

Hampton Roads Market - Non-Clinical Application

Definition of a non-clinical student: A non-clinical student is someone completing a placement that does not involve handling or seeing protected health information (PHI). It does not involve interacting with patients in any way. It is mostly administrative and project-based work in non-patient care areas.

- Must be 18 years old. Unless school requirement is provided.
- May not view or be exposed to Protected Health Information (PHI) in any way.
- Must not be completing practicum work within clinical areas at any time.

Capstone Project:

- ☐ If you will be completing any research projects, capstone or any other types of projects on-site, you will need to go through the Research and Evidence-Based Practice Committee and possibly IRB depending on the project.

CURRENT Bon Secours employee instructions:

- ☐ Online application **MUST** be completed at the following link:

<https://www.volgistics.com/appform/346779992>

(Only submit online application ONCE. If returning for new experience, email us instead at BSHR-AcademicAffairs@bshsi.org)

After completing online application, you **MUST submit the following compliance documents:**

- ☐ Copy of Bon Secours Employee Badge
- ☐ Copy of Photo ID (*such as: driver's license, school ID, passport*)
- ☐ Photo (*headshot facing forward with no background*)
- ☐ Signed Student Agreement (**page 4**)
- ☐ Signed Confidentiality and Security Agreement Form (**page 5 and 6-send both pages**)

NON-Bon Secours employee instructions:

- ☐ Online application **MUST** be completed at the following link:

<https://www.volgistics.com/appform/346779992>

(Only submit online application ONCE. If returning for new experience, email us instead at BSHR-AcademicAffairs@bshsi.org)

After completing online application, you **MUST submit the following compliance documents:**

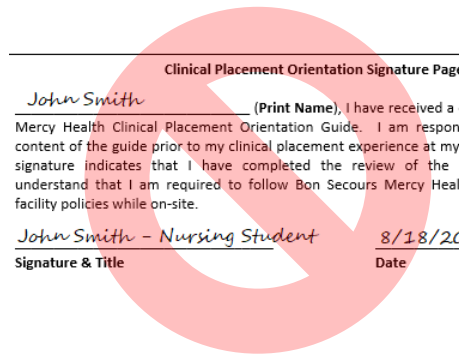
- ☐ Copy of Photo ID (*such as: driver's license, school ID, passport*)
- ☐ Photo (*headshot facing forward /no background*)
- ☐ Documentation of TB Test Requirement (see pg. 2)
- ☐ TB Screening Questionnaire
- ☐ Proof of Flu Vaccine (*during flu season*)
- ☐ Proof of COVID-19 Vaccine (*Strongly recommended – Not Required. Document must list type of vaccine administered*)
- ☐ Signed Student Agreement (**page 4**)
- ☐ Signed Confidentiality and Security Agreement Form (**page 5 and 6-send both pages**)
- ☐ Signed Bon Secours Code of Conduct (**page 7**)
- ☐ Parental Consent Form (*if under 18 years of age*) (**page 11**)

There must be a preceptor in place before submitting requirements for placement within Bon Secours. The Office of Academic Affairs **DOES NOT** find placement for students. The application process takes 3-4 weeks from application to approval.

All required documents must be completed and submitted via e-mail to the Office of Academic Affairs at BSHR-AcademicAffairs@bshsi.org

You will NOT be allowed to be on-site without completing the required compliance documents, obtaining approval, and receiving a badge from the Office of Academic Affairs.

The Office of Academic Affairs **does not accept typed-in or auto-generated signatures**. All documents must be signed by hand or include a manually drawn digital signature.



Clinical Placement Orientation Signature Page

John Smith (Print Name), I have received a copy of Mercy Health Clinical Placement Orientation Guide. I am responsible for content of the guide prior to my clinical placement experience at my design signature indicates that I have completed the review of the orientation understand that I am required to follow Bon Secours Mercy Health policies while on-site.

