



**MEDICAL CLERKSHIP ROTATION FORM  
(Medical, NP, PA Students)**

**I. DEMOGRAPHICS**

Full Name of Student:		Last 4 digits of Social Security Number:
Date of Birth:		Phone number:
Email Address:		Emergency Contact Name / Relationship / Phone#:
Permanent Address:		Rotation Site (check one) <ul style="list-style-type: none"> <li>▪ Boise, ID</li> <li>▪ Nampa, ID</li> <li>▪ Ontario, OR</li> <li>▪ Baker City, OR</li> </ul>
Previously Employed by Saint Alphonsus: (check one) Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, include dates of employment:
Professional Degree Enrolled In:	Anticipated Graduation Date:	Name of Professional School:

**II. GRADUATE STUDENT SCOPE OF PRACTICE**

I hereby certify that I agree to perform the following duties only under the direct supervision of a supervising provider (MD/DO, NP, PA) currently on the medical staff at a Saint Alphonsus Health System (SAHS) facility:

**SCOPE OF ACTIVITIES:**

- Participate in and be responsible for the direct care of patients under the supervision of the Supervising Provider
- Perform and discuss the History and Physical under the supervision of the Supervising Provider
- Create orders, including medication, admit and discharge orders, in the electronic medical record, under the supervision of the Supervising Provider with countersignature prior to implementation
- Write progress notes co-signed by the Supervising Provider
- Dictate discharge summary countersigned by the Supervising Provider
- At the discretion and determination of the Attending Surgeon or Provider, assist in surgical procedures

**III. ACKNOWLEDGEMENT**

I hereby agree to observe and abide by the terms of the Educational Affiliation Agreement, bylaws, policies and procedures, and rules and regulations of Saint Alphonsus Regional Health System and Medical Staff.

Dates of Rotation:	Supervising Provider Name / Department:
Student Signature / Date:	Supervising Provider Signature / Date:

# Student Orientation

University/College/ High School



**Saint Alphonus**



**Trinity Health**  
LOUISIANA

On behalf of Trinity Health and the Saint Alphonus Health System, we are pleased to provide you with a learning experience during your academic career. Since the inception of the Saint Alphonus School of Nursing in 1906, students have served with the employees in the healing ministry of Jesus Christ. Our commitment expressed through our mission statement is as alive today as it was in 1894 when Saint Alphonus was founded.

Please remember, your clinical rotation will be what you make of it. We will do our best to provide a positive experience for you, but you must be proactive in telling those you are working with what your educational focus and needs are. As you work to complete your clinical experience, please take advantage of those experiences that would expand your professional knowledge base.

# WELCOME!



Saint Alphonus



Trinity Health  
L000111



## Our Mission

We, Trinity Health, serve together in the spirit of the Gospel, as a compassionate and transforming healing presence within our communities.



## Our Core Values

- Reverence
- Commitment to Those Experiencing Poverty
- Safety
- Justice
- Stewardship
- Integrity



## Our Vision

We will be the most trusted health partner for life.



## Our Actions

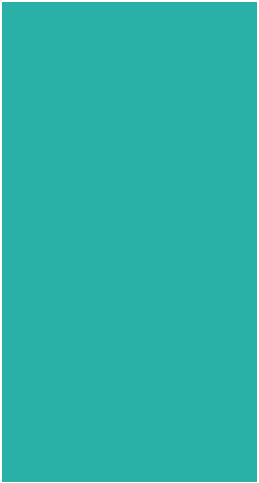
As a Trinity Health colleague, I will:

- Listen to understand.
- Learn continuously.
- Keep it simple.
- Create Solutions.
- Deliver outstanding service.
- Own and speak up for safety.
- Expect, embrace and initiate change.
- Demonstrate exceptional teamwork.
- Trust and assume goodness of intentions.
- Hold myself and others accountable for results.
- Communicate directly with respect and honesty.
- Serve every person with empathy, dignity and compassion.
- Champion diversity, equity and inclusion.



## Our Promise

We Listen.  
We Partner.  
We Make it Easy.



# Code of Conduct

## *Sense of Ownership*

- Take pride in this organization as if you own it. Accept the responsibilities of caring for our guests.
- Be a team player. Get involved.
- Adhere to policies and procedures.
- Live the values of this organization.
- Do the right thing.
- Follow chain of command to resolve issues.

## *Attitude*

- Attitude starts with self. Be positive and optimistic.
- Our job is to serve our customers and provide high quality service with care and courtesy.
- Exceed expectations and anticipate needs
- Acknowledge guests and fellow employees immediately. Smile and introduce yourself at once.
- Have a Can-Do attitude.
- SMILE!



# Code of Conduct Continued

The objective of Saint Alphonsus is to promote a positive professional image. A professional clean and neat appearance is an essential element of establishing credibility and trust with our customers. Careful attention to personal hygiene is a primary concern, since we provide direct patient care.

## *Appearance/Dress*

- Students are expected to comply with the dress code of their academic institution.
- All students must wear visible name badges from their institution.
- Personnel are expected to use good taste in selecting clothes worn on the job. Extreme styles, including hair color, should be avoided.
- Hairstyles are to be clean and not interfere with patient care. Shoulder length or longer hair must be securely pulled back.
- Well-trimmed beards, sideburns and mustaches are acceptable.
- Fingernails are to be neat, clean and groomed, at a length no longer than ¼ inch. Artificial nails are prohibited in patient care areas. Nail polish, if worn, must be well maintained.
- Patient care staff should not wear perfume, cologne, or heavy aftershave lotion.
- Shoes are to be kept clean with non-skid soles. Open toe shoes cannot be worn by patient care providers.
- Wedding rings, watches, and small earrings are allowed for patient care staff.
- No visible piercing is allowed with the exception of ear piercing. Excessive earrings cannot be worn.



