Intermountain Health

General Orientation Booklet

Clinical Faculty

assigned to a Hospital

Revised: July 15, 2025

Table of Contents

Introduction

Intermountain Health

- Intermountain is a premiere, not-for-profit healthcare system of doctors, hospitals and health insurance plans 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 (also referred to as caregivers), volunteers, students, and contingent workers (which include clinical faculty) are expected to exhibit behaviors consistent with company Mission, Vision and Values.
- Clinical Faculty may call the Intermountain *Compliance Hotline* at 1-800-442-4845 if they feel Intermountain is not meeting their stated mission, vision, or values.

No Contractual Obligations or Employment Relationship

- This Orientation Booklet is provided for information purposes only. It does not, nor is it intended to, create a contract between Clinical Faculty and Intermountain. Nothing in this Booklet changes or limits Intermountain's right to terminate a student or their Clinical Faculty's onsite educational experience at any time in its sole discretion.
- Student educational experiences and internships do not create an employment relationship with Intermountain. Students and Clinical Faculty are not Intermountain employees and are not entitled to employment benefits, compensation, or other employment benefits or rights.

Mission, Vision and Values

Our MISSION

Helping people live the healthiest lives possible.

Our VISION

Be a model health system by providing extraordinary care and superior service at an affordable cost.

Our VALUES

- **We are leaders in clinical excellence**, delivering safe, best-in-quality care.
- **We believe in what we do**, living our mission every day.
- **We serve with empathy**, caring for each caregiver, patient, and member with compassion and respect.
- **We are partners in health**, collaborating to keep people well.
- **We do the right thing**, learning and acting with purpose.
- **We are better together**, building community through teamwork and belonging.

Clinical Faculty Requirements

Verification and Documentation

The employer of Clinical Faculty must attest to the following items:

1) An acceptable criminal background and OIG check
2) An acceptable SAM 5 urine drug screen.
3) CDC required Immunizations / vaccinations:

   Note: If a Clinical Faculty member has a medical contraindication or religious tenant, which prohibits the Clinical Faculty from obtaining an immunization they are required to mask pursuant to Intermountain's masking protocols.

   Documentation must be signed by a physician or an advance practice provider for a medical contraindication and filed with the Clinical Faculty's employment record. If an ongoing medical condition exists, documentation must be signed and verified annually.

   Clinical Faculty who have a medical or religious exemption are not allowed to participate in a student learning assignment at Primary Children's Hospital. Any exception must be reviewed with the hospital's epidemiology program chief.

   Personal exemptions are not accepted.

4) Current clinical licensure/certification, CPR, and/or other clinical documentation as required to perform patient care services (if applicable to a student learning assignment).

Read the Clinical Faculty Orientation Booklet

This orientation booklet provides a list of responsibilities allowed by Clinical Faculty at Intermountain facilities. Clinical Faculty are subject to general rules, policies, and regulations of Intermountain specified herein.

Clinical Faculty may be provided department specific orientation independent of this booklet.

Complete Clinical Faculty Compliance Forms

Along with this booklet, Clinical Faculty should receive a compliance forms packet. The following items are provided in the packet or electronically:

- Personal Profile
- Access and Confidentiality Agreement
- Confidentiality Guideline
- Intellectual Property Agreement
- Orientation Checklist

All items must be completed and returned to the Student Programs Administrative Coordinator. Clinical Instructors cannot participate in an Intermountain onsite training program if these documents are incomplete.

Identification Badge

Once the forms packet is completed, Clinical Faculty can obtain an ID name badge. The Student Programs Coordinator will assist with ID badging. The ID badge must be worn at all times when on-site at an Intermountain facility. The badge must be returned to the department supervisor or Security annually for renewal, or at the end of the Clinical Faculty's teaching assignment. With few exceptions, Clinical Faculty are not provided with security access on their ID badges.

Campus Conditions

Parking

Clinical Faculty must follow facility-specific parking guidelines. These guidelines ensure enough parking for all who need access to Intermountain facilities at any given time of the day.

- Clinical Faculty who do not comply with facility parking guidelines will be ticketed and fined accordingly.
- Facility-specific parking requirements are found in the *Facility Information* booklet or from the appropriate Student Programs Coordinator.

Tobacco Free

Intermountain Health maintains smoke and tobacco-free facilities in order to provide a healthy environment to patients and guests. Tobacco products include cigarettes, cigars, pipes, spit tobacco and any lighted or heated plant product intended for inhalation such as hookah, e-cigarettes, or other electronic devices.

Roles & Responsibilities

Intermountain Facility Role / Responsibility

The Intermountain facility will:

- Accept any Clinical Faculty otherwise qualified to perform educational services with their students without discrimination on the basis of any protected class under state or federal law.
- Orient Clinical Faculty to Intermountain's mission, philosophy, and general physical structure. Inform Clinical Faculty of facility rules, policies, and regulations with which they are expected to comply.

