



## Job Shadow/Patient Observer Request Form

PERSONAL INFORMATION (OBSERVER)			
LAST NAME:		FIRST NAME:	MI:
PERMANENT ADDRESS:		CITY:	STATE: Zip:
PHONE NUMBER	DATE OF BIRTH	EMAIL ADDRESS	

SCHOOL INFORMATION - if you are currently enrolled in a higher education program - please enter the information here	
SCHOOL:	Program/Major (be as specific as possible; ex: Nursing – RN)

EMERGENCY CONTACT OF OBSERVER		
LAST NAME:	FIRST NAME:	
RELATIONSHIP:	PRIMARY TELEPHONE NUMBER:	SECONDARY TELEPHONE NUMBER:

OBSERVATION INFORMATION	
AREA(S)/ROLE(S) YOU WISH TO OBSERVE:	NUMBER OF HOURS YOU WISH TO OBSERVE:

DATE YOU WISH TO OBSERVE:		
Please list 3 dates at least two weeks from now in order of preference. If only specific hours work on these days, please note it here.		
1. _____	2. _____	3. _____

Return the completed form to: Sauk Prairie Healthcare, Fax # 643-7275 or  
To Education Department, [ed@SaukPrairieHealthcare.org](mailto:ed@SaukPrairieHealthcare.org)  
260 26th St. Prairie du Sac, WI 53578

## REQUIRED ORIENTATION INFORMATION

### Dress Code

The following dress code will be strictly enforced. If you have any questions regarding this code, please contact Sauk Prairie Healthcare before signing.

- Appropriate attire includes but is not limited to:
  - Denim dresses, shirts and skirts;
  - Leggings, when paired with an upper garment that covers the employee's buttocks;
  - Hosiery (or socks) that cover the entire foot are required at all times in areas that provide direct patient care;
  - Undergarments are to be worn and must not be visible;
  - Sleeveless tops for females working in a patient care role (e.g., RN, CNA, Med Tech, etc.) may only be worn under suit jackets or lab coats and provided undergarments are not visible. Sleeveless shirts for males may not be worn.
  - Clean shoes in good repair which are safe for the employee's work environment.
  - Open toed shoes or sandals in non-patient care areas, provided they are not deemed to be a safety issue by the department director.
- Inappropriate attire includes, but is not limited to:
  - Shorts, unless appropriate to the job and approved by the department director;
  - Except as provided in 7, below, denim pants, unless appropriate to the job and approved by the department director.
  - Miniskirts;
  - Hooded sweatshirts (including SPH logo wear);
  - Clothing which exposes the midriff or is inappropriately sheer or otherwise revealing;
  - Athletic gear, including spandex pants, yoga pants or sweatpants;
  - Clothing with slogans or advertising (with the exception of SPH logo wear and professional organizations such as WHA, etc.);
  - Tee shirts. Polo shirts or styled cotton tops are acceptable. Tee shirts may be worn under scrub tops;
  - Open toed shoes or sandals in patient care areas. Flip-flop styled sandals are not appropriate in any SPH work location.
- Accessories:
  - Jewelry may be worn but should not be extreme in style. Safety should also be considered.
  - Ear piercing is acceptable, as is one small stud nose piercing of 2.5mm or less. All other body piercings shall be removed or covered. An exception may be made for religious or cultural reasons only, with director approval.
  - Tattoos/body art displaying obscenities, vulgarities, racial or other objectionable representations are not acceptable and must be covered at all times.
  - Hats may only be worn outside while on duty and may not be decorated with any advertisements or slogans and must not contain any obscenity, vulgarity or other offensive verbiage or images.
  - Makeup should be worn in moderation and be appropriate for a business setting.
  - Hairstyles must ensure a professional appearance. Extreme hair colorings, or styles, are inappropriate.

### Fire Safety

- All Sauk Prairie Healthcare property and campus areas including all the buildings and grounds (including sidewalks, parking lots and decks) are required to be tobacco-free. Tobacco use is not allowed in personal vehicles on campus grounds (including parking lots).
- Sauk Prairie Healthcare responds to fire events using the RACE protocol: Rescue, Alarm, Contain, and Extinguish.
- You do not have a specific role during a fire event; follow instructions provided by your mentor or the unit charge person.
- If you discover a fire, notify a staff member immediately.

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## Emergency Preparedness

- Sauk Prairie Healthcare is prepared to respond to different types of emergencies or disasters, including natural disasters, utility failures, major transportation accidents, terrorism, and chemical spills.
- You do not have a specific role during an emergency; follow instructions provided by your mentor or the unit charge person.
- In the event of an emergency/disaster, do not leave the building until you been given permission to do so.

