



ARCHBOLD MEDICAL CENTER

ORIENTATION PACKET

&

**CLINICAL ROTATION/PRECEPTORSHIP
CLEARANCE PACKET**



Welcome to Archbold Medical Center!

We are excited that you chose Archbold to complete your clinical experience. Clinical experiences can be completed in the following ways:

- Clinical rotation-under the supervision of academic instructor
- Preceptorship/internship-under the supervision of assigned AMC staff

We welcome you as you embark on this exciting journey and strive to make your clinical experience rewarding and successful. This packet will describe in detail what is expected of you while you are a part of Team Archbold. Please review this packet and complete the required forms. Once the packet is reviewed and signed, please submit the required forms via the student information portal at www.archbold.org.

Access www.archbold.org > Employment tab > Student Information

As you meet with our staff, please do not hesitate to ask any questions. Your instructor is also available to help answer your questions.

Please contact me if I can be of assistance in any way, your success in the program is important to us.

Sincerely,

Kasey M Smith, MSN, RN

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About Archbold Medical Center

Archbold Medical Center is a four-hospital, three nursing-home health system with 540 patient beds. We employ more than 2,500 people and boast an outstanding medical staff of nearly 200 qualified physician specialists. Our flagship hospital, John D. Archbold Memorial Hospital, is a 264-bed hospital located in Thomasville, Georgia. Our system hospitals, also in Georgia, are Brooks County Hospital in Quitman, Grady General Hospital in Cairo, and Mitchell County Hospital in Camilla.

For over 90 years, Archbold has been synonymous with high-quality, compassionate medical care. Our dedicated staff and exemplary facilities have helped us maintain an excellent reputation. Our facilities are accredited by The Joint Commission.



Mission

To provide the citizens of South Georgia and North Florida with high quality, patient-focused healthcare in a cost-effective manner.

Vision

To be the best healthcare system in our region.

Core Values

- Quality
- Employee Satisfaction
- Patient Experience
- Financial Stewardship
- Community Benefit
- Growth

MAINTAINING PATIENT CONFIDENTIALITY

Archbold Medical Center is committed to the privacy of our patients and the security of their health and personal information at all times.

It is the policy of Archbold Medical Center to comply with the privacy and security requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

As an individual taking part in an educational opportunity, you must adhere to these requirements. You must not access any information about a patient that is not required as part of your role. In the course of performing duties, you may come in contact with patient information and materials which are highly confidential. Information, records, or materials concerning patient information may not be used, released, or discussed with anyone who is not involved in the care of the patient.

Patient's health information is the property of the Medical Center and must be carefully maintained to serve the patient, the healthcare providers and the Medical Center in accordance with legal, accrediting and regulatory agency requirements. All patient care information must be regarded as confidential and available only to authorized users. Patient information is not to be printed, photocopied, or removed from the area.

All incoming calls and inquiries concerning a patient's condition must be referred to an employee authorized to handle such requests. Never discuss any information about a patient in elevators, corridors, the cafeteria, or at any other location where you may be overheard by others.

You will receive a unique student User ID for your rotation. You will be accountable for all accesses under your User ID to clinical patient information systems. All computer access is to be through your User ID only. Do not share your user ID and password with anyone. Always log off or lock your computer workstation when you finish your work or step away from the computer. Never leave computer screens open with patient information displayed when the computer workstation is unattended. Leaving computer screens open in public areas with patient information displayed is a HIPAA violation.

Your obligation to protect patient information lasts forever—even after your student rotation ends.

MEDIA

If you are approached by the media (a representative from a television station, radio station, newspaper, etc.) you should refer them immediately to the Marketing Department at 229-584-5520. You should not answer any questions or make any comments to the media.

STATEMENT ON SOCIAL MEDIA AND OTHER ELECTRONIC COMMUNICATION

Archbold recognizes that communication systems are evolving and we do not want to interfere with our workforce member's ability to stay in touch with friends and family. However, we reserve the right to maintain patient privacy, protect our business information, and keep the work environment free from non-work related distractions. With that said, Archbold expects all workforce members to understand and abide by the following rules:

