Request for Community/School Experience

Name:

_____

_____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

School: _____ Number of Hours Needed: _____

Please include a Letter of Intent, indicating why you're requesting this experience.

Program Experience Desired (check one):

☐ Job Shadowing ☐ Clinical Experience ☐ Community Work
☐ UWP Clinical Site ☐ Community Service (Judicial)

☐ Other (please specify) _____

Specific Department/Work Site Experience Requested:

_____

Requested Date(s) of experience: _____

How did you hear about this opportunity at Southwest Health? _____

I agree to abide by all requirements as set forth by Southwest Health policies relating to participation in the above program/experience.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____
(If less than 18 years of age)

Supervisor/Sponsoring Agency Signature: _____ Date: _____

Supervisor/Sponsoring Agency Telephone Number: _____

Please remit application to:
Southwest Health, Human Resources Dept.
1400 Eastside Road, Platteville, WI 53818
P: 608-342-5043 | E: hubbardd@southwesthealth.org | F: 608-342-5015

For SH Office Use Only

Received: _____ By: _____
Date Granted/Denied: _____

Comments: _____
Preceptor Department Manager: _____ Date: _____

Job Shadow/School Experience Information Sheet

HIPAA/CONFIDENTIALITY:
Southwest Health employees and students may have access to information of a highly personal and intimate nature regarding the patients/residents entrusted to, and trusting in, their care. Professionally, ethically, and legally, it is the responsibility of all employees and volunteers to maintain strict confidentiality regarding patients, residents, their diagnoses, treatment, condition, or any personal information learned about them (or their families) during the course of their stay.

Discussion about the patient/resident should be limited to staff members who are involved in the patient's/resident's treatment and should only be held in areas where the discussion cannot be overheard by other employees or visitors. Information and documents about the patient's/resident's care may only be released by Southwest Health with the patient's/resident's consent in strict accordance with our disclosure of information process. Any information that could be used to identify a patient, resident or unique situation involving a patient/resident should never be communicated without the express prior permission of patient/resident. Any area that releases patient/resident information must utilize, as a minimum, the Release of Information Form or its equivalent.

SOCIAL MEDIA USE:
Social Media sites (Facebook, Twitter, Snapchat, Instagram, etc.), personal websites, and blogs are forums in which individuals can share information and interests in an online format. Southwest Health views social media and networking sites as positive and may use them to communicate opportunities for patients, employees, and other members of the communities we serve.

- Employees/Students are not to share any confidential or proprietary information about Southwest Health or its patients. Any information that could be used to identify a patient, resident or unique situation involving a patient/resident should never be communicated without the express prior permission of patient/resident. This shall include any and all comments or pictures posted on blogs, forums and social networking sites.

GENERAL SAFETY:
1. All patients must be notified *and* consent received before the shadowing proceeds with that patient (if applicable for Job Shadow position). In the event where the patient may be unable to provide consent before receiving treatment, shadowing should not occur (i.e. ER).
2. In the case of a fire, follow RACE:
   - **R**escue anyone in immediate danger.
   - **A**larm by pulling the nearest fire alarm pull, typically located by the nearest exit.
   - **C**onfine by closing doors.
   - **E**xtinguish. Attempt to extinguish fire using the PASS technique:
     - 1. Pull pin 2. Aim at base of fire 3. Squeeze 4. Sweep
3. An overhead paging system is used to announce any emergency code (i.e. fire, weather, security, etc.) To page a code, you would press the "Paging" speed dial number located on departmental superset phones and announce the emergency in clear text, naming the location three times. (Example: Fire Alarm Conference Room A; Fire Alarm Conference Room A; Fire Alarm, Conference Room A)
4. Any actual or potential injury/accident should be reported immediately and an incident report completed on-line through "Safety Zone" system.
5. Two types of eyewash stations are available and strategically located for use in the event that you *or another individual* might be involved in an incident where a hazardous substance is splashed into eyes. You should attempt to identify where the nearest eye-wash station is in your work area and know how to operate the system.

- Plumbed Eyewash Stations: Turn water on *(insuring not too hot or cold)*; pull button/lever switch towards you; flush eyes for minimum of 15 minutes.
- Bottled Eye-wash: Remove bottle from station & twist off cap; position a few inches from eye and flush eyes thoroughly by gently applying pressure to bottle.

6. To protect you and our patients / customers from infection, always use good hand hygiene. Gel containers are strategically located and should be used by rubbing hands together for at least 15 seconds. Wash hands with soap and water for at least 15 seconds if visibly soiled.
7. Treat all blood or body fluid as if it was infected. Wear personal protective equipment *(i.e. gloves, gowns, masks, etc.)* before coming in contact with these fluids. Be sure to watch for "Isolation Precaution" signs on patient room doors and adhere to recommendations on signs.

