

**North Fulton Hospital
Nursing Student Clinical Rotation Guidelines**

The following are general guidelines and may be adapted as appropriate for nursing students at various institutions or levels of education.

General Guidelines / Limitations

- All students must wear a NFH Student ID badge whenever they are on the NFH campus.
- Students will follow the schedule as set forth by their preceptor/education department. Students cannot be assigned in areas where relatives are employed.
- Students that are ill/not able to report will notify the unit assigned/education department.
- Students should report to their assigned area at the designated time.
- Cell Phones should only be used on breaks and lunches and in designated areas.
- All information is on a Need-To-Know basis. Access to the electronic medical record will be requested through the Education department as appropriate.
- Students are only permitted in areas where they have authorization to do so. Students may not enter the building at their own discretion unannounced.
- Students will wear their student uniforms and abide by the NFH dress code. Jeans, shorts, capris and Artificial Nails are not allowed at any time. A lab coat with ID should be worn if street clothes are permissible.
- At the end of each day, all assignment sheets must be placed in the shredder bin.
- Breaks and Lunch schedules will be the same as the assigned preceptor.
- All documentation in the medical record by the student must be cosigned by the instructor or NFH staff person. The NFH staff person is ultimately responsible for the care of the patient.
- Students are not given access to the Medication Pyxis. The preceptor is the only one that may obtain medications from the Medication Pyxis. The student may then administer medications under the supervision of the preceptor.
- All skills must be observed by the preceptor or a NF staff nurse and documented on the skills checklist for the department. The student will not perform any skill that has not been observed and signed off.
- Students may not enter Airborne Isolation patient rooms without being Fit Tested.
- Patients must consent to having a student observe surgery or other diagnostic procedure.
- Students will report off to all appropriate staff responsible for patient care whenever leaving the department and at the completion of their shift.
- Students, who wish to follow their patient to the OR, must have the patient's approval for this. In addition, the OR must approve for the student to be in the area and the student must receive an orientation prior to going to the OR by the OR nurse manager.

Last Day of Rotation

- Students will return student badges and student checklists to the Education Department prior to leaving on the last day.

I have read and understand the above guidelines.

Student Signature _____ Date _____

(rev 8/16)



Welcome to WellStar! We look forward to your time with us.

Please provide the following information before you begin your rotation.

Date: _____ Name: _____

School: _____ Program of study: _____

Expected dates of rotation: Start: _____ End: _____ Total hours requested: _____

Date of Birth: _____ Phone: _____

E-mail: _____ Graduation Date: _____

School Student ID number: _____ Last 4 digits of social security number: _____

Are you planning on applying for a position at WellStar after graduation? Yes: _____ No: _____

Faculty Contact: _____

E-mail: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Personal Physician Contact: _____ Phone: _____

Preceptor's Name: _____ Phone: _____

Preceptor's E-mail _____

Do you have any chronic health problems that might be impacted by contact with patients who may have infections?

Do you have any other health issues we need to be aware of?

If yes, please explain: _____

Do you have a latex allergy? Yes: _____ No: _____

Medical Expense Waiver

Student name:

(Print name)

Should an injury or illness occur to a student during a scheduled visit or rotation at WellStar, the student is responsible for all expenses incurred for medical care or treatment of the injury or illness.

If an injury should occur in a WellStar facility during a clinical activity, the student can be seen in the nearest emergency room. The student is responsible for any expenses incurred for treatment received at a WellStar facility.

Your signature on this document indicates that you understand and agree with the above statement.

Signature

Date



Confidentiality & Technology Acceptance Agreement

As a WellStar Health System (“WellStar”) workforce member accessing and/or using any WellStar software, hardware, information systems or information assets (each a component of the “WellStar Network”), I understand and agree to the following principles:

Use of WellStar Health System Electronic Information Resources

- I understand that electronic technologies may be provided to me as a productivity enhancement tool by WellStar at its own expense, and is the private property of WellStar Health System. When using WellStar’s computer technologies, I understand that I must adhere to all established Privacy and Information Security policies.
- I understand that it is a violation of the Federal Privacy and Security Regulations (HIPAA 45 CFR § Parts 160 and 164) and WellStar Privacy and Information Security policies to use WellStar’s electronic technologies or paper-based medical records/charts to access the protected health information of co-workers, family members, friends, neighbors or anyone else unless I am directly involved in the provision of healthcare (treatment, payment or healthcare operations), as a WellStar workforce member, for that individual.
- I agree to safeguard my unique login id and password, and agree to accept responsibility for all activities undertaken while using my unique login id and password. I understand that login credentials are confidential and should not be shared.

Protection of Personal or Confidential Information

- I understand that it is a violation of WellStar policy to print, display, download, transmit or send any material that may be perceived as insulting, disruptive, harassing or offensive by other persons, or harmful to morale. I also understand that protected health information or confidential data must never be stored on personal devices. I retain information in accordance with WellStar’s Record Retention policy IM-05. I will dispose of electronic media and printed material in accordance with WellStar’s Destruction, Disposal, & Removal of Media policy PS-12.
- I understand that when transmitting protected health information or confidential data via email it is mandatory to place the word ‘Confidential’ in the subject line of the email in order to engage the encryption technology which will secure the email transmission.
- I will follow WellStar secure methods for transmitting protected health information or confidential data in accordance with WellStar’s Encryption policy PS-09. When faxing protected health information or other confidential information, I agree to verify the fax number, use WellStar approved cover page with confidential statement (APP PS-10), remove originals from fax machine and confirm receipt. I agree to contact the Privacy Department at (678)-331-6880 if I accidentally send a fax to a wrong number.