- ✓ Never post anything online related to patients or patient care—this activity exposes you and the organization to HIPAA violations. Such postings include pictures, descriptions of work situations, any confidential information whether or not it is patient related, as well as direct patient references even if a patient's name is not used. Remember that nothing is private on electronic media and anything can be shared, forwarded, or viewed by parties you never intended.
- ✓ Never send any electronic communication containing patient protected health information outside of this Health System to a private home address or to an unauthorized person/company.
- ✓ Do not post anything related to Archbold's business or proprietary information, and never present yourself as representing Archbold's opinion on any issue.
- ✓ Use good judgment, be respectful, and avoid comments that are profane, obscene, offensive, sexually explicit, inappropriate, inflammatory or otherwise objectionable. Immediately report any discrimination, harassment, or retaliation concerns directly to Human Resources.
- ✓ Examples of social media include Facebook, Twitter, You Tube, Snapchat, Instagram, blogs, etc. Examples of electronic communication are emails, texts, etc. These are only examples and are not intended to be comprehensive listings.
- ✓ Medical Center computers, networks, email systems, and other electronic systems are the property of Archbold, and employee activity on these systems is subject to review at any time for appropriate use.

ALSO REMEMBER:

- ✓ Please do not bring any electronic technology and equipment (personal devices, laptops, cameras, etc.) to the clinical area.
- ✓ Absolutely no pictures, videos, or recordings are to be taken of patients with personal devices.
- ✓ No texting of any patient information.
- ✓ Medical records cannot be copied for educational or planning purposes. Any type of schedule (operating room, vascular, clinic etc.) containing patient names may not be removed from the clinical area.

HARDWIRING SERVICE EXCELLENCE

Archbold strives to demonstrate *Service Excellence* in all patient encounters—every patient, every time.

Service Excellence Tactics:

- No Pass Zone
- 10-5 Rule
- AIDET

No Pass Zone

Every Archbold employee is responsible for assisting patients, families, and visitors when needed. The *No Pass Zone* approach improves team collaboration and patient safety.

Every staff member can help change the television, help with phone calls, answer call lights, assist with bedside tables, etc. **Non-clinical staff cannot** manage an IV pump, offer pain medication, remove meal trays, assist patients with eating or drinking, physically assist or move a patient, turn off alarms, etc. When these issues arise, non-clinical staff should explain to the patient, using key words, that they will find the appropriate person. For example, "Let me find the appropriate person to help you. I will let you know how long it will take."

10-5 Rule

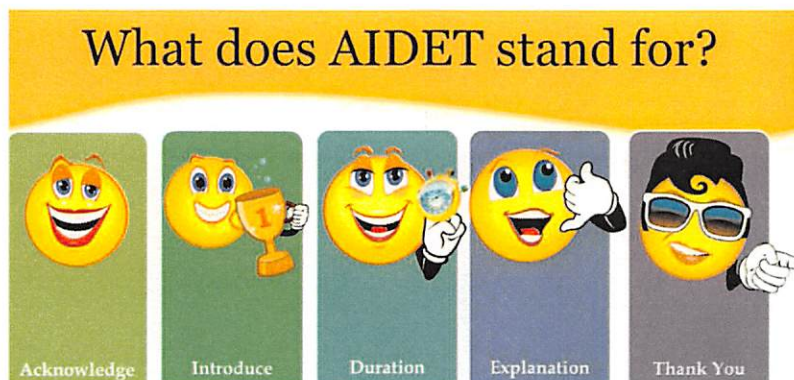
All employees and students should use the *10-5 Rule* when coming in contact with anyone at any Archbold facility.

-10 feet: make eye contact and smile

-5 feet: smile and give a greeting

AIDET

AIDET is a process that assists in increasing patient confidence and patient satisfaction. This is a very powerful way to communicate with people who are often nervous, anxious, and feeling vulnerable.



AIDET SCRIPTING

"A" stands for **Acknowledge** - Acknowledge by greeting people with a smile and using their names. Attitude is everything and can create a lasting impression. Make Eye Contact, Smile, and Stop whatever you are doing so your customer knows they are important. When you acknowledge the patient, you show that you care.

"I" stands for **Introduce** - Introduce yourself, your professional certification, and what department you are in. Explain to them how you are going to help them. When you introduce yourself to the patient, you show that you care.

"D" stands for **Duration** - Let the patient know how long it will take or if there are any delays. When you inform the patient of how long something will take or how long they may have to wait, you show that you care. Remember, what you may consider to be routine, may be a first-time experience for the patient.

