



## **Shadow Program Participation Packet**

Thank you for your interest in Mammoth Hospital's Shadow Program! This program offers students or those interested in starting a medical career the opportunity to observe firsthand from those professionals practicing in the field. Our hope is that this experience will provide you with real insight into the field you are most interested in.

### *Shadow Policy*

The Shadowing Program is available on a case-by-case basis. In order to participate in the Shadow Program, you must be at least 16 years of age, complete the attached packet with all required proof of immunizations, TB test, and flu shot, as well as volunteer for one shift at the Mammoth Hospital Auxiliary Cast Off. All costs related to immunizations and TB tests are at the expense of the shadow participant. The shadow program is limited to observation three times total, unless otherwise approved by the department manager. Shadowers may not observe surgeries, unless approved by the surgeon **prior**, and no patient contact is allowed.

The Mammoth Hospital Auxiliary is a fellowship of volunteers dedicated to supporting each other, Mammoth Hospital, its patients, and the community. The Auxiliary owns and operates The Cast Off, the town's busy and successful thrift store. There are no paid employees at The Cast Off; it is 100% volunteer run. As a result of these many dedicated volunteer hours, the Auxiliary donates all proceeds from The Cast Off to the Hospital and the community. Volunteering at The Cast Off is a huge opportunity to build your resume and gain references, meet new people and learn about the community, and best of all, *give back!*



## Shadow Packet Checklist

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Prior to shadowing, you must complete the following. Please initial by each confirming that you have completed the requirement:

\_\_\_\_\_ Complete Shadow Program Participant Information Sheet

\_\_\_\_\_ Submit proof of a TB skin test or Quantiferon blood test (or chest x-ray if you have had a positive TB skin test) completed within the last 12 months (**attach a copy of test results**)

\_\_\_\_\_ Submit proof of disease, immunity, or vaccination for the following or sign a declination provided by Mammoth Hospital.

- measles, mumps, and rubella (mmr)
- hepatitis B
- tetanus, diphtheria, and pertussis (Tdap)
- varicella (chickenpox)

\_\_\_\_\_ Submit proof of influenza vaccination during the current flu season if you are shadowing between the months of November and March (or April, depending on how long the flu season lasts.)

\_\_\_\_\_ Read HIPAA Responsibility Statement

\_\_\_\_\_ Read and sign Confidentiality Agreement

\_\_\_\_\_ Read and sign the Workforce Member Non-Disclosure Agreement

\_\_\_\_\_ Read and sign Mammoth Hospital Behavioral Standards

\_\_\_\_\_ Read Safety Regulations at Mammoth Hospital

\_\_\_\_\_ Read Mammoth Hospital Dress Code Policy

\_\_\_\_\_ Read Infection Prevention at Mammoth Hospital

\_\_\_\_\_ View Hand Hygiene Video at: <https://www.youtube.com/watch?v=LvRP3c5n3P8>

\_\_\_\_\_ Complete Mammoth Hospital Auxiliary Membership Application 2018-2019

\_\_\_\_\_ Schedule with Talene Shabanian, Foundation Manager, and complete one shift at the Mammoth Hospital Auxiliary Cast Off and attach signed verification form of volunteer hours.

I have received and completed the above information and I understand that I am expected to read and adhere to the requirements and successfully pass a TB Test. Failure to do so may result in revocation of hospital privileges.

\_\_\_\_\_  
Signature of Shadow Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian (if participant is under the age of 18)

\_\_\_\_\_  
Date

<p>Human Resources Use Only</p> <p>Completed Packet Reviewed and Verified by: _____</p> <p>Completed Date: _____</p>
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## Shadower Health Questionnaire

Please note that if you are pregnant or planning pregnancy please discuss the occupational risks peculiar to your job shadowing position (such as possible exposure to communicable diseases, exposure to cleaner/disinfectant fumes and lifting) with your physician.

The information on this health questionnaire is complete and accurate to the best of my knowledge. I understand information contained in this form is confidential. The information is needed by Infection Control/Employee Health to address health and safety concerns including communicable disease risk to others within the facility.