# Code of Conduct Continued

## *Communication*

- Commit to using Saint Alphonsus scripting whenever possible.
- Listen to guests and make eye contact.
- Be courteous.
- Do not use jargon. Keep patient information confidential.
- When someone appears to need directions, escort that person to his or her destination or a volunteer station.
- Answer telephone calls within three rings, Identify your department and yourself and ask, “How may I help you?”
- Sign out to your team and/or supervising provider at the end of your shift each day.

## *Call Lights*

- Anticipate patients’ needs so they will not have to use their call lights.
- All employees and students are responsible for answering patient call lights.
- Make sure the call light is accessible to all patients at all times.
- Always address the patient by name.
- Ask if there is anything else the patient needs before you leave the room.





# Code of Conduct Continued

## *Elevator Etiquette*

- Always smile at fellow passengers; hold the door open for others.
- When transporting patients in wheelchairs, always face them toward the door and exit with care.
- Pause before entering an elevator so you do not block anyone's exit. Step aside or to the back to make room for others.
- Guests are first when entering and exiting.
- Employees should use staff elevator when transporting patients or specimens.

## *Privacy*

- Be sensitive to the patient's need for privacy and modesty.
- Make sure that patient information is kept confidential. Never discuss patients or their care in public areas.
- Knock before entering. Close curtains or doors during exams and procedures. Provide a robe or second gown if the patient is ambulating or in a wheelchair. Make sure all gowns are the right size for the patient.

## *Safety Awareness*

- Report all accidents or incidents promptly.
- Report any safety hazard you see. Correct the safety hazard if appropriate.
- Use protective clothing, gear and procedures when appropriate.
- Handle repairs/disposal of equipment appropriately. Label everything.





General  
Student &  
Safety  
Information

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# Fire Management

It is your responsibility to locate the fire exits, fire alarms, fire extinguishers, and fire doors and have a plan in mind in the event of a fire.

**R** RESCUE patients who are in immediate, life-threatening danger

**A** ALARM- announce a code by dialing 444 to alert the operator, pull the fire alarm

**C** CONTAIN- the units that are separated by large fire door that will automatically close when the fire alarm is activated. Ensure there is nothing keeping them from closing.

**E** EXTINGUISH

**R** RELOCATE (Oregon Facilities)

**P** PULL the pin between the two handles

**A** AIM at the base of the fire

**S** SQUEEZE the handles together

**S** SWEEP from side to side

# Security & Policies/Procedures

- The Security Department has the responsibility of safeguarding patients, visitors, employees and property.

Hours are as follows:

**Boise:** Available twenty-four (24) hours a day, 7 days a week.

**Nampa:** 12<sup>th</sup> Ave Campus is Sunday 3pm-6am, Mon-Thurs 4pm-6am, Fri 2pm-8am

- Garrity: Mon-Fri 4pm-8am, Sat-Sun 1pm-8am

**Ontario:** Mon-Fri 7pm-7am, Sat-Sun 7pm-7pm

**Baker City:** Not Applicable

- Hospital policies can be found on the SAHS web page by clicking Quick Links and selecting Policy Procedure Manual (PPM).



# Cell Phone use/Telephone Calls for and by Students



Students should not be contacted by telephone at the hospital except in an emergency. Students are not to use the hospital telephones for personal calls.

Cell phones are NOT to be used while on duty and are permitted in break rooms or public areas only. If you have reference guides on your cell phone they must be approved for use by your clinical instructor and the facility. If it appears that your cell phone is being used for more than reference students may be asked to put their cell phone away or may be asked to leave the clinical setting

# Illness or Exposure

As a student in a hospital, you may be at risk for the potential exposure to infectious diseases and blood borne pathogens (i.e., viruses, bacteria and other microorganisms that are carried in a person's blood or other body fluids containing blood such as Hepatitis B, C or HIV).

- Report any illnesses promptly to your instructor. Do not report for a clinical experience if you have any of the following symptoms: diarrhea for 24 hours or more; temperature of 100° F or more; nausea and vomiting; a sore throat with elevated temperature; Streptococcus infection of the throat; infection that is manifested by a draining lesion (cold sore must be crusted over); productive cough due to an infectious condition.
- Published instructions regarding exposure to contagious or infectious diseases must be followed rigidly.
- If you have been exposed to a bloodborne pathogen, please notify your instructor, Employee Health Services and the unit/clinic manager immediately.
- **Boise:** 208-367-3259 or 208-367-3908 or 855-6446 (pager)
- **Nampa:** 208-463-5540 (limited hours. If they are closed contact Boise)
- **Ontario:** 541-881-7316 (limited hours. If they are closed contact Boise)
- **Baker City:** 541-523-1734. After hours, contact the House Supervisor, x8123



# Compressed Gas Cylinders (Oxygen )

Transport cylinders safely by using a portable cylinder carrier or stretcher cylinder holder and ensure cylinders are chained and secured in the carrier. Never carry a cylinder slung over your shoulder or by the cylinder neck, in a patient's bed or free-standing or lying on the floor.



# Prevention of Falling Accidents

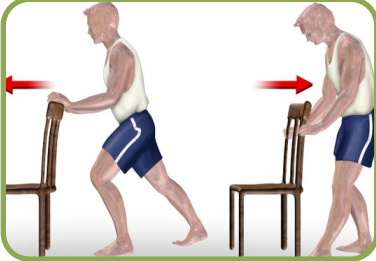


- Spills: Pick up anything spilled or dropped on the floor. Liquids, paper and other items on the floor can be dangerous.
- Stairs: Use handrails when going up or down stairs. Take one stair at a time.
- **Watch Out for Potential Obstruction:** Cabinet doors and drawers should not be left open; keep them closed. Never leave boxes, etc. on stairs or in passageways. Keep carts out of the way. Wheeled vehicles/wheelchairs should be pulled through doorways so you lead the way and can see where you are going.
- **Be Alert to Hazards and Report the Problem to hospital staff and/or the facilities department**





# Prevention of Accidents Resulting in Moving Things



**Pushing and Pulling:** Get a good grip on the object, hands inside handles. Keep your back as straight as possible. Brace your feet for maximum leg power. Bend your knees to get the best use of your body weight.



