



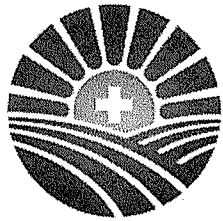
In an effort to make student observation more efficient, please read and sign the following forms **prior** to attending your observation appointment. For observers under the age of 18 years, a parent or guardian must also provide their signature. Please note that there are two sets of Genesis forms since you will be observing at two different Genesis locations.

Forms you will need to bring with you to your observation appointment:

1. Observation Validation Form
2. Observer information and HIPAA waivers

Please contact the RADT program director or clinical coordinator with questions.

Thank you and enjoy your observation time!



Genesis

HEALTHCARE SYSTEM

HIPAA & HITECH Privacy Training

Student-Observers

ATTENTION!

Please bring this *HIPAA & HITECH Orientation for Student-Observers* with you when you come to observe for the first time. Do not sign this form. Your mentor will need to go over this form and **both** of you will sign it before you can observe in their area.

After review, please return the signed HIPAA Acknowledgement to the *Volunteer Office*.

Genesis HealthCare System

HIPAA & HITECH ORIENTATION FOR STUDENT-OBSERVERS

Please review the following information regarding the Standards for Privacy of Individually Identifiable Health Information with all students.

- HIPAA stands for the Health Insurance Portability and Accountability Act of 1996.
 - HIPAA became effective on April 14, 2003.
- HIPAA is a national health policy law developed to address the issues of portability and access of healthcare in the United States. Privacy and security of protected health information have recently been introduced.
- Why do we need the regulations?
 - Many Americans worry about how their protected health information is being used by healthcare organizations.
 - The absence of a national legal health information policy makes consumers vulnerable to the exposure of their individually identifiable health information.
- Genesis HealthCare System is required to develop a Notice of Privacy Practices, which informs patients of their rights as they relate to their protected health information.
- Genesis HealthCare System is required to follow the Minimum Necessary Standard when a disclosure of patient protected health information is requested.
- The Minimum Necessary Standard states: When using or disclosing protected health information or when requesting protected health information from another healthcare provider, Genesis employees must make reasonable efforts to limit protected health information to the minimum necessary to accomplish the intended purpose of the used, disclosures, or request.
- All members of the workforce at Genesis HealthCare System are required to respect patient confidentiality by: keeping patient records in private areas; making sure names and pertinent information are not visible any time records are being transported or unattended; keeping fax, monitor screens, and lab results out of public view; and only accessing patient information that is necessary to fulfill job duties.
- Do not discuss a patient's condition in hallways, elevators, or any other area accessible to the public.

- Genesis HealthCare System is required to obtain a patient's authorization before using or disclosing protected health information for any purpose other than treatment, payment, and healthcare operations.
- All requests by patients and/or personal representatives of the patient to inspect or copy their medical record must be forwarded to the Health Information Management Department.
- Do not share any confidential patient protected health information outside of Genesis HealthCare System.
- Genesis HealthCare System is allowed to make certain disclosures of a patient's protected health information to family members and friends of the patient that are involved in the care of that patient.
- Patients have the right to request that restrictions be placed on how Genesis HealthCare System uses and discloses their protected health information.
- A restriction is a limitation that is placed on uses and disclosures of the patient's protected health information to carry out treatment, payment, and healthcare operations, and includes the right to restrict disclosures of the patient's protected health information made to family members and friends involved in the patient's care.
- Other examples of day-to-day operations that may not be compliant with the HIPAA Privacy regulations are the use of a patient's full name when paging over the organization's speaker system and leaving patient sign-in sheets with previous patient names at a registration desk.
- Never*** discard anything with protected health information (PHI) on it in the trash. Use the designated blue recycle bins for all paper documents that ***do not*** contain PHI. Use the gray Shred-it® confidential disposal bins for all documents that contain PHI including I.V. bag labels and plastic wristbands.
- Genesis HealthCare System must notify patients of how they can make complaints to Genesis and to the Department of Health and Human Services in Washington D.C.
- HIPAA Breach*** - If an individual complains to the Department of Health and Human Services, and they decide to investigate, there could be penalties if they find violations. Penalties for a ***HIPAA Breach*** are now based on the reason behind the HIPAA breach. There are four tiers of culpability:

