a patient. This type of event must be reported to the manufacturer and/or the FDA.

When to Complete an Event Report

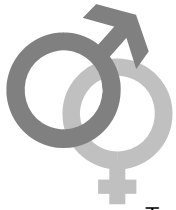
- Breach of department policy, patient injury, delays dealing with anesthesia/surgery/delivery
- Behavioral actions and attitudes dealing with AWOL, AMA, violent/agitated behavior or communication problems
- Patient care management problems dealing with consents or patient misidentification
- Complications of diagnosis and/or treatment, delays, or omissions of diagnostic tests/procedures
- Falls of patients and/or visitors
- Patient/staff/hospital property missing or damaged should be reported to Security
- Medication errors as in, incorrect dose/ patient/ medication/ time/route. IV related and pharmacy related errors
- Incidents occurring when using equipment as in equipment failure, user error, etc.
- Thefts, vandalism or other criminal activity should be reported to Security
- “Near Misses” are events that could have caused serious damage to the patient or staff, but were averted

Sentinel Event

The following sentinel events, as defined by Joint Commission, require immediate notification to Risk Management. A sentinel event is an event that results in unanticipated death, major permanent loss of function, not related to the natural course of the patient’s illness or underlying condition, or the event is one of the following:

- Suicide of a patient
- Infant abduction or discharge to the wrong family
- Rape
- Hemolytic transfusion reaction involving administration of blood or blood products having major blood group incompatibilities
- Surgery on the wrong patient or wrong body part

Notify your IHCHS preceptor/supervisor, school instructor and/or Risk Management if you have any questions about a patient situation



HARASSMENT - FREE

Treating individuals with mutual respect is one of Intermountain Healthcare's core values. A key component of this value is ensuring employees and non-employed staff are treated in a manner in which each individual's unique talents and perspective are valued, and providing a work environment in which they feel safe. Through its Harassment Free Workplace policy, Intermountain supports a workplace where everyone is treated professionally, respectfully and are not subject to harassment.

What is Harassment?

Harassment is unwelcome conduct that creates an intimidating, hostile or offensive work environment that unreasonably interferes with an individual's work performance or negatively affects tangible job benefits and is directed at an individual because of his/her age, disability, national origin, race, color, religion, gender, sexual orientation or veteran status.

What is Sexual Harassment?

Sexual harassment is unwelcome conduct of a sexual nature when submission to or rejection of this conduct explicitly or implicitly affects an individual's employment, unreasonably interferes with an individual's work performance or creates an intimidating, hostile or offensive work environment. This includes:

- Sexual advances
- Requests for sexual favors
- Other verbal or physical conduct of a sexual nature

How to Report Harassment

Contact the Human Resources Department. The Human Resources Department is responsible for conducting a prompt, thorough and confidential investigation. All investigations surrounding incidents of harassment will be conducted confidentially to the extent reasonably possible. Only those individuals with a need to know will have access to confidential communications resulting from the receipt and investigation of a complaint.



VIOLENCE IN THE WORKPLACE

Intermountain has a number of measures in place to help keep employees, students and patients safe from workplace violence (e.g. emergency phones in parking lots, reinforce visitation policy, etc.).

Employees / non-employed staff members and students can assist by learning:

- To recognize the warning signs,
- How to respond appropriately,
- What to do to prevent workplace violence, and
- How to report offenders.

Recognizing the Warning Signs

Workplace violence and its warning signs can take many forms.

- Emotional: Paranoia, manic behavior, disorientation, excitability
- Physical: Frequent change of posture, pacing, easily startled, clenching fist, aggressive behavior
- Verbal: Claims of past violent acts, loud forceful speech, arguing, making unwanted sexual comments, swearing, threatening to hurt others, refusing to cooperate or obey policies

Other

A person with any of the following could also be a potential threat:

- Psychiatric or neurological impairments
- History of threats or violence
- Loss of power or control
- Strong anxiety or grief
- Alcohol or substance abuse

Responding to Situations that could become Violent

- Don't reject all demands outright
- Don't make false statements of promise
- Do respect personal space
- Don't bargain, threaten, dare or criticize
- Do keep a relaxed but attentive posture
- Do manage wait times
- Do listen with care and concern
- Do offer choices to provide a sense of control
- Do avoid being alone
- Don't make threatening movements
- Do ask security or police to stand-by (an officer nearby can provide a quick response if needed, or may stop the misbehavior altogether.)
- Don't act impatient

Preventing Workplace Violence

By simply avoiding situations that are potentially unsafe, you can decrease the occurrences of workplace violence.

ALWAYS:

- Walk to cars in groups or call security for an escort
- Have car keys ready before leaving the building
- Check around, under and inside the car
- Secure belongings

NEVER:

- Go in deserted departments or dark hallways

- Share personal information with strangers

When prevention does not work, remember these important points

- Remain calm
- Secure personal safety
- Call security and/or immediate supervisor so they can follow up
- Cooperate fully with security and law enforcement
- Inform security and law enforcement of restraining orders

For Patient Care Areas

- Set limits and boundaries
- Limit the number of visitors and define visiting hours
- Define staff space versus visitor space
- Contact security if someone is becoming worrisome
- When confront is necessary, kindly ask the offending person to “please come talk with me out here”—then step out of the room to a more public place

Reporting Workplace Violence

Report all workplace violence incidents no matter how insignificant they may seem. Use the Event Report form found online or call the Compliance Hotline at, 801-442-4845.