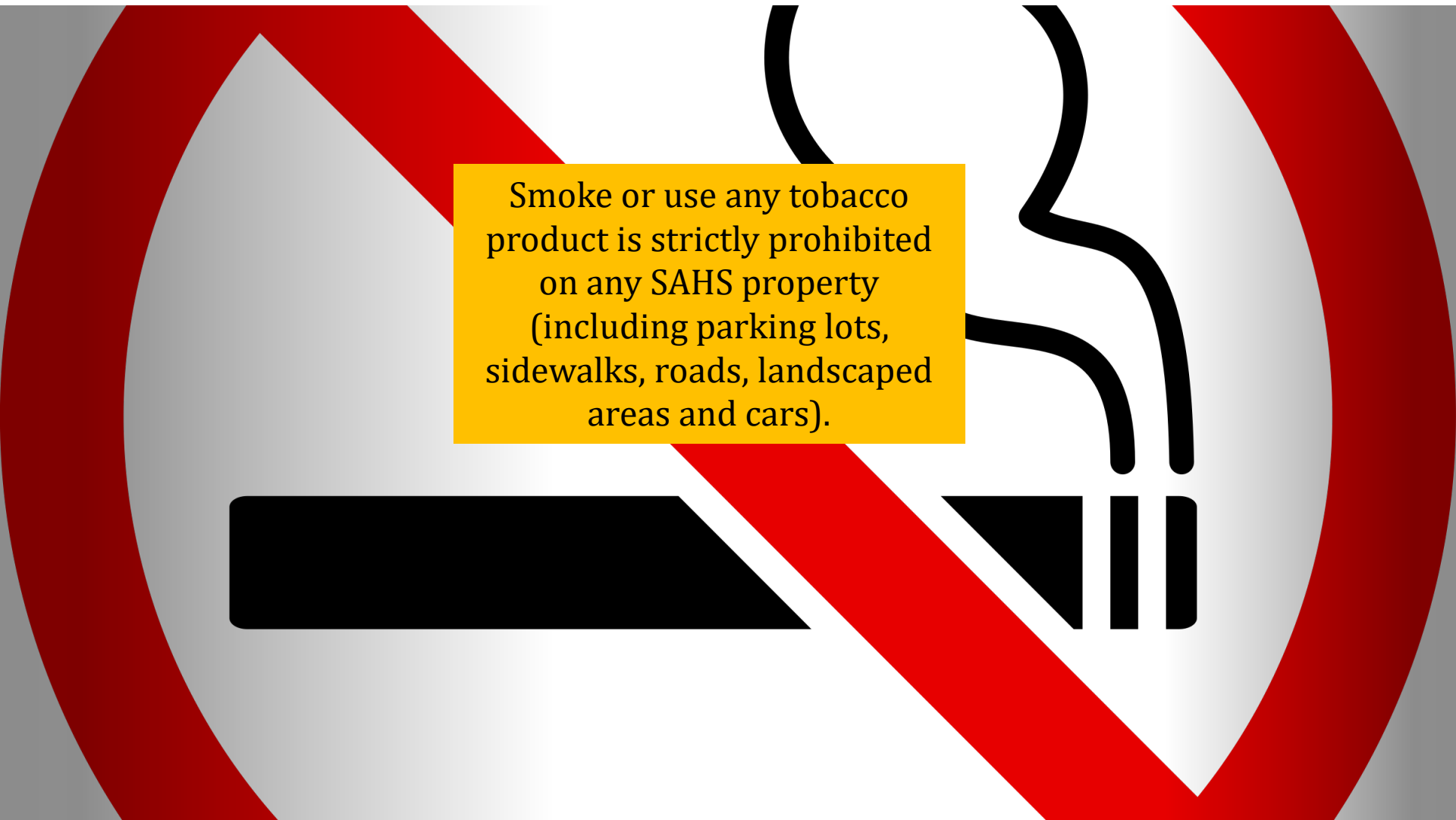
**Lifting:** Look over the object to be lifted. Make sure it is not too heavy. Stand close to the object with your feet apart for balance. Make sure your footing is secure. Bend your knees keeping your back as straight as possible. Get a good grip and keep the weight of the object close to your body. Lift gradually, straighten your knees and stand. Use your leg muscles. Avoid quick, jerky motions. Avoid lifting any object above your shoulders.



**Carrying:** Keep the load close to your body. Avoid twisting your body. Change direction by moving your feet. Face the spot directly where you will place the load. Do not change your grip while carrying the load.



# Smoking



Smoke or use any tobacco product is strictly prohibited on any SAHS property (including parking lots, sidewalks, roads, landscaped areas and cars).



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# Safety Program

Students are asked to cooperate in helping prevent injury to themselves, other employees, patients and visitors by observing the following rules:

1. Be sure to understand the safe way to perform any task given to you. If you have any doubts about the procedure, ask your instructor, supervising nurse or supervisor.
2. Your own good health is important. Report any illnesses promptly to your instructor.
3. Published instructions regarding exposure to contagious or infectious diseases must be followed rigidly.
4. Inform yourself and keep posted on fire rules of the hospital, position of alarm boxes and your duties in case of fire.
5. Report to your immediate supervisor **immediately** any unsafe conditions, such as:
  - a. Wet or slippery floors
  - b. Equipment left in halls or on walks
  - c. Defective equipment
  - d. Careless handling of equipment
  - e. Use of combustible materials near open flames
  - f. Other dangerous situations
6. Always be especially alert for safety factors when using wheelchairs and stretchers.
7. Always walk, do not run in the halls or on the stairs.
8. Keep your shoes in good repair.
9. Practical jokes and horseplay will not be tolerated. They can result in injury to others.
10. Never operate electrical equipment with wet hands.
11. When not sure, ask.











