St. Claire

Northeast Kentucky
Area Health Education Center

Student & Resident Orientation Overview

Health Requirements

Each student must be in good health and free from contagious disease in order to participate in a clinical/shadowing rotation.

Each student needs to complete a credentialing packet provided below for the Northeast KY AHEC office for every rotation at UK St. Claire HealthCare.

Complete one of the following:

UK St. Claire Credentialing Packet for Students
UK St. Claire Credentialing Packet for Residents
UK St. Claire Credentialing Packet for Nursing Students
UK St. Claire Credentialing Packet for Nursing Instructors
UK St. Claire Credentialing Packet for Nurse Practitioner Students

ST. CLAIRE HEALTHCARE:

Students who are assigned a preceptor associated with St. Claire HealthCare are to complete the St. Claire packet on the NE AHEC website. Required documentation is to be turned in 2 weeks prior to rotation start date.

If requirements are kept on the property of the university, students may turn in a letter from institution stating:

- Student/Resident is in good standing
- Criminal/Caregiver background check completed and does not have any history of drug abuse, felony, etc
- Drug screen completed and is negative (Must be verified)
- Immunization and health records (2 MMR's) are compliant with CDC recommendations.
- TB skin tests are compliant with CDC recommendations for SCH (Two-step test) or Quantiferon Gold Blood test results
    - Must Provide copy of annual flu shot during the seasonal time frame. Of October 1 – March 31
    - Provide Covid vaccine card only if vaccines have been received between 2023 and present

Parking

- UKSC designates and controls parking areas to accommodate the diverse parking needs of patients, visitors, and staff.
- You are required to have a valid parking permit and may park only in the areas that correspond to your respective parking designation.
- Please be aware that UKSC assumes **NO** responsibility for the care or protection of any vehicle or its contents while it is parked on UKSC property.
- Failure to park in designated areas will result in a parking ticket.
- MSU students can park in MSU lot behind the CHER building adjacent to the police station, if they have purchased a parking pass for that lot. Students can ride the MSU bus from campus, you will need to check with MSU for the bus schedule.

PARKING MAP

St. Claire

07/29/2025

Building Locations

A	**UK St. Claire** 222 Medical Circle - 606.783.6500 Use Light #13 Entrance
B	**UKSC Medical Pavilion** 245 Flemingsburg Rd. - 606.780.5500 Use Light #13 or #14 Entrance
C	**St. Claire Business Service Center** 234 Medical Circle
D	**St. Claire Foundation** 227 Allen Avenue - 606.783.6512
E	**UKSC Resident Apartments**
F	**Family Medicine–Morehead** 316 W. Second Street - 606.784.3771
G	**CHER (Ctr. for Health, Edu and Research)** 316 W. Second Street - 606.783.6506
H	**UK - Markey Cancer Treatment Ctr.** 238 W. Second Street - 606.784.3483
I	**Hospice & Palliative Care** 201 Lyons Avenue - 606.783.6812
J	**Home Health** 135 N. Hargis Avenue - 606.784.8403
K	**Family Medical Supply** 606.784.2414
L	**St. Claire Counseling** - 606.783.6805
M	**Annex** 400 Clinic Drive -
N	**Pediatrics** 716 W. Main Street - 606.780.5364
O	**Outpatient Center** 1028 E. Main Street - 606.783.6866
✚	**Emergency Department**

