

SUWANNEE COUNTY SCHOOL BOARD
SPECIAL MEETING
March 12, 2019

AGENDA

Call to Order – Immediately following the Workshop

The Superintendent recommends approval to adopt the agenda.

Assistant Superintendent of Instruction – Janene Fitzpatrick:

1. The Superintendent recommends approval to advertise additions and revisions to the Suwannee County School District Elementary and Secondary Student Progression Plans for 2018-2019. (A copy is available for review in the office of the Assistant Superintendent of Instruction.)

Director of Career, Technical, and Adult Education – Mary Keen:

2. The Superintendent recommends approval of the following contract/agreement for the 2018-2019 school year: (RENEWAL) (Note: This contract has been reviewed and approved by Board Attorney Leonard Dietzen.)

#2019-90 Clinical Education Non-Exclusive Student Affiliation Agreement between Shands Lake Shore Regional Medical Center and the Suwannee County School Board Surgical Technology, Phlebotomy, Certified Dietary Management, Patient Care Technician, and Practical Nurse Education Programs (pgs. 2-41)

Director of Facilities – Mark Carver:

3. The Superintendent recommends approval of the 10.00 Foot Florida Power & Light Co. (FPL) Electric Line Easement for the New District Office/Admin Building. (Note: This easement has been reviewed and approved by Board Attorney Leonard Dietzen.) (pgs. 42-44)

Adjourn

**NON EXCLUSIVE STUDENT AFFILIATION AGREEMENT
FACE SHEET**

(Must complete all fields)

Date of Agreement: 03/01/2019
Facility Legal Name: Shands LakeShore Regional Medical Center
d/b/a: Shands LakeShore Regional Medical Center
Facility Address: 368 NE Franklin St.
City, State, ZIP: Lake City, FL 32055

School's Legal Name: Suwannee County School Board 1457
School Address: 1729 Walker Ave, SW, Suite 200
City, State ZIP: Live Oak, FL 32064

Applicable Licenses, Certifications, etc: N/A

Term of Agreement: 36 months
Expiration Date: 02/28/2022
Effective Date: 03/01/2019
Type of Student (i.e. Clinical, Administrative, etc.): Surgical Technology, Phlebotomy, Certified Dietary Management,
Patient Care Technician, Licensed Practical Nursing

Number of Students per rotation: 1-20

Term of Training (cite beginning date and ending date including dates of the school's semester):
Begin Date: 03/01/2019 Ending Date: 02/28/2022 School Term Dates: Fall, Spring, and Summer

Clinical rotations shall be provided at Facility's facilities located at: 368 NE Franklin St. Lake City, FL 32055

Designated Contract Person to act as liaison between Facility and School: Mary Keen; mary.keen@suwannee.k12.fl.us

Responsibility for Certain Checks and Testing:

Background Check (Select one from drop down menu):

School chooses to conduct and to pay for Students' Background Checks. ✓

Substance Testing (Select one from drop down menu):

School chooses to conduct and to pay for Students' Substance Testing. ✓

The results of the (1) Background Check and (2) Substance Test must already be on file at the Facility for any Student that is referred to the Facility.

The attached Standard Terms and Conditions are incorporated into this Non Exclusive Student Affiliation Agreement ("Agreement"). The following Addenda are also attached hereto and incorporated herein as part of this Agreement by this reference:

Addendum	Title
1	Patient Care Duties to be Provided by Students
2	Patient Care Duties Students Cannot Provide
3	Other Legally Required Testing
4	Student Substance Policy Consent
5	Student Background Consent Form
6	Government Entity Statement of Legal and Equitable Relief

Neither the Agreement nor any amendment or modification hereto shall be effective or legally binding upon Facility, or any officer, director, employee or agent thereof, unless and until it has been reviewed and approved electronically by a Division President of Community Health Systems Professional Services Corporation, the Facility's Management Company.

_____ School's Authorized Representative's Initials

SCHOOL

RIVEROAK Technical College
415 Pinewood Drive, SW
Live Oak, FL 32064

By: _____

Title: Principal

Date: _____

SCHOOL BOARD

Suwannee County School Board
1729 Walker Ave, SW, Suite 200
Live Oak, FL 32064

By: _____

Title: Ted L. Roush, Superintendent of Schools

Date: _____

FACILITY

d/b/a: _____

By: _____

Title: Facility CEO

Date: _____

Chairperson, Suwannee County School Board

"Approved as to Form and Sufficiency

BY _____

Leonard J. Dietzen, III

Rumberger, Kirk & Caldwell, P.A.

Suwannee School Board Attorney"

NON EXCLUSIVE STUDENT AFFILIATION AGREEMENT

STANDARD TERMS AND CONDITIONS

1. JOINT RESPONSIBILITIES OF SCHOOL AND FACILITY

- A. Provide clinical training to Students, including but not limited to the Patient Care Services. See Addendum 1.
- B. Provide contact persons to the other party to oversee Students' clinical experiences.
- C. Review Students' background checks and Substance testing results. Facility shall be solely responsible for determining if Students may participate or remain in the program.

2. SCHOOL'S RESPONSIBILITIES

- A. Coordinate with Facility to assign Students and plan the clinical training program. Only Students who meet the School's criteria for eligibility, which must be Facility-approved, shall be referred to the Facility.
- B. Educate Students about clinical safety, including OSHA blood borne pathogens standards, and tuberculosis transmission prevention prior to their clinical rotation.
- C. Notify Facility if any Students fail to meet education and/or training requirements.
- D. Obtain written documentation from Students and staff *prior to* referring them to Facility:
 - (1) A negative TB skin test within the past year or, in the event of a positive TB skin test, a chest x-ray within the past three (3) years; OR provide evidence of no TB disease per negative result of Interferon-gamma release assay blood test (T-Spot or Quantiferon Gold) within twelve (12) months of student activity at facility;
 - (2) A completed series of Hepatitis-B vaccine, having begun the series, or informed refusal of the vaccine;
 - (3) Any other appropriate immunizations requested by Facility; and
 - (4) Documentation for legally-required testing requirements noted. See Addendum 3.
- E. Ensure that Students are aware of the Substance Policy. See Addendum 4.
- F. Provide the Facility with a copy of each Student's completed (1) Substance Policy Consent Form (See Addendum 4) and (2) Background Consent Form (See Addendum 5). The School may instruct the Student to provide the forms to the Facility; however the completed forms and results must be on file at the Facility before any Student is referred to the Facility.
- G. Ensure that the following background checks have been completed *before* referring Students to Facility (See Face Sheet to determine who will be responsible for the cost and actual performance of the background checks):
 - (1) Office of Inspector General ("OIG") List of Excluded Individuals/Entities

School shall not refer Students who have been suspended or disbarred from any applicable federal payer program. Appropriate screening tools include the Excluded Party Search System, or approved software programs, and certain internet sites.

(2) License or Certification

School shall not refer Students whose medical licenses or certifications have ever been suspended, revoked, terminated, or otherwise modified as to rights and privileges. If such sanctions resulted from controlled substance use, and the Students have successfully completed a rehabilitation program, School may refer them so long as they undergo periodic substance abuse testing as determined by the Facility.

(3) Criminal Records Check

Students' criminal records shall be checked at the federal, state, and local levels *before* referring Students to Facility and thereafter as often as is required by law. The Facility CEO will have the authority to make the final decision regarding the referral of any Student with a criminal record. Students must execute a Student Background Consent Form (See Addendum 5).

(4) Other Background Checks Required By Law (See Addendum 3).

- H. No Facility materials related to this Agreement shall be circulated or published without the Facility's prior written consent.

3. FACILITY'S RESPONSIBILITIES

- A. Provide clinical experiences to Students, as mutually agreed upon by the parties.
- B. Orient Students and School clinical instructors who visit Facility on matters such as Facility's policies and procedures, personal protective equipment availability and use, and fire and emergency response plans.
- C. Provide first aid for clinical accidents and illnesses, such as blood and body fluid exposures. Facility shall bill such first aid work to Students' insurance carrier. Facility shall not be financially or otherwise liable for any Student's care beyond providing initial first aid, regardless of whether additional services are covered by such Student's insurance.
- D. Provide reasonable storage space for Student's apparel and personal effects, and classroom or conference room space at Facility for program use.

4. TERM AND TERMINATION

- A. This Agreement shall be effective upon execution by parties and may be renewed upon the parties' mutual agreement.
- B. In any event, either party may terminate this Agreement without cause by giving thirty (30) days' written notice to the other party. However, in such a case, this Agreement shall continue until the Students complete current clinical rotations (if practicable).
- C. Either party may immediately terminate this Agreement if the other party is insolvent or bankrupt.

