St Elizabeth Healthcare
Nursing Instructor/Student Guidelines for Clinical Practice
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Purpose:
To facilitate and maintain a consistent standard of expectations between SEH and affiliated schools of nursing.
To foster an environment of safety for patients, students, and instructors through clear expectations.

General Considerations:
1. The ultimate responsibility for the patient lies with the SEH employee, RN caring for the patient.
2. The ultimate responsibility for the student lies with the instructor and educational institution.

Guidelines:
1. Contract Process
   a. The school administrator must contact Mary Price, Manager, Staff Development to collaborate in obtaining a contract with SEH.
   b. The contract must be signed and approved before initiation of the clinical experience.
      A separate contract must be obtained with St Elizabeth Physician (SEP).
      Please contact Samantha Ping-Stevens, 859-212-0004, Samantha.ping-stevens@stelizabeth.com for contracts with SEP.

2. Scheduling Process
   a. Contact Samantha Ping-Stevens, for scheduling and onboarding processes for any SEP locations.
   b. Nurse Practitioner students must contact Medical Affairs to be processed for their clinical practicum. Contact Angela Chambers. The paperwork and requirements for Nurse Practitioners are different than for other nursing students.
   c. To schedule undergraduate clinical experiences, submit the requests via CCPS. Do not go to the contact person or manager of a unit requesting observation or role transition preceptors. All requests should be channeled through Staff Development only.
   d. For all other postgraduate nursing practicums (RN to BSN, Master’s Degree students, etc.) scheduling is directly with the practicum preceptor, but onboarding requirements and paperwork are still required through Staff Development. Staff Development will contact the preceptor prior to processing the paperwork to confirm agreement to provide the practicum for that student.
   e. Once an undergraduate clinical group site has been approved through CCPS, contact the manager or contact person for that unit for any unit specific instructions.
   f. Once an observation or alternate experience site has been approved through CCPS, the instructor or clinical coordinator must contact the unit manager or contact person of that observation/alternate experience to set up specific dates and students, so the area knows whom to expect. The students should have a list of objectives to complete during that experience. Most areas would like for the
students to become involved and not just observe unless they are strictly observational students.

3. Badge Stickers
   a. Any students and instructors performing clinicals at SEH must obtain a sticker for their school badge for admittance to any of the SEH facilities. Employees of SEH who are students or instructors must obtain and utilize their school badge and badge sticker when in that role.
   b. Onboarding modules and tests are revised annually (calendar year) and are available online at www.tristatenrc.org under Student Center, then look for St. Elizabeth Healthcare for our hospital specific content. Students may read the modules online, but will need to print the tests, complete them and give them to the instructor or coordinator at the school for grading. The modules/forms can be sent to the schools upon request. Answer keys will be sent to the designated program coordinator at the school for grading. To obtain a sticker, prior to attending clinicals, all students and instructors must complete training on the following:
      i. HIPAA Privacy and Security (annually - SEH module required),
      ii. Infection Ctrl BB TB AIDS (annually – SEH module optional, but student must have completed Bloodborne Pathogens, TB, and AIDS OSHA training through the school during this year to be exempt from this module) – please note, this is a combined Bloodborne Pathogens and TB module which had previously been separate modules.
      iii. Identifying and Reporting Abuse Module (annually - SEH module required),
      iv. General Hospital Safety Module (annually – SEH module required),
      v. Patient Experience Module (annually – SEH module required),
      vi. TB skin testing/assessment (annually),
      vii. Up to date immunizations (verify annually),
      viii. Criminal background check (one time in student career),
      ix. Alaris Computer Based Module (one time only),
      x. EPIC e-learning Modules or EPIC Class (one time only)
*Note - It is the school’s responsibility to keep record of the above tests, immunizations etc. These do not need to be sent in to SEH. Completion of these requirements is to be recorded on the St Elizabeth Healthcare Facility Affiliation/Student Badge Authorization Form (Appendix C).
   c. List all students and instructors (who have completed the requirements) in the rows provided on the form, with each completed requirement column marked.
      i. Instructors must be identified on the Badge Authorization Form with (instructor) in parenthesis behind their name.
      ii. Role Transition students must have the unit/preceptor listed beside their names on the Badge Authorization Form so we can verify their placement has been confirmed.
   d. Upon completion of the requirements indicated on the St Elizabeth Healthcare Facility Affiliation/Student Badge Authorization Form (Appendix C), the responsible faculty member must email or fax the completed and signed form to Staff Development as indicated at the bottom of the form. Typed signatures are
not acceptable signatures. This form must be received no less than 10 working days prior to their first clinical day.

e. If the St Elizabeth Healthcare Facility Affiliation/Student Badge Authorization Form is not filled out completely or accurately, the form will not be accepted, and will be returned.

f. Staff Development will forward the completed Badge Authorization Form to Human Resources once confirmed placement has been verified.

g. Prior to the first day of clinicals, the instructor or representative responsible for the student group must pick up the student badge stickers from Human Resources at the Dolwick Location: 1360 Dolwick Dr. Erlanger, Ky. 41018, First Floor, Suite 105. Contact is Stephanie Pryor, 859-301-2150. Students in independent experiences such as role transition or leadership clinicals may pick up their own stickers.

h. Please destroy badge stickers on expiration date.

i. Students must wear the SEH sticker on their school picture badge while performing clinicals at SEH.