"E" stands for **Explanation** - Advise the patient on what you are going to do. Communicate any steps they may need to take. Talk, listen, and learn. When you take time to explain what is happening to the patient, you show that you care. "Is there anything else we can do for you before we get started?"

"T" stands for **Thank You** - "Thank you for choosing Archbold Medical Center and allowing me to provide you with excellent service. If you need anything else it will be my pleasure to assist you. Use your call button and I or one of my co-workers will come and assist you." Foster an attitude of gratitude. When you say thank you to the patient, you show that you care.

CUSTOMER SERVICE & COMMUNICATION

At Archbold Medical Center, we are committed to our patients and we strive to provide high quality, patient focused healthcare. Customer service standards of excellence help our staff, our volunteers, and our students provide the best service for our patients, families, and visitors.

Golden Rules of Customer Service and Fostering a Positive Environment

- Speak and smile to everyone you encounter
- Listen carefully and practice good listening habits
- Be courteous and helpful to your customers
- Anticipate needs and take initiative
- Treat EVERYONE with respect and try to maintain a “NO PROBLEM” attitude
- Speak positively of the Medical Center and other employees both at work and in the community
- Provide accurate and complete directions to all patients and visitors. If possible, take them where they are going.
- Always wear your student badge

Patient Communication

All patients should be addressed as Mr./Mrs./Ms./Miss and their last name. All procedures should be explained to the patient at a level that they can understand. We have devices in place for patients with communication barriers, including vision and hearing impairments.

Customer Wait Times

Keep the patient informed and provide reasonable timeframes when possible. In addition to the patient, try to keep families informed at all times. Information must be shared on a need-to-know basis. Identify the person and the need before giving the information. Instead of saying “I don’t know” try to find someone who does know.

INFECTION CONTROL/PREVENTION AND STUDENT HEALTH

Hand Hygiene

Hand washing or hand hygiene can help keep you healthy and prevent the spread of infections from one person to the next. Hand hygiene is the single most important intervention to prevent infection. Use soap, paper towels, and running water routinely to prevent the spread of infection. **The use of gloves does not replace hand hygiene. Wear gloves whenever touching blood or bodily fluids, non-intact skin, mucous membranes, or contaminated items/surfaces. Discard the gloves after use and wash your hands.**

Key Times to Wash Hands

You can protect yourself and your patients by washing your hands often, especially during these key times when you are likely to get and spread germs:

- Before, during, and after preparing or eating food
- Before and after treating a cut or wound
- After using the bathroom
- After blowing your nose, coughing, or sneezing
- After touching garbage/trash

Follow these five steps for hand washing with soap and water:

1. Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap
2. Lather your hands by rubbing them together with the soap; lather the backs of your hands, between your fingers, and under your nails
3. Scrub your hands for at least 20 seconds
4. Rinse your hands well under clean, running water
5. Dry your hands using a clean towel or air dry them

Hand sanitizer can be used when hands are not visibly soiled. Follow these three steps for sanitizing with an alcohol based solution:

1. Apply the gel product to the palm of one hand
2. Rub your hands together
3. Rub the gel over all the surfaces of your hands and fingers until your hands are dry; this should take around 20 seconds

Cough Etiquette

- Cover your cough or sneeze with a tissue; if one is not available, cough or sneeze into your elbow
- Dispose of tissues properly
- Wash your hands after coughing or sneezing

Isolation Precautions

Students must wear the appropriate personal protective equipment (PPE) when providing care to patients on transmission-based isolation precautions.

*****Students are not to provide care to patients on airborne precautions*****



Contact Precautions: MRSA, history of MDR with signs & symptoms of infection, shingles, lice or scabies, large draining wounds or rashes

PPE: gown, gloves



Special Contact Precautions: C. diff testing, positive for C. diff, norovirus

PPE: gown, gloves

*****1:10 bleach solution or bleach wipes for cleaning*****



Droplet Precautions: Influenza, pertussis, rule out meningitis; DROPLET + CONTACT for RSV, Pertussis, MRSA in sputum

PPE: procedure mask, gown, gloves, eye protection (if necessary)



Airborne Precautions: Active tuberculosis, rule out tuberculosis; AIRBORNE + CONTACT for chicken pox, disseminated herpes (shingles)

PPE: N95, gown, gloves, eye protection (if necessary)



Cytotoxic Precautions: Chemotherapy precautions

PPE: impervious gown, chemotherapy gloves



Protective Precautions: Severely immunocompromised patients, neutropenic patients

