



Dear Shadower,

Good Samaritan considers it a privilege to share knowledge. Our mission is to provide you the opportunity to gain insight into your field of interest while building lasting, trusting relationships.

We are excited that you are interested in shadowing at Good Samaritan. We are a world-class facility and we are proud to share that with you. In preparation for your rotation and to start our shadowing process, information is required from you. Please complete and return the following attached forms and/or documentation. Some of this information is personal, so we use a system that protects your information, allowing access to only those involved in preparing your rotation. We will need a copy of your immunization record. Please be prompt in getting these requirements to the email listed below. Any missing or incomplete documentation could result in delay/denial of shadowing request. However, feel free to contact us with questions.

Collaborative Interprofessional Education

Good Samaritan

520 S. Seventh St. | Vincennes, Indiana | 47591

Hospital: 812.882.5220 | Direct: 812.885.3313

Fax: 812.885.3434 | GSHStudents@gshvin.org



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Please direct all questions
to
GSHStudents@gshvin.org



Shadower Request Form

Are you a current Good Samaritan employee? Yes No

Student Information

Shadower Name: _____ Age: _____

Home Address: _____ City: _____

State/Zip Code: _____ Phone: _____

Email Address: _____ Date of Birth: _____

Primary Physician Name: _____ Contact Number: _____

School Information

School/College: _____ Grade/Term: _____

Faculty/Coordinator Contact: _____ Phone Number: _____

Requested Area of Interest

Area(s) of Interest: _____

Estimated # of Shadowing Times: _____ Total Hours: _____

Requested Days of Week: S M T W T F S Available Timeframe: _____

Requested Preceptor: _____

Additional Request Information: _____

Students wishing to perform clinical rotations must submit the following information to GSHStudents@gshvin.org.

I understand that I cannot start shadowing at Good Samaritan until all requirements are submitted and approved. I must submit my observation and times to the CIE staff prior to approval. Failure to do so could result in termination of my clinical experience.

Student Signature: _____ Date: _____

STUDENT/SHADOWER TB RISK ASSESSMENT

Name: _____ Date: _____

Email Address: _____ Phone: _____

Department Area (if known): _____

Treated with Antituberculous Medication? YES NO UNKNOWN

Temporary or permanent residence of >1 month in a country with a high TB rate?

 Yes No Unknown

Current or planned immunosuppression (e.g. HIV, organ transplant recipient, immunosuppressive drug therapy)?

 Yes No

Have lived with or had close contact with someone who has been diagnosed with infectious TB in the past 12 months?

 Yes No

Do you currently have any of the following?

§ Cough longer than 3 weeks in the last 12 months: Yes NoWith blood: Yes No

§ Persistent Night Sweats (Need to change your clothes or sheets due to sweating which can't be explained by other medical conditions):

 Yes No

§ Involuntary Weight Loss (20 lbs in a 6 month period without trying) :

 Yes No**** If you answered "Yes" to any of the above questions, the Infection Prevention Coordinator will be contacting you for further information.**

Shadower Signature Form

Orientation Handbook Contents

I acknowledge that I have received a copy of the “Special Staff, Student, and Volunteer Handbook,” and have read and understand all listed provisions.

I agree to adhere to all Good Samaritan policies, procedures, and provisions set forth in the Handbook related to general and electrical safety, incident reporting, infection control, waste disposal, confidentiality, emergency conditions and response, patient rights, diversity, and staff rights (if applicable). For further reference, I will find policy and procedure manuals in each unit or department to which I am assigned.

I agree to provide Good Samaritan with written training and safety records upon request. I agree to contact the Infection Preventionist and/or Coordinator at Good Samaritan prior to assuming work activities if I have had recent contact with an individual with active tuberculosis or diseases such as chicken pox or rubella. I will contact the Infection Preventionist and/or Coordinator prior to assuming work activities if I have had persistent productive cough of two weeks or longer, night sweats, fever, or open skin lesions.

Following orientation, if I have questions regarding the provisions in the “Special Staff, Student, and Volunteer Handbook,” I may ask the supervisor of the unit or department to which I am assigned.

Confidentiality Agreement

I have read, understand, and have received a copy of the Good Samaritan guidelines related to confidential patient information. I realize that there are civil and criminal penalties for the unauthorized use and disclosure of confidential patient information. I will abide by the guidelines when completing my clinical or observation rotation.



Code of Conduct Statement of Compliance– Acknowledgement Form

Good Samaritan requires all caregivers to acknowledge that they received the Code of Conduct. The Code represents mandatory standards of conduct acceptable at Good Samaritan. New caregivers and providers are required to submit their acknowledgment through the new hire process as a condition of employment.