- ⌘ **Unknowning** – The covered entity or business associate did not know and reasonably should not have known of the breach.
- ⌘ **Reasonable Cause** – The covered entity or business associate knew, or should have known, that the act was a breach, but the covered entity did not act with willful neglect.
- ⌘ **Willful Neglect – Corrected** – The breach resulted from an intentional failure or reckless indifference of HIPAA obligations, but the breach was corrected within 30 days of discovery.
- ⌘ **Willful Neglect – Not Corrected** – The breach resulted from an intentional failure or reckless indifference of HIPAA obligations, and the breach was not corrected within 30 days of discovery.

Penalties for each tier based on consumer price index are as follows:

- ⌘ **Unknowning** - \$117 - \$58,490 for each violation.
- ⌘ **Reasonable Cause** - \$1,170 - \$58,490 for each violation.
- ⌘ **Willful Neglect, Corrected** - \$11,698 - \$58,490 for each violation.
- ⌘ **Willful Neglect, Not Corrected** – At least \$58,490 for each violation.

In each circumstance, the total civil monetary penalty for violations of the same issues in a calendar year is capped at \$1,754,698.

- Students must report any known or suspected violation to their instructor. The instructor will be responsible for reporting these violations to the Corporate Integrity Program Office Hotline by calling 740-454-5555 or 5555 within Genesis' facility.
- HITECH stands for the Health Information Technology for Economic and Clinical Health Act.
- Breach means “the unauthorized acquisition, access, use or disclosure of protected health information which compromises the security or privacy of such information, except where the authorized person to whom such information is disclosed would not reasonably have been able to retain such information”.
- Genesis HealthCare System must notify individuals within 60 days if protected health information is breached.
- Genesis HealthCare System must also notify the Department of Health and Human Services and local news media if the breach involves more than 500 individuals.

- Genesis HealthCare System must maintain a log of all data security breaches and report it annually to the Department of Health and Human Services.
- Genesis HealthCare System prohibits the download of patient information.
- HITECH Violation** – If an individual complains to the Department of Health and Human Services, and an investigation results, and they find violations, the result could be within one of the four following penalties for non-compliance:
 - ⌘ **Tier A** is for violations in which the offender didn't realize he or she violated the Act and would have handled the manner differently if he or she had. This will result in a \$100 fine for each violation, and the total imposed for such violations cannot exceed \$25,000 for the calendar year for Criminal Penalties – to the individual, not the organization, who wrongfully discloses confidential information.
 - ⌘ **Tier B** is for violations due to reasonable cause, but not “willful neglect.” The result is a \$1,000 fine for each violation, and the fines cannot exceed \$100,000 for the calendar year.
 - ⌘ **Tier C** is for violations due to willful neglect that the organization ultimately corrected. The result is a \$10,000 fine for each violation, and the fines cannot exceed \$250,000 for the calendar year.
 - ⌘ **Tier D** is for violations of willful neglect that the organization did not correct. The result is a \$50,000 fine for each violation and the fines cannot exceed \$1,500,000 for the calendar year.
- Genesis HealthCare System employees, students and general users of GHCS patient data are required to **immediately** report any security breach to their supervisor and the supervisor is to report it to GHCS Corporate Integrity Program Office Hotline 740-450-5555 or 5555 within Genesis facility. In addition, any lost or stolen equipment or devices should also be reported to Public Safety.