* TOBACCO - FREE

The use of tobacco products are not allowed within Intermountain licensed facilities. Smoking guidelines vary at each facility and, if permitted, smoking is only allowed in designated areas outside of the building. Check with the facility Human Resource department for more information.



* PARKING

Every Intermountain employee and student must follow facility specific parking guidelines. These guidelines insure enough parking for all who need access to Intermountain Healthcare sites of service at any given time of the day. Employees and students who do not comply with facility parking guidelines will be ticketed and fined accordingly.

Urban North Region Specific Information

Emergency Code Response

(See Safety Manual and Policies for additional details)

DIAL 5000 - State Problem & Location

Code	Description	Initial Response	Follow-up
Code Blue	Medical Emergency or Injury	<ul style="list-style-type: none"> - Start CPR if necessary - Provide first aid - Code Team will respond 	N/A
Code Trauma Alert	Emergency Room Alert: Expected arrival of a limited number of severely injured patients in the Emergency Department.	<ul style="list-style-type: none"> - OR, Respiratory, Radiology, Emergency, Critical Care and Laboratory are alerted. - Trauma surgeon is paged - Prepare for patient(s) to arrive 	N/A
Code White	Additional nursing personnel needed during short-term clinical crisis.	<ul style="list-style-type: none"> - Each nursing unit will send all available RNs or LPN's to the designated unit. - Bring IV start kit, gloves, BP cuff and stethoscope 	<ul style="list-style-type: none"> - Assess and complete report of incident. - Submit report to Safety Officer, Paul Lanier - Security Office ext: 7102
Code Cardiac Alert	Emergency Department Alert: Expected arrival of a cardiac patient to the Emergency Department.	<ul style="list-style-type: none"> - Heart Institute, Critical Care Shift Coordinator and Respiratory Care respond to this alert. - Prepare for patient arrival 	N/A
Code Pink	Missing Infant/Child (When calling the code specify whether infant or child - eg, "code pink/infant/2nd floor")	<ul style="list-style-type: none"> - All floor exits (including elevators) must be covered by two or more employees until code is cleared - Check all non-patient care areas on unit - Follow department-specific assignments 	<ul style="list-style-type: none"> - Assess and complete report of incident. Submit report to Safety Officer, Paul Lanier - Security Office ext: 7102
Code Green	Security Assistance Needed (Any escalating or potentially violent behavior)	<ul style="list-style-type: none"> - Protect patient, visitors and employees - Wait for help - Security will respond 	<ul style="list-style-type: none"> - Security assess and complete report of incident. - Submit report to Safety Officer, Paul Lanier
Code Manpower	Additional personnel needed to respond to any emergency.	<p>Code Manpower:</p> <ul style="list-style-type: none"> - All supervisors send one person from each department to the announced location. - Engineering respond <p>Code Manpower Maximum Response:</p> <ul style="list-style-type: none"> - ALL available personnel respond 	<ul style="list-style-type: none"> - Assess and complete report of incident. - Submit report to Safety Officer, Paul Lanier - Security Office Ext: 7102
Code Hazardous Material	Spills & Leaks <ul style="list-style-type: none"> - Unmanageable: Operator will call Fire Department - Manageable: Notify Security (Chemical Spill Team) x7100 	<p>Rescue victims and provide first aid if safe to do so</p> <ul style="list-style-type: none"> - Call 7100 for Spill Team (Security) - Isolate the area - Identify material, check label - Contain spill using towels etc. - MSDS: call (800) 451-8346 	<ul style="list-style-type: none"> - Assess and complete report of incident. - Submit report to Safety Officer, Paul Lanier - Security Office Ext: 7102
Code OB	Mother in labor - medical emergency	Code OB Team members respond : Security, Family Practice Resident, Critical Care Shift Coordinator, Lab, OR Nurse, OR Anesthesiologist, Intensivist, Pharmacy, Respiratory Therapy, NICU.	<ul style="list-style-type: none"> - Complete report of incident. - Submit report to Safety Officer, Paul Lanier - Security Office Ext: 7102
Code Disaster	Disaster External: Rapidly admit a large number of patients from external site. Disaster Internal: Disaster within the hospital.	REFER TO DISASTER PROCEDURES EMPLOYEE OUTLINE SUMMARY (attached)	<ul style="list-style-type: none"> - Assess and complete report of incident. - Submit report to Safety Officer, Paul Lanier - Security Office Ext: 7102
Code Evacuation	Partial Evacuation (Affected Department(s) evacuate to area designated by each department) Total Facility Evacuation (Evacuate to south-east parking lot)	Internal (Code Announced "Code Evacuation location") - Department decision <ul style="list-style-type: none"> - Evacuate laterally or down to a safe location - Use telephones for emergency communications - Call Code Manpower if more help is needed External (Code Announced "Code Facility Evacuation to destination") - Administrator decision only - Incident Commander determines the order in which areas are evacuated <ul style="list-style-type: none"> - Use telephones for emergency communications only Evacuation Priority: 1) Immediately Endangered 2) Ambulatory (Walking) 3) Non-Ambulatory (Wheelchair) 4) Bedfast (Critically ill)	<ul style="list-style-type: none"> - Assess and complete report of incident. - Submit report to Safety Officer, Paul Lanier - Security Office Ext: 7102