4. Parking Decals & Parking Instructions

a. Prior to the first day of clinicals the students and/or instructors must stop by security at any SEH facility to register their vehicles and obtain parking decals. Instructors may pick up a stack of forms from security, have their students fill them out, and then return them to security to obtain the group of parking decals. They will need their license plate numbers to fill out the forms.

b. Decals must be affixed to the windshield’s lower left corner.

c. Returning students who already have decals do not need to obtain another decal.

d. Students should be encouraged to car pool due to congestion.

e. Never should a student or instructor park in any patient parking areas.

f. All students and instructors, including weekend and evening students, and employee students and instructors are to park:

i. Edgewood - “Lot S”, adjacent to Gateway College on Thomas More Parkway. If an instructor employee is already parked in employee parking for work they do not need to move their car for clinical instructing. Students may not park in the garage or employee parking, or they will receive a citation. See Appendix E for parking map for Edgewood.

ii. Florence – students may NOT park in employee parking. Students should park in the last 5 rows of the Zone 1 overflow lot. If leaving the building (through the front) after 9pm, please exit using the Atrium Fire Exit. Evening/night shift students only may park in employee parking in the very back facing I75. See Appendix F for Florence parking map, outlining appropriate parking area.

iii. Ft Thomas, Covington, Grant, other facilities - park in employee parking. Follow signs to employee parking.

g. All instructors and students parking on SEH property must have parking decals. Students and instructors who are employees do not need to obtain a student/instructor parking decal if they have an employee decal. Instructors may
contact security ahead of time for decal stickers. Security prefers group obtain cards ahead of time.

h. Contact security with any questions or concerns. Call (859) 301-2270 for any problems or difficulties with parking.

5. Dress Code
   a. Student and instructors affiliating with SEH must follow the SEH Dress Code policy #HR-ER-05.
   b. Students must wear school uniform. There are a few areas that may be an exception, such as Behavioral Health where students would wear professional attire as described in the dress code for that area.
   c. Closed-toe shoes with no holes on the top are required in all patient care areas for all personnel. Sandals, flip flops, or crocs with holes may not be worn in patient care areas or non-patient care areas.
   d. No hospital scrubs are allowed unless a student is performing clinicals in an area that requires scrubs, i.e. OR, LDRP.
   e. Instructors should dress appropriate to their role, and be professional in appearance.
      i. Clinical instructors in patient care areas should wear school uniform, or all navy uniform, or all royal blue uniform, or all white uniform.
      ii. Instructors checking on students may wear professional clothing with a white lab jacket.
      iii. Instructors working with students in areas where hospital scrubs or business attire is worn, may do so as well.
   f. Hair length or style, must in no way, interfere with care or present a hazard to the patient or associate.
   g. Jewelry worn in conjunction with a visible body piercing is to be limited to the ears only (maximum of 3 earrings per ear). Otherwise, the expectation will be that the jewelry associated with a body piercing either be covered or removed while at work (e.g., no nose piercing jewelry, eye piercing jewelry, etc.). Gage earrings are not allowed.
   h. Tattoos that are inappropriate as determined by St. Elizabeth Healthcare Management must be covered. It is preferred that all tattoos be covered when working in a patient care area and/or by individuals that have interactions with patients.
   i. Clothing should be of sufficient weight so as not to be transparent and reveal undergarments. Clothing should be of appropriate size and fit, not too tight, revealing, or in poor taste.
   j. No artificial nails allowed during patient care.
   k. When students or instructors are attending classes or other non-clinical educational events at St Elizabeth, uniform or professional casual dress must be worn. For details please see the dress code policy.
   l. Violations of dress code policy may result in the individual not being permitted to perform clinicals until the issue has been resolved.

6. Confidentiality
a. Patient information and charts are confidential and should not be photocopied. Even with redacting or blackening out all PHI (Protected Health Information) copying is not permitted.
b. Patient information may NOT be printed from EPIC. This is a HIPAA violation.
c. At no time should a student or instructor remove copies of SEH patient documents or parts thereof from the premises.
d. EPIC Production (live version) should never be accessed by a student or nursing instructors from an offsite computer. This is considered breach of confidentiality, even if it is for obtaining patient assignments or for looking up patient information on a patient the student cared for or will be caring for at clinical.

