

Student Agreement of Responsibility

Southlake Regional Health Centre (Southlake) has a contractual affiliation agreement with your educational institution that governs student placements at this hospital. In addition, there are specific student responsibilities that the hospital requires you be aware of and in agreement with prior to the beginning of your placement. Please review and sign this form to indicate agreement and accountability to the following student responsibilities.

Name: (PRINT CLEARLY) _____

Home Address: _____

City: _____ Prov: _____ Postal Code: _____

Phone #: _____ E-mail: _____

Emergency Contact Person: _____ & Phone #: _____

Educational Institution: _____ Area of Study: _____

Area of Placement (i.e. unit, department): _____

Placement Start Date: _____ Placement Stop Date: _____

Name of Southlake Instructor/Supervisor/Preceptor: _____

N95 Mask Fit type: _____ Date tested: _____ Verified by: _____
mm/dd/yy *(Southlake staff)*

To be completed by the Southlake Student Placement Office:

Proof of Immunity and Vulnerable Sector Screening (Police Check)

- Student has completed Immunity and Vulnerable Sector Screening as a requirement of their Educational Institution (Health Passport/E-Mail communication).

Verified by: _____ (initials)

OR

- Student has provided hard copy evidence of Proof of Immunity and Vulnerable Sector Screening.

Verified by: _____ (initials)

I acknowledge that:

1. All information provided below is accurate.
2. I will abide by the regulations, policies and procedures that govern SRHC including but not limited to Scent Reduction, Dress Code and Smoke-Free and Tobacco-Free Environment.

3. Hospital staff is the final authority for all aspects of patient care and for the integration of the educational activities into the hospital.
4. I will practice within the scope of my knowledge and skill and that I will request and accept appropriate supervision in my provision of patient care.
5. It is within a patient's rights to decline to have me involved in their care based on my status as a student.
6. Southlake will at no time accept responsibility for loss or damage to my personal property.
7. Southlake may terminate this agreement at any time should the hospital deem my conduct or performance unacceptable. Such a decision, except in extraordinary circumstances, would not be made without prior consultation with my educational institution and me.
8. I have read and understood the online Core Curriculum for Students.
9. I have read and understood the online Student Orientation manual.

Southlake Student ID Badge Acknowledgement:

1. If my Southlake student ID badge is lost or damaged I will be required to pay a second deposit/fee for the badge replacement and will forfeit my original payment.
2. I am aware of and understand that there is a \$25 non-refundable Southlake Administration fee in addition to the \$2.00 Teranet Handling fee for my Southlake student ID badge.
3. I am aware that I must return both pieces of my Southlake student ID badge to the hospital within one month of placement end date to receive any eligible ID badge refund.

Staff Assist Version 5 Pendant Acknowledgement:

1. I have reviewed and been informed about the use of the Staff Assist Pendant, the requirements and the expectations of employees, instructors and students at Southlake Regional Health Centre. I agree to abide by the policy and procedure directions.
2. I understand that if I have questions regarding the Staff Assist Pendant Policy, I will consult with my instructor or preceptor for clarification.
3. I understand that the replacement cost for lost, stolen, broken Staff Assist Pendants is \$50.00.
 - I have reviewed the Staff Assist Instructional video.
 - I will review the Staff Assist Instructional video within the next week.
 - I have read the Staff Assist Pendant Policy.
 - I acknowledge that to activate a Code White with the Versus V5 Staff Assist Pendant, I must push and hold the pendant button for 2 seconds.

Signature: _____

Date: _____

Attestation and Attendance Tracker for Students

I acknowledge my attendance at placement confirms that in the 24 hours prior and immediately before my shift, I have none of the following symptoms:

- Fever
- Shortness of breath
- Difficulty swallowing
- Unexplained fatigue/malaise/muscle aches (myalgias)
- New onset of cough
- Sore throat
- Decrease or loss of sense of taste or smell
- Worsening chronic cough
- Runny nose
- Nausea/vomiting, diarrhea, abdominal pain
- Chills
- Difficulty breathing
- Nasal congestion
- Headaches
- Pink eye (conjunctivitis)

- I have **NOT** worked in an area under outbreak outside of Southlake Regional Health Centre
- I do **NOT** have pending COVID-19 test results, taken due to recent or ongoing symptoms.

*If I feel sick, I will not come to placement.

If I have any symptoms I will call Southlake Occupational Health ext. 2383. If I have been swabbed for COVID-19 (at Southlake or elsewhere), I will notify Southlake *Occupational Health Safety Wellness* via email: OHSW@southlake.ca or *Susan King, Student Placements* via email: SCKing@southlake.ca.

Signature: _____

Date: _____