



Observation/Job Shadowing at Florida Hospital Guidelines for FH Sponsor/Preceptors

ENCLOSED YOU WILL FIND:

- | | |
|---|-----------------------------------|
| ✓ Observer/Job Shadow Process Flow | ✓ HIPAA Compliance Sign-Off Sheet |
| ✓ Observer/Job Shadow Process Checklist | ✓ Release of Liability |
| ✓ HIPAA Compliance | ✓ Safety Education |

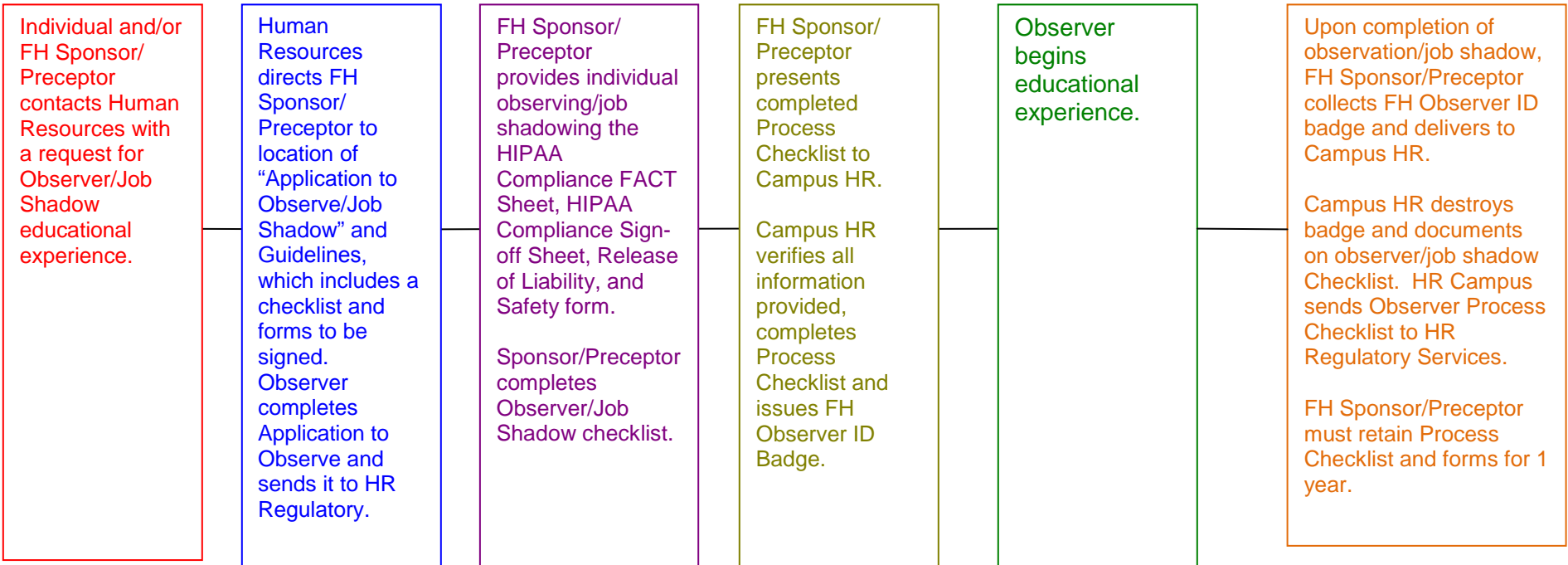
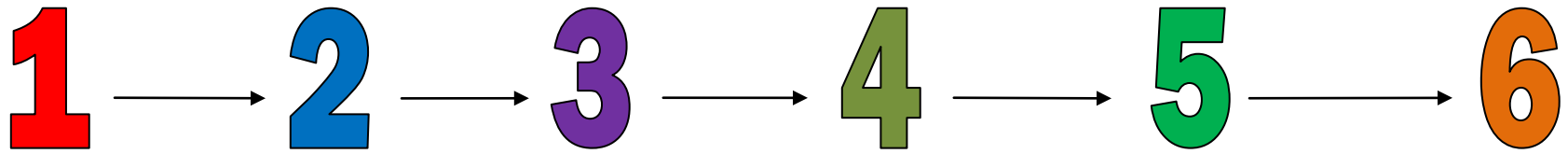
Individuals desiring to complete an educational observation/job shadowing experience at Florida Hospital (FH) are required to follow the process outlined in these guidelines. Requests shall be made through FH Campus Human Resources. **FH is presently unable to provide or assist in finding FH Sponsors/Preceptors.**

IMPORTANT INFORMATION & KEYPOINTS:

