

Grady Hospital Instructions Table of Contents

- Grady Hospital Restrictions & School Requirements.....2
- Mask Fit Instructions.....3
- Grady Employee Student Application Instructions.....4
- Grady Hospital Tuberculosis Instructions.....5
- Hepatitis B Requirements.....6
- Grady Hospital Background Check and Drug Screen Instructions.....7
- Grady Hospital Background Check and Drug Screen Instructions Diagrams.....8
- Grady Hospital Background Check and Drug Screen Issues.....9

GRADY HOSPITAL DEADLINES AND RESTRICTIONS

- Any student that has incomplete items listed under the COMPLIANCE section will prevent the entire group from receiving clearance to start a clinical rotation.
- Due to the nature of Grady Hospital Badge procedures, onboarding deadlines are strictly enforced. Students that have failed to meet the final deadline date will be removed from their Grady Hospital rotation.

Below is a screen shot of a student that has received a green check mark for all school and hospital requirements. Note that this student's account is listed as "GOOD" under the COMPLIANCE column (far right corner of student home screen). Please disregard the status column; it is not applicable

TOP SECTION VIEW OF STUDENT HOMEPAGE:

Membership Period	Rotations												
Expiration: [REDACTED] Extend Membership													
Student Notifications 0	Requirements												
	<table border="1"><thead><tr><th>ID</th><th>Start</th><th>End</th><th>Program</th><th>Status</th><th>Compliance</th></tr></thead><tbody><tr><td>614370</td><td>03/23/2026</td><td>04/26/2026</td><td>Nursing</td><td>Needs Info</td><td>Good</td></tr></tbody></table>	ID	Start	End	Program	Status	Compliance	614370	03/23/2026	04/26/2026	Nursing	Needs Info	Good
ID	Start	End	Program	Status	Compliance								
614370	03/23/2026	04/26/2026	Nursing	Needs Info	Good								

- Exemptions/declinations are not accepted for Grady Hospital rotations.
- Proof of a COVID vaccination is not required for Grady Hospital.

Grady Hospital Modules

Open your account on the homepage, scroll down to the LEARNING MATERIALS AND CUSTOM FIELDS section to make sure all modules and questions have been completed.

MSC Links:

- Annual OSHA/Blood borne Pathogens certificate <https://www.usg.edu/facilities/training/pathogens/>
- The Liability Insurance purchase link
- https://secure.touchnet.com/C20797_ustores/web/store_main.jsp?STOREID=70&SINGLESTORE=true

GRADY HEALTH SYSTEM EMPLOYEE ONBOARDING INSTRUCTIONS

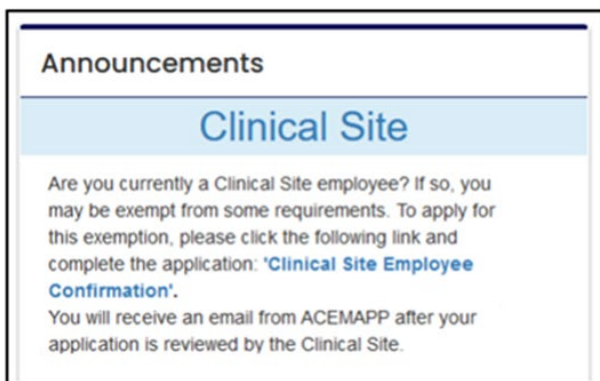
Employee Designation - How to Request Employee Status

Some ACEMAPP Clinical Sites allow you to connect directly as an employee. Applying to affiliate directly with the Clinical Site will enable them to manage your ACEMAPP account and manage any [Requirements](#) or [Learning Materials](#) you may have already completed outside of ACEMAPP.

Step 1:

Log in to your ACEMAPP Account. From your home screen, most clinical sites allowing employee designation will have a link to apply for this status in the **Announcements** area on the left side of your page.

An example could look like this:



If your school does not have a link in the Announcement, please contact ACEMAPP support for further information and assistance.

Step 2:

The link in the announcement will take you to where you can Apply to connect with the Clinical Site as an Employee. Click on the **"Apply"** button to start your application.

GRADY HOSPITAL MASK FIT INSTRUCTIONS

- Grady Hospital has granted special permission for GSU Nursing Undergraduate students to complete a mask fit test at their downtown facility.
- Grady Hospital does not provide Tuberculosis screenings, vaccinations or any additional services to students.
- A mask fit test is free at Grady Hospital however if there are no appointments available at least two weeks before the rotation starts, one can be purchased at alternative facilities.

Appointment availability is limited. Please schedule an appointment as soon as possible.

Call the number below to schedule a **NURSE VISIT** appointment in Employee Health.