Parking Lot Locations

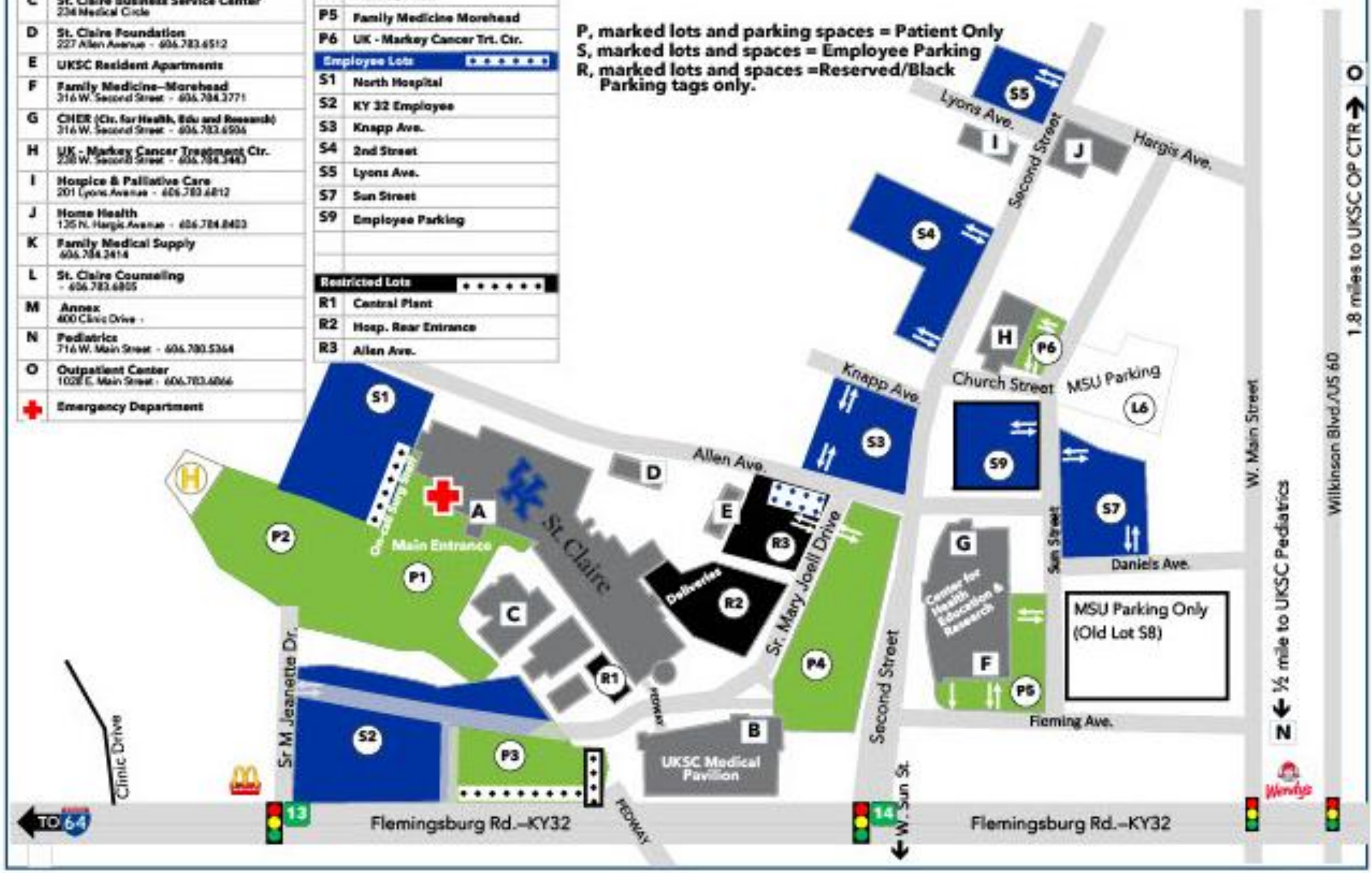
Patient Lots	
P1	Main Hospital
P2	Helipad
P3	KY 32
P4	Main Pavilion
P5	Family Medicine Morehead
P6	UK - Markey Cancer Trt. Ctr.
Employee Lots	
S1	North Hospital
S2	KY 32 Employee
S3	Knapp Ave.
S4	2nd Street
S5	Lyons Ave.
S7	Sun Street
S9	Employee Parking
Restricted Lots	
R1	Central Plant
R2	Hosp. Rear Entrance
R3	Allen Ave.

Tags & Registration

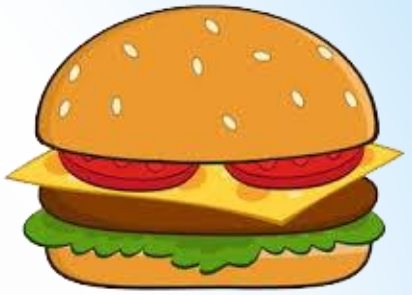
UKSC Employees: must register their vehicles at www.schstaff.org and have their parking tags visible at all times. **Parking in S lots/spaces only**

AHEC Students must register their vehicles at AHEC Suite 203 - or call CHER/GME Coord ext.6455. AHEC Students with AHEC parking tags **Parking in S4,S7 only.**

P, marked lots and parking spaces = Patient Only
S, marked lots and spaces = Employee Parking
R, marked lots and spaces =Reserved/Black Parking tags only.



Breaks and Meal Periods



- The cafeteria is located on the 2nd floor.
- The cafeteria accepts cash or credit card.
- Students receive a 30% discount on food served through the cafeteria with AHEC badge.

UKSC Medical Library

- The library is located on the 2nd floor.
- Must read, sign and abide by the Library Use Agreement.
- Library provides computer access.
- For after hour use, the Library Code is: **6234.**

Professional Image and Hygiene

Professional Image

- **Identification Badges.** UKSC/AHEC Identification Badges must be worn in a prominent, visible area of the upper chest at all times. Student picture, name, title and logo should be visible and not covered up with decals, stickers, pins or any other attachments.

- **Tops/Pants.** Students wear school uniform. Expected to be clean, pressed, and fit properly; not excessively tight or revealing. No aspect of the attire should embarrass or offend anyone. Pants must not drag the floor.

- **Head coverings.** Are not permitted unless part of an authorized uniform (i.e. PPE) or worn for protection in inclement weather, or worn for religious or health-related reasons.

