

## **NP/PA/Medical/Midwife Student Placement Process Instructions**

There must be a preceptor in place before you apply for placement within Bon Secours Mercy Health. The Office of Academic Affairs does **NOT** find placement for students.

All required documents must be downloaded, completed, and returned via e-mail to the Office of Academic Affairs, **at least 3 weeks** prior to your placement at [BSV-AcademicAffairs@bshsi.org](mailto:BSV-AcademicAffairs@bshsi.org).

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

---

### **Capstone Project:**

- If you will be completing any research projects or 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 what is involved. When you apply you will also need to provide information on what your project consists of.
- 

### **CURRENT Bon Secours employee:**

- On-line application **MUST** be completed at the following link:  
**NP/PA/MIDWIFE Link:** <https://www.volgistics.com/ex/portal.dll/ap?ap=2065304785>  
**Medical Student Link:** <https://www.volgistics.com/ex/portal.dll/ap?ap=708607444>

In addition to the on-line application, you must also provide the following compliance documents:

- Copy of Bon Secours Badge
  - Copy of Photo ID (*such as: driver's license, school ID, passport*)
  - Signed Student Agreement (**page 9**)
  - NP/PA students will provide CV (Resume)
  - Signed Confidentiality and Security Agreement Form (**page 10**)
  - Current Virginia Medical/Nursing License (if applicable)
  - Current BLS or ACLS card
  - Signed Preceptors/Sponsoring Physicians Agreement – signed by both you and your preceptor (**page 16**)
  - Letter in good standing from school official
  - Student ConnectCare Training Registration Form (**page 17**)
  - Proof of Malpractice Insurance (School's coverage – unless stipulated that student provides)
  - Photo for Badge (*headshot facing forward with no background*)
  - COVID-19 Risk Attestation (**pages 18-20**)
-

### Medical Students:

- On-line application **MUST** be completed at the following link:  
**Medical Student Link:** <https://www.volgistics.com/ex/portal.dll/ap?ap=708607444>

In addition to the on-line application, you must also provide the following compliance documents:

- Copy of Photo ID (*such as: driver's license, school ID, passport*)
  - Signed Attachment B (Attestation of Compliance) by school official verifying completion of all clinical compliance requirements (**page 7**)
  - Signed Student Agreement (**page 9**)
  - Signed Confidentiality and Security Agreement Form (**page 10**)
  - Proof of Flu Vaccine (*during flu season*)
  - Signed Orientation for Clinical Placement – signature page at the end of the reference booklet (**page 14**)
  - Signed BSHSI Code of Conduct (**page 15**) - [Click to view](#)
  - Current BLS or ACLS card
  - Signed Preceptors/Sponsoring Physicians Agreement – signed by both you and your preceptor (**page 16**)
  - Letter of Good Standing from school official
  - Student ConnectCare Training Registration Form (**page 17**)
  - Proof of Malpractice Insurance (School's coverage – unless stipulated that student provides)
  - Photo for Badge (*headshot facing forward with no background*)
  - COVID-19 Risk Attestation (**pages 18-20**)
- 

### Midwife Students:

- On-line application **MUST** be completed at the following link:  
**Midwife Link:** <https://www.volgistics.com/ex/portal.dll/ap?ap=2065304785>

In addition to the on-line application, you must also provide the following compliance documents:

- Copy of Photo ID (*such as: driver's license, school ID, passport*)
- Signed Attachment B (Attestation of Compliance) by school official verifying completion of all clinical compliance requirements (**page 7**)
- Signed Student Agreement (**page 9**)
- Signed Confidentiality and Security Agreement Form (**page 10**)
- Proof of Flu Vaccine (*during flu season*)
- Signed Orientation for Clinical Placement – signature page at the end of the reference booklet (**page 14**)
- Signed BSHSI Code of Conduct (**page 15**) - [Click to view](#)

- CV (Resume)
  - Current Virginia Nursing License (if applicable)
  - Current BLS or ACLS card
  - Signed Preceptors/Sponsoring Physicians Agreement – signed by both you and your preceptor **(page 16)**
  - Letter of Good Standing from school official
  - Student ConnectCare Training Registration Form **(page 17)**
  - Proof of Malpractice Insurance (School’s coverage – unless stipulated that student provides)
  - Photo for Badge (*headshot facing forward with no background*)
  - COVID-19 Risk Attestation **(pages 18-20)**
- 

