

Observation for Practicing Surgeons ONLY Instructions

- On-line application **MUST** be completed at the following link. Choose **Robotic Shadowing** as your program <https://www.volgistics.com/ex/portal.dll/ap?ap=1986761365>

In addition to the on-line application, you must also provide the following compliance documents:

- Copy of Photo ID (*such as: driver's license, employee ID or passport*)
- Resume
- Fully completed vaccination-titer form (**page 2**)
 - **MUST BE** signed by a healthcare provider
 - A **TST within the last 3 months** or **TB blood test within 12 months**
- TB Screening Questionnaire (**page 3**)
- Signed Observation Agreement (**page 4**)
- Proof of Flu Vaccine (*during flu season*)
- Photo for Badge
 - Unacceptable forms
 - Electronically signed forms
 - Missing information on required health items
 - Not signed by healthcare provider

All required documents must be downloaded, completed, and returned via e-mail to the Office of Academic Affairs at BSV-AcademicAffairs@bshsi.org.

You will NOT be allowed to be on-site without completing the required compliance documents, obtaining approval, and receiving an approval badge from the Office of Academic Affairs.

You will receive an approval badge that must be worn while on-site at all times during your observation/shadowing experience.

Your badge will be delivered to the facility's OR selected on your application prior to your observation date.

Bon Secours Richmond/Hampton Roads Vaccination-Titer Form

Requirements for Students/Observers (Please Print):

Student Name: _____ School: _____

Email: _____

Address: _____

Bon Secours Preceptor: (printed name): _____ Date: _____

Vaccines: MMR #1 _____

List date given MMR #2 _____

*Hepatitis B Series #1 _____ N/A

Hepatitis B Series #2 _____ N/A

Hepatitis B Series #3 _____ N/A

Varivax #1: _____

Varivax #2: _____

Tdap: _____

Flu Vaccine: _____

Other screening test: **TST 1st _____ Result: _____ TST 2nd _____ Result _____ N/A

*** CXR _____ Result: _____ N/A

** TSPOT: _____ Result: _____ N/A

1 TST within last 3 months
Plus Annual TB form

Titers: Rubella: Date: _____ Result: _____

List date titer drawn Rubeola: Date: _____ Result: _____

Mumps: Date: _____ Result: _____

Varicella: Date: _____ Result: _____

Hepatitis B: Date: _____ Result: _____ N/A

Healthcare Provider Signature

Date

E-mail/phone number

Key:
** TB screening requires two tests unless the worker receives a TSPOT blood test. Shadowing students only need one within 3 months before start date.
*** Chest x-ray is only necessary if the TB test or TSPOT are found to be positive.



employee health

Employee Wellness Services: EAP, Wellness, Employee Health

TB Screening Questionnaire
IF YOU ANSWER YES TO ANY QUESTIONS,
YOU MUST REPORT TO EMPLOYEE WELLNESS IN PERSON

PRINT Student Name	Facility placement will be in	Full Social Security #			
School	Phone #				
TB History					
	NO	YES		NO	YES
Previous positive TB Skin/Blood Test?			Are you being treated for a serious medical condition?		
If yes, were you treated with medication?			Are you taking steroids or chemotherapy?		
If yes, what is the date of your last chest x-ray?					
In the last 12 months, have any of the following occurred?					
	NO	YES		NO	YES
Chronic cough (3 weeks or longer)?			Coughing up blood?		
Chronic fatigue (tiredness)?			Persistent night sweats? (not hormonal)		
Fever, chills?			Unexplained weight loss?		
In the past year, have you been to a foreign country?			In the past year up to present have you been in close contact with a person, without you wearing PPE, who has been diagnosed with active TB?		
If yes, where? _____			If yes, where: at work: _____		
Length of stay: _____			name of patient: _____		
Date returned to the US: _____			in your home: _____		
Purpose of trip? Visit family: _____			in the community: _____		
vacation: _____			Other: _____		
mission: _____					
other: _____					
If you answered yes to any question above, please explain and report in person to Employee Wellness.					
Have you had a job title change in the last 12 months? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please print your current job title:					

Student Signature: _____ Date: _____
 EWS Reviewer: _____ Date: _____
 Follow-up Recommendations:

Observation Agreement

I acknowledge and understand that I may have access to proprietary or other confidential business information belonging to Bon Secours Richmond (BSR) or Bon Secours Hampton Roads (BSHR). In addition, I acknowledge and understand that I may have access to confidential information regarding Bon Secours BSR & BSHR employees, patients, and patient care. Therefore, except as required by my employer or by law, I agree that I will not:

- A. Disclose to any other person, or allow any other person access to, any information related to Bon Secours which is proprietary or confidential and/or pertains to employees, patients or patient care.