7. Instructor Orientation
   a. All new instructors must attend an orientation through Staff Development (SD) and take the dosage calculation test. Nursing instructors will be expected to successfully complete the dosage calculation test, scoring 92% or above, before working with students at St. Elizabeth. The Dosage Calculation Test will be provided at the initial Nursing Instructor Orientation provided by Staff Development. Nursing Instructors may attempt the dosage calculation test a second time. Review/remediation recommended. Nursing instructors, who have a second unsuccessful attempt of the dosage calculation test, will be able to retest in no less than 6 months. The Nursing Instructor would not be approved for clinicals at St. Elizabeth until the instructor has successfully completed the dosage calculation test.
   b. Instructors without a KY license cannot go through nursing instructor orientation or any hospital orientation until the instructor has an active KY license. Instructors who come to orientation without an active KY license will not be able to attend and will be asked to reschedule.
   c. Instructors who were past employees of SEH, and have not been employed at SEH for the past 12 months or more, and have not been doing clinicals at SEH within the past 12 months, must complete an instructor orientation through Staff Development as a “new” clinical instructor including dosage calculation test etc.
   d. Instructors who have not instructed at St Elizabeth in over a year, must attend an instructor orientation before they can bring any student to clinical at St Elizabeth.
   e. Prerequisites for the class are completion of the Alaris Module and EPIC online modules (or proof of EPIC training through another facility). If these have not been completed prior to attending orientation, the instructor will be asked to reschedule. Drug Calc review is recommended.
   f. Instructors or students greater than 10 min late to a class will be turned away and asked to reschedule.
   g. After completing Staff Development (SD) Orientation, the instructor must contact the unit manager, assistant nurse manager, or team leader prior to the first day of clinical and complete an orientation to the nursing unit.
      i. The instructor must have completed SD orientation and obtained a badge sticker before doing a unit orientation.
      ii. Unit orientation should include following a nurse for a minimum of 8 hrs on the shift the instructor will be doing clinical. The Nursing Instructor
Unit Orientation Requirements form must be completed during the unit orientation and signed.

h. Any returning instructor who has completed the initial 8hr unit orientation, and is bringing students to clinicals on a “new” unit, must complete an orientation to that “new” unit, and must complete a Nursing Instructor Unit Orientation Requirements form. The form specifies the details or the orientation time and process. The form must be signed by one of the approved staff, and submitted to Staff Development to be placed in the instructor’s file.

i. Any new instructor, who is an employee of SEH in the following areas:
   i. **Specialty area** such as ED, OR, LDRP, but will be instructing on a Med-Surg floor, should attend a brief orientation through SD. Areas of significant differences in procedures, such as documentation and medication administration will be covered. Please contact NSDC@stelizabeth.com to register.
   ii. **Med-surg** area where medication administration and EPIC documentation, as well as other practices, are consistent with the area in which they will be teaching a clinical, do **not need** to attend instructor orientation with Staff Development. But they DO NEED to read and sign the Student/Instructor Guidelines prior to bringing their students to clinical, and in order to obtain a badge sticker. This document is considered part of their orientation. They need to know what their responsibilities are as an instructor versus an employee since there are some significant differences. They must also complete a unit orientation to the area in which they will be instructing if it is not the same in which they work.

j. All instructors (SEH employee and non-employee) must read the latest version of the Nursing Instructor/Student Guidelines, sign the Instructor Guidelines Agreement (Appendix A) before coming to clinicals at SEH, and fax (859) 212-4221 or scan and email NSDC@stelizabeth.com the signed instructor agreement form. Typed name on a form will not be accepted. Instructors will not be given a badge sticker if a signed Instructor Agreement is not submitted. Instructors who come through orientation with Staff Development will sign the instructor agreement form at this orientation, and the signed form will be filed.

8. Instructor Role
   a. Instructor must follow all SEH policies and procedures.
   b. Instructor must follow the same guidelines for care as the students. If students are not permitted to perform a task, the instructor also should not perform that task.
   c. Instructors, even if employed by SEH, when at clinicals as an instructor (employed by the school of nursing), must only provide care as an instructor and not as an employee. The instructor may need to defer some aspects of care and decision-making to the patient’s primary nurse. In other words, if the instructor has taken certain classes or been oriented to certain tasks through SEH, yet those are not permitted for instructors, the instructor must defer to the patient’s nurse those tasks while at SEH in the role of “instructor”.
   d. Instructors should be actively involved in care provided by the student.
e. Instructor must work in close collaboration and clear communication with the nurse and charge nurse of the patients the students are caring for.

f. Any questions or concerns by the instructor must be addressed with the nurse and/or charge nurse of the patient involved.

g. Unit related issues, questions, concerns, must be addressed with the Nurse Manager of that unit.

h. All instructors whether employees of SEH or not, must sign the Instructor Guidelines Agreement (Appendix A) indicating they have read these Nursing Instructor/Student Guidelines and are in agreement with them. The signed form must be faxed, or scanned and emailed to Staff Development. Instructors will not be given a badge sticker if this signed form is not submitted with or prior to badge sticker request.