Scheduling Line:

Monday- Friday 6:00am - 11:00pm


404-616-2500

Appointment needed: Nurse Visit for FIT Testing

Employee Health Clinic Hours

Monday-Friday 7:30am - 4:00pm (closed for lunch daily 12-1pm)

Complete the attached OSHA Respirator Form and bring it to the appointment. See sample below

 **OSHA RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE** NOT REQUIRED

TO THE EMPLOYEE: Are you able to read and understand the questions contained in this evaluation? Yes No Grady Morehouse Emory

Date: _____ Name: _____ Job Title: _____ Age: _____ DOB: ____/____/____ Employee ID: _____

Gender: Male Female Height: _____ ft _____ in Weight: _____ lbs. Phone number: _____ The best time to phone you: _____

1. Has your employer told you how to contact the health care professional who will review this questionnaire? Yes No
 2. Check the type of respirator you will use (you can check more than one category): N,R,P disposable respirator (filter-mask, non-cartridge type only). Other type
 3. Have you worn a respirator (circle one): Yes No If "Yes", what type(s)/size: _____

Yes	No	1.	2.	3.	4.	5.	6.	7.	8.	9.
		Do you currently smoke tobacco or have you smoked tobacco in the last month?								
		Have you ever had any of the following conditions?								
		a. Seizures (fits)								
		b. Diabetes (sugar disease)								
		c. Allergic reactions that interfere with your breathing								
		d. Claustrophobia (fear of closed-in-places)								
		e. Trouble smelling odors								
		Have you ever had any of the following pulmonary or lung problems?								
		a. Asbestosis								
		b. Asthma								
		c. Chronic bronchitis								
		d. Emphysema								
		e. Pneumonia								
		f. Tuberculosis								
		g. Silicosis								
		h. Pneumothorax (collapsed lung)								
		i. Lung cancer								
		j. Broken ribs								
		k. Any chest injuries or surgeries								
		l. Any other lung problem that you've been told about								
		Do you currently have any of the following symptoms pulmonary or lung illness?								
		a. Shortness of breath								
		b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline								
		c. Shortness of breath when walking with other people at an ordinary pace on level ground								
		d. Have to stop for breath when walking at your own pace on level ground								
		e. Shortness of breath when washing or dressing yourself								
		f. Shortness of breath that interferes with your job								
		g. Coughing that produces phlegm(thick sputum)								
		h. Coughing that wakes you early in the morning								
		i. Coughing that occurs mostly when you are lying down								
		j. Coughing up blood in the last month								
		k. Wheezing								
		l. Wheezing that interferes with your job								
		m. Chest pain when you breathe deeply								
		n. Any other symptoms that you think may be related to lung problems?								
		5. Have you ever had any of the following cardiovascular or heart problems?								
		a. Heart attack								
		b. Stroke								
		c. Angina								
		d. Heart Failure								
		e. Swelling in your legs or feet(not caused by walking)								
		f. Heart arrhythmia								
		g. High blood pressure								
		h. Any other heart problem that you've been told about								
		6. Have you ever had any of the following cardiovascular or heart symptoms?								
		a. Frequent pain or tightness in your chest								
		b. Pain or tightness in your chest during physical activity								
		c. Pain or tightness in your chest that interferes with your job								
		d. In the past two years, have you noticed your heart skipping or missing a beat								
		e. Heartburn or indigestion that is not related to eating								
		f. Any other symptoms that you think may be related to heart or circulation problems								
		7. Do you currently take medication for any of the following problems?								
		a. Breathing or lung problems								
		b. Heart trouble								
		c. Blood pressure								
		d. Seizures								
		8. If you've used a respirator, have you ever had any of the following problems?								
		If you've never used a respirator, check the following space _____ and go to question 9								
		a. Eye irritation								
		b. Skin allergies or rashes								
		c. Anxiety								
		d. General weakness or fatigue								
		e. Any other problem that interferes with your use of a respirator								
		9. Would you like to talk to the health care provider who will review this questionnaire about your answers to this questionnaire?								

Employee Signature: _____ Date: _____

EMPLOYEE HEALTH AND WELLNESS CENTER (EHW) ONLY
 Follow up Medical Examination Required Not required
 Version: 8/16/21, 6/24/21, 11/22
 Created: 1/21/2021

Reviewing Physician/Provider Name: _____ Signature: _____ Date: _____

FIRST TIME ROTATING AT GRADY HOSPITAL TUBERCULOSIS (TB) INSTRUCTIONS:

- Students going to Grady for the first time must complete a Grady Hospital TB history form and upload a recent 2 view Chest x-ray or QuantiFERON TB blood test. **The report date must be less than 90 days old (from the rotation start date).**
- TB/PPD skin tests will not receive approval.


