



Choosing Health

Northeastern Vermont Regional Hospital

Welcome!

We are very pleased that you have chosen to do a student rotation and/or internship at Northeastern Vermont Regional Hospital. We hope your experience is productive, worthwhile and enjoyable.

Before we make arrangements for your clinical experience placement your school will need to establish a formal **affiliation agreement** between your educational program and Northeastern Vermont Regional Hospital. If your school doesn't have an affiliation agreement with Northeastern Vermont Regional Hospital, an affiliation agreement will need to be signed by the school and Northeastern Vermont Regional Hospital.

All requests for assignments at NVRH will be accompanied by a **letter of good standing** from the school, and a **certificate of liability insurance**, if applicable. Additionally, proof of required NVRH **immunizations** (immunity to measles, mumps, rubella, varicella, Hep B, Tdap (Tetanus/diphtheria) status), a record of receiving the **influenza vaccine** within the past year, and PPD skin test.

Please complete the following onboarding documents and return them to e.unsworth@nvrh.org. If you have questions please call the Human Resources at (802) 748-7949.

Documents for Occupational Medicine:

- OSHA Info. Sheet
- Immunization Records

NVRH Human Resources Documents:

- Student Rotation Policy
- Employee's Notification of Confidentiality Regulations
- Third Party Notifications of Confidentiality Regulations
- NVRH Electronic Mail Policy
- NVRH Internet Information Resource Policy
- NVRH Standards of Behavior
- NVRH Mandatory Education Packet
- NVRH Identification Badge Information Sheet
- Documentation of cleared background check within one year



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Documents for Occupational Medicine

- OSHA Information Sheet
- Documentation that immunizations are up to date with no active health issues.

- My school, _____, has approved me to come to NVRH for a clinical rotation with _____ and certifies that I am healthy and up to date on immunizations.

- I hereby release NVRH from any liability should I contract COVID-19 illness during or immediately after my clinical rotation.

Student name printed: _____ Date of Birth: _____

Student Signature: _____ Date: _____

Approved by Occupational Medicine: _____ Date: _____

**OSHA RESPIRATORY MEDICAL EVALUATION QUESTIONNAIRE
(Mandatory)**

Your employer must allow you to answer this questionnaire during normal working hours, or at a time and place that is convenient to you. To maintain your confidentiality, your employer or supervisor must not look at or review your answers, and your employer must tell you how to deliver or send this questionnaire to the health care professional who will review it.

Part A. Section 1. Mandatory The following information must be provided by every employee who has been selected to use any type of respirator (please print).

Today's date	
Your name	
Your age (to nearest year)	
Sex	Male – Female (circle one)
Your Height	___ ft ___ in
Your weight	___ lbs.
Your job title and department	
Phone number where you can be reached	(include area code)
Best time to phone you at this number	
Has your employer told you how to contact the health care professional who will review this questionnaire	Yes – No (circle one)
Type of respirator you will use (you can check more than one category)	___ N, R, or P disposable ___ other type
Have you worn a respirator (circle one)	Yes – No If Yes, what type

**OSHA RESPIRATORY MEDICAL EVALUATION QUESTIONNAIRE
(Mandatory)**

Part 1. Section 2 (Mandatory) Questions 1-9 below must be answered by every employee who has been selected to use any type of respirator.

	YES	NO
1. Do you currently smoke tobacco, or have you smoked tobacco in the last month:		
2. Have you ever had any of the following conditions?		
Seizures (fits)		
Diabetes (sugar disease)		
Allergic reactions that interfere with your breathing		
Claustrophobia (fear of closed in places)		
Trouble smelling odors		
3. Have you ever had any of the following pulmonary or lung problems?		
Asbestosis		
Asthma		
Chronic bronchitis		
Emphysema		
Pneumonia		
Tuberculosis		
Silicosis		
Pneumothorax (collapsed lung)		
Lung cancer		
Broken rib		
Any chest injuries or surgeries		
Any other lung problem that you've been told about		
4. Do you <i>currently</i> have any of the following symptoms of pulmonary or lung illness?		
Shortness of breath		
Shortness of breath when walking fast on level ground or walking up a slight hill or incline		
Shortness of breath when walking with other people at an ordinary pace on level ground		
Have to stop for breath when walking at your own pace on level ground		
Shortness of breath when washing or dressing yourself		
Shortness of breath that interferes with your job		
Coughing that produces phlegm (thick sputum)		
Coughing that wakes you in the morning		
Coughing that occurs mostly when you are lying down		