Terms to Know:

Electronic Health Record or “EHR”

- *“Electronic Health Record” or “EHR” is defined as an electronic record or health-related information on an individual that is created, gathered, managed and consulted by authorized health care clinicians and staff.*

Health Information

- *Any information, including genetic information, whether oral or recorded in any form or medium, that:*
 - *Is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearing house; and*
 - *Relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual.*

HIPAA

- *HIPAA is the acronym for the Health Insurance Portability and Accountability Act of 1996. HIPAA creates national standards to protect the confidentiality of patients’ medical records and other protected health information. It sets boundaries for the hospital on use and release of a patient’s health information. HIPAA holds the hospital accountable, with civil and criminal penalties that can be imposed if we violate a patient’s privacy rights. HIPAA took effect on April 14, 2003.*

The HITECH Act

- *The Health Information Technology for Economic and Clinical Health Act (HITECH Act) legislation created to stimulate the adoption of electronic health records (EHR) and supporting technology in the United States. HITECH was signed into law on February 17, 2009 as part of the American Recovery and Reinvestment Act of 2009 (ARRA), an economic stimulus bill.*

Notice of Privacy Practices

- *A printed advisory given to patients that explains the health care office’s use of the patient’s protected health information (PHI).*

Omnibus Rule

- ∞ *The final Omnibus Rule greatly enhances a patient's privacy protections, provides individuals new rights to their health information, and strengthens the government's ability to enforce the law. The Omnibus Rules went into effect January 17, 2013.*

Personal Representative

- ∞ *A "Patient's Personal Representative" means a minor patient's parent or other person acting in loco parentis, a court-appointed guardian, or a person with durable power of attorney for health care for a patient, the executor or administrator of the patient's estate, or the person responsible for the patient's estate if it is not to be probated.*
 - *Ohio Revised Code 3701.74*

Protected Health Information (PHI)

- ∞ *Protected Health Information (PHI) is information that is created or received by Genesis HealthCare System and relates to the past, present, or future physical or mental health or condition of a patient; the provision of health care to a patient and that identifies that patient or for which there is a reasonable basis to believe the information can be used to identify the patient. Protected Health Information includes information of persons living or deceased. The following components of a patient's information also are considered protected health information:*

- *Names;*
- *Street address, city, county, precinct, zip code;*
- *Dates directly related to a patient, including birth date, admission date, discharge date, and date of death;*
- *Telephone numbers, fax numbers, and electronic mail addresses;*
- *Social Security numbers;*
- *Medical record numbers;*
- *Health plan beneficiary numbers;*
- *Account numbers;*
- *Certificate/license numbers;*
- *Vehicle identifiers and serial numbers, including license plate numbers;*
- *Device identifiers and serial numbers;*
- *Web Universal Resource Locators (URLs);*
- *Biometric identifiers, including finger and voice prints;*
- *Full face photographic images and any comparable images; and*
- *Any other unique identifying number, characteristic, or code.*

Job Specific HIPAA Requirements

Q: How does HIPAA affect Student-Observers?

*A: Genesis is required, during registration, to inform each patient of his/her privacy rights provided in the federal HIPAA regulations. HIPAA also requires members of our workforce, including the **Student-Observers**, to have an increased awareness of our patient's right to privacy and confidentiality. Any disclosure of a patient's protected health information made to anyone outside of Genesis without the patient's authorization will be a direct violation of the HIPAA Privacy regulations.*

For Example:

- ☞ When a patient is admitted to our hospital, the patient must be asked by our Registration staff if they would like to have their personal information (Name, Room Number) placed in the facility directory and made available to the public. If the patient says, "No, I do not want my information made available to the public", we are required by HIPAA to **NOT** release that patient's personal information to anyone that may be inquiring about that patient's presence in our hospital.*

- ☞ **Student-Observers** often see patient information on the Nursing Units while performing their job duties. Many times the patient is a friend of that **Student-Observer**. Even though the **Student-Observer** is genuinely concerned about that patient and that patient's condition the **Student-Observer** must respect the patient's right to privacy and confidentiality and cannot disclose any information regarding the patient to other friends and family members.*

Penalties for Noncompliance

If a patient complains to the Department of Health and Human Services, and an investigation results, and we are found in violation of the law.