John Smith - Nursing Student Signature & Title 8/18/2020 Date

Workday Access

- All students completing a clinical experience at Bon Secours are required to complete Workday modules. You will receive information regarding your Workday access 2-10 days after submitting your online application.
- After completing all required Workday modules, a transcript of completion will need to be submitted via email to the Office of Academic Affairs at BSHR-AcademicAffairs@bshsi.org

Mandatory Time Logging

- While on site, **Time Logging** through VicTouch is **MANDATORY**. Failure to log time may result in the ending of your rotation early and being declined for future rotations through Bon Secours Mercy Health. You cannot log time retroactively.

Documentation of only one of the following to cover **TB Test requirement**:

- tuberculin skin test (TST) completed within last 3 months of intended start date)
- or Documentation of TSPOT TB blood test done within last 12 months
- or Documentation of QuantiFERON Gold TB blood test done within the last 12 months
- or a negative chest X-ray completed within the last 3 years

Student/Instructor Agreement

Confidentiality: I acknowledge and understand that I may have access to proprietary or other confidential business information belonging to Bon Secours Mercy Health. In addition, I acknowledge and understand that I may have access to confidential information regarding Bon Secours Mercy employees, patients, and patient care. Therefore, except as required by my employer or by law, I agree that I will not:

- A. Access data that is unrelated to my job duties at Bon Secours Mercy Health; or
- B. Disclose to any other person, or allow any other person access to, any information related to Bon Secours Mercy Health which is proprietary or confidential and/or pertains to employees, patients, or patient care.

“Disclosure of information” includes, but is not limited to, verbal discussions, FAX transmissions, providing hard copies, electronic message transmissions, taking pictures of data, voice mail communication, written documentation, loaning computer access codes, copying sensitive or confidential information to unauthorized, unprotected electronic devices and/or other electronic transmission or sharing of data. I shall not copy surgery schedules, patient medical records, or other Facility information. Except as permitted or required by this Agreement or by law, I will not use or disclose patient information in a manner that would violate the laws of the Commonwealth of Virginia or the requirements of any federal law, including, for example, the Privacy and Security Standards contained in the Health Insurance Portability and Accountability Act of 1996 (45 CFR 160 through 164). I expressly agree to comply with state and federal law in all respects, and to implement all necessary safeguards to prevent such disclosure.

Unauthorized disclosure may give rise to irreparable injury to the patient or the owner of the confidential information and accordingly, the patient or owner of such information may seek legal remedies against me. I agree to comply with the Standards for Privacy of Individually Identifiable Health Information (the “Privacy Rule”) issued under the federal Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), which govern the use and/or disclosure of individually identifiable health information. Further, I understand that violations of this agreement, or any other Bon Secours Mercy Health policy regarding confidentiality, may result in disciplinary action, up to and including my termination of non-clinical experience. I understand that this statement is binding both during my non-clinical experience and thereafter.

I also understand that as a representative of Bon Secours Mercy Health, I must demonstrate ethical behavior and maintain professional boundaries with patients and their families both at work and outside work. Recognizing that my association with individuals outside work hours may be construed as work related, I shall be compelled to abide by confidentiality, integrity, conflict-of-interest, ethical and legal considerations in representing Bon Secours Mercy Health at all times.

Compliance with Policies and Rules: In exchange for authorization to participate in a non-clinical placement experience at the Bon Secours Mercy Health, I agree to:

- Read and follow the orientation instructions and any other materials provided by Bon Secours Mercy Health related to this experience
- Arrive punctually on the date of the experience and remain for the agreed upon time frame unless advance notice is provided
- I will abide by all applicable Facility rules, policies, procedures, and instructions, whether verbal or written, including the Bon Secours Mercy Health Code of Conduct
- Wear attire that is clean, neat, and modest in appearance
- Do not enter rooms or offices without permission
- I will review the Facility’s Administrative Policy Manual which includes information regarding blood borne pathogens, hazardous chemicals, TB prevention, fire safety, electrical safety, and emergency preparedness
- Not take pictures or videos of patients, staff, visitors, or others without written authorization in any patient care or treatment areas

- Not remove any forms, documents, equipment, materials, resources, or their items from Bon Secours Mercy Health without permission

Release and Professional Liability Insurance: Understand that the nature of a healthcare environment can potentially expose me to emotional and physical trauma, infections, such as the flu, and dangerous equipment, I acknowledge that I am participating in this non-clinical experience at my own risk and will hold harmless the Facility, its parents, officers, directors, employees, members, and any and all of their affiliates, subsidiaries, employees, agents and insurers, from any and all liability of whatsoever nature.