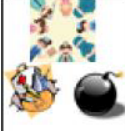

# Accidents to Students



If you are hurt or become ill while on the job, report immediately to your instructor, supervisor, and/or unit/clinic manager. If that is not possible and it is an emergency, please go directly to the Emergency Room with an escort if possible. **Your health insurance will be billed for any services rendered by SAHS.**

# Emergency Codes

- Certain situations may arise in the hospital where immediate action is necessary but, at the same time, patients should not be disturbed. When this action may involve several persons in different locations, this information is best communicated over the public address system by one of the following codes:
- ***To active emergency codes dial 555 from any internal phone (clinics will dial 911 first)***
- Red Phones are single-line emergency back-up phones that provide access to other departments and outside phone lines. You do not need to dial 9 to get an outside line from a red phone. These should be reserved for emergency.

	<b>CODE RED</b> – Fire/Smoke	
	<b>RAPID RESPONSE</b> – Urgent response and assessment needed for patient with declining medical condition	
	<b>CODE BLUE</b> – Cardiopulmonary arrest, Adult <b>PEDIATRIC CODE BLUE</b> – Cardiopulmonary arrest, Child, birth – 13 years old	 
	<b>CODE GRAY</b> – Combative person	
	<b>CODE SILVER</b> – Person with Weapon &/or Hostage Situation	
	<b>AMBER ALERT</b> – Infant or Child Abduction	
	<b>CODE ORANGE</b> – Hazardous Material Spill	
	<b>CODE INTERNAL TRIAGE</b> – Internal Disaster: Bomb or bomb threat; unplanned, significant computer downtime; significant flooding; major plumbing/power/utility disruption; major phone outage	
	<b>CODE EXTERNAL TRIAGE</b> – External Disaster: Mass casualties; flood, earthquake, severe weather, or other natural disaster; massive power outage; nuclear/biological/ chemical incidents	



# Emergency Management



All Saint Alphonsus Facilities participates in the Hospital Emergency Incident Command System (HEICS), which is the standardized, and official emergency response program adopted by most city, county and state agencies. As a student you might be called upon to assist in an emergency. You will be expected to report to the reporting location for an assignment. In the event of an emergency, you will dial **555** from any facility with the exception of medical clinics. From a medical clinic you will dial 911 first, then dial 555 (or 367-5555) to inform the switchboard of the issue.



# Patient and Visitor Accidents or Errors

- If you witness or discover an accident or error in which a patient or visitor is injured, you should give all assistance possible and then report the incident to a nursing supervisor and to your own supervisor. A person who is seriously injured should not be moved until a physician or a nurse supervisor approves the move. Incident Reports must be completed for all accidents or errors to patients or visitors and signed by the department director.



# Electrical Safety



You are cautioned to exercise special care in the use of electrical equipment, being sure to use the grounding devices as instructed. Personal laptops/notebook style computers can be used if the equipment is inspected per policy by the nursing staff. Restricted equipment includes heating devices, coffee makers, curling irons without auto shut-off feature, extension cords, and radio transmitters.





# Privacy and Confidentiality

## Expectations Related to PHI (Protected/Patient Health Information)

- Know what makes up PHI and how to use it appropriately.
- Access only the information needed to perform role. Do not access patient information – even your own – out of care, curiosity or concern
- Appropriate use of social network tools (Face Book, Texting, Tweeting).
- Appropriate disposal of paper and plastic containing PHI.
- Appropriate ways to communicate patient or business sensitive information (secure e-mails, verify fax numbers, appropriate labeling of house and outside mail).
- Do not discuss patient care activity outside of the clinical care setting.
- Demonstrate respect for the privacy and dignity of patients and families at all times.

## PHI examples:

- Name
- Date of Birth
- Medical Record Number
- Diagnosis
- Procedures
- Medications
- Test Results
- Amount charged and paid



What you see here  
What you hear here  
Is to stay here  
When you leave here



# Privacy and Confidentiality Continued

## Privacy and Social Media:

Colleagues, physicians, students and volunteers must not post any information about a patient, including but not limited to:

- Photographs
- Films
- X-Rays
- Treatment, diagnosis or prognosis information
- Positive or negative comments

## Actions online should NOT be:

- Discourteous
- Abusive
- Threatening
- Abrasive
- Defamatory
- Racial
- Offensive



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LOUIS, MI

# Abuse, Neglect and Exploitation

## The following are considered forms of abuse:

- Physical assault –the threat or use of force
- Rape –any genital, anal or oral penetration without the victim's consent
- Sexual molestation –any sexual contact, short of rape, without the victim's consent or any sexual act with a child
- Domestic abuse –neglect or abuse of children, elders and vulnerable adults
- Financial abuse –substandard care despite adequate resources and/or sudden transfer of assets to a family member or other caregiver



- Per **Idaho** state law: All forms of abuse (except domestic) **MUST** be reported.
- Per **Oregon** state law: All forms of abuse including domestic as defined above **MUST** be reported.

