

HAMILTON HEALTH CARE SYSTEM ORGANIZATIONAL POLICY

TITLE: Job Shadow

Policy # PC, HR, RM, ED PAGE 1 of 11

EFFECTIVE DATE: February 2017

SUPERCEDES: December, 2013

ATTACHMENTS:

Job Shadow General Information Sheet
Job Shadow Application
Job Shadow Acknowledgement and Release
Job Shadow Confidentiality and Non-Disclosure Statement
TB Symptom Review
Job Shadow Codes / Hazards Information Sheet

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Purpose:

To establish standardized procedures and guidelines for individuals or groups requesting career exploration opportunities at Hamilton Health Care System, Inc. (HHCS) and to promote corporate citizenship while ensuring patient safety, infection prevention, quality of care, and patient confidentiality.

Policy:

1. **Shadowing** is a structured, planned **observation** of care and services provided to patients, families, and others in a healthcare setting. There is **NO “hands on”** provision of care or services.
2. The total shadowing experience is for a minimum of 2 hours and no more than 20 hours within a 2-year period. Placement will be coordinated in a maximum of 2 departments or units per individual. If the Job Shadow candidate must have a required number of observation hours that exceed 20 hours for a specific educational program then the candidate must provide the Job Shadow Coordinator with appropriate documentation from the educational institution. A time sheet is required as evidence that Job Shadowing has been completed. The form should be turned in to the Job Shadow Coordinator upon completion.
3. Job Shadow opportunities are not available during peak flu season, November 1st, through March 31st. Shadowing may be subject to cancellation or change at the last minute, due to unforeseen circumstances.
4. **All job shadowing requests shall be coordinated through the Job Shadow Coordinator.** The Job Shadowing Coordinator may be contacted via phone or voicemail at 706-272-6056, by fax at 706-272-6094, by e-mail at jobshadow@hhcs.org, or by going to the Hamilton Health web site at

<http://www.hamiltonhealth.com/> and selecting the link Hamilton University Careers, then Job Shadow Information.

5. All requests for job shadowing must be received at least 4 weeks prior to the requested date(s) for the shadowing experience.
6. Participants must be at least 16 years of age before applying for a job shadowing experience. **No one under the age of 16 years will be allowed to job shadow.**
7. Without written approval from the Vice President/Chief Nursing Officer and respective Department Director, shadowing will not be allowed by individuals **under the age of 18 years** in the following areas:
 - a. The Emergency Room, Surgery, Medical Intensive Care Unit, Surgical Intensive Care Unit or Emergency Medical Services/Ambulance
 - i. Requests for approvals to these areas will be considered on a case-by-case basis.
 - ii. Signed, written approval as noted above must be received by the Shadowing Coordinator before anyone will be placed in these areas.
 - b. Under no circumstances will shadowing be allowed in the Women's Center (Labor and Delivery/Mother/Baby/ NICU) or in respiratory isolation rooms (negative pressure rooms).
8. For any participant to be considered for a job shadow experience the following requirements must be met and required documentation completed and submitted to the Shadowing Coordinator in a timely manner, no less than 14 business days prior to the beginning of the planned shadowing experience. The participant requesting the shadowing experience accepts full responsibility to ensure all required or requested information is submitted within the specified time frame.
 - a. Parental signatures on both, the Parental Permission Form and the Confidentiality and Shadowing Agreement, **for any participant under the age of 18 years.**
 - b. Confidentiality and Shadowing Agreement dated and signed by individuals 18 years of age and older.
 - c. The HIPAA video available at hamiltonhealth.com must be viewed in its entirety prior to the beginning of the Job Shadowing process.
 - d. After viewing the HIPAA video, the following form must be electronically signed; "HMC HIPAA Confidentiality and Non-Disclosure."
 - e. Submission of at least one of the following criteria:
 - i. Proof of current enrollment in a high school health occupations course.
 - ii. Signed, written recommendation by a high school counselor, teacher, or administrator. Stamped or electronic signature is not acceptable.
 - iii. Proof of participation in an event or program sponsored or recognized by Hamilton Health Care System, Inc.
 - iv. Requirement for entry into health occupation instructional program or as part of the application process. Proof is required of school, college, or university program requirements and letter showing applicant is currently being considered for

enrollment in course of study requiring participation in shadowing experience.