5. INSURANCE

- A. Documentation shall be provided that:

- 1) Students have health insurance during their clinical rotation;
 - 2) Clinical instructors and other School staff present on Facility grounds have worker's compensation insurance (or, if School is government entity, School shall maintain the government version of such insurance); and
 - 3) Students have professional liability coverage of at least \$1 million per occurrence / \$3 million aggregate of the "occurrence" type of coverage.
- B. If Students' professional liability coverage is the "claims made" type, such coverage shall outlive this Agreement for at least twenty-four (24) months (which may require tail or prior acts coverage). The "retro" date for coverage shall be this Agreement's effective date.
- C. Facility shall be notified in writing within fifteen (15) days of any material alteration, cancellation or nonrenewal of any insurance coverage. Inadequate insurance or proof of insurance shall be grounds for immediate termination of this Agreement. The Facility shall be reasonable in deciding if an insurance carrier is reputable/acceptable to it.

6. CLAIMS AND NOTIFICATION

- A. Each party shall pay its portion of all claims, liability, costs, expenses, demands, settlements, or judgments resulting from negligence, actions or omissions of itself or its own representatives, directors, and employees relating to or arising under this Agreement.

Note: Section 6.B below does not apply to government entities that claim full or partial governmental immunity. See Section 6.C below.

- B. To the maximum extent allowed by law, unless otherwise provided by this Agreement, each party agrees to indemnify, hold harmless, and defend the other party from and against any and all claims, demands, actions, settlements, costs, damages or judgments, including reasonable attorney's fees and litigation expenses, based upon or arising out of the activities per this Agreement, where such claims, demands, actions, settlements, costs, damages, or judgments relate to its own negligence, actions or omissions or that of its agents, representatives, Students, as applicable, or employees. This Section survives the termination of this Agreement.
- C. Sovereign Immunity: Nothing contained in this Agreement shall be interpreted or construed to mean that the Client waives its common law sovereign immunity or the limits of liability set forth in Florida statutes.
- D. Parties will notify each other as soon as possible, in writing, of any incident, occurrence, or claim arising out of or in connection with this Agreement which could result in a liability or claim of liability to the other party. Facility shall have the right to investigate any incident or occurrence and School shall cooperate fully.

7. CONFIDENTIALITY (all applicable laws and regulations, including HIPAA)

- A. School, its employees, and representatives agree to keep confidential from third parties all information which relates to or identifies a particular patient, including, but not limited to name, address, medical treatment or condition, financial status, or any other personal information which is deemed confidential according to applicable laws, ("Confidential Information"). School also agrees to inform its Students about their obligations under applicable laws as to Confidential Information.

- B. Patient records are Facility property. Retention and release shall comply with all applicable laws. Access to and use of patient information is restricted to only that necessary for this Agreement.
- C. The Facility shall supply information and applicable forms to Students to meet legal confidentiality provisions.
8. **NOTICES.** Notices or other communications per this Agreement shall be given to the other party as follows:
- If to Facility: As stated on Face Sheet
- With a copy to: CHSPSC Legal Department
4090 Meridian Blvd.
Franklin, TN 37067
Attn: General Counsel
- If to School: As stated on Face Sheet
9. **ASSIGNMENT OF CONTRACT AND BINDING EFFECT** Neither party shall assign, subcontract, or transfer ("Assignment") any of its rights or obligations under this Agreement to a third party without prior written consent of the other party. If there is a valid Assignment, this Agreement shall be binding upon and inure to the benefit of the parties hereto and their respective successors and assigns.
10. **DISCRIMINATION.** Each party shall comply with all applicable laws relating to discrimination, harassment and retaliation which may include those such as Title IX of the Education Amendments of 1972, the Rehabilitation Act of 1973, and the Americans with Disabilities Act, all as amended. This compliance may also include non-discrimination based classifications such as race, color, religion, sex, national origin, age, disability and other legally protected classifications.
11. **INDEPENDENT CONTRACTOR STATUS** Each party is an independent party and not an agent or representative of the other party, and therefore has no liability for the acts or omissions of the other party. In addition, neither party, nor any of its employees, agents, or subcontractors, shall be deemed to be employees or agents of the other party. Therefore, neither party nor any of its employees, agents or subcontractors, shall be entitled to compensation, worker's compensation, or employee benefits of the other party by virtue of this Agreement.
12. **COUNTERPARTS** This Agreement may be executed in one or more counterparts and may be electronically transmitted, and be as effective as an inked original.
13. **CONSIDERATION** Consideration for this Agreement is the mutual promises contained herein. No compensation shall exchange hands between the parties.
14. **GOVERNING LAW AND VENUE** This Agreement will be governed by and construed in accordance with the laws of the state of Florida. In the event of any litigation arising from this Agreement, the parties agree that the exclusive state court forum for said litigation shall be in Suwannee County, in the court of appropriate jurisdiction.
- The parties hereby knowingly, voluntarily and intentionally waive any right it may have to a trial by jury with respect to any litigation related to or arising out of, under, or in conjunction with this agreement.
15. **ENTIRE AGREEMENT & SEVERABILITY** This is the parties' entire agreement on this subject matter and it supersedes any prior agreements/arrangements. This Agreement cannot be amended, modified, supplemented, rescinded or waived except in a writing signed by each party. This Agreement is severable. If a part(s) is (are) void or unenforceable, the remainder of this Agreement shall remain in effect.

STUDENT AFFILIATION AGREEMENT - ADDENDUM 1

Patient Care Duties To Be Provided By Students

TYPE OF PROGRAM:

Vocational / Technical X
Junior College
Four Year College
Graduate School

ACADEMIC LEVEL:

Freshman
Sophomore X
Junior
Senior

EXPERIENCE LEVEL:

Beginner/Basic X
Some Experience
Advanced

Skilled PRACTICAL NURSING STUDENTS can perform:

Patient Hygiene
Medication Administration
Peripheral IV Therapy – initiating, discontinuing piggyback medication and continuous infusions
Accessing/managing central venous catheters
Nasogastric tube: Insertion, medication administration and discontinuation
Tube placement verification and residual check
Foley catheter insertion, care and removal
Dressing Change
Assisting with Pressure Ulcer treatment
Documentation
Assisting with vaginal/Caesarian delivery
Assisting with bedside procedures; central line insertion, chest tube insertion, spinal tap
Blood sampling
Ostomy care
Monitoring of a patient with patient-controlled analgesia
Providing patient education material and information
Patient Evaluations
Collection of vital signs and health history upon admission

In addition to other duties required by the school, students are required to participate in an hourly rounding lab before being allowed to care for patients in a CHS facility. This check-off validation will be conducted by the nurse instructor and include use of the 4 P's, log-sheet compliance and beside shift report. Validation tools will be provided to the instructor for use and when complete given to the CNO or Nurse Educator before clinicals in the facility.

Skills PATIENT CARE TECHNICIAN STUDENTS can perform:

Patient Hygiene
Documentation
Blood sampling
Ostomy Care
Collection of vital signs

EKGs
Feeding Patients
Assisting with activities of daily living
Collection of Intake and Output
Placement of Telemetry

Skills SURGICAL TECHNICIAN STUDENTS can perform:
PATIENT CARE DUTIES TO BE PROVIDED BY SURGICAL TECH STUDENTS UNDER THE DIRECT
SUPERVISION OF A PRECEPTOR

- Level 1 Students (Novice):
 - Observation only
- Level 2 Students (Apprentice/Novice)
 - Scrub into OR cases to perform all scrub roles with assistance
- Level 3 Students (Apprentice/Adept)
 - Scrub independently (on previously-scrubbed cases), with facility's scrub nurse also scrubbed in, or in the room.

Skills PHLEBOTOMY STUDENTS can perform (without instructor present):

- Perform venipunctures, heel sticks, and finger sticks to obtain blood samples for testing purposes
- Properly identify patients and follow procedures for collection of specimens
- Ensure all information from blood collection of specimens is entered into system including time drawn, time received, and proper phlebotomy code.
- Collect chain of custody urine drug screens for pre-employment, post-accident, and just cause cases using proper collection procedures as set forth by NIDA
- Picks up samples from nursing units as required

Skills CERTIFIED DIETARY MANAGER STUDENTS can perform:
To be determined by facility dietary director and course director

STUDENT AFFILIATION AGREEMENT - ADDENDUM 2

The Following Patient Care Duties Cannot Be Provided By Students

Skills PRACTICAL NURSING STUDENTS cannot perform:

- Initiation of blood or blood products
- Initiation of chemotherapy agents
- Initiation of plasma expanders
- Mixing IV solution
- IV pushes, except heparin flushes and saline flushes
- Assessment of a patient on charge of condition
- Assessment of a patient upon admission

Skills PATIENT CARE TECHNICIAN STUDENTS cannot perform:

- Initiation of blood or blood products
- Initiation of chemotherapy agents
- Initiation of plasma expanders
- Mixing IV solution
- IV pushes, except heparin flushes and saline flushes
- Assessment of a patient on charge of condition
- Assessment of a patient upon admission

Skills SURGICAL TECHNICIAN STUDENTS cannot perform:

- Administer or double check on medication or blood products
- Begin or discontinue IV fluids, blood products, chemotherapy, or experimental drugs, or therapies
- Accept order from physicians or other health care professional in person or by telephone
- Call a physician or physician's office to obtain an order
- Alter tissue by cutting, clamping, suturing, or applying electrocautery directly to tissue
- Function independently; must always function with personal supervision of CSTs, STs, and/or RNs

Skills PHLEBOTOMY STUDENTS cannot perform:

- Any and all skills not outlined in Addendum 1

Skills CERTIFIED DIETARY MANAGER STUDENTS cannot perform:

- To be determined by facility dietary director and course director.

