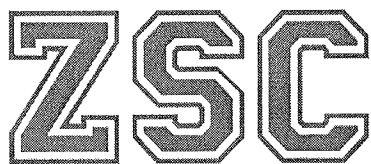


ZANE STATE COLLEGE



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.

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 any questions.

Thank you and enjoy your observation time!

Intentionally blank

*HIPAA & HITECH PRIVACY TRAINING
ACKNOWLEDGEMENT*



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

Printed Name of Volunteer

Personal Sign-in Number

Volunteer Signature

Date

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



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: _____

SOUTHEASTERN OHIO REGIONAL MEDICAL CENTER
CAMBRIDGE, OHIO

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

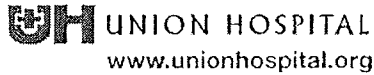
- The individual interested in job shadowing contacts the event organizer.
- The event organizer gathers name, telephone number, reason for visit (such as a requirement of a class or to gain more information of a potential career choice), department of interest, and time available.
- The organizer will 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

Quality care, close to home.



SHORT TERM OBSERVATION FORM

Name _____ Phone _____

Address _____ Town _____ Zip _____

Read each section of this form. Be sure you understand everything completely. Sign and date as directed. Give this completed form to your Department Host when you arrive at the hospital.

SECTION ONE - Confidentiality Agreement

While you are observing at Union Hospital you may learn things you would not ordinarily know about our patients. *You must protect their privacy.* Please remember:

1. Any information about patients, even the fact they are in the hospital, is highly private in nature. It is not to be discussed with ANY PERSON outside the hospital.
2. Never discuss or reveal something about a patient even if you don't reveal the patient's name.
3. Never provide information of any sort about one patient to another patient or visitor.
4. Refer a person with questions about a patient to that patient's nurse or other hospital employee.
5. Any violation of these rules of confidentiality is grounds for immediate removal from the hospital and may result in legal action.

I understand that it is mandatory that I respect the privacy and confidentiality of all patients in order to maintain a position of trust in the community and to protect our patients' rights. I have read and understand the above rules for confidentiality at Union Hospital.

Signature _____ Date _____

SECTION TWO – The Student's Health Report

Do you have any physical or mental impairments? ___ yes ___ no.

If yes, please describe _____

Are you currently taking any medications? ___ yes ___ no

If so, what _____

How is your health today? _____ excellent _____ good _____ fair _____ poor

Is there any reason you should not be in the hospital today?

_____ coughing _____ sneezing _____ runny nose _____ cold/flu _____ other sickness

In case of emergency who should Union Hospital notify?

Name _____ Phone _____