



So good. So caring. So close.

Job Shadow Application

978-683-4000 x2645

Shadow Instructions:

- Complete Application
- Provide Immunizations
- Please view Health Screening form for TB options
- Read Health & Wellness Measures in the Workplace Policy
- Sign Attestation
- Flu shot during flu season (10/1 – 3/31)
- Sign the Confidentiality and Safety Procedures Agreement

Office Use Only Application Received _____
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PERSONAL INFORMATION

First Name _____ Last Name _____
 Street Address _____ Apartment # _____
 City _____ State _____ Zip Code _____
 Home Phone _____ Cell Phone _____ Work phone _____
 Email Address _____ Date of Birth (optional) _____

INTERN REQUEST? - Please fill out the Internship Application located on the LGH website

BACKGROUND

Have you ever been employed, volunteered or applied previously at this hospital? _____

EDUCATION

School/University, Program, & Grade: _____

Is this a class or program requirement? **Yes** **No**

What type of health care professional career are you exploring? _____

DAY OF SHADOWING

Please list the LGH Staff or Doctor you will be shadowing:

Name	Title	Contact Information

Has this person agreed to shadow you? **Yes** **No**

Specify which days of the week & hours of the day that you are available to Shadow:

CONTINUED ON BACK

Effective: 7-28-16

Revised: 9-23-20



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REFERENCES (Please do not include names of relatives)

Name _____ Relationship to you _____
Phone _____ Email _____

Name _____ Relationship to you _____
Phone _____ Email _____

EMERGENCY CONTACT

Name _____ Relationship to you _____
Phone _____ (This is a: ___Home ___Cell ___Work number)

SIGNATURE

- The information on this application is true to the best of my knowledge. I understand that false statements made as part of this application will be considered cause for dismissal.
- I understand that if I am accepted as a Shadow Student, I will not be paid for my services.
- I understand that if I am accepted as a Shadow Student, I will agree to abide by the guidelines of the Volunteer Services Program.
- I understand as a Shadow Student, I will always be assigned with an LGH Employee.

Applicant Signature _____ Date _____

*If you are under 18 years of age, the signature of a parent or guardian is required.

Signature _____ Date _____

Mail or Deliver Completed Application:

Lawrence General Hospital
Volunteer Department
1 General Street
Lawrence, MA 01841
Fax: 978-946-8338

Office Use Only

Notes:



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Health Screening

Name: _____

Date of Birth: _____

Directions: Please take this form to your health care provider for completion. The lab tests needed when immunization records are not available may be costly, and you are responsible for payment. Please be diligent in getting your records from your private physician, school record or previous employer.

For Health Care Provider Completion: For this individual to qualify to volunteer at Lawrence General Hospital, there are minimal infection control standards that need to be met. **A list of the standards is on the back of this form. Please complete the form below with special consideration to the following:** If there is no evidence of measles and/or rubella immunity, please administer MMR or draw titer(s). For questions on form completion, 978-683-4000, ext. 2645. Thank You.

Signature of Health Care Provider: _____ Date: _____

A copy of your immunization records or your school health record is acceptable

Location: _____ Telephone: _____

Measles, Mumps, Rubella:	
For volunteers working in <input type="checkbox"/> Emergency, <input type="checkbox"/> Pediatrics, or <input type="checkbox"/> Maternal Child Health as <input type="checkbox"/> greeters or escorts	MMR #1 Date: _____ MMR #2 Date: _____
TDAP	
For volunteers working in <input type="checkbox"/> Emergency, <input type="checkbox"/> Pediatrics, or <input type="checkbox"/> Maternal Child Health as <input type="checkbox"/> greeters or escorts.	TDAP Date: _____
Chicken Pox/Varicella:	History of Chicken Pox: Yes ___ No ___
For volunteers working in <input type="checkbox"/> Emergency, <input type="checkbox"/> Pediatrics, or <input type="checkbox"/> Maternal Child Health as <input type="checkbox"/> greeters or escorts.	If No History: Titer: _____ or Vaccination Date: #1 _____ #2 _____
Hepatitis B Vaccine	Hepatitis B Vaccine Date # 1: _____
Required for volunteers with potential exposure to blood borne pathogens. <input type="checkbox"/> Provided by LGH if necessary.	Hepatitis B Vaccine Date # 2: _____ Hepatitis B Vaccine Date # 3: _____ <input type="checkbox"/> Or Declination Signed: _____
PPD/Tuberculosis Skin Test & Assessment Form	Date Planted: _____ Date Read: _____
Please see next page for options.	Result in MM: _____ Date TB Assessment Risk Form Received _____ Date Q-GOLD TB Blood Test completed _____
Flu Vaccine <input type="checkbox"/> Mandatory during Flu Season	Flu Vaccine Date: _____ Place: _____

Occupational Health, 2nd Floor, 25 Marston Street, Suite 204
Lawrence, MA Monday – Friday, 8:30am – 4:00pm

Infection Control Standards for Health Clearance

Tuberculosis Screening and Chest X-Rays. *One of the following is required:*

- A. One (1) PPD Skin test within the *past 12 months and complete a TB Risk Assessment Form.*
- B. For individuals known to be PPD test positive, there needs to be a record of a negative chest x-ray report done by your physician.
- C. Receive the IGRA blood test such as the TB QuantiFERON – TB Gold blood test.

