



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 St. Elizabeth Hospital (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 Lisa Blank, Director Organizational Development, to collaborate in obtaining a contract with SEH. 859-655-4374
 - 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 SEP @ 859-212-0004, 859-344-3730.

2. Scheduling Process
 - a. Contact **SEP** @ 859-212-0004, 859-344-3730 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, 859-301-9753
Angela.Chambers@stelizabeth.com The paperwork and requirements for Nurse Practitioners are different than for other nursing students.
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 Organizational Development only.
 - c. 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 Organizational Development (OD). OD will contact the preceptor prior to processing the paperwork to confirm agreement to provide the practicum for that student.
 - d. 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.
 - e. 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. School ID

- a. Any students and instructors performing clinicals at SEH must wear 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.
- a. Prior to attending a practicum, all students coming to the St Elizabeth facilities, must complete training annually (calendar year) on the information listed below.
- b. Onboarding modules and tests are revised annually (calendar year) and are available online at <https://workforce.healthcollab.org/students/clinical-placement-for-nursing-students/st-elizabeth-healthcare/>
- c. 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. **All students and instructors new to St. Elizabeth Healthcare must complete training on the following:**
 - i. HIPAA Privacy and Security (annually - SEH module **required**),
 - ii. Infection Ctrl BB TB AIDS (annually – SEH modules optional, but student must have completed Bloodborne Pathogens, TB, and AIDS OSHA training through the school during this year to be exempt from these 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. Obesity: Understanding, Awareness and Sensitivity (annually – SEH module **required**),
 - vii. TB skin testing/assessment (annually),
 - viii. Up to date immunizations (verify annually),
 - ix. COVID-19 vaccination or a school approved exemption (details of proof and submission follows),
 - x. Criminal background check (one time in student career),
 - xi. EPIC e-learning Modules or EPIC Class (one time only)
- d. **St E employee students have most of the required modules on record in HEALTHSTREAM LMS if already completed within this calendar year. Students can provide the school with a copy of the transcript from HEALTHSTREAM LMS indicating completion of the required modules.**
- e. ***Note - It is the school's responsibility to keep record of the above tests, immunizations etc. as these are auditable. These do not need to be sent into SEH, except for a copy of COVID vaccination documentation (one-time) or school indicates an approved COVID vaccine exemption to be submitted at the link identified on the Electronic Student Badge Authorization Form.**
- f. If desired, a separate link can be provided to the student to submit their COVID vaccine or vaccine exemption documentation at [COVID Vaccine Documentation](#) . **Completion of learning modules and other requirements are to be recorded on the**

St Elizabeth Healthcare Electronic **Badge Authorization Form** by the school representative, not the student located at

<https://workforce.healthcollab.org/students/clinical-placement-for-nursing-students/st-elizabeth-healthcare/>, or directly from this link: [Badge Authorization](#)

- g. **COVID VACCINE EXEMPTION TESTING UPDATE:** Throughout the COVID-19 pandemic, disease surveillance efforts that rely on testing have been critical in efforts to fight the virus. Without this testing, the spread of COVID-19 could have been exponentially greater. As we experienced lower COVID community prevalence rates and inpatient hospitalizations in mid-2022, **students who received an exemption or deferral to the COVID vaccine were no longer required to engage in weekly COVID testing.** We will continue to monitor the situation and remain prepared for any future surges. If community prevalence rates and inpatient hospitalizations increase, it may become appropriate to restart the testing process for unvaccinated students. Face masks are still required in **all clinical settings for all providers, associates, patients, visitors, students, and volunteers.**
- h. **For hospital accreditation, we now must confirm medical exemptions for COVID-19 vaccination have been signed and dated by a licensed practitioner who is not the individual (associate or student) requesting the exemption.** The document is to contain all information specifying which of the authorized COVID-19 vaccinations are clinically contraindicated, the recognized clinical reasons for the contraindication, and a statement by the authenticating practitioner recommending the individual be exempted from the COVID-19 vaccination requirements based on the recognized clinical contraindications. A HIPAA protected link appears on the electronic Badge Authorization form to submit a copy of the medical authorized exemption form if the medical exemption question is answered as yes.
- i. If a student is symptomatic, they should be sent for PRC testing per school policy. All testing results are to be kept on file at the school and are auditable upon request. Please notify NDC.Correspondence@stelizabeth.com mailbox of any students that are currently in clinical practicums at St. Elizabeth Healthcare that have tested COVID positive, including the students name, facility/unit of clinical practicum and date of positive test.
 - xii. If the first test is negative the student should be sent for a second test > 24 hours from the first test
 - xiii. If the 2nd test is negative the student would be released to return to clinical immediately
 - xiv. If the 2nd test is positive, the student will follow the return-to-clinical guidelines for a positive test described below
 - xv. **COVID+ students may return to clinical 10 days from the date of positive test.**
- j. List all students and instructors (who have completed the requirements) on the Electronic Badge Authorization form, with each completed requirement box marked.
 - xvi. **Instructors must be identified on the **Electronic Badge Authorization Form.****