## General Safety

- Healthcare facilities have many potential hazards or dangers, including:
  - Biological, or “germs”
  - Chemicals, or toxic or irritating materials
  - Psychological, or factors that cause emotional stress or strain
  - Physical, such as radiation, lasers, noise, electrical equipment
  - Environmental/mechanical, such as moving patients and trip/fall hazards
- Prevent slips by wearing slip-resistant shoes – soft rubber soles, no high heels, patterned soles.
- Watch for safety signs and walk carefully on wet floors and icy sidewalks.
- If you have any accident, injury, or other unexpected or unusual event happen to you, tell your mentor.

## Hazard Communication

- Hazard Communication is about chemical safety.
- Observation experience participants do not handle chemicals.
- If you get splashed or sprayed by chemicals while observing, tell your mentor. You will be instructed on first aid procedures.

## Infection Control

- Hand hygiene, or handwashing, is the most important thing you can do to prevent the spread of infection.
- Wash or disinfect your hands before and after entering a patient room; before and after eating or drinking; after sneezing or coughing; after using the bathroom; after touching your hair, face, or shoes; and before leaving for home. Follow department-specific procedures for handwashing/scrubbing/masking: obstetrics and surgery, for example.
- Getting vaccinated according to the recommended schedule is another way to prevent the spread of infection.
- Cover Your Cough to stop the spread of germs that can make others sick: Cover your mouth and nose with a tissue when you cough or sneeze and put your used tissue in a waste basket. If you don't have a tissue, cough or sneeze into your upper sleeve or elbow, not your hands.
- Cover cuts, scrapes, hangnails, minor rashes, etc. during your participation experience.
- Isolation precautions are used to prevent the spread of infection when a patient has a known or suspected contagious disease. **You should not enter these patient rooms.**

## Blood borne Pathogens

- Blood borne diseases are spread from person to person when there is exposure to infected blood, or other body fluids or tissues. Important blood borne diseases include HIV/AIDS, Hepatitis B, and Hepatitis C.
- As an Observation Experience Participant, you should not be exposed to blood or body fluids.
- If you do, for some reason, get exposed to blood or body fluids, tell your mentor right away so it can be reported and you can receive treatment, if needed.

## Tuberculosis

- Tuberculosis, or TB, is a disease that affects the lungs. TB is spread from person to person by tiny particles that float in the air.
- Special masks or respirators must be worn by staff entering the room of a patient with TB; you should not enter these patient rooms.
- Sauk Prairie Healthcare is a low-risk TB facility; there has not been an active case of TB in Sauk County in many years.

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## **Patient Rights and Confidentiality**

- Patients have many rights. These include confidentiality, participation in their own care/treatment, respect, safety, nondiscrimination, and the right to complain.
- Wearing your Observation name badge, and introducing yourself, is one way you can respect patient rights.
- Patients have the right to privacy and confidentiality. These rights are protected by laws known as HIPAA.
- You should not read or look at any patient information, in written form or on the computer.
- Everything you see, do, or hear about specific patients at Sauk Prairie Healthcare is confidential and cannot be shared with anyone – even for a school assignment or report. Confidential information includes patient name, address, names of relatives, illness, personal problems, or financial matters.
- Sharing, or disclosing, of confidential information is called a breach. A breach of confidentiality is a serious offense and must be reported to the patient(s) involved, and sometimes, the authorities.
- The HIPAA Privacy Rule sets severe criminal penalties for people who violate, or breach, a patient's privacy.
- Information about Sauk Prairie Healthcare's business, financial, employees and physicians is also confidential and cannot be shared.

## **Corporate Compliance**

- Corporate compliance means following all applicable business laws and regulations. Many of these laws are in place to prevent healthcare fraud and misconduct. Corporate Compliance means Doing the Right Thing, Every Time.
- Employees or other representatives of Sauk Prairie Healthcare have a responsibility to report concerns about actual or potential wrongdoing.
- Staff, contractors, patients, visitors and physicians can share complaints and/or potential issues confidentially without fear of punishment or retaliation.
- If you see or hear anything during your time here that you believe may be illegal, unethical, or seems wrong, please tell us. You can report it by:
  - Telling your mentor so he/she can report it in our computer system
  - Calling the Compliance Hotline – 643-7370
  - Telling the departmental Director
  - Reporting to ACHC (Accreditation Commission for Healthcare)

## **Abuse, Neglect, Misappropriation, and Injury Reporting**

- Patients at Sauk Prairie Healthcare have the right to be free from abuse and misconduct from everyone, including health care workers, other patients, vendors, friends, family, or others.
- Abuse includes physical, verbal, sexual and emotional abuse, which causes injury, pain, mental anguish, or withholding of care.
- Neglect means carelessness, negligence or not following policy or plan of care, which causes pain, injury, or death.
- Misappropriation means using, or stealing, a patient's property, money, or identity.
- An Injury of Unknown Source is a patient injury that was not observed, cannot be explained by the patient, and is suspicious because of location or extent.
- If you witness anything that you believe is abuse, neglect, misappropriation, or injury of unknown source, tell your mentor immediately so that he/she can notify the department director and Administration.

