



HENRY COUNTY SCHOOLS

HEALTHCARE SCIENCE ALLIED HEALTH & MEDICINE STUDENT HANDBOOK

In grateful partnership with:



Henry County Schools does not discriminate on the basis of race, color, religion, sex, national origin, or disability in its programs, activities, or employment practices.

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**HENRY
COUNTY
SCHOOLS**

Henry County Schools
33 N. Zack Hinton Parkway
McDonough, GA30253
770-320-7997

Dear Student:

Welcome to the exciting world of Allied Health & Medicine. My goal is to help prepare you for the career you would like to pursue after graduation. Because of this goal, your clinical observations will provide valuable insight that can be carried over into your future profession.

Throughout this handbook you will find the essential information to assist you in being successful in Allied Health & Medicine. There are strict rules that **must** be adhered to while you are enrolled in the program. Being allowed to leave school early or arrive late carries with it an obligation to be responsible. Possible consequences of not abiding by the program rules are: removal from the program, lower course grade, or revocation of your release privileges. **Take this class seriously!**

Remember, I take your success personally and am here to help you through any obstacles you may encounter at school or during your observations. Please ask for my help if you need it.

Sincerely,

Dr. Jenny Phan

PROGRAM OVERVIEW

Clinical Observation Guidelines

- To provide the student learner with an equivalent of forty (40) hours release time to explore an independently selected clinical observation site as well as observation at Piedmont Henry Hospital.
- The student is not an employee of the company during this time, and therefore not covered under workman's comp insurance and is not eligible for unemployment compensation.
- The student will be evaluated during the clinical observation sessions by the school healthcare science instructor according to the guidelines established in this handbook and as stated in the course syllabus.

Student Responsibilities

- To be at least 16 years of age and enrolled as an Allied Health & Medicine student.
- To secure safe transportation to and from the observation site.
- To attend school and observations regularly and not go anywhere other than the observation site without the knowledge and permission of the healthcare science instructor. Failure to adhere to this part of the agreement may result in the student learner's receiving appropriate academic and/or disciplinary action.
- To notify the teacher and the site immediately if a student must be absent from school on an observation day.
- To discuss unpleasant observation situations with the teacher and not with other students.
- To represent the school and teacher by showing honesty, punctuality, courtesy, a cooperative attitude, proper health and grooming habits, appropriate dress, and a willingness to learn. If a student is asked not to return to an observation site due to negligence or misconduct, proved by school investigation, the student may be dropped from the program and may not receive school credit.
- To complete a minimum of forty (40) hours in an observation setting approved by the healthcare science teacher: 20 hours in an independent clinical observation setting, and 20 hours at Piedmont Henry Hospital.
- To make schedule changes only with the approval of the healthcare science teacher. The teacher reserves the right to change the student's schedule if necessary.
- To refrain from socializing with friends during an observation session.
- To complete all assignments/documentation promptly and be evaluated by the teacher as needed.
- To provide documentation of current immunizations including MMR, Tetanus, Chicken Pox, & Hepatitis B by August 7, 2020
- To provide documentation of **TWO** current PPD (tuberculosis test) by August 7, 2020.
- To obtain a flu vaccine at least 2 weeks prior to Piedmont Henry orientation and provide documentation
- To provide own uniform (**RED** scrubs and approved shoes) and school photo ID and comply with all dress code requirements
- To complete current AHA BLS Healthcare Provider certification
- To attend orientation meeting with a parent/guardian
- To complete student orientation with school instructor and sign Piedmont Promise
- To abide by PHH Code of Conduct
- To attend orientation at Piedmont Henry Hospital
- To provide documentation of 24 hr health insurance, either personal or school

PROGRAM GUIDELINES

As a condition for acceptance into *Allied Health & Medicine*, and to remain in the program, I agree to the following:

1. I understand that my actions reflect upon PARENTS, my school, and Henry County Schools and I will conduct myself in a manner that will reflect positively on all of them.
2. I will not go to clinical observation on any day that I am absent from school or class unless specifically approved by my Healthcare Science (HCS) instructor *before* reporting to my shadowing site. (*This may lower my grade.*)
3. I will maintain an excellent attendance/tardy record.
4. I will maintain an excellent discipline record.
5. I will immediately notify the Healthcare Science instructor if I am removed or released from my clinical observation session. Failure to notify the HCS instructor about this situation may result in my being dropped from the program and grade loss.
6. I will obtain permission from the Healthcare Science instructor before changing independent observation sites.
7. I understand that the HCS instructor must approve all observation sites.
8. I will demonstrate a cooperative attitude, abide by all rules set out by the Healthcare Science instructor and refrain from any misconduct. *Allied Health & Medicine* students must abide by the school discipline policy, including remaining at school for ISS.
9. I understand that the Healthcare Science instructor is the recognized authority for making adjustments or changes in my release schedule. If appropriate, the HCS instructor will recommend that my privileges be revoked and require me to remain at school during planned release periods.
10. I understand that my schedule may be affected by school activities and I must adhere to the adjusted schedule and make suitable arrangements with my site mentor.
11. I realize that participation in clinical observations is a required part of the *Allied Health & Medicine* curriculum. This experience will include 20 hours of clinical rotation at Piedmont Henry Hospital plus an additional 20 hours of class release time to participate in an independent observation of a healthcare setting that has been approved by the HCS instructor.
12. I will respect and strictly adhere to the established dress code. Uniforms must be clean, neat, and ironed. Shoes must be clean and neat, closed toe, and solid white, black or navy color. No other jackets or sweaters are acceptable. School ID/name tag must be visible at all times and worn in the chest area. No bracelets, necklaces or rings may be worn. Males may not wear earrings. Females may wear earrings if they are small and not dangling. Loop earrings larger than your little finger are not acceptable. Fingernails should be kept short and clean-No artificial nails. No nail polish may be worn. No other piercings are allowed. If the student has other piercings, the rings, studs, etc. must be removed before going to clinical observation assignments.
13. I agree to complete all paperwork and provide all documentation required in order for my full participation in the program.

Student Signature

Date

Henry County Schools does not discriminate on the basis of race, color, religion, sex, national origin, or disability in its programs, activities, or employment practices.

DAILY SIGN IN/OUT

School attendance is an important part of Allied Health & Medicine. Therefore, county policy requires all Allied Health & Medicine students to sign in/out daily. This will be verified daily as the main method of entering school attendance through Infinite Campus. Grade penalties will be assessed for failure to sign in/out properly.

Sign-out Procedure:

- You are only authorized to sign yourself in/out for the current school day.
- Do not loiter—leave school immediately after signing out or report to class immediately after signing in.
- Sign in/out at your designated time. *Do not sign out early.*
- This sign out sheet is only to be used when leaving school for clinical observations. If you leave for any other reason, follow school check-out procedures.
- You must have school IDs available to show administrators or security guard.

Please remember that failure to maintain excellent school attendance may result in dismissal from the program or denied permission to leave campus.

TEACHER EVALUATION

Allied Health & Medicine students are expected to demonstrate outstanding behavior and attitude at school as well as in the clinical observation setting. At least twice each semester, the healthcare science teacher will evaluate students on these important program guideline areas.

- Attendance/tardies to clinical observation sites
- Uniform requirements as stated in the dress code
- Interest, self-motivation, and overall attitude displayed during observations
- Being dismissed from an observation site due to inadequate performance and/or inappropriate conduct
- Excessive absences, tardiness and/or inappropriate behavior in regular classes
- Completing observation reports in a complete, timely, and organized manner

DRESS CODE

Students are expected to project a professional image. Dress and appearance are intended to present this professional image. Students will be expected to comply with all of the dress code guidelines set forth by Piedmont Henry Hospital.

- Identification badge must be worn above the waist and face forward at all times.
- Uniforms must be clean, professional, and not wrinkled.
- Shoes must be neat, clean, well maintained and properly support the foot. Shoes must not expose the foot. Athletic shoes are permitted but must be white or black. Socks/hosiery must be worn.
- Good personal hygiene must be evident at all times. No perfume, cologne, perfumed lotion, or perfumed products.
- Hair must be neat and clean. Hair color must appear natural. Extreme hairstyles are not allowed. If hair is longer than collar length, must wear hair pulled back away from the face, and to the nape of the neck.
- Fingernails must be clean and neatly trimmed. Artificial nails and nail polish are not allowed for direct patient care givers.
- Conservative earrings may be worn. There is a maximum of two earrings per ear lobe. No loop earrings larger than your little finger may be worn. No visible pierced jewelry other than earrings. No visible tattoos.
- Chewing gum is not permitted.
- Cell phones may NOT be carried during orientation or any time on the unit.