- xvii. Role Transition students must have the unit/preceptor listed beside their names on the Electronic **Badge Authorization Form**, so we can verify their placement has been confirmed.
 - k. Upon completion of the requirements indicated on the St Elizabeth Healthcare Electronic **Badge Authorization Form** (also listed on previous page, under #3c), the **responsible faculty member** must complete the form: **This form can be accessed electronically at <https://workforce.healthcollab.org/students/clinical-placement-for-nursing-students/st-elizabeth-healthcare/>**, or directly from this link: **[Badge Authorization](#)** This form must be received ***no less than 10 working days prior*** to their first clinical day.
 - l. If the St Elizabeth Healthcare Electronic **Badge Authorization Form** is not filled out completely or accurately, the form will **not be accepted**, and **will be returned**.
 - m. **All students who are St. E. employees must have a school student badge and EPIC access (if needed). Students may not use their employee ID, EPIC access, or any other employee codes when in the role of student.**
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. **For the safety of all associates, patients, and visitors, employee entrances at all locations have and/or will change from code entry to SEH badge entry. As students do not have a physical SEH badge, Ft. Thomas, Covington, and Grant students will no longer park in employee parking, see specific parking instruction changes below.**
 - f. All students and instructors, including weekend and evening students, and St. Elizabeth students and instructors are to park:
 - i. **Edgewood** - "Lot S", adjacent to Gateway College on Thomas More Parkway. Shuttles run Monday-Friday from 6am to 6pm. **Take the shuttle to the visitor entrance/1A entrance (opens at 8am) next to the ED, and you can enter through the night entrance with your school ID badge.** 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. **Weekend/night shift**-students can park in main employee Lot C. See Appendix D for parking map of Edgewood.
 - ii. **Florence** – students may **NOT** park in employee parking. Students will park in the red section noted on the map (see Appendix E), enter hospital through the 1A/1B Entrance (opens at 6am) and follow inside signage to the main hospital.

- iii. **Dearborn** – students are to park on the 4th floor (top) of the parking garage. Take the elevator down to main entrance. See Appendix G for Dearborn parking map.
- iv. **Ft Thomas** - Students will park on the 3rd and 4th floor of the parking garage, take the elevator up and enter through the main entrance (opens at 6am). See Appendix F for Ft. Thomas parking map.
- v. **Covington** – Students will park in the front lot which is closest to the main entrance (opens at 6am). See Appendix H for Covington parking map.
- vi. **Grant** – Students will park in the farthest end of the ED lot which is closest to the main entrance (opens at 6am). See Appendix I for Grant parking map.
- vii. **Other facilities** – Check with unit manager of clinical site to determine if a SEH badge is needed to enter clinical site on off hours if applicable. 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

All students and Instructors must wear the School ID Badge when on the premises for Clinical Rotations or Role Transition.

- a. Student and instructors affiliating with SEH must follow the SEH Dress Code policy **#HR-ER-05**.
- b. Students must wear school uniform.
- 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 complete an orientation (virtual) through Organizational Development Scheduled by the school Clinical Coordinator.
- b. Instructors without a KY license cannot go through nursing instructor orientation or any hospital orientation until the instructor has an active KY license.
- 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 (virtual) through Organizational Development as a “new” clinical instructor.
- d. Prerequisites for the unit orientation are completion of the virtual orientation assignments - hospital specific information modules, EPIC online modules (or proof of EPIC training through another facility) and successfully passing the EPIC test.