9. Communication

a. Post a communication sheet on the unit to notify the nurses of assignments and what the students will be doing that clinical day.

b. In the event a task will not be able to be completed as the instructor noted on the communication sheet, the nurse and/or charge nurse must be notified in a timely manner to prevent patient neglect or harm as a result.

c. Students should not congregate at the nurse’s station or in hallways.

d. Students should not take breaks in visitor areas or waiting rooms to respect family privacy; or be in any clean rooms at any time to chart, do post clinicals, etc.

e. Students must arrive early enough to receive assignments and participate in report or the student will not be permitted to do patient care.

f. Please notify nurse and charge nurse when students leave floor for lunch or other purposes. At Florence & Ft Thomas, please try to coordinate lunch times with the staff to help prevent congestion in cafeterias – per cafeteria manager.

10. Role Transition Students

a. Role Transition students must work with the employee preceptor they are assigned to.

b. Instructor must be readily available if needed via pager, phone, etc.

c. Specific guidelines for role transition students are mentioned throughout this document. Guidelines are the same for students in role transition as for other nursing students unless stated otherwise.

11. Observational students

a. According to the Board of Nursing “observational” students may only observe. No hands-on patient care.

b. If the instructor is not available, the student is considered “observational” and may not do hands on.

c. Students may not just “show up” at observational experiences. These must be coordinated through CCPS for all facilities.

d. Once approval for an observational site has been given, the instructor or clinical coordinator must contact the unit manager or contact person of that observation experience to set up specific dates and students so the area knows whom to
expect. The students should have a list of objectives to complete during that experience. Most areas would like for the students to become involved and not just observe unless they are strictly observational students.

12. Alternate experience students (hands-on “observational” experiences)
   a. Students may not just “show up” at an alternate experience. These must be coordinated through CCPS for all facilities.
   b. Once approval for an alternate experience site has been given, the instructor or clinical coordinator must contact the unit manager or contact person of that alternate experience to set up specific dates and students so the area knows whom to expect. The students should have a list of objectives to complete during that experience. Most areas would like for the students to become involved and not just observe unless they are strictly observational students.
   c. May perform hands-on care only if all of the following are true:
      i. The student has a clinical instructor, available by pager or phone for intervention or assistance, and is able to reach the premises rapidly within a reasonable amount of time if any major issues occur.
      ii. The student has been assigned a nurse for the day to act as “preceptor”.
      iii. The student performs hands-on care with the “preceptor”. The student should never be sent alone to do a procedure/task unless it is of a “nursing assistant” nature.
      iv. It is up to each of the “alternate experience areas” to determine what types of hands-on experiences the students would be allowed to perform, based on what a nurse in that specific area typically does.
   d. Students do not have to be “checked off” on all the procedures they perform with their “preceptor”. It is up to the comfort level of the “preceptor” as to what they allow the student to do.
   e. Students in alternate or hands-on observational experiences may never give any type of medications with the nurse or staff person they are working with.
   f. Other types of hands-on experiences such as role transition, leadership, and other students, who are in advanced roles, have an instructor responsible for them and are assigned a preceptor.

13. EPIC & Documentation
   a. All instructors and students must have their own access to EPIC if planning to document or access patient information.
   b. Students may document in the patient’s chart with instructor or RN supervision.
   c. Students must document on any care they provide (assessments, treatments, medications, etc.)
   d. Instructor or RN co-signature for documentation is not necessary as long as the student and instructor “Sign In” to the treatment team for the length of their shift. In EPIC, the signature on any documentation will be for the person who logged into the system.
   e. Specific areas/tasks (not all-inclusive) which students may perform, but the instructor/Primary Nurse must do the initial documentation:
i. Insertion or discontinuation of Lines and Drains such as: Foley Catheter, IV or NG Tube

ii. Initial addition of a wound to the Flowsheet
   a) Once the Primary RN has assessed the wound for the initial assessment you may perform reassessments.

iii. Initial application of restraints
   a) The initial assessments must be documented by the primary RN but students may perform reassessments.

iv. Patient fall
   a) Initial documentation must be performed by the primary RN.

f. Specific areas/tasks (not all-inclusive) which students may not perform or document:
   i. Blood glucose levels
   ii. Blood administration
   iii. Epidurals
   iv. Braden Scale
   v. Wound VAC dressing changes
   vi. Order entry

*Tasks below permitted for role transition students only at the preceptor’s discretion and direct supervision, but not permitted for regular students with instructor.

vii. Acknowledge orders

viii. Admission or Discharge

ix. Add LDA – this includes new wound, foley, IV, etc. (instructor or nurse must add LDA, student may document in flowsheet once LDA added)

x. Falls assessment (notify nurse of assessment findings impacting the fall score)

xi. Mobility assessment (notify nurse of assessment findings impacting the mobility score)

xii. Best Practice Alerts

xiii. Care plan

g. Care Plan:
   i. Students will not document in the Care Plan, but they will need to look through the care plan to direct the care they provide.
   