HOW YOUR GRADE IS CALCULATED

Your grade in Allied Health & Medicine is based on the following categories:

Category 1 – Course Assignments (80%)

- Daily assignments
- Tests and quizzes
- Labs
- Class projects

Reports

- Time sheets
- Interviews
- Journals
- Any additional assignments required by healthcare science teacher

Evaluations

- Your Healthcare Science teacher and your clinical observation host will evaluate your professionalism and work ethic during your observation time. Your grade will be based on your display of honesty, punctuality, courtesy, a cooperative attitude, proper health and grooming habits, appropriate dress, and a willingness to learn

You will automatically receive a failing grade in this category for the following:

- Dismissed from a clinical observation site due to inappropriate conduct
- Changing observation sites without prior approval of healthcare science teacher
- Falsifying clinical observation records

Category 2 – Semester Exam (20%)

Your semester exam will be a comprehensive exam based on the standards of the Allied Health & Medicine course.

INDEPENDENT CLINICAL OBSERVATIONS

...securing a clinical observation site:

Your decision to take Allied Health & Medicine places you in a very special group of people who are interested in helping others. A career in the healthcare field offers many challenges and responsibilities. By participating in a clinical observation, you will be better prepared to meet those challenges and responsibilities and will become aware of the rewards of being a health care professional. Represent yourself and your school with pride.

When seeking a clinical observation site, follow these guidelines:

- Dress professionally including your name tag
- Bring your Allied Health & Medicine handbook and notebook
- Tell the receptionist why you are there and ask with whom you may speak
- Give the contact person the school letter and training agreement for review
- Discuss your interests and career goals. Ask for a specific day and time to attend your observations (ex. May I come on Tuesdays and Thursdays from 2:30 to 5:00?)
- Have the contact person sign the training agreement and attach a business card
- Bring the signed training agreement back to your healthcare science teacher

... at the beginning of the semester:

Students will complete a minimum of twenty (20) hours in a clinical setting of their choosing. All students will find and secure a site of interest to them by the third week of the semester. Students will be released from school three (3) class sessions per week for seven (7) weeks. Clinical observation sites must be approved by the healthcare science teacher prior to any observations. Transportation to and from the clinical observation site may not be counted as part of the twenty (20) required hours.

... during the semester:

Students will sign in/out each day they are released from class to participate in a clinical observation. Students will report to class immediately upon arriving on campus. Students will notify the healthcare science teacher immediately if a situation arises that prohibits them from attending a clinical observation. Students understand that should they be assigned ISS or OSS they will not be allowed to participate in clinical observations on those days. Students will not change observation sites without prior approval of the healthcare science teacher.

CLINICAL OBSERVATION JOURNAL

Each student is required to keep a clinical observation journal during their seven (7) weeks of site observations. Place the journal pages in a 3-ring binder and bring to class each Monday during the seven weeks of observations. On the following pages you will find a rubric for the journal grade.

Journal will include:

1. Time sheet for each week of clinical observations.
2. Reflection sheet for each week of clinical observations
3. 5 interviews with healthcare science professionals
4. Any other assignments given by Healthcare Science teacher

Independent Clinical Observation Sample Introduction Letter

August 1, 2020

Dear colleague in healthcare:

Please accept the opportunity to provide a non-paid, job shadowing/clinical observation placement for _____, a third year healthcare science student at Eagle's Landing High School. This student has already completed two full years of course work in the Healthcare Science pathway offered by Henry County Schools. The student has a general knowledge of anatomy and physiology, the healthcare system, various careers in healthcare, and a variety of basic skills common to many healthcare careers including infection control practices and CPR. The student has also received instruction on confidentiality issues including HIPAA legislation. All students have received their AHA BLS Healthcare Provider Certification. Clinical observations will greatly assist this student in making career choices in the healthcare setting and in choosing the appropriate postsecondary route.

This student will be responsible for obtaining three (3) hours of clinical observations per week for a seven (7) week period. I ask you, as a participant in this endeavor, to place the student with a mentor in your office that enjoys teaching and sharing knowledge about job responsibilities in a healthcare related field. As the classroom instructor, I will visit each clinical observation site several times during the seven (7) week session to monitor the student's progress and to meet each mentor.

Your participation and support in this opportunity would be greatly appreciated. Please feel free to contact me at the school if you need further information about this student or about the clinical observation placement. Thank you for investing in the future of healthcare in HenryCounty.