PPE: procedure mask, gloves

Student Health

It is very important to protect our patients from exposure to communicable diseases like the flu. If you have any of the following symptoms you should contact your academic instructor, clinical instructor, or preceptor and NOT report for your assignment:

- Fever greater than 100.0 degrees F
- Diarrhea

During flu season, all students will provide documentation of receiving the flu vaccine and will have a *FLU SAFE* sticker on their student badge while participating in student clinicals. Students who cannot receive the flu vaccine due to medical reasons will wear a procedure mask at all times and have a *MASK* sticker. *FLU SAFE* and *MASK* stickers will be provided to your academic instructor. Stickers must be worn on badge at all times.

Needle stick/Injury

If students have a blood borne pathway exposure or other injury, immediately:

1. Administer first aid by washing the area with soap and water; if it is a splash to your eyes, nose, or mouth, thoroughly rinse the area with water

2. Notify the charge nurse or supervisor and notify your academic instructor
3. Work with the charge nurse or supervisor to complete an occurrence report
4. Follow your academic institution's procedure
5. If you require emergency care, you may go to the Emergency Department for treatment; payment for treatment is each student's personal responsibility
6. For needle sticks, Archbold will determine the risk level of the exposure (high or low) and test the source patient if possible

PATIENT SAFETY

1. Always keep the bed in the lowest position possible and keep the two top side rails on the bed raised
2. Always check with the patient's nurse before allowing the patient out of bed
3. Always check with the patient's nurse before giving a patient anything to eat or drink
4. If you are unsure about a piece of medical equipment, ask a staff member about the equipment
5. If you are injured in anyway while you are here, immediately notify your instructor

STUDENT SAFETY AND SECURITY

We want you to have a safe and secure experience at Archbold. Please do not bring any unnecessary valuables with you. For your safety, our hospital and parking lots have video monitoring in place. If you should need the assistance of security for any reason, call the hospital operator by dialing "6".

EMERGENCY PREPAREDNESS AND FIRE SAFETY

Emergency preparedness is essential for providing safe patient care. In the event that a code is called during your clinical experience, follow instructions from your clinical instructor or assigned preceptor.

CODE BLUE/CODE BLUE PEDS-Cardiac or Pulmonary Arrest

The hospital operator will announce "Code Blue" and the location 3 times. If you are alone with a patient and the patient has no respirations or pulse, request help immediately. If the patient is determined to be a full code, initiate CPR immediately and follow Code Blue protocols as instructed. Any hospital employee, who has been trained in Basic Life Support (BLS) may initiate CPR immediately. Only registered and/or licensed employees may initiate a call for the Code Blue team, after determining the patient's code status.

CODE PINK-Missing/Abducted Infant or Pediatric Patient

The hospital operator will announce "Code Pink" 3 times. Upon activation of this code, all hospital entrances and exits are closed and no one is allowed in or out of the building until the operator announces "Code Pink all clear" 3 times. Employees and students should report to the closest exit and stay there until the code is dismissed.

CODE GREEN-Manpower/Lift Needed

The hospital operator will announce "Code Green" and the location 3 times to notify others that additional lifting power is needed.

CODE GRAY- Violent Event/Security

The hospital operator will announce "Code Gray" and the location 3 times to notify others that a potential violent/violent event is happening. Only staff trained in SAFE tactics should respond.

CODE RED-FIRE

The hospital operator will announce "Code Red" and the location of the fire 3 times. Remain where you are during the drill and do not use elevators.

Fire Safety is a shared responsibility. Here are some guidelines to keep in mind:

- All staff and students participate in fire drills
- Keep fire exit doors and exit access corridors clear of equipment and clutter
- Know the location of the following items in your assigned area:
 - Fire alarm pull stations
 - Fire extinguishers
 - Exit plans
- Always refer to the site-specific EOP Manual for details of fire safety and life safety systems and procedures

Remember to **RACE**!

- **Rescue/Remove** those in immediate danger of fire
- **Alert/Activate** the fire alarm
- **Confine** the fire
- **Evacuate/Extinguish** the fire with proper extinguisher if safe to do so

In the event you have to use a fire extinguisher, remember to **PASS**!

