

Shadowing Process Instructions

CURRENT Bon Secours employee:

- On-line application **MUST** be completed at the following link. Choose **Shadowing** as your program
<https://www.volgistics.com/ex/portal.dll/ap?ap=1286506521>

In addition to the on-line application, you must also provide the following compliance documents:

- Copy of Bon Secours Badge
- Copy of Photo ID (*such as: driver's license, school ID, passport*)
- Signed Observation Agreement (**page 14**)
- COVID-19 Risk Attestation (**pages 16-18**)
- Photo for Badge (*headshot facing forward with no background*)
 - Unacceptable forms
 - Electronically signed forms
 - Missing information on required health items
 - Not signed by healthcare provider

NON Bon Secours employee:

- On-line application **MUST** be completed at the following link. Choose **Shadowing** as your program
<https://www.volgistics.com/ex/portal.dll/ap?ap=1286506521>

In addition to the on-line application, you must also provide the following compliance documents:

- Copy of Photo ID (*such as: driver's license, school ID, passport*)
- Fully completed student vaccination-titer form checklist (**page 4**)
 - **MUST BE** signed by a healthcare provider, within 2 weeks prior to shadowing
 - A **TST within the last 3 months** or **TB blood test within 12 months**
 - Unacceptable forms
 - Electronically signed forms
 - Missing information on required health items
 - Not signed by healthcare provider
- TB Screening Questionnaire (**page 5**)
- Shadowing/Observation Orientation – signature page at the end of the reference booklet (**page 13**)
- Signed Observation Agreement (**page 14**)
- COVID-19 Risk Attestation (**pages 16-18**)
- Proof of Flu Vaccine (*during flu season*)
- Photo for Badge (*headshot facing forward with no background*)

Applicants under 18 years of age:

- On-line application **MUST** be completed at the following link. Choose **Shadowing** as your program <https://www.volgistics.com/ex/portal.dll/ap?ap=1286506521>

In addition to the on-line application, you must also provide the following compliance documents:

- Copy of Photo ID (*such as: driver's license, school ID, passport*)
- Fully completed student vaccination-titer form checklist (**page 4**)
 - o **MUST BE** signed by a healthcare provider, within 2 weeks prior to shadowing
 - o **A TST within the last 3 months or TB blood test within 12 months**
 - o Unacceptable forms
 - Electronically signed forms
 - Missing information on required health items
 - Not signed by healthcare provider
- TB Screening Questionnaire (**page 5**)
- Shadowing/Observation Orientation – signature page at the end of the reference booklet (**page 13**)
- Signed Observation Agreement (**page 14**)
- Parental Consent Form (**page 15**)
- COVID-19 Risk Attestation (**pages 16-18**)
- Proof of Flu Vaccine (*during flu season*)
- Photo for Badge (*headshot facing forward with no background*)

All required documents must be downloaded, completed, and returned via e-mail to the Office of Academic Affairs at BSV-AcademicAffairs@bshsi.org.

You will NOT be allowed to be on-site without completing the required compliance documents, obtaining approval, and receiving an approval badge from the Office of Academic Affairs.

The Office of Academic Affairs **do not accept electronically signed documents**. Please print out & hand sign all documents.

Clinical Placement Orientation Signature Page

John Smith (Print Name), I have received a copy of Mercy Health Clinical Placement Orientation Guide. I am responsible for the content of the guide prior to my clinical placement experience at my design facility. My signature indicates that I have completed the review of the orientation guide and understand that I am required to follow Bon Secours Mercy Health pol facility policies while on-site.

John Smith 8/18/2020
Signature & Title Date

Clinical Placement Orientation Signature Page

John Smith (Print Name), I have received a copy of Mercy Health Clinical Placement Orientation Guide. I am responsible for the content of the guide prior to my clinical placement experience at my design facility. My signature indicates that I have completed the review of the orientation guide and understand that I am required to follow Bon Secours Mercy Health pol facility policies while on-site.

John Smith - Nursing Student 8/18/2020
Signature & Title Date

Once you and your preceptor have agreed to a start date, you will need to provide the Office of Academic Affairs with your start/end date. You will receive an approval badge that must be worn while on-site at all times during your shadowing experience. Your badge can be picked up in the Office of Academic Affairs **by appointment only**. If you show up without an appointment, you **WILL NOT** be allowed to pick up your badge.

Prior to completing this application, please read over the requirements of an Observer below. Ensure you understand and can meet the following requirements:

Definition of an Observer: An observer is anyone who accompanies a physician or a Bon Secours employee to watch patient care and/or procedures related to patient care. As such, the following rules apply:

- Must be 18 years old (exception for high school students with an observation requirement and junior volunteers approved within the last 6 months)
- May not spend more than **16 hours** in Bon Secours facility per year
- May not touch patients or participate directly in procedures or patient/care treatment activities
- Must maintain a distance of **six feet** from patients when possible
- Must remain with the designated preceptor at all times while with a patient

Mandatory Time Logging

While on site **Time Logging** through the Student Information System is **MANDATORY**. Failure to log time may result in the ending of your rotation early, and being declined for future rotations through Bon Secours.