   ii. Click on the Care Plan, you can view problems and goals. If these are not visible, click on one of the buttons at the bottom of the screen that says “Problems” “Goals” or “Expand All”.

h. Education:
   iii. Students may document education they have provided.
   iv. Students (with instructor’s supervision) may add other relevant education as necessary.

i. E-learning modules/EPIC classes
   v. All students must have completed the EPIC e-learning modules and test through one of the participating tristate hospitals, or have previously completed an EPIC class provided by St Elizabeth. The e-learning
modules will provide basic navigation through EPIC. (See separate document with instructions on accessing the modules).

vi. Instructors must complete the EPIC e-learning modules, or bring documentation of having completed Inpatient Nurse EPIC training through another hospital prior to attending an Instructor Orientation, which includes additional St Elizabeth specific EPIC training.

j. EPIC Access Form

vii. Epic Access Form is available on the tristatenrc website under Student center, then select St Elizabeth Healthcare.

viii. Fill in all areas with a blue highlighted title. Further explanation on a few columns listed below:

1. Estimated graduation date – date student will be completely done with their nursing program. On that date IT will remove the student from our data banks.

2. Returning student reactivation yes/no - if yes, place access code in the green column titled “PeopleSoft (student access) ID for returning students” to help IT find the student more quickly. The coordinator will only need to submit a form to reactivate a student if that student is approaching the “Estimated graduation date” and is expected to need access to EPIC past that date. If this is not a returning student and needs new student activation, enter “no”.

3. New student activation – enter “yes” if this is a brand new student who has never had EPIC access at St Elizabeth before. Enter “no” if this is a returning student requesting reactivation.

4. Date EPIC training completed – is the date the student completed their EPIC training through one of the participating tristate hospital’s online e-learning modules, or had attended the previously offered EPIC classes at SEH. If a student is requesting an access ID in order to complete the EPIC e-learning modules, please write “pending” in this column. Once the training is complete, the coordinator should send NSDC@stelizabeth.com an email (not an EPIC access form) with a list of students who have completed the training and the completion date so they can be activated in EPIC.

ix. Submit completed form to NSDC@stelizabeth.com. Any form submitted that is not complete will be returned.

x. Allow at least 10 business days for IT to process information and assign a number for access to EPIC.

xi. The student/instructor access numbers for login to EPIC will be sent to the coordinator or person who submitted the form.

xii. A student/instructor EPIC reference guide is available, and will be sent to all the coordinators with each revision.

k. First Day of Clinical

xiii. Students will access EPIC using access number and password.
xiv. Initial Password is the student’s birthdate: month spelled out with 1st letter upper case, date is two characters, year is four characters. No spaces or commas – example March051978

 xv. Students will be required to change their password with first login. Recommended secure password is 8 characters with at least 1 upper case letter and one number or symbol.

 xvi. After all students attempt to log in to EPIC, if anyone has difficulty call the help desk at 301-2541. To save on time, please make one phone call to the help desk with all the students who have difficulty.

14. General Medication Administration Guidelines
   a. Students in training at SEH will administer medications in compliance with the SEH Medication Management Procedures if they have met the appropriate criteria from an approved education program. Students in programs of learning other than nursing will meet the criteria specified by the department.
   b. The ratio of 1 instructor to 4 students for medication administration will not be exceeded. Instructors should utilize and model the 6 Rights when working with students. The instructor must always verify the accuracy of all medications before administration by the student.
   c. Students may only give medication with an instructor or role transition preceptor. Students may NOT give any medications with an employee nurse unless it is their role transition preceptor. Students on alternates or observational experiences may never give medications with the nurse they are working with.
   d. If the student nurse learns the patient has another allergy, the student should notify the nurse/charge nurse so the information can be entered into EPIC.

15. Alaris Pumps & IV Medication Administration
   a. Training for students –
      i. Students must complete the Alaris Training module. Once the module is complete, the student must print the certificate and give to the instructor to keep in their training records.
      **Please note** – each screen in the module must be viewed in order to print a certificate.
      ii. Hands on training for students will be completed with their instructors or preceptors (for role transition) on the unit during unit orientation.
   b. Training for instructors –
      i. Instructors new to St Elizabeth - must complete the Alaris Training module and print the certificate prior to attending instructor orientation. During instructor orientation, hands-on pump training will be provided.
      ii. Instructors who are St Elizabeth employees – if they have had the training for their employment at St Elizabeth, will not need to complete the Alaris module or class, but will need to note completion of the Alaris module (since was done during hospital training) on the Badge Authorization Form in order to obtain a badge sticker.
   c. The instructor or preceptor must be with the student at all times during any IV medication administration whether IV push, or hanging IV fluids.
d. Students may only initiate IV sticks with a nurse who typically starts IVs as part of their daily/shift expectation. Example: IV Therapy, critical care, ED, etc. Students may not start IVs with their instructor. Instructors may not start IVs.