Limitation: I understand that by signing this agreement, I am not guaranteed participation in any activities at the facility. Eligibility of participation shall be determined exclusively by facility, at its own sole discretion.

Withdrawal of Student/Instructor: Facility may require the Student and/or instructor to immediately withdraw from the non-clinical activities in the event Facility determines, in its sole discretion, that Student's and/or Instructor's conduct, demeanor or cooperation is unsatisfactory or that Student/Instructor has violated Facility policies or rules, including, but not limited to, breach of confidentiality.

Status: I understand that I am not and will not be considered an employee of Facility or any of its subsidiaries or affiliates by virtue of my participation in the non-clinical learning activities and shall not as a result of my participation in the non-clinical activities, be entitled to compensation, remuneration or benefits or any kind.

Ownership of Intellectual Property: All reports and other data (including without limitation, written, printed, graphic, video, and audio material contained in any computer data base or computer readable form, but excluding any academic or scholarly publications) (hereinafter "Works of Authorship") developed during the term of this Agreement and while on Facility's premises or using Facility resources or information are the property of the Facility. Works of Authorship created during inventions, discoveries, new uses, advances on the state of art, protocols, ideas, products or other protectable rights arising from my participation in the non-clinical learning activities at Facility pursuant to this Agreement (hereinafter "Inventions"). I shall execute all documents, provide all information, and otherwise take all actions requested by Facility, including, without legal protections for all Works of Authorship or inventions.

I am:

- ☐ Student
- ☐ Faculty/Instructor

Signature

Date

Print Name

BON SECOURS MERCY HEALTH

Confidentiality and Security Agreement

Bon Secours Mercy Health (BSMH) has a legal and ethical responsibility to safeguard the privacy of all patients, residents, workforce members and clients and to protect the confidentiality of their Protected Health Information (PHI), Personal Health Information, Personal Data, Personally Identifiable Information (PII), and Payment Card Information (PCI). BSMH must also protect the integrity and confidentiality of organizational information and information systems that may include, but are not limited to, fiscal, research, internal reporting, strategic planning, communications, and computer systems from any source or in any form including, without limitation, paper, magnetic or optical media, conversations, electronic, and film.

For the purpose of this Agreement, all such information is referred to as "Sensitive Data." This includes:

- "Protected Health Information (PHI)" as defined by the U.S. Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its implementing regulations.
- "Personal Data" as defined by the Philippines Data Privacy Act of 2012 (Republic Act No. 10173, DPA), which includes personal information, sensitive personal information, and privileged information.
- "Personally Identifiable Information (PII)" as defined under U.S. state and federal privacy laws, which includes data that can directly or indirectly identify an individual (e.g., SSN, financial account information, driver's license numbers, dates of birth, employee, or student records).
- "Payment Card Information (PCI)", which includes cardholder data and sensitive authentication data, as defined by the Payment Card Industry Data Security Standard (PCI DSS).

When handling PHI or Personal Data of individuals located in or originating from the Philippines, BSMH and its workforce members must comply with:

- The HIPAA Privacy, Security, and Breach Notification Rules and all other applicable U.S. federal and state laws,
- The Philippines DPA, its Implementing Rules and Regulations, and applicable issuances of the National Privacy Commission (NPC),
- PCI DSS standards for payment card information, and
- Other applicable U.S. state, federal, and international privacy, and data protection laws.