Sincerely,

Dr. Jenny Phan



HENRY COUNTY SCHOOLS Healthcare Science Education CLINICAL OBSERVATION PARTICIPATION AGREEMENT

Student Name _____

The Student-Learner Agrees:

1. To be 16 years of age and enrolled in Allied Health & Medicine.
2. To provide safe transportation to and from the clinical observation site.
3. To attend school regularly and not go to an observation without the knowledge and permission of the classroom teacher. Failure to adhere to this part of the agreement may result in the student-learner's receiving appropriate academic and/or disciplinary action.
4. To notify the teacher and the site immediately if a student must absent from school on a clinical observation day or absent from a clinical observation assignment.
5. To discuss unpleasant situations with the teacher and not with other students or employees at the observation site.
6. To represent the school and teacher by showing honesty, punctuality, courtesy, a cooperative attitude, proper health and grooming habits, appropriate dress, and a willingness to learn.
7. To complete a minimum of twenty (20) hours in a clinical observation setting as approved by the teacher.
8. To make schedule changes only with the approval of the teacher.
9. To refrain from socializing with friends while on clinical observation assignment.
10. To complete all assignments/documentation promptly and be evaluated by the teacher as needed.
11. To leave campus immediately after his/her classes are over and not return without approval of the teacher.

The Parents of the Student-Learner Agree:

1. To encourage the student-learner to carry out effectively his/her duties and responsibilities.
2. To assume responsibility for the conduct and safety of the student from the time he/she leaves school until he/she reports to the clinical observation assignment; likewise, from the time he/she leaves his/her clinical observation until he/she arrives home.
3. To make inquiries concerning the student's clinical observation experiences through the teacher rather than directly to the clinical observation site.
4. To understand that the student-learner must attend school and clinical observation regularly and not go to the clinical observation days absent from school unless pre-approved by the healthcare science instructor.
5. To share the responsibility for the conduct of the student while in the program.

The Clinical Observation Site Agrees:

1. To provide a variety of observation experiences for the student based on the setting.
2. To provide safety instructions and other restrictions and/or expectations to assist the student in having a positive learning experience.
3. To discuss only with the teacher any observations and evaluations of the student-learner.
4. To discuss only with the teacher any undesirable traits or difficulties that may arise involving the student's observation.

The Teacher Agrees:

1. To keep all required documents, including proof of the student's health insurance coverage, on file.
2. To see that the necessary related classroom instruction is provided.
3. To visit the clinical observation site several times during the term.
4. To visit, telephone, or conference as needed with the student, clinical observation site, or parents.
5. To render assistance with clinical observation problems of the student-learner.
6. To evaluate the student-learner.
7. To keep accurate records pertinent to the student and the school.

I have read the above agreement and agree to carry out the responsibilities delegated.

Student Signature	Date
-------------------	------

Clinical Site Signature	Date
-------------------------	------

Parent/Guardian Signature	Date
---------------------------	------

Teacher Signature	Date
-------------------	------

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INDEPENDENT CLINICAL OBSERVATION TIME SHEET

Student Name _____ School: Eagle’s Landing High School

The purpose for using a time sheet is to provide an accurate documentation of the clinical observation time required for school credit in the Healthcare Science Allied Health & Medicine course.

- Complete the heading at the top of the time sheet
- Write the correct information in the spaces provided under the heading of “Site, Date, Time-in and Time-out”.
- Ask the **professional you are shadowing** to initial your entry when you report off duty and add comments if needed

SITE	DATE	TIME - IN	TIME - OUT	TOTAL HOURS	INITIALS

Comments:

Person Shadowed:

Initials: _____	Printed Name: _____
Initials: _____	Printed Name: _____
Initials: _____	Printed Name: _____

Site Abbreviation:

Abbreviation: _____	Full Name of Site: _____
Abbreviation: _____	Full Name of Site: _____
Abbreviation: _____	Full Name of Site: _____

With my signature, I affirm that I have documented truthfully and accurately the above information.

Student Signature: _____ Date: _____

INDEPENDENT CLINICAL OBSERVATION STUDENT REFLECTION

NAME _____ FACILITY _____ DEPT. _____

- One entry is due each Monday following a week of independent clinical observations.
- Check with your instructor for individualized assistance.

