Observation and Shadowing Learning Experience
Application and Orientation

USA Health is home to the region's most respected physicians and researchers, who practice at Children's & Women's Hospital, University Hospital, the Mitchell Cancer Institute, Providence Hospital and the Physicians Enterprise. We are transforming medicine and lives in meaningful ways. This orientation is designed to give you an overview of some USA Health policies and procedures as they apply to your visit to the organization.

Shadowing: the attentive watching of someone or something, with no hands-on interaction.

Clinical Observation: an approved applicant observes a healthcare professional who provides care to patients in a clinical setting. Through the clinical observation experience, the observer will see what the day-to-day responsibilities of a given health career might involve.

This application applies to individuals seeking an observation/shadowing experience independent of academic requirements.

If you are in need of observation/shadowing hours required by an academic organization, please notify the Healthcare Learner Coordinator in the Staff Development office at HLChelp@health.southalabama.edu.

To apply for a learning experience, please complete the following steps:

- Complete the student application (pages 2-3)
- Provide documentation of required immunizations (pages 4-5)
- Sign the release of liability with required witness signatures (page 6)
- Review orientation education (pages 7-15)
- Sign the acknowledgments and confidentiality pledge (pages 16-17)
- Email all documents to HLChelp@health.southalabama.edu (in one email)

Once your application and required documents have been received, a member of the Staff Development team will review your documents for accuracy and completeness. If additional items are needed, someone from the team will reach out to you using the contact information provided in your application.

Orientation: orientation materials are provided within this packet.

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Personal Information

Date:
Name:
DOB:
J number: (If no J number, provide SSN)
Student type and school affiliation:
Address:
City, state, & zip:
Phone:
Email:
Emergency contact name & number:

Do you have family members that work for USA Health?

○ Yes ○ No

If yes, please list family member's name, facility, and department:

_____

Interests
Please indicate which facility you're interested in observing:

○ University Hospital
○ Children's & Women's Hospital
○ Providence Hospital
○ Mitchell Cancer Institute
○ Physician Enterprise

Which department(s) are you interested in observing?

_____

Please provide reason for observation/shadowing experience

_____

Pre-approval from a provider/department is required for observation. In addition, an attending physician/provider with full hospital privileges must accept responsibility for the observer's supervision in clinical settings. For a list of providers, go to www.usahealthsystem.com and click on "Find a Provider" or go directly to www.usahealthsystem.com/find-a-doctor.

Observation placement is dependent on availability of staff and successful completion of the applications, required documents, and required educational models. While we cannot guarantee placement, we will do our best to accommodate.

Do you already have approval/acceptance from a provider/department?

○ Yes ○ No

If yes, please provide their name, department, specialty, and their signature below.

_____	_____
Print name	Department / Specialty Signature
_____	_____
Date	Name of the Program or Purpose of Observation

If no, a member of our team will attempt to help facilitate this process. In some instances, this may involve directing the student to the appropriate department in order to request an observation experience.

Required Immunizations

For the safety and well-being of our patients, staff and visitors, each person entering a USA Health facility in an official capacity must be vaccinated and provide proof of vaccination.

Proof of influenza and covid vaccination or exemption are required for observation and shadowing experiences.

Influenza (Flu)
Current flu vaccination is required if dates of rotation are between October 1 and March 31. If you are observing for only one day within this time period, you are still required to get a flu shot. The flu shot must have been received at least two (2) weeks prior to your observation.

Flu Medical Exemption Form

Flu Religious Exemption Form

COVID-19
Vaccinations for COVID-19 are no longer required, but they are recommended. If you are vaccinated, please provide proof. If you are not vaccinated, please provide a declination form. Please visit www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html for the latest information about staying up-to-date with COVID-19 vaccination and boosters.

Covid Exemption Form

Required Immunizations Continued

In addition to Influenza and Covid, required immunizations for access to the operating room and neonatal intensive care unit include MMR, TB, Flu, Tdap, Varicella, and COVID-19. It is highly recommended that you complete a hepatitis B vaccination series. We also require proof of tuberculosis testing. If you need more information on receiving these vaccinations, please contact your primary care provider.

Please attach all immunization documentation to this application. The information below outlines the required vaccinations and the acceptable documentation.

MMR (Measles, Mumps and Rubella)
Must have one of the following:

- Record of two (2) immunizations given after the age of fifteen (15) months and at least thirty (30) days apart; *OR*
- Record of measles and rubella titer showing immunity.