# Sharps Safety Procedural Services

## Saint Alphonus Colleague Safety & Risk Management



Prepare for the Process  
and Manage the Task



Support the Team



Communicate Clearly



Questioning Attitude



Attention to Detail

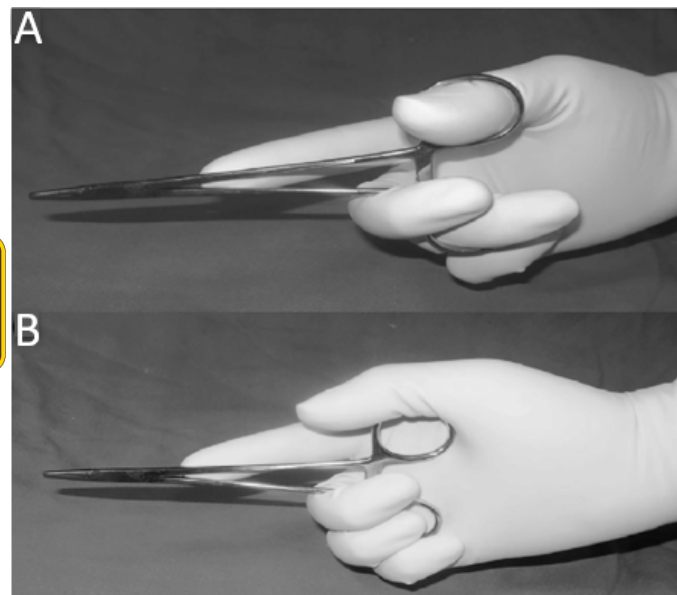
 TogetherSafe

#1 – OTHER\*, #2 - Injections, #3 - Suturing

Procedure	# of Exposures
Cleaning	2
Cutting	4
Draw Arterial Blood	1
Draw Venous Blood – Access Device	2
Draw Venous Blood – Peripheral	10
Handling Trash	1
Injection	27
Other*	28
Starting IV	1
Suturing	22

**SLOW DOWN!**

Sharps handling **attention to detail, awareness, technique,** and **slowing down** can reduce injuries

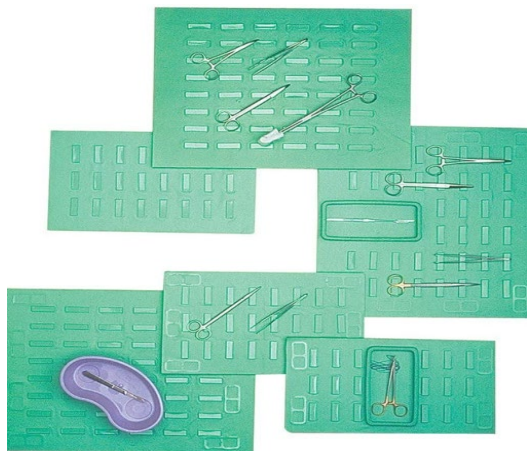


Suturing: Finger grip (A) and palm grip (B) technique used to hold the needle holder while applying sutures.

\*Other: cutting sutures with scalpel, distracted, hurrying, miscommunication, multitasking, passing sharps, reaching, sharps awareness & disposal, technique



## Neutral Passing Zone / HFT



- Reduce sharps injuries by 59% using the hands-free technique (HFT) by placing sharps in a container and passing the container to the surgeon<sup>1</sup>
- 25% of suture needles and more than 50% of scalpel blade injuries occur during the passing of these devices<sup>2</sup>

## Double-glove



- Reduces needlestick injuries up to 82%<sup>3</sup>
- Reduces exposure to bloodborne pathogens on a suture needle up to 95%<sup>4</sup>
- Colored undergloves provide a breach detection rate of up to 97%<sup>5</sup>

## Safe Behaviors



Prepare for the Process and Manage the Task  
Discuss safe sharps handling as checklist item prior to procedure



Support the Team  
Call out "sharp" to alert the team



Communicate Clearly  
Ensure everyone understands process for passing sharps



Questioning Attitude  
Speak up for safety when you see unsafe practices



Attention to Detail  
Recognize and anticipate errors to prevent injuries

S - Stop  
T - Think  
A - Act  
R - Review



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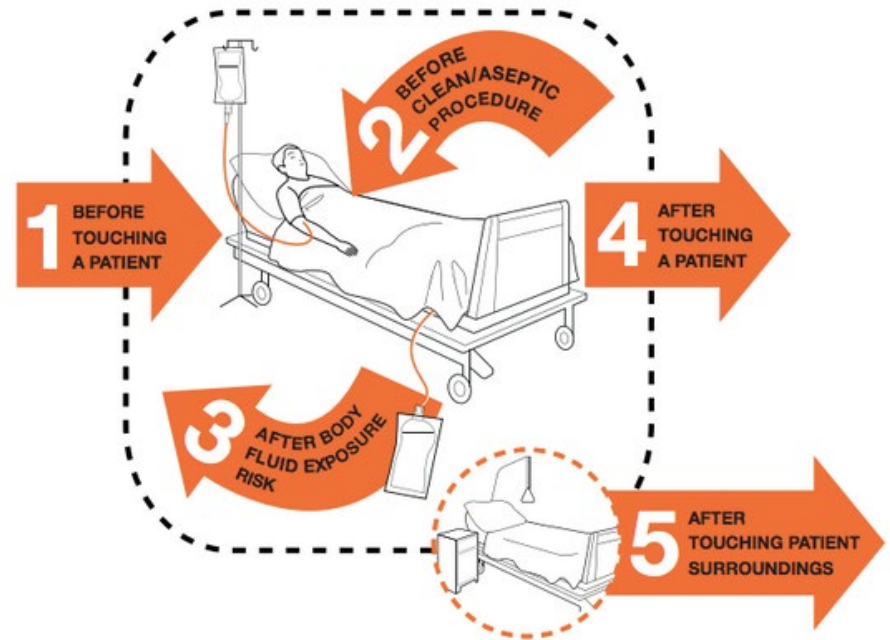
Trinity Health  
LIVONIA, MI

# Infection Control



# Infection Control: Hand Washing

- Clean hands are the single most important factor in preventing the spread of dangerous germs and antibiotic resistance in the Health Care setting. The use of gloves does not eliminate the need for hand hygiene. Likewise, the use of hand hygiene does not eliminate the need for gloves. Health care personnel, per policy, must avoid wearing artificial nails and keep natural nails less than one quarter of an inch long if they care for patients.