I UNDERSTAND AND HEREBY AGREE THAT:

1. During my employment / affiliation with BSMH, I understand that I may have access and exposure to Sensitive Data.
2. I will access and / or use Sensitive Data only as necessary to perform my job-related duties and in accordance with BSMH's policies and procedures.
3. My User-ID and password are confidential, and in certain circumstances may be equivalent to my **LEGAL SIGNATURE**, and I will not disclose them to anyone.
4. I will not copy, release, sell, loan, alter, or destroy any Sensitive Data except as properly authorized by law or BSMH policy.
5. I will not discuss Sensitive Data so that it can be overheard by unauthorized persons. It is not acceptable to discuss information that can identify a patient or data subject in a public area even if the name is not used.
6. I will only access and / or use systems or devices I am authorized to access and will not demonstrate the operation or function of systems or devices to unauthorized individuals.
7. I have no expectation of privacy when using BSMH information systems. BSMH has the right to log, access, review, and otherwise use information stored on or passing through its systems, including e-mail.
8. I will never connect to unauthorized networks through BSMH's systems or devices.
9. I will practice secure electronic communications by transmitting Sensitive Data in accordance with approved BSMH security standards and applicable data protection laws and regulations.
10. I will practice good workstation security measures such as never leaving a terminal unattended while logged in to an application, locking up removable media when not in use, using screen savers with activated passwords appropriately, and positioning screens away from public view.
11. I will:
 - a. Use only my assigned User-ID and password.
 - b. Use only approved licensed software.
 - c. Use a device with virus protection software.

BON SECOURS MERCY HEALTH

Confidentiality and Security Agreement

- d. Not attempt to learn or use another's User-ID and password.
- e. Not store Sensitive Data in a manner inconsistent with BSMH policy, standards or applicable data protection laws and regulations.
- 12. I will disclose Sensitive Data only to authorized individuals with a need to know that information in connection with the performance of their job function or professional duties.
- 13. Unauthorized or improper use of BSMH's information systems and / or Sensitive Data is strictly prohibited and may not be covered by BSMH's insurance or my personal professional malpractice insurance. **Any such violation may subject me to personal liability, as well as sanctions for violation of U.S. state and federal law, the DPA, or other applicable laws or regulations.**
- 14. I will notify my manager, BSMH Privacy Officer, IS Security, or other appropriate Information Services personnel if my password has been seen, disclosed, or otherwise compromised.
- 15. Upon termination of my employment / affiliation / association with BSMH, I will immediately return or destroy, as appropriate, any Sensitive Data in my possession.
- 16. Violation of this Agreement may result in disciplinary action, up to and including civil or criminal action, termination of employment / affiliation / association with BSMH, and suspension and / or loss of medical staff privileges in accordance with BSMH's policies.
- 17. My obligations under this Agreement will continue after termination of employment / affiliation / association with BSMH.

By signing this document, I acknowledge that I have read this Agreement, and I agree to comply with all the terms and conditions stated above.

Signature _____ Date _____

Printed Name _____

Non-BSMH Organization Name _____

BON SECOURS MERCY HEALTH

Acknowledgement of Bon Secours Mercy Health Code of Conduct

I have received the Bon Secours Mercy Health Code of Conduct.

I understand my obligation to carry out my responsibilities to Bon Secours Mercy Health in accordance with the Bon Secours Mercy Health Values and Code of Conduct.



Download the [Bon Secours Mercy Health Code of Conduct](https://www.bonsecours.com/jobs-education/schools-education/office-of-academic-affairs) on the Office of Academic Affairs website (<https://www.bonsecours.com/jobs-education/schools-education/office-of-academic-affairs>)

Signature

Date

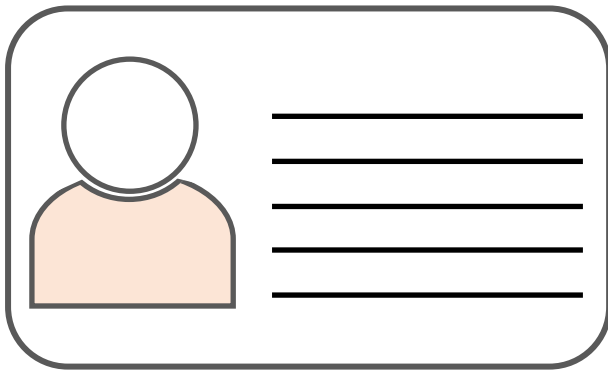
Name (print)

Headshot Photo Requirements

A headshot photo of yourself is needed for your application. Your photo will need to meet the following requirements:

- Clear color image submitted in either JPG, PNG, or PDF file format.
- Facing forward with entire head & shoulders shown in photo
- Plain color background without objects
- Do not edit your headshot photo using obsessive filters or artificial intelligence to alter appearance.