Responsibility

Violations of this Code of Conduct and Good Samaritan policies and procedures can lead to disciplinary action up to and including termination. Conduct that violates the law also may result in civil and criminal penalties ranging from fines to imprisonment.

Reporting

Individuals affiliated with Good Samaritan have a responsibility to report any suspected or actual violation of the Code of Conduct or other policy irregularities to any member of management, the Human Resources Department or the Compliance Officer. For those who wish to remain anonymous, the report may be submitted by calling the Compliance Hotline.

I acknowledge that:

- Ø I have received the Good Samaritan Code of Conduct and understand that it is my responsibility to read and comply with the legal and ethical practices contained in the Code of Conduct.
- Ø I must report potential compliance issues to a supervisor, to the Human Resources Department, the Compliance Officer or the Compliance Hotline.
- Ø I am aware that violations of the Code of Conduct and Good Samaritan policies and procedures may result in action that addresses my behavior.

Printed Name _____

Signed Name _____

Date _____

Location/Department _____

Employee ID# _____

Risk Management Safety Information Handbook

I hereby confirm that I have received a copy of the “Risk Management Safety Information Handbook for Non-Hospital Personnel”.

I agree to adhere to the expectations set forth in the “Risk Management Safety Information Handbook for Non-Hospital Personnel”.

I also agree to adhere to Good Samaritan’s policies/procedures and emergency alert responses. Policies/procedures will be available to each department.

I hereby confirm that I am a bona fide authorized agent of the business or agency that I am representing.

I have previously received the training/instruction needed to perform the work assigned by my company/agency while at Good Samaritan.

I agree to provide Good Samaritan with written training and safety records upon request.

I agree to contact Infection Prevention at Good Samaritan prior to assuming work activities if I have had recent contact with an individual with active tuberculosis or diseases such as chickenpox or rubella. I will contact Infection Prevention prior to assuming work activities if I have had a persistent productive cough of two weeks or longer, night sweats, fever, or open skin lesions.

I understand that if I have questions regarding the “Risk Management Safety Information Handbook for Non-Hospital Personnel” I may contact Risk Management. Other contacts are the Department Director or Manager, and the Nursing Supervisor.

Payment for Products:

I understand that any invoices submitted for products that have not been properly presented to GS, as described in GS policy #P16.05, will not be paid.

I understand that in the course of my work I may come in contact with confidential information, including clinical, employee-related, financial, and administrative. Such information may be acquired from written records, documents, ledgers, internal verbal correspondence and communication and computer programs and applications.

I understand that unauthorized use of computer terminals/workstations for any purpose is prohibited and that any non-hospital person who accesses or attempts to access computer information that is not within his/her scope of responsibility will be subject to termination from the hospital.

I understand that all information obtained by virtue of my work in the hospital must be held in the strictest confidence. I agree not to divulge or disclose to anyone other than those persons in the hospital who have the “need to know” directly or indirectly, any confidential information acquired during the course of my work at Good Samaritan. I understand that my obligations under this Agreement will continue after termination of my non-hospital personnel status.

I understand and acknowledge that in the event I breached any provision of this Agreement. Good Samaritan has the right to terminate my non-hospital personnel status.

Shadower Contract

I, _____, have read, understand and agree to adhere to the Shadowing Program Guidelines. During the time of my observation, I will maintain high ethical standards, be courteous to patients, visitors, families, and employees of Good Samaritan and will maintain confidentiality of patient records and compliance with all applicable state and federal laws.

Print Name: _____ Date: _____

Student Signature: _____

In an emergency, notify:

Name: _____ Phone #: (____) _____

Address: _____ Relationship: _____

CONSENT For parents of minors:

I understand that my child will be signing forms indicating his/her agreement to abide by Good Samaritan's policies, procedures and confidentiality guidelines.

Parent/Guardian Printed Name: _____ Date: _____

Parent/Guardian Signature: _____

The signature page and confidentiality agreement is to be signed during the safety education process prior to assuming work activities.

The original signature page and confidentiality agreement will be sent to the Collaborative Interprofessional Education Department where it will be placed on file.

A copy of the signature page and confidentiality agreement will be retained and filed by the Department Director or their delegate.