- f. Proof of receiving two doses of measles, mumps and rubella (MMR) immunization (if born after January 1, 1957), and a proof of a negative TB Skin Test or if TB skin test was positive submit results of a negative chest x-ray within the past 12 months or if TB skin test is not available complete the TB Symptom Review form.
 - i. If the applicant has a positive TB skin test result, then proof of follow up with the health department is required prior to the shadowing assignment.
 - g. Complete the application process and submit it electronically to jobshadow@hhcs.org.
9. Upon receipt of all required documentation, the Shadowing Coordinator will communicate with requested HHCS departments to determine a willingness to participate in the program and availability of times and associates to assist with the shadowing experience. The Shadowing Coordinator serves as a liaison between the shadower, their sponsor as applicable, and the HHCS department(s) for planning, questions, problem solving, and follow up.
10. The Shadowing Coordinator retains forms for all required documentation, including:
 - a. Job Shadow application.
 - b. Acknowledgement and Release form.
 - c. Confidentiality and Non-Disclosure statement.
 - d. TB screening records and MMR records.
 - e. Other forms as developed for the program.
11. ALL requests by Departments NOT to have students will be honored.
12. A Hamilton Health Care System employee or affiliated physician is responsible for supervising each shadowing experience, the following applies:
 - a. The participating Departments will notify the Shadowing Coordinator of the designated associate within the Department responsible for scheduling and providing oversight for all shadowing experiences in that Department.
 - b. The participating Department plans the individual experience within the agreed upon schedule and limits of the Department.
13. **All shadowing requirements and procedures are the same for students shadowing physicians or allied health professionals who are employed by a Hamilton Affiliate; or any member of the Hamilton Medical Center medical staff that brings shadower's with them while attending patients at Hamilton facilities.**
14. Participants will receive a Job Shadow badge from the coordinator along with a time sheet. These two items must be returned to the coordinator upon ending the Job Shadowing experience.
15. **The use of cell phones, cameras, and recording devices of any kind by patients, visitors, students, and participants of the Job Shadowing Program will be prohibited in all areas of**

HMC and HHCS where patient care is being provided. Refer to the policy entitled, “Cellular Phone and Camera Use”.

16. Job shadowing participants must conduct themselves in an orderly and appropriate manner at all times. The job shadowing experience will end immediately if behavior is disruptive or inappropriate.
17. All Job shadowing participants must dress appropriately following the guidelines set forth in the Hamilton Health Care System Dress Code Organizational Policy – business or dress casual with comfortable, closed-toe shoes (**no denim jeans, shorts, Capri pants, t-shirts with advertisements, or flip flops**). Refer to Dress Code policy for details.
Job Shadow participants cannot wear scrubs.
18. The sponsoring supervisor/associate will have responsibility for obtaining verbal patient consent, as necessary, for shadow observation.
19. This policy does **not** pertain to the following:
 - a. Approved vendors that conduct business in the patient areas.
 - b. Students in clinical rotations, internships, or research projects, for which the organization and the educational institution have a contractual or clinical affiliate agreement.

**Hamilton Healthcare System, Inc.
Job Shadowing Information Sheet**

Requests for Job Shadowing opportunities at Hamilton Health Care System, Inc. are considered and approved on a case-by-case basis. Every effort will be made to accommodate requests. However, because of the sensitive nature of health care, ensuring patient safety, infection prevention, quality of care, and patient privacy and confidentiality is our highest priority. Job Shadow Candidates must be **Sixteen (16)** years of age or older. Emergency Department, Surgery, Medical Intensive Care Unit and Surgical Intensive Care Units cannot accommodate students under the age of **Eighteen (18)** unless approved by the Vice President/Chief Nursing Officer and Department Director. There is NO shadowing in the Women’s Center (Labor & Delivery, Mother/Baby, and NICU) due to these units being a safety sensitive area.

Job Shadow opportunities are suspended during peak flu season, November 1st, through March 31st, and may be subject to cancellation or change at the last minute, due to unforeseen circumstances. At any time during the shadowing experience, the Shadowing Coordinator, sponsor, or Department retains the right to end the tour immediately without notice.

For any participant to be considered for a job shadow experience the following requirements must be met and required documentation completed and submitted to the Shadowing Coordinator in a timely manner, no less than 14 business days prior to the beginning of the planned shadowing experience. The participant requesting the shadowing experience accepts full responsibility to ensure all required or requested information is submitted within the specified time frame.

- Completion of Job Shadow Application
- Parental signatures on the Acknowledgement and Release form **for any participant under the age of 18 years.**
- Confidentiality and Non-Disclosure Statement, Acknowledgement and Release dated and signed by individuals 18 years of age and older,
- Submission of at least one of the following criteria:
 - a. Proof of current enrolment in a high school health occupations course.
Signed, written recommendation by a high school counselor, teacher, or administrator. Stamped or electronic signature is not acceptable.
 - b. Proof of participation in an event or program sponsored or recognized by Hamilton Healthcare System, Inc.
 - c. Requirement for entry into health occupation instructional program or as part of the application process. Proof is required of school, college, or university program requirements and letter showing applicant is currently being considered for enrollment in course of study requiring participation in shadowing experience.
- Proof of receiving two doses of measles, mumps and rubella (MMR) immunization (if born after January 1, 1957), and a proof of a negative TB Skin Test or if TB skin test was positive submit results of a negative chest x-ray within the past 12 months or if TB skin test is not available complete the TB Symptom Review form.
 - a. If the applicant has a positive TB skin test result, then proof of follow up with the Health department is required prior to the shadowing assignment.