Penalties for a HIPAA breach are now based on the reason behind the HIPAA breach. There are four tiers of culpability:

- ☞ Unknowing – The covered entity or business associate did not know and reasonably should not have known of the breach.*

- ☞ Reasonable Cause – The covered entity or business associate knew, or should have known, that the act was a breach, but the covered entity did not act with willful neglect.*

- ☞ Willful Neglect - Corrected – The breach resulted from an intentional failure or reckless indifference of HIPAA obligations, but the breach was corrected within 30 days of discovery.
- ☞ Willful Neglect – Not Corrected – The breach resulted from an intentional failure or reckless indifference of HIPAA obligations, and the breach was not corrected within 30 days of discovery.

Penalties for each tier are as follows:

- ☞ Unknowing - \$100 - \$50,000 for each violation.
- ☞ Reasonable Cause - \$1,000 - \$50,000 for each violation.
- ☞ Willful Neglect, Corrected - \$10,000 - \$50,000 for each violation.
- ☞ Willful Neglect, Not Corrected – at least \$50,000 for each violation.

In each circumstance, the total civil monetary penalty for violations of the same issue in a calendar year is capped at \$1,500,000.

***HIPAA & HITECH PRIVACY TRAINING
ACKNOWLEDGEMENT***



I hereby acknowledge that I have attended and received HIPAA and HITECH Privacy Workforce Training.

Printed Name of Student-Observer

Personal Sign-in Number

Student-Observer Signature

Date

Genesis Mentor Signature

Date

Please return this completed form to the Volunteer Services Department so that your training file may be updated.

What You Need to Know

In Case of Fire

A fire extinguisher is located in or near your work area. Take a minute to locate the nearest fire extinguisher where you are most often stationed.

Remember the acronyms RACE and PASS in case of fire:

- R-- Rescue those in danger.
- A-- Activate Alarm.
- C-- Confine, close doors to confine smoke and flame.
- E-- Extinguish if possible.

- P-- Pull the pin.
- A-- Aim the nozzle.
- S-- Squeeze the handle.
- S-- Sweep back and forth at the base of fire.

There are fire alarm pull stations located throughout the hospital. Locate the pull station nearest your work area. Pull stations are located a few feet from most exit doors such as at a stairway or exit outside. The location of a fire can be determined by an announcement on the public address system. In the event of a fire drill or actual fire, close the door to your patient's room.

In case of evacuation, patients may be moved to a different part of the hospital or outside the hospital depending on the severity of the event.

Emergencies

Notify the operator by dialing 5511 for emergencies inside the hospital and dial 9-911 on hospital phone for emergencies outside hospital, such as: parking lots, Genesis buildings that are not attached to the hospital.

Emergencies include:

- Code Red (fire)
- Code Blue (adult medical emergency)
- Code Adam (infant or child abduction)
- Violent Patient (combative patient, visitor, employee, etc.)
- Hazardous Spill

Disaster

If an extraordinary event occurs, "Code Yellow" or other information may be announced over the public address system. Await instructions from hospital personnel in charge.

Using Tobacco

Tobacco/Smoking/Vaping/E-smoking is prohibited on hospital property.

Infection Control

Genesis HealthCare System maintains standard precautions for all patients. Other types of category-specific isolations may also be used. Signs will be posted advising anyone entering isolation rooms about the precautions.

Hand washing prior to or immediately following any patient contact is a must to reduce transmitting organisms that cause diseases. Direct any questions you may have about infection control to the nursing staff.

- General hospital waste is contained in clear bags and can include paper products, masks and gloves or isolation room items (unless saturated with blood or body fluids).
- IV bags and tubing can be placed in regular trash unless the items contain patient information or are saturated with blood.
- Items saturated with blood or body fluids are placed in red bags.
- Items with patient information need to be disposed of in a confidential way. Check with your department staff on proper disposal.
- Recyclable items (including newspaper, pop cans and bottles) do not need to be separated and are put in blue containers.

Chemical Hazards

Chemical Hazards include toxic substances such as medications (for example, chemotherapy drugs), gases and solutions (for example, formaldehyde).

The first step in knowing about the chemical is its label, which should include the chemical name, major hazards, precautions, first-aid handling and storage instructions. The Safety Data Sheet (SDS) is another means of gathering information about a chemical.

