



**Contingent Worker: Respiratory
Therapist**

ORIENTATION, EDUCATION, AND SKILLS ASSESSMENT

Welcome, we are excited to have you come support our team. The following document lists self-learning and on-line activities to help prepare you for our hands-on training and transition to caring for patients in our patient care areas.

The learning materials can be on our website [Clinical Facility Temp Worker \(intermountainhealthcare.org\) https://intermountainhealthcare.org/careers/nonintermountain-workforce/contingent-workforce/temporary-worker/contracted-labor/clinical-facility/](https://intermountainhealthcare.org/careers/nonintermountain-workforce/contingent-workforce/temporary-worker/contracted-labor/clinical-facility/). We recommend that you bookmark the website for reference during your stay. The website will have additional resources that you will find helpful during your stay in Utah if you are coming to us from outside the area.

Department Orientation: (Print out and give to manager/educator to fill out)

A [department orientation](#) must be completed within two weeks of the worker's start date.

Account Activation:

Workers, participating in patient charting or requiring access to Intermountain systems, should receive an Intermountain account or user ID. This account is temporary and must be activated by the worker prior to their first day. Instructions for [activating an Intermountain account](#).

- Initial where indicated.
 - Key to abbreviations in the table: **CW** =Contingent Worker and **Ed/TL**=Educator/Team Lead.

Name: _____ **Primary Units** _____ **Buddy:** _____

Assigned Hire Date: _____

All educators/team leads must sign at bottom of form as Intermountain representative.

Once completed the caregiver needs to send completed document to:

Margaret Stocking intermountaincwm@rightsourcingusa.com. **Must be completed within 2 weeks of starting.**

QR code to website:



COURSE REFERENCE NUMBER	COURSE NAME	TIME	DATE	CW INITIALS	Ed/TL INITIALS	N/A
SELF GUIDED GENERAL "E-LEARNING" MODULES FOR REVIEW						
Contingent Worker to initial & date upon completion of e-learning. Manager/Educator/Designated Leader to mark any non-applicable modules.						
16329	N95 and PAPR for Bio Aerosol Protection	16 min				
PREREQUISITE	OSHA Medical Questionnaire_WithSubmit.pdf – complete in preparation for N95 and PAPR trainer – <i>Completed and submitted digitally on the website.</i>	5 MIN				
	Vocera User Training Videos Learn a name and a command Phone integration – calling an outside number	3:26 min 1 min				
	Vocera Documents for Central Hospitals Vocera 3000 command pocket card Vocera 3000 reference card	5 min 5 min				
JOB AID	<ul style="list-style-type: none"> Using the Time Clock Punching on the Web UKG App Tip Sheet Checking my Schedule in the Mobile App 	10 min				
	COVID-19 Resources for caregivers: PPE-Masking Toolkit <ul style="list-style-type: none"> Standard Precautions: Hand hygiene and PPE How to wear a mask How to keep safe in the breakroom Cleaning your workspace 	6 min 5 min 5 min 5 min				
13679	Restraints and Seclusions	12 min				
13355	Respiratory Evaluate and Treat Protocols	12 min.				
172030	Capnography (EtCO2) Patient Management Protocol	12 min				
15954	Management of Adult Asthma Exacerbation	20 min.				
15955	Management of COPD	20 min.				
PRACTICE RESOURCE: The contingent employees can access the Lippincott Advisor and Procedure resources by opening Lippincott Procedures at: https://procedures.lww.com/lng/home.do , select login and then the self-enroll option.						

TOUR FACILITY AND UNITS						
8709	Complete DOT (department orientation and tour) for each facility you will be working at.					
UNIT ORIENTATION / SKILL CONFIRMATION						
ESSENTIAL SKILLS EVALUATION - Adult						
Observed skills in the clinical setting (peer-to-peer evaluation). Educator/Team Lead to initial & date upon contingent worker completion of skill.						
	Airway suctioning					
iCentra Trainer	<ul style="list-style-type: none"> Introduction and practice to basic functionality and navigation of Intermountain's EHR Cerner commonly referred to as iCentra. Topics addressed: Dashboard, tasks, assessment (iView), I/O's, protocols/standing orders, medication administration 					
	Assisted cough techniques/devices					
	Asthma/COPD/OSA Patient Education <ul style="list-style-type: none"> OSA CPM Asthma: Breathing Easier Booklet COPD Disease Factsheet Breathing Better: a handbook for people with COPD and other chronic lung conditions Quitting Tobacco: Your Journey to Freedom 					
	Asthma/COPD exacerbation care					
	Bland aerosol therapy					
	Comprehensive and focused patient evaluations					
	Inspiratory Flow check device					
	Incentive Spirometer and Inspiratory Capacity Measurement					
	Metaneb treatments					
	Lung volume expansion devices					
	Medication delivery (aerosol, MDI/DPI)					
	Oxygen therapy devices					
	PEP therapy devices					
	Restraint Use					
	Secretion mobilization techniques/devices/procedures					
	Speaking valve					
	Sputum induction procedures					
	Tobacco cessation patient education					
	Tracheostomy care					
	Vest therapy					

NICU Specific – if applicable						
Clinical skill peer to peer evaluation						
	Airway Suction invasive					
	Bubble cpap					
	HFOV-oscillator					
	HFJV-jet ventilator					
	Neopuff					
	NICU oxygen delivery equipment (nasal cannula, HFNC)					
	Servo-U ventilator					
	Surfactant administration					
	Transcutaneous monitoring					
	Transport Ventilators (Babypac/pneuton)					
	Airway Suction invasive					
	Bubble cpap					
PICU Specific Skills – if applicable						
Clinical Peer to Peer Evaluation						
	Airway management (flow inflating bag/nasal airways/oral airways/endotracheal tubes)					
	Airway Suctioning invasive					
	Continuous albuterol					
	Demonstrate set-up/use/indication for Heliox					
	Demonstrate set-up/use/indications for Inhaled Nitric Oxide					
	Lung expansion					
	Medication delivery (MDI)					
	Non-invasive setup/indications for use					
	Oxygen delivery devices (HFNC, trach mask, O2)					
	Servo-U mechanical ventilator					
	Transport vent (C1, babypac)					

I have completed all the above-listed items and have had the opportunity to ask questions and clarify my understanding. All questions have been answered to my satisfaction. I understand the information presented in the above listed materials and understand that I am accountable for complying with these and with all Intermountain policies, procedures, and guidelines. I will not perform any treatment or use any type of equipment with which I am unfamiliar or uncertain. If I need further assistance with performance of my job, I will request assistance from my manager(s), educator(s), or appointed ambassador.

Once completed send completed document to Margaret Stocking intermountaincwm@rightsourcingusa.com

Contingent Worker Signature: _____ Date: _____

Printed Name: _____ Initials: _____

Intermountain Representative Signature: _____ Date: _____

Printed Name: _____ Initials: _____

Intermountain Representative Signature: _____ Date: _____

Printed Name: _____ Initials: _____

Intermountain Representative Signature: _____ Date: _____

Printed Name: _____ Initials: _____

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