16. Key Points in Medication Administration
   a. Steps in administering a medication in compliance with current SEH policies and procedures for medication administration.
      i. Instructors must be specific on the posted communication sheet with time span of medication administration, so the staff does not miss medications before and after. Example: “SNs will give 0900-1400 meds only”. (This will prevent confusion re: 0700 and 0730 meds.
      ii. Look up medications prior to administration.
      iii. Read MAR entirely, including administration times, so as not to miss or misread a medication.
      iv. The instructor must always verify the accuracy of a medication before administration by the student. With students in upper levels, it will be left up to the instructor to determine the competency of the individual student to administer PO medications at the bedside without direct supervision once the medication has been verified as accurate by the instructor. But IV meds must always be administered with the instructor present.
      v. The medication should not be removed from the unit dose container until these steps have been completed. This is preferably done at the actual time of administration. In other words, students may not carry medications around out of the packet or original container.
      vi. Only one patient’s medications are to be administered at a time.
      vii. Allergies and last time of medication administration must be verified when the medication is obtained out of the Pyxis, or if not using Pyxis, verify in EPIC.
      viii. The student will dialogue with the patient as follows:
          1. State (person administering the medication) your name and title to the patient. 
          2. Ask the patient to “verify” state back their name and date of birth.
          3. Verify two patient identifiers by comparing (EPIC) and scanning the patient’s ID band. Acceptable identifiers may include patient name, date of birth, and corporate or account number.
          4. Ask the patient if they have any allergies. Check for the red allergy bracelet.
          5. Tell the patient the medication name, what it is for, and side effects. Example: “White pill is Glucophage for your diabetes, could cause low blood sugar.”
          6. Once scanned, medications are not “accepted” as given until administration has actually been accomplished.
          7. Medications given or not given are reported to the nurse caring for that patient.
8. When educating patients regarding medications or other subjects, the student must document in EPIC that education.

9. Prior to leaving the unit perform MAR hygiene to ensure all scheduled medications have been given as agreed and documented.

b. Use of Pyxis by instructors.
   i. Instructors only will have access to Pyxis to obtain medications.
   ii. Please work with the manager, assistant nurse manager, or team leader to complete the Pyxis Form (Appendix B) prior to the first day of instruction.
      1. Bring the completed form to that facility’s pharmacy (FLO/FT/EDG)
      2. Please specify the end of the instruction period and the areas (units) on which you will be teaching.
      3. If you are a SEH employee who already has Pyxis access, you **must** obtain a separate instructor access ID for instructor role.
      4. Access is only valid for the instruction period (it is not indefinite)
      5. Access is only valid for the units designated
      6. SEH employees must have separate instructor access
      7. Do not wait until the first day of instruction to obtain the responsible staff’s signature, and to bring the form to pharmacy.
      8. The pharmacy should be able to give the instructor a user number even if they do not have the time to enter the information in Pyxis immediately.
      9. The initial password will be 12345678

c. Method for handling medication errors by students.
   i. Notify that patient’s nurse.
   ii. Notify the charge nurse and collaborate on notification of physician and patient, and/or any other care required.
   iii. The nurse manager/department manager will notify the Director of Staff Development or designee, or the department head for ancillary departments regarding the occurrence.
   iv. The student with instructor’s and/or nurse’s collaboration must complete a MIDAS Report on the SEH Intranet under “Quicklinks”.
   v. The form is a tool of SEH and a copy is not to be made for the purpose of records for the school.
      **Fill out the form completely.**
   vi. Discuss with the student the significance of the incident report and the routing process.
   vii. A medication given in error to the wrong patient should be documented in the narrative with time, drug name, dose, and route. All medications a patient receives should be noted in his/her medical record. Any actions taken or response to drug effects should be noted and documented. Do not write “error” or state why the medication was given. If the medication was not on the patient’s MAR, no documentation on the MAR is needed.
   viii. If an incorrect dose or route was given, or an extra dose was given, this should be documented in the time column of the MAR.
17. Blood Administration (All students including role transition)
   a. Students and instructors may not administer blood, but may only observe blood administration and assist in obtaining vitals after the first 15 minutes.
   b. Students and instructors may not co-sign for blood administration or sign to pick up blood from the lab.

18. Drawing Blood
   a. Students in role transition only may draw blood from a central line at the preceptor’s discretion, and only under direct supervision of the preceptor.
   b. Instructors and other students may not draw blood.

   a. Students and instructors are not permitted to perform blood glucose finger sticks on patients at any SEH facility.
   b. Students should never utilize an employee’s ID to obtain access for performing finger sticks.
   c. Students and instructors who are also employed by SEH may NOT obtain fingersticks even if trained as an employee, since they are in the student or instructor role (per J. Nortmann – Lab).