You can obtain information about a chemical in the SDS database, found at the bottom of iGenesis or by calling the SRC (5900)

If you encounter a suspected hazardous chemical spill, please contact the public safety department immediately by dialing 5511; the emergency number.

Parking

Please park in the designated employee lots unless you are a patient or are visiting a patient.

Confidentiality

During the performance of your job, you may become aware of confidential information regarding your patients, clients, hospital employees and physicians, as well as Genesis HealthCare System in general. You should not seek information that is not required to perform your job. Sharing confidential information at any time during or after your affiliation with Genesis is strictly prohibited. Contact Corporate Integrity at 740-586-6626 to report concerns.

Restraints

A patient's physician may order physical restraints for a clinical reason, such as severe disorientation. This is done only after all other interventions have been attempted by nursing personnel. Direct any questions about restraints to the nurse caring for your patient or client.

If you are a forensic staff member (police officers), you may make a decision to use some form of physical restraint on someone who is dangerous according to your protocol. In this case, please inform the nurse caring for your patient or client.



This flyer gives you a brief orientation of the safety and emergency information you need to know while you are at our facilities. Please read this information carefully. If you have questions that your supervisor is unable to answer, please feel free to contact the Safety Department at 740-455-7710.

Safety Information Verification

Please fill out the information to the right and return to the Volunteer Office at 2951 Maple Ave, Zanesville, OH 43701.

Print Name: _____

Company or School Affiliation: _____

Sign Name: _____

Date: _____

Area Shadowed/Worked/Volunteered: _____



Important Notice for Students/Observers:

Welcome to Genesis Healthcare System! You will find below all of the requirements and resources you need to complete the Genesis Student Observation application. If you have any questions, please contact Genesis Volunteer Services at 740-454-4700.

Requirements

- ✓ **Flu Vaccine:** All students will **NEED to RECEIVE** a flu vaccine and **TURN IN** flu vaccine record, during flu season (October – End of April). We do not cover the cost of the flu vaccine. NO exceptions. Except Radiology Students
- ✓ **Call offs:** Must contact Volunteer Office at, 740-454-4700.

Process of Application

- ✓ **2 weeks Process:** Volunteer Services requires that you turn in your paperwork 2 weeks before due date of observation time.
- ✓ **Sign In/Out Process**
All student need to sign in & pick up a badge at the front desk. Also, sign out and & return badge to front desk.

Guide Lines

- ✓ **Hours:** We only accept students who **need 20 hours or less. ALL HOURS and DATES** of observation **have to be turned** into the Volunteer Office.
- ✓ **Dress Code:**
 - NO Blue Jeans
 - NO shorts
 - NO open toed shoes
 - NO Sweat Pants
 - NO Hoodies / Sweat Shirts
 - NO perfume or cologne
 - NO Graphic Tees
 - **NO CELL PHONE USAGE: NO PICTURES, NO SELFIES, & NO POSTING ANYTHING ON SOCIAL MEDIA.**
 - Allowed: Business Casual
 - Allowed: Skirts or capris knee length
 - Allowed: Comfortable, closed toed shoes
 - Allowed: Scrubs, NO navy blue.

Forms

- ✓ Please complete all attached forms and **return to Volunteer Office.** No observation hours can be granted without the completion of the forms.
- ✓ **Return to:** Genesis Volunteer Services, 2951 Maple Ave, Zanesville OH, 43701.
- ✓ **Need to turn in all forms:**
 1. First page of Application
 2. Safety Information Verification Form
 3. HIPAA & HITECH Privacy Training Acknowledgement, (Page 11.)
- ✓ **If any issues while observing, please contact the volunteer office, not your area of observation.**
- ✓ **If you need to call off, please call the volunteer office at 740-454-4700.**

Genesis HealthCare System promotes a healing environment. Treat the patients, families, staff and volunteers with the utmost respect and dignity. Be courteous and polite. Ask questions, be attentive and show interest. **Remember** that your mentor is still performing their regular job duties and may not be able to respond right away.