- e. After completing Organizational Development virtual 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 Organizational Development orientation (virtual) and must wear their school ID badge to the unit orientation and subsequent clinical rotations.
 - 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 signed and sent back to Organizational Development as soon as completed.
- f. 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 of the orientation and process. The form must be signed by one of the approved staff and submitted to Organizational Development to be placed in the instructor’s file.
- g. **Any new instructor, who is as 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 Organizational Development. 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 Organizational Development. But they DO NEED to read and sign the electronic Student/Instructor Guidelines form on the <https://workforce.healthcollab.org/students/clinical-placement-for-nursing-students/st-elizabeth-healthcare/> website, prior to bringing their students to clinical rotation. 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.
- h. All instructors (SEH employee and non-employee) and Preceptors, must read the latest version of the Nursing Instructor/Student Guidelines, **sign the Instructor Guidelines Agreement** before attending clinicals at SEH. This **agreement** can be found at this website: <https://workforce.healthcollab.org/students/clinical-placement-for-nursing-students/st-elizabeth-healthcare/> . This is an electronic form which comes directly to the Organizational Development office. **Instructors will not be permitted to attend clinical experience if a signed Instructor Agreement is not submitted.** Instructors who participate in virtual orientation with Organizational Development will sign the instructor agreement form per link noted in the orientation packet, and the signed form will be filed.

8. Instructor Role

- a. Instructor must follow all SEH policies and procedures. Policies are available in PolicyStat located on the Shortcuts page or Connection site on the intranet. Procedures are available in Clinical Skills located on the EPIC button drop down box under TOOLS when logged in or the Shortcuts page.
- 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. Instructors **only**, may come to the unit to obtain student assignments the evening before a day shift clinical. Please contact the unit for information regarding a non-busy time to come.
- h. Unit related issues, questions, concerns, must be addressed with the Nurse Manager of that unit.

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.
- g. Students may not leave the premises alone during clinical time. They must be accompanied by a security officer, the instructor or designee. No student can accompany another student off the premises during clinical time.
- h. Students and Instructors must be present for shift report, huddle, and bedside report. If not, this could result in dismissal from the clinical area for that day.

- i. SBAR, (Situation, Background, Assessment, Recommendation) shall be used for report.
- j. Clinical instructors should monitor unit huddle boards for recent practice updates/changes posted.

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.

All areas: Role Transition Expectations

- During role transition the preceptor and orientee should work side-by-side doing all nursing tasks and medications together.
- The preceptor and the student are taking the entire assignment together. This could be up to 6 patients, depending on specialty and unit.
- The preceptor will allow the student to do as much as possible intervening immediately for any safety concerns, but also based on time or patient need.
- The preceptor will provide meaningful feedback (both written and verbal), using the SEH Role Transition Student Daily Progress Reports (see pages 18 and 19).
- The preceptor will assist the orientee in developing the ability to critically think through questioning and tailor role transition experience based on the needs of the student.
- The student will be accountable for communicating their individual learning needs to the preceptor.
- The preceptor will reinforce safe medication administration using bar code medication administration (6 rights/2 patient identifiers and double- checking high-risk meds). All medications are to be given with preceptor at side.

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 who 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.
- e. **IV therapy rotation is Observation Only. (no hands on)**

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 who 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 Access & Documentation

ALL Clinical Coordinators must send Electronic SARS requests to SEH IS/IT Department for EPIC access. Please follow the instructions previously sent from IS/IT.

- 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
 - vii. Consents
- *Tasks below permitted for role transition students only at the preceptor’s discretion and direct supervision, but not permitted for regular students with instructor.**
- viii. Acknowledge orders
 - ix. Admission or Discharge
 - x. Add LDA – this includes new wound, foley, IV, etc. (instructor or nurse must add LDA, student may document in flowsheet once LDA added)
 - xi. Falls assessment (notify nurse of assessment findings impacting the fall score)
 - xii. Mobility assessment (notify nurse of assessment findings impacting the mobility score)
 - xiii. Best Practice Advisories (don’t fire for students but could fire for instructors).
 - xiv. 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. (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 Requests

ALL Clinical Coordinators must send Electronic SARS requests to SEH IS/IT Department for EPIC access. Please follow the instructions previously sent from IS/IT.