“Disclosure of information” includes, but is not limited to, verbal discussions, FAX transmissions, providing hard copies, electronic message transmission, taking pictures of data, voice mail communication, written documentation, “loaning” computer access codes, copying sensitive or confidential information to unauthorized, unprotected electronic devices and/or other electronic transmission or sharing of data.

I understand that Bon Secours, its patients, staff, or others may suffer irreparable harm by disclosure of proprietary or confidential information and that Bon Secours may seek legal remedies available to it should such disclosure occur. Further, I understand that violations of this agreement. I understand that this statement is binding both during my clinical experience and thereafter.

In exchange for authorization to participate in an observational experience at Bon Secours, I agree to:

- Provide confirmation that I have had a tuberculosis (TB) screening within the past 3 months and am free of TB to the best of my knowledge
- Read and follow the orientation instructions and any other materials provided by Bon Secours related to this experience
- Reschedule my observation experience if I have been exposed to any infectious conditions in the immediate 48-hours prior to the observation experience or if I am not feeling well the day of the experience
- Not touch patients or participate in any procedures or patient care/treatment activities
- Maintain a distance of six feet from patients when possible to reduce the risk of possible airborne infection transmission
- Remain with the designated healthcare professional at all times when in patient care/treatment areas and not enter rooms or offices without permission
- Keep patient personal and private information confidential (i.e, what I hear and see there will stay there)
- Not share any patient information verbally, in writing, through social media, or in any other format with others
- Not take pictures or videos of patients, staff, visitors, or others without written authorization in any patient care or treatment areas
- Comply with the rules and procedures of Bon Secours as instructed during this observation experience
- Not remove any forms, documents, equipment, materials, resources, or other items from Bon Secours without permission

Understanding that the nature of a healthcare environment can potentially expose me to emotional and physical trauma, infections, such as the flu, and dangerous equipment, I acknowledge that I am participating in this observation experience at my own risk and that Bon Secours is not financially or legally responsible for any injury or illness incurred as a result of this observation experience. Therefore, in consideration of the benefits to be derived from this experience, any and all claims against Bon Secours or any person working under its direction are hereby expressly waived.

Signature of Observer: _____

Date: _____

Bon Secours EMERGENCY CODE TERMINOLOGY STANDARDIZATION

Code Type	Current State	Approved Code
Medical Alert		
Adult Medical Emergency	Blue	Medical Alert + Code Blue Adult + Location
Pediatric Medical Emergency	99/Blue	Medical Alert + Pediatric Code Blue Pediatric + location
OB Medical Emergency	Obert	Medical Alert + Code Obert + location
Acute Stroke	S	Medical Alert + Code Stroke + location
Visitor Staff Medical Emergency	Orange/Green	Medical Alert + Visitor Staff Medical Emergency + location
Rapid Response Team	Rapid Response	Medical Alert + Adult Rapid Response + location
Rapid Response Team	Rapid Response	Medical Alert + Pediatric Rapid Response Pediatric + location
Delivery outside of L&D	White	Medical Alert + Code Delivery + location
STEMI	STEMI	Medical Alert + Code STEMI + location
Sepsis	N/A	Medical Alert + Code Sepsis + location
Malignant Hyperthermia	Hot/None	Medical Alert + Code Hot + location
Asphyxia	Ice	Medical Alert + Code Ice + location
Security Alert		
Active Shooter	None/Active Shooter	Security Alert + Active Shooter + location
ED Lockdown	None	Security Alert + ED Lockdown
Hospital Lockdown	Lockdown/Gold	Security Alert + Hospital Lockdown
Bomb Threat	B/Black	Security Alert + Code Black + location
Combative Patient/Visitor	Atlas/Grey	Security Alert + Code Atlas
Abduction/Missing Patient	A/L/Purple	Security Alert + Missing Adult/Child + descriptor
Abduction/Missing Infant	Amber/Pink	Security Alert + Missing Infant + descriptor
Facility Alert		
Fire	Red	Code Red + fire alarm + location
Disaster/Mass Casualty	D/Silver	Facility Alert + External Mass Casualty
Evacuation	E/None	Facility Alert + Evacuation +type + location
Hazmat	H/Yellow	Facility Alert + Hazmat + location
Utility Alert	U/Orange	Facility Alert + Utility Failure + descriptor + location
Technology Downtime		Downtime + Technology impacted
Weather Alerts		
Snow Plan	White/None	Severe Weather Alert + descriptor
Sever Weather	W/Brown	Severe Weather Alert + descriptor