Coughing up blood in the last month		
Wheezing		
Wheezing that interferes with your job		
Chest pain when you breathe deeply		
Any other symptom that you think may be related to lung problems		
5. Have you ever had any of the following cardiovascular or heart problems:		
Heart attack		
Stroke		
Angina		
Heart failure		
Swelling in your legs or feet (not caused by walking)		
Heart arrhythmia (heart beating irregularly)		
High blood pressure		
Any other heart problem that you've been told about		
6. Have you ever had any of the following cardiovascular or heart symptoms:		
Frequent pain or tightness in your chest		
Pain or tightness in your chest during physical activity		
Pain or tightness in your chest that interferes with your job		
In the past two years, have you noticed your heart skipping or missing a beat		
Heartburn or indigestion that is not related to eating		
Any other symptoms that you think may be related to heart or circulation problems		
7. Do you currently take medication for any of the following problems		
Breathing or lung problems		
Heart trouble		
Blood pressure		
Seizures (fits)		
8. If you've used a respirator, have you ever had any of the following problems? (If you've never used a respirator, check the following space and go to question 9)		
Eye irritation		
Skin allergies or rashes		
Anxiety		
General weakness or fatigue		
Any other problem that interferes with your use of a respirator		
9. Would you like to talk to the health care provider who will review this questionnaire about your answers to this questionnaire		

Northeastern Vermont Regional Hospital 1315 Hospital Drive St Johnsbury, VT 05819	Subject: Medical Student and Allied Health Student Policy
Department: Medical Staff	Page 1 of 1
Approved By: Human Resources Director– Chief Human Resources Officer	

POLICY:

The training of medical students of medicine and allied health professions in a community setting plays an important role in the future practice of these trainees. The purpose of this policy is to describe and ensure consistency in the processing of requests for medical student approved clinical / non-clinical rotations or observer-only status at Northeastern Vermont Regional Hospital.

PROCEDURE:

1. Requests for assignment to NVRH will be accompanied by an affiliation agreement, a letter of good standing from the medical school, certificate of insurance, immunization record (as noted below), and any applicable documents,
2. Any medical student taking clinical rotation at NVRH will be the direct responsibility of a member of the medical staff with relevant clinical privileges.
3. Any allied health students and nursing students taking a clinical / non-clinical rotation at NVRH will be the direct responsibility of a preceptor with relevant credentials.
4. Immunizations will be required as directed by the Infection Control Officer.
5. Any patient contact is the direct responsibility of the Medical Staff Preceptor. Students may contact patients only with the permission of the attending physician and consent of the patient.
6. Students may participate in the care of patients only under the direct personal supervision of a staff member with relevant clinical privileges. Before the student makes contact with the patient or the patient's record the physician is responsible for all aspects of any procedure including informed consent and patient permission for student participation.
7. Students shall wear appropriate identification at all times and identify themselves as such to patients and staff.
8. All chart entries made by the student will be reviewed and co-signed by the Medical Staff Preceptor within one (1) working day.
9. Orders may be written by students but they will not be recognized until signed by the Medical Staff Preceptor. It is therefore the student's responsibility to have any orders signed immediately.
10. All students and their Medical Staff Preceptors are to be given a copy of these guidelines at the start of any rotation. Rotations may not exceed one year.



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NORTHEASTERN VERMONT
REGIONAL HOSPITAL

Confidentiality Agreement and Acknowledgement

As an employee or agent of Northeastern Vermont Regional Hospital, I understand that I must keep all information about a patient's identity, health, and/or finances (also known as protected health information (PHI)) confidential.

I understand that within the scope of my assigned duties, my login ID is the equivalent of my legal signature, and I will be accountable for all representations made at log in and for all work done under my login ID. I understand that the electronic data and information stored in the computers systems are confidential patient, financial, organizational, and proprietary data or information.

I agree to respect and abide by all federal state and local laws pertaining to the confidentiality of identifiable medical, personal, and financial information. I agree to adhere to all Northeastern Vermont Regional Hospital policies and procedures adopted to comply with the Health Insurance Portability and Accountability Act (HIPAA) governing the privacy, security and use of protected health information (PHI).

I will not access data for which I have no patient care, utilization review, billing, or operational responsibilities for which such access is required. I understand that the unauthorized access of confidential information may subject me to disciplinary action up to termination.

I also understand that information, such as information about Northeastern Vermont Regional Hospital's operations, incident reports, and materials designated as "Peer Review" by the Medical Staff, information concerning lawsuits in which the Hospital is involved, and other similar information shall be treated as confidential and not disclosed to others.

I understand that state and federal laws protect the confidentiality of this information and that I will be personally liable for any breach of these duties and may also be held criminally liable under the HIPAA privacy regulations for intentional and malicious use and/or release of identifiable health information.