\_\_\_\_\_  
Signature of Shadow Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian (if participant is under the age of 18)

\_\_\_\_\_  
Date

The following health concerns were discussed with the shadower:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

None

Employee Health/Infection Prevention: \_\_\_\_\_

Date: \_\_\_\_\_

Reviewer signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Your Responsibilities Under HIPAA

### **What is HIPAA? Health Insurance Portability and Accountability Act**

Federal Law that applies to all hospitals, clinics, doctor offices, dentists.....All covered entities.

### **Who does it affect?**

HIPAA refers to “workforce members”. Here at Mammoth Hospital we consider all of the following people to be workforce members: employees, and other persons whose conduct, in the performance of work for a covered entity, is under the direct control of such entity, whether or not they are paid by the covered entity. This includes full and part time employees, affiliates, associates, students/shadowers, volunteers, and staff from third party entities who provide service to the covered entity including contractors, vendors and delivery services. Under HIPAA, you as a workforce member are just like any other person who is paid to work here at the hospital.

### **What do I have to do as a volunteer to be compliant with HIPAA?**

One of the main elements of HIPAA is the protection of patient information. We have a saying: “What you *see* here, what *hear* here, stays *here!*” That means, when you see friends, relatives, relatives of friends, and of course strangers, here at Mammoth Hospital or one of our many clinics, you cannot discuss with anyone outside the hospital that you saw them here or share any information at all about what you heard about them as a patient. This can be very difficult, especially if it is something serious about someone you care about. But there are **NO** exceptions to this rule. Absolutely none! So you must ask yourself if you can protect someone else’s privacy to this degree. If you cannot, you should excuse yourself from being a workforce member. It is simply that important.

### **How long do I have to keep this information to myself?**

Even when the patient starts talking about it, if they do, you still cannot add to the conversation. This means you will always keep this information to yourself. It is a part of the trust we have in your good reputation. One of the reasons you are allowed to be a workforce member is that we trust you. So you should always protect that trust and your good reputation.

## Confidentiality Agreement

Patient and employee information from any source and in any form (such as paper, talking, and computers) is confidential. I shall protect the privacy and confidentiality of patient and employee information. Access to this information is allowed ONLY if I need to know it to do my job.

In my job, I may see or hear confidential information on:

- PATIENTS AND/OR FAMILY MEMBERS

*Such as patient records, conversations and financial information*

- EMPLOYEES, VOLUNTEERS, STUDENTS, CONTRACTORS, PARTNERS

*Such as salaries, employment records, disciplinary actions*

- BUSINESS INFORMATION

*Such as financial records, reports, memos, contracts, Mammoth Hospital computer programs, technology*

- THIRD PARTIES

*Such as vendor contracts, computer programs, technology*

- OPERATIONS IMPROVEMENT, QUALITY ASSURANCE, PEER REVIEW

*Such as reports, presentations, survey results*

### **I AGREE THAT:**

1. I WILL ONLY access information I need to do my job.
2. I WILL NOT access my own electronic health record.
3. I WILL NOT show, tell, copy, give, sell, review, change or trash any confidential information unless it is part of my job. If it is part of my job to do any of these tasks, I will follow the correct department procedure (such as shredding confidential papers before throwing them away).
4. I WILL NOT misuse or be careless with confidential information.
5. I WILL KEEP my computer password secret and I will not share it with anyone.
6. I WILL NOT use anyone else's password to access any Mammoth Hospital system.
7. I AM RESPONSIBLE for any access using my password.
8. I WILL NOT share any confidential information even if I am no longer a Mammoth Hospital employee.
9. I KNOW that my access to confidential information may be audited.
10. I WILL tell my supervisor if I think someone knows or is using my password.
11. I KNOW that confidential information I learn on the job does not belong to me.
12. I KNOW that Mammoth Hospital may take away my access at any time.
13. I WILL protect the privacy of our patients and employees.
14. I WILL NOT make unauthorized copies of Mammoth Hospital's software.
15. I AM RESPONSIBLE for my use or misuse of confidential information.
16. I AM RESPONSIBLE for my failure to protect my password or other access to confidential information.
17. I AM RESPONSIBLE for reporting any known or suspected breaches of confidential information to my supervisor and/or the Privacy Officer within 24 hours.

