



NORTHERN REGIONAL HOSPITAL

Choose Well. Choose Northern.

Job Shadowing Orientation Safety Review

*Must be completed AND returned to Staff Development / Student Program at least Three (3) weeks
prior to Clinical Experience*

Job Shadowing Students - Guidelines

The Northern Regional Hospital Job Shadow Program is appropriate for high school or college students age 16 and over who are not yet enrolled in a healthcare-related education program, but who have an interest in pursuing a healthcare education and career to participate in job shadowing, while ensuring that safeguards are in place to protect the safety of the student, hospital staff, patients and the confidentiality of patient information.

It is the policy of NRH to allow students age 16 and over who are interested in pursuing careers in the medical field the opportunity to shadow employees, when the safeguards of this policy are followed. An individual who wishes to shadow an employee or physician must request advance permission and meet the requirements of the Job Shadow process. NRH is not required to grant such permission, and such permission may be rescinded at the discretion of the Department Manager in which the student is to participate in job shadowing. It is the responsibility of the department and the preceptor where the individual will shadow to ensure that patient's protected health information and other confidential information is properly safeguarded in accordance with NRH policies and state and federal confidentiality laws, including HIPAA.

NRH has 2 levels of Job Shadowing which are explained below.

1. **Basic Job Shadowing:** Limited to 16 hours total with a maximum of 4 days per calendar year.
2. **Extended Job Shadowing:** Limited to 30 hours total per calendar year.

Requirements

1. Department Manager must approve Job Shadow and provide appropriate preceptor for student.
 - a. Department Managers and / or physicians who sponsor a shadow student are responsible for the supervision of the observer and will ensure that the observer complies with all NRH policies. The decision to sponsor a shadow student is at the sole discretion of the Department Manager or Physician.
2. Applicant's wishing to shadow:
 - a. Must be **at least 16 years old**. Applicants under the age of eighteen (18) must provide written permission from a parent or legal guardian.
 - b. If shadow is during school year, student must coordinate Job Shadow experience through the school Career Development / Allied Health instructor, who will then contact the Student Program department via email;
studentprogram@wearenorthern.org
 - c. If shadow is during the summer, the student can begin the application process by contacting the Staff Development/Student Program department via email;
studentprogram@wearenorthern.org
 - d. Student must be enrolled in High School or College program.

- e. Complete the packets and forms required for students (There are found on the Northern Regional Hospital website: <https://www.wearenorthern.org/employee-login/orientation-and-safety/>)
 - i. Print “Packet to Print” (use answer sheet within this document to record answers from “Orientation Presentation”
 - ii. Review “Orientation Presentation”
 - iii. Completely fill out “Student Profile” sheet
 - iv. Student Compliance Form (School Faculty/Instructor)
 - v. Sign “Confidentiality Agreement” and “Code of Compliance and Business Ethics Agreement”
 - vi. “Student Orientation Checklist” will be completed on the first day of shadow
- 3. All Job Shadow Students must provide a copy of the following information:
 - a. Current Immunization Record (VAR, MMR, and COVID)
** For students who do not wish to take the COVID vaccine, they will need to complete the exemption form on the website and turn into the Infection Prevention department or Occupational Health for approval.*
 - b. Flu Shot status (October 1st thru March 31st)
 - c. Proof of 2-step TB skin test OR Blood Draw
 - d. **Extended Job Shadow Students** must also provide the following documents in addition to those listed above.
 - i. Background check within 30 days of shadow experience
 - ii. 10-panel Urine Drug Screen within 30 days of shadow experience
The background check and urine drug screen will be reviewed by Student Program, Occupational Health, and Human Resources for approval.

Any immunizations or required tests needed by the student can be completed in Occupational Health. Costs for needed immunizations or required tests will be the responsibility of the student.
- 4. All required elements of compliance need to be submitted in one packet at least **three (3) weeks prior to requested job shadow date.**
- 5. Department Managers may allow or disallow the shadowing, or place further restrictions on the student at any time.
- 6. Student will obtain ID badge prior to reporting to their assigned department. This must be worn at all times while on hospital campus and turned back in to Staff Development at conclusion of Job Shadow rotation.
- 7. **Student is NOT allowed to provide any type of patient care, observation ONLY**
- 8. Job Shadowing Student will not wear a lab coat or any clothing that might indicate they are a healthcare provider unless the preceptor/sponsor determines that protective clothing is necessary for the safety of the patient or student. (i.e. Surgical scrubs, PPE equipment, etc.)
- 9. No extreme body piercing (nose rings, etc.) or tattooing is allowed.
- 10. Shoes must be clean and polished. Shoes with open toe holes or holes on top of the shoes are not allowed in clinical area. Shoe material must be non-permeable.

Thank you for your interest in Northern Regional Hospital! We welcome students and are committed to working with our community and educational systems to provide opportunities for student enrichment and career development!

