BON SECOURS MERCY HEALTH

Hampton Roads - Observation for Practicing Surgeons ONLY Instructions

☐ **Online application MUST be completed at the following link:**
https://www.volgistics.com/appform/2133585850

After completing online application, you must submit the following compliance documents:

☐ Copy of Photo ID *(such as: driver's license, employee ID or passport)*
☐ Photo *(headshot facing forward with no background)*
☐ Copy of Medical License
☐ Proof of Flu Vaccine (*during flu season Dec- March*)
☐ Proof of COVID-19 Vaccine *(Strongly recommended – Not Required. Document must list type of vaccine administered)*
☐ Resume/CV
☐ Fully completed vaccination-titer form ***(page 3)***
  - Completed with vaccine & TB requirements listed on **page 2**

☐ TB Screening Questionnaire ***(page 4)***
☐ Signed Observation Agreement ***(page 5)***

All required documents must be completed and submitted via e-mail to the Office of Academic Affairs at BSHR-AcademicAffairs@bshsi.org **at least 2 weeks** before your shadowing experience begins.

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.

You will receive an Visitor badge from security that must be worn while on-site at all times during your observation/shadowing experience.

Compliance Requirements for Shadowing Experience
How to complete the Vaccination-Titer Form

Health record showing immunizations or immunity. This may be provided by either proof of vaccination *or* a positive titer result—you do not need both. A titer is only required if you do not have proof of the required vaccination but believe you received it. In that case, your medical provider can order a titer to show proof of immunity and provide the results in place of a vaccination record.

- Proof of immunity to measles, mumps, and rubella either by 2 documented MMR vaccines and or positive titers to the diseases
- Proof of immunity to varicella by either 2 Varivax vaccines or a positive titer. We do not accept verbal history.
- Proof of immunity to hepatitis B if position has potential to come in contact with blood or body fluids is recommended.
- Documentation of a Tdap vaccine as an adult
- Documentation of COVID-19 vaccine - Strongly recommended, not required.
- Documentation of influenza vaccine during flu season
- Documentation of only **one** of the following to cover TB requirement:
    - tuberculin skin test (TST) completed within last 3 months of intended start date)
    - or Documentation of TSPOT TB blood test done within last 12 months
    - or Documentation of QuantiFERON Gold TB blood test done within the last 12 months
    - or a negative chest X-ray completed within the last 3 years

You may submit a copy of your vaccine records in lieu of a provider's signature on The Vaccination-Titer Form, but you must still complete the form based on your vaccine records, on the signature line write "Vaccine Records Provided"

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Bon Secours Richmond/Hampton Roads Vaccination-Titer Form

Requirements for Students/Observers (Please Print):

Name: _____ **Employer:** _____

Email: _____

Address: _____

Bon Secours Preceptor Name (Print): _____

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: List date titer drawn	☐	Rubella: Date: _____ Result: _____
	☐	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.

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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? If yes, where? _____ Length of stay: _____ Date returned to the US: _____ Purpose of trip? Visit family: _____ vacation: _____ mission: _____ other: _____			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: at work: _____ name of patient: _____ in your home: _____ in the community: _____ 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? ☐ YES ☐ NO If yes, please print your current job title:

Student/Visitor Signature: _____ Date: _____

EWS Reviewer: _____ Date: _____

Follow-up Recommendations:

BON SECOURS MERCY HEALTH

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. 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. I understand that this statement is binding both during my clinical experience and thereafter.

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
- 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: _____

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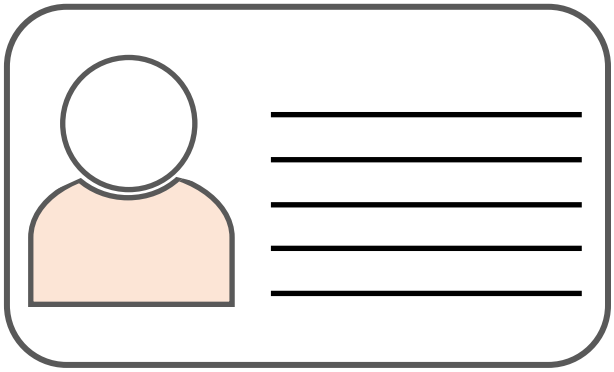
Headshot Photo Requirements

A headshot photo of yourself is needed for your application. Your photo will need to meet the following requirements:

- Clear color image submitted in either JPG, PNG, or PDF file format
- Facing forward with entire head & shoulders shown in photo
- Plain color background without objects
- Do not edit your headshot photo using obsessive filters or artificial intelligence to alter appearance

Copy of Photo ID Requirements



A copy of photo identification will need to be submitted along with your compliance paperwork.

Examples include:

- Driver's license or state ID
- Military ID
- Student photo ID
- Passport

BON SECOURS MERCY HEALTH

Plain Language Security Alerts

Bon Secours Mercy Health uses plain language for emergency alerts to ensure clear communication and promote rapid, coordinated responses that enhance patient, visitor and associate safety.

SECURITY ALERT:

Active Shooter

An individual(s) is shooting or brandishing a firearm in the facility or on the property

SECURITY ALERT:

Active Threat

- An individual is engaged in violence towards staff or others without a firearm
- An individual poses an ongoing, imminent threat or immediate danger to life

SECURITY ALERT:

Security Assist

Any physically or verbally aggressive or potentially escalating violent situation

What should you do?

- In most cases, no action is needed. Security is responding, and staff will guide you if anything is required.

- Only in the case of an Active Shooter announcement:

➢ Run – evacuate the area
➢ Hide – shelter in place if unable to safely evacuate
➢ Fight – if unable to run or hide