TB (Tuberculosis)
Must have one of the following:

- Record of negative QuantiFERON-TB Gold (QFT) within the previous twelve months or one (1) negative PPD test within the previous twelve months; *OR*
- Chest X-Ray, if the applicant has previously tested positive on a prior PPD. In this instance, the applicant will provide the chest X-Ray documentation.

Tdap (Tetanus-Diphtheria-Pertussis)
One (1) is required and must be within the past ten (10) years.

Varicella (Chicken Pox)
Must have one of the following:

- Two (2) doses of the Varicella vaccine; *OR*
- Documentation and declaration of history from Physician; *OR*
- Record of Varicella titer showing immunity.

Hepatitis B

- Three (3) doses of the Hepatitis B vaccination are strongly recommended.
- If you have had the Hepatitis B vaccine in the past, please provide documentation for all three (3) doses or a positive HBV (hepatitis B virus) titer.

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Release of Liability

ACTIVITY _____

LOCATION _____

DATE _____

TIME _____

To be completed by all participants. If the participant is under 19 years of age, both participant and guardian must complete this release. Participants and guardians must sign in the presence of two (2) witnesses.

TO THE UNIVERSITY OF SOUTH ALABAMA:

I, _____ understand that **I will be voluntarily participating in the above-named activity**. In consideration of the University of South Alabama permitting me to participate in this activity, I, in full recognition and appreciation of all risks, hazards, or dangers, if any, inherent in this activity, to which I may be exposed, do hereby agree to assume all of the risks and responsibilities surrounding participation in such activity.

I do for myself, my heirs and personal representatives, hereby defend, hold harmless and indemnify, release and forever discharge the University of South Alabama/USA Health its trustees, officers, agents, servants and employees from and against any and all claims, demands and actions or causes of action on account of or resulting from my participation in this activity and/or which may result from causes beyond the control of, and without the fault or negligence of the University of South Alabama/USA Health, its trustees, officers, agents, servants and employees, during the period of participation as aforesaid.

I fully understand the risks involved in this activity and agree to assume those risks. I understand that the University of South Alabama, its trustees, officers, agents, servants, and employees assume and accept no liability for wages of any kind, personal injury or loss of life or damage to personal property.

IN WITNESS WHEREOF, I have caused this release to be signed this _____day of _____, 20___.

_____	_____
PRINTED NAME OF PARTICIPANT/GUARDIAN	SIGNATURE OF PARTICIPANT/GUARDIAN
_____	_____
PRINTED NAME OF WITNESS (1)	SIGNATURE OF WITNESS (1)
_____	_____
PRINTED NAME OF WITNESS (2)	SIGNATURE OF WITNESS (2)

Observation and Shadowing Learning Experience Orientation

Mission, Vision, Values

Our Mission
We help people lead longer, better lives.

Our Vision
The University of South Alabama Health System strives to be the premier, integrated, patient-centered healthcare organization in our region. We educate future generations of healthcare providers, and we discover innovative ways to help people become healthier.

Our Values
Teamwork: We believe a team approach offers the best healthcare for our patients.

Patient-Centered: We partner with our patients, their families, and their communities.

Quality: We provide the best quality healthcare to our patients.

Respect: We respect our patients and each other.

Service: We strengthen our community and our region through outreach focused on improving health.

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HIPPA

The Health Insurance Portability and Accountability Act (HIPAA) is a federal regulation meant to protect the privacy of patients and all information about them. HIPAA provides patients with the right to have their information kept private and secure. Penalties for those who violate HIPAA include individual fines up to $250,000 and possible imprisonment.

Protected Health Information (PHI)
Access to PHI is limited to a need-to-know basis so that specific functions can be performed. PHI includes:

- Any information related to a person's past, present or future physical or mental health condition(s).
- Any information related to the act of providing healthcare.
- Any information related to the payment for past, present or future healthcare provided to the patient.
- PHI can be written, spoken or electronic.

What does this mean for me?
As a student observer you are to comply with USA Health's Privacy and Security policies and procedures. To ensure the protection of all PHI you are required to:

- protect patient privacy; and
- safeguard confidential information

To do this you must agree to never disclose or use PHI you are exposed to at USA Health. **Do not discuss any of the patients, treatments, or events you witness at USA Health in a manner that could lead to the identification of the patient.**

- You must not take any photographs or videos of patient's family members, visitors, etc.
- You are expected to have your phone (or any other device) locked up in a secure area or turned off during any observation.
- If you know a patient that you are exposed to, or could be exposed to, you need to let the department (supervisor) know immediately.
- If you are required to report back to your school/program (verbally or in writing) on your observation, you must de-identify the patient by using general terms without use of any information that could identify the patient.
- Cell phones and other personal electronic devices are not to be used while participating as a clinical observer. Department phones are available for emergency use.
- Photography, videotaping of patients or patient activity is strictly prohibited.
- Posting, tagging, taking selfies or sharing your locations on any social media platform is prohibited during the observation experience.
- If you are part of a larger group of participants and witness another individual not doing their part to protect patient information you must notify your USA Health project/observation supervisor/department, so the individual can be dealt with appropriately.