Copy of Photo ID Requirements



A copy of photo identification will need to be submitted along with your compliance paperwork.

Examples include:

- Driver's license or state ID
- Military ID
- Student photo ID
- Passport

VICTOUCH – Time Logging Student Guide for Students

Welcome to your Bon Secours Mercy Health experience. We are very happy to have you! This instructional document will assist you in logging your time spent within our facilities. VICTOUCH is connected to the same system that you filled out your on-line application with. Once you have completed your application & all compliance documents and it has been accepted, you will receive an e-mail giving you your student number to log in to VICTOUCH.

VICTOUCH allows you to log in and log out. To log into VICTOUCH you will need to go to the following link:

<https://www.volgistics.com/victouch/723648/168264694>

Be sure to bookmark this link so that you can easily access it in the future.

Student Information Center

You must select your **facility name & department** when logging your hours. If you do not see this listed once logged in, please contact us immediately at BSHR-AcademicAffairs@bshsi.org.

The screenshot shows the VICTOUCH Student Information Center login interface. On the left, the Bon Secours logo is at the top, followed by the title "Student Information Center". Below the title is a welcome message: "Welcome. The Student Information Center is where students check-in and out. If you are ready to check-in or out and you have a student PIN number (found on your student badge from Office of Academic Affairs), enter it here to get started." Below this is a text input field for the PIN, followed by a numeric keypad with digits 1-9, 0, and a green arrow button. On the right side, there is a section titled "Please select the facility/location you are current attending:" with a "Back" button. Below this is a list of facility options, each in a box: "2 North: Medical, Surgical & Hospice Unit" (St. Mary's Hospital\St. Mary's Hospital), "Cath Lab" (Memorial Regional Medical Center\Memorial Regional Medical Center), "Emergency Department" (Richmond Community Hospital\Richmond Community Hospital), and "I'm not sure".

If you have any trouble accessing VICTOUCH please contact the Office of Academic Affairs at BSHR-AcademicAffairs@bshsi.org

VICTOUCH is strictly for logging in at the start of each rotation shift and logging out at the end of each rotation shift.

Plain Language Security Alerts

Bon Secours Mercy Health uses plain language for emergency alerts to ensure clear communication and promote rapid, coordinated responses that enhance patient, visitor and associate safety.

SECURITY ALERT:

Active Shooter

An individual(s) is shooting or brandishing a firearm in the facility or on the property

SECURITY ALERT:

Active Threat

- An individual is engaged in violence towards staff or others without a firearm
- An individual poses an ongoing, imminent threat or immediate danger to life

SECURITY ALERT:

Security Assist

Any physically or verbally aggressive or potentially escalating violent situation

What should you do?

- In most cases, no action is needed. Security is responding, and staff will guide you if anything is required.
- Only in the case of an Active Shooter announcement:
 - Run – evacuate the area
 - Hide – shelter in place if unable to safely evacuate
 - Fight – if unable to run or hide

Minors Only- Parental Authorization - Clinical

I give permission for my son/daughter, _____ to participate in a
Full Name (please print)

clinical experience at Bon Secours _____. I release Bon Secours
Facility Name

_____ from all claims that may arise out of this experience. I
Facility Name

understand this is a clinical experience and my son/daughter will be in direct contact with
patients with an instructor/preceptor present. My signature authorizes Bon Secours
_____ to act in an emergency, pending care, in case of illness/injury.
Facility Name

During the clinical experience I give consent for:

1. Treatment deemed necessary by the following physicians:

a. Doctor _____ Phone Number _____

b. Dentist _____ Phone Number _____

2. Treatment of the minor at a Bon Secours location, if the above physicians cannot be reached.

Parent/Guardian Name (print) _____ **Date:** _____

I, _____ (**student name**), agree to behave in a responsible and professional
manner during my clinical experience at Bon Secours _____ (**facility name**).
I understand that I must always remain with my instructor/preceptor.

Student Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____