Bon Secours Richmond/Hampton Roads Vaccination-Titer Form

Requirements for Students/Observers (Please Print):

Student Name: _____ School: _____

Email: _____

Address: _____

Bon Secours Preceptor: (printed name): _____ Date: _____

Vaccines: MMR #1 _____

List date given MMR #2 _____

*Hepatitis B Series #1 _____ N/A

Hepatitis B Series #2 _____ N/A

Hepatitis B Series #3 _____ N/A

Varivax #1: _____

Varivax #2: _____

Tdap: _____

Flu Vaccine: _____

Other screening test: **TST 1st _____ Result: _____ TST 2nd _____ Result _____ N/A

*** CXR _____ Result: _____ N/A

** TSPOT: _____ Result: _____ N/A

1 TST within last 3 months
Plus Annual TB form

Titers: Rubella: Date: _____ Result: _____

List date titer drawn Rubeola: Date: _____ Result: _____

Mumps: Date: _____ Result: _____

Varicella: Date: _____ Result: _____

Hepatitis B: Date: _____ Result: _____ N/A

Healthcare Provider Signature

Date

E-mail/phone number

Key:
** TB screening requires two tests unless the worker receives a TSPOT blood test. Shadowing students only need one within 3 months before start date.
*** Chest x-ray is only necessary if the TB test or TSPOT are found to be positive.



employee health

Employee Wellness Services: EAP, Wellness, Employee Health

TB Screening Questionnaire
IF YOU ANSWER YES TO ANY QUESTIONS,
YOU MUST REPORT TO EMPLOYEE WELLNESS IN PERSON

PRINT Student Name	Facility placement will be in	Full Social Security #			
School	Phone #				
TB History					
	NO	YES		NO	YES
Previous positive TB Skin/Blood Test?			Are you being treated for a serious medical condition?		
If yes, were you treated with medication?			Are you taking steroids or chemotherapy?		
If yes, what is the date of your last chest x-ray?					
In the last 12 months, have any of the following occurred?					
	NO	YES		NO	YES
Chronic cough (3 weeks or longer)?			Coughing up blood?		
Chronic fatigue (tiredness)?			Persistent night sweats? (not hormonal)		
Fever, chills?			Unexplained weight loss?		
In the past year, have you been to a foreign country?			In the past year up to present have you been in close contact with a person, without you wearing PPE, who has been diagnosed with active TB?		
If yes, where? _____			If yes, where: at work: _____		
Length of stay: _____			name of patient: _____		
Date returned to the US: _____			in your home: _____		
Purpose of trip? Visit family: _____			in the community: _____		
vacation: _____			Other: _____		
mission: _____					
other: _____					
If you answered yes to any question above, please explain and report in person to Employee Wellness.					
Have you had a job title change in the last 12 months? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please print your current job title:					

Student Signature: _____ Date: _____
 EWS Reviewer: _____ Date: _____
 Follow-up Recommendations:

BON SECOURS MERCY HEALTH

Shadowing/Observation Orientation Reference Booklet

DePaul Medical Center



Harbor View Health Center



Mary Immaculate Hospital



Maryview Medical Center



Memorial Regional Medical Center



Richmond Community Hospital



St. Francis Medical Center



St. Mary's Hospital



This booklet contains a summary of policies, procedures, and other information to make your career exploration or job shadowing experience successful. This reference is a study guide and is required reading to assist observers in completing their BON SECOURS orientation requirements.

Career Exploration & Shadowing Policy & Procedure Reference Guide

The following pages provide a summary of pertinent information needed by observers to complete their orientation requirements as set forth by The Joint Commission. THIS IS A REFERENCE GUIDE ONLY.

For a complete and accurate version of any policy or procedure please see your program advisor or preceptor.

This booklet is divided into themed sections:

- First is Our Call to Serve with Excellence, covering the Bon Secours Mission, Vision, Values, and service guidelines for providing world class service.
- Second is our section on Safety Awareness, reviewing the various emergency procedures, infection control policies, and other safety protocols that you should follow as a student.
- Finally, the third section, frequently asked questions (FAQ), will provide you with basic information about dress code, etc.

After reading this material please feel free to ask questions for clarification of any issue you may not understand.