We sincerely want your experience at Genesis Healthcare System to be positive and productive.

Sincerely,
Volunteer Services Manager

*Please turn in Application, HIPAA, Safety Form, and Flu Vaccine record into the Volunteer Office. 740-454-4700.
Please contact the Volunteer Office with all Observation Hours. We need your Total Hours & Date(s). Thank you!
Revised: Dec 2020*



Return To: Volunteer Services
740-454-4700
2951 Maple Ave
Zanesville, OH 43701

Student/Observation/Mentor
APPLICATION

Print Name: _____ Email Address: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (State) (Zip)

How do you prefer to be contacted? Phone/Text/Email/Neither? _____

Home Phone: () _____ Work/Cell Phone: () _____ Birthdate: _____

Areas(s) Needed or would like to Observe/Summary of Experiences Needed or completed: _____

Number of Hours (required or completed): _____ Date to Start: _____ Date to Finish: _____

Times you are Available: _____
(Specific time & days of the week)

In Case of Emergency Notify: _____ Relationship: _____

Phone#: () _____

Reference: Who is Requiring this experience (Self/school/etc)? _____
(example: Self / School / Work)

Name: _____ Phone#: () _____

Address: _____
(Street) (City) (State) (Zip)

Confidentiality Agreement:

As a student affiliated with Genesis HealthCare System, I am aware of my responsibility to maintain the confidentiality of Genesis HealthCare System information and /or data as it pertains to patients, employees, medical practitioners, affiliates, and other institutions. I understand that information regarding services performed for a patient or involving a patient's personal history or affairs are strictly confidential and I agree not to disclose any such information or to permit any person to examine or make copies of any Genesis documents without authorization. I have been made aware of and fully understand that any unauthorized disclosure of information on my part could result in disciplinary action, including termination of my student experience with Genesis Healthcare System. I am aware that this responsibility remains effective even if at some time I am no longer associated with this organization.

Signature: _____ Date: _____

Parent's Signature: (if under 18): _____

Please turn in Application, HIPAA, Safety Form, and Flu Vaccine record into the Volunteer Office. 740-454-4700. Please contact the Volunteer Office with all Observation Hours. We need your Total Hours & Date(s). Thank you! Revised: Dec 2020

HIPAA & HITECH PRIVACY TRAINING ACKNOWLEDGEMENT



I hereby acknowledge that I have attended and received HIPAA and HITECH Privacy Workforce Training.

Printed Name of Student-Observer

Personal Sign-in Number

Student-Observer Signature

Date

Genesis Mentor Signature

Date

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Revised: Dec 2020*



Return To: Volunteer Services
740-454-4700
2951 Maple Ave
Zanesville, OH 43701

Student/Observation/Mentor
APPLICATION

Print Name: _____ Email Address: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (State) (Zip)

How do you prefer to be contacted? Phone/Text/Email/Neither? _____

Home Phone: () _____ Work/Cell Phone: () _____ Birthdate: _____

Areas(s) Needed or would like to Observe/Summary of Experiences Needed or completed: _____

Number of Hours (required or completed): _____ Date to Start: _____ Date to Finish: _____

Times you are Available: _____
(Specific time & days of the week)

In Case of Emergency Notify: _____ Relationship: _____

Phone#: () _____

Reference: Who is Requiring this experience (Self/school/etc)? _____
(example: Self / School / Work)

Name: _____ Phone#: () _____

Address: _____
(Street) (City) (State) (Zip)

Confidentiality Agreement:
As a student affiliated with Genesis HealthCare System, I am aware of my responsibility to maintain the confidentiality of Genesis HealthCare System information and /or date as it pertains to patients, employees, medical practitioners, affiliates, and other institutions. I understand that information regarding services performed for a patient or involving a patient's personal history or affairs are strictly confidential and I agree not to disclose any such information or to permit any person to examine or make copies of any Genesis documents without authorization. I have been made aware of and fully understand that any unauthorized disclosure of information on my part could result in disciplinary action, including termination of my student experience with Genesis HealthCare System. I am aware that this responsibility remains effective even if at some time I am no longer associated with this organization.