Failure to comply with this agreement may result in the termination of my shadowing at Mammoth Hospital and/or civil or criminal legal penalties. By signing this, I agree that I have read, understand and will comply with this agreement:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Parent or Legal Guardian: \_\_\_\_\_  
(if participant is under the age of 18)

Date: \_\_\_\_\_

## Workforce Member Non-Disclosure Agreement

This agreement is between the Southern Mono Healthcare District (SMHD) and Shadower, as defined by SMHD policy relating to non-employees of SMHD.

Print Name \_\_\_\_\_

The above workforce member hereby agrees that any patient information, employee information, business information, or operations procedures that is witnessed, observed or heard while at SMHD facilities as a workforce member, shall not be divulged to anyone or any entity in any manner whatsoever without the expressed written permission of SMHD management.

Examples of possible confidential information that the workforce member may be exposed to include but are not limited to:

- Patients and/or family members, such as patient records, conversations and financial information;
- Employees, volunteers, students, contractors, partners such as salaries, employment records, disciplinary actions;
- Business information such as financial records, reports, memos, contracts, Southern Mono Healthcare District computer programs, technology;
- Third parties such as vendor contracts, computer programs, technology;
- Operations improvement, quality assurance, peer review such as reports, presentations, survey results.

This agreement shall take effect on the date of signature below and shall continue in effect until both parties agree in writing to conclude this agreement.

Conclusion of this agreement does not constitute permission to disclose information learned during the period of the agreement. The undersigned shall continue to maintain confidentiality absent a written authorization from Mammoth Hospital Management. Failure to comply with this agreement may result in being dropped from the Shadowing Program at Mammoth Hospital and/or civil or criminal legal penalties.

\_\_\_\_\_  
Signature of Shadow Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian (if participant is under the age of 18)

\_\_\_\_\_  
Date

## Mammoth Hospital Behavioral Standards

### Respectful

- I will keep silent if my words could tarnish someone's reputation and refrain from participating in rumors, gossip, or speaking ill of someone behind their back.
- I will be respectful in the way in which I address others, including body language and tone of voice; I will be polite and courteous, and never underestimate the power of an apology.
- I will embrace the diversity of background, gender, ideas, and other differences people bring to my team and daily work efforts.
- I will make eye contact, smile, and greet everyone I meet, offering help to those who appear to need assistance. If someone appears to need directions, I will escort them to their destination.

### Professional

- I will adhere to my department and hospital dress code policy and take pride in my professional appearance in the workplace, being mindful of what my appearance communicates.
- I will speak positively about Mammoth Hospital in the community and I will be an ambassador of the organization by keeping myself educated about the hospital's services and programs.
- I will maintain required competencies, licensure and credentials for my position and will actively participate in professional development.
- I will not use or disclose any confidential protected health information (PHI) of a patient, friend, relative, staff member, volunteer, or any other person unless authorized to do so and required to do so as part of my official duties.
- I will help keep work area clean by picking up litter and cleaning spills promptly.

### Team Players

- I will "manage up" by speaking well of others.
- I will support a culture of solutions rather than one of excuses, blame, or avoidance.
- I will take initiative and be accountable for results.
- I will never say "It's not my job" or "We are short-staffed."
- I will bring issues to the appropriate individual and follow chain of command.

### Good Communicators

- I will communicate with respect, recognizing that eye contact, body language and tone of voice are as important as verbal communication.
- I will communicate and respond to communication in a timely manner and will use "out-of-office" email and phone tools.
- I will be flexible and calm when faced with changes in work environment or schedule.
- I will seek to understand by listening attentively, without interruption, before speaking.
- I will use proper telephone etiquette and manners, stating my name and department, and will work to exceed the caller's expectations.