## PROFESSIONAL OBSERVATION ORIENTATION REQUIREMENTS

- ❖ Observations less than 4 hours do not require the submission of immunizations; except in the departments of OR, Birth Center, and Anesthesia.

**All observation requests over 4 hours must be accompanied by a WI criminal background check.**

Follow the instructions to complete:

### **Wisconsin Criminal/Caregiver Background Check**

- Click the link to access or go to the website: <https://recordcheck.doj.wi.gov/>
- Click on the "Public Access" tab
- Click the "Submit Request" button under New Background Check Request
- Security Warning pop-up-window appears. Click the Check box to "I accept the conditions of the security warning" then click Continue.
- Background Request Type – Select "CAREGIVER" from the drop-down list.
- Submit Payment
- Submit copy of report to the education department along with this application.

**All observation requests over 4 hours and in the departments of OR, Birth Center, and Anesthesia require the following immunization and/or lab test records:**

Sauk Prairie Healthcare (SPH) requires that observers meet certain criteria before they begin their affiliation with the organization. To best protect our patients, employees and visitors from illness, SPH follows the Center for Disease Control's (CDC) Healthcare Personnel Vaccination Recommendations under the guidance of our physician Medical Advisor. The following information must be received in the Education Department at SPH at least two weeks before your professional observation begins.

Acceptable documentation includes month, day and year of the vaccination or lab test, from a source such as a previous employer, Public Health Department, school, immunization card, clinic/physician's office. You may find some of your immunization history in the Wisconsin Immunization Registry (WIR), Public Immunization Record Access section at <https://www.dhfs.wisconsin.gov/PR/portallInfoManager.do>

The following vaccinations, lab tests and TB skin testing are required to participate in a Professional Observation experience:

<b>COVID-19</b>	NOT required, but if observer has received any COVID vaccinations, please submit documentation since we are required to report data.
<b>MEASLES*</b>	Documentation of two immunizations or a lab test indicating immunity
<b>MUMPS*</b>	Documentation of two immunizations or a lab test indicating immunity
<b>RUBELLA*</b>	Documentation of one immunization or a lab test indicating immunity
*Frequently measles, mumps and rubella are given as one injection called MMR	
<b>VARICELLA</b>	Documentation of two immunizations, medical documentation that you have had varicella infection (chicken pox or shingles), or a lab test indicating immunity
<b>INFLUENZA</b>	Documentation of your annual influenza immunization. Waivers will be reviewed on a case-by-case basis. Please submit a waiver/declination form or request a form if needed.
<b>TB SKIN TEST</b>	Documentation of your most recent TB skin test and/or QuantiFERON gold blood test result(s) and if available, your last three years of TB test records. If a TB test has never been done, then a 2-step procedure or IGRA is needed. If you have had a positive TB skin test, please bring in all related records including your positive TB test results, chest X-ray report(s) and if treated for TB, confirmation that you completed treatment.

**Do not come if you have any clinical symptoms of active communicable diseases.**

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## **Professional Observation Experience Request**

1. I have requested permission to be present in the hospital or clinic setting for observation.
2. I agree to adhere to the following rules:
  - a. Present this signed and completed application prior to the observation experience;
  - b. Follow good hand-washing techniques;
  - c. Adhere to the observation dress code;
  - d. Wear personal protective equipment if there is potential of contacting blood or other body fluids;
  - e. Wear a name tag identifying myself as a visitor or student;
  - f. Inform my mentor or staff if at any time I feel nauseous, dizzy or otherwise ill during the observation experience;
  - g. Arrive promptly and remain flexible to allow for extenuating circumstances such as patient emergencies that might interrupt the schedule;
  - h. Remain where directed at all times and leave the areas when requested to do so by a provider or SPH staff; and
  - i. Have read the orientation information and will ask for clarification if I do not understand something.
3. I have included the following documentation, if necessary, with this request:
  - a. My immunization records
  - b. TB skin test records
  - c. Criminal/Caregiver Background report
4. I understand the patient's right to confidentiality and agree to respect that right by not disclosing information regarding any patient or regarding the organization/administration.
5. I attest that I shall not participate in any professional observation experience while I have symptoms of active communicable diseases.
6. I understand this permission granted may be revoked at any time during the observation period by the attending physician or other staff.
7. In consideration of the permission granted, I hereby release the physician, the organization, and its employees from any claims or liability, physical injury and/or damage including emotional distress or injury or mental anguish which may be sustained by me as part of this professional observation experience.

### **Emergency Health Care Services**

I agree that any payment regarding emergency health care services provided by the facility, during my observation time will be handled through my personal health care insurance or paid by myself.

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Signature of Observer

Date

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Signature of Parent/Guardian (If under 18)

Date