

Observation Experience Policy: OBSERVATION AGREEMENT FORM

Section I: Request for Observation Experience at DCMC

Observer Request:

Name: _____ Phone No.: _____

Email: _____

Address: _____

City: _____ State: _____ ZIP _____

School/Organization: _____

Observation Date(s): From _____ to _____

HEALTH REQUIREMENTS: Documentation of following:

1. Proof of immunity to Rubella, Rubeola and Mumps, regardless of age
 - Documented history of 2 MMRs OR Documentation of positive Rubella, Rubeola, and Mumps titre
2. Proof of TB skin test done within the last 12 months with negative results
 - If TB skin test is positive, documented report of a negative chest x-ray must be on file. In addition, TB symptom survey must be on file and updated annually.
3. Proof of immunity to Varicella
 - Documented history of 2 Varicella vaccines OR Positive Varicella titre OR Documented history (from a healthcare provider) of chicken pox or shingles
4. Proof of full COVID vaccination or **approved** medical or religious exemption.
 - Documented history of vaccination
5. Proof of influenza vaccination for the current influenza season for any observer who is in a DCMC facility for at least 1 day of their observation period between October 1 and March 31.
 - Documented history of annual influenza vaccines

DCMC Sponsor: _____ Dept: _____

Reasons for Observation: _____

Section II: Individuals Observing a DCMC Employee

DCMC has agreed to allow selected person to observe professionals. In consideration of DCMC allowing individuals this opportunity, the individual hereby agrees to the following:

Privacy/Confidentiality: The individual agrees any patient health information or knowledge acquired or received during the course of the observation at DCMC, including but not limited to patient care information and information contained in patient care records, shall be treated as confidential and shall not, unless required by law or otherwise permitted by DCMC, be disclosed or used during or after termination of the individual's placement at DCMC without DCMC's prior written consent.

Release/Indemnification: The individual agrees to and hereby does release, indemnify and hold harmless DCMC, its members, directors, officers, employees and representatives from any and all responsibility and obligation, and agrees not to hold DCMC liable for any or all injuries, losses, damages or expenses which may occur as a result of any act of omission of DCMC, its members, directors, officers, employees or representatives, or which may arise from the individual's participation in the Observation Program at DCMC.

Illness: the Individual hereby forever releases and shall discharge all claims and causes of action whatsoever, present and future, against DCMC, its directors, officers, employees and agents, related to or arising out of any illness, disease or health condition the individual may contract, develop or come into contact with while on the premises of DCMC.

Medical Treatment: DCMC shall provide or refer outpatient treatment to individuals while in the facility for observation program placement in case of an accident or illness. However, in no circumstances shall DCMC be the cost of the emergency outpatient treatment.

DCMC Policy: The individual agrees to conform to all policies and procedures including those relating to safety, patient care and non-discrimination. These policies and procedures include all standards covered by DCMC's Code of Conduct, Joint Commission on the Accreditation of Healthcare Organization (JCAHO) and Occupational Safety and Health Administration (OSHA) requirements.

Communicable Disease: The individual agrees to disclose if he/she has had contact with others who have Varicella, Severe Acute Respiratory syndrome, or other communicable diseases that would threaten the safety of patients or staff. I have completed all of the required elements to participate in this experience. I meet the health requirements as outlined in Section I of this agreement, and I have read the "Observation Experience Policy" – specifically the limitations of the observers and the confidentiality requirements and all agree to abide by the policy, and all terms of this agreement.

Observer Signature/Date

Guardian Signature/Date

(If Observer is under 18 years of age)

Approval:

Education Coordinator/Date

Section III: ORIENTATION CHECKLIST

Directions:

1. Complete checklist below
2. Return signed checklist prior to commencing Observation Experience

Note: Supplemental orientation materials that cover any or all of the checklist items may be used to support completion of the checklist. If you are uncertain about orientation material availability, ask your DCMC contact.

1. DCMC Mission and Values (*Living Our Promise...Standards of Behavior*)
2. Role of Observer, goals/objectives of the observation and any behavioral expectations (examples: attendance, dress code, approach to confidentiality, etc.)
3. Privacy/Confidentiality – Patient Health Information

Safety Procedures:

1. Emergency Numbers
2. Safety Conditions
3. External Disaster Response

Infection Control:

1. Standard Precautions
2. Hand Hygiene

Security:

1. Parking
2. ID Badge (Return at the end of Observation)

Signature indicates "Orientation Checklist" has been covered by DCMC and Observer reports his/her understanding of material.

Observer's Signature: _____ Date _____

Student Coordinator's Signature: _____ Date _____