### **Nurse Practitioner Students:**

- On-line application **MUST** be completed at the following link:  
**NP Link:** <https://www.volgistics.com/ex/portal.dll/ap?ap=2065304785>

In addition to the on-line application, you must also provide the following compliance documents:

- Copy of Photo ID (*such as: driver’s license, school ID, passport*)
  - Signed Attachment B (Attestation of Compliance) by school official verifying completion of all clinical compliance requirements **(page 7)**
  - Signed Student Agreement **(page 9)**
  - Signed Confidentiality and Security Agreement Form **(page 10)**
  - Proof of Flu Vaccine (*during flu season*)
  - Signed Orientation for Clinical Placement – signature page at the end of the reference booklet **(page 14)**
  - Signed BSHSI Code of Conduct **(page 15)** - [Click to view](#)
  - CV (Resume)
  - Current Virginia Nursing License
  - Current BLS or ACLS card
  - Signed Preceptors/Sponsoring Physicians Agreement – signed by both you and your preceptor **(page 16)**
  - Letter of Good Standing from school official
  - Student ConnectCare Training Registration Form **(page 17)**
  - Proof of Malpractice Insurance (School’s coverage – unless stipulated that student provides)
  - Photo for Badge (*headshot facing forward with no background*)
  - COVID-19 Risk Attestation **(pages 18-20)**
-

**Physician Assistant Students:**

- On-line application **MUST** be completed at the following link:  
**PA Link:** <https://www.volgistics.com/ex/portal.dll/ap?ap=2065304785>

In addition to the on-line application, you must also provide the following compliance documents:

- Copy of Photo ID (*such as: driver's license, school ID, passport*)
- Signed Attachment B (Attestation of Compliance) by school official verifying completion of all clinical compliance requirements (**page 7**)
- Signed Student Agreement (**page 9**)
- Signed Confidentiality and Security Agreement Form (**page 10**)
- Proof of Flu Vaccine (*during flu season*)
- Signed Orientation for Clinical Placement – signature page at the end of the reference booklet (**page 14**)
- Signed BSHSI Code of Conduct (**page 15**) - [Click to view](#)
- CV (Resume)
- Current Virginia Medical License (if applicable)
- Current BLS or ACLS card
- Signed Preceptors/Sponsoring Physicians Agreement – signed by both you and your preceptor (**page 16**)
- Letter of Good Standing from school official
- Student ConnectCare Training Registration Form (**page 17**)
- Proof of Malpractice Insurance (School's coverage – unless stipulated that student provides)
- Photo for Badge (*headshot facing forward with no background*)
- COVID-19 Risk Attestation (**pages 18-20**)

All required documents must be downloaded, completed, and returned via e-mail to the Office of Academic Affairs, **at least 3 weeks** prior to your placement at [BSV-AcademicAffairs@bshsi.org](mailto:BSV-AcademicAffairs@bshsi.org).

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

The Office of Academic Affairs **do not accept electronically signed documents**. Please print out & hand sign all documents.

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 orient  
understand that I am required to follow Bon Secours Mercy Health pol  
facility policies while on-site.

John Smith  
Signature & Title

8/18/2020  
Date

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 orient  
understand that I am required to follow Bon Secours Mercy Health pol  
facility policies while on-site.

John Smith - Nursing Student  
Signature & Title

8/18/2020  
Date

You will receive an approval badge that must be worn while on-site at all times during your clinical experience.

Your badge can be picked up in the Office of Academic Affairs **by appointment only**. If you show up without an appointment, you **WILL NOT** be allowed to pick up your badge.

### **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.

### **ConnectCare Access – (Electronic Medical Records)**

In order to complete your student ConnectCare/Epic (EMR) request with Bon Secours Mercy Health, you must submit the Signed Contractor Information Security Agreement Form (*page 10*) to [BSV-AcademicAffairs@bshsi.org](mailto:BSV-AcademicAffairs@bshsi.org) along with your online application. This form will also need to be **hand signed**. Electronically signing this form will only delay the process. **We will not be able to start your ConnectCare/Epic request until we receive both of these items.**

You will receive your username & password from our office. Please allow up to 7-10 business days to receive your login information.

EMR training will need to be completed prior to your start date. Please follow the instructions on the EHR ConnectCare Class Registration For Students form (*Page 17*) to register for training.

If you are a BSHSI employee, you ***may not at any time use your work access for school purposes.***

Any issues with EMR access, please contact the **IT Service Desk at 1-833-MY1HELP (1-833-691-4357)**.

