



Student Checklist

Student Name: _____ School: _____

Dates of Rotation: _____ Location: _____

St. Mary's must receive the following items at least 14 DAYS PRIOR to the start of a clinical rotation.

School and/or Student provides the following via ACEMAPP:

- **Signed Forms:** Confidentiality Agreement Form, Electronic Documenting System Training Form, Hepatitis B Vaccine Declination Form, Orientation Acknowledgment Form
- Copy of class **Clinical Objectives** (this may not apply to all students, ex. Radiography / If this applies to you it will be listed under your to do list in ACEMAPP)
- Copy of current **BLS certification – must be through AHA**
- **Current Health and History Exam/Physical** by a qualified healthcare provider and must indicate a health status that is sufficient for the learning experience. Completed within the past 12 months of rotation start date.
- **Proof of Flu vaccination** for current flu season
- **Seven-panel drug screen** must be completed while in the program of study and includes: Benzodiazepines, Cocaine, Amphetamines, THC, Opiates, Barbiturates, and Phencyclidines. Completed within the past 12 months of rotation start date. *When submitting in ACEMAPP, make sure all the drugs that were tested for are listed out – form cannot just say negative*
- **Criminal Background Check** results – arranged by your educational institution and must be from St. Mary's Health Care System's list of approved companies. *Approved companies include: Advantage (Infomart), Pre-check, Certified Background, or Professional Screening and Information, Inc.* Completed within the past 12 months of rotation start date.
- Copy of **Medical Malpractice Insurance** provided by the training program – If you have purchased your own COI, submit a copy into ACEMAPP so the coverages can be verified.
- Copy of **School Picture ID** (If Advanced Practice Student – submit **jpg** head shot)
- Copy of the last **TB Skin/Blood Test** within the past 12 months of rotation start date. Quantiferon or the two-step TB skin test. Two-step TB Skin Test is required if this is the initial test, or it has been greater than a year from the last TB skin test. This is two separate TB skin tests, given one to three weeks apart. TB test must be dated within the past 12 months.
- Current **Immunization Record or documentation of serologic immunity** – must include Hepatitis B Vaccine (Series of three vaccinations if receiving Engerix or series of two vaccinations if receiving Heplisav), or a signed copy of the STMH Hep B Vaccine Declination form, Varicella Vaccine (Series of two vaccinations), or a signed Declination, MMR

(Measles, Mumps, Rubella) series of two vaccines, or a signed Declination, Tdap (Tetanus, Diphtheria Pertussis – within the past 10 years) COVID-19; series of two vaccines, or signed Declination.

- Copy of **Current Health Insurance card/policy: in effect and covering the student/instructor for the duration of their rotation** or signed Attestation for individuals without Health Insurance. Student/Instructor name must be listed as an insured party under the policy. ***Must include effective dates on documentation submitted into ACEMAPP***
- Copy of **Current Auto Insurance Policy: must show student/instructor are covered under the policy in effect and covering the student/instructor for the duration of their rotation** or signed Attestation for individuals without Automobile Insurance. Student/Instructor name must be listed as an insured party under the policy. ***Must include effective dates on documentation submitted into ACEMAPP***

Student completes the below documents online via ACEMAPP:

- **Student Information Form**
- **Hospital Orientation Form**
- **Hepatitis B Vaccination Form**
- **Test/Checklist**
- **Confidentiality Agreement**

Below items are for Advance Practice Students ONLY. Please submit the additional items below:

- Copy of current **Professional License** for all licensed professional students (i.e. RN, CRNA, etc.)
- **Color headshot** for St. Mary's ID badges in **jpg** format.

Important Information and Clarification

- Names must be on all documents submitted. If there is not a first and last name on the document submitted, it will be denied in ACEMAPP.
 - If a student/faculty has had a change in name and the document does not match the students/faculty profile, please submit proof showing reason for name change. Example, student/faculty married, so the last name is different than what is on immunization record, submit documentation such as marriage certificate. Otherwise, document will be denied.
 - Student/faculty does not have to submit proof of name change with every document they submit. Once they submit it with one document, or if it is on their background check as an aka that will be sufficient.
- Documents must be dated
 - These include Physicals, Background Checks, Drug Screens, Immunization Dates, TB test, BLS, Auto Insurance, and Health Insurance
 - For Auto and Health Insurance, must provide effective date ranges, including the end date.
- Submit the entire document
 - Documents that are missing pages, or have been “cut off” will be denied