 - i. Allow at least 10 business days for IT to process information and assign a number for access to EPIC.
 - ii. The student/instructor access numbers for login to EPIC will be sent to the coordinator or person who submitted the request.
 - iii. A student/instructor EPIC reference guide is available, please contact: Organizational Development for a copy.
- k. First Day of Clinical
 - i. Students will access EPIC using access number and password.
 - ii. Initial password is the students last 4 digits of the Social Security Number with the word Welc@me "W" is a capital letter. Example 9999Welc@me, with "Last4SS" representing the last four digits of the user's social security number. (Important to note, the "o" in Welcome is replaced with "@")
 - iii. 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.
 - iv. 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 in EPIC.

15. Alaris Pumps & IV Medication Administration

- e. Training for students –
 - i. Hands on training for Alaris Pumps & IV Medications for students will be completed with their instructors or preceptors (for role transition) on the unit during unit orientation.
- f. Training for instructors –
 - i. Instructors new to St Elizabeth - online training module provided.
- g. The instructor or preceptor must be always with the student during any IV medication administration.
- h. 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

- i. 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 the medications-and must administer all medications with the students.
 - 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. All medications must be scanned. **Once scanned, medications are not "accepted" as given until administration has 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 that education in EPIC.
 9. Prior to leaving the unit perform MAR hygiene to ensure all scheduled medications have been given as agreed and documented.
- j. Use of Pyxis by instructors.
- i. Instructors only will have access to Pyxis to obtain medications.
 - ii. New Instructors will complete the Pyxis form (Appendix B attached) once Instructor Orientation (Virtual) is initiated or as directed by school clinical coordinator, and please e-mail to the Pharmacy for processing.
 1. E-mail all Pyxis forms based on clinical location to the following associates in the Pharmacy for processing:
EDG, COV, and GRT to karen.sparks@stelizabeth.com
FLO to Amanda.mccoy@stelizabeth.com
FTT to r.j.frey@stelizabeth.com
DBN to Joshua.yatsko@stelizabeth.com
 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 will give the instructor a user number even if they do not have the time to enter the information in Pyxis immediately.
 9. Pharmacy adds the instructors directly into the user database with an expiration date. An assigned log-in is issued following an internal sequential system and the initial password is Welcome1capital "W" with the remaining letters in lower case.
- k. 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 Organizational Development and Education 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)

- l. Students and instructors may **not** administer blood- may only observe blood administration and assist in obtaining vitals after the first 15 minutes.
- m. Students and instructors may **not** consent/co-sign for blood administration or sign to pick up blood from the lab.

18. Central Line Blood Draw/Dressing Change

- n. Students in **role transition only** may draw blood from a central line and/or perform a central line dressing change at the preceptor's discretion, and only under **direct supervision** of the preceptor.
- o. Instructors and other students may not draw blood.

19. Blood Glucose Monitoring

- p. Students and instructors are **not** permitted to perform blood glucose finger sticks on patients at any SEH facility.
- q. Students should never utilize an employee's ID to obtain access for performing finger sticks.
- r. 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**)

- s. **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. Students may **NOT** care for Bariatric Surgery Patients.
- 22. Patient Controlled Analgesia (PCA)
 - t. Students may care for patients with PCAs.
 - u. Students **may not** work with the pump, or document on the PCA section in EPIC.
- 23. End Tidal CO2 (EtCO2) Pump
 - v. 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.
- 24. Wound Care
 - w. Students must notify the nurse responsible for their patient immediately, of any change noted in their skin assessment.
 - x. Students may care for patients with wound VACs-but may not perform wound VAC dressing changes.
 - y. 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.
 - z. **No one is to touch a Wound VAC over a Split thickness skin graft. Only the Wound Care nurses remove these.**
 - aa. **Students may not document on the Braden Scale (this includes role transition students).**
 - bb. Students may document in the wound LDA only **after** the nurse has documented the initial assessment.
 - cc. Students are not to measure the wounds-unless they are working side by side with a staff nurse.
 - dd. Students don't stage pressure ulcers.
- 25. Airborne Precautions
 - ee. Students may **NOT** be assigned to care for patients in Airborne Precautions, except for Role Transition students who have N95 mask fit testing completed and provide a copy of the testing form to the unit manager where clinicals are being conducted.
- 26. Pre-operative Care
 - ff. Students may **NOT** complete the preoperative documentation, including consents.