Section 1: OUR CALL TO SERVE WITH EXCELLENCE

The Credo Card

Everything at Bon Secours begins with our mission to serve others as described by the Sisters of Bon Secours. Our credo cards serve as our roadmap to success. They remind us daily of our mission, vision, values, and goal of service excellence. It is through enlivening our faith which leads us to success in Bon Secours. Without faith, we are a good business. In faithfulness, we are a ministry.

The Daily Huddle

The Daily Huddle ensures that all Bon Secours employees are philosophically and culturally aligned. It is an opportunity to energize and engage our staff (paid and unpaid) to deliver service excellence. We want to build a sense of shared commitment to the Bon Secours mission, vision, and values. These huddles will help us all stay focused on the same strategic goals, improve communication throughout the system, boost teamwork, and create a unified culture of service. Through moments of recognition, known as “WOW stories,” we exemplify our values in action and appreciate our staff that goes the extra mile, anticipating, and fulfilling the needs of others.

Our Values

We pursue our mission guided by our values: Human Dignity, Integrity, Compassion, Stewardship and Service. All staff is expected to demonstrate a commitment to our values. The following behaviors grow from our values and are applied every day to achieve world class excellence.

Professionalism: Is how we show respect to all customers and co-workers by appearing as a professional at all times. You show this by adhering to the dress code, using professional language when speaking with patients and visitors, and following professional business etiquette when in the office. Also, by following other professional standards when entering patient rooms or otherwise interacting with visitors.

Cultural Diversity: Bon Secours is committed to actively pursuing knowledge, understanding, and acceptance of our diverse employees, patients, customers, and business relationships. We strive to respect and honor these differences by developing systems, structures, and processes to support a diverse workplace. One such service is the Cyacom language phones are used at hospitals for language. A Cyacom computer is used for deaf or hard of hearing. In addition, care managers and nursing supervisors have the ability to contact certified interpreters for the hard of hearing. All requests for interpretation should be routed through the attending nursing unit or the doctor's office the patient is visiting.

Confidentiality: Respect for a patient's right to privacy is a moral and legal obligation for all hospital staff. Observers should never discuss patient information while in the hospital or after you leave. We must regard as sacred, any and all information obtained either directly or indirectly (through listening and/or reading). Anything you learn about patients during the course of your program experience must be kept confidential, including information concerning who is admitted to the hospital. Breach of confidentiality could result in your immediate dismissal as a program participant.

You may hear confidentiality referred to as protected by HIPAA. HIPAA is an acronym for Health Insurance Portability and Accountability Act, a federal law enforcing patient confidentiality and how a health care provider may use or disclose a patient's information. HIPAA affects all Bon Secours employees, volunteers, and observers who come into contact with health information that is individually identifiable. Individually identifiable information is information created or received by anyone at a Bon Secours facility that relates to the past, present, or future physical or mental health condition of an individual. Examples of individually identifiable information include patients name, diagnosis, procedure, dates of service, address, telephone number, and any other information someone could use to identify a patient. This means that you cannot tell anyone (friends, neighbors, church members, volunteers, staff-anyone) that someone is a patient at any of the nine Bon Secours facilities without the patients consent. Any breach of patient confidentiality is potentially punishable by fines to Bon Secours and possibly to the individual responsible.

Social Networking: No information pertaining to or about the shadowing experience is permitted on social networking sites.

Patient Rights, End of Life Decisions, and Ethics Consultations: Patients have the right to fully participate in communication involving their healthcare. Questions from patients and/or their families regarding a breakdown in communication should be referred to the Patient Advocate. If patients or their families wish to make end of life decisions (Living Will, Medical Power of Attorney, etc.), they should be referred to the Chaplain. Pastoral Care or the Patient Advocate will be happy to facilitate an ethics consult for patients and/or their families if one is requested.

Age Specific Training: As observers engage in activities throughout the facility, they come into contact with people of all ages. Please keep in mind that special care should be taken to assure that communication with each age level is appropriate in order to assure compliance with policies and to make sure people clearly understand instructions or direction.

Patient Satisfaction: As a program participant you may have the opportunity to interact with patients and their families. Please let a staff member know of any occurrences or incidences that are reported to you or observed by you. We want to address negative experiences or concerns wherever possible.