Dates _____

1. Overview of objective learning experience (What I observed/factual information/medical term I learned):

2. Overview of subjective learning experience (What I felt/thought/my opinion):

I feel good about my clinical observation experience this week because:

I would have felt better about my clinical observation experience this week if I had:

Terminologies/Abbreviations (with definition) appropriate to this facility or department:

1. _____
2. _____

**INDEPENDENT CLINICAL OBSERVATION: HEALTHCARE PROFESSIONALS INTERVIEW
HENRY COUNTY SCHOOLS**

Name _____ Facility _____ Dept. _____

Directions: You are to interview five (5) healthcare professionals FROM FIVE (5) DIFFERENT OCCUPATIONS. Conduct the interview and document their answers to the following questions. **The list below is a SAMPLE only. You may choose to interview any healthcare professional as long as you do not duplicate job titles.**

- | | |
|-----------------------------|--------------------------------|
| 1. Physician #1 | 6. Certified Nursing Assistant |
| 2. Physician' Assistant | 7. Technician #1 |
| 3. Registered Nurse | 8. Technician #2 |
| 4. Licensed Practical Nurse | 9. Technician #3 |
| 5. Medical Assistant | 10. Technician #4 |

NO NAMES ARE TO BE USED IN ANY DOCUMENTATION

1. What is your job title? _____
2. What high school course would you recommend for a student that is interested in being a (job title)?

3. Is it possible to be trained on-the-job for this career? _____
4. If not, what school did you attend after high school to train/prepare for your profession?

5. Would you recommend that school to others? _____
6. If not, which one would you recommend? _____
7. How long did you have to go to school after high school to complete your training/education? _____
8. Is State Board Certification necessary or required for your profession? _____
9. What personal traits do you believe one should have to be successful and happy in this career? (ability to work alone, patience, self-starter, etc.)

10. What do you like best about your job?

11. What do you like least about your job? _____

Independent Observation Journal Rubric

Name _____ Period _____ Due Date _____

Purpose: The purpose for keeping a journal is to assist you in making a realistic career decision based upon input from the medical community.

Directions: Student will self assess clinical observation rubric prior to submitting to healthcare science teacher for grade. Teacher will assess journal and conference with student if discrepancies occur.

CHECKLIST

Did the Student:	<u>VALUE</u>	<u>STUDENT</u>	<u>TEACHER</u>
1. properly sequence timesheet(s), journals, interviews?	<u>10</u>	_____	_____
2. fill out heading & make an entry EVERY week?	<u>10</u>	_____	_____
3. type or use ONLY blue or black ink to document entries?	<u>5</u>	_____	_____
4. NOT use names in documentation?	<u>5</u>	_____	_____
5. correct ALL mistakes with one line & initials ?	<u>10</u>	_____	_____
6. spell ALL words correctly and write legibly?	<u>10</u>	_____	_____
7. have NO grammar or punctuation errors?	<u>5</u>	_____	_____
8. document ALL absences on BOTH journal & time sheet?	<u>5</u>	_____	_____
9. answer BOTH questions at end of each week?	<u>10</u>	_____	_____
10. have two Terms/Abbr. defined EVERY week?	<u>10</u>	_____	_____
11. have ALL five (5) Interviews?	<u>10</u>	_____	_____
12. accurately document events EVERY observation week?	<u>10</u>	_____	_____
13. turn the notebook in on time? if late, deduct 20%		_____	_____

TOTAL GRADE: _____

Piedmont Henry Hospital Clinical Observation Guidelines and Forms

....prior to participating in PHH clinical observations

Students will participate in a twenty (20) hour rotation through various departments at Piedmont Henry Hospital. This phenomenal opportunity is due to a close partnership between Piedmont Henry Hospital and Henry County Schools. Some schools will attend these sessions during first semester, while others will participate during second semester.

In order to insure the health and safety of both the students and the patients, very strict guidelines must be followed while on the property of Piedmont Henry Hospital. These requirements are non-negotiable and there are no exceptions to the posted deadlines. Failure to adhere to all requirements and deadlines may result in dismissal from the program.

All students must provide the following prior to the end of May 2020:

- Signed dress code form – signed by student and parent
- Student Participation Agreement – signed by student
- Release of Liability Statement – signed by student and parent

All students must provide the following by **August 7, 2020**:

- Proof of 24 hour insurance – either school or personal policy
- TB test results (received after June 1, 2020) plus chest x-ray results and doctor prescribed treatment plan if positive results are found—See Attached Letter
- Proof of MMR immunizations including physician's name—See Attached Letter
- Proof of Hepatitis B immunization series including physician's name—See Attached Letter
- Proof of Chicken Pox vaccine including physician's name—See Attached Letter
- Proof of Tetanus received after March 1, 2010
- Student Participation Agreement – signed by student and instructor
- Piedmont Healthcare Code of Conduct – signed by student