Clinical Faculty Role / Responsibility

Clinical Faculty will:

- Receive permission from the applicable department manager before participating in student learning activities.
- Respectfully support the patient's rights and receive permission before participating with student in learning activities.
- Perform patient care functions within the assigned department and within clinical expertise and scope of practice relevant to the student's learning objectives. Clinical Faculty must have an appropriate, current license and relevant healthcare certifications for the state the care is performed.
- Wear an appropriate Intermountain ID badge as previously noted.
- Adhere to general rules, policies, and regulations of Intermountain.
- Adhere to all policies and protocols pertaining to clinical operations.
- Act professionally and refrain from making comments, gestures, or acting in any manner, which can be construed as harassment towards employees, patients, or guests.
- Utilize materials provided by Intermountain 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.

Supervising Students in Patient Care Areas

Patient care is the responsibility of Intermountain Health. Student supervision is under the direction of the Intermountain patient care provider and assigned supervisor/preceptor. Clinical Faculty, in accordance with roles and responsibilities stated above, may participate in student learning activities.

- 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.
- The Intermountain patient care provider or supervisor/preceptor will assess the student's competence level to ensure patient safety. Student assignments involving direct patient care activities are supervised.
- The student respectfully supports the patient's rights and will inform the patient care provider immediately whenever a patient requests the student not participate in their care.
- Students will not give any medication (PO, IM, 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 supervisor/preceptor, administer medications independently after verifying the correct medication, dose, route, time, and patient.

  See also *Guidelines for Nursing Students*.
- Students are expected to know and follow Intermountain policies and procedures in every situation. In high-risk events such as EMTALA issues, situations requiring event reports, etc., the student may observe if appropriate to student learning, but must not interfere with the normal functioning of any identified team or process. If properly certified, students can participate in Basic Life Support if being monitored by clinical staff.

Professional Image

Intermountain employees, students and Clinical Faculty create and present a professional image which helps our patients and visitors feel safe, confident, and comfortable during their hospital experience.

Personal Identification

An Intermountain Clinical Faculty name badge must be worn in a visible location on the upper torso area at all times while at work with an appropriate badge reel or lanyard. 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

Clinical Faculty, regardless of the department they are assigned, are to be dressed and groomed to a standard appropriate for a professional healthcare environment.

- Clinical Faculty are expected to manage personal hygiene habits to ensure cleanliness and avoid offensive body odors.
- Strong perfume, cologne or lotions should not be used.
- Hair must be well-groomed and appropriately restrained so it does not come in contact with others.
- Facial hair must be well-groomed. Facial hair must not interfere with the ability to properly perform job functions or required Personal Protective Equipment (PPE).
- Fingernails should be clean and maintained. Clinical Faculty in patient care areas cannot wear artificial nails, nail wraps and nail jewelry. Gel and shellac nail polish is not allowed. Regular nail polish is permitted but must be chip free. Natural nails must be clean and short at the tip.
- Visible tattoos that are offensive are strictly prohibited in the workplace and must be covered using a suitable method.

Jewelry

- Clinical Faculty should wear jewelry, gauges, or earrings that do not impair the ability to perform job functions, interfere with work, or pose a safety hazard to others.

- Jewelry and bod piercing should not be offensive.
- Jewelry must not create a safety hazard or interfere with work assignments.
- Jewelry must be removed if the Clinical Faculty is participating in sterile procedures.

Attire

- Clinical Faculty must dress appropriately for their role, taking into consideration their interactions with patients, members, clients, and visitors.
- Casual dress should not conflict with the ability to perform the job or the professional image of the organization.
- Attire should meet set safety standards, including appropriate footwear to avoid slips, trips and falls.

Lost or Stolen Items

Intermountain is not responsible for personal items lost or stolen. Clinical Faculty are encouraged to lock up all personal items necessary to have with them at the facility.

Patient Rights & Responsibilities

Intermountain Health 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 where patients can feel comfortable and confident with the care they receive.

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 age race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation and gender identity or expression. *Patient Rights and Responsibilities* signs are posted in English and in Spanish throughout Intermountain facilities.

Some areas within Intermountain have slightly modified versions of the rights and responsibilities that are more specific to their patients, residents, or members. Questions regarding these modified versions may be directed to the department director or the facility compliance coordinator.

Clinical Faculty and students are responsible for locating the *Patient Rights and Responsibilities* sign, posted in the Intermountain facility they are assigned and assist with Intermountain's commitment to patient rights.

Respecting Cultural Differences and Beliefs

Culture is the values, beliefs and practices shared by a group of people. Intermountain is committed to being respectful and sensitive to all cultures, ensuring they feel welcomed and cared for within their specific belief system.