Students Returning to Grady Hospital

- Student must complete a new Grady Hospital TB History form and upload an annual (less than 12 months old) QuantiFERON TB blood report or Chest x-ray report to the section below on ACEMAPP

Tuberculosis reports and TB history form upload location on ACEMAPP

One-Off Requirement	Pre	Post	Complete	Expires
   TB Symptom Screening - Grady [Rotation #465783]	—	x		N/A

TB History Form Sample



Tuberculosis Screening Form
 Grady Health System
 Employee Health and Wellness Clinic
 Phone: (404) 616-4600
 Email: employeehealth@gmh.edu

Grady _____
 Medical School _____
 Volunteer _____
 Contract _____
 Other _____

Name: _____ Date of Birth: _____
 Job Title: _____ ID# _____ MR# _____
 Contact Phone # _____ Work Area/Dept. _____ Supervisor _____

All employees must complete this Tuberculosis Screening form annually. Based on your responses a TB blood test and/or a CXR may be required for further evaluation.

- Do you have a history of a positive TB test? ___No ___Yes. When? _____
 - If yes, what test type was positive? ___Skin ___Blood (Quantiferon or T-spot)
 - Treatment was ___Not offered ___Declined ___Started but not finished ___Completed
- Have you ever received BCG vaccine? ___No ___Yes. When? _____
- Since your last Annual Health Screen have you? (Please explain yes answers below)
 - Been exposed to someone known or suspected of having TB? ___No ___Yes
 - Been tested for TB? ___No ___Yes when, where, and what were the results?
 - Traveled outside of the U.S.? ___No ___Yes where, for how long, and for what purpose?
 - Been prescribed steroids, "biologics" (for autoimmune diseases), chemotherapy? ___No ___Yes
(Explain yes answers below)

TUBERCULOSIS SYMPTOMS	ONSET AND DURATION OF SYMPTOMS
1. Cough for ≥ 2 week duration <input type="checkbox"/> yes <input type="checkbox"/> no	
2. Coughing up Blood <input type="checkbox"/> yes <input type="checkbox"/> no	
3. Fever <input type="checkbox"/> yes <input type="checkbox"/> no	
4. Night Sweats <input type="checkbox"/> yes <input type="checkbox"/> no	
5. Unexplained Weight Loss <input type="checkbox"/> yes <input type="checkbox"/> no	Amount: _____
6. Unusual weakness or fatigue <input type="checkbox"/> yes <input type="checkbox"/> no	

Employee Signature _____ Date _____
 Reviewed By: _____ Signature _____ Date: _____

ISSUANCE: 04/22/2020 | REVISED: 04/22/2020

- **Please do not send the Tuberculosis Screening (TB Symptom screening form) to Employeehealth@gmh.edu**
- **Please upload the TB history form and TB report together. Do not upload them separately.**

GRADY HOSPITAL HEPATITIS B INSTRUCTIONS

Proof of a positive hepatitis B surface antibody (anti-HBs) titer is mandatory for Grady Hospital rotations. **Students that receive a negative/non-reactive test result must restart the Hepatitis B series. Grady Hospital's timeline for restarting the series and uploading proof of a positive hepatitis B titer report ends 26 weeks after the first dose.**

Group 1, level 1

Upload, a positive/reactive surface antibody titer report.
All hepatitis B requirements have been met once this section has been approved.

OR

a. Group 2 Level 1- Temporary approval (for 112 days)-

- Add two recent Hepatitis B doses (4 weeks apart) on or before the clinical paperwork deadline posted on the Nursing Student Resource Center.
- **Two doses must be uploaded together to receive approval for this section.**

b. Group 3 Level 1- Temporary approval (56 days)- (applicable for three dose series)

- Once the first two doses have expired, add the final dose in the series.
- **Three recent Hepatitis B doses must be uploaded together to receive approval for this section.**

Hepatitis B Expiration Deadlines

- **Students with Hepatitis B doses that will expire prior to the rotation start date or near the beginning of the start date will not receive approval to start.**
- **Students unable to meet Grady Hospital Hepatitis B dose timelines by the final deadline will be removed from their clinical rotations.**

GRADY HOSPITAL BACKGROUND AND DRUG SCREEN INSTRUCTIONS PART I

Grady Hospital has a two-year limit on Background and Drug screen reports. You may be required to complete another background and drug screen if it will expire during your rotation.

To ensure successful integration between ACEMAPP and Advantage Students, please confirm the following steps have been performed:

Log in to your ACEMAPP account first.