HEPATITIS B VACCINE

Hepatitis B is an inflammation of the liver caused by the Hepatitis B virus. You can contract the disease when you are exposed to blood or body fluids of another person who has the disease. Hepatitis B may be like a mild case of the flu or more severe requiring extended bed rest or hospitalization. In some cases, the long-term effects of Hepatitis B include chronic active hepatitis, cirrhosis, and liver cancer. Health care workers are at 20 times greater risk of getting the virus than the general public. Every year approximately 18,000 healthcare workers are exposed to Hepatitis B.

Hepatitis B Vaccine is recommended for anyone who is exposed to blood or body fluids during the course of their job. The vaccine is offered free of charge to employees and volunteers of St. Mary's Health Care System.

Please check one of the below:

- I have received the 3 injections of Hepatitis B Engerix vaccine
- I have received the 2 injections of Hepatitis B Heplisav vaccine
- I have not received the 2 injections of the Hepatitis B Engerix vaccine. I understand that due to my exposure to blood and/or body fluids I may be at risk of getting Hepatitis B virus infection. I understand that I can be vaccinated with Hepatitis B vaccine at the Health Department for a fee. I decline the vaccination at this time. I understand that by declining the vaccine, I am at risk of getting Hepatitis B.
- I have not received the 3 injections of the Hepatitis B Heplisav vaccine. I understand that due to my exposure to blood and/or body fluids I may be at risk of getting Hepatitis B virus infection. I understand that I can be vaccinated with Hepatitis B vaccine at the Health Department for a fee. I decline the vaccination at this time. I understand that by declining the vaccine, I am at risk of getting Hepatitis B

(Student)

(Date)



CONFIDENTIALITY AGREEMENT

I understand that in the course of my employment or association with St. Mary's Health Care System, Inc. (STMH), and its affiliates, I am required to maintain the confidentiality of employer, employee, physician, and patient information. This information includes, but is not limited to, patient-related information, confidential and proprietary business information including trade secrets and competitive and strategic data, and all related matters. I understand that it is my responsibility to follow STMH policies and procedures as they relate to the assurance of patient rights and the confidentiality of all information, both patient and business information, in any medium (written, electronic, or oral).

As a condition of my employment or other affiliation with STMH, I understand that I must sign and comply with this Confidentiality Agreement. By signing this Agreement, I understand and agree to the obligations stated herein.

COMPUTER SYSTEMS

I understand that in the course of my employment and/or association with STMH, I may be required to utilize on-line computer systems in order to fulfill my workforce responsibilities. If this is required, I understand that personal access code(s), user ID(s), access key(s), and password(s) identify me to the on-line computer system(s). Accordingly, I will maintain their confidentiality and not reveal them to others. If at any time I feel that their integrity has been compromised, I will change their value immediately if I have the authority to do so. If I do not have that authority, I will immediately contact either the Information Services Help Desk at HELP or the Security Administrator of the compromised system and request a new code or password. I further understand that any information I access from the on-line computer is strictly confidential and is to be used only in the performance of my duties and responsibilities as an employee or workforce member of STMH.

I will not access or view any information other than what is required to do my job. If I have any question about whether access to certain information is required for me to do my job, I will immediately ask for clarification from a manager, director, information security administrator, or the Privacy Officer prior to access.

EMPLOYEE/AFFILIATE CONDUCT AND CONFIDENTIALITY

I understand that as an observer, I am responsible for assuring confidentiality of any employer, employee, physician, or patient information of any kind, including any proprietary business or financial information, as dictated by policy, and if I should be unsure as to the policy guidelines, that I will obtain approval from a manager, director, Privacy Officer, or Executive Officer prior to the release of any such information.

PATIENT MEDICAL RECORDS INFORMATION

I am aware I am not authorized to discuss any information concerning a patient's personal data or medical condition unless specifically identified as a part of my duties, and then discussion may only occur with other professionals specifically involved in that patient's treatment, or payment or health care operations. I am also responsible for ensuring conversations regarding patient information are held in appropriate locations with the appropriate individuals. I understand the need to be equally cautious when the information to which I have access is that of an employee or person with whom I am acquainted. I will not access any information unless I am duly authorized by St. Mary's to access said information, nor will I ask anyone else who might not have authorization to do so. I will not make any unauthorized transmissions, copies, disclosures, inquiries,

modifications, or deletions of patient information or confidential information. Such unauthorized transmissions include, but are not limited to removing and/or transferring patient information or confidential information from any STMH computer system to unauthorized locations (for instance, home).