ALL Non-hospital personnel will sign the confidentiality agreement on the following page.

| OVERALL CHECKLIST | Attached Documentation to Email |
|---|---------------------------------|
| Immunization Record including: <ul style="list-style-type: none"> • MMR (measles, Mumps, and rubella) • Tdap (tetanus, diphtheria, and pertussis) • Varicella (chickenpox) vaccination • 2 step TB test or IGRA lab test or Chest X-ray • Flu vaccination • Current Covid Vaccination or exemption • Hepatitis B series (optional) • Meningococcal (if shadowing in lab) | |
| Shadower Request Form | |
| TB Risk Assessment Form | |
| Shadower Signature Form (3 pages) | |

*Varicella (chickenpox) vaccination – If you know you have had the chicken pox, you will need to provide physician documented proof of the date of onset, or a lab titer that shows immunity.

*Flu vaccination – If you are doing your rotation anytime between October 1st and March 31st, you will need to provide proof of administration of a flu vaccine. A receipt of purchase will not be accepted.

*2 Step TB test – See attached document for a resource.

* Covid Vaccine – See attached memo.

Two-Step TB Test

The 2-step TB skin test is a screening method developed to evaluate an individuals' status for active Tuberculosis (TB) or Latent TB infection. A 2-step TB test is recommended for initial skin testing of adults who will be periodically retested, such as health care workers.

When setting up your Two-Step TB Test please verify that this will require 4 visits over the course of 28 days. Do not make the mistake of receiving an “annual” which consists of only 2 visits.

We require the “4 visit” approach for the “2-step” skin testing (per CDC and Student Health recommendations).

STEP 1

- 1. Visit 1, Day 1**
PPD antigen applied under skin
- 2. Visit 2, Day 3**
PPD test is read

| <i>NEGATIVE result</i> | <i>POSITIVE result</i> |
|---|--|
| 2nd PPD required | Considered TB infected |
| Retest in 1 – 3 weeks after 1 st TST result read | Chest X-ray and further evaluation is required |
| Proceed to Step 2, Visit 3 | No 2nd PPD needed |

STEP 2

- 3. Visit 3, Day 7 – 21**
Second PPD skin test (for those whose 1st test was Negative).
- 4. Visit 4, 48 – 72 hours after the 2nd PPD test during Visit 3**

| <i>NEGATIVE result</i> | <i>POSITIVE result</i> |
|-------------------------|---|
| Considered not infected | Considered TB infection in the distant past. Chest X-ray & further evaluation likely necessary. |

****Disclaimer: if you have a two-step on file, from anytime in your lifetime, please send for prior approval. Leave adequate time incase you need to be screened again.****



Good Samaritan

EMORANDUM

TO: Good Samaritan Partners and Affiliates
FROM: Collaborative Interprofessional Education
DATE: July 22, 2021
SUBJECT: COVID Vaccine Requirement

After seeing months and months of difficulty both professionally and in our daily lives, we have finally seen some significant strides in coming out of this pandemic. This has been in very large part due to the Emergency Use Authorization of COVID-19 vaccines. There is an overwhelming volume of data and consistent conclusions in reliable, peer reviewed medical studies that strongly support the safety and efficacy of each of the vaccines. Immunization has been shown to be the single most effective method of preventing transmission, hospitalization and death from the virus. It is with the safety of our patients, employees and community at large as the highest priority that we have made the decision to join a rapidly growing number of healthcare organizations in requiring COVID-19 vaccinations for our staff, vendors, students, and faculty who practice within our facility.

Students and faculty utilizing Good Samaritan as a clinical site will be required to be FULLY vaccinated for COVID-19 by November 1, 2021 pending full FDA approval. Exemptions may be granted for medical contraindications or bona fide religious beliefs. Exemptions will be reviewed on a case by case basis and will follow our current practices for influenza vaccination exemption.

Fully vaccinated is defined as 2 weeks after the vaccination series is completed. This means that the last vaccine administration must be received by no later than October 17th to be considered fully vaccinated on November 1st. Pfizer and Moderna require a 2 dose series to be completed, so fully vaccinated is 2 weeks after the second dose is administered. Johnson and Johnson is a 1-dose vaccine meaning that fully vaccinated is 2 weeks after the single dose is administered. Proof of vaccination will need to be submitted through the Collaborative Interprofessional Education Department by October 17th, 2021.

To offer convenient access to the vaccine, we will release more information in coming weeks regarding mass vaccination clinic days at Good Samaritan. You may also access vaccination availability across the county and region through the Indiana Department of Health site www.ourshot.in.gov or call 211.

Best Regards,
Heidi Hinkle, Director of Professional Practice

MISSION

Provide excellent health care by promoting wellness, education and healing through trusting relationships.

VISION

To be the regional center of excellence in health care to support the communities we serve.

PRIDE VALUES

Patient | Respect | Integrity | Dignity | Excellence