### **Compliance requirements for clinical students**

- Criminal background check (refer to Master affiliation agreement and/or school counsel, one completed for school program is sufficient)
- Proof of training in Standard Precautions/school exposure plan and HIPAA. Student provided Bon Secours Code of Conduct and Ethical religious directives.
- Drug Screen (The one completed for school program is sufficient, if one has not been completed it will need to be done before start of rotation)
- Health record showing immunizations or immunity: (Proof of immunity to measles, mumps, and rubella either by 2 documented MMR vaccines and or positive titers to the disease.
- Proof of immunity to varicella by either 2 Varivax vaccines or a positive titer, we do not accept verbal history.
- Proof of immunity to hepatitis B if position has potential for coming into contact with blood or body fluids is recommended
- Documentation of a Tdap vaccine as an adult
- Documentation of influenza vaccine during flu season
- Documentation of a 2 step tuberculin skin test (TST) is required (Two TST's within a year, the last one given no greater than 3 months before working at BSHSI)
- Documentation of a TSPOT TB blood test or a QuantiFERON Gold TB blood test done in the last 12 months is accepted in place of the TST
- All non-employees will be screened annually for TB and the method of screening will be determined by the result of the Risk Assessment done by Infection prevention.

**Attachment B**  
**Attestation of Compliance**  
**To be filled out by school only**

Student Name ("Student"): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

School ("School"): \_\_\_\_\_

Academic Program/Discipline: \_\_\_\_\_

School/Program Coordinator: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**School and Student hereby certify to Bon Secours that School and Student have satisfied the following requirements:**

- Criminal background check for Student has been performed and there are no adverse findings
- Universal Precautions/school exposure plan and HIPAA training have been provided to Student
- Bon Secours Code of Conduct and Ethical Religious Directives have been provided to Student
- UDS drug screen has been performed and there are no adverse findings
- Health record showing immunizations or immunity has been obtained that shows: (Proof of immunity to measles, mumps, and rubella either by 2 documented MMR vaccines and or positive titers to the disease;
- Proof of immunity to varicella by either 2 varivax vaccines or a positive titer, we do not accept verbal history;
- Proof of immunity to hepatitis B if position has potential for coming into contact with blood or body fluids is recommended but not mandatory;
- Documentation of a Tdap vaccine as an adult;
- Documentation of influenza vaccine during flu season;
- Documentation of a 2 step tuberculin skin test (TST) is required (2 TST's within a year, the last one given no greater than 3 months before working at Bon Secours, noting that documentation of a TSPOT TB blood test or a QuantIFERON Gold TB blood test done in the last 12 months is accepted in place of the TST.
- All non- employees will be screened annually for TB and the method of screening will be determined by the result of the Risk Assessment done by Infection Prevention) All documents supporting compliance with the above requirements are to be kept on file by School and shall be made available to the Bon Secours Office of Academic Affairs at any time upon request. In the event that Student does not meet the requirements set forth above, School shall promptly disclose such non-compliance to Bon Secours and Bon Secours shall, in its sole discretion, determine whether to proceed with the clinical education experience.

\_\_\_\_ **School official** (initial) I understand that Student is fully responsible for any medical expenses incurred during a clinical placement with Bon Secours.

\_\_\_\_ **School official** (initial) I understand that Bon Secours Office of Academic Affairs reserves the right to audit, on a schedule or at random, information pertaining to the compliance requirements set forth herein.

\_\_\_\_\_  
**School/University Official Representative**  
(Please print)

\_\_\_\_\_  
**Email**

\_\_\_\_\_  
**Telephone#**

\_\_\_\_\_  
**School/University Official Representative**  
(Signature)

\_\_\_\_\_  
**Date**

**Please send the Attestation of Compliance Form to:**  
**BSV-AcademicAffairs@bshsi.org Office of Academic Affairs**  
**8550 Magellan Pkwy Suite 1100**  
**Richmond VA 23227**

## Student 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 electron 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 of 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 clinical experience. I understand that this statement is binding both during my 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 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
- Remain with the designated healthcare professional at all times when in patient care/treatment areas and 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 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. I acknowledge that I am covered by the School's professional liability insurance coverage and agree to furnish proof of such coverage to the Facility.

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

**Student 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 clinical learning activities and shall not as a result of my participation in the 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 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.