Code	Description	Initial Response	Follow-up
Code Red	FIRE All OTHER areas: - Alert others - Close doors/check exits DO NOT USE ELEVATORS - Know your closest source of escape Listen for announcements - Respond if needed - Potential Code Manpower	Fire in IMMEDIATE AREA R = Rescue: persons in danger A = Alarm: pull alarm & dial 5000 C = Contain: Close doors/windows E = Extinguish (using PASS) R = Relocate (PASS) Pull pin, Aim nozzle at base of fire, Squeeze handle, sweep nozzle from side to side at base of fire	- Assess and complete report of incident. - Submit report to Safety Officer, Paul Lanier - Security Office Ext: 7102
Code Earthquake	Earthquake <i>(Motion sickness or dizziness may be 1st indication of an earthquake.)</i> -DO NOT EVACUATE unless Code Evacuation is activated	DUCK - COVER - HOLD Rescue persons in danger Move patients away from windows Lock bed wheels/side rails up/Lower and attach IV to bed - Leave doors open (unless fire) Disconnect equipment with fire potential DO NOT USE ELEVATORS	- Assess and complete report of incident. - Submit report to Safety Officer, Paul Lanier - Security Office Ext: 7102
Code Yellow	Bomb Threat Complete "Bomb Threat Checklist"	- Keep caller on phone, listen to voice (accent, speech problems, male/female) - Pay attention to background noises - Search area for anything suspicious - Look but DON'T TOUCH - Each department call operator to report " Nothing found " so code can be cleared. - Report anything unusual to Security 7100	- Assess and complete report of incident. - Submit report to Safety Officer, Paul Lanier - Security Office Ext: 7102
Code Computer	Computer Virus Response	Immediately save work and log off <u>every</u> computer shutting them down within one minute of the code announcement. If computer will not log off properly, shut it down by pressing the off button or unplugging the machine. All computers are to remain off until the code is cleared. DO NOT call PBX office, wait for them to call each department.	- Complete report of incident. - Submit report to Safety Officer, Paul Lanier - Security Office Ext; 7102

Student Placement Coordinator phone number.....801-387-8007
Security phone number.....801-387 7100
Employee Health Nurse contact phone number.....801-387 -7715
Human Resource Department801-387- 7200
Risk Management801-387- 3185

Specific Guidelines for Supervision of RN Students in Patient Care Areas

- The RN or LPN patient care provider emphasizes that insulin and heparin dosage must always be checked by a second RN or LPN prior to administration.
- The patient care provider does not direct students to give medications intravenously unless they confirm that the student has completed IV training in the school program (typically no IV's in the first year of nursing school.) After the instructor confirms that the IV training has been completed, the care provider may direct the student to administer IV and IV push medications under the direct supervision of the patient care provider, but may never direct the student to push narcotics, chemotherapy, experimental drugs or medications being used in a drug study.
- The student may not make adjustments to nor set up pain management systems on intravenous pumps.
- The student may NOT carry narcotics keys. Students may assist with end of shift narcotics audits as a learning experience, but CANNOT sign as the second person on the audit form nor sign to receive narcotics from the pharmacy. The employed RN, LPN or Respiratory Care Practitioner documents all narcotic administration.
- The patient care provider validates documentation of care performed by students, including medication administration and other procedures. This is done by cosigning documentation on paper charting or by completing the "Nurse On Duty" option in the computer.
- Patient care departments may have additional guidelines that further define the skills in which students may participate. If this is the case, the patient care provider is responsible to review the guidelines with the instructor and student before the student begins the clinical experience.

Student Injury and Exposure (pg. 19 in this packet)

Any injury sustained by student while completing training at an Intermountain facility, subsequent medical treatment and all cost associated with care will be the Student's responsibility (or school if provided).

In the event of an OSHA defined occupational blood borne pathogen exposure incident, Intermountain will provide student with necessary assistance, including, but not limited to, immediate medical services, assessment to discuss risk level and treatment options.

Computer Access

If you need computer access while at McKay-Dee, contact the Student Coordinators.

Designated Smoking Areas

Effective January 1, 2011: McKay-Dee Hospital, McKay-Dee Surgical Center, The Behavioral Health Institute and the Annie Dee Taylor Guest House will be completely tobacco free campuses, including all buildings, parking lots, grounds and IHCHS company vehicles. "*Tobacco Use Prohibited*" signs are clearly posted. Extinguishing containers are located near these signs.

Parking Information

Shuttle Parking: **FREE AND FAST** at the Parking Terrace located at 3900 Eccles. Parking at the Terrace is strongly recommended for students. The shuttle begins at **4:30 am** and continues until **6:30 pm**. If you need to reach the shuttle driver call 801.698.5048 or 801.387.7100, rides to the terrace are available 24/7.