STUDENT AFFILIATION AGREEMENT - ADDENDUM 3

Other Legally Required Testing

None.

STUDENT AFFILIATION AGREEMENT -- ADDENDUM 4

STUDENT CONSENT FORM
SUBSTANCE POLICY

Name of School: Suwannee County School Board 1457

Name of Facility: Shands Lake Shore Regional Medical Center

Facility policy prohibits Students, (as well as applicants, employees and contractors) from using "Substances" including, but not limited to, illegal drugs and legal prescription drugs without a current, legal and valid prescription. Alcohol may not be used in a manner that will cause Student to be impaired while at the Facility. Students shall be tested for Substances as directed by the School or the Facility.

The Substance Policy

The Students are seeking Facility experience that is not granted to the general public.

It is Facility policy to maintain a drug and alcohol free environment.

By choosing to access the Facility through the program, the Student *must* agree to follow the Facility's substance abuse policy, including Substance testing.

Any Student who chooses not to agree to this policy has chosen not to be in the program.

No Student shall be in the program who:

- Has chosen not to comply with the Facility's or School's directives;
- Is unfit for duty; and/or
- Has not passed or failed substance test(s) in the 12 months preceding Student's placement at the Facility

The School shall:

- Provide the Facility with a copy of each Student's completed Consent Form or request Student to provide the completed Consent Form to the Facility;
- Conduct testing of Students through a licensed laboratory, if School is responsible for Substance testing; and
- Provide to the Facility copies of each Student's test result, for every test, if School is responsible for Substance testing.

Substance Testing may also be required by the Facility:

- When a Student is injured at the Facility;
- When a drug is not accounted for per Facility policy;
- For oversight of a Student who has previously completed a Substance rehabilitation program;
- For a Student who has been absent from the School or program for more than 30 days (except for regularly calendared school breaks); and
- When a Student appears to be unfit for duty.

Student Consent, Disclosure and Release

I choose to:

- Agree with and follow the Substance Policy.
- Provide any specimen(s) and to authorize the School and Facility and any associated persons and/or entities to conduct tests for alcohol and drugs and to allow them to access and utilize specimen and test information,
- Release the School and the Facility and any associated persons and/or entities from any and all claims, causes of action, damages, or liabilities whatsoever arising out of or related to the Substance Policy and related processes.

Student Choice to Consent or Not Consent
--

I have read the above and I choose to (check one)

☐ Consent

or

☐ Not consent (not to remain or otherwise be in the program)

Student and Witness Signatures

Student:

Witness:

Signature

Signature

Printed Name

Printed Name

Date

Date

Additional Consent for Students under the Age of 18

As the parent and/or guardian of the Student named above, I hereby consent to and authorize the School and Facility and affiliated persons and/or entities to proceed as outlined above.

Parent and/or Guardian's Signature

Date

Student's Printed Name

Date

STUDENT AFFILIATION AGREEMENT – ADDENDUM 5

STUDENT BACKGROUND CONSENT FORM

Name of School: Suwannee County School Board 1457
Name of Facility: Shands Lake Shore Regional Medical Center

Facility policy requires Students (as well as applicants, employees and contractors) to pass background checks *before* being allowed to access the Facility.

The Background Check Policy

The Students are seeking Facility experience that is not granted to the general public.

By choosing to access the Facility through the program, the Student *must* agree to have a background check as described in the Student Affiliation Agreement and herein, as directed by the School or the Facility.

Any Student who chooses not to agree to this policy has chosen not to be in the program.

No Student shall be in the program who:

- Has not completed all documentation, forms and consents required by the Facility;
- Has chosen not to comply with the Facility's or School's directives;
- Fails to meet dress code standards and ensures that their attire clearly identifies them as a Student, rather than an employee, agent, or medical staff of Facility;
- Is unfit for duty; and/or
- Has not passed a background test within the twelve (12) months preceding Student's provision of Patient Care Services.

Safety is not optional. School or Facility shall complete each of the following background checks *before* Students may provide Patient Care Services at Facility:

- Office of Inspector General ("OIG") List of Excluded Individuals/Entities

Facility shall not accept Students who have been suspended or disbarred from any applicable federal payer program. Appropriate screening tools include the Excluded Party Search System, another approved software program, and certain internet sites.

- License or Certification

Facility shall not accept Students whose licenses or certifications have ever been suspended, revoked, terminated, or otherwise modified as to rights and privileges. However, if such sanctions resulted from use of a controlled substance and the Students have successfully completed a rehabilitation program, Facility may accept them so long as they undergo periodic substance abuse testing as determined by the Facility.

- Criminal Records Check

School or Facility shall conduct criminal records checks on Students at the federal, state, and local levels before Student may be allowed to train at the Facility and thereafter. The CEO of Facility will have the authority to make the final decision regarding the acceptance of any Student with a criminal record.

Student Choice to Consent or Not Consent
--

The information I have disclosed to the School and Facility is true, correct and complete. I understand that any misrepresentation, falsification, omission or deception of material facts may cause my application to be rejected or any program participation terminated.

I authorize the procurement or release of a consumer report or investigative consumer report about me. I understand such report(s) may include information such as my character, general reputation, personal characteristics or mode of living, criminal, credit, and professional licensure/certification.

I authorize any entities or individuals with which I have been associated to supply the School and Facility and their agents with this background information and I release any entities or individuals from all liability whatsoever related to the information or its furnishing. My authorization and release includes my waiver of any Family Educational Rights and Privacy Act (FERPA) provisions that apply to me.

I also authorize the School and Facility and their agents to contact any government and/or private entities and persons to verify the validity of any documentation.

I have read the above and I choose to (check one)

☐ Consent

~~or~~

☐ Not consent (not to remain or be in the program).

Student and Witness Signatures

Student:

Witness:

Signature

Signature

Printed Name

Printed Name

Date

Date

Additional Consent for Students under the Age of 18

As the parent and/or guardian of the Student named above, I hereby consent to and authorize the School and Facility and affiliated persons and/or entities to proceed as outlined above.

Parent and/or Guardian's Signature

Date

Student's Printed Name

Date

ADDENDUM 6

DISCLOSURE AND AUTHORIZATION

I authorize the Facility, the School and any persons and entities associated with them, to conduct background investigations which will include the obtaining of Investigative Consumer Reports and Consumer Reports. Such investigations may include seeing information about me such as my employment(s), personal history, education, character, general reputation, criminal, licensure/certification, credit and driving histories.

I also authorize, without reservation, the obtaining of information from other persons and entities (such as other employers, companies, schools, government entities and credit agencies) for information about me, and for those persons or entities to release that information, without reservation or liability.

Print legal first, middle and last name

Social Security Number DOB

Driver's License # & State Issued

Health License/Certificate # & State Issued

CW2696292

Suwannee County School Board NON EXCLUSIVE STUDENT AFFILIATION AGREEMENT ("AGREEMENT") FACE SHEET
(Must complete all fields)Date of Agreement: 8/1/2017 03/01/2019Facility Legal Name: Shands Live Oak Lake Shore Regional Medical Center d/b/a: Shands Live Oak Lake Shore Regional Medical CenterFacility Address: 1100 SW 11 th Street 368 NE Franklin St.City, State, ZIP: Live Oak Lake City, Florida, 32064 FL 32055School's Legal Name: Suwannee County School Board 1457 School Address: 415 SW Pinewood Drive 1729 Walker Ave. SW, Suite 200
City, State ZIP: Live Oak, FL 32064

Applicable Licenses, Certifications, etc: N/A

Term of Agreement: 36 months Expiration Date: 7/31/2020 02/28/2022 Effective Date: 8/1/2017 03/01/2019Type of Student (i.e. Clinical, Administrative, etc.): Surgical Technology, Phlebotomy, Certified Dietary Management
Patient Care Technician, Licensed Practical Nurse, Surgical NursingTechnician, Phlebotomy, Certified Dietary Manager

Number of Students per rotation: 1-20

Term of Training (cite beginning date and ending date including dates of the School's school's semester^Δ):Begin Date: 08/01/2017 03/01/2019 Ending Date: 07/31/2020 02/28/2022 School Term Dates: Fall, Spring, and SummerClinical rotation(s) site is: 1100 SW 11 th Street, Live Oak, Florida 32064Clinical rotations shall be provided at Facility's facilities located at: 368 NE Franklin St. Lake City, FL 32055Designated Contract Person ~~for to act as liaison between~~ Facility and School: Katie Mansfield; katie.mansfield@shandsliveoak.com DesignatedContract Person for School: Mary Keen; mary.keen@suwannee.k12.fl.us**Responsibility for Certain Checks and Testing:**

The School recognizes that the Facility is a fully functional medical facility, and not an educational institution. This Agreement is by way of a courtesy. The Facility's standards for safety and timely and effective care are not reduced by this Agreement.