I also understand that any protected health information (PHI) used in preparation for and/or utilized in case presentations, professional lectures, publications or other productions must be de-identified as described in HIPAA Privacy Policy “Release and Disclosure of De-identified Protected Health Information” prior to removal from STMH premises. I further understand any access to PHI for research purposes will have been approved through an Institutional Review Board. Upon termination of my employment/assignment/affiliation with STMH, I will immediately return all property (e.g. keys, documents, ID badges, etc.) to STMH.

I agree that my obligations under this agreement regarding patient information will continue after the termination of my employment/assignment affiliation with STMH.

I understand that any confidential information or patient information that I access or view at STMH does not belong to me.

I understand that violation of this agreement may result in corrective action and/or termination of employment and/or association with STMH. I understand that if any breach of confidentiality of information results in a claim or suit for damages against STMH or any of its affiliates, STMH may seek indemnification for damages that are related to my actions. I also may be subject to personal civil and criminal legal penalties. I understand that any workforce member suspected of failure to maintain this confidentiality will be carefully reviewed and will, if substantiated, be subject to corrective action and/or termination in accordance with established policies and procedures.

(Student)

(Date)

EXAM/CHECKLIST

- | | | |
|----------------------------|----------------------------|--|
| <input type="checkbox"/> T | <input type="checkbox"/> F | 1. The first step to remember in case of fire is Run (RACE). |
| <input type="checkbox"/> T | <input type="checkbox"/> F | 2. Patients do not have the right to express concern about their care. |
| <input type="checkbox"/> T | <input type="checkbox"/> F | 3. HIPAA stands for Health Insurance Protection Against Access. |
| <input type="checkbox"/> T | <input type="checkbox"/> F | 4. HIPAA is a federal law that protects health information, and hold violators accountable. |
| <input type="checkbox"/> T | <input type="checkbox"/> F | 5. As an employee or affiliate, we are responsible for protection the privacy of all patients. |
| <input type="checkbox"/> T | <input type="checkbox"/> F | 6. Violation of HIPAA can result in criminal penalties and monetary fines. |
| <input type="checkbox"/> T | <input type="checkbox"/> F | 7. Code Red is an infant abduction. |
| <input type="checkbox"/> T | <input type="checkbox"/> F | 8. Students must always wear a School or St. Mary's Identification Badge. |
| <input type="checkbox"/> T | <input type="checkbox"/> F | 9. Hand washing or hand decontamination is the single most important means of preventing the spread of infection. |
| <input type="checkbox"/> T | <input type="checkbox"/> F | 10. Personal protection equipment is not required when you cross the Safe Zone in a patient's room who is on Isolation Precaution. |
| <input type="checkbox"/> T | <input type="checkbox"/> F | 11. Fire extinguishers and ferrous objects are allowed in the MRI Department. |
| <input type="checkbox"/> T | <input type="checkbox"/> F | 12. If equipment does not work properly, disconnect, and remove from the patient care area, tag it with "Remove from Service", and call Biomedical Engineering for repair. |
| <input type="checkbox"/> T | <input type="checkbox"/> F | 13. St. Mary's core values include Justice, Stewardship, and Integrity. |
| <input type="checkbox"/> T | <input type="checkbox"/> F | 14. Students are not required to protect privacy. |
| <input type="checkbox"/> T | <input type="checkbox"/> F | 15. Students are allowed to wear shorts and flip flops during rotation hours. |
| <input type="checkbox"/> T | <input type="checkbox"/> F | 16. HIPAA protects health information. |
| <input type="checkbox"/> T | <input type="checkbox"/> F | 17. Student parking is located in the "H" parking lot. |
| <input type="checkbox"/> T | <input type="checkbox"/> F | 18. EMTALA stands for Emergency Medical Treatment and Active Labor Act. |
| <input type="checkbox"/> T | <input type="checkbox"/> F | 19. If a code is called, leave the hospital immediately. |
| <input type="checkbox"/> T | <input type="checkbox"/> F | 20. All St. Mary's employees/students must become more proficient and sensitive in recognizing and responding to the cultural identity and needs of others. |
| <input type="checkbox"/> T | <input type="checkbox"/> F | 21. The False Claims Act is a Federal Law that allows hospitals to terminate whistleblowers. |
| <input type="checkbox"/> T | <input type="checkbox"/> F | 22. All of the fire extinguishers at St. Mary's are A-B-C models. |
| <input type="checkbox"/> T | <input type="checkbox"/> F | 23. To use a fire extinguisher, one must follow the acronym PASS: Pull, Aim, Squeeze, and Sweep. |
| <input type="checkbox"/> T | <input type="checkbox"/> F | 24. The three precautions to take around x-ray machines are time, distance, and shielding. |
| <input type="checkbox"/> T | <input type="checkbox"/> F | 25. As a student, I am not responsible to report potential patient safety issues to my preceptor. |