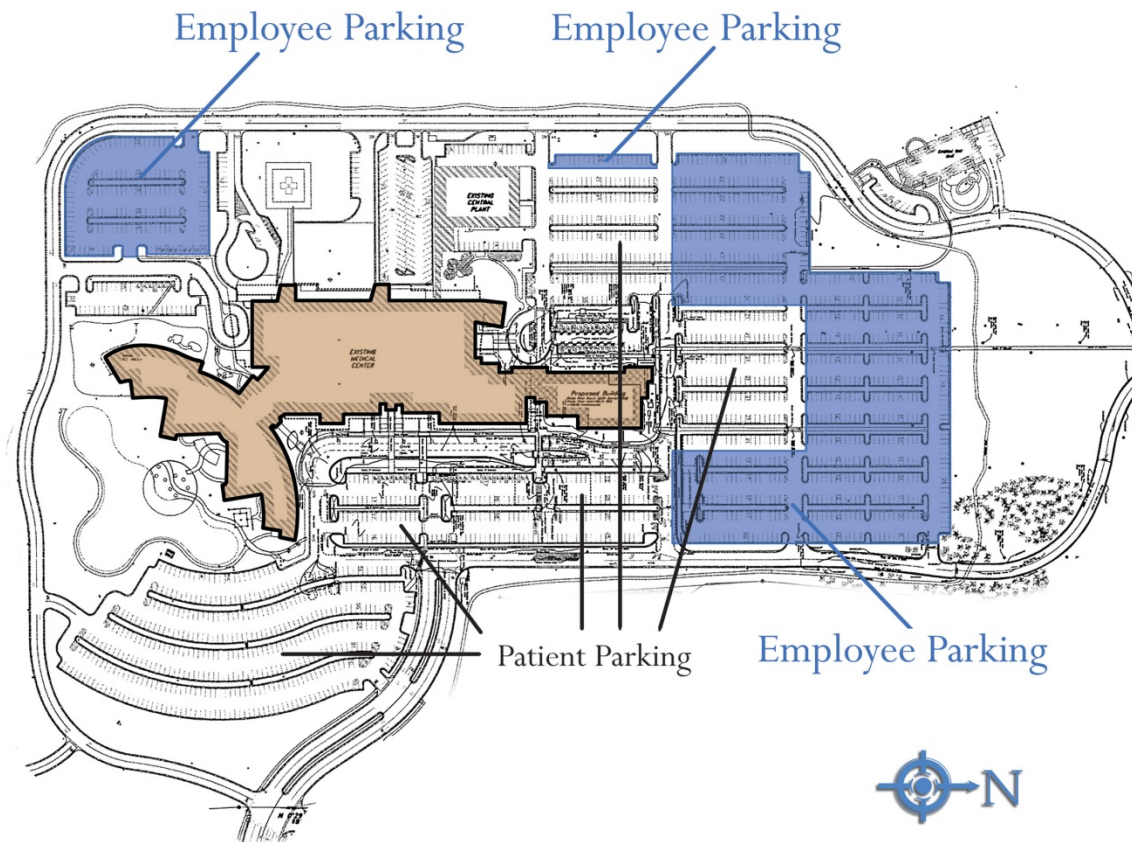
On campus parking:

If you do not park at the terrace, you will be required to park in **blue-lined parking stalls**. The white-lined parking stalls are reserved for patients and visitors ONLY. The Emergency Department has blue lined parking slots, which are restricted to select employees only- students are not allowed to park in the ER parking lot. Security will be monitoring closely to ensure students are not parking in the ER lot.

WARNING

Please be advised that a computer program tracks citations received. After receiving 2 citations, the third citation will result in the towing of the vehicle at the owner's expense.

QUESTIONS: If you have any questions concerning parking, please call Security Monday – Friday 8:00 am – 4:00 pm at extension 7100 or 7101.



Intermountain Healthcare Student IMMUNIZATION Requirements

- A. Institution assures that any Student participating in an educational rotation within IHCHS Facility:
1. Is immune to measles, mumps and rubella, as demonstrated either by:
 - a. Showing proof that they have had two (2) Measles-Mumps-Rubella (MMR) immunizations; or
 - b. Submit documentation of positive antibody titer to IHCHS to demonstrate immunity.
 2. Has been screened for tuberculosis. Initial testing should be a two-step tuberculin skin test (intra-dermal PPD) or a one-time BAMT (blood test). Institution assures that any Student who is PPD+ has had an adequate work-up for tuberculosis and is currently not communicable. (Chest x-ray report, physician or health department written note).
 3. Has completed a three (3) dose series of Hepatitis B vaccine if working directly with patients or body fluid specimens. Has provided documentation of Hepatitis B surface antibody results although routine Anti-HBs testing is not recommended if titer was not obtained 1 - 2 months after original vaccine series.
 4. Is immune to Varicella (Chickenpox). Institution assures that such immunity has been demonstrated by Student providing verification of one of the following:
 - a. Having had the disease (parent or student may confirm history of the disease);
 - b. Documentation of two (2) doses of varicella vaccine given at least 28 days apart; or
 - c. Positive titer.
 5. Has been immunized with one (1) dose of Tdap.
 6. Each student is required to have a current, annual influenza vaccine.
- B. Institution agrees to provide documentation of such assurance for each Student immediately upon request by IHCHS.