- **Pull** the pin
- **Aim low** (base of fire), stand 6-8 feet away
- **Squeeze** the handle
- **Sweep** from side to side

CODE TRIAGE STANDBY-Disaster Plan Alert

The hospital operator will announce "Code Triage Standby" 3 times followed by specific instructions. Hospital staff have specific roles and responsibilities during this code.

CODE TRIAGE-Disaster Plan Activation

The hospital operator will announce "Code Triage" 3 times followed by specific instructions. Hospital staff have specific roles and responsibilities during this code.

CODE SILVER-Active Shooter

The hospital operator will announce "Code Silver" 3 times followed by specific instructions as needed. Hospital staff have specific roles and responsibilities during this code. Follow direction from hospital staff and your instructor. REMAIN IN YOUR CURRENT LOCATION.

CODE BLACK-Bomb Threat

The hospital operator will announce "Code Black" 3 times followed by specific instructions as needed.

CODE ORANGE-HAZARDOUS MATERIALS

The hospital operator will announce "Code Orange" 3 times followed by specific instructions. Follow direction from hospital staff and your instructor.

Safety Data Sheets

Safety Data Sheets (SDS) are informational materials that include hazards associated with specific agents. It also includes information concerning procedures for the safe handling of the agent, spills, and control measures. Always know how to locate the SDS of any agent before using it. Archbold's intranet site provides SDS for materials used in each facility.

CODE DECON-Decontamination

Specialized team trained in HOTZONE decontamination procedures. No action needed.

CODE ED ALERT-Secure the Emergency Department

The hospital operator will announce "ED Alert" 3 times. This alert is to prevent unauthorized entry or exit of the department. Follow direction from hospital staff and your instructor.

Tornado Warning

The hospital operator will announce "Tornado Warning" and weather specifics 3 times. Follow direction from hospital staff and your instructor.

STUDENT/INSTRUCTOR PARKING

Students and instructors should park in the parking lot across from the hospital on South Broad Street, in the section of the lot that is to your immediate right when turning into the parking lot. This section is directly across from Jerger Elementary School. **Do not park in Emergency Department, Medical Staff, Employee, or Visitor parking.** Carpooling is encouraged.



DRESS CODE

Students must follow dress code policies during their clinical time. Students should wear the uniform approved by their academic institution, including their name badge. Shoes should be clean and neat. Hair should be pulled back away from the face and off of the neck. Nails should be trimmed and clean. No artificial nails. Tattoos should be covered. Jackets/sweatshirts are not permitted unless they are approved scrub jackets.

MISCELLANEOUS

Archbold Café/Cafeteria Hours

Students wearing their name badge are eligible to receive the employee discount (25%) in the Archbold Café. Archbold Café is open 7 days a week, 6:30am-9:00pm.

Smoking

Archbold is a smoke-free facility. The use of all tobacco products is prohibited.

WELCOME TO GRADY GENERAL HOSPITAL

Welcome to Grady General Hospital, a system hospital of Archbold Medical Center and John D. Archbold Memorial Hospital. Grady General Hospital is a non-profit hospital that employs approximately 200 staff members. Our hospital offers Emergency Services, Maternity Services, Respiratory Care, Laboratory, Blood Bank, Pharmacy, Radiology, Rehabilitation Services, Acute Care, and Sub-Acute Care.

Please refer to your clinical instructor for any issues that arise.

Grady General Hospital is a smoke-free facility. In the interest of patients, visitors, and staff, smoking in the hospital and on hospital premises is strictly prohibited.

Students should park in the front parking lot, as close to the road as possible.

WELCOME TO MITCHELL COUNTY HOSPITAL

Welcome to Mitchell County Hospital, a system hospital of Archbold Medical Center and John D. Archbold Memorial Hospital. Mitchell County Hospital is a non-profit, critical access hospital that employs approximately 150 staff members. Our hospital offers Emergency Services, Respiratory Care, Laboratory, Blood Bank, Pharmacy, Radiology, Rehabilitation Services, Acute Care, and Sub-Acute Care.

Please refer to your clinical instructor for any issues that arise.

Mitchell County Hospital is a smoke-free facility. In the interest of patients, visitors, and staff, smoking in the hospital and on hospital premises is strictly prohibited.

Students should park in the employee and visitor parking lot, behind the red line.