20. Epidural (for analgesia)
   a. RN students may care for a patient with an epidural, but students and instructors may NOT care for the epidural infusion, tubing, or pump, or document care of the epidural.

21. Patient Controlled Analgesia (PCA)
   a. Students may care for patients with PCAs.
   b. Students may not work with the pump, or document on the PCA section in EPIC.

22. End Tidal CO2 (EtCO2) Pump
   a. Students may not make changes in the settings. Students may read EtCO2 value and resp rate and document. If the pump alarms, the student must carry out normal emergency procedure such as checking the patient, notifying the nurse immediately, etc.

23. Wound Care
   a. Students must notify the nurse responsible for their patient immediately, of any change noted in their skin assessment.
   b. Students may care for patients with wound VACs, but may not perform wound VAC dressing changes.
   c. Students may observe the patient’s nurse or the wound care nurse performing wound VAC changes. Instructors are not to perform wound VAC dressing changes.
   d. No one is to touch a Wound VAC over a Split thickness skin graft. Only the Wound Care nurses remove these.
e. **Students may not document on the Braden Scale (this includes role transition students).**

f. Students may document in the wound LDA only *after* the nurse has documented the initial assessment.

g. Students are not to measure the wounds, unless they are working side by side with a staff nurse.

h. Students don’t stage pressure ulcers.

24. Airborne Precautions
   a. Students should **not** be assigned to care for patients in Airborne Precautions.

25. Pre-operative Care
   a. Students may not complete the preoperative documentation (Consent Forms, Preop Checklist, etc.) independently of the patient’s nurse. At the staff nurse’s discretion, and only under his/her direct supervision, the student may assist in completing the documentation.

26. Removal of lines
   a. Students and instructors, even in role transition, may not remove lines that typically require a nurse to be “checked off” prior to removing independently. Example - central lines.
   b. Exception to the rule - post mortem care, at nurse’s discretion, students may pull lines.

27. SMART (Minimal Lift) Equipment
   a. Students/Instructors should always use the Minimal Lift equipment with patient transfer and movement in bed. However, students/instructors who have not completed the training should utilize the equipment only alongside a SEH staff member who has completed the SMART training.
   b. Equipment training other than Maxislides will be optional. Instructors may schedule to attend the 4hr class, if desired, to orient to all equipment, by contacting Sue Watkins Sue.watkins@stelizabeth.com.
   c. Instructors who are new to SEH, will be trained in the use of the Maxislides during their instructor orientation with Staff Development.

28. Chain of Command
   a. Instructors and students must follow the chain of command for issues at SEH.
   b. The nurse caring for the patient must be contacted, if not already involved, the instructor must be contacted, then nurse manager, nursing supervisor, then Director of Staff Development, etc.

29. Smoking
   a. Students and instructor must follow SEH smoking policy which does not allow smoking anywhere on the premises, even if in their personal car. See smoking policy.

30. Accessing Nursing Instructor/Student Guidelines via St E website.
a. Go to SEH webpage http://www.stelizabeth.com/
b. Click on For Health Professionals at bottom of page
c. Click on Education in the left column of page
d. Click on Instructor/Student Guidelines

References: Medication Administration Procedures; IV Therapy Procedures; Nurse Practice Committee; Kentucky Nursing Laws; Infection Control Nurses.

Appendix A (Instructor Guidelines Agreement pg 16)
Appendix B (Pyxis Access Form pg 17)
Appendix C (St Elizabeth Healthcare Facility Affiliation/Student Badge Authorization Form pg 18)
Appendix D (Criminal Background Checks Guidelines pg 19,20)
Appendix E (Edgewood parking map pg 21)
Appendix F (Florence parking map pg 22)
St Elizabeth Healthcare Instructor Guidelines Agreement

I have completed Staff Development Orientation either as an employee or as an Instructor, and have read the latest version of the Nursing Instructor/Student Guidelines. I understand the role of the instructor at SEH, and agree to comply with the Nursing Instructor/Student Guidelines, and Policies and Procedures of the SEH system while performing clinicals with students at St Elizabeth Healthcare.

Print Name: ____________________________________________

Signature: _____________________________________________

Date of Signature: _________________________________

School: ______________________________________________

Date of Orientation with St Elizabeth Staff Development Dept: ____________
St. Elizabeth Healthcare

Pyxis ES
Nursing Instructor
ID/Password Assignment Information

STATEMENT

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<th>Last Name</th>
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<tr>
<th>Area(s) of Instruction</th>
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Email Address:

I understand that my ID, in combination with the confidential personal password that I will later select, will be electronic signature for all my transactions on the PYXIS ES system for both controlled substance and patient care record keeping purposes. A time stamp and date will also be affixed to my transactions. These records will be maintained and archived as per the policies of this Hospital and will be available for inspection by the Drug Enforcement Administrations (DEA), as is currently the case with my handwritten records for controlled substances.