\_\_\_\_\_  
Signature (student)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name (student)

## Confidentiality and Security Agreement

Bon Secours Mercy Health (BSMH) has a legal and ethical responsibility to safeguard the privacy of all patients, residents, and clients and to protect the confidentiality of their personal health information. BSMH must also protect the confidentiality of organizational information that may include, but is not limited to, human resources, payroll, fiscal, research, internal reporting, strategic planning, communications, computer systems, and management information 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."

### 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. I understand that I am responsible and accountable for all entries made and all information accessed under my User-ID.
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 in a public area even if the patient's 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.
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.
  - d. Not attempt to learn or use another's User-ID and password.
  - e. Not store sensitive data that is not in accordance with BSMH policy and standards.
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 state and federal law.**
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 \_\_\_\_\_

## Orientation

Bon Secours would like to welcome you to our organization. We hope your clinical placement experience here will be enriching and that you will consider us in your future career decisions and health care needs. The purpose of this brochure is to introduce you to our organization and provide you with useful information that will make your tour with us enjoyable and safe.

### MISSION

The Mission of Bon Secours Health System is to bring compassion to health care and to be Good Help to Those in Need®, especially those who are poor and dying. As a System of caregivers, we commit ourselves to help bring people and communities to health and wholeness as part of the healing ministry of Jesus Christ and the Catholic Church.

### VISION

Inspired by the healing ministry of Jesus Christ and the Charism of Bon Secours...

As a prophetic Catholic health ministry we will partner with our communities to create a more humane world, build health and social justice for all, and provide exceptional value for those we serve.

### VALUES

**Respect:** Respect is our commitment to treat all people well. It is based on our belief that each person has equal dignity because each individual is “made in the image and likeness of God.” We promote self-respect and mutual respect and trust among all the members of the Bon Secours team.

**Justice:** Justice is the value that supports and protects the rights of all people. It characterizes what we desire in our relationship to those we serve and our co-workers. It promotes the right to have needs met and in a manner consistent with human dignity; and it supports and protects the right of the individual to participate in decision-making regarding their care.

**Integrity:** Integrity implies a highly-developed sense of ethical behavior, consistent with that expected of an individual or organization with great moral character. Integrity is having our actions in harmony with our thoughts, feelings, and values. This integration of behavior with thoughts, feelings, and values applies to each of us as individuals as well as collectively as an organization.

**Stewardship:** Stewardship is the responsible use of all our resources for which they are intended to support, promote, expand, and preserve our mission and ministry. It is the use of good business principles. It is the balanced and right relationship of quality and value with cost and financial return.

**Innovation:** Innovation is the process of creating or managing new ideas, methods and technologies to vitalize existing services, and to develop new ones. Innovation is stimulated by a strong awareness of the needs of those we serve and thrives in an organization that promotes new approaches to health care delivery. The innovative organization commits resources necessary for research and development and for change, while recognizing that not all new efforts will succeed.

**Compassion:** Compassion means experiencing empathy with another’s life situation. Compassion is being with another as well as doing for them. This “being with” is done in such a way that the person experiences acceptance, concern, hopefulness, and sensitivity.

**Quality:** Quality is the excellence we strive to reach in the delivery of our health services. It is done in a fashion to meet or exceed clearly established internal and external standards. We will design or modify the ways we do our work seeking to constantly improve what we do so that the right things are done the right way.

**Growth:** Growth is developing and improving our services and promoting self-renewal and progressive development programs for those with whom we work within organization and our community. It implies expansion, embracing change, and seeking new opportunities as an organizational way of life.

### **Supervision During Your Experience**

Individuals have a variety of reasons for asking to participate in observation experiences at Bon Secours Mercy Health. As an authorized observer, you are granted permission to accompany a Bon Secours Mercy Health Physician Faculty Member and witness various health care workers in performance of their duties. Observers cannot participate in providing patient care and/or treatment uses any equipment, or access patient medical records, staff personnel records, or organization business records. You may only watch. Before beginning your observation experience clarify expectations and limitations with your preceptor. Observers are limited to no more than 16 hours of experience which may be spread over several days. Observers must be at least 18 years old.

### **What is HIPAA?**

HIPAA is the acronym for the Health Insurance Portability and Accountability Act that was passed by Congress in 1996. HIPAA does the following:

Provides the ability to transfer and continue health insurance coverage for millions of American workers and their families when they change or lose their jobs; Reduces health care fraud and abuse. Mandates industry-wide standards for health care information on electronic billing and other processes, and requires the protection and confidential handling of protected health information

### **Health Insurance Portability**

The portion of HIPAA addressing the ability to retain health coverage is overseen by the California Department of Insurance and the California Department of Managed Health Care. The links below will take you to useful information about retaining your health insurance.

