BON SECOURS MERCY HEALTH

Richmond Market - Clinical Application

Download compliance documents linked to the online application. Complete, sign and save documents to your device. Upload compliance documents, copy of photo Id and photo for badge to the online application. After uploading documents, enter the requested information on the online application form and submit.

Do not upload Proof of Flu Vaccine *(during flu season)* to the online application. E-mail this document to BSV-AcademicAffairs@bshsi.org

Online application with documents uploaded must be completed **at least 3 weeks** prior to your start date.

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

CURRENT Bon Secours Employee Instructions

☐ **Online Application**
https://www.volgistics.com/appform/787174082
(Only submit online application ONCE. If returning for new rotation, email us instead at BSV-AcademicAffairs@bshsi.org)

Compliance Documents

Upload the following to online application:

☐ Copy of Bon Secours Employee Badge
☐ Copy of Photo ID *(such as: driver's license, school ID, passport)*
☐ Photo for Badge *(headshot facing forward with no background)*
☐ Signed Student Agreement ***(page 6)***
☐ Signed Confidentiality and Security Agreement ***(page 7 & 8 - submit both pages of this form)***

NON-Bon Secours Employee Instructions

☐ **Online Application**
https://www.volgistics.com/appform/787174082
(Only submit online application ONCE. If returning for new rotation, email us instead at BSV-AcademicAffairs@bshsi.org)

Compliance Documents

Upload the following to online application:

☐ Copy of Photo ID *(such as: driver's license, school ID)*
☐ Photo for Badge *(headshot facing forward with no background)*
☐ Signed Attestation of Compliance by *both* school official & student verifying compliance ***(page 4)***
☐ Signed Student Agreement ***(page 6)***
☐ Signed Confidentiality and Security Agreement ***(page 7 & 8 - submit both pages of this form)***
☐ Signed Orientation for Clinical Placement ***(page 12)***
☐ Signed Bon Secours Code of Conduct ***(page 13)***
☐ Parental Consent Form *(if under 18 years of age)* ***(page 14)***

E-mail the following to Office of Academic Affairs at BSV-AcademicAffairs@bshsi.org

☐ Proof of Flu Vaccine *(during flu season)*

Once you and your preceptor have agreed to a start date, you will need to provide the Office of Academic Affairs with your start/end date. You will receive an approval badge that must be worn at all times while on-site during your clinical experience.

EPIC Access – (Electronic Medical Records/EMR Access)

In order to complete your student EPIC (EMR) request with Bon Secours Mercy Health, you must upload the Signed Confidentiality and Security Agreement Form to your online application. **We will not be able to submit your EPIC request until we receive both of these items.**

- You will receive your EPIC username & password from our office after we receive your Confidentiality and Security Agreement Form and online application. Please allow up to 7-10 business days to receive your login information.
- EPIC/EMR training will need to be completed prior to your start date. You will receive an email with training details 1-2 days after submitting your application. Please be sure to check your spam inbox for both your EPIC login and training details.
- If you are a BSMH employee, you ***may not at any time use your work access for school purposes***.
- Any issues with EPIC/EMR access, please contact the **IT Service Desk at 1-833-MY1HELP (1-833-691-4357)**.

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 1-2 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 BSV-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. Time logging instructions are included within this instructions packet.

Compliance Requirements for Clinical Students

- Criminal background check to include:
    - Name and social security number verification
    - 7-year multi-county or statewide felony related misdemeanor criminal record search (Violent Sexual Offender and Predator Registry Search)
    - HHS/OIG search, and healthcare licensure/certification verification
- Proof of training in Standard Precautions/school exposure plan and HIPAA. Student provided Bon Secours Code of Conduct and Ethical religious directives.
- Negative 9-panel Urine 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 to come in 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 only **one** of the following to cover TB requirement:
    - 2-step tuberculin skin test (TST) (Two TST's within a year, the last one given no greater than 3 months before 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 is accepted in place of the TST

BON SECOURS MERCY HEALTH

Attestation of Compliance

Student/Instructor Name: _____

Email: _____ **Phone Number:** _____

School: _____

Academic Program: _____

I am:
□ a Student
□ Faculty/Instructor

_____ **Student/Instructor** (Initials) I understand that I am fully responsible for any medical expenses incurred during a clinical placement with Bon Secours Mercy Health.

_____ _____
Student/Instructor (Signature) **Date**

Section below must be initialed and signed by a school official only

School and Student/Instructor hereby certify to BSMH that School and Student/Instructor have satisfied the following requirements:

- Criminal background check 7 year multi-county or statewide felony related misdemeanor criminal record search (violent sexual offender and predator registry search), name and social security number verification and HHS/OIG search, and healthcare licensure/certification verification for the 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 Mercy Health Code of Conduct and Ethical Religious Directives have been provided to Student and/or Instructor
- Negative 9-panel urine drug screen (UDS) 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 the position has potential for encountering blood or body fluids is recommended but not required.
- 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 intended start date. Documentation of a TSPOT TB blood test or a QuantiFERON Gold TB blood test done in the last 12 months or a negative chest x-ray completed within last 3 years is accepted in place of the TST.
- All non-employees should be screened annually for TB.
- All documents supporting compliance with the above requirements are to be kept on file by the School and shall be made available to the Bon Secours Mercy Health at any time upon request. If a student and/or instructor does not meet the requirements set forth above, the School shall promptly disclose such non-compliance to Bon Secours Mercy Health. BSMH shall, in its sole discretion, determine whether to proceed with the clinical education experience.