WELCOME TO BROOKS COUNTY HOSPITAL

Welcome to Brooks County Hospital, a system hospital of Archbold Medical Center and John D. Archbold Memorial Hospital. Brooks County Hospital is a non-profit, critical access hospital that employs approximately 110 staff members. Our hospital offers Emergency Services, Respiratory Care, Laboratory, Blood Bank, Pharmacy, Radiology, Rehabilitation Services, Acute Care, and Sub-Acute Care.

Please refer to your clinical instructor for any issues that arise.

Brooks County Hospital is a smoke-free facility. In the interest of patients, visitors, and staff, smoking in the hospital and on hospital premises is strictly prohibited.

Parking is available on the South side of the hospital for employees and students.

WELCOME TO NORTHSIDE

Welcome to Northside, a system hospital of Archbold Medical Center and John D. Archbold Memorial Hospital. Northside employs approximately 85 staff members. Our facility offers care for adult and geriatric behavioral health patients. During your orientation to Northside, the Director of Nursing will review unique items that are specific to Northside such as therapeutic boundaries and group therapy.

Please refer to your clinical instructor for any issues that arise.

Northside is a smoke-free facility. In the interest of patients, visitors, and staff, smoking in the hospital and on hospital premises is strictly prohibited.

Students should park on the right side of the back parking lot.

WELCOME TO LONG TERM CARE (LTC)

Our Long Term Care Facilities include Glenn-Mor Nursing Home in Thomasville, GA, Pelham Parkway Nursing Home in Pelham, GA, and Mitchell Country Convalescent in Camilla, GA. Each one of our Long Term Care Facilities provides exceptional care to our elderly population throughout Thomas County and surrounding counties.

Please refer to your clinical instructor for any issues that arise.

All of our long term care facilities are smoke-free facilities. In the interest of patients, visitors, and staff, smoking in the hospital and on hospital premises is strictly prohibited.

Students should defer to their instructor for specifics on parking.



Clinical Rotation/Preceptorship Clearance Packet

Access for students is only granted for ONE quarter/semester. A new request must be submitted each quarter/semester.

Please allow 2 weeks for account creation

1) Please check one of the following:

- ☐ New student account
- ☐ Returning student account
- ☐ Correct existing account
- ☐ Account deletion

2) System access requested:

- ☐ NO ACCESS NEEDED
- ☐ Soarian Clinicals
- ☐ MAK
- ☐ PICIS
- ☐ Perigen
- ☐ NextGen
- ☐ SIS
- ☐ Other: _____

3) STUDENT- Please complete the following:

Student Full Name: _____
First Middle Last

Student ID Number: _____ School: _____

4) INSTRUCTOR – Please complete the following:

Academic Instructor Name: _____

Academic Instructor Email: _____

Academic Instructor Contact Number: _____

5) Please check one of the following:

Course of Study:

- ☐ RN
- ☐ LPN
- ☐ Respiratory Therapy
- ☐ EMT/Paramedic
- ☐ Radiology
- ☐ Laboratory
- ☐ Surgical Tech
- ☐ Cardiovascular Tech
- ☐ Sonography
- ☐ Physical Therapy
- ☐ Occupational Therapy
- ☐ Speech Therapy
- ☐ Exercise Physiology
- ☐ Social Work/Case Management
- ☐ Medical Records
- ☐ Business Management
- ☐ Medical Student (MD/DO)
- ☐ Pharmacy
- ☐ Dietician

Student Clinical/Preceptorship Clearance Checklist

- ☐ Orientation Packet Reviewed & Signed Date Completed: _____
 - ☐ Includes:
 - About Archbold Medical Center
 - Mission, Vision, & Core Values
 - Maintaining Patient Confidentiality
 - Media, Social Media, & Electronic Communication
 - Hardwiring Service Excellence
 - Customer Service & Communication
 - Infection Control/Prevention & Student Health
 - Patient Safety
 - Student Safety & Security
 - Emergency Preparedness & Fire Safety
 - Student/Instructor Parking
 - Dress Code
 - Miscellaneous: Smoking, cafeteria hours, etc.
 - Student Clinical Policy
- ☐ Completed "Student Information Sheet"
- ☐ Signed "Confidentiality and Non-Disclosure Agreement"
- ☐ Signed Attestation Statement
- ☐ Special Accommodations listed here:

By signing this form I certify that I have reviewed the information within this packet and that it is correct, to the best of my knowledge.

