BON SECOURS MERCY HEALTH

Richmond - Observation for Practicing Surgeons ONLY

Upload signed Observation Agreement (page 5), copy of photo Id and photo for badge to the online application. After uploading documents, enter the requested information on online application and submit.

E-mail the following to BSV-AcademicAffairs@bshsi.org:
Fully completed vaccination-titer form (page 3), Proof of Flu Vaccine
(during flu season) and Proof of COVID-19 Vaccine (Strongly recommended–Not Required)

Online application with documents uploaded and vaccine-titer form e-mailed to BSV-AcademicAffairs@bshsi.org must be completed at least 3 weeks prior to your start date.

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

CURRENT Bon Secours Employee Instructions:

☐ **Online Application**
https://www.volgistics.com/appform/1804256841

Upload the following to online application:

☐ Copy of Bon Secours Employee Badge

☐ Photo for Badge *(headshot facing forward with no background)*

NON-Bon Secours Employee Instructions:

☐ **Online Application**
https://www.volgistics.com/appform/1804256841

Compliance Documents

Upload the following to online application:

☐ Copy of Photo ID *(such as: driver's license, employee ID or passport)*

☐ Photo for Badge *(headshot facing forward with no background)*

☐ Resume

☐ Signed Observation Agreement ***(page 4)***

E-mail the following to Office of Academic Affairs at BSV-AcademicAffairs@bshsi.org

☐ Fully completed vaccination-titer form ***(page 3)***
- Completed with vaccine & TB requirements listed on **page 2**

☐ Proof of Flu Vaccine (*during flu season*)

☐ Proof of COVID-19 Vaccine *(Strongly recommended–Not Required. Document must list vaccine type)*

Compliance Requirements for Shadowing Experience

- Health record showing immunizations or immunity: (Proof of immunity to measles, mumps, and rubella either by 2 documented MMR vaccines and or positive titers to the disease.)
- 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 for coming into 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:
    - 2-step tuberculin skin test (TST) (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 is accepted in place of the TST

BON SECOURS MERCY HEALTH

Bon Secours Richmond Vaccination-Titer Form

Requirements for Students/Observers (Please Print):

Student Name: _____ **School:** _____

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.

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). In addition, I acknowledge and understand that I may have access to confidential information regarding Bon Secours BSR 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.

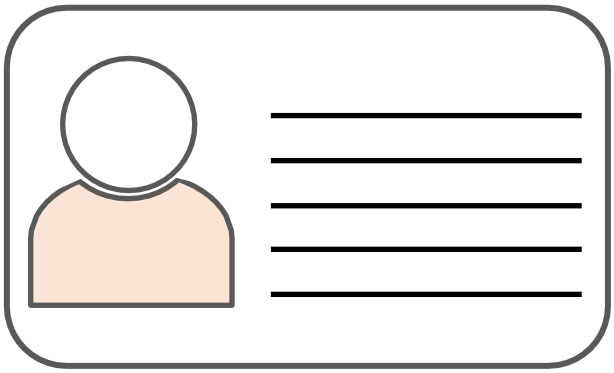
Signature of Observer: _____ Date: _____

Headshot Photo Requirements

A headshot photo of yourself is needed for your approval badge. 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