



ADMINISTRATIVE POLICY & PROCEDURE

Subject: Non-Employee Hospital Educational Experiences Origination Date: 8/08
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 Authorized Signature: _____

Review Date: _____	Initials: _____	Revised Date: _____	Initials: _____
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POLICY:

To ensure education experiences for non-employees and volunteers are standardized and managed safely. These experiences will be at the discretion of the Education manager/designee or Administration. There will be times when it is not feasible for the experience to take place due extenuating circumstances within the department or hospital.

PURPOSE:

To provide guidelines and requirements for non-employee educational experiences at Florida Hospital *DeLand*

CATEGORIES:

1. Clinical student in a program with on-site instructor (contract required)
 - a. Example: Daytona State College nursing or RT student doing clinical rotation with instructor
2. Clinical practicum, preceptorship, or internship student without an on-site instructor (contract required)
 - a. Example: Bethune Cookman University nursing student working with hospital preceptor for scheduled course clinical hours
3. Non-clinical internship student in a program (contract required)
 - a. Example: Stetson student interning in Finance Department
4. Person requesting an internship not in a program (no contract required)
 - a. Example: graduate of IS tech school interning to get experience
5. Student requesting tour or job shadowing experience in a program (contract or business agreement required)
 - a. Example: DeLand High School IB student doing job shadowing in Radiology
6. Person requesting a job shadowing experience not in a program (no contract required)
 - a. Example: Volunteer or local high school graduate doing job shadowing in Rehab to determine if area is of career interest

REQUIREMENTS:

1. 1-2 week notice for request for educational experience (schools should give 4-6 weeks notice)
2. Written objectives for experience (either from school program or individual)

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3. Proof of TB screening (either from school program or individual physician)
4. Signed confidentiality agreement (minors require parental or guardian co-sign)
5. Proof of identity – preferably school ID
6. Signed release of responsibility/liability (minors must have parental or guardian signature)
7. Letter of recommendation for education experience from teacher/counselor or other for students not in formalized programs
8. Orientation covering hospital safety issues, IC, Risk management, and confidentiality prior to experience

PROCEDURE:

A. School programs

1. School will establish signed contract with hospital prior to requesting student experiences (to include responsibilities and liabilities of both parties)
2. School will contact Education Department with written request for experience including dates and times
3. School will provide written objectives for education experiences
4. School will maintain TB screening according to school policy
5. School will schedule orientation (covering hospital safety issues, IC, Risk management, and confidentiality) with Education Department prior to experience
6. All students will sign confidentiality agreement and completion of orientation forms prior to educational experience
7. Students will wear school badge at all times within the hospital. Instructors will sign-in for clinical groups daily on Education Department log.
8. Individuals will sign-in and out of Education Department Log daily and wear school ID or sticky label badge identifying them as a cleared participant in an educational experience. Labels will be available with the sign-in log

B. Individual educational experiences

1. Individual will contact Education Department with request for educational experience 1-2 weeks prior to requested date
 - a. Education Department will obtain approval from requested area manager/director before proceeding with setting up education experience
2. Individual will supply proof of identify – preferably school ID
3. Individual will supply written objective for experience
4. Individual will supply proof of TB screening
5. Individual will schedule orientation (covering hospital safety issues, IC, Risk management, and confidentiality) with Education Department prior to experience
6. All students will sign confidentiality agreement and completion of orientation forms prior to educational experience
7. Individual will sign in and out of hospital on Education Department Log each day participating in educational experience

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8. Individual will wear a sticky label identifying them as a cleared participant in a non-employee educational experience. Label will be available with the sign-in log
- B. Name Badges (refer to above student categories)
- School Name badge – student category 1, 2, & 3
 - Temporary Hospital badge – student category 4
 - Temporary sticky badge – student category 5 & 6

Reference: JCAHO Standards 2007: HR .1.20-14, OSHA TB standards, FHD Administrative P&P
replaces Job Shadowing policy 200.10