Accountable

- I will accept ownership for the organization’s success and take personal responsibility for fulfillment of Mammoth Hospital’s mission.
- I will follow through on tasks assigned, respond to correspondence/emails, and honor deadlines.
- I will be proactive to clarify communication or lack thereof and avoid “victim” passiveness.
- I will be fiscally responsible by not wasting time or resources.

Mammoth Hospital is committed to providing excellent quality of care and customer service. The Behavior Standards above provide guidelines for how we as Shadowers should interact with our patients, visitors and co-workers. By signing below I acknowledge that I have read and will emulate these Behavior Standards. I also understand that failure to exhibit these standards may subject me to disciplinary action. I am committed to do my part to make Mammoth Hospital an exceptional place for our patients and workers.

\_\_\_\_\_  
Printed Name of Shadow Participant

\_\_\_\_\_  
Signature of Shadow Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian (if participant is under the age of 18)

\_\_\_\_\_  
Date

## Safety Regulations at Mammoth Hospital

Southern Mono Healthcare District (SMHD) requires that you review and acknowledge the following materials. Your safety, your fellow co-workers, and our patients are essential. Your understanding of our Emergency Response codes and what to do in an emergency will help us to ensure that we continue to maintain the highest safety standards possible.

### Life Safety:

<b>Orange</b>	<b>Hazardous Materials</b>	<b>Any spill or release of hazmats which may present a hazard to people or the environment</b>
<b>Red</b>	<b>Fire</b>	<b>Fire, Smoke or the smell of something burning</b>
<b>Yellow</b>	<b>Security</b>	<b>Provides additional personnel to any area to intervene at the site of a disturbance</b>
<b>Gray</b>	<b>Security</b>	<b>Weapon/s brandished or used. Hostage taken in area.</b>
<b>Blue</b>	<b>Medical Emergency</b>	<b>Respiratory and or cardiac arrest.</b>
<b>Pink</b>	<b>Infant Abduction</b>	<b>Known or suspected infant abduction</b>
<b>Purple</b>	<b>Child Abductions</b>	<b>Known or suspected child abduction</b>
<b>Black</b>	<b>Bomb Threat</b>	<b>There is a threat or discovery of a bomb</b>
<b>Triage- Standby</b>	<b>Knowledge of Emergency</b>	<b>May impact hospital</b>
<b>Triage</b>	<b>Impact of Emergency</b>	<b>Implement Hospital Emergency Incident command System</b>

The four essential steps to take if you discover a fire

**R** – Rescue patients, guests, and staff

**A** – Activate the nearest fire alarm **and** call your fire response telephone number (pull station, call 8-911)

**C** – Contain fire by closing all doors in the fire area

**E** – Evacuate and extinguish if it is safe to do so

- No risk of fires-no open flames without burn permit from Engineering.
- All life safety systems must remain fully operational; alternate means must be approved by the Facilities Project Manager.
- Never block fire extinguishers or emergency exits.
- Aisles must be kept clear of material and equipment at all times.
- All fire lanes are to be free from vehicles and dumpsters at all times.

### Hazard Communication

The Hazard Communication Standard, §1910.1200 provides workers who are exposed to hazardous chemicals with the right-to-know the identities and hazards of those materials, as well as appropriate protective measures. When workers have such information, they are able to take steps to protect themselves from experiencing adverse effects from exposure.

The Safety Data Sheets (SDS) are located on the Intranet under the “Links” drop down menu. There are 16 sections to SDS that align with GHS.

### **Electrical Safety**

- Electrical accidents can result in injuries, fires, or death.
- Electrical safety requires the cooperation of ALL personnel.
- Lockout/Tagout of electrical, mechanical, gases or liquids stored under pressure and valves is mandatory while performing any work on any of these systems.
- Red outlets are used for patient Life Safety equipment, these are dedicated wall outlets.
- Contractors shall disconnect all electrical cords from electrical outlets when not in use, and at the end of each workday.
- Cords shall be coiled and stored properly when not in use. Cords MUST be U.L. listed.