Remote Access

- As a Remote Access user, I must adhere to WellStar’s Remote Access policy PS-06. I further understand that although WellStar will take all necessary precautions to maintain the security of its network, I have the responsibility to protect my personal computer and private network from unauthorized access or entry. I also agree to protect WellStar Network from unauthorized use and entry that might occur from my personal device(s).

Agreement and Signature

- I understand that WellStar reserves the right to regularly review, monitor and audit access on all systems including, but not limited to, the content of email messages, internet utilization, medical records, and other electronic records. I further understand that I do not have a right to privacy when using WellStar Network.
- I understand that unauthorized access, use, discussion or disclosure of any protected health information or WellStar confidential data is a serious violation of the Federal Security and Privacy Regulations (HIPAA 45 CFR § Parts 160 and 164) and/or WellStar Privacy and Information Security policies and procedures. . . I also understand that these violations will result in disciplinary action, up to and including, immediate termination of employment. I understand that Criminal and Civil penalties may also apply, particularly in violations related to a patient’s protected health information.
- *I understand that my electronic signature represents my acknowledgment of this Confidentiality & Technology Acceptance Agreement and signifies I have read, understand, and am bound by WellStar’s privacy, security and confidentiality policies and procedures.*

Name _____

School _____

Sign _____

Date _____

WellStar Student Requirements – 2015-2016

Rev. 4-4-2016

Student Requirement Checklist

Health Requirements

- ✓ **TB test**
- ✓ **Measles, Mumps and Rubella Vaccine**
- ✓ **TDAP**
- ✓ **Varicella history or titer**
- ✓ **Hepatitis B or Hepatitis B titer**
- ✓ **Influenza Vaccine (if rotating during flu season Oct.1 to March 31)**

Additional information:

- ✓ **Professional License (if applicable)**
- ✓ **Current BLS Card (if applicable)**
- ✓ **WellStar North Fulton Hospital Orientation Packet and Test**
- ✓ **Background Check**
- ✓ **Drug Screening**
- ✓ **Confidentiality and Technology Agreement and Medical Waiver**
- ✓ **Letter of good standing or current transcript**
- ✓ **Liability Insurance**
- ✓ **Student Form**
- ✓ **Preceptor Confirmation Form**

Requirement Details:

Health screening requirements:

TB test (classic tuberculin PPD, also known as purified protein derivative)

- **Initially a 2-Step Skin Test, then an annual TB skin test. If a year is missed, the 2 Step is repeated.**
- **Documentation of negative results of Quantiferon or TSpot testing.**
- **If documentation of a previously positive skin test is provided or documentation of positive Quantiferon or TSpot test, a chest x-ray within the last six months with results within normal limits is required.**
- **If the TB skin test is positive or chest x-ray abnormal, the student will not be allowed to begin their rotation.**
- **If TB test will expire during the rotation, please submit the new one as soon as it is obtained.**

Measles, Mumps and Rubella Vaccine - MMR two doses or documentation of positive Measles, Mumps, and Rubella titers.

Documentation of Tetanus, Diphtheria, Pertussis Vaccine –TDAP within the last 10 years (Td alone is not adequate).

Varicella Vaccination two doses, documented history of Chicken Pox disease or positive Varicella titer.

Hepatitis B Vaccine Series, students must show proof of one of the below:

- **Documentation showing you have completed the vaccine series (if in process, at least the first 2 of 3 in the series for Hepatitis B) or**
- **Documented Serology - Hep B Surface Antibody titer results indicate immunity to Hepatitis B.**



WellStar Student Requirements – 2015-2016

Rev. 4-4-2016

Proof of Influenza Vaccine if rotating between Oct. 1 – March 31. If paperwork is submitted or rotation begins prior to the current season's vaccination availability, please submit vaccination proof as soon as it is obtained.

Additional requirements:

- ***Professional License (if applicable)***
- ***Current BLS Card with expiration date (if applicable)***
- ***WellStar North Fulton Hospital Orientation and Test- completed at facility site.***
- ***Background Check and 10 panel drug screening (Advantage Students, Inc. preferred) completed while in the current program of study. Acceptable documentation includes:***
 - ***Actual test results***
 - ***A signed letter from the school stating both have been reviewed and cleared.***
 - ***A receipt from Advantage Student saying both have been ordered with WellStar given access to view.***
- ***Confidentiality and Technology Agreement and Medical Waiver***
- ***Letter of good standing from the school***
- ***Liability Insurance***
- ***Student Form (address, emergency contact, etc).***
- ***Preceptor confirmation form signed by the WellStar preceptor (for grad students, document acknowledging acceptance by the preceptor)***