All students must provide the following by September 15, 2020 (Or appointed date by PHH-whichever comes first):

- Documentation of flu vaccine

....during participation in PHH clinical observations

Participation at PHH is not an optional part of Allied Health & Medicine. Clinical observation hours are an integral part of the curriculum and necessary in order to demonstrate mastery of the performance standards. Students are required to provide their own transportation to and from Piedmont Henry Hospital. Arriving and leaving on time is mandatory as rotations begin promptly and returning to the school campus immediately will insure that students do not compromise instructional time in other classes. The dress code provided will be strictly enforced and is non-negotiable. All schools will wear **RED scrubs** in order to bring unity to the Allied Health & Medicine course in Henry County Schools. **Uniform purchase is the responsibility of the student as are any fees associated with securing the required tests or immunizations.**

Healthcare Science instructors will be present at all times while students are observing at Piedmont Henry Hospital. Students should contact the instructor immediately if there is a problem while they are participating in department rotations, simulations, and/or observations.

If a student is dismissed from a clinical observation, the healthcare science instructor should be notified immediately and the student will return to campus. Dismissal from clinical observation due to inappropriate conduct by a student will result in a lower grade and may also result in removal from the program.



Piedmont HENRY

DRESS CODE & PROFESSIONAL APPEARANCE

Students are expected to project a professional image. Dress and appearance are intended to present this professional image.

- **Identification badge** must be worn above the waist and face forward at all times.
- **Uniforms** must be clean, professional, and not wrinkled. All students will wear RED scrubs.
- **Shoes** must be neat, clean, well maintained and properly support the foot. Shoes must not expose the toes. Socks/hosiery must be worn. Athletic shoes are permitted but must be neat, clean, white or match the color of the uniform. Clinical clogs are permitted only if they have a strap around the heel for safety and do not have holes on top that could allow blood and body fluid or any liquids to seep through to the skin. Clinical clogs must be conservative in color.
- **Good personal hygiene** must be evident at all times. This includes but is not limited to:
 - body cleanliness, including the use of deodorant.
 - clean, well-groomed hair and fingernails.
 - avoid personal hygiene products with noticeable fragrance. No perfume, cologne, perfumed lotion, or perfumed products.
- **Hair** must be neat and clean. Hair color must appear natural. Unnatural colors include but are not limited to blue, purple, green, yellow, magenta, burgundy, and orange. Extreme hairstyles (such as Mohawks) are not allowed. If hair is longer than collar length, must wear hair pulled back away from the face, and to the nape of the neck. Hair, beards, and mustaches will be conservative in length and neatly trimmed.
- **Fingernails** must be clean and neatly trimmed. Fingernails should be conservative in length. Artificial nails and nail polish are NOT allowed for direct patient care givers (including students).
- **Jewelry/Tattoos:**
 - All jewelry should be conservative in size, amount and design.
 - May wear conservative earrings. There is a maximum of two earrings per ear lobe.
 - No visible pierced jewelry other than earrings. (No tongue bars/piercings.)
 - No visible tattoos.
- **Chewing gum** is not permitted.
- **Make-up** should appear natural.
- **Cell phones** may not be carried during observations or while on the unit.

Student Signature

Date

Parent Signature

Date

Taken from Piedmont Henry Hospital Policy HR 4.8 - Dress Code & Professional Appearance ~ December 2009



CONFIDENTIALITY AND NON-DISCLOSURE STATEMENT

I, _____, an employee, volunteer, student, or other member of the Workforce of Piedmont Henry Hospital, acknowledge that I have completed training on the Hospital's privacy policies and the privacy regulation issued under the Health Insurance Portability and Accountability Act of 1996 (also known as the HIPAA Privacy Rule).

- I understand that all patient information, including billing and financial data, is confidential.
- I agree to keep patient information confidential.
- I agree to comply with all Piedmont Henry Hospital's Privacy Policies and Procedures including those implementing the HIPAA Privacy Rule.
- I understand that if I violate patient confidentiality by using or disclosing patient information improperly, I may be subject to disciplinary action up to and including termination of my employment.
- I understand that if I have any questions or concerns about the Privacy Rule and/or the proper use of disclosure of patient information, I should ask my Supervisor or the Hospital Privacy Officer.
- I understand and agree that the Piedmont Henry Hospital Privacy Policies and Procedures will apply to any patient information I have access to at the Hospital even after I terminate my employment or other relationship with the Piedmont Henry Hospital.