#### *Know How To Use The Equipment:*

- Read the manual.
- Learn from your an experts.
- Get specialized training and retraining as needed or required.

#### *Always check the equipment before use, by visually inspecting the:*

- Plugs, prongs, cords , outlets, switches and inspection stickers.
- Make sure wall outlets are in good condition.

#### *Do Not Use Equipment:*

- When it is wet.
- If your hands are wet.
- If you feel a tingling sensation upon touching.
- Plug only patient Life Safety equipment into RED (dedicated) wall outlets.

### **Radiation and MRI Safety**

- When in doubt ask about the safety rules when around any type of Medical Imaging Equipment.
- Lead shielding/aprons should always be used.
- Leave the area or step away from the c-arm.
- If you work in an area where radiation is common, you will be issued a radiation monitoring badge.
- The MRI is located within the Medical Imaging department.
- Access is limited to the MRI, but we all have the ability to walk into the magnet area, so just stay away!!!!

### **General Security and Safety**

- The nature of health care is such that our patients, guest and staff deal with the emotional burden of events. So there may be conflicts/emotions that arise.
- Pay attention to your surroundings; if it does not seem right, there is probably something wrong so please do not ever hesitate to report a problem or call 8-911. (Cell phone 911 calls go to Bishop CHP)
- Call a code or Page Security, if needed.

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- Mammoth Lakes is a rural alpine wilderness setting so be aware of bears, coyotes, deer, mountain lions and other animals.
  - Be ready to get snowed in, shovel, walk , ride the shuttle and then shovel more when you get home and then shovel some more!
  - BE CAREFUL!!! Sidewalks and surfaces can be SLIPPERY. Walking in the winter requires you to use caution. Be careful and always wear the proper shoes.

*Reviewed by Trapper Felt, Safety and Security Officer 10/01/2018*

## Mammoth Hospital Dress Code Policy

Mammoth Hospital Shadowers shall at all times dress and groom to a high standard that will reflect professionalism to our patients and the public. Individual job duties and responsibilities may require specific uniforms and different levels of acceptable attire.

1. Clothing should be neat, clean, unwrinkled and in good repair, and provide a professional appearance. Clothing that is frayed, faded, soiled, or otherwise unseemly should not be worn. Clothing that is provocative or excessively revealing is inappropriate. Likewise, clothing should neither be too tight nor too loose (baggy). Clothing must cover the body appropriately when the wearer is standing, sitting, bending, or stretching. Clothing or hats displaying overt commercial logos, messages, advertising or graphics other than the Mammoth Hospital logo or that identify the professional firm with which the individual is associated are inappropriate. *Caps should not be worn indoors unless they are part of a uniform or a health and safety standard for the department.* Extremes in fashion, fads and “statement attire” are not appropriate. Undergarments must not be visible outside or through clothing.
2. Athletic shoes may be worn if they are clean and in good condition, and safe for the individuals work assignment. Shadowers in non-clinical areas, with the approval of their department supervisor may wear open-toed shoes. Open-toed shoes will be evaluated for their appropriateness and must exhibit a professional demeanor. Thongs/flip-flops or other footwear following this basic design are not considered appropriate nor do they project a professional image. High-heeled shoes will be limited to a maximum height of three inches. Open-toed shoes are not allowed in clinical and patient care areas. Shadowers are encouraged to wear safe and appropriate footwear to and from work and must change into appropriate business or clinical footwear when at work.
3. Volunteer badges shall be worn at all times when at the hospital. They shall be worn in plain sight above the waist, printed side facing out. Name badges should be kept clean of stickers and non-work related pins.
4. Hair should be clean and have a neat and professional appearance. Long hair should be tied back or otherwise arranged so as to avoid: contact with patients, interfering with work tasks, or posing a safety threat near equipment and machinery.
5. Scents should be used very sparingly and are discouraged when working in patient care areas.
6. Facial hair should be neatly trimmed. Shirts should be professional in appearance and worn tucked in if appropriate.