27. Removal of lines
- gg. 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.
 - hh. Exception to the rule - post mortem care, at nurse’s discretion, students may pull lines.
28. SMART (Minimal Lift) Equipment
- ii. 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.
 - jj. 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.
 - kk. Instructors who are new to SEH, will view video in the use of the Maxislides during their instructor orientation (virtual) with Organizational Development.
29. Chain of Command
- ll. Instructors and students must follow the chain of command for issues at SEH. The nurse caring for the patient must be contacted, if not already involved, the instructor must be contacted, then nurse manager, nursing supervisor, Manager of Organizational Development or designee, and Director of Organizational Development.
30. Smoking
- 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.
31. Professional Behavior: Exhibits **professionalism in behaviors, attitudes, and actions** (punctual, in uniform, accountable for learning, positive attitude) SEH reserves the right to follow hospital policies for any undesirable, unprofessional behavior.
32. Manager/ANM encouraged to introduce self to clinical group on day 1 and introduce the use of Safety Equipment: gait belts, bed alarms, SMART equipment. (Team Leaders and Unit Champions may also introduce Safety Equipment if Manager/ANM are unavailable.)
33. Accessing Nursing Instructor/Student Guidelines via St E website. Go to SEH webpage <http://www.stelizabeth.com/> Click on [For Health Professionals](#) at bottom of page, under “For Health Professionals Menu” in “Education and Training” section, click on “Instructor/Student Guidelines.” in the left column of page. Or access through <https://workforce.healthcollab.org/students/clinical-placement-for-nursing-students/st-elizabeth-healthcare/> Student Forms>Nursing Instructor/ Student Guidelines.
34. Role Transition Daily Progress Evaluation- Access through Intranet>Organizational Development>Orientation>Preceptor Program> Role Transition Daily Evaluation. (This

Document should be e-mailed to **Sara Newberry in Organizational Development**, once completed.)

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

- Appendix A - Instructor/Precept Guidelines Agreement (pg. 19)**
- Appendix B - Pyxis Access Form (pg. 20)**
- Appendix C - Criminal Background Checks Information (pg. 21)**
- Appendix D - EDG Parking Map (pg. 22)**
- Appendix E -FLO Parking Map (pg. 23)**
- Appendix F- FTT Parking Map (pg. 24)**
- Appendix G - Dearborn Indiana Parking Map (pg. 25)**
- Appendix H – Covington Parking Map (pg. 26)**
- Appendix I – Grant Parking Map (pg. 27)**

Appendix A

St Elizabeth Healthcare Instructor Guidelines Agreement Instructor/Preceptor

This form can be accessed electronically at
<https://workforce.healthcollab.org/students/clinical-placement-for-nursing-students/st-elizabeth-healthcare/> **Student Forms> Instructor/Preceptor Agreement**

I have completed Organizational 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/Preceptor 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: _____

School: _____

Unit: _____

Appendix B
St. Elizabeth Healthcare
Pyxis ES
Nursing Instructor
ID/Password Assignment Information

STATEMENT

Last Name	First Name	Middle Initial

Area(s) of Instruction	Instruction Period	Instructor ID #
	Start Date:	NCI
	End Date:	
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: _____

E-mail all Pyxis forms based on clinical location to the following associates in the Pharmacy for processing:

EDG, COV, and GRT to karen.sparks@stelizabeth.com

FLO to Amanda.mccoy@stelizabeth.com

FTT to r.j.frey@stelizabeth.com

DBN to Joshua.yatsko@stelizabeth.com

Appendix C

Criminal Background Checks prior to clinicals at St Elizabeth Healthcare

The school should have a background check on file for health sciences students as part of admission process.

Please contact Organizational Development for questions regarding student/instructor Criminal Background Checks. 859-655-1636.