Signature: _____

Date: _____

Name: _____
(PLEASE PRINT)

Department: VARIOUS UNITS



Attachment C

STUDENT/PARTICIPANT ACKNOWLEDGMENT, RELEASE AND INDEMNITY AGREEMENT

WHEREAS, the undersigned student/participant ("Participant") desires to participate in an independent program of training, instruction and participation commonly referred to as Clinical Instruction/ offered by OLA HIGH SCHOOL, ("Allied Health & Medicine") which includes certain "hands on" clinical and/or practical observation, training and participation at Piedmont Henry Hospital and

WHEREAS, Piedmont Henry Hospital is a community-based acute care hospital with a primary mission of providing cost efficient quality health care for its constituents, and with a number of secondary missions including the goal of furnishing health care related education in the community, and

WHEREAS, Participant desires to acknowledge certain risks and conditions of participating in the subject program at Piedmont Henry Hospital and to release the Hospital from any risks he/she might incur by virtue of participation in the program.

NOW THEREFORE, in return for allowing the Participant to participate in the above-referenced program at the Hospital, the Participant acknowledges and agrees to the following:

1.

The Participant is properly qualified to participate in the subject program and has no undisclosed health problems or disability (absent reasonable accommodation after full disclosure by the student) which might jeopardize the health or well-being of any patient or employee of the hospital.

2.

The Participant understands and agrees that he/she must abide by all the rules and regulations of the program, and remain subject to the control and direction of the program leader, and, additionally, while present on hospital facilities, also be subject to all rules and regulations of the school and Hospital and its designated supervisors.

3.

The Participant understands and agrees that there are certain risks involved in participating in the program in a hospital setting and does knowingly, intentionally and voluntarily accept and assume such risks and release and agree to indemnify the Hospital, its employees, medical staff, directors, officers, and agents from any claim, loss or liability in any way arising out of Participant's participation in the program. The Participant also understands and agrees that the Hospital may require that the program sponsor furnish the Hospital appropriate proof of liability insurance as a condition for Participant's participation in the program.

Attachment C
STUDENT/PARTICIPANT
ACKNOWLEDGMENT, RELEASE AND INDEMNITY AGREEMENT - continued

4.

The Participant understands and agrees that Participant is not an employee, agent or independent contractor of Hospital, and is not covered by any worker's compensation, disability, health insurance or other benefits available to Hospital employees.

5.

The Participant understands and agrees that the Hospital may share information with the program sponsor and any applicable regulatory entity regarding Participant in regard to his/her participation in the program.

6.

The Participant understands and acknowledges that he/she may, in the course of participating in the program, learn information about patients which is subject to laws of confidentiality. The Participant agrees not to discuss, disclose or otherwise disseminate information about any patient of the hospital outside the scope of the program.

DO NOT SIGN THIS FORM UNTIL YOU HAVE READ THE ENTIRE DOCUMENT

Signed this date _____

Student/Participant signature _____

Printed student name _____

Parent/Guardian signature _____

Printed Parent/Guardian name _____

Witness signature _____

It is the policy of the school system to offer the opportunity to students to participate in appropriate programs without regard to color, creed, national origin, sex or handicap.



Student Participation Agreement

POLICY:

Piedmont Healthcare (PHC) is accountable for patient care and related duties when students are functioning in a learning capacity at any PHC facility.

PHC will provide appropriate learning experiences for students to facilitate accomplishing their learning goals and objectives, based on student's learning needs and opportunities available.

PHC and each school operate under a written contractual agreement. The contract is signed by both parties prior to student placement and renewed every three years.

Prior to the first day of the educational experience, the instructor will ensure that each student has the requisite immunizations, TB and hepatitis testing, as well as the student liability insurance.

The representative of each school will adhere to all policies (including but not limited to the "Confidentiality Policy") and procedures established by Piedmont Healthcare.

PURPOSE:

To define accountability for patient care and related duties in relation to the practice of Schools at Piedmont Healthcare.

- I have read the above Policy and agree to adhere to the guidelines established by Piedmont Healthcare.
- I acknowledge that I have reviewed, read and understand the Piedmont Healthcare Code of Conduct and Confidentiality Agreement. By signing this page, I agree to comply with its terms as a condition of continuing affiliation with Piedmont Healthcare.
- I have completed the necessary paperwork and met all requirements of the Piedmont Online Application. By signing this page, I confirm that all submitted information is current and accurate.
- By signing this page I confirm that I have completed orientation for all required topics: Vision/Mission & Values, Piedmont Promise, Service Excellence, Quality of Care, Risk Management, Positive Relationships & Teamwork, and Compliance/Privacy & Code of Conduct, Occupational Health Services, Infection Control, Environment of Care and Ergonomics.