- **Shoes.** Shoes must be clean, safe and appropriate for the type and location of work performed. Open-toed shoes/sandals are prohibited in all areas and socks or stockings must be worn.

- **Jewelry/Tattoos.** Visible body piercing jewelry (other than on ears) must be removed while in the work environment. Jewelry worn should not affect the hygiene or safety of the patients. Tattoos are permitted unless they diminish the effectiveness of the staff member's professionalism. All visible tattoos must be in good taste, not depicting logos, slogans, nudity, or violence.

Hygiene

- **Hair.** Hair should be clean, well groomed, controlled and neatly trimmed or arranged. Extremes in hairstyles and color are not acceptable. Hair, beards, and mustaches should be contained in a manner that does not interfere with the ability to maintain standard precautions or sterile technique. Hair below shoulder length should be confined if it falls forward over the face while working.

- **Makeup.** Makeup is to be applied so that a natural look is conveyed. Use of metallic sprays, glitter, or sequins on skin, hair or clothing is prohibited.

- **Fingernails/Hand Hygiene.** Fingernails must be clean and kept short to medium length. Nail polish, if worn, should be of a light color (clear is preferable) and free of cracks and chips. Artificial nails (acrylic, gel nails or tips) or nail enhancements including overlays, wraps, or attached decorations are prohibited. **Current CDC hand hygiene guidelines must be followed at all times.**

- **Fragrances.** Use of fragrances is not allowed in the direct patient care setting.

- May not have the smell of tobacco smoke about their person while at UKSC. **UKSC is a smoke/tobacco-free facility.**

- If uniform/clothing becomes contaminated while on duty with blood, body fluids, or hazardous chemicals, student member should exchange their soiled clothing for UKSC furnished scrubs.

Badge Policy

It is St. Claire's Policy that all employees, students, residents and volunteers **wear their name badges at all times** when in the St. Claire HealthCare System.

- If you lose your badge you will need to come to the AHEC office and we will reprint you a badge.
- You will be charged $10.00 for a new badge.
- If you do not have the $10.00 at the time of need, we will e-mail you a bill to the e-mail you provided. If payment is not received within 10 days your educational institution will be notified.
- If you find your badge within 5 days of the reprint, you will be reimbursed $5.00.
- Once you complete your clinical or shadowing rotation experience, you **MUST** return your badge to the Northeast KY AHEC office.
- Failure to let the Northeast KY AHEC office know that you have completed your clinical rotation experience or not returning your badge will also result in notifying your educational institution for non compliance of your clinical rotation.

Clinical nursing students may perform those procedures and/or treatments that they have been taught. Students must be under the **direct or indirect supervision** of a clinical instructor or preceptor while in the clinical area.

Scope of Practice

Must be with instructor or preceptor to administer medications!

Patient Identification

Always Use 2 Identifiers:

-Patient Name

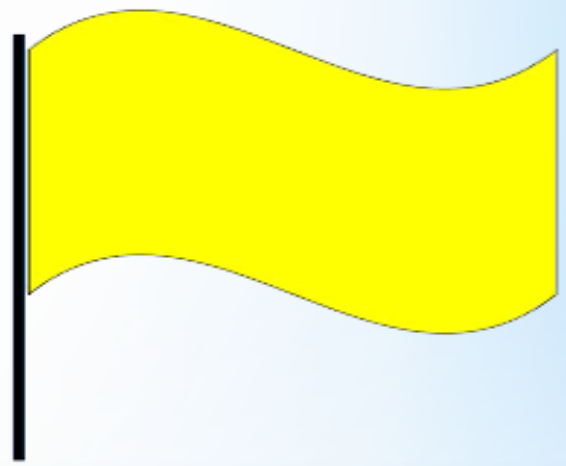
-Date of Birth

Flag Color Meaning

(Placed above Patient's Door)

Orange
C-Diff

Blue
COVID



Yellow
High Fall Risk

Infection Control

Healthcare-associated Infections (HAI) are infections people get while they are receiving health care for another condition.

- **Central Line-associated Bloodstream Infection (CLABSI)**
- **Catheter-associated Urinary Tract Infection (CAUTI)**
- **Surgical Site Infection (SSI)**
- **Ventilator-Associated Event (VAE)**

How can I help decrease the spread of infection?