Signature: _____ Date: _____

Parent's Signature: (if under 18): _____

Please turn in Application, HIPAA, Safety Form, and Flu Vaccine record into the Volunteer Office. 740-454-4700. Please contact the Volunteer Office with all Observation Hours. We need your Total Hours & Date(s). Thank you! Revised: Dec 2020



CONFIDENTIALITY STATEMENT

It is our Medical Center’s obligation to respect the right of patients to “Personal Privacy and Confidentiality of Information” within limits of the law.

I understand and agree that all patients’ Protected Health Information (PHI) is considered confidential.

I shall consult with my Supervisor or Department Director in order to make the appropriate decision regarding the communication or disclosure of PHI.

I will not:

- ask or seek a patient’s PHI, without a specific **need to know**, which is related to the performance of my job duties;
- discuss a patient’s stay or any information associated with that stay, with any other person outside the Medical Center, without the consent of the patient or the family;
- discuss the private lives of patients, their families, volunteers, physicians, another associate or business associates, without the consent of the person being discussed;
- release a patient’s medical chart or PHI to anyone without following the approved policy and obtaining written authorization from the patient/family;
- reveal the nature or content of an individual’s personal property removed from the patient in the normal course of admission or bed preparation.

I understand that revealing confidential information will subject me to disciplinary action and possible termination.

I understand and agree to abide by the Confidentiality Statement.

Associate Signature

Date

Time

Associate Name (please print)

Department

SOUTHEASTERN OHIO REGIONAL MEDICAL CENTER
CAMBRIDGE, OHIO

Job Shadow Participant

- **Patient Comfort and Respect** – Patients need a calm, quiet environment. It is very important that we keep noise at a minimum. Please talk in low voices and travel through the halls quietly. Knowing you are interested in the healthcare profession tells us you are caring individuals who respects others. Please remember you are here to observe and should not perform any patient care duties. You should be accompanied by a SE Med associate at all times.
- **Patient Identification** – established by SE Med associates by validating the name and birth date. This may be done by the patient stating their name and birth date, or validating with the identification band on the wrist.
- **Confidentiality** – During the time you are here, you may become aware of patient information that should not be told to anyone such as medical, financial, social, or legal information. Revealing confidential information may result in you being denied the opportunity to continue the job shadow experience or even legal actions.
- **Infection Prevention** - The number one way to prevent the spread of infection is by good hand hygiene, which may be accomplished with the use of soap and water or an antiseptic hand sanitizer. You should wash your hands before eating, after using the restroom, and after contact with soiled items. Ensure you are performing hand hygiene when you arrive to observe, before going home, and when entering and leaving patient care areas. We use standard precautions on all patients which includes frequent hand hygiene as well as the use of gloves, mask, gowns, etc. depending on the risk of exposure to blood and body fluids. You should avoid coming in contact with blood and body fluids. The person you are shadowing will instruct you if you need to don personal protective equipment.

No eating, drinking, handling contact lenses or applying lip balm in the patient's rooms or patient care areas. This may only be done in the cafeteria or lounges.

In the event you are injured or exposed to blood and body fluids, you should:

- notify the person you are shadowing
- wash site with soap and water, if splash in eyes or mouth rinse thoroughly
- report to the Emergency Department

Exposure to Chemicals or Hazardous Materials: notify the associate you are shadowing immediately for instructions.

- **Emergency Information** - To page an emergency, dial 77 and tell the operator which code to page. Emergency Codes. The person you are job shadowing with will direct you if emergency codes are called.)