Cultural Competency

Clinical Faculty should support their students as they try to acquire basic knowledge of the patient's and family member's cultural values, beliefs, and practices:

- Ask questions
- Listen
- Account for language issues
- Be aware of communication styles

Be sensitive to personal health beliefs and practices

Students should ask their supervisor/preceptor to help with 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 healthcare?
- Language barriers:
  - Can the patient understand limited English?
  - What, if any, is the patient's literacy level in English?
  - If necessary, use visual aids and demonstrate procedures.
  - Check understanding. When there's a cultural difference, it's especially important to check and make sure you have communicated clearly.
  - Is an interpreter necessary? If yes, follow Intermountain 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
- Religious / Spiritual beliefs. Are there sensitivities / beliefs associated with:
  - Birth and/or death
  - Certain treatments, blood products
  - Prayer, medication, and worship
  - Food preparation, clothing, special objects, and gender practices
- Other cultural factors to consider:
  - Gender
  - Wealth or social status
  - Presence of a disability
  - Sexual orientation

Environmental Safety

Safety is Everyone's Concern

Clinical Faculty and students should call Security when they:

- See any criminal activity

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

Security can be reached by dialing extension 55 on any Intermountain phone.

Emergency Code Response

Clinical Faculty and their students should be able to recognize an emergency situation and respond appropriately.

The emergency codes listed below are standard for all Utah and Idaho Intermountain facilities. They can be heard throughout the facility (overhead paging system) as needed in the emergency identified.

- Code **RED:** Fire
- Code **BLUE:** Cardiac Emergency
- Code **GREEN:** Aggressive Behavior
- Code **PINK:** Abduction
- Code **YELLOW:** Bomb Threat
- Code **DISASTER:** Implement Disaster Plan
- Code **ZULU:** Helicopter Crash (on hospital campus)
- **Active Shooter:** Person actively firing or displaying a weapon with the intent to use (location identified)

Active Shooter

An active shooter is defined as an individual who is brandishing (displaying in a threatening manner) a firearm or is actively engaged in using the firearm to kill or injure people in the hospital, clinic, or grounds. This also includes the use of an edged weapon such as a knife. When an active shooter is within the facility, Intermountain employees will make rapid decisions and take immediate steps to reduce or eliminate further injuries or death.

An employee will activate the alarm process by calling 33333 and 911 or by pressing the round button on their VOCERA and stating: *Call Active Shooter*. The employee will give the logistics and specifics of the incident.

Hospital operators will announce overhead *Active Shooter* and give the location. Employees will implement the Run-Hide-Fight Plan. Clinical Faculty and their students should participate and assist if they are able to do so safely and as instructed.

Run-Hide-Fight Plan

- **Run- get away!** If possible, quickly exit the area and the building to a safe location. Take the closest safe exit route. Do not worry about personal belongings. If patients are ambulatory or in wheelchairs, Intermountain employees will encourage them, along with guests to accompany them. Do not stay behind if they refuse to come.
- **Hide- lock or barricade!** If possible, to do so safely and if instructed, Clinical Faculty and students can help employees relocate guests, patients, and other staff members behind closed doors. Lock or barricade doors using any means possible. Turn off the lights, computer screens and silence cell phones. Hide behind a thick wall, furniture or other items and remain quiet. Lay down on the floor if possible. Do not come out until told to do so by the police or after the *all clear* is given.
- **Fight- be quick, be forceful, be aggressive!** This is the very last option and last resort. Where possible, gather a group and plan an attack together. Improvise a weapon from means possible. Confront the shooter and take an aggressive attitude, use violent force of action. Fight for your life, do not give up.

If confronted by law enforcement, participants in the event should ALWAYS keep hands visible, empty and fingers spread. Follow police instructions immediately without question. Police will be concerned about locating and eliminating the shooter before any attention is given to victim injuries.

Fire Prevention and Response

Clinical Faculty 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 Intermountain's smoking policy.
- Find out when and who should turn off medical gas valves.
- Learn the department evacuation plan.
- Maintain clear and unobstructed hallways, doorways and aisles.

Intermountain hospitals are designed to contain a fire behind closed doors for a period of time. Closed fire doors allow areas of the facility away from the fire to remain functional. Do not block or prop doors open in any way.

Code RED

Code Red is the term used for a possible or actual fire. *"Code Red"* and the location of the fire will be announced (overhead paging system). Alarms and strobe lights are used to identify the scope of the fire emergency. Fire drills will be announced as a *"Code Red Drill"*.

Strobes	Alarm	Meaning	How to Respond
✓	✓	The fire is in *YOUR* area!	Follow the department/facility response plan. Enact ***RACER*** as appropriate.
✓		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 immediate 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

R – Relocate

Take time before an emergency to locate the fire extinguishers in the area. If a fire is small and manageable, use the nearest fire extinguisher. Follow the steps in *PASS* to 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

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

Abduction (Code Pink)

Student participation in an active abduction is under the direction of their supervisor/preceptor.