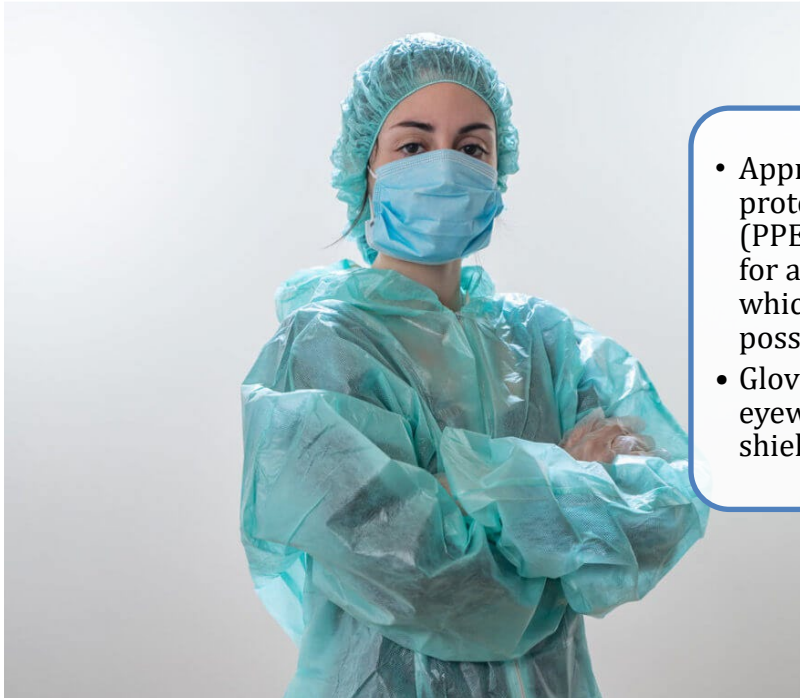
# Infection Control: Hand Washing

- Patient care employees must wash their hands according to the Center for Disease Control (CDC) guidelines, as follows:
  - 1.** When hands are visibly dirty or contaminated with proteinaceous material or are visibly soiled with blood or other body fluids, wash with soap and water. If hands are not visibly soiled, use an alcohol-based hand rub for routinely decontaminating hands in other clinical situations.
  - 2.** Decontaminate hands before and after patient contacts, after removing gloves, before eating and after using the restroom.
  - 3.** When using an alcohol-based hand rub, apply product to palm of one hand and rub hands together, covering all surfaces of hands and fingers, until hands are dry.
  - 4.** When washing hands with soap and water. Wet hands with water, apply soap and rub hands together vigorously for at least 15 seconds, covering surfaces of the hands and fingers. Rinse hands and dry thoroughly with disposable towel. Use towel to turn off the faucet.



# Infection Control: Standard Precautions

**All human blood or body fluid is to be considered potentially infectious**



- Appropriate personal protective equipment (PPE) will be utilized for any procedure in which exposure is possible. PPE includes:
- Gloves, gown, mask, eyewear, and face shields

**If exposed, immediately:**

- Wash area with soap and water
- Flush mucous membranes with water
- Report exposure to supervisor



# Infection Control: Isolation Precautions

- Patients with infectious disease are placed in isolation
- Isolation rooms are identified by a sign on the door which describes the precautions necessary to enter the room and provide patient care.

**CONTACT PRECAUTIONS**  
**"Plus"**  
**ATTENTION: STAFF and VISITORS**

<ul style="list-style-type: none"> <li>• Cleanse hands with Avagard or soap and water upon entering patient room.</li> <li>• Wash hands with soap and water upon leaving patient room.</li> </ul>	
<ul style="list-style-type: none"> <li>• Wear gown and gloves upon entering patient room.</li> <li>• Remove upon leaving room.</li> </ul>	
<ul style="list-style-type: none"> <li>• Staff: Wipe down all equipment to be taken from patient room with Dispatch wipes <b>prior</b> to leaving room.</li> </ul>	

**CONTACT PRECAUTIONS**  
**ATTENTION: STAFF AND VISITORS**

<p><b>Upon Entering Patient Room:</b></p> <ul style="list-style-type: none"> <li>• Cleanse hands with Avagard or soap and water .</li> <li>• Wear gown and gloves.</li> </ul>	 OR 
<p><b>Upon Exiting Patient Room:</b></p> <ul style="list-style-type: none"> <li>• Remove gown and gloves.</li> <li>• Cleanse hands with Avagard or soap and water .</li> </ul>	
<p><b>Reminder to Staff:</b></p> <ul style="list-style-type: none"> <li>• Wipe down all equipment to be removed from patient room with Sani-wipes.</li> </ul>	

 Saint Alphonus | Patient Safety




**AIRBORNE PRECAUTIONS**  
**ATTENTION: STAFF AND VISITORS**


VISITORS: Please check in with nurse **prior to entering room.**

<p><b>Upon Entering Patient Room:</b></p> <ul style="list-style-type: none"> <li>• Cleanse hands with Avagard or soap and water</li> <li>• Staff: Wear a fit tested N-95 mask or a Powered Air Purifying respirator (PAPR).</li> </ul>	 OR 
	
<p><b>Upon Exiting Patient Room:</b></p> <ul style="list-style-type: none"> <li>• Cleanse hands with Avagard or soap and water</li> <li>• Remove mask or (PAPR).</li> <li>• Wipe down equipment with Sani-Wipes <b>prior</b> to leaving room.</li> </ul>	

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**DROPLET PRECAUTIONS**  
**ATTENTION: STAFF AND VISITORS**

<p><b>Upon Entering Patient Room:</b></p> <ul style="list-style-type: none"> <li>• Cleanse hands with Avagard or soap and water.</li> <li>• Wear surgical mask.</li> </ul>	 OR 
	
<p><b>Upon Exiting Patient Room:</b></p> <ul style="list-style-type: none"> <li>• Remove surgical mask.</li> <li>• Cleanse hands with Avagard or soap and water.</li> </ul>	

 Saint Alphonus | Patient Safety

# Parking

Free parking is available for student at each facility.

## Boise

Parking is designated by white lines. Do not park in spots with yellow lines as that is designed for customers.