(These requirements may be revised as mandated by the CDC or IHCHS. Such revised requirements shall become binding upon and adhered to by the parties on and after the effective date as designated by the CDC or IHCHS.)

Student Forms Packet

for

Student Rotation

Please complete the following forms and return to your Student Placement Coordinator.

- A. Student Profile
- B. Access and Confidentiality Agreement
- C. HIPAA Agreement
- D. IP Agreement
- E. Student Orientation Quiz

Student Profile / Identification

Incomplete packets will be returned

Full Legal Name (First, Middle Initial, Last) _____

Preferred First Name (if different from legal name): _____ **Suffix** (if any): _____

Date of Birth: ____/____/____ **Gender:** Male Female

Last Four Digits of your Social Security Number: _____ (for student identification)

Currently Employed by Intermountain Healthcare? Yes No

If yes, what is your user name: _____

Employee number (if known): _____

Receiving IHCHS tuition reimbursement/scholarship: Yes No

E-mail: _____ **Phone:** _____ - _____ - _____

Permanent Address: Street: _____
City: _____ State: _____ Zip: _____

Emergency Contact: Name: _____
Phone: _____ - _____ - _____

School: _____ **Program:** _____

School Instructor: _____ **Estimated Graduation Date:** _____

Facility: _____
(Intermountain hospital, clinic or other assigned service area)

Hospital Department(s): _____

Rotation Dates: Start: ____/____/____ **End:** ____/____/____

Total hours required for this rotation: _____

Completion of pre-requisite testing: CPR (if required) Immunizations 2-step TB
 Drug screen Background check

Do you require a computer logon for system access? Yes No

NOTE: Upon completion of this profile you will be provided a student ID badge. Student ID badges must be returned at the end of each semester. Please check with the Student Placement Coordinator for ID badge retrieval instructions. If you are also an employee of Intermountain, your employee ID badge should not be worn while you are functioning as a student.

Intermountain Healthcare
ACCESS and CONFIDENTIALITY AGREEMENT

SECTION 1.0 Purpose and Definition

- 1.1 **Purpose of This Agreement.** Federal and state laws, as well as Intermountain’s policies, protect Confidential Information, assure that it remains confidential, and permit it to be used for appropriate purposes. Those laws and policies assure that Confidential Information, which is sensitive and valuable, remains confidential. They also permit you to use Confidential Information only as necessary to accomplish legitimate and approved purposes. You need access to Confidential Information because you have one of the following roles:
- A. An Intermountain workforce member, which includes volunteers (“Workforce Member”); or
 - B. An Intermountain-affiliated or Intermountain-credentialed provider (“Provider”); or
 - C. A vendor or agent of IHC Health Services, Inc. (“Vendor” or “Agent”).
- 1.2 **Definition.** “Confidential Information” means: data proprietary to Intermountain, other companies, or other persons, plus any other information that is private and sensitive and which Intermountain has a duty to protect. You may learn or access Confidential Information through oral communications, paper documents, computer systems, or through your activities at or with Intermountain. Examples of Confidential Information include the following information which is maintained by, or obtained from, Intermountain:
- A. An individual’s demographic, employment, or health information;
 - B. Peer-review information;
 - C. Intermountain’s business information, (e.g., financial and statistical records, strategic plans, internal reports, memos, contracts, peer review information, communications, proprietary computer programs, source code, proprietary technology, etc.); and
 - D. Intermountain, or a third-party’s, information (e.g., computer programs, client and vendor proprietary information, source code, proprietary technology, etc.)

SECTION 2.0 Your Duties Under this Agreement

- 2.1 **Principle Duties.** To qualify to access or use Confidential Information, you will comply with the laws and Intermountain policies governing Confidential Information. Your principle duties regarding Confidential Information include, but are not limited to, the following:
- A. Safeguard the privacy and security of Confidential Information;
 - B. Use Confidential Information only as needed to perform your legitimate and Intermountain approved responsibilities. This means, among other things, that you will not:
 - (1) Access Confidential Information for which you have no legitimate need to know;
 - (2) Divulge, copy, release, sell, loan, revise, alter, or destroy any Confidential Information except as properly authorized within the scope of your legitimate and Intermountain approved responsibilities; or
 - (3) Misuse Confidential Information;
 - C. Safeguard, and not disclose, your access code or any other authorization that allows you to access Confidential Information. This means, among other things, that you will:
 - (1) Accept responsibility for all activities undertaken using your access code and other authorization; and
 - (2) Report any suspicion or knowledge that your access code, authorization, or any Confidential Information has been misused or disclosed without Intermountain’s permission. (Report this suspicion or knowledge to the Intermountain Compliance Hotline at 1-800-442-4845; or, if you are a member of Intermountain’s Workforce, to your supervisor or facility compliance coordinator);
 - D. Not remove Confidential Information from an Intermountain facility unless necessary for your legitimate and Intermountain-approved responsibilities. (If removal of Confidential Information from an Intermountain facility is necessary, you will use reasonable and appropriate physical and technical safeguards – such as encrypting electronic Confidential Information.);
 - E. Report activities by any individual or entity that you suspect may compromise the confidentiality of Confidential Information. (To the extent permitted by law, Intermountain will hold in confidence reports that are made in good faith about suspect activities, as well as the names of the individuals reporting the activities.);
 - F. Not use or share Confidential Information after termination of your role triggering the requirement to sign this Agreement. (For example, if you are a Workforce Member, when you leave Intermountain’s employment; if you are a Provider, when you lose your privileges at an Intermountain facility or your privileges to access Confidential Information; and if you are a Vendor or Agent, when you finish your assignment or project with Intermountain or when your company stops doing business with Intermountain, whichever is first.); and
 - G. Claim no right or ownership interest in any Confidential Information referred to in this Agreement.