### **Protection and Confidential Handling of Health Information**

The HIPAA Privacy regulations require health care providers and organizations, as well as their business associates, develop and follow procedures that ensure the confidentiality and security of protected health information (PHI) when it is transferred, received, handled, or shared. This applies to all forms of PHI, including paper, oral, and electronic, etc. Furthermore, only the minimum health information necessary to conduct business is to be used or shared.

**You will learn more about HIPAA during your on-site orientation.**

### **Personal Cell Phones or Cameras**

While use of personal cell phones is allowed, except where posted to the contrary, be courteous to others. Do not use your cell phone, except during breaks, while participating in your observation experience. Use of video equipment, cameras, cell phone cameras, or other equipment is prohibited during your observation experience. It is a violation of HIPAA to take photos of or with Bon Secours patients, at any time during your clinical placement experience.

### **Customer Service Expectations**

We expect everyone who represents our organization, to treat those with whom they interact with respect, courtesy, and caring. Bon Secours strives to provide equal opportunities, services, and access to all persons without regard to race, color, religion, gender, age, national origin, disability, or veteran's status.

### **Dress Code**

Professional attire is required of all staff, students, and observers. Clothing must be clean, neat, well-fitting, and modest. Jeans are not allowed. Shoes should have a moderate heel and have an enclosed heel and toe. Dress may be business casual, a comfortable relaxed version of traditional business attire without sacrificing professionalism or personal power. Appropriate attire includes:

- Business-casual slacks/pants (dress slacks, khakis, etc.)
- Polo shirts, collared shirts, or blouses, sweaters, turtlenecks
- Business-casual dresses or skirts (knee-length/below the knee)
- Business-clean, comfortable, casual shoes (no opened-toe shoes while in the clinical areas)
- Business-casual attire, as defined by the above guidelines, may be worn at internal and external educational events when representing Bon Secours Mercy Health System
- A issued identification badge must be worn at all times and clearly displayed

### **Injuries**

We hope that your experience at Bon Secours Mercy Health is free of any mishaps. However, should you experience an injury or become involved in a safety event, any medical expenses incurred would be your responsibility. Furthermore, you are not covered by Bon Secours liability insurance should an action on your part result in harm to someone else. Therefore, it is essential that you do not use equipment or provide care to patients.

### **Patient Rights and Responsibilities**

Patients are entitled to certain rights. We affirm the Patient Bill of Rights and Responsibilities posted throughout our organization and all persons serving our organization are expected to support and respect these principles.

### **Confidentiality**

While here you may become aware of confidential information. Disclosure of confidential health information to any other person, or allowing 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 is strictly prohibited. You are asked to acknowledge your understanding that anything heard or seen here related to a patient, staff member, or Bon Secours operations should not be discussed with others not specifically working in that area.

### **Staff Identification Badges**

All staff must wear an issued identification badge that will assist you in knowing who they are, their job at Bon Secours Mercy Health, and how they might assist you. You will be issued a badge which must be worn while you are participating in your clinical placement experience and be returned to security.

### **Medical Emergencies**

If you observe what you perceive to be a decline in the patient's condition or a medical emergency, notify nursing staff immediately. Remain with the patient until help arrives and then follow instructions.

### **Infection Control Instructions**

For your protection and that of our patients and staff:

- Wash hands with soap and water for 15 seconds.
- Foam soap located outside patient rooms and throughout the organization may also be used for hand washing.
- If you will be entering a patient room that has a sign on the door warning of precautions that are needed, obtain instruction from an authorized staff member before entering the room.
- Do not report for or remain at your observation experience if you are not feeling well, have a temperature above 99°, are experiencing vomiting, diarrhea, runny nose, or illness associated rash or cough.
- If you become exposed to any patient blood or body fluids while participating in your observation experience, notify your preceptor immediately for what to do next.

### **Emergency Relocation & Evacuation**

If an audible fire alarm and strobe lights are activated in your area, staff will assess the need to relocate. If evacuation is necessary, follow the instructions of Bon Secours Mercy Health staff in that area, leaving immediately, to the designated relocation area. Do not return to the area unless an "all clear" is announced.

**Tobacco Free Environment**

Bon Secours Mercy Health is a tobacco free environment. Use of tobacco or tobacco products is prohibited in or around any of our facilities.