If a person, infant or child is missing, initiate the following:

- Dial 33333 immediately to report the event. Provide the following information:
  - Description of the missing person (child, adult, etc.)
  - Description of any suspects
  - Location or site of the disappearance
- The operator will promptly announce CODE PINK (overhead paging system)

When a CODE PINK is announced overhead, initiate the following:

- Move quickly to closet exit to prevent access. This includes external exits as well as elevators stairwells
- Instruct everyone to stay in the area until the CODE PINK has been cleared
- Assess the area, paying special attention to closets, offices, restrooms, stairwell, etc.
- Do not allow any unattended child to leave the area until the CODE PINK has been cleared

In the case of a missing infant or child, initiate the following:

- Stop and question any person with an infant or child, including those with a pink ID badge or who appears to be an employee
- Stop and question any person who possesses anything that could hold an infant or child and search the item (i.e., purse, bag, package, stroller, overcoat, etc.)
- Do not physically restrain anyone who becomes uncooperative. Shadow an uncooperative or suspicious person at a safe distance and call 33333 to report the suspect's appearance, clothing and direction of travel.

  NOTE: Administration or Security will be responsible for actual or delegated notification of police and the facility communications department.

TotGuard Security System at Primary Children's Hospital

TotGuard is an infant/child security system designated to protect PCH patients.

A Clinical Caregiver will place a TotGuard tag on the patient

- Pediatric Patient Tag (PPT)
  - Flight, abduction risk or Behavioral Health
  - Sets off alarm at all facility perimeter exits and wen tag/band is cut.

Discharging a patient with a TotGuard tag

- PTT tags must be assigned prior to removal to avoid alarm.
- Student's may perform the following under the direct supervision of their supervisor/preceptor:
  - Remove a tag. Tags must be return it to the nursing station/desk.
  - Discharge a patient. The unit HUC or charge nurse must be notified to discharge the patient in the TotGuard system.

    NOTE: The supervisor/preceptor must have a pink badge to transport or discharge patients. A pink badge indicates the supervisor/preceptor has been properly trained in pediatric patient transport.

EMTALA

The *Emergency Medical Treatment and Labor Act* is a federal law that requires hospitals to treat all people who request emergency care. Clinical Faculty and students should not act independent of the student's assigned Intermountain supervisor/preceptor.

Intermountain's Responsibility

- Provide assistance to all people (adults and children) needing 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 patient.
- Initiate a *SECURITY ASSIST* alert, 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.
- Do not force individuals to receive treatment.
  - 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.

Workforce Health

Infection Prevention and Control

The purpose of an infection prevention and control program is to prevent the transmission of infections within a healthcare facility. Clinical Faculty can protect themselves and 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

Intermountain Health uses Standard Precautions as well as Transmission Based Precautions. Standard Precautions are a group of infection control prevention practices that apply to all patients, regardless of suspected or confirmed diagnosis or presumed infection status. Standard Precautions is based on the principle that all blood, body fluids, secretions, excretions, non-intact skin, and mucous membranes may contain transmissible infectious agents. The aim is to minimize the 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 hands with soap and water or sanitize with an alcohol-based hand rub before and after each patient contact, and after removing gloves. See *Hand Hygiene Policy*.
- Gloves: Use when touching any body fluids or non-intact skin.
- Gowns: Wear if splashing or splattering of clothing is likely.
- Masks and goggles: Wear 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 biohazardous.
- Blood Spills: Clean up with disposable materials (i.e., paper towels or spill kit), clean and disinfect the area. Notify Housekeeping for thorough cleaning.

Transmission Based Precautions are a set of isolation prevention measures used in addition to Standard Precautions for patients known or suspected to be infected or colonized with infectious agents to effectively prevent transmission. Transmission Based Precautions include Droplet, Contact, and Airborne Precautions.

Droplet Precautions

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 meningitides (meningitis or sepsis), Invasive Haemophilus Influenza type B (meningitis, sepsis, epiglottises), Diphtheria, Pneumonic Plague, Mumps, Parvovirus B19, Rubella.

Droplet Precautions include:

- Private Room: One patient per room, or patients with similar diagnosis. The 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 hands upon entering patient room, removing gloves, and when leaving the patient room.

Contact Precautions

Contact isolation is used when patients have a disease process that is spread by contact with wounds or body fluids. These include: Diarrhea (Rotavirus, Clostridioides 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.
- Gown and Gloves: All hospital personnel wear gown and gloves when entering 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 Clostridioides Difficile (C-Diff), do not use a hand sanitizer or other products which contain alcohol. Use soap and water only.

Airborne Precautions

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

- TB (tuberculosis)
- Measles
- Chickenpox
- COVID-19**

Airborne Precautions include:

- Patients are placed in a private negative pressure room. Keep the door closed except to enter and 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**.
- Use proper hand hygiene. Wash or sanitize hands upon entering a patient room, removing gloves, and when leaving the patient's room.
- **COVID-19 patients require use of an N-95 respirator mask, which requires a fit test, or a Powered Air Purifying Respirator (PAPR) when entering the room. A negative pressure room is not required.

Other Infection Prevention and Control Concerns include

Artificial Nails Policy

- Clinical Faculty in patient care areas cannot wear artificial nails, wraps and nail jewelry. Gel and shellac nail polish is not allowed. Regular nail polish is permitted but must be chip free.

