

Extended Job Shadow Information Sheet

Welcome! To ensure that you get maximum benefit from your Job Shadowing experience, there are several topics we think you should know about. It is up to the discretion of the Health Care Facility to grant your job shadow, due to the professional's availability and department occupancy.

CONFIDENTIALITY: The nature of the health care industry and the state and federal privacy laws require all employees, volunteers, and students to maintain a high level of confidentiality with respect to all information of medical or business nature concerning patients, residents, doctors or employees. **Under no circumstances will such information be discussed with any unauthorized person(s) either outside or inside of the health care facility.** To engage in discussions of confidential information is not only a breach of confidence and a lack of concern for others, but may also involve you in legal proceedings.

INFECTION CONTROL: Proper hand washing helps to prevent the spread of infections from one person to another. Hand washing products, which contain a special antibacterial agent, are available in the rest rooms and work areas. Hands should be rinsed well using friction to remove residual soap.

You may not to enter any room designated "Isolation". If there is a potential that you will have direct contact with a patient's blood or other body fluids, you **must** wear protective apparel. Please consult with a staff member for further instructions.

HAZARDOUS MATERIALS: Potentially hazardous chemicals and materials are used in certain areas as part of the daily operation of a department. Material Safety Data Sheets (MSDS) which describe the hazard and handling instructions for all chemical products are available in each department in the OSHA -Hazardous Communication Book. Please consult with a staff member for further information.

GENERAL SAFETY:

- 1 Please report any unsafe conditions or injuries to the area supervisor.
- 2 The overhead paging system will announce "Code Red" if a fire is detected. Report to your work area for instructions. If you detect a fire, activate the nearest fire alarm. Ask your mentor to provide the number to call when reporting a fire.
- 3 The overhead paging system will announce severe weather or tornado warnings. Report immediately to your work area.
- 4 Other codes are announced to alert the staff to other emergencies. Please report to your work area for instructions if you are unsure of your responsibility.

TOBACCO: You will be required to follow the smoking policy at the health facility in which your job shadow experience will be held – please check with the facility if this is a concern.

DRESS CODE: Appropriate professional business attire is expected. Jeans, T-shirts are considered inappropriate. Be sure that your attire is modest. A general rule is to keep shoulders to knees covered. Aside from earrings, visible body piercing may not be worn. Shoes should have closed toes. All athletic shoes must be of a solid color. Any visible tattoo must be covered at all times.

MISCELLANEOUS INFORMATION:

- 1 A job shadow experience may be scheduled for 4-8 hours during the daytime or evening hours.
- 2 We have noticed that students who have not eaten prior to coming to the hospital/clinic may experience weakness and other discomforts during their Job Shadowing. To prevent this, please *be sure to eat before coming to job shadow.*
- 3 If you are unable to report for your scheduled Job Shadow experience, please notify the contact person assigned to you.
- 4 Bring a photo ID with you on the day of your job shadow experience.

HEALTH REQUIREMENTS: All health requirements, as listed on the application, must be completed before Job Shadowing. This includes date of TB test within one year, two dates of MMR, and information regarding chickenpox.

EXTENDED HEALTH REQUIREMENTS FORM

Student Name: _____	
School: _____	
The following immunization information is mandatory!	
Mantoux TB Skin Test (required annually) <u>Step 2</u> Step 2 TB Test Date: _____ Step 2 TB Test Date Read _____ Step 2 Result _____ mm	Step 1 TB Test Date: _____ Step 1 TB Test Date Read _____ Step 1 Result _____ mm If Positive, date of last chest x-ray and symptoms review _____
MMR Measles/Mumps/Rubella Vaccine MMR -1 dose must be given after 1980 2 MMR's are required OR dates and results of titers.	Date of Vaccines #1 _____ #2 _____ OR Rubella Titer Date: _____ <input type="checkbox"/> Immune <input type="checkbox"/> Non-Immune Rubella Titer Date: _____ <input type="checkbox"/> Immune <input type="checkbox"/> Non-Immune Mumps Titer Date: _____ <input type="checkbox"/> Immune <input type="checkbox"/> Non-Immune
Chicken Pox (Varicella)	History of Disease Yes No Date of "Documented" Disease _____ or Dates(s) of Vaccine #1 _____ #2 _____ or Date of Titer Immune Non-Immune

Please include copies of immunization records and/or lab results to verify the information listed above.

Health requirement & policies apply to all students in patient care areas. It is the student's responsibility to submit accurate and timely information. To the best of my knowledge, the above information is correct, and I do not currently have a communicable disease or health condition that would put myself or the patients/clients at risk.

Student signature _____ Date _____

Educational/HR representative (optional) _____ Date _____

Fox Valley Health Care Alliance Extended Job Shadow – Application Form

Student Name: (Print) _____ **Email Address** _____

Permanent Address: _____
City State Zip

Home Phone: _____ **Cell Phone:** _____

School Address: _____
City State Zip

School: _____ **Expected Graduation Date** _____

Emergency Contact/ Phone Number: _____

Total number of JS hours needed _____ **Date JS needs to be completed by** _____

Facility, Department and Occupation Requested:

Please make an X on the dates and times you are available to complete a Job Shadow

Time & Date	Monday	Tuesday	Wednesday	Thursday	Friday
8AM- Noon					
Noon- 5PM					

(NOTE: Placement could take up to 2 weeks)

I have read and understand the information on the Information Sheet. Should I need medical attention during or as a result of this job shadowing experience, I assume full responsibility for any treatments deemed necessary. I assume responsibility of all medical costs which result and release Fox Valley Health Care Alliance and its members of all liability. Patient/resident permission is required for all job shadow interactions. I understand that this permission may be withdrawn by the patient/resident at any time. I give the facility at which job shadow is being conducted permission to release my telephone number or contact directions, to the requested department. While I am job shadowing at any site under the Fox Valley Health Care Alliance, I realize that all healthcare information, patient/resident care and records are a confidential matter. All information exchanged while I am observing must be held in strictest confidence.

Applicant Signature

Date