Background Check (Select one from drop down menu):4- School chooses to conduct and to pay for Students' Background Checks, **S****Substance Abuse Substance Testing (Select one from drop down menu):**4- School chooses to conduct and to pay for Students' Substance Abuse Testing, **v**

The results of the (1) Background Check and (2) Substance Test must ~~already~~ already be on file at the Facility ~~before~~ for any Student that is referred to the Facility.

INFO ONLY

CW2696292

The attached Standard Terms and Conditions are part of this incorporated into this Non Exclusive Student Affiliation Agreement ("Agreement").
The following Addenda are also attached hereto and incorporated herein as part of this Agreement, by this reference:

Addendum	Title
1	Patient Care Duties to be Provided by Students
2	Patient Care Duties Students Cannot Provide
3	Other Legally Required Testing
4	Student Substance Policy Consent
5	Student Background Consent Form
6	Disclosure and Authorization Government Entity Statement of Legal and Equitable Relief

Suwannee County School Board

Neither the Agreement nor any amendment or modification hereto shall be effective or legally binding upon Facility, or any officer, director, employee or agent thereof, unless and until it has been reviewed and approved electronically by a Division President of Community Health Systems Professional Services Corporation, the Facility's Management Company.

School's Authorized Representative's Initials

SCHOOL FACILITY

RIVEROAK Technical College 415 Pinewood Drive, SW Live Oak, FL 32064

d/b/a:
By: By:

Shands Live Oak Regional Medical Center

Title: Rhonda Sherrod, Market Principal Title: Facility CEO

Date: Date:

SCHOOL BOARD Suwannee County School Board 1729 Walker Ave, SW, Suite 200 Live Oak, FL 32064

By:

Title: Superintendent Ted L. Roush, Superintendent of Schools Date:

"Approved as Form and Sufficiency

Chairperson, Suwannee County School Board BY _____

CW2696292

NON EXCLUSIVE STUDENT AFFILIATION AGREEMENT STANDARD TERMS AND CONDITIONS

1. JOINT RESPONSIBILITIES OF SCHOOL AND FACILITY

- A. Provide clinical training to Students, including but not limited to the Patient Care Services. See Addendum 1.
- B. Provide contact persons to the other party to ~~oversee~~ oversee Students' clinical experiences.
- C. Review Students' background checks and Substance testing results. Facility shall be solely responsible for determining if ~~If~~ Students may participate or remain in the program.

2. SCHOOL'S RESPONSIBILITIES

- A. Coordinate with Facility to assign Students and plan the clinical training program. Only Students who meet the School's criteria for eligibility, which must be Facility-approved, shall be referred to the Facility.
- B. Educate Students about clinical safety, ~~including~~ including OSHA, blood borne pathogens standards, and tuberculosis ~~tuberculosis~~ tuberculosis transmission prevention ~~prior to their clinical rotation~~ prior to their clinical rotation.

~~C. Notify Facility~~ C. Notify Facility if any Students ~~fail~~ fail to meet education ~~and/or~~ and/or training requirements.

- D. Obtain written ~~documentation~~ documentation from Students and staff ~~prior to referring~~ prior to referring them to Facility ~~Facility~~ Facility:
 - (1) ~~(1) A negative TB skin test within the past year or, in the event of a positive TB skin test, a chest x-ray within the past three (3) years; OR provide evidence of no TB disease per negative result of interferon-gamma release assay blood test (T-Spot or QuantiFERON Gold) within twelve (12) months of student activity at facility;~~
 - (2) ~~A completed series of Hepatitis B vaccine, having begun the series, or informed refusal of the vaccine;~~
 - (3) ~~Any other appropriate immunizations requested by Facility; and~~
 - (4) ~~Documentation for legally required testing requirements noted. See Addendum 3.~~
- E. ~~Ensure that~~ Ensure that Students are aware of the Substance ~~Policy~~ Policy. See Addendum 4.
- F. Provide the Facility with a copy of each Student's completed (1) Substance Policy Consent Form (See Addendum 4) and (2) Background Consent Form (See Addendum 5). The School may ~~instruct~~ instruct the Student to ~~provide~~ provide the forms to the Facility; however the completed forms and results must be on file at the Facility ~~before any Facility before any~~ before any Student is referred to the Facility.
- G. Ensure that the following background checks have been completed before referring Students to Facility (See Face Sheet to determine who will be responsible for the cost and actual performance of the background checks):
 - (1) Office of Inspector General ("OIG") List of Excluded ~~Individuals/Entities~~ Individuals/Entities

CW2696292

School shall not refer Students who have been suspended or disbarred from any applicable federal payer program. Appropriate screening tools include the Excluded Party Search System, or approved software programs, and certain ~~internet~~ Internet sites.

(2) License or Certification

School shall not refer Students whose medical licenses or certifications have ever been suspended, revoked, terminated, or otherwise modified as to rights and privileges. If such sanctions resulted from controlled substance use, and the Students have successfully completed a rehabilitation program. School may ~~refer~~ reifer them so long as they undergo periodic substance abuse testing as determined by the Facility.

(3) ~~Criminal Records~~ Check ~~Check~~

Students' criminal records shall be checked at the federal, state, and local levels ~~before~~ referring Students to Facility and thereafter as often as ~~is~~ is required by law. The Facility CEO will have the authority to make the final decision regarding the referral of any Student with a criminal record. Students ~~must~~ execute a Student Background Consent Form (See Addendum 5).

(4) Other Background Checks Required By Law (See Addendum 3).

H. No ~~Facility~~ Facility materials related to this Agreement shall be circulated or published without the Facility's prior written consent.

3. ~~FACILITY'S RESPONSIBILITIES~~ RESPONSIBILITIES

A. ~~A.~~ Provide clinical experiences to Students, as mutually agreed upon ~~by~~ by the parties.

B. ~~B.~~ Orient Students ~~and~~ and School ~~clinical instructors~~ Instructors who visit Facility ~~on~~ on matters such as Facility's ~~■~~ ■ policies and procedures, personal protective equipment availability and use, and fire and emergency response ~~plans~~.

C. ~~C.~~ Provide first aid for ~~clinical~~ clinical accidents and illnesses, such as blood and body fluid exposures. Facility shall ~~bill~~ such first aid work to Students' insurance carrier. Facility shall not be financially or otherwise ~~liable~~ liable for any ~~Student's care~~ Student's care beyond providing ~~initial first aid~~ initial first aid, regardless of whether additional services ~~are~~ covered by such Student's ~~insurance~~.

D. ~~D.~~ Provide reasonable storage space for ~~Student's~~ Student's apparel and personal effects, and classroom or conference room space ~~at~~ Facility for program use.

4. TERM AND TERMINATION

A. This Agreement shall be effective upon execution by parties and may be renewed upon the parties' mutual agreement.

B. In any event, either party may terminate this Agreement without cause by giving thirty (30) days' written notice to the other party. However, in such a case, this ~~Agreement~~ shall continue until the Students complete current clinical rotations (~~if~~ if practicable).

C. Either party may immediately terminate this Agreement if the other party is insolvent or bankrupt.

5. INSURANCE

~~A. Documentation~~ A. Documentation shall be provided that:

CW2696292

- 1) Students have health insurance during their clinical rotation;
- 2) Clinical instructors and other School staff present on Facility grounds have worker's compensation insurance (or, if School is government entity, School shall maintain the government version of such insurance); and
- 3) Students have professional liability coverage of at least \$1 million per occurrence ~~/ \$3 million aggregate~~ of the "occurrence" type of coverage.

B. If Students' professional liability coverage is the "claims made" type, such coverage shall outlive this Agreement for ~~at least~~ at least twenty-four (24) months (which may require ~~tail~~ tail or prior acts coverage). The ~~retroactive~~ "retroactive" date for coverage shall be ~~be~~ the this Agreement's effective date.

