

## 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" and "Where to Send the Results". Page numbers associated with the Rotation Request are listed in the "Completing the requirement" section.

<b>REQUIREMENT</b>	<p><b>Background Check:</b> 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&amp;S. The background check will include the following checks, per OAR division 30.</p> <ol style="list-style-type: none"> <li>1. Social Security Number (SSN) trace – The report lists names and addresses used with the SSN and aides in identifying counties/states of residence.</li> <li>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.</li> <li>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.</li> <li>4. Sex Offender Registry – Reports National Repository of Sex Offender records for all States.</li> </ol>
<b>COMPLETING THE REQUIREMENT</b>	<p><b>Option 1:</b> Have your School/Program coordinator sign the Program Attestation (p. 3 of Rotational Request) indicating that you have successfully passed a qualified background check.</p> <p><b>Option 2:</b> Provide a copy of a completed background check. If you need to get one, PH&amp;S can initiate a background check through HireRight. There is a Fee of \$39.95 (paid to HireRight online). To initiate this process, please contact the <a href="#">Student Affiliates office</a>.</p>
<b>WHERE DO I SEND THE RESULTS?</b>	<p><b>Option 1:</b> Send the signed Program Attestation back with the rest of the packet to the appropriate Providence Program Coordinator as outlined on our <a href="#">GME web page</a>.</p> <p><b>Option 2:</b> Background check results obtained through HireRight will be sent by secured e-mail directly to PH&amp;S. To request a copy, please e-mail the <a href="#">Student Affiliates office</a>.</p>
<b>REQUIREMENT</b>	<p><b>Pre-placement Drug Screen (10 panel required):</b> 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&amp;S.</p> <p>If the school does not have an appropriate 10-panel drug screen on file, then the learner must obtain a 10-panel drug screen prior to beginning a PH&amp;S rotation. Specimen results received from the lab that are "dilute" will not be accepted. The learner will be notified that a recollection is necessary. (Recollection fee will be at the student's expense). 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>
<b>COMPLETING THE</b>	<p><b>Option 1:</b> Have your School/Program coordinator date and sign the Program Attestation (p. 3 of Rotational Request) indicating that you have successfully passed a 10-panel drug screen that contains the listed elements and the results are on file with the school/institution.</p>

<b>REQUIREMENT</b>	<p><b>Option 2:</b> Portland Area: The drug screen can be done at a Legacy Lab or a lab of your choice. If you choose a Legacy Lab, you must complete and present the referral form (attached to this packet) to the lab at time of collection and pay a Legacy Lab fee of \$47.00.</p> <p>HireRight also offers a drug screen and find a test lab close to the students' location. Cost is \$35. Contact <a href="#">Student Affiliates office</a> requesting a 'HireRight' drug screen.</p> <p>Outside of Portland: You can choose any lab that can complete a 10-panel drug screen. You can find other locations at <a href="http://www.concentra.com">http://www.concentra.com</a></p> <p>Within the Medford Area: Providence Occupational Medicine. Students should indicate that this is for an employment screen. Providence Occupational Medicine can be reached at 503-732-5554.</p>
<b>WHERE DO I SEND THE RESULTS?</b>	<p><b>Option 1:</b> Send the signed Program Attestation back with the rest of the packet to the appropriate Providence Program Coordinator as outlined on our <a href="#">GME web page</a>.</p> <p><b>Option 2:</b> Student should instruct the vendor to email the results to the <a href="#">Student Affiliates office</a> or by FAX: 877.470.6431.</p> <p>Medford: Providence Occupational Medicine will fax the drug screen results to PH&amp;S, 877.470.6431.</p>
<b>REQUIREMENT</b>	<p><b>Health Screen Verification:</b> 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), and Tetanus, Diphtheria and Pertussis (Tdap) and demonstrate either a negative skin test or chest x-ray for Tuberculosis within the last 12 months. <i>Students who will have direct contact with obstetric patients must have documented proof of immunity to Rubella (no declination accepted).</i></p>
<b>COMPLETING THE REQUIREMENT</b>	<p><b>Option 1:</b> Have your School/Program coordinator sign the Program Attestation (p. 3 of Rotational Request) indicating that you are up to date on all immunization requirements as listed in OAR Division 30 (also listed below and on the attestation).</p> <p><b>Option 2:</b> If you do not get the attestation signed, you must send documentation for the following immunizations along with application packet.</p> <p><b>Hepatitis B</b></p> <ul style="list-style-type: none"> <li>a) Completion of Hepatitis B series or a declination statement from Health Care Provider – <i>OR</i> -</li> <li>b) Laboratory evidence of Hepatitis B Status (a positive antibody titer for Hep B)</li> </ul> <p><b>Measles, Mumps, Rubella (MMR)</b></p> <ul style="list-style-type: none"> <li>a) Written documentation of 2 doses of MMR from Health Care Provider – <i>OR</i> -</li> <li>b) Laboratory evidence of immunity (a positive titer for MMR)</li> </ul> <p><b>Varicella (chicken pox)</b></p> <ul style="list-style-type: none"> <li>a) Two doses of Varicella vaccine from Health Care Provider – <i>OR</i> -</li> <li>b) Laboratory evidence of immunity (a positive titer from Varicella) – <i>OR</i> -</li> <li>c) Immune by disease.</li> </ul> <p><b>Tuberculosis (TB)</b></p> <ul style="list-style-type: none"> <li>a) Quantiferon Gold TB Test – <i>OR</i> -</li> <li>b) TB Skin testing:</li> </ul>