- **Observer must be 18 years or older.**
- FH Sponsor/Preceptor **cannot** be a relative or family member of the observer.
- **Applications** and a **photo copy of State ID or Passport**, must be submitted **at least 2 business days** prior to observation start date to FH.HR.RegulatoryServices@flhosp.org or faxed at 407-303-0644.
 - Time may be limited based on nature of experience and may **not exceed 30 days**.
- Approvals for observer/job shadowing will be sent out **at least 2 business days** prior to start date.
- Items listed under Sponsor/Preceptor section must be dated, initialed, and presented to Campus Human Resources (HR) Office prior to assignment.
- Documents to be collected by FH Sponsor/Preceptor:
 - HIPAA Compliance Sign-Off Sheet
 - Release of Liability
 - Safety Education
- Campus HR Office will confirm observation/job shadowing experience with FH Sponsor/Preceptor and review all required documents prior to issuing a FH Observer/Job Shadow ID badge.
- The FH Sponsor/Preceptor **must** provide unit/department specific orientation. Individual observing/job shadowing is expected to follow all of Florida Hospital's policies, rules and regulations, specifically those regarding infection control, safety, and confidentiality. **Violation of any policy or rule stated below will result in immediate termination of the observation/job shadowing experience.**
 - **NO DIRECT PATIENT CONTACT**
 - Patients must be informed of the presence of observers and observe/job shadow only if permission has been granted by the patient.
 - Must always be accompanied by FH Sponsor/ Preceptor and cannot interact with any patient independently.
 - ID Badge does **not** allow access to any secure area and does **not** allow entry into any area with a badge swipe entrance.
 - Will not enter isolation rooms, and will not come to observe/job shadow when he/she is sick, has a fever, or has been exposed to a contagious disease.
 - Will not provide medical care, conduct a patient interview, take a medical history, examine a patient, provide medical advice to a patient, or assist in any procedure.
 - May participate in rounds, conferences and other didactic activities as appropriate.
 - Will not make entries into or make copies of patient medical records.
 - Will not write or make verbal orders for patients.
 - Will not bill for any service.
- Upon completion, badge must be collected and delivered to Campus HR.
- FH Sponsor/Preceptor must keep all documents for one year after observation/job shadowing experience. Audits are conducted by FH Human Resources Regulatory Services and it is critical that all required information is readily available at time of audit.

For more information: <https://drupal01.floridahospital.org/humanresources/content/compliance>

Human Resources Guidelines Observation/Job Shadowing Process Flow FH Sponsors/Preceptors





Observer/Job Shadow Process Checklist

This form must be completed & presented to Campus HR to issue FH Observer ID badge

OBSERVER NAME:					
DEPARTMENT SPONSOR/PRECEPTOR:					
FH DEPT. CONTACT NAME:					
PHONE:		FAX:			
DEPARTMENT:		CAMPUS:			
START DATE:		DURATION:	END DATE:		
SCOPE OF OBSERVATION: <i>(Please Print)</i>					
FH SPONSOR/PRECEPTOR			√	Date	Initials
<input type="checkbox"/> Completed Application to Observe/Job Shadow submitted to FH HR Regulatory Services					
The FH Sponsor/Preceptor interested in facilitating observation/job shadow will provide Observer/Job Shadow applicant with: <ul style="list-style-type: none"> <input type="checkbox"/> HIPAA Compliance Fact sheet <input type="checkbox"/> HIPAA Compliance Acknowledgement form 					
<input type="checkbox"/> Reviewed/signed HIPAA COMPLIANCE SIGN-OFF SHEET - Must be kept by FH Sponsor/Preceptor					
<input type="checkbox"/> Reviewed/signed RELEASE OF LIABILITY- Must be kept by FH Sponsor/Preceptor					
<input type="checkbox"/> Reviewed/signed FH SAFETY EDUCATION FOR OBSERVERS – Must be kept by FH Sponsor/Preceptor					
Observer/Job Shadow ID Badge does not allow access to any secure area and does not allow entry into any area with a badge swipe entrance. <u>FH Observer/Job Shadow badge must be worn at all times.</u>					
FH Sponsor/Preceptor Name: _____					
FH Sponsor/Preceptor Signature: _____ Date: _____					
Upon completion of observation/job shadow, FH Sponsor/Preceptor MUST collect FH Observer/Job Shadow badge and return to FH Campus Human Resources.					
FH CAMPUS HUMAN RESOURCES ONLY			√	Date	Initials
FH Campus Human Resources: <ul style="list-style-type: none"> <input type="checkbox"/> Confirms acceptance of observation/job shadow experience with FH Sponsor <input type="checkbox"/> Keeps copy of Observer/Job Shadow Process Checklist <input type="checkbox"/> Verifies Observer/Job Shadow Photo Identification and Age <input type="checkbox"/> Issues FH Observer/Job Shadow ID badge 					
FH HR Campus Staff Name: _____					
FH HR Campus Staff Signature: _____ Date: _____					
Returned & Destroyed? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Observer/Job Shadow Process Checklist sent to HR Regulatory Services Date: _____					

Health Insurance Portability and Accountability Act (HIPAA) COMPLIANCE

Patient Privacy

- HIPAA is Federal Regulation that makes certain that each and every patient's personal health information (PHI) is protected and that their privacy is maintained. PHI includes paper and electronic documents as well as verbal conversations.
- Florida Hospital's moral and ethical obligation is a legal responsibility.