SECTION 3.0 Violation of Duty – Change of Status

- 3.1 **Responsibility.** You are responsible for your noncompliance with this Agreement.
- 3.2 **Discipline.** If you violate any provision of this Agreement, you will be subject to discipline, including but not limited to the following:
- A. If you are a Workforce Member, to dismissal as a member of Intermountain’s Workforce, loss of employment with Intermountain, termination of your ability to access Confidential Information, and legal liability.
 - B. If you are a Provider, a Vendor, or an Agent, to discipline, including revocation of your ability to access or use Confidential Information, and legal liability.
- 3.3 **Relief.** Any violation by you of any provision of this Agreement will cause irreparable injury to Intermountain that would not be adequately compensable in monetary damages alone through other legal remedies, and will entitle Intermountain to the following:
- A. If you are a Workforce Member, or a Vendor or Agent, to preliminary and permanent injunctive relief, a temporary restraining order, and other equitable relief in addition to damages and other legal remedies; or
 - B. If you are a Provider, to a court order prohibiting your use of Confidential Information except as permitted by this Agreement, and Intermountain may also seek other remedies; and
- 3.4 **Authority.** Intermountain may terminate your access to Confidential Information if your status as a Workforce Member, Provider, Vendor or Agent changes, if Intermountain determines that to be in the best interest of Intermountain’s mission, or if you violate any provision of this Agreement.

SECTION 4.0 Continuing Obligations. Your obligations under this Agreement continue after termination of your status as a Workforce Member, Provider, Vendor or Agent.

Printed Name: _____

Signature: _____

Date: _____

HIPAA Agreement

Education on Intermountain Healthcare's Privacy Practices

A Guide for Students Receiving Training at an Intermountain Healthcare Facility

Protecting patients' privacy has always been an ethical requirement at Intermountain Healthcare. As of April 14, 2003, it is now a federal mandate that medical providers and hospital staff do so. As a student in Intermountain Healthcare's facilities, we require that you abide by our privacy practices. If you have questions about Intermountain Healthcare's privacy practices, please contact your instructor or Intermountain Healthcare's Corporate Compliance Hotline at 1-800-442-4845.

Handling Protected Health Information

Protected Health Information includes all medical, billing, and payment records that identify patients. Paper records, electronic records, and oral communication can all contain protected health information. Failure to properly protect patient information may result in:

- Verbal or written warnings
- Suspension or expulsion from your educational institution
- Legal liability for yourself, your educational institution, and/or Intermountain Healthcare

We Do

- Follow Intermountain Healthcare procedures for the release of protected health information.
- Limit the sharing of protected health information by taking precautions such as not having conversations about a patient in a hallway or other public area.
- Keep medical, billing, and payment records in secure areas.
- Ask questions when we are not sure if it is appropriate to release information.

We Don't

- Share patient information unless it is for legitimate business or patient care purposes.
- Share more health information than is appropriate for the situation.
- Share passwords.
- Use data that identifies a specific patient in a presentation.

Patients' Rights

Federal regulations define specific patient rights.

We Do

- Provide each patient with Intermountain Healthcare's Notice of Privacy Practices that explains how we may use and share protected health information and the patient's rights.
- Allow patients to inspect and obtain a copy of their health information as permitted by law.
- Allow patients/ to request additions or corrections to their health information.
- Track occasions when we share protected health information outside of Intermountain Healthcare for certain purposes and provide a list of these disclosures to a patient on request.
- Provide a patient with the contact information for Intermountain Healthcare's Privacy Office and/or the U.S. Department of Health and Human Services when an individual wishes to file a complaint.

We Don't

- Take action against a patient who files a complaint with us or the U.S. Department of Health and Human Services.