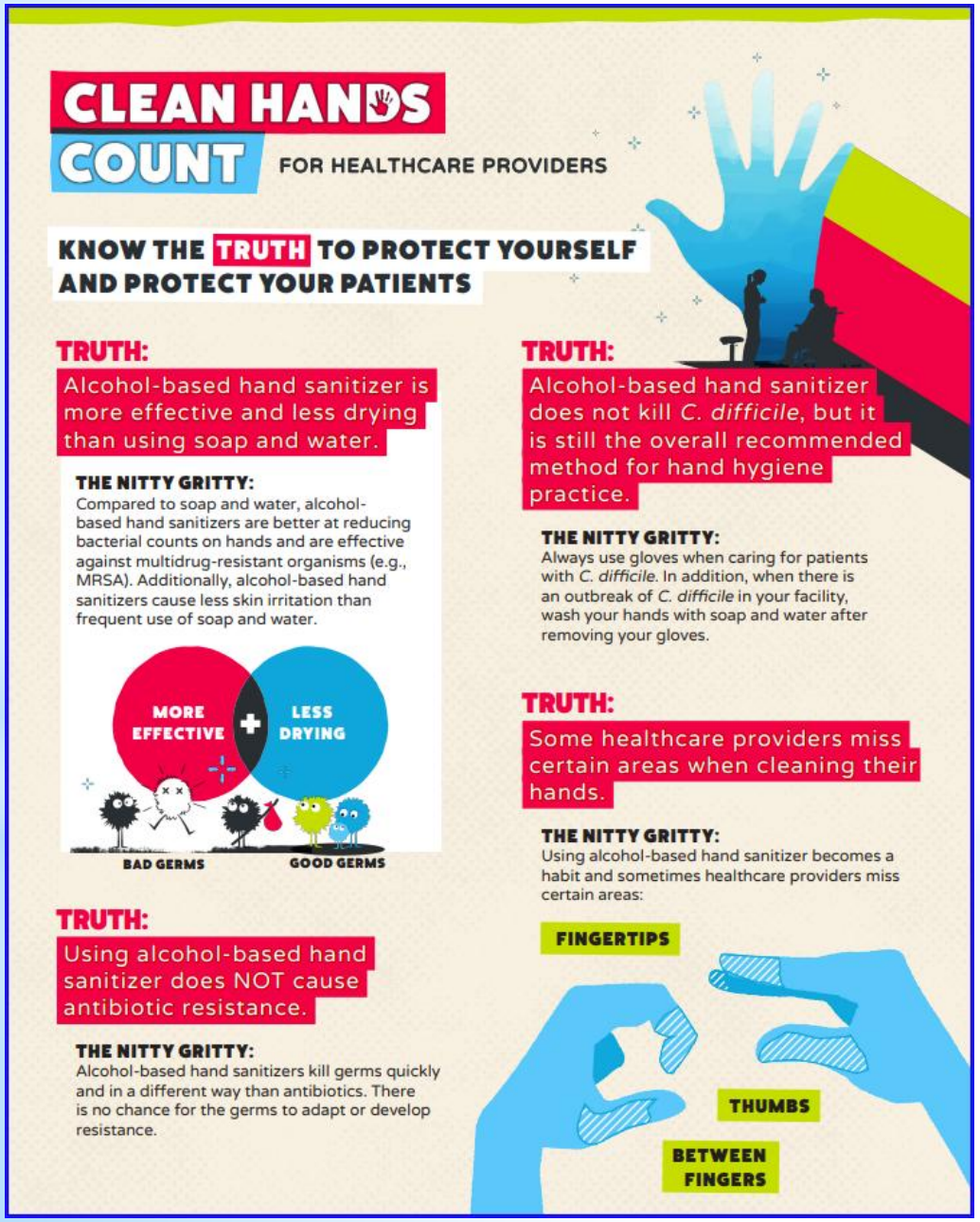
- **Practice good Hand Hygiene**
- **Wear the required Personal Protective Equipment (PPE)**
- **Observe Isolation Precautions**
- **High Quality, Evidence-based Practice**

Isolation Precautions

- **Contact – i.e. C-Diff, VRE, CRE**
- **Droplet – i.e. Influenza, Mumps, RSV, Bacterial Meningitis due to Neisseria Meningitides, Bordetella Pertussis**
- **Airborne – requires negative air pressure room & fit tested for N95; i.e. M. Tuberculosis, Measles, Chickenpox, Disseminated Shingles, Smallpox**
- **Neutropenic/Protective – patient decreased ability to fight off infection; low absolute neutrophil count (ANC)**

Let's Do Our Part In Protecting Our Patients, Staff, and Others:

Practicing hand hygiene is a simple yet effective way to prevent infections. Cleaning your hands can prevent the spread of germs, including those that are resistant to antibiotics and are becoming difficult, if not impossible, to treat. On average, healthcare providers clean their hands less than half of the times they should. On any given day, about one in 31 hospital patients has at least one healthcare-associated infection. Let's do our part to protect our patients, staff, and others. Please remember to use Alcohol-based hand sanitizer upon entering and exiting the patients room and use soap and water with C. Diff patients. Clean Hands Save Lives.



SEQUENCE FOR DONNING PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, e.g., Standard and Contact, Droplet or Airborne Infection Isolation.