_____ **School Official** (Initials) I understand that Bon Secours Mercy Health reserves the right to audit, on a schedule or at random, information pertaining to the compliance requirements set forth herein.

_____ _____ _____
School/University Official (Print Name) **Email** **Phone Number**

_____ _____
School/University Official (Signature) **Date**

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 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/Instructor: Facility may require the Student and/or instructor to immediately withdraw from the 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 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.

I am:

□ a Student
□ Faculty/Instructor

_____
Name (Print)

_____ _____
Signature Date

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.

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 _____

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 cells 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^{o}, 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

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.

_____

Print Name and Student Type

_____ _____

Signature **Date**

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/-/media/bon-secours/about-us/bonsecourscodeofconduct.ashx

Name (Print)

Signature

Date

Finished! Save document...

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**: _____

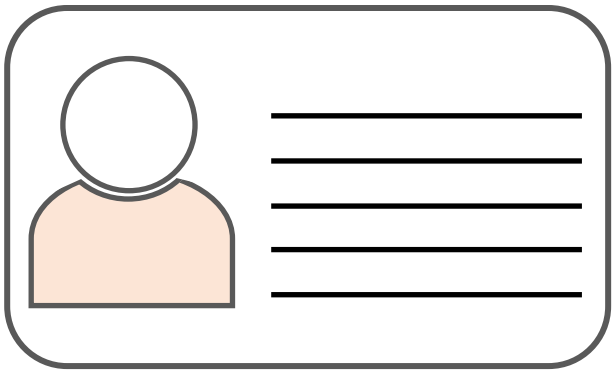
BON SECOURS MERCY HEALTH

Headshot Photo Requirements

A headshot photo of yourself is needed for your student clinical badge. 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

Welcome to your Bon Secours Mercy Health experience. We are excited to have you! This instructional document will assist you with logging the time spent within our facilities. VICTOUCH is connected to the same system that you used to fill out your online application. Once you have completed your application and all compliance documents, and they have been accepted, you will receive an email with your student number to log in to VICTOUCH.

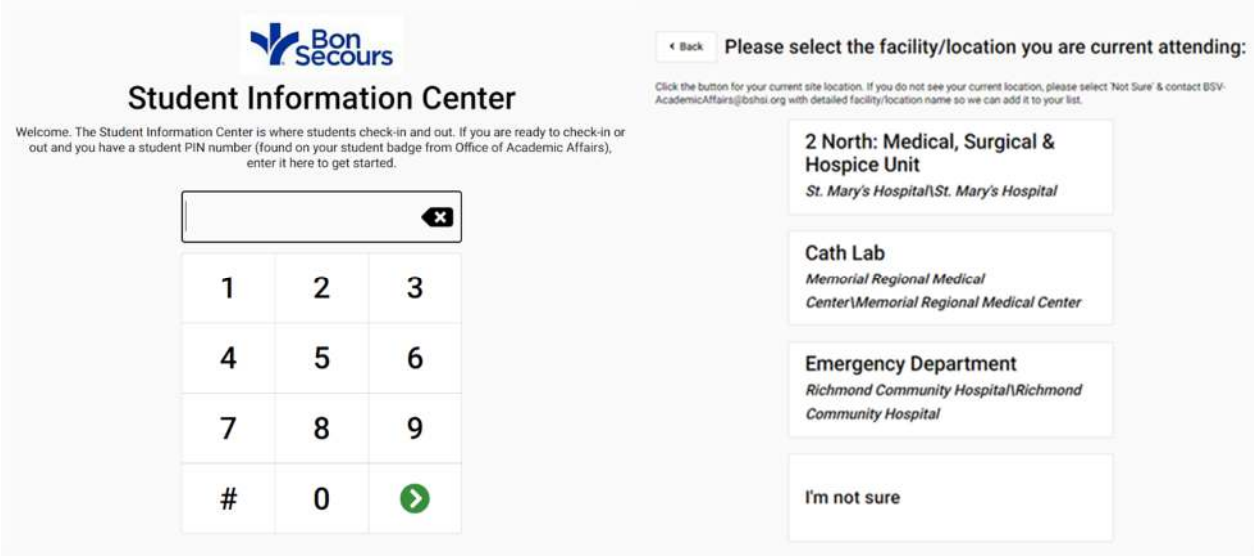
VICTOUCH allows you to log in and log out. To log into VICTOUCH you will need to go to the following link:

https://www.volgistics.com/victouch/249395/148259300

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 BSV-AcademicAffairs@bshsi.org.



If you have any trouble accessing VICTOUCH please contact the Office of Academic Affairs at 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.

BON SECOURS MERCY HEALTH

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.
- 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