Fundamentals of Customer Service: In addition to the three steps of service and the service experience as outlined in our credo cards, Observers should always follow the (5) Fundamentals of Customer Service, known briefly as AIDET:

Acknowledge

- Pause and knock before entering
- Smile, make eye contact, and greet everyone in the room with a warm smile

Introduction

- Who you are and what your role is
- Acknowledge wait time, if applicable, and provide genuine apology if there have been any delays
- Use appropriate touch

Duration

- Let them know how long what you are doing will take-help set their expectations (procedures, results, exams, etc.)
- Overestimate time
- Explain *typical* duration times
- Update when time expectations change

Explanation

- What and Why as it relates to critical aspects of care of tests/treatment, medications, pain management, discharge info
- Ask what questions they have for you or ask them to repeat back some of the important information so you ensure they understand

II: SAFETY AWARENESS

The Safety and Security Department

There are four basic goals of hospital security:

- Personal protection-patients, visitors, employees, volunteers, and observers must be kept safe throughout the facility and hospital grounds. Security provides identification badges to be worn by all employees, volunteers, and contractors. Students in both Richmond and Hampton Roads market will get badges from the Office of Academic Affairs.
- Property Protection- Theft of hospital property such as drugs, medical supplies, linens, office supplies, equipment, and personal belongings must be prevented.
- Facility protection-Buildings and grounds need to be protected against vandalism, improper access, large-scale threats, and improper use of grounds.
- Parking and Traffic Control-Smooth hospital operations depend on clear emergency lanes, parking security, access for people with disabilities, and ample parking space for patients, visitors, volunteers, and employees

Follow these basic rules:

- Wear your ID badge at all times
- Observe smoking rules. Bon Secours is SMOKE FREE!
- Stay out of restricted areas
- Leave valuables at home
- Do not leave your personal belongings unattended
- Report missing property immediately to Security
- Be alert and report disturbances, suspicious activities or unsafe conditions
- Understand the importance of security in the hospital and be responsible for following hospital rules

Accidents, injuries, and Other Occurrences:

Observers, who are injured while at one of the Bon Secours facilities, should report the injury to their preceptor or other available staff immediately. If you become ill, please follow whatever procedure you would normally follow if you were at home (i.e. calling your physician if necessary or going to the Emergency Department.) If a patient or visitor becomes injured, please advise Security immediately. A written report will need to be completed by Security.

Emergency Codes:

The in-house emergency phone number for reporting a code is different at each facility. Your preceptor will provide you with the in-house number to call if there is an emergency. Provide the operator with your name and location and a brief description of the situation. You will receive a card with a list of emergency codes. Code Red is the overhead paging code for a fire. Please listen carefully for the location of the fire and do the following:

- Close doors and windows in your immediate vicinity
- Do not use the elevators until the code is cancelled
- Listen for additional instructions over the paging system
- Follow the instructions of staff in the area

You may also hear Code Red Drill. Follow the same procedure as for Code Red. Tests and practice drills are held periodically.

Each facility has a code for abductions (your preceptor will inform you of the code name).

When you hear this code called:

- Remain alert for suspicious persons with packages
- Guard all doorways/exits
- Do not physically detain any individual, but attempt to engage them in conversation until Security arrives
- Follow and watch suspicious persons and report behaviors to Security

Hospital Fire Safety:

In the event of a fire, it is important to contain the fire in one area, if possible, rather than evacuate the whole building. Be sure to know the location of the nearest fire alarm pull station and be familiar with the operation of the fire extinguisher in the unlikely event that a staff person is not in the area. If you are the first to spot the fire and there are no staff members around, please follow the **R.A.C.E** procedure:

Rescue patients in immediate danger.

Alert: Pull the alarm and call the emergency number provided by your preceptor. Tell the operator the location of the fire.

Confine, by closing all doors and windows, to isolate the fire. Note: Fire doors will automatically close throughout the hospital. Do not use elevators-use the stairs.

Extinguish a small fire using the fire extinguisher. If staff is present, allow them to use the extinguisher. If there is no staff present and you feel comfortable using the extinguisher, do the following **"PASS"** procedure:

Pull the ring

Aim at the base of the fire. (Stand 6' to 8' away)

Squeeze the handle to discharge the extinguisher

Spray in a sweeping motion until the fire is out

Hazardous Materials Communication:

Observers have a “Right to Know” what hazards they face in the work area and how to protect themselves against potential hazards. Hazardous materials can cause injury by inhalation, ingestion or topically (skin). All observers also have the “obligation to act safely.” Your program advisor or preceptor can provide you with information about hazardous materials.

Infection Control:

Infection Control is the prevention and control of infections within our health care facility; The Occupational Safety and Health Administration (OSHA) has set a blood borne pathogen standard for all healthcare facilities to follow. The purpose of this standard is to “reduce occupational exposure to Hepatitis B Virus (HVB) and Hepatitis C Virus (HCV), Human Immunodeficiency Virus (HIV) and other blood borne pathogens, including malaria and syphilis that may be encountered in the workplace.

Hand washing is the most important means of preventing the spread of infection.