ABUSE PREVENTION

The intent of this policy is to immediately, upon learning of the possible abuse or neglect of a patient/resident, the possible misappropriation of a patient's/resident's property, or injury of unknown source to a patient/resident, any or all of which may include Caregiver or Non-Caregiver Misconduct [hereinafter collectively referred to as "Possible Misconduct"], protect all patients/residents, including adults-at-risk and elder adults-at-risk, from possible subsequent incidents involving harm or injury.

Employees will immediately report any incident involving Possible Misconduct in accordance with the Procedures and Guidelines for Investigation set forth below.

PATIENT/RESIDENT RIGHTS

Access to Care

Our doors are open to all people regardless of age, race, color, handicap, sex, sexual orientation, creed, religion, national origin, ancestry, arrest or conviction record, marital status or source of payment.

Respect and Dignity

All patients/residents have the right to:

- respectful care at all times
- be free from any verbal, sexual, physical & mental abuse or harassment
- be free from imposition of unnecessary physical restraints or psychoactive drugs not required for treatment.
- be fully informed of his/her total health care status, including, but not limited to their medical condition.
- be involved in decisions and appropriate assessment, reassessment, management and treatment for pain control
- expect the appropriate education regarding effective pain management

Privacy and Confidentiality

All patients have the right to:

- expect that he/she will be informed of his/her rights in advance of furnishing or discontinuing care when possible.
- personal and informational privacy (as prescribed by law)
- maintain the confidentiality of his/her medical record(s) and access them within a reasonable time frame.

Personal Safety

Patients/residents have the right to expect reasonable safety with respect to hospital practices and environment.

Identity

Patients/residents have the right to know the identity and professional status of individuals providing service to them and to know which physician or other practitioner is primarily responsible for their care.

Information
Patients/residents have the right to obtain from his/her physician, complete and current information concerning their diagnosis (to the degree known), treatment, and any known prognosis.

Communication
Patients/residents have the right of access to people outside the hospital through visitors and by verbal, written, and telephone communication.

Consultation
Any patient/resident at their own request and expense has the right to consult with another specialist.

Refusal of Treatment
Any patient/resident or their legal representative may refuse or request treatment to the extent permitted by law. When refusal of treatment by him/her or their legal representative presents our delivery of appropriate care in accordance with professional standards, the relationship with him/her may be terminated upon reasonable notice. If the patient/resident feels undue pressure because of their decision, they may be terminated upon reasonable notice. If they feel undue pressure because of their decision, they or their legal representative may ask for a consultation with the Ethics Committee by requesting this from the nurse in charge of his or her care.

Transfer and Continuity of Care
All patients/residents have the right to request a transfer of care to another physician or care provider by notifying a registered nurse that will assist them in implementing this process. This transfer will be accomplished upon acceptance of the patient's/resident's care by the receiving physician.

Hospital Charges
Regardless of the source of payment for the patient's/resident's care, he/she has the right to request and receive an itemized and detailed explanation of their total bill for services. The Patient/resident has the right to timely notice of any termination of payments for the cost of his/her care by their insurer or other third-party payer.

Hospital Rules and Regulations
Patients/residents should be informed of the hospital rules and regulations regarding their conduct as a patient. They are entitled to information about Southwest Health's system to hear and resolve patient's complaints and grievances. Patient complaints should be directed to Patient Representative, Department Head, or Administrative Designee. Hospital staff will be educated on patient rights initially, during their employee orientation, and also during the annual employee in-services.

Grievances and Complaints
The facility will undertake prompt efforts to resolve any grievances a patient/resident may have, including those relating to the behavior of other residents. All residents have the right to contact and receive information from organizations offering protective services and acting in the capacity of resident advocates.

Medical Care and Treatment
Patients/residents have the right to select his/her own personal attending physician/dentist and use a licensed, certified or registered provider of health care and pharmacist of their choice as well as the right to communicate with them. The attending physician must be a member of Southwest Health's Medical Staff. The pharmacist must abide by Southwest Health's pharmacy services' policies.

Social, Religious and Community Activities

All Patients/residents have the right to participate or to refuse to participate in social, religious and community activities that do not infringe upon the rights of other residents. They are encouraged to vote and exercise their other rights as a citizen or resident of the United States.

Access and Visitation

Each resident has the right to unlimited contact with visitors and others.