1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist

2. MASK OR RESPIRATOR

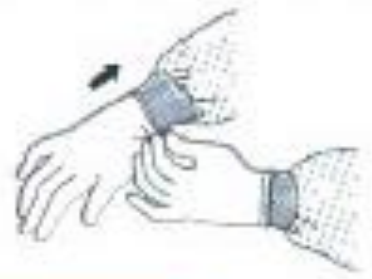
- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator

3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit

4. GLOVES

- Extend to cover wrist of isolation gown



CDC

USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene

Eye glasses do not substitute goggles.

SEQUENCE FOR REMOVING PERSONAL PROTECTIVE EQUIPMENT (PPE)

Except for respirator, remove PPE at doorway or in anteroom. Remove respirator after leaving patient room and closing door.

1. GLOVES

- Outside of gloves is contaminated!
- Grasp outside of glove with opposite gloved hand; peel off
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist
- Peel glove off over first glove!
- Discard gloves in waste container

2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield is contaminated!
- To remove, handle by head band or ear pieces
- Place in designated receptacle for reprocessing or in waste container

3. GOWN

- Gown front and sleeves are contaminated!
- Unfasten ties
- Pull away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard

1. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- Grasp bottom, then top ties or elastics and remove
- Discard in waste container

CDC

PERFORM HAND HYGIENE IMMEDIATELY AFTER REMOVING ALL PPE

C-Diff Precautions

- Patients with C-Diff will be placed in contact isolation rooms and these patient rooms will be noted with an orange flag hanging outside of the room.
- C-Diff bacteria are found in patient's feces. People can become infected if they touch items or surfaces that are contaminated with feces and then touch their mouth or mucous membranes.
- A Safe Zone is applied using blue painters tape to the floor. If you go past the Safe Zone complete PPE is worn.
- Surfaces that can have C-Diff spores on them: bedpans, furniture (including the bedside table), toilets, linens, telephones, stethoscopes, bed handrails, computers if taken into isolation rooms.
- Healthcare workers can spread the bacteria to other patients or contaminate surfaces through hand contact if not properly washing hands with soap and water, or not properly disinfecting equipment with an EPA approved hospital disinfectant (bleach wipes).
- You must don PPE when entering the room.
- You must wash you hands with soap and water after contact; Alcohol based hand sanitizers do not kill C-Diff spores.
- Patient/Family education.

- All patients with a history of or have active C- Diff should be in Contact Precautions

- All patients being tested should be in Contact Precautions, if they test negative it can be removed unless they have a history

- Contact Precautions required – Gown, gloves, mask (current guidance) every time you are in the patients room

- Hands must be washed with soap and water… Alcohol-based sanitizer is not effective on C-Diff.

- Clean surfaces with bleach or C-Diff. specific cleaning products that kill spores

- C-Diff kits are available that contain orange flag, contact precaution card, sign for soap and water to cover alcohol-based sanitizer, disposable stethoscope, and C-Diff protocol

- Dedicated medical equipment needed

Leave C-Diff & COVID Isolation

Linen and **Trash**

in Patient Room

Environmental Services will Remove

Bio-Hazardous Waste

Waste that has came into contact with blood and/or bodily fluids is considered Bio-Hazardous Waste.

Environmental Services is responsible for the proper removal of Bio-Hazardous Waste.

This waste MUST be placed inside a RED TRASH LINER and then placed into a RED BARREL.

These red bags and/or red barrels are kept inside the soiled storage area.

Full sharps containers (needle boxes) are sealed and placed on top of the red Bio-Hazardous barrel for Environmental Services to pick up.

Pharmaceutical Waste

The Resource Conservation and Recovery Act (RCRA) defines a hazardous waste as a waste that has the potential to cause or significantly contribute to an increase in mortality or an increase in serious reversible or incapacitating reversible illness; or a waste that poses a substantial hazard to human health or the environment when improperly treated, stored, transported, disposed of, or otherwise managed.

Which waste pharmaceuticals are considered hazardous chemical waste under RCRA?
Pharmaceuticals considered RCRA waste (P-listed waste) must be managed differently than other solid waste. Common pharmaceuticals such as **nicotine, warfarin (Coumadin®),** and a number of **chemotherapeutic agents** are federally regulated as hazardous waste.