Standard precautions will be used by all observers, at all times, for all patients. These precautions include:

- Do not enter a room displaying a color-coded isolation sign without proper PPE. This includes rooms with signs indicating radioactivity
- Wash hands immediately after removal of gloves and upon entering and leaving each room

MSDS & What to do in Case of a Spill:

Report any spill to Housekeeping for clean-up assistance. If you are sure that the spill is a chemical or biological, report it immediately to clinical staff in the area due to possible contamination issues. Large chemical spills or leaks that occur in hallways, patient rooms, or on hospital grounds always require implementation of Code H. Material Safety Data Sheets (MSDS) provide detailed information regarding exposure and clean-up of chemical spills. MSDS information is available through a toll-free phone number posted on yellow labels on most unit telephones. Observers should not be involved in the clean-up of chemical or biological spills due to the necessary safety precautions that apply. However, you are encouraged to assist with non-hazardous spills especially if you make the mess!

Radiation Safety:

Bon Secours is committed to keeping radiation exposures as low as reasonably achievable (ALARA). Every activity involving exposure to radiation should be done so as to minimize occupational exposure to the individual and hospital population. Hospital sources of radiation include:

- Machines (diagnostic x-ray, cardiac cath lab, radiation therapy)
- Radioactive materials (injection or implants)
- Patients (after receiving injections or implants)

The risks associated with occupational exposures are smaller than the risks associated with most day-to-day activities.

Observers may visit areas utilizing machines which emit radiation. Patients who have received radioactive injections or implants pose the greatest potential danger to observers. Do not enter a patient room displaying the *Caution Radioactive Materials* sign.

Smoke-Free Policy:

All Bon Secours facilities and grounds are smoke free. The use of smoking materials is prohibited throughout the campus. Violation of smoking policies should be reported immediately to Security. Our primary mission is to protect the health of those in our community while promoting a culture of healthier living. Tobacco slows down the healing process. Even toxins left over on your clothes and body can make others sick. We understand that the decision to smoke or use tobacco products is a personal one. We ask that you refrain from smoking or using tobacco products on our campuses so that we can all be healthier.

Workplace Violence:

- Treat everyone with respect. Keep patients/visitors informed of wait times, procedures, etc. and provide frequent updates
- Report any incident- all threats and/or potential sources of trouble should be reported
- Trust your feelings- your instincts (feelings of uneasiness) are important warning signs
- Staying alert: try to spot trouble before it starts
- Always follow proper security procedures- wear your ID badge. If you see a person without an ID badge in a limited access area, notify Security
- Call for support at the first sign of trouble

Watch for verbal & physical signs of potential violence, such as:

- An angry or threatening tone of voice or shouting
- Making threats or sexual comments, cursing
- Challenging rules or authority
- Making unreasonable demands
- Talking about or having a weapon
- Nervous pacing, restlessness
- Clenching fist or jaw, tightly gripping objects
- Angry looks or staring
- Acting drunk or under the influence of other drugs
- Major change in appearance or habits

Respond to a threat or violence by calling security and reporting a code ATLAS. If you find yourself in a violent situation, do the following:

- Stay calm, stay alert-maintain your self-control
- Keep a safe distance from the person don't turn your back on them. Leave yourself an escape path
- Listen to the person. Be supportive
- Talk slowly and softly. Offer the person choices
- Avoid touching the person

III. FREQUENTLY ASKED QUESTIONS

What is joint commission? What do they require?

The Joint Commission is an independent, not-for-profit organization that sets the standard for accrediting healthcare organizations. Their website is www.jointcommission.org. The Joint Commission guidelines require that participants in a career exploration or job shadowing program receive an orientation that provides the participant with knowledge and skills of particular hospital policies and procedures.

What do I do if the weather is inclement on the day of my program or shadowing experience?

During inclement weather, please listen closely to the advisories given by the news media. If the County Public Schools are closed in the area you are scheduled to shadow/observe, or if you feel the roads are not safe for driving, do not attempt to come into the hospital.

Where do I park?

Observers are asked to park in the parking lot away from the building. Please do not park in the parking that is marked for patients.

What do observers wear?

Observers shadowing in the clinical area may wear business casual clothing, no jeans and closed toe shoes or scrubs, and an ID badge which will be provided to wear when in the clinical area. Dress should be appropriate to the setting as reflected in the Bon Secours Dress Code Policy HR-04. Clothing should be neat, clean, and in good repair.

Shadowing/Observation Orientation Signature Page

_____ (Print Full Name), I have received a copy of the Bon Secours Shadowing/Observation Orientation Guide. I am responsible for reviewing the contents of the guide prior to my observation experience at my designated facility. My signature indicates that I have completed the review of the orientation guide, and understand that I am required to follow Bon Secours policies and specific facility policies while on site. I understand that my experience is shadowing only and I am not to participate in any patient care activities.