1. From your Central Dashboard, click the "View Student &/or View Clinical Faculty Home" button (this button is blue). You will then be brought to your Student &/or Clinical Faculty page.
2. Click on the "Advantage Students" logo on your Student home page.
3. If you receive an error, confirm that your email addresses match between your ACEMAPP account and your Advantage Students account.
4. If your email addresses do not match, please update your email address in Advantage Students by going to My Account and selecting Account Information.
5. Confirm that your reports have been completed and certified within your Advantage Students account.
6. Confirm that you have shared any & all of your reports with the appropriate school &/or clinical site. The report can be shared by going to Review to Share select the share report icon ()
7. Confirm that there are no outstanding items or flags in your Advantage Students report.
8. Confirm that your reports are not expired, if applicable (there will be a red notification beneath the School &/or Hospital you have shared with if your reports are expired).
9. For a step-by-step guide to this process, you may also refer to our Help Desk article

GRADY HOSPITAL BACKGROUND AND DRUG SCREEN INSTRUCTIONS PART II (DIAGRAMS)

Step 1: Log into ACEMAPP

Step 2: Link Your ACEMAPP Account to Advantage Students

From your student or faculty home screen, click on the Advantage Student logo in the "Vendors" window. This will open a new tab.

The screenshot shows the ACEMAPP dashboard. On the left, there are sections for 'Dashboard View', 'Membership Period' (Expiration: 12/08/2022), 'Student Notifications', and 'Vendors'. The 'Vendors' section contains a search bar and a 'Students' button, which is highlighted with a red box and a red arrow. On the right, there is a 'Requirements' table with columns for Actions, Incomplete Requirements, Pre Valid, Post Valid, Date Complete, Date Expires, and Waiver. A red arrow points to the 'Drug Screen' row in the table.

Actions	Incomplete Requirements	Pre Valid	Post Valid	Date Complete	Date Expires	Waiver
	N95 Mask Fitting	X	X	---	---	---
	2021-2022 Annual Influenza Vaccination	✓	✓	12/06/2021	N/A	---
	BLS	✓	✓	12/13/2021	12/31/2023	---
	Background Check	---	✓	10/25/2021	N/A	---
	COVID-19 Vaccination	---	---	05/06/2021	N/A	---
	COVID-19 Warning and Waiver	✓	✓	12/08/2021	N/A	---
	Drug Screen	---	✓	11/02/2021	N/A	---
	Health Insurance w. expiration	✓	✓	12/13/2021	12/13/2022	---
	Hepatitis B (2nd Series Vaccines and/or Titer)	✓	✓	01/30/2003	N/A	---
	MMR (Vaccines and/or Titer)	✓	✓	04/25/2006	N/A	---

On the next screen, click on the "Click to go to InfoMart" button. You will then be redirected to the Advantage Students website.

The screenshot shows the 'Infomart' page. At the top, there is a breadcrumb 'Home / Infomart'. Below that, the page title 'Infomart' is displayed. Underneath, it says 'Last Data Date : Never'. At the bottom of the page, there is a prominent green button labeled 'Click to go to InfoMart', which is highlighted with a red box and a red arrow.

If your email address was found, you will be presented with the login screen below:

The screenshot shows the 'Welcome to Advantage Students' login screen. It includes a header with the Advantage Students logo and a circular icon of a graduation cap. Below the header, there are input fields for 'E-MAIL ADDRESS' and 'PASSWORD'. A 'Forgot Password?' link is located below the password field. At the bottom, there are three buttons: 'Back', 'Log In', and 'Create An Account'.

Confirm your information is correct and enter any additional required information to finish creating your account. You will also receive account login information and alerts from InfoMart.

Step 3: Share your Report in Advantage Students

IMPORTANT NOTE: Your drug screen and background check results need to be shared with the appropriate school(s), clinical site(s), and/or health system(s). The interface will only transfer completion dates and expiration dates for your requirements in ACEMAPP, once you have shared your report(s) with the applicable school, clinical site, and/or health system, and the school/clinical site/health system approves your submission (within Advantage Students).

Log in to your Advantage Students account and click "Review to Share" from the Advantage Students dashboard.

GRADY HOSPITAL BACKGROUND AND DRUG SCREEN ISSUES

If you have not received approval after following all steps to link both accounts to transfer background and drug screen reports to ACEMAPP and share with the hospital, you must contact Wanda Little immediately for assistance.

“Negative Dilute” Drug Screen Flag or Background flags Instructions:

- **If the drug screen report states there is a “Negative Dilute” specimen, a new student package must be purchased. Separate background and drug screens reports will not transfer to ACEMAPP.**
- **Once the new student package (comprehensive background and 12 panel drug screen) has processed, follow the original steps again to Link ACEMAPP to Advantages and share the reports with the hospital.**
- **If there is a background flag that cannot be removed, you be moved to a different hospital. Please alert your instructor immediately to allow enough time to find a different hospital as well as time to complete new onboarding documents.**