Student Signature: _____ Date: _____

Academic Instructor Signature: _____ Date: _____

Student Information Sheet

General Information:

Name: _____ Contact Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Emergency Contact:

Name: _____

Relationship: _____

Contact Number: _____



CONFIDENTIALITY AND NON-DISCLOSURE AGREEMENT

WITH EMPLOYEES AND OTHER WORKFORCE MEMBERS OF ARCHBOLD*

As an employee, student, volunteer, or other member of Archbold's Workforce/Medical Staff, I acknowledge that I have completed training on the Medical Center's Health Insurance Portability and Accountability Act ("HIPAA") privacy/security policies and the HIPAA privacy/security and breach notification regulations.

1. I understand that all patient and business information, in any format, is confidential, and I will access and use this information only when necessary to perform my job-related duties. I will keep such information confidential. This information includes but is not limited to clinical treatment, demographic, billing, financial, and identifiable information also known as Protected Health Information or "PHI."
2. I agree to respect and abide by all federal, state and local laws pertaining to the confidentiality of identifiable medical, personal, and financial information. I understand that I could be held civilly and criminally liable (through monetary fines and/or imprisonment) for improper use or disclosure of patient personal, financial, or medical information.
3. I agree to adhere to all policies and procedures adopted by the Medical Center to comply with HIPAA governing the privacy, security and the use/disclosure of protected health information and corresponding breach notification regulations.
4. I will secure my computer workstation at all times and practice good workstation security measures by logging out of applications and locking my workstation when my workstation is unattended. I understand if I use a workstation that is accessible to other users, I need to log out of any open applications before simply locking the workstation. I understand that, as a requestor of access or user of Archbold's Information System, my computer login ID is the equivalent of my legal signature, and I will be accountable for all representations made at log in and for all work done under my login ID.
5. I will safeguard my computer login ID and password at all times. If I believe the security of my login ID and password has been compromised, I will immediately change it through the Archweb self-service portal or contact Information Systems at 229-228-2959 to have my password changed. I understand that Archbold audits access and use of its Information Systems.
6. I understand any security token/FOB used to remotely access Archbold's information systems is to be used only by me. I am not to give this remote access token to any other individual.
7. I will not access patient information regarding myself, family members, or friends. I understand that I may access my information from Archbold patient portals or follow established Medical Record Department procedures to obtain clinical information from my medical record—just as any other patient does.
8. I understand that the misuse of my access to the computer systems of the Medical Center (including accessing my own records, my family/friends' records or snooping), or of confidential information obtained, may subject me to disciplinary action up to and including termination of my access rights or my employment.
9. I understand I am only to discuss patient information with other workforce members who need to know that information to do their job. I understand I am not to discuss or disclose patient information outside the organization.
10. If I am a workforce member, I understand specific administrative policies and procedures exist regarding the release of medical record information and release of patient condition information. Only designated individuals may disclose such information in accordance with specified procedures in Administrative Policies #105.06, "Release of Protected Health Information" and #101.02, "Release of Patient Condition Information."
11. I understand and agree that my obligation to protect the confidentiality of patient and business information extends even after I terminate my employment or other relationship with the Medical Center.
12. I understand paper documents, CDs, and any documents containing PHI are to be placed in secure shred bins and are not to be discarded in regular trash.

13. I agree not to disclose patient information on any Internet-based websites or social media websites, including but not limited to, Facebook, Twitter, YouTube, Dropbox, or any online document storage application. I understand that any patient information (even where the patient's name is not used) is confidential and is not to be disclosed in any manner to any outside party or to any workforce member unless that workforce member needs to know that information to do their job.

14. I understand that, unless I am specifically authorized to do so by Administration, I am not to photograph, record, videotape or make any audio recording of any meeting or conversations whether patient or business related between employees, physicians, patients, family members or guests. If in the course of my job responsibilities my personal cellular device is authorized for use by Archbold for treatment, payment, or operational activities, I am only to use it for designated communication purposes with designated, secure communication applications for needed treatment, payment, or operational communications.

15. I agree not to send, forward, copy, print, download or otherwise remove or disclose PHI outside Archbold without express written permission of my supervisor.

16. I agree to encrypt (use "Archsafe") on all outgoing emails sent for treatment, payment or operational purposes that contain protected health information.

17. I agree not to email PHI to private email addresses and not to save PHI to unencrypted drives, laptops, CDs, phones, other portable devices, etc. I understand I am to save business and patient information to secure network drives and not to my local workstation drive.

