

STUDENT/RESIDENT/FELLOW COMPLIANCE PACKET

Below is a detailed explanation of requirements relating directly to the Clinical Rotation Request packet that learners must complete prior to beginning their rotational assignment with Providence Health & Services (PH&S). The table addresses the "Requirement", "Completing the Requirement". Page numbers associated with the Rotation Request are listed in the "Completing the requirement" section.

REQUIREMENT	<p>Background Check: A background investigation must be completed on all learners 18 years of age or older who will be placed in a student affiliation assignment with PH&S. The background check will include the following checks, per OAR division 30.</p> <ol style="list-style-type: none"> 1. Social Security Number (SSN) trace – The report lists names and addresses used with the SSN and aides in identifying counties/states of residence. 2. Office of Inspector General (OIG) Sanctions list and General Services Administrations Excluded Parties List System (GSA/EPLS) – This verification identifies individuals that have been sanctioned for program related fraud and are ineligible to participate in federally or state funded health care programs. 3. Criminal History – Criminal history records must be verified, dating back a minimum of 7 years. A conviction is not an automatic bar to participation in a student rotation. Each case will be reviewed on an individual basis considering such factors as: recentness, seriousness, and nature of the offense as it relates to the position. 4. Sex Offender Registry – Reports National Repository of Sex Offender records for all States.
REQUIREMENT	<p>Pre-placement Drug Screen (10 panel required): The school/program is responsible for ensuring that the learner has passed a minimum of a 10-panel drug screen prior to starting any rotation with PH&S. Specimen results received from the lab that are "dilute" will not be accepted. The learner will be responsible for additional fees if drug screen is reviewed by the Medical Review Officer.</p> <p>The 10-panel drug screen, per OAR division 30, must include Amphetamines (including methamphetamines), Barbiturates, Benzodiazepines, Cocaine, Marijuana, Methadone, Opiates, Methadone, Propoxyphene, Quaaludes and Phencyclidine.</p>
REQUIREMENT	<p>Health Screen Verification: School will ensure that students have up-to-date immunizations. Students who will work in at risk departments are strongly encouraged to be protected against Hepatitis B. Students are required to be protected against Measles, Mumps and Rubella (MMR), Varicella (chickenpox), Covid-19 and Tetanus, Diphtheria and Pertussis (Tdap). School must be able to document completion of student TB screening/testing in accordance with CDC 2019 guidelines. https://www.cdc.gov/tb/topic/testing/healthcareworkers.htm. <i>Students who will have direct contact with obstetric patients must have documented proof of immunity to Rubella (no declination accepted).</i></p>
REQUIREMENT	<p>BLS or ACLS Certification: Learners must be up to date with their certification in either Basic Life Support or Advanced Cardiovascular Life Support.</p>
COMPLETING THE REQUIREMENTS	<p>Have your School/Program coordinator sign the Program Attestation (p. 3 of Rotational Request) indicating that you meet the requirements listed above and others noted on the page.</p>
REQUIREMENT	<p>Providence Non-Employee Behavioral Standards and Privacy Attestation: This information describes the expected behavior that Providence expects of its employees and all affiliates when conducting business and completing patient care assignments.</p>
COMPLETING THE	<ol style="list-style-type: none"> 1. Read the Providence Code of Conduct document on the GME web page 2. Read, date and sign the "Applicant Behavior, Conduct and Performance Expectations"

REQUIREMENT	<p>document (p. 4 of Rotational Request).</p> <ol style="list-style-type: none"> Complete "Applicant Attestation" (p.5 of Rotational Request) Read, date and sign the "Providence Non-Employee Behavioral Standards and Privacy Attestation" document (p.6 of Rotational Request)
REQUIREMENT	<p>Providence Non-Employee Confidentiality and Non-Disclosure Attestation (inclusive of HIPPA):</p> <p>This information describes the Providence expectation of all employees and affiliates regarding confidentiality and the appropriate use of Providence Information and technology resources, including data, systems, networks and devices including but not limited to desktop computers, laptops, PDA's, fax machine and copiers and is intended to promote the confidentiality, integrity, and availability of PHS&S information and technology that the student will have access to while rotating at Providence.</p> <p>Relating specifically to HIPPA, students may be exposed to medical records and sensitive patient information. It is a requirement that all students receive HIPAA (Health Insurance Portability and Accountability Act) training prior to their rotation.</p> <p>School and PH&S are dually responsible for ensuring that students are trained on HIPAA rules and regulations.</p>
COMPLETING THE REQUIREMENT	<ol style="list-style-type: none"> Read Privacy & Security slide deck (labeled HIPPA) on the GME web page. Read, date and sign "Providence Non-Employee Confidentiality and Non-disclosure Attestation" (p.7 of Rotational Request). Read, initial, date and sign "Data Access acceptable use Agreement for Non-Providence Workforce Members" (p. 8 – 9 of Rotational Request).
REQUIREMENT	<p>Clinical Rotation Request Form – p. 10: This form indicates medical facilities where learners will be completing their rotations and is an attestation that they have met criteria to be granted hospital access.</p>
COMPLETING THE REQUIREMENT	<p>Read and complete the form, indicating all medical facilities where you will be on rotation. <i>If in doubt, check with your preceptor.</i> Be sure to indicate your 'request' on the left-hand side of the 'Guidelines for Participation in Patient Care' in the middle of the page and to sign and date at the bottom (p. 10 of Rotational Request). NOTE: <i>this is not required if your clinical rotation is outpatient (clinic) only.</i></p>
WHERE DO I SEND THE RESULTS?	<p>Return signed documents with the rest of the packet to the appropriate program coordinator as outlined on our GME web page.</p>