Disinfecting Caps

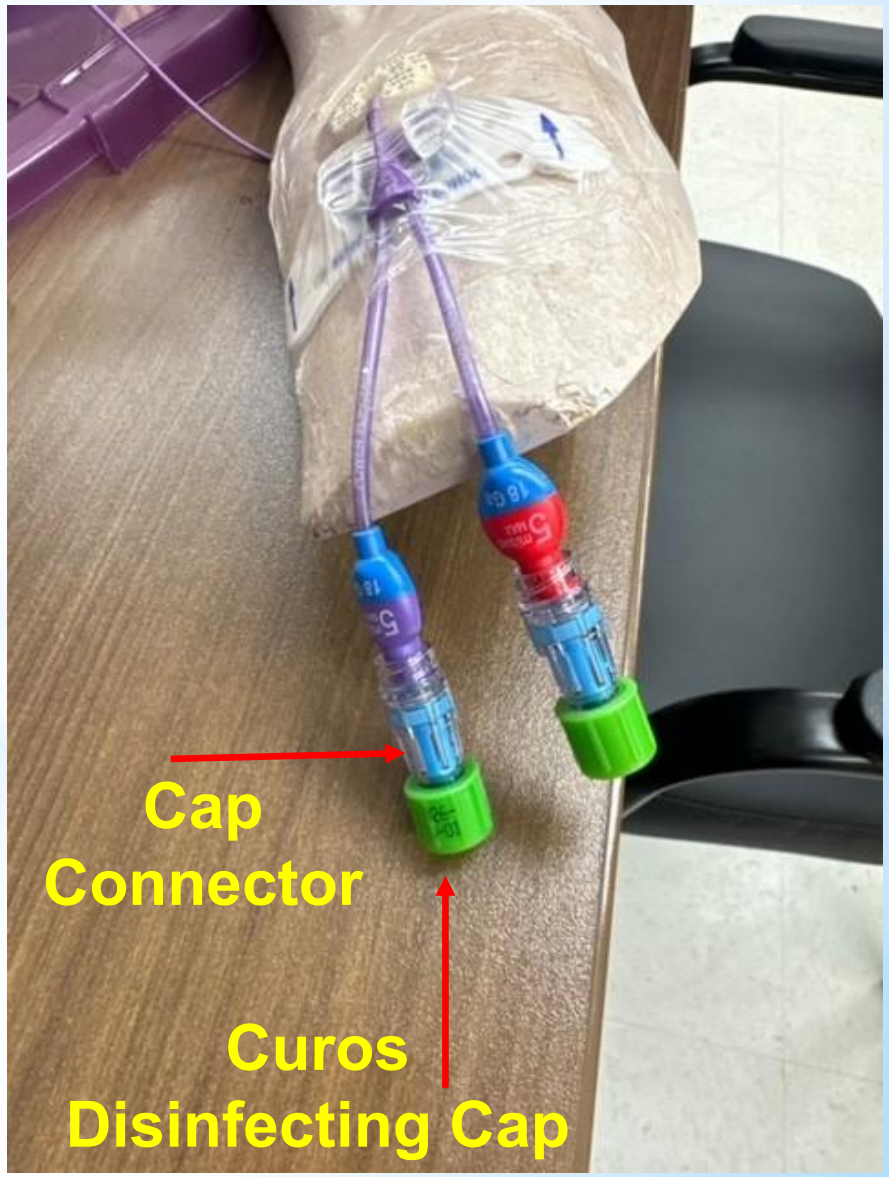
1st Cap Connector

2nd Curos Disinfecting Cap

- **Curos disinfecting caps are <u>NOT</u> dead-end caps. They <u>CANNOT</u> go directly on catheter hubs. <u>You must have a cap connector on first!!</u>**
- All cap connectors and injection ports on IV tubing are to be covered with a Curos cap when not in use.
- Single Use Only
- 3M Curos Disinfecting Caps, for Needleless Connectors disinfect in (1) minute.

Cap Connector Changes

- Sterile procedure for neonates
- Aseptic procedure for all other patients
- Change every 96 hours and PRN
- Change after each blood draw
- Prefill the new cap connector with 0.9% NS prior to changing
- All cap connectors are to be covered with a disinfecting cap when not in use



Drug waste disposal

Pharmaceutical waste is managed according to the schematic below, and administrative policy A19-0307- 02, Disposal of Regulated Waste. Waste is defined as partial doses of medications must be discarded. Table 1 summarizes the pharmaceutical waste plan.