Self-Study Questionnaire Answer Sheet

Name	Date
Department	School / College / University

Customer Service

1. True False
2. True False
3. True False

Bloodborne Pathogens

1. a b c d
2. a b c d
3. a b c d
4. True False

Compliance & Code of Business Ethics

1. True False
2. True False
3. True False
4. True False

Infection Prevention

1. a b c d
2. a b c d
3. a b c d

Computer Security

1. True False
2. True False

Fire Safety

1. a b c d
2. a b c d

Electrical Safety

1. a b c d
2. a b c d

Safety

1. a b c d
2. True False



Confidentiality Agreement

In consideration of new or continued association with Northern Regional Hospital, I agree that:

1. I may have contact with confidential (private) information about patients, employees, doctors and/or Northern Regional Hospital. I agree to access and use this information only as necessary to do my job at Northern Regional Hospital.
2. I will not discuss patient information with or around those who are not directly involved in the patient's care.
3. I will not leave confidential information (written or electronic) in view of those not permitted to see this information, except in emergencies.
4. Any requests for patient information from persons who are not directly involved in the patient's care should be sent to the appropriate nursing or other supervisor.
5. I understand that the use of my computer password and the electronic use of my ID badge are the same as my signature. I will not tell my computer password or lend my ID badge to anyone. I will not put my computer password where others may have access to it.
6. If I think someone else knows my password, I will stop using it. I will not try to learn or use another person's computer password. I will inform the Support Center immediately if I think that any person's password is being used improperly. I will use appropriate sign-off procedures at the end of my computer session to prevent others from using the system under my name.
7. I will not try to access information that I do not need to perform my duties. This includes accessing information about any patient, including fellow employee's, family members, or my own patient account information.
8. I will immediately tell NRH Security if my ID badge is lost or stolen. I will return my ID badge when my relationship with NRH ends.
9. I will not tell unauthorized persons any non-public information about Northern Regional Hospital or any of our vendors/business partners.
10. I understand that all software, documentation materials and computer files are the property of Northern Regional Hospital and are not mine.
11. I understand that if I do not follow Northern Regional Hospital confidentiality policies or this agreement that I am subject to disciplinary action, including termination of employment/relationship and criminal charges.
12. I have reviewed this agreement, and agree to follow the requirements of Northern Regional Hospital's confidentiality and information security policies and procedures.

Name (please print)

School/College/University

Signature

Date



Non-Hospital Employed Workers

Compliance and Code of Business Ethics

I have completed general education on the purpose, scope, and importance of The Northern Regional Hospital Health Compliance Plan. I pledge to adhere to the Code of Business Ethics and Compliance Plan. I understand that failure to comply with the Compliance Program may lead to disciplinary actions.

Date_____ **Signature**_____

STUDENT PROFILE

Complete the following information and include with Self-Study packet

All documentation and forms should be submitted at least 3 weeks prior to requested clinical dates.

STUDENT INFORMATION	
Date:	
Name: (First, Middle & Last)	
Address:	
Telephone #:	
Date of Birth:	
Email:	
Are you currently employed with NRH?	<input type="checkbox"/> Yes <input type="checkbox"/> No Department:
Have you ever been employed by NRH?	<input type="checkbox"/> Yes <input type="checkbox"/> No Department:
SCHOOL / COLLEGE	
Name:	
Program:	
Anticipated Graduation Date	
Instructor/Faculty:	
Faculty email address:	
CLINICAL NEED	
Type:	<input type="checkbox"/> Nursing <input type="checkbox"/> Allied Health <input type="checkbox"/> EMT/Paramedic <input type="checkbox"/> Lab <input type="checkbox"/> Therapy <input type="checkbox"/> Imaging <input type="checkbox"/> Other:
Department(s)/ Clinic(s):	
Accepted by:	
Total number of hours:	
Shadow Dates:	<input type="checkbox"/> Start Date <input type="checkbox"/> End Date
EMERGENCY CONTACT:	
Name:	
Relationship:	
Main Telephone:	
Secondary Telephone:	
Name:	
Relationship:	
Main Telephone:	
Secondary Telephone:	

Student Program Admissions

Primary Contact

studentprogram@wearenorthern.org

Ashley Hiatt
 Administrative Assistant
 336-783-8354

Daniel Combs RN, BSN, EMT-P
 Coordinator
 336-783-8199

Debbie Moser RN, BSN
 Director
 336-719-7052



Day One Student Orientation Checklist

Student Name: _____ **Date:** _____

Name of College/School/University: _____

Program of Study: _____

*The following items are to be completed on the **first day of shadow** experience at Northern Regional Hospital. Sign and return to Staff Development/Student Program*

Student Orientation Items	✓	N/A
1. Hospital tour of site including: Parking for students, employees, and patients Fire Exits/Evacuation routes		
2. Location of fire extinguishers		
3. Location of Fire Alarm Pulls – site notification for fire situation		
4. R-A-C-E and P.A.S.S. review		
5. General department tour including: Dining facilities Bathrooms Break Room Emergency exits Conference/Meeting rooms Copier/Fax/Phone Mail / Supplies / Paging System Other:		
6. Department Policies & Procedures including Documentation Student ID Badge Dress Code Lunch/breaks Patient confidentiality		
7. Review of Emergency Codes		
8. Review of Rapid Response		
9. Review equipment storage		
10. Review of roles of department staff		
11. Review of isolation precautions, signage and location of PPE		
12. Review of Pyxis, if applicable		
13. Review of patient identifiers		
14. Review access of MSDS online		
15. Discuss Service Excellence Telephone Etiquette Elevator Etiquette Customer Service Excellence		

I confirm I have reviewed all the safety and required information necessary for me to participate in a student experience at Northern Regional Hospital. I am also responsible to practice within my scope and follow any policies or procedures that define the clinical experience.

Student Signature: _____ **Date:** _____

Instructor/Preceptor Signature: _____ **Date:** _____