Student Name (printed)

Signature

Date

School Affiliation

Intellectual Property Agreement

1. **Assignment of Intellectual Property.** If and to the extent the undersigned student (the “Student”), alone or with others, invents, authors, writes, delivers, or creates any inventions, improvements, technology, ideas, works of authorship, derivative works, computer programs, content, methods, processes, or other work product in connection with any employment, engagement, services, or project with or for Intermountain Healthcare, or on Intermountain Healthcare time, or with the use of any tangible or intangible property, information technology, data, biological materials, intellectual property, funds or resources of Intermountain Healthcare (all of the foregoing being referred to as “Inventions”), then the Student agrees to assign, and hereby assigns, to Intermountain Healthcare all patent rights, copyrights, trade secrets and other intellectual property and proprietary rights of the Student in and to the Inventions.
2. **Work Made For Hire.** Any Invention that is a work of authorship will be a “work made for hire” if and to the extent it is eligible for such status under applicable copyright law, and in such case Intermountain Healthcare will be the “author” and original copyright owner of such work.
3. **Disclosure of Inventions.** The Student will fully and promptly disclose the Inventions and “works made for hire” under Sections 1 and 2 above to Intermountain. The Student will follow the then-current guidelines and processes of the Invention Management Office for submitting Invention Disclosure Forms for Inventions.
4. **Cooperation and Assistance.** The Student will cooperate with and assist Intermountain Healthcare, at its expense and as reasonably requested by it, in the protection, defense, and enforcement of the patent rights, copyrights, trade secrets, proprietary rights and other intellectual property subject to assignment under Section 1 and the copyrights to works of authorship under Section 2. This cooperation and assistance will include, without limitation, the signing of further assignments, affidavits, declarations, notices, oaths and other documents, the disclosure of further information, and cooperation and assistance with the preparation, filing, prosecution, issuance, maintenance, defense and enforcement of patent applications, patents, copyright applications, and copyright registrations. This Agreement or a notice or summary of any assignment under this Agreement may be recorded or filed by Intermountain Healthcare with the U.S. Patent and Trademark Office, the U.S. Copyright Office or any other government agency or ministry, and the Student will cooperate therewith as reasonably requested by Intermountain Healthcare and at its expense.
5. **Intellectual Property Policy and Guidelines.** The Student will comply with and respect the then-current intellectual property policy and guidelines of Intermountain Healthcare.
6. **Acknowledgment.** The Student confirms that this Agreement and the assignment and other provisions in this Agreement and their enforcement are supported by good and adequate consideration, the receipt of which is acknowledged.

Student Name (printed): _____

Signature: _____

Date: _____

Student Orientation Quiz

1. The general mission of Intermountain Healthcare is: _____ in the provision of _____ in the communities in _____.
 - a. Quality, Surgical Services, Salt Lake City
 - b. Excellence, Surgical Services, Salt Lake City
 - c. Excellence, Healthcare Services, the Intermountain Region
 - d. Quality, Healthcare Services, the Intermountain Region
2. What are the 4 values of Intermountain Healthcare?
 - a. Mutual respect, Accountability, Trust, Professionalism
 - b. Cultural diversity, Trust, Excellence, Recognition
 - c. Recognition, Accountability, Cultural Diversity, Excellence
 - d. Mutual respect, Accountability, Trust, Excellence
3. If a student notices a breach of the mission, vision and values, the method of lodging a concern is:
 - a. Tell your instructor
 - b. Call the Student Hotline
 - c. Tell your preceptor
 - d. Talk to patients / clients
4. Complete the following statement:
All Intermountain students are expected to act _____.
 - a. Stoically
 - b. Quickly
 - c. Knowledgeable
 - d. Professionally
5. The Intermountain Patient Rights and Responsibilities document outlines the rights afforded to each person who is a patient in our facilities. As a student, you have the responsibility to help Intermountain carry out this commitment. Which statement best defines patient's rights?
 - a. Intermountain will provide an environment of trust
 - b. All patients can feel comfortable and confident with the sensitive care they receive
 - c. Quality care will be given regardless of race, color, religion, sex, age, national origin, physical or mental disability, veteran status, and/or the ability to pay
 - d. All of the above
6. Patients Rights and Responsibilities will be posted:
 - a. Near the restroom
 - b. In binders stored in drawers
 - c. Throughout all Intermountain Healthcare facilities
 - d. They are never posted
7. Clinical excellence is the cornerstone of our service at Intermountain Healthcare. We believe that our commitment to clinical quality can be elevated even more by:
 - a. Creating an extraordinary healing environment
 - b. Asking lots of questions
 - c. Discussing patient problems with anyone who cares
 - d. All of the above

8. **We have an obligation to be respectful and sensitive to another's belief system (co-workers, patients, families). What is Culture?**
 - a. The arts
 - b. Costumes worn by various nationalities
 - c. Values, beliefs and practices shared by a group of people
 - d. Ancient civilizations

9. **Language is a very common cultural barrier. How should you communicate to a person who doesn't speak English?**
 - a. Utilize a family member
 - b. Use hand signals
 - c. Speak louder
 - d. Use a trained, Intermountain Healthcare medical interpreter

10. **Which one of the following items is inappropriate for students to wear in Intermountain facilities?**
 - a. More than two ear piercings in each ear
 - b. Short, clean fingernails
 - c. A name badge
 - d. Clean, wrinkle-free clothes

11. **The best completion of the statement: "Safety is _____ concern" would be:**
 - a. The Safety Committee's
 - b. Everyone's
 - c. Employee Health's
 - d. The Security Department's