School Name: _____ Piedmont Facility: _____

Faculty Name (printed): _____ Signature: _____ Date: _____

Student Name (printed): _____ Signature: _____ Date: _____

Parent Name (printed): _____ Signature: _____ Date: _____



**HENRY COUNTY SCHOOLS
Healthcare Science Education
Allied Health & Medicine
Parent/Guardian Release of Liability**

To be completed by the parent/guardian

To Whom It May Concern:

In the event of an accident or injury, you have my permission to notify the following **if a parent is not available**:

Name _____ Phone _____ Relation _____

I understand that my son/daughter is enrolled in the Healthcare Science Allied Health & Medicine Program, which requires leaving campus during the Healthcare Science Education class time. Students are responsible for arranging their own transportation to the various health facilities. I agree that my son/daughter may participate in this program.

It is required that students participating in this program have an active 24 hour health insurance policy as indicated on the application form (this may be private or school insurance). As evidence that my son/daughter is covered by an active health insurance policy, I will submit this form.

All students will be taught the necessity of strict adherence to Standard Precautions so as to prevent possible exposure to infectious material.

I understand that Henry County Schools Board of Education does not provide any insurance relative to the Healthcare Science Education I program. Therefore, by submitting this signed authorization, I am releasing Henry County Schools, its employees, and all participating health facilities of responsibility in the event of accident, injury, or death while in route to or from or while participating in this program.

Parent/Guardian Signature _____ **Date** _____

To be completed by the student

I understand my responsibilities as a Healthcare Science Allied Health & Medicine student and agree to abide by the rules and regulations of the program. I shall do my best to fulfill my personal responsibilities and to represent my school in a professional manner.

Student Signature _____ **Date** _____

Henry County Schools does not discriminate on the basis of race, color, religion, sex, national origin, or disability in its programs, activities, or employment practices.



**HENRY COUNTY SCHOOLS
Healthcare Science Education
EVALUATION RUBRIC**

Student's Name: _____

Grading Period

1st Semester

2nd Semester

9 weeks ____ 18 weeks ____

27 weeks ____ 36 weeks ____

* STUDENTS WILL BE REQUIRED TO DO A SELF-EVALUATION BEFORE RECEIVING THE TEACHER EVALUATION.*

COMMENTS:

Grading Categories	Excellent	Acceptable	Unacceptable
Attendance	Perfect attendance & no tardies to sites and/or classroom	Excused absence & tardies to sites and/or classroom	Unexcused absence or tardies to sites and/or classroom
Points Earned: Possible / 30	30-25	24-22	21-0
Appearance	No blatant offenses	One to two offenses	Three or more offenses
Points Earned: Possible / 20	20-17	16-15	14-0
Attitude	Exceptionally willing to participate; self-starter; accepts suggestions; pleasant tone of voice; attentive; works exceptionally well with others; "team player"	Maintains positive attitude; does regular work, but no more; is polite; works with others; cooperates most of the time or after urging or persuasive prompting from teacher/others	Shows little interest; complains about assignments; shows indifference; works only fairly well with others and/or does not get along well with others; cooperation must be solicited; argumentative
Points Earned: Possible / 30	30-25	24-22	21-0
Required paperwork	Consistently accurate, complete, neat, and organized; grades of 98% - 100% on assignments.	Organized, acceptable quality with only minor errors; grades 85% - 98% on assignments.	Inaccurate, unorganized, careless, and/or omissions
Points Earned: Possible / 20	20-17	16-15	14-0
Final Grade			

CLASSROOM TEACHER

DATE

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Student Name _____

I acknowledge receipt of the 2020-2021 Healthcare Science Allied Health & Medicine handbook and agree to abide by all of its terms.

I understand that failure to abide by the terms of this handbook may result in dismissal from the program.

I understand that I will not be allowed to leave campus until all required forms are signed and returned to my healthcare science instructor.

Student Printed Name

Parent Printed Name

Student Signature

Parent Signature

Date

Date

Henry County Schools does not discriminate on the basis of race, color, religion, sex, national origin, or disability in its programs, activities, or employment practices.