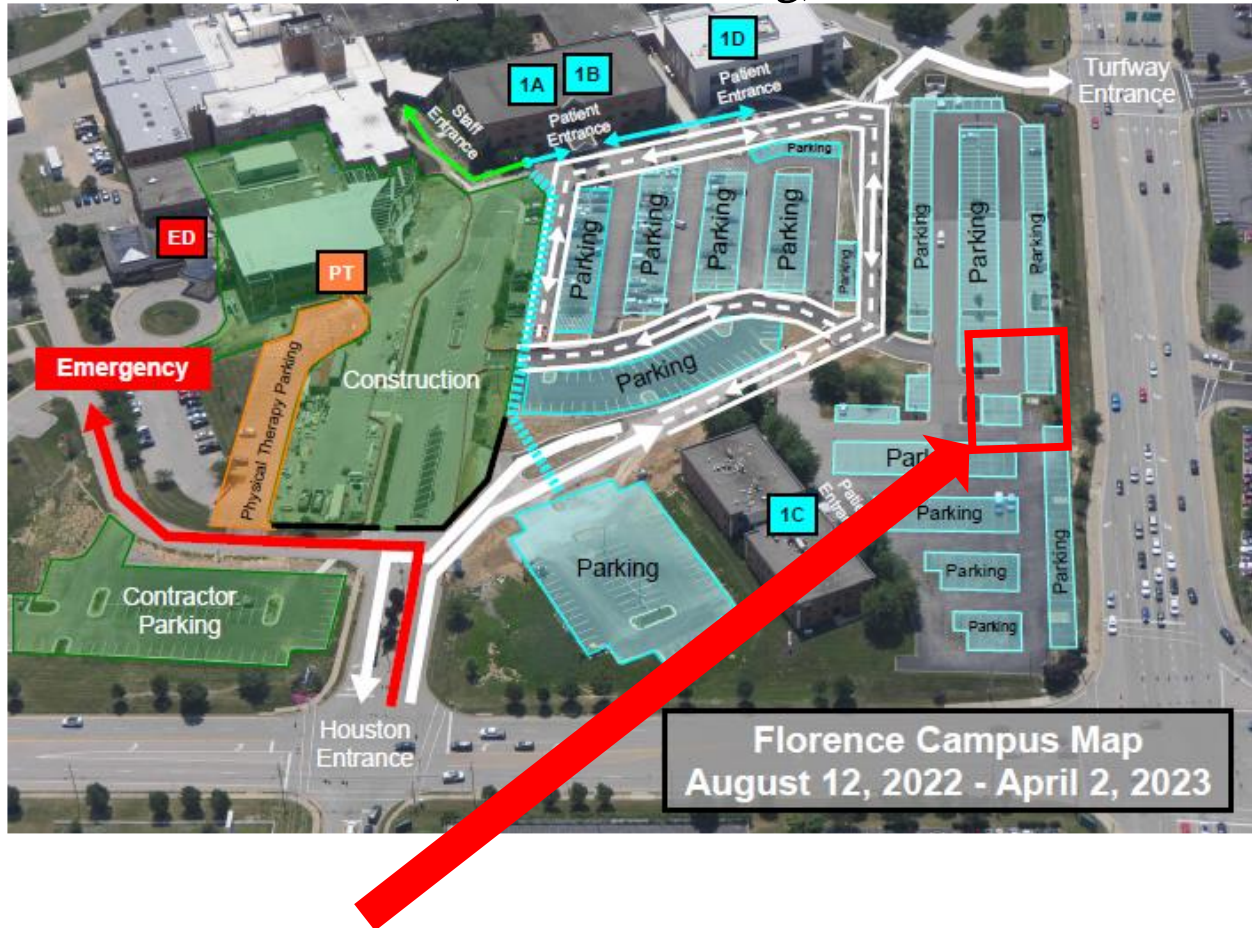
Edgewood Campus Parking Map (Park in Lot S, by Gateway Community College)



“Lot S”, adjacent to Gateway College on Thomas More Parkway. Shuttles run Monday-Friday from 6am to 6pm. Take the shuttle to the visitor entrance/1A entrance (opens at 8am) next to the ED, and you can enter through the night entrance with your school ID badge. If at EDG on the weekend, or night shift students can park in the main employee lot C.

Appendix E

FLORENCE CAMPUS PARKING MAP (Student Parking)



Students will park in the red section noted on the map, enter hospital through the 1A/1B Entrance (opens at 6am) and follow inside signage to the main hospital.

Appendix F

FORT THOMAS CAMPUS PARKING MAP



Students will park on the 3rd and 4th floor of the parking garage, take the elevator up and enter through the main entrance (open 6am-8pm).