Please check the following items that you have reviewed each item within the Orientation Presentation and understand the information provided.

- St. Mary's Mission, Vision, and Values
- Dress Code
- Identification
- Integrity & Compliance Program
- Standards of Conduct.
- Patient Rights and Cultural Diversity
- Privacy, Security, and Confidentiality
- Emergency Preparedness
- Safety
- Abuse & Neglect
- Patient Safety
- Infection Prevention
- Transmission-Based, Isolation, Contact, Enhanced, Droplet, & Airborne Precautions
- Bundles
- Influenza Measures
- Tuberculosis (TB)
- Parking
- Student Hours Log

I have completed all the necessary documents with truthful and accurate information. I have completed the Student Orientation and have a good understanding of the information that was provided. I understand that I must wear an Identification Badge at all times and must comply with all St. Mary's Policies and Procedures. I acknowledge that I have read and understand the Confidentiality Agreement and agree to comply with all its terms as a condition of continuing employment or affiliation.

I agree that the electronic signature appearing below is the same as a handwritten signature for the purpose of validity, enforceability, and admissibility.

Print Name

Signature

Date



Student Information Sheet

Name: _____ Date: _____
Last First MI

Address: _____
Street Apartment/Unit#

City State Zip code

Home Phone: _____ Cell Phone: _____

Email Address: _____

Emergency Contact: _____

Home Phone: _____ Cell Phone: _____

Institution: _____ Program of Study: _____

Hours Required: _____ Department: _____ Graduation Date: _____

Student Rotation Date: From: _____ To: _____

Preceptor's Name: _____ Phone: _____

Have you previously had any education rotations at St. Mary's Health Care System? Yes No

If yes, when and what department? _____

Who was your preceptor? _____

Did you have Active Directory Access? Yes No

If yes, list the User ID: _____

I have completed the above information with truthful and accurate information.

Signature

Date



Student Hours

Welcome to St. Mary's Health Care, Inc. We hope you enjoy your education experience. Because we are a non-profit faith-based hospital, St. Mary's receives community benefit for the number of student hours. Please log your time below. At the end of your rotation, please return to your designated department representative at the below email, fax number, or hand deliver. Thank you for choosing St. Mary's.

Student Name _____ Start Date: _____ End Date: _____

School _____

Program: _____ Type of Student: _____

Total Hours: _____ Preceptor Signature: _____

Leslie Coleman: Fax (706) 389-2151 or email to leslie.coleman@stmarysathens.org

I understand that I am responsible for all work performed and all information viewed using my assigned login and password.

Date

Signature

Last 4 digits of social security number

School/Program Name

Preceptor/Sponsoring Physician

**** Note, sign this form ONLY if your sponsoring physician requests that you have access to view information in the electronic medical record.