I understand that my duties and responsibilities to maintain the confidentiality of information as described in this Confidentiality Agreement shall remain in effect even after my employment or association with Northeastern Vermont Regional Hospital has ended.

I have read and understand the information set forth above concerning confidentiality, and I agree to comply with this Confidentiality Agreement as well as all applicable laws and hospital policies and procedures on confidentiality and privacy.

Staff Signature/ Date

Printed Name and Department



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Northeastern Vermont Regional Hospital

Northeastern Vermont Regional Hospital THIRD PARTY NOTIFICATION OF CONFIDENTIALITY REGULATIONS

I, _____, do hereby understand and agree to comply with Northeastern Vermont Regional Hospital's Confidentiality Policy which reads:

Access to documents containing medical, personal and/or financial information on patients, employees, or hospital matters is restricted to those who need the information to carry out their specific job assignments. Unauthorized access to documents or materials and inappropriate use of, discussion of, or dissemination of such information is considered a breach of confidentiality and as such is grounds for disciplinary action.

I understand that this applies to written, oral, observable and computerized records of a patient's treatment at NVRH.

Student/Intern

Date

I, _____, do hereby understand and agree to enforce the Northeastern Vermont Regional Hospital's Confidentiality Policy as follows:

The above student / intern will be instructed on his/her obligation to maintain confidentiality of documents, material or information. He/she will be made aware that safeguarding confidentiality of patient, employment, personnel and financial documents, materials or information is the responsibility of all employees. Breaches of confidentiality, appropriate follow-up and corrective action will be reported immediately to the appropriate senior administrator or the chief executive officer at NVRH.

This statement will be retained in the NVRH Information Systems Department. The NVRH Information Systems Department will be notified within 24 hours if this employee (intern) is no longer employed in a capacity which requires the provided access to NVRH records.

Employee Preceptor

Date



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Northeastern Vermont Regional Hospital ELECTRONIC MAIL POLICY

NVRH has established a policy with regard to access and disclosure of electronic mail messages created, sent, or received by individuals using the hospital's electronic mail system.

1. NVRH provides an electronic mail system to assist in the conduct of hospital related business by medical staff, employees, and volunteers.
2. To ensure patient confidentiality, no patient specific information (name, date of birth, social security number, etc.) may be included in external, internet electronic mail even if the intended recipient is authorized to view confidential information. Patient specific information may be safely included in internal (MediTech) electronic mail.
3. The electronic mail system may not be used to create any offensive or disruptive messages. Among those which are considered offensive are any messages which contain sexual implications, racial slurs, gender specific comments, or any other comment that offensively addresses someone's age, sexual orientation, religious or political beliefs, national origin, or disability.
4. The electronic mail system may not be used to solicit for commercial ventures, religious or political causes, or non-affiliated organizations. The electronic mail system may not be used to send (upload) or receive (download) copyrighted materials, trade secrets, or proprietary financial information.
5. Personal messages which do not violate these policies may be composed, sent, received, or posted on an electronic bulletin board outside work hours (for example, during breaks or lunch) as long as such use does not pre-empt any business activity.
6. The electronic mail system hardware and software are hospital property.
7. All electronic mail messages composed, sent, or received are considered confidential property and access is routinely allowed only to the author, the intended recipient, or the recipient's authorized designee. However, the confidentiality of any message should not be assumed since, under certain circumstances, such as termination, extended absence from work, or complaint of violation of electronic mail policies, senior management may obtain or authorize access to an individual's electronic mail.
8. Violation of these policies should be reported to Human Resources.
9. Employees who violate these policies or use the electronic mail system for improper purposes shall be subject to discipline up to and including discharge. Medical staff and volunteers who violate these policies shall be subject to suspension of access to electronic mail. Anyone who violates patient security policies may be subject to legal action and substantial fines.
10. Employees, medical staff, and volunteers must agree to abide by these policies before access to the electronic mail system will be granted.

I authorize that I have read this policy regarding electronic mail. I am aware that violations of this policy may subject me to disciplinary action, up to and including discharge from employment, potential legal action, and fines.

Print Name: _____ Signature: _____ Date: _____



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NVRH Internet Information Resource Policy

Northeastern Vermont Regional Hospital (NVRH) has established a policy with regard to access to information resources over the Internet. Individuals granted access assume a responsibility to maintain and enhance the hospital's public image and use the Internet in a productive, ethical, and lawful manner.

