

<b>PROCEDURE:</b>	<b>Visiting Student Responsibilities for Rotations at Christiana Care</b>
DEPARTMENT:	Office of Academic Affairs and Research
DATE OF ORIGIN:	August 2, 2010
LAST REVISION DATE:	April, 2012

**PURPOSE:** To ensure that each visiting student approved for a rotation is properly registered with the designated student office or rotation area. To ensure each student returns all Christiana Care property or materials made available to the student during their rotation(s).

**SCOPE:** All visiting students and staff responsible for student rotations.

1. **Clinical Rotation Requirements:** All student rotations must be approved by the responsible authority of the receiving program. The student or the student's representative must notify the appropriate area of the intent to do the rotation and the expected dates of the rotation no later than 30 days prior to the rotation start date. Sending schools/students are responsible for providing the following information no later than two weeks prior to the start of the rotation:
  - 1.1 Documentation of good standing in their program and verification of appropriate liability coverage for the rotation from their educational institution;
  - 1.2 Evidence that student has completed a physical examination of a scope satisfactory to Christiana Care;
  - 1.3 Evidence of immunization or signed declination for Tetanus, Measles, Mumps, Rubella, Varicella if an unknown history of chicken pox, TB status, Hepatitis B and such other immunizations as CHRISTIANA CARE may deem necessary or advisable for its employees;
  - 1.4 Evidence that the following have been completed: Criminal Background Check which may include fingerprinting; Child Abuse Application and an Elder Abuse Registry Check;
  - 1.5 Evidence of completed drug screen.
2. **Rotations:** The Student Program Assistant will e-mail the required information forms. Each student is responsible for completing and promptly returning the information forms to the designated student office or rotation area as soon as possible, but no later than two weeks before the start of the rotation. **Failure to return the forms may result in cancellation of the rotation.** If e-mail is unavailable, the forms can be faxed or mailed to the designated student office.
3. **Non-Employee Orientation Manual:** Students will receive an electronic version in PDF format or instructions to access the Non-Employee Orientation Manual online and instructions for completion of the answer key. The manual contains information mandated by Joint Commission for all non-employees functioning in any capacity in a Christiana Care facility. All students are required to complete the answer key and return it to the designated student office via e-mail or fax. Students are responsible for becoming familiar with the policies and procedures presented in the manual.
4. **Educational Institution Picture ID Badge and CCHS Temporary Access Badge:** Students are required to wear their Educational Institution Picture ID Badge while on Christiana Care property. The Student Program Assistant or school will provide information on obtaining a Christiana Care Temporary Access Badge. This badge must be worn and visible at all times when on duty at any Christiana Care facility and must be returned to the Student Program Assistant or school at the completion of the rotation.
5. **Parking:** Students will adhere to the parking regulations at all Christiana Care facilities. Christiana campus – Lot G at the rear of the Campus Wilmington campus – Visitor/Patient parking garage which can be accessed from Jefferson St.
6. Failure to return any Christiana Care property or materials made available to a student during their rotation, including but not limited to Temporary Access Badge, pager, or other materials may result in a delay in completion of the student's rotation evaluation by Christiana Care faculty and/or denial of future rotations at Christiana Care.

8. Students will observe and comply with the rules, regulations, policies and procedures, Christiana Care accreditation standards, including in part the Joint Commission and other regulatory agencies.
9. Students will strictly adhere to all laws and regulations pertaining to confidentiality and patient rights.
10. Students will comply with the Christiana Care no smoking policy and understand that Christiana Care is a drug free workplace.
11. Students must sign and return Attachment "A".

STUDENT MUST SIGN AND RETURN TO DESIGNATED STUDENT OFFICE OR ROTATION AREA

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I am aware of my responsibilities as stated above as a Student requesting a rotation at Christiana Care.

- ✓ I will provide all necessary information and completed paperwork as requested in the time frame stated above.
- ✓ I understand that failure to complete and return the required paperwork may result in cancellations of the rotation.
- ✓ I will review and become familiar with the Non-Employee Orientation Manual and will ask and receive answers to any questions before starting my rotation at Christiana Care.
- ✓ I will comply with Christiana Care rules, regulations, policies and procedures, accreditation standards and other regulatory standards as provided to me.
- ✓ I will wear my educational institution ID Badge as well as a Christiana Care Temporary Access Badge in a visible location while at a Christiana Care facility.
- ✓ I will comply with the Christiana Care no smoking policy and understand that Christiana Care is a drug free workplace.
- ✓ I will adhere to the parking regulations at Christiana & Wilmington campuses by using the appropriate employee parking lots as stated. **Christiana Hospital:** Students park in the T-lot at the far end of Medical Arts Pavilion II (MAP II). Students enter the building through MAP II and can walk through to the main hospital. **Wilmington Hospital:** Students are issued ID/Access cards and part in the visitor/patient parking garage. Students are encouraged to car pool to reduce the number of cars on campus.
- ✓ I will return all Christiana Care materials made available to me during my rotation including, but not limited to, pager, temporary ID/Access badge or other materials. I understand that failure to do so may result in a delay in completion of my rotation evaluation by Christiana Care faculty and/or denial of future rotations at Christiana Care. I agree to complete the answer key and return it to the student Program Coordinator or Assistant before beginning my rotation.

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*Student Signature*

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*Date*

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*Parent/Guardian Signature, if under 18 y/o*

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*Date*