Patients/residents have the right to immediate access by:

- their immediate family and other relatives, subject to his/her right to withdraw or deny consent at any time;
- their attending physician;
- any representative of the U.S. Department of Health and Human Services;
- any representative of the State of Wisconsin;
- any representative of Wisconsin's Long Term Care Ombudsman Program which provides assistance to elderly and developmentally disabled individuals;
- any representative of the Wisconsin Coalition for Advocacy which provides assistance for mentally ill individuals.

Others who wish to visit may do so with a patient's/resident's consent, which they may deny or withdraw at any time, subject to reasonable restrictions.

If both a patient/resident and his/her spouse reside in this facility, they have a right to share a room, if each consent to the arrangement.

(End of Patient/Resident Rights)

DRESS CODE, HYGIENE, & APPEARANCE:

1. Name badges will be issued and must be worn and all times, in good condition. Every customer/patient has the right to know who is providing care/service to them.
2. All clothing must be clean, suitable for professional image, free of writing and graphics unless it is SH approved, and of appropriate length; Shirt sleeves must be long enough that the underarm is not exposed and skirts below knee length.
3. Blue Denim material is appropriate for shirts (jackets) and skirts only.
4. Shoes must be clean and worn with socks or hosiery. Sandals and open-toed shoes may be worn in areas where foot safety is not a concern and only in non-patient care areas. Thong or flip-flop footwear is not allowed.
5. Jewelry and accessories such as earrings and necklaces are acceptable if they are short enough so as not to interfere with patient contact, procedures, or equipment. Tattoos/body art are discouraged and must be covered at all times. With the exception of earrings, no visible body piercing allowed.
6. Fake nails and nail polish cannot be worn by: surgical personnel, staff involved in cleaning processes, direct patient/resident caregivers, and those who prepare products for patients/residents.
7. Perfumes and colognes should not be used, so as not to be offensive to patients and fellow employees.
8. Hairstyles for men and women must be moderate to ensure a professional appearance in a manner which does not interfere with work. Unusual or extreme hairstyles are considered inappropriate in the workplace.

SMOKING:

Southwest Health is a smoke free campus, meaning there is no smoking permitted in the building, around the exterior of the building, or the parking lot. Exceptions can be made in respect to certain conditions/circumstances.

CORPORATE COMPLIANCE: 608-342-0937 or Ext 2937

Any individual may call the Confidential Hotline to ask questions concerning a potentially improper action.

- Callers can report concerns anonymously and without fear of retribution.
- Calls are not traced and are recorded only if the caller chooses to leave a message.
- The Hotline provides an additional method of communicating when an individual is uncomfortable using other channels or needs additional assistance.

The Compliance Officer or a member of the Compliance Team will:

- Initiate an investigation of appropriate matters that cannot otherwise be resolved.
- Monitor the matter through to resolution.

MISCELLANEOUS INFORMATION:

Personnel must not use personal cell phones or other communications devices during work time. Personal communications should be made during non-work time. Should someone use their communication device on the premises during non-work hours, it should be kept it mind that that person is still representing Southwest Health.

HEALTH REQUIREMENTS:

All requirements must be completed before Job Shadowing. This includes either an actual test or proof of: two-step TB skin test within the last year (required if >8 hours of job shadowing), 2 MMRs, and chicken pox immunization. Please complete the attached form.

Acknowledgement Form

The undersigned hereby acknowledges receipt of the foregoing "Job Shadow Information Sheet" including:

- Confidentiality/HIPAA
- Social Media
- General Safety
- Abuse Prevention
- Patient/Resident Rights (Respect, privacy, identity, consultation, etc.)
- Dress Code, Hygiene & Appearance
- Smoking
- Corporate Compliance
- Miscellaneous Information
- Health Requirements

The undersigned has received and read the information and was given the opportunity to ask questions relative to their nature and scope.

_____

Print First and Last Name

_____

Signature

_____

Date

Student Health Requirements Form

The following immunization information is mandatory.

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

- **Mantoux TB Skin Test**
  A two-step TB skin test is required and must have been completed within the past year. If a one-step TB skin test was completed within the last year, an additional one-step TB skin test is needed. If a one-step TB skin test was completed within the last 90 days, no further TB skin testing is needed.

- **MMR Measles/Mumps/Rubella Vaccine**
  MMR - 1 dose must be given after 1980
  2 MMR's are required OR dates and results of titers.

- **Varicella (Chicken Pox)**
  Date of "documented" disease, vaccine, or titer.

- **Hepatitis B vaccine**
  (optional)

- **Influenza Vaccine**
  (recommended)

Health requirement & policies apply to all students in both patient and non-patient care areas. It is the student's responsibility to submit accurate and timely information. To the best of my knowledge, the immunization information that I have provided 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