MedStar Georgetown University Hospital

Policy #40
Attachment A

OBSERVER AUTHORIZATION

(Please Print Clearly)

Name: _____ Check One: ☐ Student ☐ Non-Student

Email: _____ Phone #: _____

Name of Supervising MedStar Associate: _____

Department/ Division: _____

Shadow Period Begins: _____ (mm/dd/yyyy) Ends: _____ (mm/dd/yyyy)

Anticipated Hours On Site: _____
(e.g. Mon, Wed, Fri, 9:00am to 4:00pm)

Agreement

I agree to adhere to all MedStar Georgetown University Hospital policies and procedures while functioning as a shadow observer. I understand and agree that I am observing for educational purposes only, and that I cannot participate in any direct or indirect patient care activities. All patient information will be treated as confidential and may not be released without appropriate authorization. References to patient information may not be included in any report. I understand and agree that I am required to display an identification badge for the duration of the experience. At the completion of the observation, I will return the identification badge to Volunteer Services.

Observer's Signature: _____ Date: _____

Supervisor's Agreement

I understand and agree that I am responsible for the immediate supervision of this observer at all times he/she is in clinical/patient care areas.

Supervisor's Signature: _____ Date: _____

Volunteer Services Agreement

The Department of Volunteer Services understands and agrees that the observer has been cleared via his/her primary care physician to participate in this program. The observer has shown proof of MMR, chickenpox disease, a negative Tuberculosis screening and a normal physical examination within the last 12 months. Health Clearance applies to all individuals whom are observing. The observer has been oriented to the policies and procedures of the facility.

Volunteer Services Signature: _____ Date: _____

Approvals: This form must be signed by whomever the Supervising MedStar Associate reports to.

Department Leader or Designee: _____ Date: _____

Please return to Volunteer Services, CCC3402 once all signatures are complete.

MedStar Georgetown University Hospital

Health Care Requirements for Observers

Form OHM4

1. Proof of immunity to Measles, Mumps and German Measles (Rubella); requires completion of ONE of the following options: (Please check which option applies and list vaccination dates below)
   - ☐ Two (2) MMR vaccines
   - ☐ Two (2) measles, one (1) rubella and one (1) mumps
   - ☐ Laboratory evidence of immunity (attach results)

   Applicable Vaccination Dates:
   MMR-1: / / MMR-2: / /_____
   Measles-1: / / Measles-2: / /__
   Rubella: / /__
   Mumps: / /__

This form must be completed and signed by the prospective Volunteer's Primary Care Physician as certification that Health Care Requirements for MGUH Hospital Volunteers have been met. Please return the COMPLETED and SIGNED form to Volunteer Services prior to beginning shadow or volunteer duties at the Hospital.

2. Proof of immunity to Chickenpox: (Check which option applies)
   - ☐ History of chickenpox disease - Date of Disease / / Age: ___
   - ☐ Two (2) doses of chickenpox vaccine
     Vaccination date(s): 1: / / 2: / /__
   - ☐ Laboratory evidence of immunity (please attach results)

3. Proof of influenza vaccine (if hired or starting during the flu season beginning Sept-Apr).
   Vaccination date: / /__

4. Proof of completion Mantoux TST testing for Tuberculosis screening completed within 12 months (must be updated annually)
   - ➢ Date Placed: / / Date Read: / / Results:_____mm

5. If there is history of positive TST testing, please provide the following additional information:
   - ➢ Documentation of positive TST test: Date: / / Lab Results:_____mm
   - ➢ Documentation of a negative chest x-ray done following identification of positive TST as well as negative chest x-ray with in the last 12 months
   - ➢ History of BCG Vaccination? ☐ Yes ☐ No
   - ➢ History of Tuberculosis Treatment? ☐ Yes ☐ No

6. Completion of a Normal Physical Examination within the last 12 months.
   Date of last Physical: / /__

****

I attest that (Prospective Volunteer's Name)_____has met the above requirements, and that the documentation of requirements is kept on file at my office.

Name of Health Care Provider (Please print with credentials):_____
Phone Number: _____

Signature of Health Care Provider:_____Date: _____

MedStar Georgetown University Hospital

VOLUNTEER SERVICES

Confidentiality Statement

CONFIDENTIAL INFORMATION

I understand that the patient expects to communicate with health care practitioners with confidence that none of the information communicated will be released without appropriate authorization. I have read and understood Policy # 456 "Confidential Patient Information and Patient Privacy" which outlines my duties under HIPAA regulations.