12. **A student's responsibility in an emergency "code" situation is to:**
 - a. Jump in and help- don't let the code team push you around
 - b. Call your instructor and ask them what to do in that specific code situation
 - c. Recognize the emergency and respond appropriately according to the facility specific requirements
 - d. Stay out of the way and if the code team asks for something, don't give it to them

13. **RACER is an acronym used in fire prevention. It means:**
 - a. Relocate; Alarm; Contain; Extinguish; Review
 - b. Rescue; Alarm; Contain; Extinguish; Relocate
 - c. Remember; Alert; Contain; Examine; Relocate
 - d. Rescue; Arm; Commit; Exit; Review

14. **What is one common thing you can do to prevent the spread of infections?**
 - a. Wash your hands with soap and water or sanitize your hands with an alcohol-based hand rub
 - b. Wear gloves at all times
 - c. Wear PPE at all times
 - d. Only care for one patient

15. **"Red Bags," which are for Infectious waste should be used when:**
 - a. The waste looks really offensive
 - b. If blood or other body fluids can be squeezed or crushed out of the container
 - c. There are no other receptacles available and no time to get to one
 - d. There is a chance of the contaminate getting on your clothes or hands

16. **When lifting objects, it is best to keep your feet close together.**
 - a. True
 - b. False

17. **Which of the following are activities in which you should protect your back:**
 - a. Moving a patient from the bed to a wheelchair
 - b. Reaching for an object
 - c. Getting up from a chair
 - d. All of the above

18. **Compliance means:**
 - a. Doing what makes the customer happy, regardless of policy
 - b. Upholding the directives of the corporation and report discrepancies when observed
 - c. State rules written by the government to regulate patients
 - d. All of the above

19. **Intermountain expects students to maintain high ethical standards in the performance of their responsibilities. Which of the following statements best describe Intermountain's commitment to these standards:**
 - a. We are committed to a healing experience
 - b. We perform our jobs with honesty and integrity
 - c. We speak up with concerns about compliance and ethical issues
 - d. All of the above

20. **In your role as a student, while you are transferring a patient to another department you accidentally run over your foot with a stretcher. You think your toe is broken. You should:**
 - a. Go immediately to the ER and they will treat you without payment
 - b. Contact your family and go to an ER that is not in your assigned area
 - c. Contact the Workman's Compensation office
 - d. Report to your instructor, who can help you determine how the school and your own insurance will cover the costs of caring for your foot

21. **HIPAA requirements are:**
 - a. Written to protect only those patients who attend AA meetings
 - b. A law and regulation covering, among other things, the use and release of patient's health information
 - c. Written to provide a checklist for patients to protect their identifiable health information
 - d. All of the above

22. **A good question to ask yourself before looking at patient information might be?**
 - a. Does this person live in my neighborhood?
 - b. Do I need this information to perform patient care?
 - c. Would the newspaper like to know about this information?
 - d. Does anybody really care about this?

23. **In order to release information to a party you do not know, a student needs to verify the individual's identity by asking for:**
 - a. The patient's name and knowledge of the information that is to be released
 - b. A student should never independently release information to a requesting party
 - c. The patient's name and diagnosis
 - d. The patient's name, physician and diagnosis

24. Which one of the following is an additional step to protect a patient's privacy:
- Close room doors when discussing treatments and administering procedures
 - Try to build a relationship with their family members
 - Stay logged in to computer terminals on which you have viewed electronic medical records
 - Throw patient-identifiable information in the trash can whole, don't shred or destroy it
25. "PPE" stands for:
- Personal Protective Equipment
 - Peripheral Protective Engagement
 - Positive Protective Equipment
 - Pre-sterilized Powdered Emergent
26. The National Patient Safety Goals, set by the Joint Commission on Accreditation of Healthcare Organizations (Joint Commission), include which of the following:
- Improve the Accuracy of Patient Identification
 - Use Event Reports in an effective manner
 - Implement the P.R.O.P. protocol throughout the system
 - Improve the use of fire extinguishers in emergency situations
27. An Event Report is filed if there is an incident. Intermountain Healthcare defines an incident as:
- An event that is not consistent with the normal, routine operation of a department, which may have potential for injury and/or property damage
 - An occurrence in which an individual is unduly harmed, at no fault of their own, in the course of being hospitalized or using an IHCHS facility
 - An unfortunate event that leads to loss of functioning, experience of pain or discomfort, or loss of money/valuables, that did not need to occur while an individual is in route to the facility
 - Any occurrence in which the patient is not completely satisfied with the treatment, which they received by hospital personnel
28. Event Reports would be filed for which circumstance below:
- Breach of department policy, patient injury, delays dealing with anesthesia / surgery / delivery
 - Behavioral actions and attitudes dealing with AWOL, AMA, violent / agitated behavior or communication problems
 - Falls of patients and/or visitors
 - All of the above
29. To report harassment, a student should contact:
- The Human Resources Department
 - The Risk Management Department
 - Other Students in their area
 - The Facilities' Harassment Victims Team (HVT)

Student Name (print): _____

Date: _____

Student Signature: _____

School: _____