Health records verifying the required immunizations should be faxed to Job Shadow Coordinator at (706) 272-6094.

Upon receipt of your application, all required documentation, and approval of the clinical department(s), you will be contacted to schedule a time to Job Shadow.

Job Shadow candidates may not enter any clinical area until all documentation is complete and an identification badge is issued. The identification badge must be worn at all time during the shadowing experience. **The badge and time sheet must be returned to the Job Shadow Coordinator.**

For further questions, please contact the Job Shadow Coordinator at 706-272-6056.

Please Print

Job Shadow Application

Last Name: _____ First Name: _____ Middle Initial: _____

Street Address _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell: _____

E-mail Address: _____

Birth Date (mo/yr) _____ / _____ Age _____

Parent or Legal Guardian (if applicable) _____

Emergency Contact Name: _____

Relationship _____ Phone Number: _____

Name of School or Educational Program: _____

Name of School Advisor or Teacher as a Reference: _____

Address: _____

Daytime Phone: _____

Please describe why you are requesting this Job Shadow experience:

Name of the department where you would like to Job Shadow: _____

Preferred start date: _____ Total days/hours would you like to complete? _____

Job Shadow Acknowledgement and Release

CONFIDENTIALITY AND NON-DISCLOSURE STATEMENT

I, _____, a volunteer at Hamilton Medical Center (Hospital), acknowledge that I have completed training on the Hospital's Privacy Policies and the privacy regulations issued under the Health Insurance Portability and Accountability Act of 1996 (also known as the HIPAA Privacy Rule).

- ♣ I understand that all patient information, including diagnosis, treatment, and billing and financial information, is confidential.
- ♣ I agree to keep all patient information confidential.
- ♣ I agree to comply with all Hospital Privacy Policies and Procedures, including those implementing the HIPAA Privacy Rule.
- ♣ I understand that if I violate patient confidentiality by using or disclosing patient information improperly, I may be subject to disciplinary action up to and including dismissal from the Hospital, as well as personal criminal liability.
- ♣ I understand that if I have any questions or concerns about the HIPAA Privacy Rule and/or the proper use or disclosure of patient information, I should ask my Supervisor, the Privacy Officer or the Corporate Compliance Officer.
- ♣ I understand and agree that the Hospital Privacy Policies and Procedures will apply to any patient information I have access to at the Hospital even after I resign my position or am dismissed from the Hospital.

Signature: _____ Date: _____

Name: _____ Department: _____
(Please Print)

**HAMILTON HEALTH CARE SYSTEM
Associate Health**

ANNUAL TB SYMPTOM REVIEW

Please PRINT name: _____ DOB: _____

ADDRESS: _____

Department: _____ SS# _____

Do you now, or have you had in the past year, any of these symptoms or conditions:

(Please circle the correct response to the following questions)

- | | | | |
|--|-----|-----|----|
| 1. Have you had a positive TB Skin Test? | Yes | No | |
| 2. Have you ever taken "INH" medication? | Yes | No | |
| 3. Do you have any of the following? | | | |
| a. Unexplained and/or persistent fever? | Yes | No | |
| b. Unexplained weight loss? | Yes | No | |
| c. Unexplained loss of appetite | Yes | No | |
| d. Persistent cough | | Yes | No |
| e. Hemoptysis (bloody cough) | Yes | No | |
| f. Fatigue | | Yes | No |
| g. Night sweats | | Yes | No |

Signature: _____ Date: _____

Please return completed form to Associate Health Department! Your annual screening is not complete until form is received and documented on your personal record.

Associate Health Review:

According to above questions - no sign of active TB at this time. _____

CXR ordered _____ Results when completed. _____

Signature of Assessment person: _____

Hamilton Health Care System Core Principles

PURPOSE: We serve with compassion

- ↪ **Serve** – applying your skills to cater to the needs of others.
- ↪ **Compassion** – Looking through guest eyes and responding with empathy.

PRIDE VALUES: We demonstrate specific standards of behavior.

- ↪ **Professionalism** – Demonstrating the highest levels of skill.
- ↪ **Respect** – Valuing each and every person.
 - I am friendly
 - I listen carefully.
 - I explain what I am doing.
 - I cater to the needs of others.
- ↪ **Integrity** – Being honest, consistent and ethical.
 - Honest – I am truthful and straightforward.
 - Consistent – I maintain uniformity of behavior.
 - Ethical – I follow the expected rules of conduct.
- ↪ **Diligence** – Continuously improving effectiveness.
- ↪ **Excellence** – Exceeding guest, staff, and leader expectations.
 - I find ways to excite and delight each guest.
 - I am a partner and supporter of my fellow teammates.
 - I reach across silos to build relationships within HHCS.
 - I support leadership.