C. ~~Facility~~ Facility shall be notified in writing within fifteen (15) days of any material alteration, cancellation or nonrenewal of any insurance coverage. ~~Inadequate insurance~~ inadequate insurance or proof of insurance shall be grounds for ~~immediate~~ immediate termination of this ~~Agreement~~ Agreement. The ~~Facility~~ Facility shall be reasonable in deciding if ~~an insurance~~ an insurance carrier is ~~reputable/acceptable~~ is reputable/acceptable to it.

6. CLAIMS AND NOTIFICATION

A. ~~Each party~~ Each party shall pay its portion of all claims, liability, costs, expenses, demands, settlements, or judgments resulting from ~~negligence~~ negligence, actions or omissions of ~~itself or its~~ itself or its own representatives, directors, and employees relating to or arising under this Agreement.

Note: Section 6.B below does ~~not~~ not apply to government entities ~~entitled~~ entitled that claim full or partial ~~governmental~~ governmental immunity. See Section ~~6.C~~ 6.C below.

B. ~~To the maximum extent allowed by law, unless otherwise provided by this Agreement, each party agrees to indemnify, hold harmless, and defend the other party from and against any and all claims, demands, actions, settlements, costs, damages or judgments, including reasonable attorney's fees and litigation expenses, based upon or arising out of the activities per this Agreement, where such claims, demands, actions, settlements, costs, damages, or judgments relate to its own negligence, actions or omissions or that of its agents, representatives, Students, as applicable, or employees. This Section survives the termination of this Agreement.~~

C. ~~Sovereign Immunity: Nothing contained in this Agreement shall be interpreted or construed to mean that the Client waives its common law sovereign immunity or by the limits of liability set forth in Florida statutes.~~

D. Parties will notify each other as soon as possible, in writing, of any incident, occurrence, or claim ~~arising out of or in connection with or in connection with~~ arising out of or in connection with this Agreement which could result in a liability or ~~claim~~ claim of liability to the other party. Facility shall have the ~~right to right to~~ right to right to investigate any incident or occurrence and School shall ~~cooperate fully~~ cooperate fully.

7. CONFIDENTIALITY (all applicable laws and regulations, including including HIPAA)

A. ~~School, its employees, and representatives agree to keep confidential from third parties all information which relates to or identifies a particular patient, including~~ School, its employees, and representatives agree to keep confidential from third parties all information which relates to or identifies a particular patient, including but not limited to name, address, medical treatment or condition, financial status, or any other personal information which ~~is~~ is deemed confidential according to applicable laws, ("Confidential Information"). ~~School also agrees to inform its Students about their obligations under applicable laws as to Confidential information.~~

CW2696292

~~B.B.~~ Patient records are Facility property. Retention and release shall comply with all applicable laws. ~~Access.~~ Access to and use of patient information is ~~in no way~~ restricted to only that necessary for this Agreement.

~~C.~~ The Facility shall supply information and applicable forms to Students ~~forms to Student's~~ to meet legal confidentiality provisions.

~~NOTICES.~~ ~~NOTICES.~~ Notices or other communications per this ~~the~~ Agreement shall be given to the other party as follows:

If to Facility: As ~~stated on~~ Face Sheet

With a copy to: CHSPSC Legal Department 4000 ~~40.00~~ Meridian Blvd.
Franklin, ~~Franklin~~, TN 37067 Attn: ~~General Counsel~~

If to School: As ~~stated on~~ Face Sheet

~~9. ASSIGNMENT OF CONTRACT AND BINDING EFFECT~~ Neither party shall assign, subcontract, or transfer ("Assignment") any of its rights or obligations under this Agreement to a third party without prior ~~with~~ written consent of the other party. ~~If there is a valid Assignment, this Agreement shall be binding upon and inure to the benefit of the parties hereto and the parties hereto find their respective successors and assigns.~~

~~10. DISCRIMINATION~~ Each party shall comply with all applicable laws relating to discrimination, harassment and retaliation which may include ~~may include~~ those such as Title IX of the Education Amendments of 1972, the Rehabilitation Act of 1973, ~~or in 7.3~~, and the Americans with Disabilities Act, all as amended. This compliance may also include non-discrimination based classifications such as race, color, religion, sex, national origin, age, disability and other legally protected classifications. ~~non-discrimination based classifications such as race, color, religion, sex, national origin, age, disability and other legally protected classifications.~~

~~11. INDEPENDENT CONTRACTOR~~ Each party is an independent party and not an agent or representative of the other party, and therefore has no liability for the acts or omissions of the other party. ~~neither party, nor any of its employees, agents, or subcontractors, shall be deemed to be employees or agents of the other party. Therefore, neither party nor any of its employees, agents or subcontractors, shall be entitled to compensation, worker's compensation, or employee benefits of the other party by virtue of this Agreement.~~

~~12. COUNTERPARTS~~ This Agreement may be executed in one or more counterparts and may be electronically transmitted, and be as effective as an inked original.

~~13. CONSIDERATION~~ Consideration for this Agreement is the mutual promises contained herein. No compensation shall exchange hands between the parties.

~~14. INDEPENDENT CONTRACTOR STATUS~~ Each party is an independent party and not an agent or representative of the other party, and therefore has no liability for the acts or omissions of the other party. In addition, neither party, nor any of its employees, agents, or subcontractors, shall be deemed to be employees or agents of the other party. Therefore, neither party nor any of its employees, agents or subcontractors, shall be entitled to compensation, worker's compensation, or employee benefits of the other party by virtue of this Agreement.

~~15. COUNTERPARTS~~ This Agreement may be executed in one or more counterparts and may be electronically transmitted, and be as effective as an inked original.

~~16. CONSIDERATION~~ Consideration for this Agreement is the mutual promises contained herein. No compensation shall exchange hands between the parties.

~~17. GOVERNING LAW AND VENUE~~ This Agreement shall be governed by and interpreted under the laws of the state of Florida. In the event of any litigation arising from this Agreement, the parties agree that the exclusive state court forum for said litigation shall be in Sumner County, in the event of appropriate jurisdiction.

agreements/arrangements. This Agreement cannot be amended, modified, supplemented, rescinded or waived except in a writing signed by each party. This Agreement is severable. If a part(s) is (are) void or unenforceable, the remainder of this Agreement shall remain in effect.

INFO ONLY

CW2696292

STUDENT AFFILIATION AGREEMENT - ADDENDUM 1

Patient Care Duties To Be Provided By Students

TYPE OF PROGRAM:

Vocational / Technical X Junior College Four Year ~~College~~ College Graduate School

ACADEMIC LEVEL:

Freshman Sophomore X Junior Senior

EXPERIENCE LEVEL:

Beginner/Basic X Some Experience
Advanced

Skilled PRACTICAL NURSING STUDENTS can perform:

Patient Hygiene Medication Administration

Peripheral IV-~~IV~~ Therapy ~~-initiating/initiating~~, discontinuing piggyback medication and continuous infusions

Accessing/managing central venous catheters

~~Nasogastric tube~~ Nasogastric tube Insertion, medication administration and discontinuation

Tube placement verification and ~~residual check~~ residual check

Foley catheter insertion, care and removal

~~Dressing~~ Dressing Change

Assisting with Pressure Ulcer treatment ~~Documentation~~ Documentation

Assisting with vaginal/Caesarian delivery

Assisting with bedside procedures; central line insertion, chest tube insertion, spinal tap Blood sampling ~~Ostomy~~ Ostomy care

Monitoring of a patient with patient-controlled analgesia Providing patient education material and information Patient Evaluations

Collection of vital signs and health history upon admission In addition to other duties required by the school, students are required to participate in an hourly rounding lab before being ~~allowed to~~ allowed to care for patients in a CHS facility. This check-off validation will be conducted by the nurse instructor and include use of the 4 P's, log sheet compliance and beside shift report. Validation tools will be provided to the instructor ~~to the instructor~~ for use and when complete given to the ~~CNO~~ GNO or Nurse Educator before ~~clinicals in~~ clinicals in the facility.

Skills PATIENT CARE- TECHNICIAN STUDENTS can perform:

Patient Hygiene Documentation Blood
sampling Ostomy Care Collection of
vital signs

CW2696292

EKGs

Feeding Patients

Assisting with activities of daily living Collection of Intake and Output Placement of Telemetry

Skills ~~SURGICAL~~ SURGICAL TECHNICIAN STUDENTS can perform;

PATIENT CARE DUTIES TO BE PROVIDED BY SURGICAL TECH STUDENTS UNDER THE DIRECT SUPERVISION OF A

PRECEPTOR Level 1 Students (Novice);

Observation only ~~Level 1~~ Level 2 Students (Apprentice/Novice)

Scrub into OR cases to perform all scrub roles with assistance Level 3 Students
(Apprentice/Adept)

Scrub independently (on previously-scrubbed cases), with facility's scrub nurse also scrubbed in, or in the room;

Skills PHLEBOTOMY STUDENTS can perform (without instructor present);

Perform venipunctures, heel sticks, and finger sticks to obtain blood samples for testing purposes Properly identify patients and follow procedures for collection of specimens

Ensure all information from blood collection of specimens is entered into system including time drawn, time received, and proper phlebotomy code.

