

High School

Nursing Fundamentals Student Contract

This Agreement is between the student, his or her parents, and the Buncombe County School Administrative Unit (or School) and sets forth certain behavioral, ethical, and legal expectations for students who participate in the Nursing Fundamentals Class. The School agrees to allow the Student to participate in the class and in return the students and parents agree to the following:

In the medical profession, a system of ethics is observed and practiced by all persons in the medical setting. You are also responsible for following these ethical standards. You must understand that invariably the people with whom we deal are in different stages of ill health, which causes in each of them a different outlook. They become anxious, nervous, and quite often impatient. These persons require the best use of our technical and human relations skills.

You must all understand that patients will often gain confidence in us and share their innermost thoughts. We also come to know a great deal about a patient from hearing reports and reading charts. Patients have the right to expect that all communication and records pertaining to their care will be treated as confidential by the facility and all employees and that includes us. All information contained in a patient's record shall be considered privileged and confidential.

Only the individuals directly involved in the treatment of the patient, or individuals with responsibility for monitoring the quality of care, or individuals authorized by law or regulation shall have access to a patient's medical record. You are not to discuss any patient's record or condition outside of the patient's unit at the facility. This includes open facility areas such as hallways, lounge, etc., as well as public places away from the facility.

HIPPA

- I will make it my responsibility to know, understand, and keep within the clinical guidelines to assure the health and well-being of each patient. _____
- I will make every effort to be courteous, efficient, and accurate when helping patients through this stressful time in their lives. _____
- I understand that discussing confidence, diagnosis, or prognosis, family history or treat any patient with other students, friends, or family is in violation of HIPAA laws. **I understand that if I violate HIPPA or other confidentiality policies, I will give up my right to continue to participate in clinical rotations which may result in obtaining a failing grade for Nursing Fundamentals for this semester.** _____

Course Credit

- I understand that Nursing Fundamentals is an honors class and requires my dedication and priority.
- I understand that this is a double block class and that I will receive double class credit.

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Buncombe County Schools does not discriminate against any student regardless of age, sex, race, religion, national origin, handicapping conditions, pregnancy, parental or marital status.

Professional Appearance

- I will wear:
 - A clean, wrinkle free uniform each day. _____
 - Comfortable, clean shoes, (preferably sneakers or nursing shoes), no open toe shoes, no crocs allowed. _____
 - Hair pulled back if longer than shoulder length. _____
 - Cosmetics in moderation and at teacher discretion. _____
 - No nail polish, nail tips, colognes or perfumes. _____
 - No jewelry except for a watch with a second hand. (required) _____
 - No piercings. Stud earrings only. _____

Facility Conduct

- I will not take my cell phone in the clinical area regardless of personal circumstances. (see cell phone contract) _____
- I will not leave the unit without notifying the person with whom I am working and my instructor. _____
- If an accident occurs, I will report it **immediately** to my instructor. _____
- I will be equipped with a black pen and paper each day. _____
- I will accept/follow instructions from my instructor or assigned health team member in a courteous, cooperative manner. _____
- I will notify my instructor before 7:00 a.m. if unable to attend clinical. Failure to do so will result in a markdown of my grade. If I am ill or my attendance record does not qualify me for the requirements of this course, I will accept this as no fault of the instructor or administration. Absences during the time of clinical rotation cannot be made up on any other days! I also understand that I must complete a minimum number of 40 hours in the clinical setting, and if my absences exceed this number of hours, I will not pass the Nursing Fundamentals course and/or not be eligible for the CNA certification. _____
- I will be on time each day to my clinical assignment. Tardiness will not be accepted and daily grades will be reduced. _____
- I understand that I am responsible for my individual transportation issues to and from the clinical areas (see attached transportation form). _____
- I must obtain my immunization records and they must be up to date including a varicella vaccine or documentation the student has had chickenpox before participating in the required clinical rotation.
- I understand that I will be required to have a negative tuberculin skin test before participating in the required clinical rotation.
- I intend to arrange the priorities in my life in order to make this a learning experience that will benefit me greatly in my future career. _____

- I will practice all concepts learned about safety, infection control, HIPAA and standard precautions while in the clinical setting. _____
- I will respect my fellow students and employees of the healthcare facility and will work with them without ill words or malice. _____
- I understand the importance of my appropriate ethical and moral behavior. I also understand that inappropriate behavior of any kind, including the use of illegal substances during this semester, may result in the loss of two credits that are normally awarded for the completion of Nursing Fundamentals. _____
- I understand that my responsibilities while in clinical may include, but are not limited to:
 - Must be physically able to lift at least 60 pounds without injury to self and/or others. _____
 - Must be able to push, pull, tug and lift repeatedly. _____
 - Must be able to cope with a stressful working environment consisting of physical and mentally impaired residents. _____
 - Must have the ability to communicate orally with other staff and residents. _____
 - Must assist residents with bathing, shampoos, dressing and undressing, assisting with personal hygiene, give nail care, give foot care, assist with feeding residents _____
 - Must be able to transport residents within the facility using wheelchair, Geri-chairs, stretcher, or assist them with walking. _____
 - Perform Range of Motion as instructed. _____
 - Maintain residents' privacy. _____
 - Report all unusual conditions and reactions to your instructor. _____
 - Assist the residents with bedpans and toiletry. _____
 - Changes bed linens.
 - Follows safety policies of the facility. _____
 - Must understand that some residents may be combative (hitting, spitting, biting, pinching), uncooperative, or display inappropriate behavior of a sexual, racial, or non-tolerant nature. _____

CNA Certification Testing

CNA certification, including written and skills testing, is done independently of _____ High School. While this certification provides students an opportunity to earn an industry recognized credential, it is an optional exam and students are not required to take this exam to pass the course.

A separate exam company (NACES) performs the evaluation at the cost of \$101.00/student. Each student is responsible for this fee. Instructor will notify students of in facility test dates at beginning of semester. A valid state ID/driver's license AND a signed, non-laminated social security card are required to take the exam. Signatures and names must match on both forms of

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ID. If proper identification is not obtained, student will not be able to test and will lose any money paid for exam. This exam will be held at _____ High School, or students may elect to test at other sites in Western North Carolina, which are independent of Buncombe County Schools. Information regarding testing may be obtained at www.pearson-vue.com.

Waiver and Release (Please Read Before Signing)

We, the undersigned, acknowledge and understand that participating in the Nursing Fundamental class and working in clinical sites poses risks of injury that are not typical to the school setting. We acknowledge that the requirements and expectations of the class are intended to minimize those risks. We accept and assume these risks and in consideration for being allowed (or my child being allowed) to participate in the class, we further agree to release and hold harmless the School, the Buncombe County Board of Education, its members and employees, agents and volunteers (collectively the “School”) for any injury or damage to person or property or any other claims, including claims of the School’s negligence, arising out of, resulting from or related to my, or my child’s participation in the Nursing Fundamentals class.

I have read and understand all the above statements and the course syllabus, and agree to adhere to these duties and requirements during my participation in this class, including the clinical rotation. I understand that failure to follow the duties described in this contract or in the syllabus may result in disciplinary action and may include dismissal from the program as well as loss of the two class credits for Nursing Fundamentals.

Custodial Parents/Guardians and Student Must Sign

Student Signature: _____ Date: _____
Parent/Guardian Signature: _____ Date: _____
Parent/Guardian Signature: _____ Date: _____

**Both Parent/Guardians must sign if applicable.*