To: All Current and Future Student Affiliations

From: Broward Health Contract Administration

Date: January 2010

In order to be compliant with regulatory mandates, all contracted affiliated students and faculty who utilize Broward Health as student rotation or intern site must complete the Broward Health Student Orientation and other organizational requirements.

In order to facilitate this process, the Broward Health policy, “Student HR Guidelines for Regulatory Compliance” is attached, (see Attachment A). This policy and the attachments may be found on our internet site located at www.browardhealth.org under the community tab. Look for the section labeled “for instructors and students on the web page. The Broward Health internet home page hosts the documents needed for completion of the Safety/Environment of Care and HIPAA orientation. (See Attachment B, Figures 1 – 4 for location of documents.) Inclusive in this section is the policy, a Student Rotation Checklist (see Attachment C) identifying all of the required documentation. After completion of the on-line orientation component, print out the completion certificates for the Safety/Environment of Care and HIPAA orientation. There are 2 separate certificates. These certificates, along with the completed Student Rotation Checklist are to be presented to the Regional Clinical Education Department or sponsoring department manager for all internships.

If you have any questions, please feel free to contact either The Broward Health Corporate Department of Learning & Development at: (954) 355-4820 or the individual regional Clinical Education Departments listed below:

Broward General Medical Center – 954-355-4790
Coral Springs Medical Center – 954-344-3363
Imperial Point Medical Center – 954-776-8850
North Broward Medical Center – 954-786-6930

Thank you for your cooperation.
Policy: All Broward Health, non-employee, student programs must be governed by a current student affiliation agreement.

A. Students Defined

Students of schools, colleges, universities, who as part of their education are obtaining clinical experience on our sites, under guidance of the institution instructors or designated Broward Health staff, medical staff and/or contracted services of Broward Health. A valid and executed Affiliation Agreement must be in place prior to students being accepted for clinical placement. (An exception to this, is a one time only shadowing experience in which the student is present for an observational experience. In cases of shadowing the student must complete and sign the Observational Experience Agreement.

B. Broward Health Orientation

Students are provided mechanism to complete the mandated Broward Health orientation materials. These materials and interactive tests are located on the Broward Health internet site: www.Browardhealth.org under the community tab (See Appendix A). The materials are identified as: For Instructors and Students: At a minimum, (depending on the type of rotation/internship) students must complete the following:

- EOC/Safety Program and Exam
- HIPAA/Compliance Program and Exam
- Data Security & Confidentiality Form (signed)
- Student Responsibility Form (signed)
- UAR Form (signed if computer access is required for the internship)

(See Appendix B)
Department/Unit Orientation: Students shall be oriented to their facility and department or unit on their first day of the rotation experience by the institution instructor and/or Broward Health preceptor or designee. All related documentation shall be completed and retained in the student file.

C. Health Screening Requirements

TB Screening: Students, as a State of Florida requirement, must be screened for tuberculosis prior to entering school. The instructor and school are responsible for ensuring that all students who present at Broward Health have complied with the TB Screening requirement.

D. Minor Students

High school/underage students functioning in an “observation only” status will not be required to have a drug screen or background check, but must comply with the TB Screening and complete an Observation Agreement. If the student is under 18 years of age, the parent or guardian must co-sign the Observation Agreement.

E. Adult Students

In addition to the Broward Health Minimum requirements identified on page 1, section B, adult students must provide evidence of:

1) Completion of health screening (inclusive of TB Screening, MMR immunization and Varicella Titre Status
2) Level I background screening
3) Completion of a 5 Panel Drug Test

F. Student File Maintenance

Student Affiliation documents and forms for complying with the Broward Health requirements are available on the Broward Health Website (See Appendix A) Student Files are maintained by the sponsoring department, for example: Nursing Student files may be maintained by the Nursing Office or Clinical Education, whereas, pharmacy interns may be kept by the Pharmacy Department. Files are kept for a period of 7 years.

INTERPRETATION AND ADMINISTRATION:

The Regional Human Resources Directors are responsible for the interpretation and administrative of this policy. However, final interpretation is the responsibility of the VP/Chief Human Resources Officer.

Authors: Human Resources
Distribution: HR Staffs & System wide Management
Figure 3

Orientation Requirements
- For Instructors and Students
- Non-Employee Orientation

Figure 4

For Instructors and Students
- Customer Service PowerPoint slides
- Data Security Form
- EOC/Safety Program & Exam 2009-2010
- General Orientation Manual
- Student affiliation information sheet
- Student affiliation rotation evaluation
- Student dress rotation guidelines
- Student Responsibility form
- Student Rotation File Checkoff
- USA form
- Under 18 years of age student observation form
- Code of Conduct
  - Please read Broward Health’s Code of Conduct (PDF file). After completing, please print this form and sign your acknowledgment of receipt and understanding of the Code of Conduct. Return form to your Broward Health Manager or your immediate supervisor.
ATTACHMENT C

Student Rotation File Checklist

School Name: ____________________ Program/Discipline: ____________

Semester: _______________ Year: ________________

Clinical Rotation Areas/Units: _______________________________________

<table>
<thead>
<tr>
<th>Present</th>
<th>Student Rotation:</th>
<th>Individual ____  Group_______</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Current Student Affiliation Agreement
- Clinical Rotation/Internship Program Objectives
- Rotation/Internship Dates (Days & Times)
- Proof of immunizations and health status for each student
- Proof of completed background check
- Proof of negative drug test
- Completion of EOC/Safety and HIPAA Tests (available on line under community tab “For students” www.browardhealth.org
- Signed Confidentiality & Data Security Agreement
- Signed student responsibility agreement
- **Proof of CPR for Clinical Students (where applicable)**
- **Copy of Clinical Instructor’s License**

School Program Director/Manager Contact Information

Name: ____________________ Title: ____________________

Phone Number: _______________ Email: ____________________