Collect chain of custody urine drug screens for pre-employment, post-accident, and ~~just~~ just cause cases using proper collection procedures as set forth by NIDA Picks up samples from nursing units as required

Skills CERTIFIED DIETARY MANAGER STUDENTS can perform;

To be determined by facility dietary director and course director

CW2696292

STUDENT AFFILIATION AGREEMENT - ADDENDUM 2

The Following Patient Care Duties Cannot Be Provided By Students

Skills PRACTICAL NURSING STUDENTS cannot perform:

Initiation of ~~blood~~ blood or blood products Initiation of chemotherapy agents Initiation of plasma expanders Mixing IV solution
IV pushes, except heparin flushes and saline flushes Assessment of a patient on charge of condition Assessment of a patient upon admission

Skills PATIENT CARE TECHNICIAN STUDENTS cannot perform:

Initiation of blood or blood products Initiation of chemotherapy agents Initiation of plasma expanders Mixing IV solution
IV pushes, except heparin flushes and saline flushes Assessment of a patient on charge of condition Assessment of a patient upon admission
Skills SURGICAL TECHNICIAN STUDENTS cannot perform:

Administer or double check on medication or blood products
Begin or discontinue IV fluids, blood products, chemotherapy, or experimental drugs, or therapies Accept order from physicians or other health care professional in person or by telephone Call a physician or physician's office to obtain an order
Alter tissue by cutting, clamping, suturing, or applying electrocautery directly to tissue Function independently; must always function with personal ~~SUPERVISION~~ supervision of CSTs, STs, and/or RNs

Skills PHLEBOTOMY STUDENTS cannot perform:

Any and all skills not outlined in Addendum 1

Skills CERTIFIED DIETARY MANAGER STUDENTS cannot perform:

To be determined by facility dietary director and course director.

INFO ONLY

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STUDENT AFFILIATION AGREEMENT-~~■~~ADDENDUM 3

INFO ONLY

Other Legally Required Testing _____

None. _____

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STUDENT AFFILIATION AGREEMENT-~~STqifi^T-APISivAdjW/CGP^EM^T-~~ ADDENDUM 4

STUDENT CONSENT FORM SUBSTANCE POLICY~~POUCV~~

Name of School: Suwannee County School Board 1457 Name of Facility:

Shands ~~Live Oak~~ Lake Shore Regional Medical Center

Facility ~~policy prohibits Students (as well as applicants, employees and contractors)~~ prohibits Students (as well as applicants, employees and contractors) from using "Substances" including, ~~including but not limited to, limited to, illegal drugs and legal prescription and legal, precription drugs~~ including but not limited to, limited to, illegal drugs and legal prescription and legal, precription drugs without a current, legal and valid prescription. Alcohol may not be used in a manner that will cause Student to be impaired while at the Facility. Students shall be tested for Substances as directed by the School or the Facility. ~~Alcohol may not be used in a manner that will cause Student to be impaired while at the Facility. Students shall be tested for Substances as directed by the School or the Facility.~~

The Substance Policy

The Substance Policy

The Students are seeking Facility experience that is not granted to the general public.

TR^StufentsW^sISSnWiGilff^S^

It is Facility policy to maintain a drug and alcohol ~~It Is- Facility 'p^jicy to maintafn a drug 'and 'al'pohdl free~~ environment.

By choosing to access the Facility through the program ~~By 'ehBosjiniq4oa.cc'ess:the~~ Pafeli'l'tyfrnraugh3he:prOg.cani, the Student must agree to ~~mswf.agree to~~ follow the Facility's substance abuse policy, including ~~abus'e policy/inclidding~~ Substance testing.

~~Any Student who chooses not to agree to this policy has chosen not to be in the program~~

An/BtM&fiPwM .tihoosds ti&W/E\$Rmt6-'tb1&'tiQlky'hers chosen hat to be fa the program.

No Student shall be in the program who: fu'thepprogramwho:

~~Hasxhosen not to comply~~ Has-choseri: indf'to cOmpl^'with the Facility's or-School's

directives^choors dinectives:

- Is unfit for duty; and/or
- ~~Has-Ras~~ not passed or failed substance test (spr' failed ■.substanci-s tfetfa) in-In 'the 12 months nionths'. preceding Student's placement _at the Facility

The ~~School shall~~:"Schoolsha'l":

- ~~Provide the Facility with a-'COpyW each -S'tudenVs cowplSted Consent Form-or request- Stadenfto pro^ae^e^OB^etaeW&BSB^iITO FscI%-~~
- ~~Condpcttesling^fSluderitsihpUgl^'-a'Ilfcefe~~ If School Irresponsible for Substance te^lhgi.fcftd
- ~~Provide the Facility with a copy of each Student's completed Consent Form or request Student to provide the completed Consent Form to the Facility;~~
- ~~Conduct testing of Students through a licensed laboratory, if Provide to the PaGillity copies dfeach Student's-test result...for every test. If School is responsible for Substance testing; andfor SybstaDce testing.-~~

~~Substance: Tes. tiitg may-also'. ibe-req:Uired by the Eaplilty.'~~

- ~~Provide to the Facility copies of each Student's test result, for every test, if School is responsible for Substance testing.~~

Substance Testing may also be required by the Facility:

- ~~When a Student is- Wheo- a- Stud^ntls injured at the Facility;~~
- ~~« When a drug is not- 'Whena drug-is nbf'-accounted for per Facility policy; Facility poiipv;~~
- ~~For overs1gt4ofeStudent.w.fto hasprBVlous'iv-conipleted a Substance .rehabllltafibn program;~~
- ~~For oversight of a Student who has previously completed a Substance rehabilitation program;~~
- ~~For a Student- Stadenl who has been absent from the -been absent-from. :the -School or program for more-formo're than 30-SO-days (except for regularly-calendared school breaks); andfor r.elg)iii'aiiiv...caichdared sptol bneakslf and-~~
- ~~When a Student > 'When^'-S'tadent- appears to be unfit for duty- uiafltfor-duty.~~

Student Consent, Disclosure and Release

I choose to:

- ☐ I Agree with and follow the Substance Policy.
- ☐ I Provide ~~any~~ any specimen(s) ~~and to and to~~ authorize ~~the School and Facility and Facility~~ the School and Facility and any associated persons and/or entities to conduct tests for alcohol and drugs and to ~~allow~~ allow them to access and utilize ~~specimen and test information~~ specimen and test information.
- ☐ I ~~Release~~ Release the School and the Facility and any associated persons and/or ~~entities~~ entitles from ~~any~~ any and all claims, causes ~~of~~ of action, damages, or liabilities ~~whatsoever~~ whatsoever arising out ~~of~~ of or related to the Substance Policy ~~and related~~ and related ~~and related~~ and related processes.

Student Choice to Consent or Not Consent

I have read the above and I choose to check ~~check one~~

- ☐ Consent or
- ☐ Not consent (not to remain or otherwise be in the program)

Student and Witness Signatures

Student: _____ Witness: _____

Signature

Signature

Printed Name

Printed Name

Date

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☐ ~~Not consent (not to remain or otherwise be in the program)~~

Student and Witness Signatures

Witness:

Signature

Printed Name Date

Additional- Consent for Students under the Age of 18 of 1-S

As the ~~parent~~ parent and/or guardian of the Student named ~~above~~ above, I hereby ~~consent~~ consent to and authorize the School and Facility and affiliated persons ~~and/or entities~~ and/or entities to proceed as outlined ~~as outlined~~ above.

Parent and/or Guardian's- Signature Date

Student's Printed Name Name Date

STUDENT AFFILIATION AGREEMENT - ADDENDUM 5 STUDENT BACKGROUND CONSENT FORM

Name of School: Suwannee County School Board 1457 Name of Facility: Shands Live Oak
Lake Shore Regional Medical Center

Facility policy requires Students (as well as applicants, employees and contractors) to pass background checks *before* being allowed to access the Facility.

The Background Check Background Check Policy

The Students are seeking Facility experience that is not granted to the general public.

By choosing to access the Facility through the program, the Student *must* agree to have a background check as described in the Student Affiliation Agreement and herein, as directed by the School or the Facility.

Any Student who chooses not to agree to this policy has chosen not to be in the program.