POLICIES AND PROCEDURES

Dress Code
Observers are expected to adhere to the following:

- Observers are expected to maintain a clean and professional appearance.
- Casual business attire or scrubs are required. No denim of any color, t-shirts, shorts, or flip-flops allowed. No ripped or distressed clothing.
- Closed-toe shoes must be worn. Clean athletic shoes are allowed.
- Jewelry should not be excessive. No jewelry allowed below the elbow.
- No artificial fingernail covering is allowed. Natural nails must be kept short and clean.
- Perfumes, cologne, aftershave and strong deodorant should not be worn due to patient sensitivity.
- ID badge must be worn at all times while on any USA Health campus. Badge must be returned to the assigned department after observation is complete.

Security Services

- Observers are responsible for personal items. Please consider locking your valuables in your vehicle, out of sight.
- All incidents and concerns regarding suspicious behavior should be reported to security.
- Observers may park in general parking. Please park as far from buildings as possible to allow parking access for patients and families.
- Your safety is important to us. If you would like an escort to your car, please call security.

Smoking Policy
Smoking is not allowed inside the building or anywhere on facility property.

Hours Log
Observers are responsible for documenting their own observation hours.

Illness
If you are sick, have a fever, cold or sore throat the day of your observation, please do not come to work. Notify your supervisor.

INFECTION PREVENTION AND CONTROL

Infection control practices seek to minimize the spread of illnesses in the healthcare setting. The most effective way to prevent the spread of infection is handwashing.

Hand Hygiene
The use of gloves does not eliminate the need for safe hand hygiene practices.

Wash your hands with soap and water when:

- They are visibly dirty or contaminated with blood or body fluids
- Before eating
- After using the restroom
- If you are exposed to Clostridium Difficile (also known as C. Diff)

Follow these steps:

- Wet your hands with warm water.
- Apply soap and scrub for at least **20 seconds.**
- Wash both the front & back of your hands and wrists, between your fingers and under your nails.
- Rinse well letting the water run down your fingers, **not** down your arms.
- Dry your hands with a paper towel and use the paper towel to turn off the faucet.

Decontaminate your hands with sanitizing foam:

- Before and after direct contact with a patient or their belongings
- After contact with body fluids, excretions, mucous membranes, non-intact skin and wound dressings

Follow these steps:

- Apply hand sanitizer to all surfaces of hands and wrists, between the fingers, and under nails.
- Rub hands together until dry.

Health and Safety

- Do not enter a patient room identified as ISOLATION without training, wearing proper personal protective equipment (PPE) and staff supervision.
- No food or drink in treatment or patient care areas, including the nursing stations.
- Personal protective equipment (PPE) should be discarded immediately after use and should never be worn in the hall, cafeteria, gift shop, common areas, etc.

Observers exposed to a blood or body fluid splash or needle stick should seek immediate assistance from staff/supervisor in the assigned area. The Employee Health Nurse or House Supervisor will be notified. Staff will complete the required documentation.

EMERGENCY MANAGEMENT

Codes

USA Health has dedicated teams who respond to emergencies. These emergencies can be announced several ways: over the PA system, assigned pagers, handset devices, and Everbridge alert system.

For any emergency codes:

- University Hospital (UH) and Children's & Women's Hospital (CW) dial 511
- Providence Hospital dial 22 for medical codes and dial 25 for non-medical
- Clinic setting dial 911
- State the emergency and specific area or location.

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MEDICAL EMERGENCY CODES

01

Code Blue

Activates the Code Team for cardiopulmonary emergencies for adult patients.

ALL

02

Code Blue Pediatric

Activates the Code Team for cardiopulmonary emergency for pediatric patients.

ALL

03

Inpatient Stroke Code

Activates the Stroke Code Team members for admitted patients.

UH & Providence

04

Stroke Code

Activates the Stroke Code Team members for patients coming into the emergency room.

UH & Providence

05

Pediatric Trauma Alert

Activates members of the Trauma Team- includes identification of the alert either as Alpha (Level 1) or Bravo (Level 2) Trauma Alert Criteria.

UH & Providence

06

Trauma Alert

Activates members of the Trauma Team - University Hospital includes identification of the alert as either Alpha (Level 1) or Bravo (Level 2) - Trauma Alert Criteria.