7. Shorts or Tee-shirts are not acceptable. Culottes and Capri pants may be worn, provided they are professional in appearance.
8. Jewelry should be worn sparingly and must not contain any offensive symbols or icons. Earrings should be of a conservative length/style and safe and appropriate for the individual work area. Conservative nose piercing (for example, one small nose piercing, sized no larger than 1/8 inch) is allowed. Body piercing jewelry, other than in the ears or nose as previously described, is not acceptable unless covered by clothing.
9. Tattoos which detract from a professional appearance or which may be considered to be offensive by patients or visitors must be covered by clothing (for example, a skull and crossbones tattoo would not be permitted)
10. Blue or colored denim jeans or skirts are acceptable as long as they are not faded, frayed, ripped, or worn in appearance.
11. Finger nails should be clean and of reasonable length.
12. With the approval of the Department Director or Senior, staff that is required to wear scrubs may choose to wear their own personal scrub attire. Staff members are responsible for the purchase and laundering of their scrubs, and should be clean and professional in appearance.

Individual departments may have additional dress and grooming requirements in addition to those outlined in this policy. Check with your group supervisor or department manager if you have any questions regarding specifics.

*Dress Code Policy 9/08/2016*

## Infection Prevention at Mammoth Hospital

**Every person entering Mammoth Hospital has a responsibility to maintain proper hand hygiene to ensure our patients and staffs safety.**

- Wash your hands with soap and water after going to the bathroom, entering and leaving the cafeteria and when visibly soiled.
- Use Zylast hand sanitizing lotion before and after any patient contact or throughout your day.

### **Patients in Isolation**

**Yellow Isolation Caddy will be hanging on the patient's door with Personal Protective Equipment (PPE)**

There are three types of isolation used at Mammoth Hospital which are directly correlated with the way an infection is transmitted from one person to another:

- Contact Isolation means that the infections are transmitted by direct contact with an infected person. This person might have an open weeping wound. PPE would be a gown and gloves. (This category could include MRSA, C. Diff and Chickenpox)
- Droplet Isolation means that the infection is transmitted through coughing large droplets into the air. PPE would be a surgical mask and could be a gown and gloves. (This category could include Pneumonia, Pertussis, and Influenza)
- Respiratory Isolation means the infection is transmitted through breathing and coughing by the infected person. PPE for this would be an N95 mask. (This category could include TB, Measles, and Chickenpox)

### **Clean Your Work Area**

**It is all of our responsibilities to keep our work area clean!**

- Gray top Quat takes 3 minutes of wet contact time to kill bacteria.
- When wiping off an item friction is your friend!

### **Breaking the chain of Infection Transmission**

- Please use cough hygiene by coughing into your elbow, not your hands. If your cough is uncontrolled, do not come into the hospital to shadow.
- Please keep cuts and abrasions covered while in the hospital. If you have an open, weeping wound that cannot be covered, do not come into the hospital to shadow.
- If you have a fever, do not come into the hospital to shadow.
- If you have uncontrolled diarrhea, do not come into the hospital to shadow.
- Remember that we have patients who are at risk for an infection because they don't have the ability to fight it off. ***We must put them and our coworkers first!***

*Reviewed by M. Klammer RN, Infection Prevention and Control Nurse 10/13/2017*

## Mammoth Hospital Auxiliary Cast Off

### Verification of Volunteer Hours

Print Name: \_\_\_\_\_

Scheduled Volunteer Date: \_\_\_\_\_

**Please schedule your volunteer hours with Talene Shabanian, you can get in touch with her at [talene.shabanian@mammothhospital.com](mailto:talene.shabanian@mammothhospital.com).**

I certify that I have completed the required one shift scheduled volunteer hours at the Mammoth Hospital Auxiliary Cast Off.

\_\_\_\_\_  
Signature of Shadow Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian (if participant is under the age of 18)

\_\_\_\_\_  
Date

#### Mammoth Hospital Auxiliary Use Only

The above shadow participant has fulfilled the volunteer requirement at the Cast Off on the above date.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Completed Date: \_\_\_\_\_