Code Red	Fire alert
Code Blue	Cardiac/respiratory arrest - adult
Code Yellow	Internal/external disaster
Code Gray	Severe weather
Code Black	Bomb threat
Code Pink	Pediatric cardiac/respiratory arrest
Code Orange	Hazardous material emergency
Code Violet	Violent/disruptive person
Code Silver	Person with a weapon
Code Brown	Missing adult person
Code Adam	Infant or child abduction
Mr. Buckeye	Safety/security issue

- If you discover a fire and are nearby, remember RACE:
R rescue anyone near the area
A activate the alarm, pull the lever on the red fire alarm box and dial 77 for the operator to report the location of the fire
C contain the fire, close the doors
E extinguish the fire (performed by hospital staff)
- Fire alarms and extinguishers are located near exit doors.-familiarize yourself with their locations
- Remember: During a drill or fire alert do NOT use elevators and NEVER block fire doors. Evacuation routes are posted in each department.

I have received the information on this sheet and agree to observe all safety measures.

Signature: _____ Date: _____

School: _____ Department: _____

Information provided by: _____

JOB SHADOWING

The purpose of job shadowing is to create or enhance an interest in a healthcare profession.

Job shadowing is allowed in the various departments of the medical center with the director's permission. The role involves **observation only** of a nurse, physician, technician or other professional who is experienced in the area in which the observation is to take place. No patient contact is to occur during job shadowing. The time frame is limited to a few hours only. For any one who will be in the building for an extended period or will have patient contact (such as a student nurse), a more extensive orientation is necessary.

Those who may participate in job shadowing includes: senior high school students, college students, community members enrolled in higher education, family members of associates, physicians or volunteers of the medical center. The individual needs to be at least 16 years of age and have a justifiable reason for observing in a medical setting. Information concerning requirements in high school, courses to take in college, job duties, various roles in the profession, career advancement and ranges of salaries are shared.

The person to job shadow must meet the event organizer (volunteer services representative or an education instructor) or a representative of that department for the following information:

- The need to maintain patient confidentiality and safeguarding protected health information (PHI).
- The importance of a calm and comfortable environment for all patients.
- The safety issue of how patients are identified during treatments and procedures.
- The measures of infection control available within the department.
- The importance of fire safety, RACE, location of exits and fire extinguishers.
- The need to be aware of emergency codes that may be paged.

The associate of the department or the event organizer will answer any questions of the individual and have them sign the job shadowing participant form. The individual to job shadow will then be introduced to the person they are assigned to observe.

During the time they spend in the facility, the individual must obey instructions given to them by the person they are observing or the department director. Disobeying instructions or not observing the items listed on the job shadowing participant form will result in early termination of the experience and denial of further job shadowing opportunities.

Job Shadowing process

- The individual interested in job shadowing contacts the event organizer.
- The event organizer gathers name, telephone number, reason for visit (such as a requirement of a class or to gain more information of a potential career choice), department of interest, and time available.
- The organizer will contact the department director or a person within that department who is willing to show their job role and share information with the individual. Date and time will be scheduled.
- The organizer calls the individual back with the date, time, meeting location and required dress attire. Dress attire includes: dress pants (black, blue, brown or khaki), shirt or sweater without any logos and midriff must not show, tennis shoes or other enclosed toe shoe. Long hair is to be pulled back away from face. A uniform may be worn. School identification is to be worn if available.
- Appropriate dress depending on department where shadowing will be done (eg. white lab coat, hospital laundered scrubs) with an identification tag will be issued. (Omit if in uniform.)

- The event organizer will meet the individual at the set location and time, and provide the Job Shadow Participant form for them to read and sign. Assist in providing appropriate wearing apparel, if needed. If the student has a coat or purse, they may place it in the event organizer's area for safety, or on the unit where they are job shadowing if space is available.
- The event organizer will introduce the individual to the associate who agreed to provide the job shadowing experience. (If time permits, the event organizer may contact the associate before the individual arrives to reassure availability.)
- Generally, students have a form from their schools that need signed by the associate they job shadow.
- When the experience is over, any borrowed wearing apparel is returned and the individual gathers their coat and/or purse.
- If any unusual events occur during the day, such as fainting or a body fluid exposure, these need reported to the event organizer, emergency care provided per policy and a variance report completed. The organizer will need to report to the school, if a student.

Written: 2/06

Revised: 12/08, 8/12, 11/13, 3/16