UH & Providence

07

Rapid Response Adult

Used for recognizing and rapidly responding when a decline in an adult patient's status is assessed in a non-critical care area-Rapid Response Protocol.

ALL

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MEDICAL EMERGENCY CODES

08

Rapid Response Pediatric

Used for recognizing and rapidly responding when a decline in a pediatric patient's status is assessed in non critical care areas - Rapid Response Protocol.

ALL

09

Rapid Response Visitor

Used for a visitor emergency.

ALL

10

Code STEMI

Activates the STEMI response team.

UH & Providence

11

OB Response Team

Activates the OB Emergency Response Team.

CW and Providence

USA Health Hospitals have specific teams that respond to emergencies announced over the hospital public announcement (PA) system or communicated via pagers, handset devices, and/or Everbridge alert

USA Policies can be found on the Policy Stat website.

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NON-MEDICAL EMERGENCY CODES

01

Active Shooter

Announces that a person or persons actively engaged in killing or attempting to kill a person(s) on campus or within close proximity to USA Health personnel, patients and/or visitors.

ALL

02

Code 5

Announces a Security notification to respond to any event adversely affecting the peace, order or functioning of the hospital staff, visitors, patients or property.

ALL

03

Code Red

Announces a fire and the location within the hospital - Fire, Hospital Code Red.

ALL

04

Amber Alert

Announces a child or infant is missing.

ALL

05

Code AWOL

Announces a patient is missing/can't be located. Adult patients only.

ALL

06

Weather Alert

Announces severe weather.

ALL

07

Mass Casualty

Announces that a mass casualty has occurred in our region.

ALL

USA HEALTH
NON-MEDICAL EMERGENCY CODES

08

Code Shelter in Place

Announces lock down procedures for hospitals, staff should shelter in place

ALL

09

Bomb Threat

Notify Security Internally

ALL

USA Health Hospitals have specific teams that respond to emergencies announced over the hospital public announcement (PA) system or communicated via pagers, handset devices, and/or Everbridge alert

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Observation Participant HIPAA Training Acknowledgement

I hereby certify that I have received training regarding the HIPAA Privacy and Security Rule's requirements. I understand that the HIPAA Privacy and Security Rules, as amended by the HITECH Act, govern the manner in which protected health information ("PHI") can be used, disclosed, and secured by USA Health, and that I am required to follow the policies and procedures set forth by USA Health.

As necessary, I will seek advice from the program coordinator(s) or HIPAA Officer concerning the appropriateness of my actions or the actions of others and any questions that I may have regarding HIPAA compliance activities. I will also report any suspected violations of the HIPAA Rules or the USA Health's HIPAA Privacy and Security Policies and Procedures to the program coordinator(s) and/or the Office of HIPAA Compliance.

My signature acknowledges my understanding of the above information and my agreement to comply fully with the USA Health's HIPAA Privacy and Security Policies and Procedures.

I acknowledge that I have been provided orientation materials to include an overview of USA Health's mission, vision, values, policies and procedures, infection prevention and control, and emergency codes.

_____	_____
Print name	Signature
_____	_____
Date	Name of the Program or Purpose of Observation

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Acknowledgements & Confidentiality Pledge

The information I provided for this application is accurate and correct to the best of my knowledge. I have never committed or been convicted of a felony. I approve USA Health to check references. USA Health is not obligated to provide a placement, nor am I obligated to accept the placement offered. Opportunities for clinical observation are provided without regard to religion, creed, race, national origin, age or sex.

I recognize the necessity of maintaining the confidentiality of all data and documents collected and processed by USA Health. Confidential information is defined as proprietary business data or information which contains identifying information which can be linked to a specific individual or patient. I also recognize the importance of my part in assuring the right to privacy of persons and institutions cooperating with this facility. I further understand that this facility has both ethical and legal responsibilities to safeguard confidential information. Therefore, I will not divulge any confidential information I may encounter during my work at this facility. Further, I will not make any copy of or transport off the premises any confidential information. I am aware that in some instances, civil and criminal penalties are possible if unauthorized disclosure of confidential research records and data occurs. I agree to accept any liability which may accrue to this facility for any breaches of confidentiality which occur through my direct action.

I agree and acknowledge that I have read and understand the policies and guidelines presented in clinical observation orientation.

_____ _____

Applicant's (or guardian) signature Date

(If applicant is under 19 years of age, parent/legal guardian must also sign)

To be completed by USA Health Staff Development Only

Application received date: _____

Application approved by: _____ Date _____

Scheduled observation provider/department:

_____

Scheduled observation location, date, and time(s):

_____