No Student shall be in the program who;

- Has not completed all documentation, forms and consents required by the Facility;
- Has chosen not to comply with the Facility's or School's directives;
 - ~~Fails~~ Falls to meet dress code standards and ensures that their attire clearly identifies them as a Student, rather than an employee, agent, or medical staff of Facility;
- Is unfit for duty; and/or
- Has not passed a background test ~~within the~~ within the twelve (12) months preceding Student's provision of Patient Care Services.

Safety ~~is~~ is not optional. School or Facility shall complete each of the following background checks *before* Students may provide Patient Care Services at Facility:

- ~~Office~~ Office of Inspector General ("OIG") List ~~"OIG"~~ "OIG" List of Excluded Individuals/Entities

Facility shall not accept Students who have been suspended or disbarred from any applicable federal payer program. Appropriate screening tools include the Excluded Party Search System, another approved software program, and ~~certain~~ certain internet sites.

- License ~~or~~ Certification

Facility shall not accept Students whose licenses or certifications have ever been suspended, revoked, terminated, or otherwise modified as to rights and privileges. However, if such sanctions resulted from use of a controlled ~~substance~~ substance¹ and the Students have successfully completed a rehabilitation program, Facility may accept them so long as they undergo periodic substance abuse testing as determined by the Facility.

- Criminal Records Check

School or Facility shall conduct criminal records checks on Students at the federal, state, and local levels before Student may be allowed to train at the Facility and thereafter. The CEO of Facility will have the authority to make the final decision regarding the acceptance of any Student ~~with~~ With a criminal record.

| **Student Choice to Consent or Not Consent**

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Student Choice to Consent or Not Consent

The information I have disclosed ~~The Information I have disclosed~~ to the School and Facility is true, correct and complete. I understand that any misrepresentation, falsification, omission or deception of ~~material~~ ~~material~~ facts may cause my application to be ~~rejected~~ ~~rejected~~ or any program participation terminated.

I ~~authorize~~ the procurement or release of a consumer report ~~or investigative~~ ~~Dr. Investigative~~ consumer report about me. I understand such report(s) may include ~~I understand such report(s) may include~~ information such as my character, general reputation, personal characteristics or mode of ~~living~~ ~~living~~, criminal, credit, and professional licensure ~~certification~~ ~~certification~~.

I authorize any entities or individuals with which I have been associated to supply the School and Facility and their agents with this background information and I release any entities or ~~individuals~~ ~~individuals~~ from all liability whatsoever related to the information or ~~its~~ ~~its~~ furnishing. My authorization and release includes my waiver of any Family Educational Rights ~~Educational Rights~~ ~~Educational Rights~~ and Privacy Act (FERPA) provisions that apply to me.

I also authorize the School and Facility and their agents to ~~agents~~ ~~agents~~ contact any government and/or private entities and persons to verify the validity of any documentation.

I have read the above and I choose to (check one)

☒ ~~D. Consent~~ ~~OF~~

☒ ~~Or~~

☐ Not consent (not to remain or be in the program).

Student and Witness Signatures

Student:

Witness:

Signature

Signature

Printed Name

Printed Name

Date

Date

Additional ~~Consent~~ ~~Consent~~ for Students under the Age of 18 ~~pf 1.8~~

As the parent and/or guardian of the Student named above, I hereby consent to and ~~authorize the School~~ ~~and Facility and affiliated persons and/or entities to proceed as outlined above.~~ ~~authorize the School~~

and facility and affiliated persons and/or entities to proceed as put forth above.

Parent and/or Guardian's Signature_

Date

Student's Printed Name

Date

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ADDENDUM 6 DISCLOSURE AND AUTHORIZATION

I authorize the Facility, the School and any persons and entities associated with them, to conduct background investigations which will include the obtaining of Investigative Consumer Reports and Consumer Reports. Such investigations may include seeing information about me such as my ~~employment(s)~~ employments, personal history, education, character, general reputation, criminal, licensure/certification, credit and driving histories.

I also authorize, without reservation, the obtaining of information from other persons and entities (such as other employers, companies, schools, government entities and credit agencies,) for ~~information~~ Information about me, and for those persons or ~~entities~~ entities to release that ~~information~~ Information, without reservation or liability.

Print legal first, middle, and last name

Social Security Number DOB

Driver's License # & State Issued

Health License/Certificate # & State Issued

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Comparison Details	
Title	pdfDocs compareDocs Comparison Results
Date & Time	3/4/2019 4:15:05 PM
Comparison Time	2.40 seconds
compareDocs version	v4.2.300.9

Sources	
Original Document	\\HomeDirs01\Users\$\cduquette_My Settings\Desktop\Compare Contract\SCSB 2018-85 Shands LO Reg Med Ctr Fully Executed.pdf
Modified Document	\\HomeDirs01\Users\$\cduquette_My Settings\Desktop\Compare Contract\SCSB 2019-90 Shands Lake Shore All Programs.pdf

Comparison Statistics		Word Rendering Set Markup Options	
Insertions	165	Name	Standard
Deletions	116	<u>Insertions</u>	
Changes	293	Deletions	
Moves	0	<u>Moves / Moves</u>	
TOTAL CHANGES	574	Inserted cells	
		Deleted cells	
		Merged cells	
		Formatting	Color only.
		Changed lines	Mark left border.
		Comments color	By Author.
		Balloons	False

compareDocs Settings Used	Category	Option Selected
Open Comparison Report after Saving	General	Always
Report Type	Word	Track Changes
Character Level	Word	False
Include Headers / Footers	Word	True
Include Footnotes / Endnotes	Word	True
Include List Numbers	Word	True
Include Tables	Word	True
Include Field Codes	Word	True
Include Moves	Word	False
Show Track Changes Toolbar	Word	True
Show Reviewing Pane	Word	True
Update Automatic Links at Open	Word	False
Summary Report	Word	End
Include Change Detail Report	Word	Separate
Document View	Word	Print
Remove Personal Information	Word	False
Flatten Field Codes	Word	True

Work Request No. _____

EASEMENT

This Instrument Prepared By

Sec. 26, Twp 2 S, Rge 13 E

Name: S. Eubank

Co. Name: Florida Power & Light Co.

Address: 2618 NE Bascom Norris Dr.
Lake City, FL 32055

Parcel ID

26-02S-13E-0789800.0000

The undersigned, in consideration of the payment of \$1.00 and other good and valuable consideration, the adequacy and receipt of which is hereby acknowledged, grant and give to Florida Power & Light Company, its licensees, agents, successors, and assigns, an easement forever for the construction, operation and maintenance of overhead and underground electric utility facilities (including wires, poles, guys, cables, conduits and appurtenant equipment) to be installed from time to time; with the right to reconstruct, improve, add to, enlarge, change the voltage, as well as, the size of and remove such facilities or any of them within an easement 10 feet in width described as follows:

Reserved for Circuit Court

A 10.00 FOOT FPL ELECTRIC LINE EASEMENT, SITUATED IN PART OF THE SOUTHEAST 1/4 OF THE SOUTHWEST 1/4 OF SECTION 26, TOWNSHIP 2 SOUTH, RANGE 13 EAST, SUWANNEE COUNTY, FLORIDA, LYING 5.00 FEET EITHER SIDE OF AND PARALLEL TO THE FOLLOWING DESCRIBED CENTERLINE: FOR POINT OF REFERENCE COMMENCE AT THE INTERSECTION OF WEST RIGHT-OF-WAY LINE OF U.S. HIGHWAY NO. 129 AND THE NORTH LINE OF SAID SOUTHEAST 1/4 OF THE SOUTHWEST 1/4, THENCE RUN SOUTH 00°28'49" WEST, ALONG SAID WEST RIGHT-OF-WAY LINE A DISTANCE OF 291.37 FEET TO THE POINT OF BEGINNING OF HEREIN DESCRIBED CENTERLINE; THENCE RUN SOUTH 89°58'25" WEST, A DISTANCE OF 105.67 FEET; THENCE RUN SOUTH 89°43'40" WEST, A DISTANCE OF 121.02 FEET; THENCE RUN NORTH 89°54'07" WEST, A DISTANCE OF 95.72 FEET; THENCE RUN NORTH 89°32'01" WEST, A DISTANCE OF 79.30 FEET; THENCE RUN NORTH 87°25'08" WEST, A DISTANCE OF 7.09 FEET TO THE TERMINUS OF SAID CENTERLINE; SIDELINES OF SAID EASEMENT EITHER EXTENDING TO OR TERMINATING AT SAID WEST RIGHT-OF-WAY LINE OF U.S. HIGHWAY NO. 129.