- Students working in surgical areas are prohibited from wearing artificial nails, wraps, nail jewelry and any type of fingernail polish

Sharps Containers

- All sharps should be placed in a *sharps container* after use. These containers are placed throughout clinical departments. 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. Clinical Facutly 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 hazardous drug waste (yellow bag) is found in an unsecured area, notify your student's Intermountain supervisor/preceptor and facility chemical safety officer immediately.
- Black disposal containers are used to dispose of EPA / RCRA regulated pharmaceuticals and bulk hazardous drugs.

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.

Injury / Illness Reporting

All on-the-job injuries, illnesses or exposures must be reported immediately to the department manager and your employer. If a life-threatening or serious injury occurs, report to the facility *Emergency Department* ("ED") for initial treatment. Medical intervention of accidents such as a needle stick or body fluid exposure should be done immediately for optimal results. ED will assess injuries and determine the risk level, treatment options, and medical services required. You and/or your employer will be responsible for follow-up care and to pay for services provided.

Hazardous Materials

Clinical Faculty and students are expected to fully comply with all of the following OSHA standards.

Hazardous Materials

Clinical Faculty and students should know the materials within their work area, which are considered hazardous. If there is a spill of any of these materials, the Clinical Faculty should 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.

Patient Masking if Required to Mitigate Exposure

If a patient can put on and take off his or her mask, they should place the mask on when there are others present in the room. This will decrease the chance of exposure for everyone and contain their droplets when they cough, and others are present. Patients should be encouraged to wear the mask at all times, but there may be times when a patient is unable to do this (e.g., while eating, or when he or she is short of breath). Clinical caregivers experienced in respiratory evaluation can help with this decision if needed. See Intermountain's *Standard Precautions Guideline*

Corporate Compliance

Compliance with Applicable Laws

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

High Ethical Standards

Intermountain expects its Clinical Faculty to maintain high standards in while participating in student learning activities. Clinical Faculty must commit to the following core principles:

- We perform our tasks 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
- 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

Clinical Faculty should 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 manager or director
- Facility compliance officer
- The Intermountain Health Compliance Hotline: 800-442-4845
- The Intermountain Health Compliance email address: contactcompliance@imail.org or Privacy@imail.org

Privacy & Security of Health Information

Certain laws and regulations require that practitioners and health plans maintain the privacy of health information. In general, privacy is about who has the right to access personally identifiable health information. Privacy regulations, such as the *Health Insurance Portability and Accountability Act* (HIPAA) covers all individually identifiable health information in the hands of practitioners, providers, health plans, and healthcare clearinghouses.

Intermountain facilities take privacy regulations very seriously. HIPAA impacts Clinical Faculty and students in the following ways:

- Patient records may not be photocopied or printed from a computer terminal for personal use (i.e. writing care plans or other papers).
- Clinical Faculty and students must not release any patient information independently. Any request for patient information should be directed to the student's Intermountain supervisor/preceptor.

- Violations of HIPAA may result in dismissal of the Clinical Faculty from the facility and 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.

- Names or initials
- All geographic subdivisions smaller than a state, including street address, city, county, precinct, zip code
- All elements of dates relative to an individual, including birth date, admission date, discharge date, date of death, and all ages over 89
- Telephone numbers
- Fax numbers
- Electronic mail addresses
- Social Security numbers
- Medical record numbers (including EMPI or EMMI)
- Health plans beneficiary number
- Account numbers
- Certificate/license numbers
- Vehicle identifiers and serial numbers, including license plate numbers
- Device identifiers and serial numbers
- Web Universal Resource Locators (URLs)
- Internet Protocol (IP) address numbers
- Biometric identifiers, including finger and voice prints
- Full face photographic images and any comparable images
- Any other unique identifying number, characteristic, or code, derived from the information listed

Students must not use any of the above elements when writing reports, discussions, or making presentations. De-identified patient information is still considered confidential and may not be disclosed without Intermountain's permission.

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 a student assignment includes accessing or disclosing these types of information, ask the student's supervisor/preceptor 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 hallways, the cafeteria/cafe, waiting rooms, restrooms, and elevators.
- Do not discuss patients with co-workers, students, family or friends.
- Do not leave patient charts, schedules, or computer screens containing patient information in plain view.
- Do not allow visitors or patients in staff areas, dictation rooms, chart storage areas, etc.
- Do not hold telephone conversations in areas where confidential patient information can be overheard.
- Call out the patient's name only in waiting rooms, not their diagnosis or procedure.
- If you or your student receives an Intermountain computer systems access code or password, do not share it with anyone. Take precautions to prevent others from learning your access code and password, and do not allow others to use your computer under your access code and password.