I also understand that, to maintain the integrity of my electronic signature, I must not and will not give my personal password to any other individual. Unauthorized access, release of dissemination of this information may subject me to disciplinary action. Should I have any suspicion that my password has become known to another individual, I will change it immediately and if, deemed appropriate, will immediately report such to my supervisor.

Signature:________________________________________________________ Date:________________________

Authorization – MUST BE AUTHORIZED BY AN SEH EMPLOYEE

Authorized by:________________________________________________________

Signature ___________________________________________ Print Name

Authorization Date:________________________

Circle: Nurse Manager  Assistant Nurse Manager  Team Leader  Clinical Spec.  Education Spec.

Entered into PYXIS by:_________________________________________ Date:________________________

Removed from Pyxis by:_________________________________________ Date:________________________

(K:/forms/Pyxis/Pyxis ES Instructor Access Form)
ST. ELIZABETH HEALTHCARE  
FACILITY AFFILIATION/STUDENT BADGE AUTHORIZATION FORM  

College/University: ______________________ Program Type: ________________________

Practicum Location&Campus: _______________ SEH Practicum Contact: _______________

Practicum Day(s) of Week _____________________ Practicum Shift_____________________

Practicum Start Date _____________________ End Date ______________________________

Signature below indicates that the following individuals have met the requirements as checked in the boxes beside their name, and the records are on file at our school. We understand that an individual may not begin their affiliation at SEH until all their requirements have been met. We understand that incomplete forms will be returned for completion.

<table>
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<tr>
<th>NAME (Please print or type)</th>
<th>Infection Control BB, TB, AIDS</th>
<th>HIPAA Privacy and Security (annually)</th>
<th>Identifying and Reporting Abuse module (annually)</th>
<th>General Hospital Safety module (annually)</th>
<th>Patient Experience Module (annually)</th>
<th>TB skin test or assessment of a positive TB skin test reactor (annually)</th>
<th>Up-to-date immunizations according to CDC Healthcare Personnel Vaccination Recommendations</th>
<th>Criminal Background Checks</th>
<th>Alaris Computer Based Module (Nursing Students only)</th>
<th>EPIC e-learning Modules or EPIC Class (any student needing access to patient charts)</th>
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School representative completing form (SIGNATURE): ___________________________________________

School representative completing form (TYPE OR PRINT): ___________________________________________

School representative completing form (TITLE): ________________________________________________

School representative name & phone #: _______________________________________________________

Date form completed: _____________________________________________________________________

Please return the completed form to:

Staff Development  
NSDC@stelizabeth.com  
4900 Houston Road  
Florence, KY 41042  
Phone: (859) 212-4310  
FAX: (859) 212-4221
Criminal Background Checks prior to clinicals at St Elizabeth Healthcare

**Must include:**
1. State and County of School and
2. State and County of Residency if not same as the school
3. Must be from the start of program or more recent

* National Criminal Background Check is preferred but not required

**A student will be disqualified from clinical based on the following guidelines:**
- Any violent felony convictions of homicide. (No time limit).

- Crimes of violence (assault, sexual offenses, arson, kidnapping, any crime against an at-risk adult or juvenile, etc.) as defined in section 18-1.3-406 C.R.S. in the 10 years immediately preceding the submittal of application.

- Any offense involving unlawful sexual behavior in the 10 years immediately preceding the submittal of application.

- Any crime, the underlying basis of which has been found by the court on the record to include an act of domestic violence, as defined in section 18-6-800.3 C.R.S. in the 7 years immediately preceding the submittal of application.

- Any crime of child abuse, as defined in section 18-6-401 C.R.S. in the 7 years immediately preceding the submittal of application.

- Any crime related to the sale, possession, distribution or transfer of narcotics or controlled substances in the 7 years immediately preceding the submittal of application.

- Any felony theft crimes in the 7 years immediately preceding the submittal of application.

- Any misdemeanor theft crimes in the 5 years immediately preceding the submittal of application.

- Any offense of sexual assault on a client by a psychotherapist, as defined in section 18-3-405.5 C.R.S. in the 7 years immediately preceding the submittal of application.

- Crimes of moral turpitude (prostitution, public lewdness/exposure, etc) in the 7 years immediately preceding the submittal of application.
- Registered Sex Offenders. (No time limit).

- Any offense in another state, the elements of which are substantially similar to the elements of any of the above offenses.

- More than one (1) D.U.I. in the 7 years immediately preceding the submittal of application.

If the investigation reveals information that could be relevant to the application, the designated individual responsible for background checks may request additional information from the applicant. The offense shall be reviewed on a case by case basis.
Edgewood Campus Parking Map
Florence Campus Parking Map
(Student Parking)