18. I will not alter, destroy, copy, sell, or in any way use any PHI except as properly authorized.

19. I understand if I have any questions or concerns about privacy and security of patient information and/or the proper use or disclosure of patient information, I am to discuss these with my Supervisor or Archbold's Privacy Officer/Compliance Officer at 229-228-2928 or call the Compliance Voice Mailbox at 229-228-8443.

20. I agree to report immediately any and all potential privacy or security incidents or breaches or any unauthorized/inappropriate access, use or disclosure of patient protected health information to the Archbold HIPAA Privacy Officer at 229-228-2928, or Information Services at 229-228-2959 as a condition of my job responsibilities.

Signature: _____

Date: _____

Name: _____
(Print)

Department: _____

***"Archbold" means (1) John D. Archbold Memorial Hospital, Inc.,** which includes John D. Archbold Memorial Hospital, Grady General Hospital, Brooks County Hospital, and Mitchell County Hospital, and all of their on-campus and off-campus provider-based departments, facilities, and rural health clinics, Archbold Northside Center for Behavioral & Psychiatric Services facility, Glenn-Mor Nursing Home, Mitchell Convalescent Center, and Pelham Parkway Nursing Home; **(2) Archbold Medical Group, Inc.,** which includes Archbold's physician practices; **and (3) Archbold Health Services, Inc.,** which includes, but is not limited to, Archbold's retail pharmacy, home health, and hospice providers. **Please visit our website, at www.archbold.org (at the "Locations" tab) for more information regarding Archbold providers and locations.**



ATTESTATION STATEMENT

Program Participant (Student):	Program Participant Phone Number:
Academic Institution:	Program:
Academic Instructor:	Instructor Phone Number:
Rotation Start Date:	Rotation End Date:

On behalf of the listed Academic Institution, the undersigned acknowledges and attests that the Program Participant has met all of the following requirements:

_____ Student Liability Insurance

_____ Immunizations

- Proof of Measles, Mumps and Rubella (MMR) immunity by positive antibody titers or 2 doses of MMR
- Proof of 3 doses of Hepatitis B vaccine, positive titer, or signed declination
- Proof of 2 doses of Varicella vaccine or positive titer

_____ Influenza Vaccine

- Proof of seasonal influenza vaccine during influenza season (October 1st- March 31st) of current year

_____ PPD/Chest X-Ray

- Proof of negative TB skin test within 1 year or negative CXR (if had a positive PPD) within 2 years. If history of a positive TB skin test or CXR then the individual is cleared by a Tuberculosis Screening Questionnaire indicating no problems for more than 3-4 months from a physician/ health care professional.

_____ Basic Life Support (BLS) Certification

_____ Pre-employment Background Check (within 2 years) that includes :

- Statewide criminal history in every state where Program Participant has resided
- Does not reveal any criminal conviction or pending investigations, reviews, sanctions, or peer review
- Confirms the individual is not listed as a violent sexual offender
- Does not reveal any limitations of any licensure, certifications, or registration
- Confirms that Program Participant has not been convicted of, pled "no contest" to, or had adjudication deferred or withheld for any violation of federal, state, county or municipal law, other than criminal traffic offenses within the past 7 years
- **Advanced background checks are required for Program Participants who complete clinical time in the Long-Term Care Facilities**

Please circle one: Released in PreCheck and reviewed by AMC OR Reviewed by Academic Institution

_____ Drug Screen (within 2 years):

- Program Participant has satisfactorily completed a standard 10 panel drug screen which does not reveal information of concern or inappropriate use of drugs.

Please circle one: Released in PreCheck and reviewed by AMC OR Reviewed by Academic Institution

This Attestation Form is provided in lieu of providing individual records or the various screenings and requirements referred to above. Archbold Medical Center may rely on this Attestation as if all documentation was provided. The Academic Institution shall provide proof of any of the items listed within this attestation statement should Archbold Medical Center be audited by a regulatory or accrediting agency. Archbold Medical Center reserves the right to perform a separate audit and the Academic Institution must provide verification within a 24-hour timeframe. The Academic Institution acknowledges that any Program Participant may be suspended or removed from participation in the Program at the discretion of Archbold Medical Center until any deficit is rectified.

The undersigned is authorized to sign this attestation on behalf of the Academic Institution listed.

Signature

Date

Title

Academic Institution

Email

Phone Number