Together with the right to permit any other person, firm or corporation to attach wires to any facilities hereunder and lay cable and conduit within the easement and to operate the same for communications purposes; the right of ingress and egress to said premises at all times; the right to clear the land and keep it cleared of all trees, undergrowth and other obstructions within the easement area; to trim and cut and keep trimmed and cut all dead, weak, leaning or dangerous trees or limbs outside of the easement area which might interfere with or fall upon the lines or systems of communications or power transmission or distribution; and further grants, to the fullest extent the undersigned has the power to grant, if at all, the rights hereinabove granted on the land heretofore described, over, along, under and across the roads, streets or highways adjoining or through said property.

IN WITNESS WHEREOF, the undersigned has signed and sealed this instrument on _____, 20 .

Signed, sealed and delivered in the presence of:

(Witness' Signature)

Print Name: _____
(Witness)

(Witness' Signature)

Print Name: _____
(Witness)

Suwannee County District School

(Corporate's name)

By: _____
(Chairman's signature)

Print Name: Ed daSilva

Print Address: 1729 SW Walker Avenue

Live Oak, FL 32064

Attest: _____
(Superintendent of Schools)

Print Name: Ted L. Roush

Print Address: 1729 Walker Avenue, SW, Suite 200

Live Oak FL, 32064

(Corporate Seal)

"Approved as to Form and Sufficiency
BY _____

Leonard J. Dietzen, III

Rumberger, Kirk & Caldwell, P.A.

Suwannee School Board Attorney 12-

STATE OF _____ AND COUNTY OF _____. The foregoing instrument was acknowledged before me
this ____ day of _____, 20____, by _____, and _____
respectively the _____ President and _____ Secretary of
_____, a _____ corporation, on behalf of said corporation, who are
personally known to me or have produced _____ as identification, and who
did (did not) take an oath. (Type of Identification)

My Commission Expires:

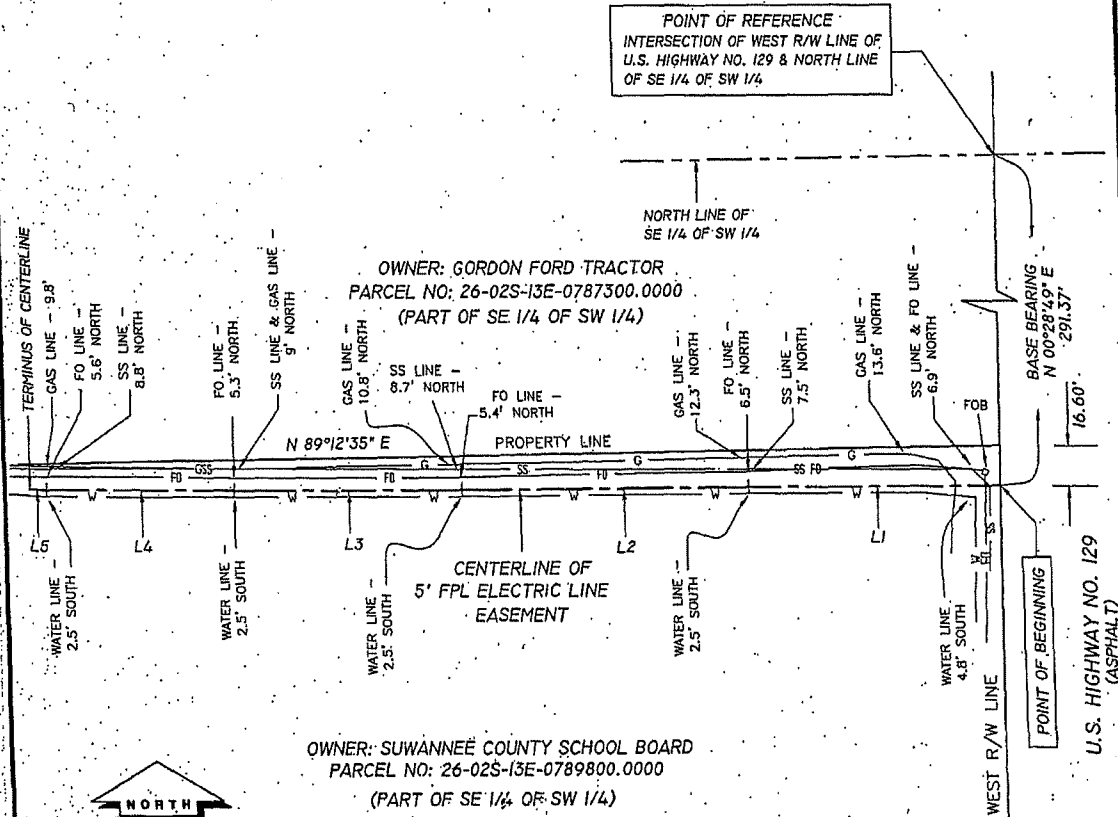
Notary Public, Signature

Print Name: _____

MAP SHOWING SKETCH OF DESCRIPTION OF A 10.00 FOOT FPL ELECTRIC LINE EASEMENT (NOT A SURVEY)

DESCRIPTION:

A 10.00 FOOT FPL ELECTRIC LINE EASEMENT, SITUATED IN PART OF THE SOUTHEAST 1/4 OF THE SOUTHWEST 1/4 OF SECTION 26, TOWNSHIP 2 SOUTH, RANGE 13 EAST, SUWANNEE COUNTY, FLORIDA, LYING 5.00 FEET EITHER SIDE OF AND PARALLEL TO THE FOLLOWING DESCRIBED CENTERLINE; FOR POINT OF REFERENCE COMMENCE AT THE INTERSECTION OF WEST RIGHT-OF-WAY LINE OF U.S. HIGHWAY NO. 129 AND THE NORTH LINE OF SAID SOUTHEAST 1/4 OF THE SOUTHWEST 1/4, THENCE RUN SOUTH 00°28'49" WEST ALONG SAID WEST RIGHT-OF-WAY LINE, A DISTANCE OF 291.37 FEET TO THE POINT OF BEGINNING OF HEREIN DESCRIBED CENTERLINE; THENCE RUN SOUTH 89°58'25" WEST, A DISTANCE OF 105.67 FEET; THENCE RUN SOUTH 89°43'40" WEST, A DISTANCE OF 121.02 FEET; THENCE RUN NORTH 89°54'07" WEST, A DISTANCE OF 95.72 FEET; THENCE RUN NORTH 89°32'01" WEST, A DISTANCE OF 79.30 FEET; THENCE RUN NORTH 87°25'08" WEST, A DISTANCE OF 7.09 FEET TO THE TERMINUS OF SAID CENTERLINE; SIDELINES OF SAID EASEMENT EITHER EXTENDING TO OR TERMINATING AT SAID WEST RIGHT-OF-WAY LINE OF U.S. HIGHWAY NO. 129.



NORTH
SCALE: 1" = 60'

LINE TABLE

LINE	BEARING	DISTANCE
L1	S 89°58'25" W	105.67'
L2	S 89°43'40" W	121.02'
L3	N 89°54'07" W	95.72'
L4	N 89°32'01" W	79.30'
L5	N 87°25'08" W	7.09'

LEGEND & NOTES

- SS ——— DENOTES EXISTING SANITARY SEWER LINE
- FO ——— DENOTES EXISTING FIBER OPTIC LINE
- W ——— DENOTES EXISTING WATER LINE
- G ——— DENOTES EXISTING GAS LINE

- 1) THIS IS NOT A SURVEY. NO BOUNDARY INFORMATION PROVIDED BY THIS SKETCH.
- 2) BEARINGS BASED ON THE WEST R/W LINE OF U.S. HIGHWAY NO. 129 (N 00°28'49" E - ASSUMED).
- 3) REVISED TO SHOW CHANGE OF EASEMENT SIZE.

ABBREVIATIONS

R/W - RIGHT-OF-WAY
CL - CENTERLINE
SS - SANITARY SEWER
FO - FIBER OPTIC
FOB - FIBER OPTIC BOX

TIMOTHY B. ALCORN DATE: MARCH 4, 2019
PROFESSIONAL SURVEYOR AND MAPPER
FLORIDA CERTIFICATE NO. 6332
NOT VALID WITHOUT THE SIGNATURE AND THE ORIGINAL RAISED SEAL
OF A FLORIDA LICENSED SURVEYOR AND MAPPER

J. SHERMAN FRIER & ASSOCIATES, INC.
LAND SURVEYORS
CERTIFICATE OF AUTHORIZATION - LB# 7170
130 WEST HOWARD ST.
LIVE OAK, FL. 32064
PHONE: 386-362-4629 FAX: 386-362-5270

FOR: SUWANNEE COUNTY SCHOOL BOARD

DATE DRAWN: 02-22-19

DRAWN BY: SH

JOB# 438-03-2019

REVISION: 03-04-19