- Do not access systems you are not authorized to access. Students should only access information needed to do their assigned rotation.
- Before discarding any patient-identifiable information, make sure it is properly shredded, discard it in a locked bin designated for destruction of Protected Health Information, or locked in a secure bin to be destroyed later. Do not leave information intact in a trashcan or discard any Protected Health Information in a recycle bin.
- Email communication involving patient information is not permitted as a means for student learning. Any outside transmission of Protected Health Information should include "PHI" in the subject line of the email. This will enable encryption of the Protected Health Information for proper HIPAA compliance transmission. (Refer to Intermountain's: *Protected Health Information Email procedure*)
- 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.
- If a patient asks, you may take a picture of the patient using the patient's personal device only. Do not take a picture of a medical procedure or one of a sensitive/personal nature.

Intermountain Social Media and Visual Image/Audio Recording Policy Provisions

Social Media defined as: Digital media based on social interactions, in which messages are primarily disseminated and received among users on a peer-to-peer basis. Examples include, but are not limited to, personal blogs and other websites and applications, including but not limited to Facebook, LinkedIn, Twitter, YouTube, Reddit, Metaverse, Instagram, etc.

Visual Image/Audio Recording (Images/Recordings) defined as: Photographs, videos, video streaming, digital or similar types of images and sound recordings.

- Workforce members (including Clinical Faculty and students) while on Intermountain Health property are not to use cell phones or other electronic devices to take or send photographic images or audio/video recordings of work areas, patients and/or medical information.
- Workforce members, while on Intermountain Health property, are not to publish or post medical information, photo images or audio/video recordings on web sites or blogs, such as *Instagram, TikTok* or *Facebook or other social media sites etc.* This includes de-identified and "virtually" identifiable information.
- Workforce members are not to publish or post on social media, in a blog, chat room or any other online forum Images/Recordings of employees, patients, visitors, members, or facilities unless the posting is approved through Intermountain Public Relations/Communications and is done in compliance with the HIPAA Privacy Rule and State Law. Always assume that anything posted on social media can be viewed by a fellow student, colleague, supervisor, partner, supplier, competitor, board member, patient, or potential patient. Workforce members (including students) are personally responsible for their posts on social media platforms.
- Workforce members shall not present themselves as official spokespersons representing Intermountain Health, either explicitly or otherwise. Any information released to the media that represents Intermountain Health must be coordinated through the Intermountain Health Marketing and Communications Department.
- Workforce members who violate this policy are subject to corrective action.
- Workforce members are prohibited from taking photos (identifiable or not) of patients or their data not explicitly permitted by Intermountain.
- Workforce members who choose to identify their affiliation with Intermountain Health, their social media activities should be consistent with Intermountain Health policies and the Intermountain Health *Code of Conduct*.

Accounting for Disclosures

Clinical Faculty and students must not release any patient information independently. Any request for patient information should be directed to the student's Intermountain supervisor/preceptor.

Student Access to Medical Record after Patient Discharge

Students needing access to patient information post discharge must provide a written request approved by their supervisor/preceptor to the facility Health Information Management (HIM) department. The request should include patient name at a minimum with encounter number and discharge date if possible. Every effort will be made to provide access to the medical record as soon as possible. Students are not allowed to have copies of the medical record.

Information Privacy and Security Incidents

If a situation arises 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 the student's supervisor/preceptor or call the Intermountain Compliance Hotline at 1-800-442-4845, or email at contactcompliance@imail.org. or Privacy@imail.org

Quality Assessment Performance Improvement

Intermountain Health is committed to providing quality care and strives to meet customer needs through using a quality assessment performance improvement (QAPI) approach. The QAPI I model used is: Plan, Do, Study, and Act. (PDSA). This model is used to answer the question: *What changes can we make that will result in improvement?*

Plan

The planning part requires that Intermountain:

- Defines quality. Intermountain defines quality as: meeting or exceeding the customer's expectations 100% of the time. Quality delights the customer.
- Develop and share Intermountain Health goals.
- Develop department and individual improvement goals.
- Identify processes, related to the goals that can be improved and lead to better quality care.
- Identify 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
- Response to fire drills
- Storing things safely
- Using equipment safely
- Refrigerator temperatures
- Crash cart checks
- Protecting medication

Act

Intermountain Health believes that teamwork is the best way to improve processes. A team consists of a small number of people with complementary 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 QAPI culture, 80-90% of one's time is spent on day-to-day tasks. The remaining 10-20% of the time should be spent improving the 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. Clinical Faculty and their students are welcome to look for ways Intermountain can improve daily work processes, customer satisfaction, and quality outcomes.

Always Safe

At Intermountain Health, we are known for our commitment to evidence-based care and safety. Our goal is to ensure that every patient is safe in our care and improve patient safety by consistently applying best practices across the system. These best practices are based on the science of high reliability and have been demonstrated to improve safety in other high-risk industries.

High Reliability

Put simply, reliability is the likelihood that an individual, system, or team will work the way it's expected to over time. You can also think of reliability as excellent performance minus the error rate. Intermountain Health, like other high reliability organizations, is working hard to reduce errors in order to become even more reliable.