Signature & Title

Date

Parent/Guardian Signature (if under 18 years of age)

Observation Agreement

I acknowledge and understand that I may have access to proprietary or other confidential business information belonging to Bon Secours Richmond (BSR) or Bon Secours Hampton Roads (BSHR). In addition, I acknowledge and understand that I may have access to confidential information regarding Bon Secours BSR & BSHR employees, patients, and patient care. Therefore, except as required by my employer or by law, I agree that I will not:

- A. Access data that is unrelated to my job duties at Bon Secours; or
- B. Disclose to any other person, or allow any other person access to, any information related to Bon Secours which is proprietary or confidential and/or pertains to employees, patients or patient care.

“Disclosure of information” includes, but is not limited to, verbal discussions, FAX transmissions, providing hard copies, electronic message transmission, taking pictures of data, voice mail communication, written documentation, “loaning” computer access codes, copying sensitive or confidential information to unauthorized, unprotected electronic devices and/or other electronic transmission or sharing of data.

I understand that Bon Secours, its patients, staff, or others may suffer irreparable harm by disclosure of proprietary or confidential information and that Bon Secours may seek legal remedies available to it should such disclosure occur. Further, I understand that violations of this agreement, or any other Bon Secours policy regarding confidentiality, may result in disciplinary action, up to and including my termination of clinical experience. I understand that this statement is binding both during my clinical experience and thereafter.

I also understand that as a representative of Bon Secours, I must demonstrate ethical behavior and maintain professional boundaries with patients and their families both at work and outside work. Recognizing that my association with individuals outside work hours may be construed as work related, I shall be compelled to abide by confidentiality, integrity, conflict-of-interest, ethical, and legal considerations in representing Bon Secours at all times.

In exchange for authorization to participate in an observational experience at Bon Secours, I agree to:

- Provide confirmation that I have had a tuberculosis (TB) screening within the past 3 months and am free of TB to the best of my knowledge
- Read and follow the orientation instructions and any other materials provided by Bon Secours related to this experience
- Arrive punctually on the date of the experience and remain for the agreed upon time frame unless advance notice is provided
- Wear attire that is clean, neat, and modest in appearance
- Reschedule my observation experience if I have been exposed to any infectious conditions in the immediate 48-hours prior to the observation experience or if I am not feeling well the day of the experience
- Not touch patients or participate in any procedures or patient care/treatment activities
- Maintain a distance of six feet from patients when possible to reduce the risk of possible airborne infection transmission
- Remain with the designated healthcare professional at all times when in patient care/treatment areas and not enter rooms or offices without permission
- Keep patient personal and private information confidential (i.e, what I hear and see there will stay there)
- Not share any patient information verbally, in writing, through social media, or in any other format with others
- Not take pictures or videos of patients, staff, visitors, or others without written authorization in any patient care or treatment areas
- Comply with the rules and procedures of Bon Secours as instructed during this observation experience
- Not remove any forms, documents, equipment, materials, resources, or other items from Bon Secours without permission

Understanding that the nature of a healthcare environment can potentially expose me to emotional and physical trauma, infections, such as the flu, and dangerous equipment, I acknowledge that I am participating in this observation experience at my own risk and that Bon Secours is not financially or legally responsible for any injury or illness incurred as a result of this observation experience. Therefore, in consideration of the benefits to be derived from this experience, any and all claims against Bon Secours or any person working under its direction are hereby expressly waived.

Signature of Observer: _____

Date: _____

Parental Authorization

I give permission for my son/daughter, _____ to participate in a job
Full Name (please print)

shadowing experience at Bon Secours _____ . I release Bon Secours
Facility Name

_____ from all claims that may arise out of this observational experience. I
Facility Name

understand this is an observational experience only and no patient care will be given by my
son/daughter. My signature authorizes Bon Secours _____ to
Facility Name
act in an emergency, pending care in case of illness/injury.

During the shadowing experience I give consent for:

1. Treatment deemed necessary by the following physicians:
 - a. Doctor _____ Phone Number _____
 - b. Dentist _____ Phone Number _____
2. Treatment of the minor observer at a Bon Secours location, if the above physicians cannot be reached.

Parent/Guardian Name (print) _____ **Date:** _____

I, _____ (student), agree to behave in a responsible and professional manner during my observation experience at Bon Secours _____ I understand that I am an observer only and will not be permitted to render care of any kind.

Student Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

ATTESTATION OF ADDITIONAL BSMH CLINICAL EXPERIENCE REQUIREMENTS DUE TO COVID-19 PANDEMIC, AND WAIVER AND RELEASE

To be completed by all Students and Faculty

All students and school faculty instructors who seek to participate in a clinical experience at a Bon Secours Mercy Health, Inc. (“**BSMH**”) facility (“**Student(s)**” or “**Faculty**,” as applicable) shall be required to follow the applicable COVID-19 policies and procedures in place for associates and staff in the applicable BSMH market where the experience is scheduled to occur. Students and Faculty acknowledge that such policies and procedures may change over time as determined by the BSMH market, and current policies and procedures will be communicated by appropriate BSMH leadership to the Student and Faculty or to his/her educational institution (“**School**”).