## Nampa

Parking is in the lot off Juniper, behind the hospital. Parking in the front parking lot is prohibited.

## Ontario

Staff/student parking is designated by yellow lines.

## Baker

Parking is available in the back parking lot. Staff parking is designated by yellow lines.



# Rapid Response Teams (RRT)

Rapid Response Teams (RRT) bring the expertise of Critical Care to the patient's bedside. The team consists of a Critical Care trained RN and/or a Respiratory Therapist.

## **Rapid Response Teams can be called for the following:**

- Concern for patients' condition or failure to respond to treatment
- Heart Rate less than 40 or greater than 130
- Systolic Blood pressure less than 90 mmHg or greater 180 (acute change)
- SpO2 less than 90%, dyspnea, compromised airway
- Respiratory Rate less than 8 or greater than 28
- Urinary output less than 50 mL in 4 hours (without pre-existing renal issues)
- Acute significant bleeding
- Chest pain or discomfort
- New, repeated, or prolonged seizures
- Acute neurological/mental changes
- Hypoglycemia
- Fever unresponsive to treatment



# Contact Information

Please remember, clinical will be what you make of it. We will do our best to provide a positive experience for you, but you must be proactive in telling those you are working with what your educational focus and needs are. As you work to complete your clinical experience, please take advantage of these experiences that would expand your professional knowledge base.

If you have any questions, please do not hesitate to contact the Graduate Medical Education Department:

- Education Coordinator: 208-367-3075
- ICOM Education Coordinator: 208-367-8261
- SAHS Manager GME: 208-367-6277
- Medical Director: 208-367-6937



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Saint Alphonus



Trinity Health  
LIONS, MI

# Student Orientation Worksheet

Student's Name:	School and Program:	
Rotation Location:	State Date:	End Date:

## ACKNOWLEDGED CONTRACT REQUIREMENTS

Initial

	I have received and read the Student Orientation Manual.
	I have provided evidence of 2 negative skin tests (TST) or one Interferon Gamma Release Assay (IGRA such as QuantiFERON TB Gold or T-Spot) blood test. If TST or IGRA is positive, I have provided evidence of a negative chest X-ray, completed medical evaluation and I have no symptoms of active TB. If I am exposed to TB I will repeat the testing process outlined above and provide results.
	I have provided evidence of 2 MMR immunizations or a positive mumps, rubella and rubeola titer (exempt if born prior to January 1, 1957).
	I have provided evidence of 3 Hepatitis B immunizations or positive Hepatitis B titer if occupational exposure to blood is a risk.
	I have provided evidence of having had the chicken pox or shingles by physician diagnosis, documentation of two doses of vaccine, or varicella titer showing immunity.
	I have provided evidence of a one-time dose of Tdap (tetanus, diphtheria, acellular pertussis).
	For rotations between Nov 1st and March 30 <sup>th</sup> I have provided one of the following: proof of annual influenza vaccination, medical exemption, or vaccine declination form.
	I have provided either proof of COVID 19 vaccination, medical exemption or completed declination form.
	I have my own health insurance or am covered by the school's health insurance.
	I have completed Basic Life Support Training (CPR) if required.
	I have received instruction on HIPAA regulation in regard to confidential patient information. I agree that I will not disclose any patient information to any person or use the information other than as necessary in my clinical activity. I will be careful not to share this information in casual conversation.
	I acknowledge I have received education and instruction on the proper usage of Personal Protective Equipment (PPE) as part of the Student Orientation Manual and have provided verification of a completed FIT (N95) test.  I further acknowledge I will abide by the recommendations and instruction provided during my clinical rotation(s).
	I have completed and provided verification of Red Line training (required for operating room rotations only).
	I agree to abide to Standards of Conduct while on the premises and to follow hospital policies and regulations.
	I am aware of my scope of practice and will not do anything outside of my scope of practice and the scope allowed by Saint Alphonsus Health System.

The undersigned agrees to abide by the terms of the Educational Affiliation Agreement (EAA), including but not limited to the responsibly of student, non-excluded provider status, and confidential information. The undersigned further agrees to comply with the terms of other documents referenced in the EAA and certifies that she/he/they is not and at no time has been excluded from participation in any federally funded health care program, including Medicare and Medicaid, and agrees to immediately notify Saint Alphonsus Health System of any threatened, proposed, or actual exclusions.

Evidence provided is kept at the school and is accessible if requested by Saint Alphonsus Health System.

I verify that the above information is accurate and complete, and I agree to the provisions above.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Instructor Signature \_\_\_\_\_ Date \_\_\_\_\_

## Trinity Health Acceptable Use Acknowledgement

### **Background/Applicability**

The following requirements apply to all non-public patient, colleague, and business information, including patient information (protected health information (“PHI”)) (“Confidential Information”). The requirements apply to Confidential Information in electronic, paper, and oral forms (any form). Confidential Information includes information of Trinity Health and all its affiliated and controlled healthcare organizations. The requirements apply to all computer systems, networks, or applications to which an authorized user has access, and which are used for Trinity Health activities. This includes third parties’ and Trinity Health’s computer systems, networks, and applications (collectively, the “Information Systems”).

You must acknowledge agree to the following requirements as a condition of employment and/or being permitted to have access to (and logon credentials for) Information Systems. You are required to acknowledge that you understand the requirements. You also are required to agree that you are accountable to comply with Trinity Health's [Acceptable Use Procedure](#).