To gauge our success, Intermountain Health focuses on data and metrics. This is how high reliability organizations determine their level of reliability. We track clinical and operational performance data over time to avoid any event that can cause harm.

Serious Safety Events

Serious Safety Events occur when an individual or team in a high-risk situation or environment practices high-risk behavior. Examples of high-risk situations include complex environments, distractions, and high workloads. Examples of high-risk behaviors include bypassing safety devices or recommendations, taking shortcuts and proceeding in the face of uncertainty. You can't always control the environment that you're in, but you *can* control your behavior.

Serious Safety Events are usually not the result of just a single person's error. They almost always happen because of multiple personnel and system failures. Intermountain Health has redundant safeguards build into systems and processes that should, ideally, stop an error from reaching a patient. But sometimes all of those barriers are breached.

Intermountain's cultural approach focuses on the people in all areas of our organization. It is the combination of psychological safety, mutual respect, behavioral expectations, communication skills, and encouragement to speak up to prevent safety events.

Psychological Safety and Mutual Respect

Psychological safety is essential for achieving and maintaining a culture of Zero Harm. It's the belief that no one will be punished or humiliated for speaking up with ideas, questions, concerns, or mistakes. It's a positive attitude towards When a person feels psychologically unsafe, they are reluctant to admit that they made a mistake. They see mistakes as shameful or a sign of incompetence. This leads to inaccurate or less frequent reporting. It means the culture is not

transparent or truly open to finding and fixing problems. Remember, we are humans first and experts second. The following behaviors and attitudes encourage a psychologically safe environment:

- Frame problems or mistakes as learning opportunities
- Recognize and admit your own fallibility
- Model curiosity and ask lots of questions
- Show appreciation to others for asking questions

Behavioral Expectations

Another cultural strategy is the behavioral expectation of safety, including the following commitments to safety:

- "I speak up for safety"
- "I have respectful, timely, and accurate verbal and written communication"
- "I 'think it through' and ensure that my actions are the best."
- "I focus on the task at hand to avoid unintentional slips or lapses."

Error Prevention Techniques

In order to follow through on our safety commitments, four specific languages are used. They support effective communication, awareness, and further promote a psychologically safe environment. These phrases are helpful in any situation, especially high-risk work environments. You will see Intermountain employees use these phrases in day-to-day interactions. A brief summary of each Common Language of Safety is included below.

- **"I have a Clarifying Question"**
  We ask respectful, problem-solving questions.
  - Our questions aim to understand the issues, not to find fault
  - Asking one or two questions provides reassurance
- **"I have a Concern"**
  We speak up with safety concerns and follow the chain of command when needed.
  - As a question, **Request** a change, voice a **Concern**, follow **Chain** of command.
  - Listen up when questions and concerns are raised.
- **"I Stop, Reflect, and Resolve"**
  We stop, reflect, and resolve – then proceed when we understand the correct course of action.
  - Take time to pause and be fully present.
  - Questioning Attitude, Critical Thinking and situational awareness.
  - Complete double checks where appropriate.
- **"I Repeat Back, Read Back and Teach Back"**
  We ensure clear and complete communication.
  - Confirm repeat backs by saying, "That's correct."
  - Use the phonetic alphabet as needed.
  - Write it down, don't rely on your memory for crucial information.

National Patient Safety Goals

Intermountain Health hospitals follow *National Patient Safety Goals* established by *The Joint Commission* to improve patient safety. The goals focus on problems in health care safety and how to solve them.

Identify Patients Correctly

- Use at least two ways to identify patients. For example, use the patient's name and date of birth. This is done to ensure each patient receives the correct medicine and treatment.
- Ensure the correct patient receives the proper blood during a transfusion.
  - Two-person double check: one individual must be a licensed healthcare provider transfusing the blood/blood product and the second individual must be a trained staff member.
  - One-person verification can be done using barcode technology.

Improve Staff Communication

- All critical test results must be reported to the patient's physician.

Use Medications Safely

- Before a procedure, label medicines that are not labeled. For example, medicines in syringes, cups and basins. Do this in the area where medicines and supplies are set up.
- Take extra care with patients who take medicines to thin their blood.
- Separate look-alike and sound-alike medications.
- Record and pass along correct information about a patient's medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Make sure the patient knows which medicine to take when they go home. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.

Use Alarms Safely

- Make improvements to ensure that alarms on medical equipment are heard and responded to on time.
  - When an audible or electronic clinical alarm is activated, the nearest available clinical staff responds promptly to the patient's bedside and assesses the patient's needs.

Prevent Infection

- Use hand cleaning guidelines established by the *Centers for Disease Control and Prevention* or the *World of Health Organization*. Set goals for improving hand cleaning. Use the goals to improve hand cleaning.
- Use proven guidelines to prevent infections which are difficult to treat.
- Use proven guidelines to prevent infection of the blood from central lines.
- Use proven guidelines to prevent infection after surgery.
- Use proven guidelines to prevent infections of the urinary tract caused by catheters.