**Drug Free Workplace**

Bon Secours Mercy Health expects all individuals providing care or customer services in our environment to be able to do so competently and unimpaired by chemical substances. If you suspect an individual of being impaired in the performance of their duties, please report your concern to the department manager of that area.

**Clinical Placement Orientation Signature Page**

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

\_\_\_\_\_  
**Signature & Title**

\_\_\_\_\_  
**Date**

CODE OF CONDUCT

# A Foundation for Right Relationships

RESPECT

JUSTICE

INTEGRITY

STEWARDSHIP

INNOVATION

COMPASSION

QUALITY

GROWTH



## Acknowledgement of Bon Secours Health System Code of Conduct

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

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

Signature

Name (print)

Date



CODE OF CONDUCT

## A Foundation for Right Relationships

VALUES LINE 1-888-880-1286

[www.BonSecoursValuesLine.com](http://www.BonSecoursValuesLine.com)

Toll-Free, Confidential, Anonymous, Available 24 Hours

RESPECT JUSTICE INTEGRITY STEWARDSHIP  
INNOVATION COMPASSION QUALITY GROWTH

**Student Acknowledgement**

I agree to fully comply with the policies of Bon Secours Mercy Health Bylaws of the Medical Staff (s).

Print Name (Student): \_\_\_\_\_

Signature (Student): \_\_\_\_\_

**Sponsoring Physicians (s)**

ALL preceptors/sponsoring physician (s) must sign an agreement to supervise the performance of the above names Student and accept responsibility for his/her actions to insure full compliance with the Bylaws of the Medical Staff.

I have read the forgoing application and agree to supervise the performance of the above-named applicant for Student privileges; I agree to accept responsibility for his/her actions and to insure full compliance with the Bylaws of the Medical Staff.

\_\_\_\_\_  
Print Name (preceptor/physician):

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Primary) Preceptor/Sponsoring Physician

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name (preceptor/physician)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Preceptor/Sponsoring Physician

\_\_\_\_\_  
Date



# EHR ConnectCare Class Registration For Students



Welcome to Bon Secours! Our Med, PA, NP, CRNA and Midwife Students must complete inpatient ConnectCare EHR training and use their own log-in on site.

## ***Your Next Step For EHR Access: Register for ConnectCare Training!***

- Please return your completed Confidentiality and Security Agreement and rotation application to Academic Affairs one month prior to your rotation start date.
- Please register for a Student class early in your application process, for a class to be held three days to two weeks prior to your anticipated rotation start date, if possible, and not while you are working or on call.
- \*Check with your school's coordinator to see if a group training is being scheduled instead, if you are part of a group of more than 8 students.\*
- All trainings are virtual by Zoom; you should be able to train from home.
- Registration closes two business days prior to the class.
- Inpatient Student classes average 2 hours, and SRNA classes 4 hours.

**You will use the link below and select the Students tab. SRNAs will choose the SRNA class.**

**Wait for the site to fully load, then scroll right at the top to view all the class tabs. Please enter your rotation department as well.**

[www.signupgenius.com/tabs/83C71DB04A4C3EDC35-hhh](http://www.signupgenius.com/tabs/83C71DB04A4C3EDC35-hhh)

<https://www.signupgenius.com/go/8050A49AEAD23A3F85-srna> **SRNAs**

If you need assistance with using ConnectCare in the future, please call the Docs Help Line at 833-MY1HELP (833-691-4357) and select Option 2 for Providers or [bsv-providerreg@bshsi.org](mailto:bsv-providerreg@bshsi.org) for training correspondence

Thank you!

## ATTESTATION OF ADDITIONAL BSMH CLINICAL EXPERIENCE REQUIREMENTS DUE TO COVID-19 PANDEMIC, AND WAIVER AND RELEASE

### To be completed by all Students and Faculty

All students and school faculty instructors who seek to participate in a clinical experience at a Bon Secours Mercy Health, Inc. (“**BSMH**”) facility (“**Student(s)**” or “**Faculty**,” as applicable) shall be required to follow the applicable COVID-19 policies and procedures in place for associates and staff in the applicable BSMH market where the experience is scheduled to occur. Students and Faculty acknowledge that such policies and procedures may change over time as determined by the BSMH market, and current policies and procedures will be communicated by appropriate BSMH leadership to the Student and Faculty or to his/her educational institution (“**School**”).