Table 1: Management of pharmaceutical waste

Empty	Empty drug containers-according to RCRA, empty is empty and the packaging (unit-dose blister, IV bag, tubing, PCA bag, empty drug vials) should go in the regular trash. There are two exceptions: chemotherapy and P-listed waste (aka RCRA waste) which are discussed below.
RCRA	RCRA Waste -This group (P-listed waste), contains products such as nicotine and warfarin. If there is a partial dose of such a drug given to a patient, or the drug has to be discarded, it is placed in a black waste container that is labeled RCRA Waste. Only the waste for P-listed products and their packaging are put in the container. Nicotine inhaler cartridges are exempt. Used nicotine patches and used nicotine gum can go into the regular trash.
Chemo	Chemotherapy - any item that could have chemotherapy left on or in it (contains trace amounts of chemo) is disposed of in the yellow chemotherapy waste containers, including empty vials, IV bags, tubing, gown and gloves.
BKC	BKC Waste - These containers are for any drug product considered by the EPA to be a hazardous drug. Instructions for disposal of these agents are provided on the eMAR. Examples include partial pens or vials of insulin, topical witch hazel pads (opened but unused), partial bottles of benzocaine spray. *However, remember that empty is empty - an empty insulin vial can go in the regular trash.* Items that contain >3% by volume of unused chemotherapy must go in this waste container also.
	Infectious Waste - All sharps go in the red waste containers, unless the syringe has >3% of a hazardous drug remaining. If that is the case, the syringe goes in a black sharps bin that is labeled "BKC" waste.
Controlled Substances	The Drug Enforcement Agency (DEA) mandates that all unusable controlled substances (schedules 1 through 5) are wasted in the sink or flushed (sewage system disposal). For example, if a PCA bag is discontinued, the remaining solution is poured down the sink with a witness and documented in the automated dispensing cabinet. The empty bag and tubing are discarded in the regular trash. Another example is a fentanyl patch that has been removed from a patient. The patch is cut into pieces and flushed.
Aerosols and flammables	A small number of products are flammable/ignitable or corrosive. Examples include albuterol inhalers, Combivent™ inhalers, Cetacaine™ spray, and unused silver nitrate sticks. Disposal instructions are on eMARs for these products, which are put in a ziplock baggie and returned to Pharmacy for disposal in the appropriate receptacle.

Safety Data Sheets

- The Right-to-Know Law was enacted to protect employees regarding any chemicals which they might be working with.

- All hazardous material must be labeled and it must be handled, packaged, transported and disposed of according to directions.

- Every work area is responsible for having readily available information from the Safety Data Sheets (SDS) for all chemicals used in that area.

- Know where to locate the SDS online and how to access it.

MSDSonline

Exposures

- Immediately wash with soap & water or flush with water.
- Report immediately to supervisor and complete an incident report.
- Immediately seek medical treatment. Possible post exposure treatment and follow up.
- Report immediately to your program and AHEC coordinator, Jessica Caudill or Sue Russell in the AHEC office.

Student Occurrences

- If a student/resident error and/or accident occurs, including bodily injury or illness, the student **MUST** report it to the clinical instructor/supervisor and to the UK SC staff member in charge.

- Indicated records of the incident **must be** completed, reported accurately and promptly so immediate attention and responses can be given to individual occurrences. **This must be reported to your program as well as Sue Russell!**

- You have the right to refuse treatment, but it is not advised. If any post-exposure preventative treatment is ordered and you accept to take the tests **you will be responsible for the billing and the payment of the procedure(s).**

CODE TEAM PERSONNEL

- Emergency Department Physician (Default Team Leader)
- Attending Physician
- Hospitalist (Adult Code Blue-Only)
- Anesthesia Provider
- ED Charge Nurse or Designee
- ICU Charge Nurse or Designee
- Nursing Coordinator
- Respiratory Therapist X 2
- Laboratory
- Pharmacist
- Pastoral Care
- Emergency Department Technician (Adult Code Blue Only)
- Neonatal Resuscitation Expert Nurse (Code Blue Neonatal Only)

The focus of the code team, is to provide coordinated care to the patients with an immediate threat to life. Careful consideration has been given to pre-determining the members of the Code Team, alterations in the form of additional responders, may be considered detrimental to patient care and should be avoided.

Ergonomics

• Ergonomics is important because when you're doing a job and your body is stressed by an awkward posture or repeated movement your musculoskeletal system is affected.

Ergonomic Tips

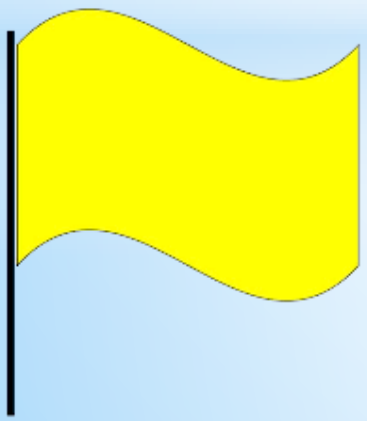
• Rest, proper posture, adjust your position, exercise, use proper lifting techniques: keep object close to body, lift with legs, keep back straight, do not twist while lifting.

Signs & Symptoms of Muscular Skeletal Harm

• Pain, tingling, stiffness, numbness, swelling or inflammation.

Fall Prevention

- **Hourly Rounding with Purpose**
- **Universal Fall Precautions**
- **High Risk Fall Alert**
  - ✓ **Yellow nonskid slipper socks**
  - ✓ **Yellow blanket**
  - ✓ **Yellow safety bracelet**
  - ✓ **Yellow magnets**
  - ✓ **Yellow flags**
  - ✓ **Bed/chair alarms**
  - ✓ **Safety Companion**
  - ✓ **Do NOT leave patient in bathroom or on BSC unattended**



HIPAA

HIPAA: Health Insurance Portability and Accountability Act of 1996.