PRIORITIES: We prioritize tasks according to their level of urgency.

- ↪ **Safety** – Protecting everyone from needless danger and injury.
- ↪ **Courtesy** – Being welcoming, respectful and kind to everyone.
 - Welcoming – Receiving and accepting others with pleasure.

- Respectful – Showing politeness and deference.
- Kind – Being considerate and helpful.

- **Show** – Aligning the environment to communicate compassion and competence.
 - Compassion – Seeing the experience through guest eyes and arranging environmental elements to relieve anxiety and stress.
 - Competence – Maintaining an environment free from imperfections and distractions.
 - Efficiency – Completing tasks with minimal waste, expense and effort.

Process: We maintain standards while refining how work gets done.

CODES

Dial ext. 1000 to initiate an emergency response (use 911 in outlying building)

Fire Safety

The person discovering a fire should remember

RACE:

“Code Red”

R- Rescue

A- Alarm

B- Confine

E- Extinguish

- ↪ Causes of fires including smoking in unauthorized areas, electrical malfunctions, and equipment misuse.
- ↪ Common locations for fires are kitchens, laundries, and areas with high oxygen content.
- ↪ Facilities should have a fire plan that includes response, role, and training.

Code Triage (Disaster) – Any event that threatens the safety or delivery of care and triggers and **Incident Command.** Ex: Mass casualties, communications, power outage, evacuation, or severe event.

Stand-by – Prepare for potential event.

High Alert – Prepare for potential events

Activate – An actual event has occurred.

Stand Down – The incident resolving, begin to return to normal positions

Code Green – Resume normal operation

Code Gray Bravo (Bomb Threat) – If you received a bomb threat, ask when bomb will go off, where it is located. **If you find a suspicious item—DO NOT TOUCH.** Dial ext. 1000 to report location.

Code Blue – Cardiac Arrest and /or Respiratory Arrest

Code Yellow – Major trauma in the Emergency Department

Code Gray Security – Violent or agitated person

Code Orange – Hazardous materials decontamination

Code Pink – Infant or pediatric abduction

Code Silver – Active Shooter

Code Green – All is clear, emergency code has ended.

To report non-emergency security incidents or concerns, call Public Safety at Ext. 6082

Infection Prevention:

↪ **Hand washing-Soap and Water**

- Should be done before and after all patient care. Entry and exit of each room.
- Always wet hands before applying soap. Never apply soap product to dry skin
- Use only one pump of soap
- Wash hands for 20 seconds.
- Rinse thoroughly for 20 seconds. Rinse the back of hands well.
- Dry thoroughly and gently

↪ **Hand Washing-Waterless Hand Sanitizer**

- Can be used in place of soap and water when visible dirt is not present.
- Use sufficient amount to wet all surfaces of the hands. Should take 10-15 seconds to rub in.
- Effective-Kills 99% of all bacteria on the hands.
- Moisturizes hands—won't dry skin
- Quick-Located near the entrance of all patient care rooms

↪ **Management of Blood & Body Fluid Exposures:**

- Provide basic first aid. Wash the area
- Notify your supervisor
- Complete Occurrence Form
- Report of exposures should be done immediately after the exposure

Hazardous Communication:

- ↪ Hazardous chemicals come in the form of a liquid, solid, or gas.
- ↪ Examples of physical hazards are chemicals that can blow up or catch on fire, or gas cylinders that can rupture.
- ↪ Health hazards can give people illnesses such as headaches, mental retardation, and can cause allergic reactions and/or damage to the skin, eyes, and lungs.
- ↪ Examples of common hazardous chemicals are cleaning products, healthcare laboratory chemicals, chemicals used to process x-ray films, and chemicals to treat medical conditions.

Exposure:

- ↪ Exposure can occur by breathing hazardous chemicals.
- ↪ Chemicals may be absorbed through the skin, eyes, nose, or mouth by touching them or by getting splashed.
- ↪ Chemical ingestion can occur if a person smokes, eats, or drinks while handling chemicals.
- ↪ Chemicals can be injected when an object cuts and penetrates the skin.
- ↪ Receive proper training and wear proper personal protective equipment.

MSDS: Material Safety Data Sheet:

- MSDS's contain a list of physical and health hazards, spill procedures and control measures, Personal Protective
 - Equipment and special precautions to use with the chemical.
- MSDS's are developed by the manufacturer of the chemical or product.
- Workplaces using hazardous chemicals are required to have a list of what hazardous chemicals they work with and know where MSDS's are stored.
- Hazardous chemicals must have a warning label containing the name, hazard warnings, and name and address of the manufacturer.