Under current policies in place as of January 18, 2021:

- To be eligible for a clinical experience, the Student must have been in the United States for the 14 days preceding the start of his/her clinical experience. If a Student has been outside the United States during that time, the Student must remain in quarantine in the United States for the 14 days prior to being eligible to start a clinical rotation or other in-person activity at a BSMH facility. The same requirements apply to any Faculty who is onsite at a BSMH facility.
- Upon entering a BSMH facility, the Student/Faculty will be screened for symptoms of COVID-19, which may include: a temperature check; and an oral attestation that the Student/Faculty has absence of fever and symptoms of COVID-19, absence of a diagnosis of SARS-CoV-2 infection in the prior 10 days, and confirm they have not been exposed to others with SARS-CoV-2 infection during the prior 14 days. A Student/Faculty is not eligible to attend any clinical experience if he/she has any of the following symptoms (or has had any of the following symptoms in the preceding 14 days): a fever > 100 degrees, new onset shortness of breath, or difficulty breathing.
- The Student/Faculty acknowledges he/she has been properly trained in the don/doff procedure for personal protective equipment (“**PPE**”) and has been fit-tested for the appropriate N95 respirator by his/her School prior to caring for COVID-19 positive patients. The Student/Faculty is aware and acknowledges that although BSMH has developed policies and procedures to minimize the risk of exposure to COVID-19, the risk of exposure to, and possibly contracting, COVID-19 during a clinical experience at a BSMH facility remains.

To help protect its patients, visitors, students, associates and staff, BSMH also is requiring each Student and Faculty to agree to all the following statements as a condition of participating in any clinical experience within a BSMH facility, including possible learning opportunities on a COVID-19 designated unit. Please review and initial your acceptance of each statement below:

\_\_\_\_\_ I understand and agree that working in a BSMH facility, including any clinical experience on a COVID-19 designated unit in that facility, may increase my risk for contracting an infectious disease, such as COVID-19. I will be provided CDC-recommended PPE in compliance with CDC guidelines and BSMH policies. Such policies and procedures may change over time as determined by BSMH. I agree that, while on the BSMH-facility campus, I will adhere to all precautions required by the facility (which may include, but are not limited to: wearing masks, gloves and other PPE; social distancing; handwashing; and

## BON SECOURS MERCY HEALTH

cleaning and disinfection procedures). I agree that if I fail to follow any of these precautions, I may be removed from the facility and may not be eligible to return.

\_\_\_\_\_ I understand and agree that I may be subject to a COVID-19 screening each time I enter a BSMH facility. Even if I am not screened upon entry, I understand that I have an affirmative obligation to report the following to BSMH upon entering a BSMH facility for a clinical experience and **before** I engage in any such experience with a health care provider or patient at that facility: (i) my exposure to COVID-19, including any contact in the preceding 14 days with an individual known to have COVID-19 and any incident within a BSMH facility during which I believe I may have been exposed (e.g. PPE failure); (ii) any signs or symptoms of COVID-19. Further, I agree that I will immediately report to BSMH any positive COVID-19 test and I will abstain from attending or supervising (as applicable) any clinical experience at a BSMH facility following a positive COVID-19 test until both 10 days have passed from the positive test result and all symptoms have resolved, or as otherwise specified by current CDC guidelines. In addition, I understand that, upon request of a BSMH facility, I may be required to submit to a COVID-19 test to participate in the clinical experience (e.g. to return after confirmed COVID-19 test or suspected exposure).

\_\_\_\_\_ In consideration for my eligibility to participate or supervise (as applicable) in a clinical experience at a BSMH facility, which may include experience on a COVID-19 designated unit, I agree, on behalf of myself and any heirs, executors and administrators, to: (i) release BSMH, its affiliates, and their respective insurers, officers, directors, instructors, agents, employees, and volunteers (“**BSMH Parties**”) from all claim, liability, loss, injury, and damage of any kind that may arise, directly or indirectly, from my exposure to, or possible contraction of, COVID-19 or related illness or disease during my clinical experience at one or more BSMH facilities (“**Claim**”); and (ii) waive any and all such Claims I have or that I may have against BSMH Parties. This release and waiver shall be as broad and inclusive as is permitted by applicable law. If any portion is held invalid, the remainder shall continue in full force and effect.