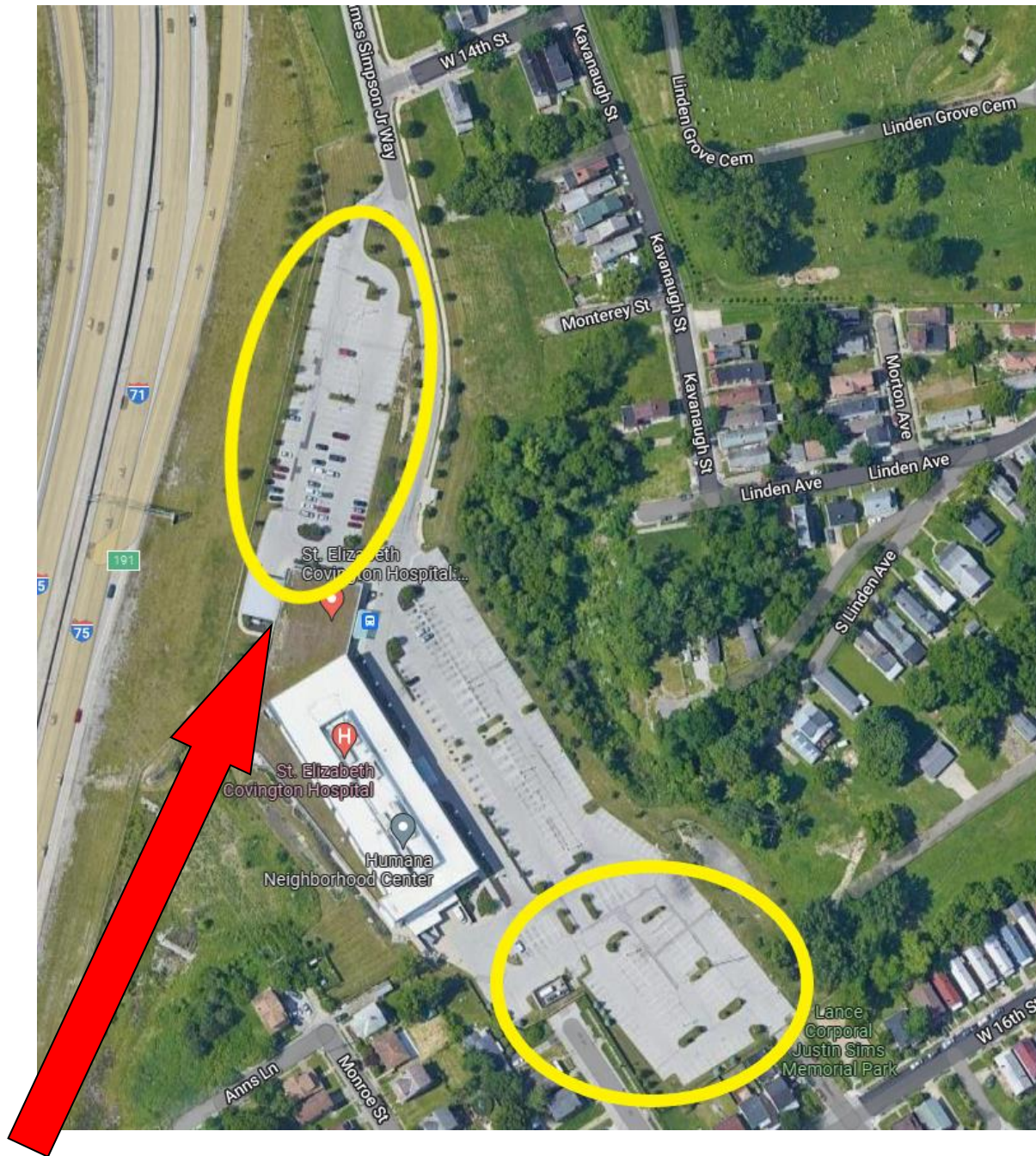
Appendix G

DEARBORN INDIANA CAMPUS PARKING MAP



Appendix H

COVINGTON CAMPUS PARKING MAP



Students will park in the front lot which is closest to the main entrance (opens at 6am).

Appendix I

GRANT CAMPUS PARKING MAP



Students will park in the farthest end of the ED lot which is closest to the main entrance (opens at 6am).