Privacy Rule

- Imposes restrictions on the use and disclosure of personal health information.
- Gives patients greater protection of their medical records.

THINGS YOU CAN DO TO ENSURE PATIENT PRIVACY

- Records – keep secure and not left out for others to see.
- Computer Screens – do not leave open for others to see when not in use.
- Conversations and Dictation – be cautious; you never know who is listening.
- Access and use the minimum amount of information that is necessary for you to perform the assigned job.
- Comply with policies on access, use and security of information systems – passcodes, E-mail and fax.

Technology & Social Media

- Technology access – do not share passwords.
- Remember what you write on social media reflects you, your school, and SCH.
- HIPAA and Social Media – Be very cautious! Do not write about patient experiences on social media that may cause a HIPPA violation. Someone may know who you are talking about even if you do not say their name. Do not take pictures in the clinical setting to avoid a HIPPA violation.

8 Behaviors of Hourly Rounding

1. Use opening key words
2. Accomplish scheduled tasks
3. Address 3 P's (pain, potty, position)
4. Address additional comfort needs
5. Conduct environmental assessment
6. Ask "Is there anything else I can do for you before I go? I have the time."
7. Tell each patient when you will be back
8. Document the round

Overall General Safety

Report any unsafe situation you notice to your instructor, preceptor, supervisor or to the NE AHEC Student Services Coordinator. SCH safety policies are located in PolicyStat online.

Medical Equipment

- All medical equipment must be checked by Bio-Med before use.
- Bio-Med inspection stickers indicate when equipment has been inspected. Check for current Bio-Med stickers.
- Report malfunctions to area supervisor.
- Training will be conducted by departments with annual updates.

SECURITY

- Uniformed Security Guards are available to assist during day, evening and night hours.

- Every student should be quick to report any suspicious person or circumstance.

- SCH cannot be responsible for loss or damage to the personal property or valuables of students and residents.

- Students/residents are requested to bring a minimum of personal belongings. It is never wise to bring jewelry or large amounts of cash.

- Administration and Security are authorized to search and question people and to check an article to determine if any article is approved for removal from the hospital.

If you should need security please call
ext. 6767 or
606-783-6767

SCH EMERGENCY CODES

Code Black	***Bomb Threat***
Code Yellow	***Disaster***
Code Red	***Fire***
Code Orange	***Hazardous Material***
Code Blue	***Medical Emergency***
Code Silver	***Shooter/Hostage Situation***
Code White	***Combative/Violent Patient***
Code 911	***Threatening Behavior by Non-Patient***
Code Adam	***Infant/Child Abduction***

UNDERSTAND BASIC FIRE FIGHTING CONCEPTS

RACE

upon discovery of fire or smoke

- **R** **Rescue:** Remove persons in immediate from danger!
- **A** **Alarm:** Alert others and Emergency Services.
- **C** **Contain:** Contain fire and smoke (close doors)
- **E** **Extinguish:** Extinguish &/or Evacuate.

PASS

PULL
AIM
SQUEEZE
SWEEP

PASTORAL CARE SERVICES

- The Pastoral Care Office is located on the second floor and has a Chaplain available 24 hours a day.
- To contact a chaplain, dial extension 6735 or dial the operator.
- The St. Claire HealthCare Chapel is located on the second floor down from the cafeteria. It is available for reflection and prayer at any time.

Chaplains are to be contacted when:

***Someone is anxious or worried**

***Facing surgery**

***A loved one is dying or has died**

***One feels like giving up**

***One needs someone to talk to**

***One desires prayer**

Professional Development

Randa Hall, BSN, RN-BC
Clinical Nurse Educator

Michelle Brown, MSN, RN-BC, CPHQ
Manager Professional Development

Joelle Craft, BSN, RN, CCRN
Clinical Nurse Educator

Jessica Darnell
Clinical Nurse Educator

Melissa McKenzie, MPH
Director, Professional Development

For assistance please call: Sue or Cassie for Student Services, any of the Health Careers team for shadowing, located in the Center for Health Education & Research building. For nursing assistance please contact Michelle Brown, located in UK SCH on 3rd floor, or Crystal Cooper for Infection control, exposures and needle stick injuries on the 2nd floor. You can visit our website at www.neahec.org for student information.

Sue Russell
Student Services Coordinator
CHER Building
316 W. Second St., Suite 203
Morehead, KY 40351
Office: 606-783-6843
Cell: 606-207-4847
Fax: 606-784-2767
Email: Sue.russell@st-claire.org

Cassie Chandler
Student Services Coordinator
CHER Building
316 W. Second St., Suite 203E
Morehead, KY 40351
Office: 606-783-7580
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All students are required to complete orientation paperwork before they start their rotations or shadowing at any facility at St. Claire, paperwork must be filled out and requirements turned in as well. Student packets are found on the Northeast AHEC website at http://neahec.org/student_services/student_packets.aspx for clinical rotations.