1. NVRH provides internet access to assist in the conduct of hospital related business by medical staff, employees, volunteers, patients, and other members of the community. Access is restricted to health-related sites at most hospital locations. Unrestricted access is available in the computer training room, patient education office, physician offices, and the medical library.
2. To ensure patient confidentiality, no patient specific information (name, date of birth, social security number, etc.). May be displayed or transmitted via the internet even if the intended recipient is authorized to view confidential information.
3. The internet may not be used to create, display, or transmit any offensive or disruptive messages. Among those which are considered offensive are any messages with contain sexual implications, racial slurs, gender-specific comments, or any other comment that offensively addresses someone's age, sexual orientation, religious or political beliefs, national origin, or disability.
4. The internet may not be used to solicit for commercial ventures, religious or political causes, or nonaffiliated organizations. The internet may not be used to send (upload) or receive (download) copyrighted materials, trade secrets, or proprietary financial information.
5. Personal research that does not violate these policies may be conducted outside work hours (for example, during breaks or lunch) in non-patient care areas (for example, staff lounge, training room, personal office) as long as it does not preempt any business activity.
6. Employees who violate these policies or use the internet for improper purposes shall be subject to disciplinary action up to and including discharge. Medical staff, volunteers, patients, or community members who violate these policies shall be subject to suspension of internet privileges and potential legalaction.
7. Violations of these policies should be reported to HumanResources.
8. Employees, medical staff, and volunteers must agree to abide by these policies before unrestricted access to the Internet will be granted. A copy of these policies will be posted by restricted public access devices.

I authorize that I have read and understand this policy regarding the internet. I am aware that violations of this policy may subject me to disciplinary action, up to and including discharge from employment, possible legal action, and fines.

Print Name: _____ Signature: _____ Date: _____



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NVRH Standards of Behavior

Each NVRH employee is linked to one another by a common purpose - serving our patients and community. We demonstrate our commitment by the following standards of behavior.

Professional attitude.

We are committed to providing the highest quality service and care, and meeting our patients' needs in a courteous and respectful manner. This commitment is reflected in our behavior towards each other.

- Treat each person with dignity, respect and compassion.
- Be considerate - be aware of another person's feelings or circumstances.
- Every employee plays an important role in delivering quality care at NVRH - acknowledge other people's work.
- Professional courtesy is expected at all times.
- We're all here to serve our patients. To do this well, we need to work together. Cooperation with one another is an expectation and part of every employee's job at NVRH.
- Help one another. Be receptive to requests for help from others.

Respectful communication.

Show respect and warmth through proactive and positive communications.

- Acknowledge another person's presence.
- Make eye contact and smile.
- Introduce yourself and department or greet people by name.
- Answer questions in a professional, pleasant and informative manner.
- Say, "thank you".

Listen with the intent to understand.

- Wait before you respond.
- Clarify and confirm: Ask questions, summarize and repeat back your understanding.
- Be aware of your body language. Crossed arms, not making eye contact, rolling eyes, etc., indicate you are not willing to listen.

Differing viewpoints are a part of life. How we resolve issues and move on is important, so we can focus on serving the patients.

- As a first step, talk directly to a co-worker in a respectful way when you have an issue; don't involve other co-workers.
- Never chastise or embarrass fellow workers in the presence of others.
- Take a breather and ask, "How am I contributing to this conflict?"
- Take ownership when someone comes to complain to you about someone else - advise them to talk directly to the person they are complaining about.
- Use other resources if you need guidance and support: your manager, a supervisor, Human Resources, the Chaplaincy department, or the Employee Assistance Program.

Accountability/Ownership

Take pride in what you do. We are each responsible for the outcome of our efforts. We recognize our work is a reflection of who we are as people and as health professionals.

- Accept responsibility for your job.
- Every person makes and learns from mistakes - acknowledge when you make one.
- Hold each other accountable (in a respectful manner) for meeting standards of behavior.
- Celebrate accomplishments by acknowledging and recognizing others.

I understand and support the NVRH Standards of Behavior.

Print Name

Signature

Date



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Identification Badge Information Sheet

To better assist us with assuring your ID badge has all of your correct information on it please fill out the following:

Name and Credentials as you would like it to appear on your badge

(for example: Jane doe, RN, BSN or Jane, RN, BSN) You can choose to have your first name only or your full name

Position: _____

Department: _____

ABOUT YOUR ID BADGE

- You are required to wear your ID badge at all times when you are working at NVRH.
- Your badge should be worn above the waist, so that it is easily visible to others.
- If you are an employee of NVRH your ID badge will also contain a bar code, which can be scanned in the cafeteria for payroll deductions and also the Cherry Wheel Gift Shop.
- If you feel you do not have the appropriate access for your job, please notify Human Resources.
- If your ID is lost or stolen, please report it to Human Resources as soon as possible and schedule a time to get a new ID.

EEID Number: _____

Badge Number: _____