What's covered under HIPAA

- HIPAA uses the terminology Protected Health Information.
- Protected Health Information goes beyond the traditional medical record.
- Includes all medical, financial and demographic information.
 - Patient Name
 - Phone Number
 - Birthdate
 - Address
 - Social Security Number
 - Anything which could individually identify the patient

Where and **how** information is communicated is an important part of HIPAA.

- Electronic communication and computer systems.
- Written communication including the medical record.
- Verbal communication between healthcare workers or between healthcare workers and the patient.
- Any communication between staff including volunteers and contracted workers.

Enforcement

Civil Penalties

- Up to \$50,000 per violation per individual

Criminal Penalties

- "Egregious Violations" such as sale of patient information, gaining access under false pretenses, or releasing information with harmful intent.
- Law enforcement may investigate.
- Possible jail time and monetary fines up to \$1,500,000.00.

Ways to Protect Our Patients

- Having access to patient information does not give us a right to access or disclose.
- Simply follow the "need to know" rule. Before looking at or sharing information with anyone else, ask the question, "Do I need to know this to do my job?" If the answer is "no", stop.
- If you see or hear any private health information as you do your job, keep it to yourself. This includes the fact that the patient is at our facility.
- If you see patient information in an open trash container, report it to your supervisor to properly dispose of it.
- If you see a violation of the privacy policy, tell your privacy officer or call the Guideline at 1-888-92-Guide (48433).

Patient Privacy must be protected at all times

HIPAA COMPLIANCE SIGN-OFF SHEET

This is to certify that I, _____, have received basic Orientation in:

✓ **HIPAA / Privacy and Security**

- I understand that I am responsible for knowing and following the Health Insurance Portability and Accountability Act Compliance Fact sheet provided. I also understand that I am responsible for reporting any violations to my FH Sponsor/Preceptor or Compliance Office at (407) 303-9659 and/or the Guideline at 1-888-92-Guide (48433).

Observer Name (Print)

Observer Signature

Date

**RELEASE OF LIABILITY
CONSENT TO PARTICIPATE IN OBSERVATION/JOB SHADOWING AT
FLORIDA HOSPITAL**

I, _____, acknowledge that I have been informed of the potential risks of injury that may occur while I am allowed to participate as an observer at Florida Hospital, and I agree to assume the risk of such injury or illness.

In consideration of being allowed to participate in the program, I hereby release and hold the Hospital harmless from any injury or illness that may occur as a result of participation, except to the extent that the injury or illness occurs as the result of negligence by the Hospital or its employees.

Signed this _____ day of _____, 20____

Signature of Observer

Name of Witness (Sponsor)

Witness Signature

Florida Hospital Safety Education for Observer/Job Shadow

Situation	Expected Response
Fire (Code Red) in your area	<p>Extinguish fire if possible</p> <p>P - Pull fire extinguisher pin out A - Aim hose S - Squeeze trigger S - Sweep from side to side</p> <p>If unable to extinguish, call 911 and pull fire alarm.</p> <p>Notify Hospital Security</p>
Code Red	Announced code when Fire situation exists in the building - prepare to evacuate
Code Yellow	Announced code used to prepare occupants to evacuate.
Code Green	Announced code when building or unit evacuation is to begin.
Code O2	Announced code when there is a loss of bulk and reserve liquid oxygen. Patients on oxygen get evacuated.
Chemical Spill	Refer to your company policy for containment procedures and notify Hospital Security.
Medical Emergency	Call 911

Things to Know and Remember

- Location of exits and evacuation routes from your work space.
- Location of the map showing fire extinguishers, fire pull stations, sprinkler shutoff valves in your work space.
- Security emergency phone number – **407-303-1515**
- Emergency safety issue - **407-303-1515**
- Obtain and wear a FH identification badge at all times.
- Obey all requirements, keep work space clean, and wash your hands frequently.
- What you SEE here, what you HEAR here, must REMAIN here, when you LEAVE here. (HIPAA)

Observer:

By signing this sheet, you certify that you have read and understand your responsibilities and obligations while observing at Florida Hospital. Also, understand that the information presented covers only basic requirements and may not include everything you need to know depending on your observation experience. Additional safety information and associated policies and procedures may be obtained by requesting them from your FH Sponsor/Preceptor.

You understand that confidentiality of patient related information is important; including names of patients you may come into contact with and is not to be shared while on the job or when you leave the premises.

Observer's Name (print)

Observer's Signature

Date