Identify Patient Safety Risks

- Determine which patients are most likely to try to commit suicide.
  - Implement appropriate prevention strategies and CPG suicide precautions protocol based on patient risk using the suicide high risk checklist.

Prevent Mistakes in Surgery

- Conduct a pre-procedure verification process using a checklist.
- Ensure the correct surgery is done on the correct patient and at the correct place on the patient's body.

- Mark the correct place on the patient's body where the surgery is to be done.
- Pause before the surgery to ensure a mistake is not being made.
  - Perform an interactive "time out" involving members of the procedural/surgical team immediately prior to starting an invasive procedure or making an incision.
  - The "time out" should be led by the licensed healthcare provider performing the procedure.
  - Document the "time out" using the checklist.

Reduce the risk of patient harm resulting from falls

- Evaluate patient assistance level and use safe patient handling equipment and lifts to assist in moving patients.
- Educate patients and families about fall prevention strategies in both the inpatient and outpatient areas.
- Intermountain has created "Falls Risk" magnets should be placed on the door frames of patients at risk for falls.

Pressure Ulcer Prevention

- Evaluate risks for ulcers.

Reduce the risk for an ulcer by:

- Using standardized care products;
- Turning the patient at least every 2 hours;
- Keeping the skin clean and dry;
- Reassessing the patients' skin each shift.

Event Reports / Incident Reports

An incident is any event that is not consistent with the normal, routine operation of a department, which may result in or have potential for injury and/or property damage. If Clinical Faculty or a student becomes aware of such an incident, he or she should report it to the student's Intermountain supervisor/preceptor immediately.

Examples of Reportable Incidents

The following are examples of events that should be reported. This list is not exhaustive, and Clinical Faculty and students should report any event that they feel is not consistent with the normal, routine operation of a department, or which may have the potential for injury and/or property damage.

- 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
- Missing or damaged property 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 discovered and averted prior to reaching the patient.

Sentinel Event

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

Additional sentinel event categories include:

- Suicide of a patient
- Infant discharge to the wrong family
- Abduction of a patient of any age
- 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
- Wrong surgical procedure performed
- Unintended retained foreign object
- Neonatal hyperbilirubinemia
- Prolonged fluoroscopy or radiation therapy to the wrong body part

Workplace Violence

Workplace[1] violence is conduct which is sufficiently severe, offensive, intimidating, or disruptive to cause an individual to reasonably fear for his/her personal safety or the safety of his/her family, friends, or property. Intermountain has a number of measures in place to help keep its workforce and patients safe from workplace violence (e.g., emergency phones in parking lots, reinforce visitation policy, etc.).

Clinical Faculty and students can assist by learning:

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

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

- Psychiatric or neurological impairments.
- History of threats or violence.

[1] As noted, Clinical Faculty and students are not Intermountain employees. The phrase "workplace" is used generically and for ease of reference to refer to the facilities and areas where Intermountain employees, Clinical Faculty and students, might be present during an educational experience. Using this term does not imply or create an employment relationship.

- 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.
- Don't bargain, threaten, dare, or criticize.
- Don't act impatient.
- Don't make threatening movements.
- Do respect personal space.
- 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.
- Do ask security or police to stand-by (an officer nearby can provide a quick response if needed, or may stop the misbehavior altogether.).

Preventing Workplace Violence

By simply avoiding situations that are potentially unsafe, Clinical Faculty and students 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 nursing supervisor so they can follow up.
- Cooperate fully with security and law enforcement.
- Inform security and law enforcement of restraining orders.

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 confrontation 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. Record the event electronically via the web event system or by contacting a compliance officer through the compliance hot line at 800-442-4845, or email at contactcompliance@imail.org.

Harassment-Free

Treating individuals with mutual respect is one of Intermountain Health's core values. A key component of this value is ensuring that everyone is treated in a manner in which each individual's unique talents and perspective are valued and providing an environment in which they feel safe.

Harassment also includes sexual harassment, which is unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature that create an intimidating, hostile or offensive environment.

Examples of harassment or inappropriate behavior may include:

- Oral or written communications that contain offensive name-calling, inappropriate sexual connotations, jokes, slurs, negative stereotyping, or threats including those that target individual groups based on age, disability, gender, national origin, ethnicity, race or color, religion, sexual orientation, or veteran status.
- Nonverbal conduct, such as staring or leering, giving inappropriate gifts.
- Physical conduct, such as assault or unwanted touching.
- Visual images, such as derogatory or offensive pictures, cartoons, drawings, or gestures.
- Comments or social media posts that insinuate, threaten or encourage violence or harm, are intimidating, belittling, hostile, harassing, racist, or disrespectful to others or have no place in constructive conversations.

How to Report Harassment

Call *AskHR* at: 833-442-7547 Monday through Friday, 8:00 a.m. – 5:30 p.m. MT.

AskHR will forward all issues to Employee Relations. Employee Relations 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 individuals with a "need to know" will have access to confidential communications resulting from the receipt and investigation of a complaint.