I understand that the information considered confidential involves all reports within medical records, employee health records, and/or automated information systems concerning examinations, tests, treatments, observations, and diagnosis of the patient/employee. It also includes information I learn in conversations with the patient/employee. I understand that patient demographic information, including all financial data, is private.

I understand that information about physician credentialing, quality improvement, utilization management, risk management, and business information of the organization are to be treated as confidential and may only be released by those authorized to do so.

DUTIES AND OBLIGATIONS

I understand and agree that as an employee of Georgetown University Hospital, I must hold certain confidential information in strict confidence, regardless of the method of communication, including but not limited to hard copy, faxed electronically transmitted, oral conversations, or any printed data. This confidence must be kept when performing my duties, as well as during breaks, rest periods and time away from work. I understand that I may not seek access to or release written or computerized confidential information unless my work assignment specifically authorizes me to do so.

I understand that discussions concerning confidential information are not to occur in hallways, elevators, or other public areas where confidential information can be inadvertently overheard by someone not authorized to receive the information. I understand that when I discuss confidential information, I must take precautions so that unauthorized persons will not overhear my discussion.

CONSEQUENCES

I understand that violation of the terms of this statement may result in disciplinary action up to and including dismissal. In addition, I understand the civil and criminal sanctions that may be imposed by the Department of Health and Human Services.

_____

Observer Name (printed)

_____

Observer Signature Date

_____

Volunteer Coordinator's Signature Date

MedStar Georgetown University Hospital

Volunteer Services
3800 Reservoir Rd. NW, CCC3402
Washington, DC 20007
202-444-0695 PHONE
202-444-0606 FAX
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Crystal Isaac
Volunteer Services Coordinator

Shadow Observer Training Manual

CONFIDENTIALITY

As a shadow student, you are governed by the same code of ethics that applies to physicians, nurses and other hospital employees. Patients expect the hospital to keep their charts, medical information and even their visit to the hospital confidential. This understanding is legally enforceable through provisions found in HIPAA (Health Insurance Portability and Accountability Act.)

As a shadow student you have reviewed Policy #456 ***Confidential Patient Information and Patient Privacy*** and signed a confidentiality statement that will be placed in the department file. Protected health information includes but is not limited to: name, phone, address, email address, social security number, and medical record number and any other information that might disclose patient identity. To protect this information, do not snoop or gossip; keep your voice low when speaking and respect the patient information.

FIRE SAFETY

In the event of a Fire Emergency or Code Red:

1. **Call for Help.** If assistance isn't available, remember RACE
   R – Rescue
   A – Alarm, Pull fire alarm station and call 4-3800
   C – Contain, close all windows and doors
   E – Evacuate or Escape
2. Wait for instructions. This may include closing doors and then evacuating.
3. Do not block fire/smoke doors, fire exits, pull stations, strobe lights and extinguishers at any time.

PROTECTIVE SERVICES

Protective Services is on duty 24 hours a day, 7 days a week. In the event of an emergency or observation of suspicious activity call 4-3800.

INFECTION CONTROL

Proper hand washing is the #1 method for preventing the spread of infection. Sing Happy Birthday or recite the alphabet twice for the appropriate amount of time. To avoid contamination, turn off the faucet and open door with paper towel used to dry hands.

When using an alcohol based hand rub place approximately a quarter size amount in the palm of your hand and rub thoroughly over hand and between fingers until dry.

Volunteer Services Department
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Volunteer Services Coordinator
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MedStar Georgetown University Hospital

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Volunteer Services Coordinator

Shadow Observer Training

Name _____ Date _____

1. What does the acronym RACE stand in regards to seeing smoke or fire?

   R _____

   A _____

   C _____

   E _____

2. _____ is the single most important thing you can do to prevent the spread of infection.

3. In an Emergency, I will dial :
   A. 911
   B. 4-3000
   C. 4-3800
   D. 411

4. Following MedStar's policies & procedures regarding the confidentiality of a patient's PHI and the security of that PHI is the responsibility of everyone, regardless of position.
   True False

5. When are you allowed to repeat private health information that you hear on the job?
   a. After you no longer work at the hospital
   b. After the patient dies
   c. Only if you know the patient won't mind
   d. None of the above

6. You sister's friend is having surgery at one of the local hospitals, but she is not sure which one. She wants to send flowers and she asks you whether her friend is at your facility. What should you do?
   a. Tell your sister that you cannot find out for her, but she that she can call the information desk and ask whether her friend is staying there.
   b. Search for her friend's name in the computer database.
   c. Find a list of patients having surgery and look for her friend's name.
   d. Ask all of the nurses whether they have seen your sister's friend.