Under current policies in place as of January 18, 2021:

- To be eligible for a clinical experience, the Student must have been in the United States for the 14 days preceding the start of his/her clinical experience. If a Student has been outside the United States during that time, the Student must remain in quarantine in the United States for the 14 days prior to being eligible to start a clinical rotation or other in-person activity at a BSMH facility. The same requirements apply to any Faculty who is onsite at a BSMH facility.
- Upon entering a BSMH facility, the Student/Faculty will be screened for symptoms of COVID-19, which may include: a temperature check; and an oral attestation that the Student/Faculty has absence of fever and symptoms of COVID-19, absence of a diagnosis of SARS-CoV-2 infection in the prior 10 days, and confirm they have not been exposed to others with SARS-CoV-2 infection during the prior 14 days. A Student/Faculty is not eligible to attend any clinical experience if he/she has any of the following symptoms (or has had any of the following symptoms in the preceding 14 days): a fever > 100 degrees, new onset shortness of breath, or difficulty breathing.
- The Student/Faculty acknowledges he/she has been properly trained in the don/doff procedure for personal protective equipment (“**PPE**”) and has been fit-tested for the appropriate N95 respirator by his/her School prior to caring for COVID-19 positive patients. The Student/Faculty is aware and acknowledges that although BSMH has developed policies and procedures to minimize the risk of exposure to COVID-19, the risk of exposure to, and possibly contracting, COVID-19 during a clinical experience at a BSMH facility remains.

To help protect its patients, visitors, students, associates and staff, BSMH also is requiring each Student and Faculty to agree to all the following statements as a condition of participating in any clinical experience within a BSMH facility, including possible learning opportunities on a COVID-19 designated unit. Please review and initial your acceptance of each statement below:

_____ I understand and agree that working in a BSMH facility, including any clinical experience on a COVID-19 designated unit in that facility, may increase my risk for contracting an infectious disease, such as COVID-19. I will be provided CDC-recommended PPE in compliance with CDC guidelines and BSMH policies. Such policies and procedures may change over time as determined by BSMH. I agree that, while on the BSMH-facility campus, I will adhere to all precautions required by the facility (which may include, but are not limited to: wearing masks, gloves and other PPE; social distancing; handwashing; and

BON SECOURS MERCY HEALTH

cleaning and disinfection procedures). I agree that if I fail to follow any of these precautions, I may be removed from the facility and may not be eligible to return.

_____ I understand and agree that I may be subject to a COVID-19 screening each time I enter a BSMH facility. Even if I am not screened upon entry, I understand that I have an affirmative obligation to report the following to BSMH upon entering a BSMH facility for a clinical experience and **before** I engage in any such experience with a health care provider or patient at that facility: (i) my exposure to COVID-19, including any contact in the preceding 14 days with an individual known to have COVID-19 and any incident within a BSMH facility during which I believe I may have been exposed (e.g. PPE failure); (ii) any signs or symptoms of COVID-19. Further, I agree that I will immediately report to BSMH any positive COVID-19 test and I will abstain from attending or supervising (as applicable) any clinical experience at a BSMH facility following a positive COVID-19 test until both 10 days have passed from the positive test result and all symptoms have resolved, or as otherwise specified by current CDC guidelines. In addition, I understand that, upon request of a BSMH facility, I may be required to submit to a COVID-19 test to participate in the clinical experience (e.g. to return after confirmed COVID-19 test or suspected exposure).

_____ In consideration for my eligibility to participate or supervise (as applicable) in a clinical experience at a BSMH facility, which may include experience on a COVID-19 designated unit, I agree, on behalf of myself and any heirs, executors and administrators, to: (i) release BSMH, its affiliates, and their respective insurers, officers, directors, instructors, agents, employees, and volunteers (“**BSMH Parties**”) from all claim, liability, loss, injury, and damage of any kind that may arise, directly or indirectly, from my exposure to, or possible contraction of, COVID-19 or related illness or disease during my clinical experience at one or more BSMH facilities (“**Claim**”); and (ii) waive any and all such Claims I have or that I may have against BSMH Parties. This release and waiver shall be as broad and inclusive as is permitted by applicable law. If any portion is held invalid, the remainder shall continue in full force and effect.

_____ I understand and agree that each BSMH facility with whom I may have (or may supervise, as applicable) a clinical experience reserves the right to adjust, reschedule, or terminate that clinical experience at that facility if: (i) sufficient patient care resources (e.g., PPE) are unavailable or are otherwise scarce at that facility; (ii) there is a spike or other concerning trend in COVID-19 cases at that facility or in the surrounding BSMH market; or (iii) otherwise in accordance with that BSMH facility’s policies and procedures. Also, I understand that if the assigned Faculty supervising the clinical experience does not pass screening or they are unable to supervise the clinical experience, the clinical will be canceled until an alternate Faculty member that meets BSMH requirements can arrive or until the next scheduled clinical day.