	<ol style="list-style-type: none"> <li>2-step TB testing is required.</li> <li>Documentation of a TB skin test within the 12 months prior will be accepted as the initial test of the two step test.</li> </ol> <p><b>Influenza Vaccine</b></p> <ol style="list-style-type: none"> <li>Proof of vaccine for the current year from Health Care Provider – <i>OR</i> -</li> <li>Declination statement</li> </ol> <p><b>Tetanus, Diphtheria, Pertussis (Tdap)</b> - Tdap is recommended for adults over the age of 19 years.</p> <ol style="list-style-type: none"> <li>Proof of vaccine from Health Care Provider or other source.</li> </ol>
<b>WHERE DO I SEND THE RESULTS?</b>	<p><b>Option 1:</b> Send the signed Program Attestation back with the rest of the packet to the appropriate Providence Program Coordinator as outlined on our <a href="#">GME web page</a>.</p> <p><b>Option 2:</b> Send copies of documented immunizations with the rest of the packet to the appropriate program coordinator as outlined on our <a href="#">GME web page</a>.</p>
<b>REQUIREMENT</b>	<b>BLS or ACLS Certification:</b> Learners must be certified in either Basic Life Support or Advanced Cardiovascular Life Support.
<b>COMPLETING THE REQUIREMENT</b>	<p><b>Option 1:</b> Have your School/Program coordinator sign the Program Attestation (p. 3 of Rotational Request) indicating that you are up to date on your certifications</p> <p><b>Option 2:</b> Provide a copy of either document, showing that it will be current during the period of your clinical rotation.</p>
<b>WHERE DO I SEND THE RESULTS?</b>	<p><b>Option 1:</b> Send the signed Program Attestation back with the rest of the packet to the appropriate Providence Program Coordinator as outlined on our <a href="#">GME web page</a>.</p> <p><b>Option 2:</b> Send copies of certifications with the rest of the packet to the appropriate Providence Program Coordinator as outlined on our <a href="#">GME web page</a>.</p>
<b>REQUIREMENT</b>	<b>Providence Non-Employee Behavioral Standards and Privacy Attestation:</b> This information describes the expected behavior that Providence expects of its employees and all affiliates when conducting business and completing patient care assignments.
<b>COMPLETING THE REQUIREMENT</b>	<ol style="list-style-type: none"> <li>Read the <b>Providence Code of Conduct</b> document</li> <li>Read, date and sign the "Applicant Behavior, Conduct and Performance Expectations" document (p. 4 of Rotational Request).</li> <li>Complete "Applicant Attestation" (p.5 of Rotational Request)</li> <li>Read, date and sign the "Providence Non-Employee Behavioral Standards and Privacy Attestation" document (p.6 of Rotational Request)</li> </ol>
<b>WHERE DO I SEND THE RESULTS?</b>	Return signed documents with the rest of the packet to the appropriate Providence Program Coordinator as outlined on our <a href="#">GME web page</a> .
<b>REQUIREMENT</b>	<p><b>Providence Non-Employee Confidentiality and Non-Disclosure Attestation (inclusive of HIPPA):</b></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&amp;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</p>

	<p>Portability and Accountability Act) training prior to their rotation.</p> <p>School and PH&amp;S are dually responsible for ensuring that students are trained on HIPAA rules and regulations.</p>
<b>COMPLETING THE REQUIREMENT</b>	<ol style="list-style-type: none"> <li>1. Read policy PROV-ICP-716 Confidentiality (included in this document).</li> <li>2. Read policy PROV-PSEC-802 Acceptable Use of Information and Information Systems (included in this document).</li> <li>3. Read "<a href="#">HIPPA Privacy &amp; Security: What You Need to Know</a>" .</li> <li>4. Read, date and sign "Applicant Attestation" (p. 5 of Rotational Request).</li> <li>5. Read, date and sign "Providence Non-Employee Confidentiality and Non-disclosure Attestation" (p.7 of Rotational Request).</li> <li>6. Read, initial, date and sign "Data Access acceptable use Agreement for Non-Providence Workforce Members" (p. 8 – 9 of Rotational Request).</li> </ol>
<b>WHERE DO I SEND THE RESULTS?</b>	Return signed documents with the rest of the packet to the appropriate Providence Program Coordinator as outlined on our <a href="#">GME web page</a> .
<b>REQUIREMENT</b>	<b>Clinical Rotation Request Form:</b> 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.
<b>COMPLETING THE REQUIREMENT</b>	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)
<b>WHERE DO I SEND THE RESULTS?</b>	Return signed documents with the rest of the packet to the appropriate program coordinator as outlined on our <a href="#">GME web page</a> .