\_\_\_\_\_ I understand and agree that each BSMH facility with whom I may have (or may supervise, as applicable) a clinical experience reserves the right to adjust, reschedule, or terminate that clinical experience at that facility if: (i) sufficient patient care resources (e.g., PPE) are unavailable or are otherwise scarce at that facility; (ii) there is a spike or other concerning trend in COVID-19 cases at that facility or in the surrounding BSMH market; or (iii) otherwise in accordance with that BSMH facility’s policies and procedures. Also, I understand that if the assigned Faculty supervising the clinical experience does not pass screening or they are unable to supervise the clinical experience, the clinical will be canceled until an alternate Faculty member that meets BSMH requirements can arrive or until the next scheduled clinical day.

By signing, below, I confirm that I have read this Form or have had it effectively communicated to me, and that any questions I may have had about this Form have been asked and answered to my satisfaction. **I further confirm that I accept all terms of this Form, that I am at least 18 years old, that I am a Student or Faculty as indicated below, and that I am signing this Form voluntarily.**

**I am:**

- a Student
- Faculty

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

# BON SECOURS MERCY HEALTH

## ACKNOWLEDGEMENT OF SCHOOL

School agrees that the Student and Faculty are presenting to the BSMH facility for a clinical experience as a current, enrolled Student and Faculty of the School, and School acknowledges the additional clinical experience requirements imposed upon the Student and Faculty as described herein. School agrees to keep a copy of this Attestation with its records, and to ensure that it has a fully executed copy of this Attestation prior to finalizing the clinical experience of the Student, above, at a BSMH entity.

Signature of School Representative: \_\_\_\_\_ Date \_\_\_\_\_

Name of School Representative: \_\_\_\_\_

Name of School: \_\_\_\_\_

**Bon Secours EMERGENCY CODE TERMINOLOGY STANDARDIZATION**

Code Type	Current State	Approved Code
<b>Medical Alert</b>		
Adult Medical Emergency	Blue	Medical Alert + Code Blue Adult + Location
Pediatric Medical Emergency	99/Blue	Medical Alert + Pediatric Code Blue Pediatric + location
OB Medical Emergency	Obert	Medical Alert + Code Obert + location
Acute Stroke	S	Medical Alert + Code Stroke + location
Visitor Staff Medical Emergency	Orange/Green	Medical Alert + Visitor Staff Medical Emergency + location
Rapid Response Team	Rapid Response	Medical Alert + Adult Rapid Response + location
Rapid Response Team	Rapid Response	Medical Alert + Pediatric Rapid Response Pediatric + location
Delivery outside of L&D	White	Medical Alert + Code Delivery + location
STEMI	STEMI	Medical Alert + Code STEMI + location
Sepsis	N/A	Medical Alert + Code Sepsis + location
Malignant Hyperthermia	Hot/None	Medical Alert + Code Hot + location
Asphyxia	Ice	Medical Alert + Code Ice + location
<b>Security Alert</b>		
Active Shooter	None/Active Shooter	Security Alert + Active Shooter + location
ED Lockdown	None	Security Alert + ED Lockdown
Hospital Lockdown	Lockdown/Gold	Security Alert + Hospital Lockdown
Bomb Threat	B/Black	Security Alert + Code Black + location
Combative Patient/Visitor	Atlas/Grey	Security Alert + Code Atlas
Abduction/Missing Patient	A/L/Purple	Security Alert + Missing Adult/Child + descriptor
Abduction/Missing Infant	Amber/Pink	Security Alert + Missing Infant + descriptor
<b>Facility Alert</b>		
Fire	Red	Code Red + fire alarm + location
Disaster/Mass Casualty	D/Silver	Facility Alert + External Mass Casualty
Evacuation	E/None	Facility Alert + Evacuation +type + location
Hazmat	H/Yellow	Facility Alert + Hazmat + location
Utility Alert	U/Orange	Facility Alert + Utility Failure + descriptor + location
Technology Downtime		Downtime + Technology impacted
<b>Weather Alerts</b>		
Snow Plan	White/None	Severe Weather Alert + descriptor
Sever Weather	W/Brown	Severe Weather Alert + descriptor

## VICTOUCH – Time Logging Student Guide for Students

Welcome to your Bon Secours Health System experience. We are very happy to have you and have made this instructional document to 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 and it has been accepted, you will have received 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/ex/touch.dll/?FROM=249395&PW=148259300>

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

### Student Information Center

#### Enter your Student PIN number

Enter your Student ID number using the keypad buttons, and then touch the Continue button

1	2	3	
4	5	6	Cancel
7	8	9	←Backspace
*	0	#	Continue

If you have any trouble accessing VICTOUCH please contact the Office of Academic Affairs at [BSV-AcademicAffairs@bshsi.org](mailto:BSV-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.