### **Section 1: General Rules**

- You agree to act in the best interest of Trinity Health. You agree to support compliance with federal and state laws and regulatory requirements including, but not limited to Health Insurance Portability and Accountability Act Laws and Regulations and updates and additions (“HIPAA”).
- You agree to comply with the Trinity Health [Acceptable Use Procedure](#).
- Trinity Health reserves the right to access, monitor, or disclose the information within its Information System and/or on its network as it deems necessary. Trinity Health may disclose your activity to law enforcement officials and Trinity Health management without your consent or prior notice to you.
- Trinity Health, in its sole discretion, has the absolute right to terminate your access and use of Confidential Information and/or Information Systems at any time. Trinity Health may terminate your access and use, with or without notice, for any reason or no reason, without any liability to you.
- You agree to maintain a current contact phone number, text accessible cell phone number and personal email in Trinity Health identity data storage. Trinity Health may use your phone number if necessary for user identification. Trinity Health may contact you by text or voicemail to any phone number associated with your identity, including cell phone numbers, which could result in charges to you.

### **Section 2: Information Security**

#### **Use of Trinity Health Computer Systems/Devices:**

- Immediately report to the TIS Service Desk at 888-667-3003, including:
  - Suspected security events;
  - Security policy violations (such as improper/unauthorized access to Trinity Health’s Computer System);
  - Possible improper use or disclosure of Confidential Information (in electronic, paper, or oral forms); and
  - Lost or stolen devices with access to Trinity Health’s Information System or Confidential Information.



- Use Trinity Health devices only for purposes permitted by Trinity Health:
  - If in doubt about use of a Trinity Health device contact your supervisor or the TIS Service Desk.
- Care for and use Trinity Health devices in a secure and confidential manner:
  - Assure physical security for the devices;
  - Assure confidential storage of the devices; and
  - Assure secure disclosure and access to Confidential and PHI Confidential Information.

Only use Trinity Health computer systems/devices while traveling outside of the United States of America in accordance with the International Travel Policy.

### **Acceptable Use of Email, Network, and Internet**

- Download, configure and use the approved security applications (currently Microsoft Authenticator) with your mobile device for secure remote access to the Trinity Health network.
- Encrypt Confidential Information when transmitted across non-Trinity Health networks.
- Use Trinity Health's email and other Information System resources only to perform job functions.
- In an emergency or unplanned situation, Trinity Health may suspend or terminate your access without advance warning to protect its Information System.
- Do not use Trinity Health's Information System or other network resources to harm, expose, or create legal liabilities by inappropriate use.

### **Password Use and Security**

- Create, protect and use strong passwords, as described in Trinity Health's [Acceptable Use Procedure](#).
- Use only your personally assigned user credentials and do not share your user credentials (e.g., login IDs, passwords, PINs, access codes, badges) with others for any reason.

### **Appropriate Software Use:**

- Do not download non-Trinity Health sanctioned software/programs to Trinity Health devices.
- Use only Trinity Health approved software to conduct Trinity Health business and store Confidential Information.
- Do not make any changes to Trinity Health's Information Systems or devices without Trinity Health's prior written approval.

### **Information Protection**

- Secure your workstation by locking screen or logging-off workstation when the device is not in use.
- Secure physical documents containing Confidential Information in a locked location when not in use.

## **Section 3: Legal and Privacy**

### **Permitted and Required Access, Use and Disclosure of Confidential Information- You agree to:**

- Access, display, store, use or disclose PHI only for legitimate purposes of diagnosis, treatment, or obtaining payment for patient care or for healthcare operations. You agree to actions only as appropriate to your employment/role.
- Protect all Confidential Information to which you have access, or which you otherwise acquire, from loss, misuse, alteration, modification, or unauthorized disclosure or access.
- Appropriately dispose of Confidential Information in a manner that will prevent viewing or use of the information. You agree never to discard paper documents or other materials containing Confidential Information in the trash unless they have been shredded.

**Prohibited Access, Use and Disclosure of Confidential Information Requirements:**

- Do not access, display, store, use or disclose Confidential Information in any form for personal reasons, or for any purpose not permitted by Trinity Health policies and procedures. This prohibition includes information about co-workers, family members, friends, neighbors, celebrities, or yourself. (**NOTE:** You must follow the required procedures at each applicable Ministry regarding gaining access to your own PHI in medical and other records.)
- Do not use another person's login ID, password, badges, or other method that enables access to the Information Systems or Confidential Information.
- When your employment or association with Trinity Health ends:
  - Do not subsequently access any non-public Information Systems (other than as directed by Trinity Health for communication purposes);
  - Do not access, use, or disclose any Trinity Health Confidential Information;
  - Promptly return any devices and other Trinity Health property; and
  - Appropriately dispose of Confidential Information.
- Do not distribute, sell, market, or commercialize Trinity Health Confidential Information for personal gain.
- If your role requires distributing information outside of Trinity Health, do not send bulk emails (more than five) revealing the identity of the recipients (use 'blind copy' functionality).
- Do not access, disclose, or reproduce Trinity Health's Confidential Information outside of your job function/role.
- Do not access any Information Systems when located outside of the United States, except in accordance with the Trinity Health International Travel Policy.

**Acknowledgement**

- By typing or signing your name below, you hereby agree that: you have read this Acceptable Use Acknowledgement and Trinity Health's Acceptable Use Procedure and agree to abide by the requirements,
- you acknowledge that violation of Trinity Health's Acceptable Use Procedure or these requirements may lead to disciplinary action, up to and including termination, and
- you acknowledge that your access may be suspended or terminated and/or you may be personally liable for failure to comply and are subject to substantial civil damages and/or criminal penalties for any violation of these requirements.

If there are any items in these requirements that you do not understand, you agree to promptly ask your supervisor, employer, or sponsor for clarification.

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**USER SIGNATURE**

Signature of individual to be given access: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**EMPLOYER/EXTERNAL SPONSOR SIGNATURE**

(**Required** when user is an employee or agent/student/affiliate of: a physician/physician practice; other individual or facility provider; a vendor that is not a business associate; any other organization unaffiliated with (MINISTRY Name) or Trinity Health. My signature below acknowledges that I have read, understand, and accept my responsibilities as the employer or the external sponsor of the user who has signed this agreement above.)

Signature of employer/external sponsor for the individual to be given access: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_