For GME, Clinical Education, or Pharmacy Office Use Only:

Approved Access Dates: _____ through _____

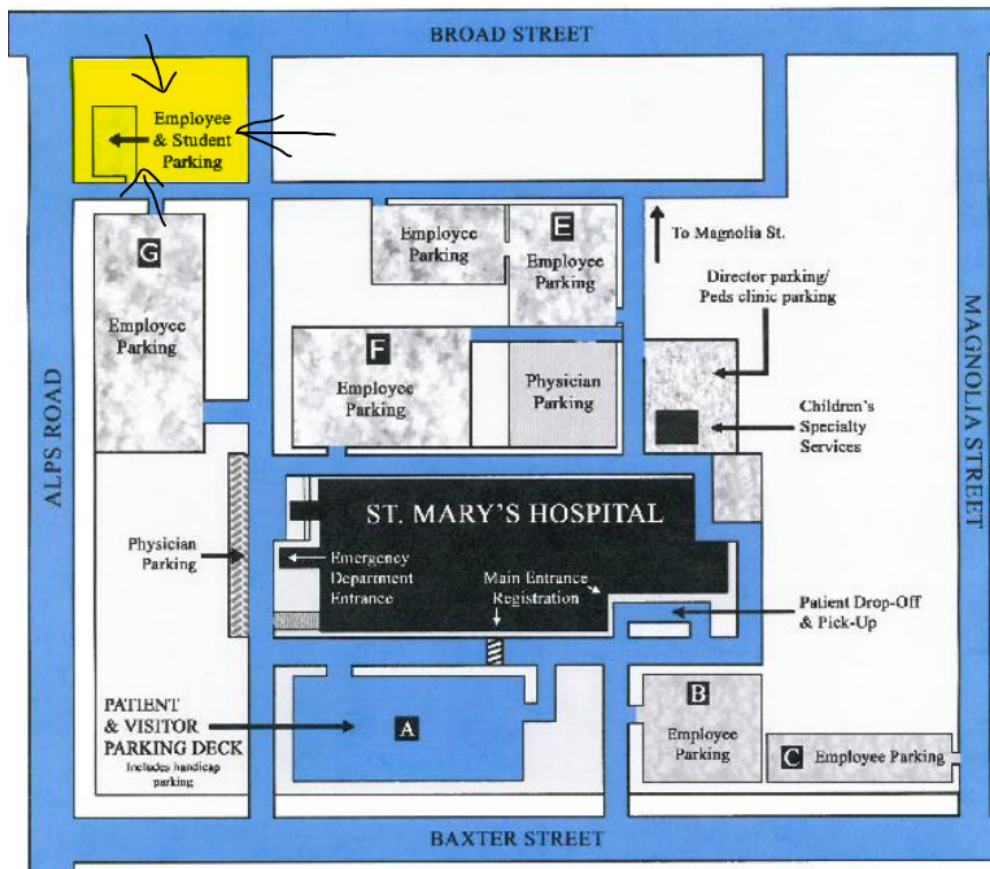
Completed by: _____ (Date)

(Staff initials)



Student Parking

- **St. Mary's Hospital: ALL STUDENTS MUST PARK IN LOT "H".** Lot "H" is immediately accessible from either the Broad Street or Alps Road entrances. Parking on curbs is not allowed in this area (See below map and highlighted picture)
- **Sacred Heart Hospital:** Park in the front visitor's entrance
- **Good Samaritan Hospital:** Students should park behind the hospital in employee parking
- **NO STUDENT PARKING WINDOW DECAL NEEDED**
- Students are **NOT ALLOWED** to park in the Parking Deck – this is strictly for patients and visitors
- Students are **NOT ALLOWED** to park in the Gate Lots – these are strictly for employees and physicians
- For safety, students walking to/from vehicle after dark are encouraged to **call extension 3911** to obtain Security Officer Escort
- Contact the Security Department at Extension 3911 or Clinical Education Department at Extension 2150 for parking-related questions.



Parking



Violations

As with any guidelines and regulations, there must be penalties for those who do not follow them. Below you will find the penalty scale for those violators. This is based on a 12-month time period.

On all violations a parking/traffic violation notice will be issued.

- 1st violation No action
- 2nd violation Level 1 corrective action
- 3rd violation Level 2 corrective action
- 4th violation Level 3 corrective action
- 5th violation Level 4 corrective action – **Termination**

Towing:

- Vehicles that are improperly parked or causing an obstruction may be towed at the owner's expense, this includes curbs.
- Prior to any vehicle being towed, the PBX operator will page the name of the owner and/or vehicle description for a 15- minute period.
- If the owner/driver does not respond within 15 minutes of page, the vehicle may be towed at the discretion of the vice president on call and/or the Department of Public Safety Director.
- Towing of a vehicle will be implemented only after all other legal (employed) methods of moving the vehicle have proven unsuccessful.
- In an emergency situation the vehicle may be towed at the owner's expense.