By signing, below, I confirm that I have read this Form or have had it effectively communicated to me, and that any questions I may have had about this Form have been asked and answered to my satisfaction. **I further confirm that I accept all terms of this Form, that I am at least 18 years old, that I am a Student or Faculty as indicated below, and that I am signing this Form voluntarily.**

I am:

- a Student
- Faculty

Signature: _____

Date: _____

Printed Name: _____

BON SECOURS MERCY HEALTH

ACKNOWLEDGEMENT OF SCHOOL

School agrees that the Student and Faculty are presenting to the BSMH facility for a clinical experience as a current, enrolled Student and Faculty of the School, and School acknowledges the additional clinical experience requirements imposed upon the Student and Faculty as described herein. School agrees to keep a copy of this Attestation with its records, and to ensure that it has a fully executed copy of this Attestation prior to finalizing the clinical experience of the Student, above, at a BSMH entity.

Signature of School Representative: *[Not Applicable]* Date *[N/A]*

Name of School Representative: *[Not Applicable]*

Name of School: *[Not Applicable]*

Bon Secours EMERGENCY CODE TERMINOLOGY STANDARDIZATION

Code Type	Current State	Approved Code
Medical Alert		
Adult Medical Emergency	Blue	Medical Alert + Code Blue Adult + Location
Pediatric Medical Emergency	99/Blue	Medical Alert + Pediatric Code Blue Pediatric + location
OB Medical Emergency	Obert	Medical Alert + Code Obert + location
Acute Stroke	S	Medical Alert + Code Stroke + location
Visitor Staff Medical Emergency	Orange/Green	Medical Alert + Visitor Staff Medical Emergency + location
Rapid Response Team	Rapid Response	Medical Alert + Adult Rapid Response + location
Rapid Response Team	Rapid Response	Medical Alert + Pediatric Rapid Response Pediatric + location
Delivery outside of L&D	White	Medical Alert + Code Delivery + location
STEMI	STEMI	Medical Alert + Code STEMI + location
Sepsis	N/A	Medical Alert + Code Sepsis + location
Malignant Hyperthermia	Hot/None	Medical Alert + Code Hot + location
Asphyxia	Ice	Medical Alert + Code Ice + location
Security Alert		
Active Shooter	None/Active Shooter	Security Alert + Active Shooter + location
ED Lockdown	None	Security Alert + ED Lockdown
Hospital Lockdown	Lockdown/Gold	Security Alert + Hospital Lockdown
Bomb Threat	B/Black	Security Alert + Code Black + location
Combative Patient/Visitor	Atlas/Grey	Security Alert + Code Atlas
Abduction/Missing Patient	A/L/Purple	Security Alert + Missing Adult/Child + descriptor
Abduction/Missing Infant	Amber/Pink	Security Alert + Missing Infant + descriptor
Facility Alert		
Fire	Red	Code Red + fire alarm + location
Disaster/Mass Casualty	D/Silver	Facility Alert + External Mass Casualty
Evacuation	E/None	Facility Alert + Evacuation +type + location
Hazmat	H/Yellow	Facility Alert + Hazmat + location
Utility Alert	U/Orange	Facility Alert + Utility Failure + descriptor + location
Technology Downtime		Downtime + Technology impacted
Weather Alerts		
Snow Plan	White/None	Severe Weather Alert + descriptor
Sever Weather	W/Brown	Severe Weather Alert + descriptor

VICTOUCH – Time Logging Student Guide for Students

Welcome to your Bon Secours Health System experience. We are very happy to have you and have made this instructional document to assist you in logging your time spent within our facilities. VICTOUCH is connected to the same system that you filled out your on-line application with, once you have completed your application and it has been accepted, you will have received an e-mail giving you your student number to log in to VICTOUCH.

VICTOUCH allows you to log in and log out. To log into VICTOUCH you will need to go to the following link:

<https://www.volgistics.com/ex/touch.dll/?FROM=249395&PW=148259300>

Be sure to bookmark this link so that you can easily access it in the future.

Student Information Center

Enter your Student PIN number

Enter your Student ID number using the keypad buttons, and then touch the Continue button

1	2	3	
4	5	6	Cancel
7	8	9	←Backspace
*	0	#	Continue

If you have any trouble accessing VICTOUCH please contact the Office of Academic Affairs at BSV-AcademicAffairs@bshsi.org

VICTOUCH is strictly for logging in at the start of each rotation shift, and logging out at the end of each rotation shift.