Measles and Rubella Immunity. The following is required:

- A. Documentation of two MMR vaccines, or
- B. Proof of immunity to measles, mumps and rubella by titer (blood test done by your private Physician. Please note that you will be responsible for payment for this test.)

Hepatitis B Vaccine. For individuals who may be exposed to blood or body fluids during their experience at LGH:

- A. Documentation of the Hepatitis B series, or
- B. Positive antibody test for hepatitis B will be done our Occupational Health Department.

LGH will provide this vaccine free of charge to individuals who may be exposed to blood or body fluid during their work.

Chicken Pox: Anyone who does not have a history of chicken pox is **strongly recommended** to get the chicken pox (varicella) vaccine from his/her primary care provider. As an adult, chicken pox can be a very serious illness.

Flu Vaccine: 100% compliance during Flu Season, Usually October – April of every year.

Reference: MDPH Adult Immunizations; recommendations & requirements for 2017

ASSESSMENT OF SYMPTOMS FOR TUBERCULOSIS

Complete this questionnaire:

Annually for any individual working as a volunteer for Lawrence General Hospital
Prior to the start of service for any new volunteer with a past history of positive skin testing or reported history of tuberculosis disease.

Below I indicate if I have any symptoms related to a possible TB infection. Should I now or at any time in the future have these symptoms I will contact the Occupational Health staff. I understand that I may ask Occupational Health staff or my personal physician for any additional information regarding TB.

Symptoms of TB always include a persistent cough and one or more of the following symptoms. I have indicated below if I have any of the following:

YES	NO	
_____	_____	Persistent cough
_____	_____	Unexplained weight loss
_____	_____	Night sweats
_____	_____	Bloody sputum
_____	_____	Loss of appetite
_____	_____	Fever

Signature (Print your name) Date

If you are under 18 years of age, the signature of a parent or guardian is required:

Parent / Guardian Signature (Print your name) Date

HEALTH AND WELLNESS MEASURES IN THE WORKPLACE

I have read and been informed about the content, requirements, and expectations of the Health and Wellness Measures in the Workplace policy for employees, volunteers, students and contractors at Lawrence General Hospital. I have received a copy of the policy and agree to abide by the requirements outlined in the policy.

I understand that if I have questions, at any time, regarding the Health and Wellness Measures in the Workplace policy, I will consult with my immediate supervisor or Human Resources (x2602)

Please read the Wellness Measures in the Workplace policy carefully to ensure that you understand the policy before signing this document.

Signature

(Print your name)

Date

If you are under 18 years of age, the signature of a parent or guardian is required:

Parent / Guardian Signature

(Print your name)

Date

Lawrence General Hospital (LGH) wants to create a safe, healthy and efficient environment for everyone including its non-employees. This document is intended to provide you some important information regarding your safety and security at LGH. The hospital expects you to be familiar with this content and abide by it at all times:

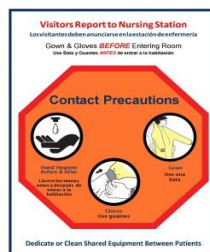
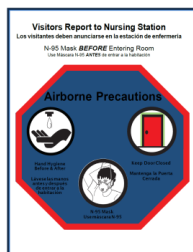
- A. You must wear your hospital or temporary identification badge (ID) at all times. ID must be visible and worn above your waist level.
- B. Carrying of firearms or other dangerous weapons on LGH property is prohibited. LGH takes a zero tolerance approach to violence in all forms, including domestic, physical, verbal and psychological violence. Harassment in any form (such as sexual or verbal) is not permitted.
- C. **Parking:** Certain non-employees may be allowed to park in LGH parking lots. The responsible LGH department manager will give you directions regarding the location of designated parking areas.
- D. **Substance Abuse / Tobacco:** LGH is a tobacco-free, alcohol-free and drug-free workplace. Consumption of alcohol or drugs on hospital property or working under their influence is prohibited. Smoking is not permitted anywhere inside the building or on hospital property. Violations of the hospital's substance abuse and / or tobacco rules could result in your immediate removal from hospital property.
- E. **Infection Control:** Always clean hands when entering a patient room, exiting a patient room, and before eating. Use soap and water or hand sanitizer.
Be aware of biohazards. Biohazards are blood and body fluid contaminated items and sharps in red containers/bags or hazards that are identified by a biohazard sign.

Biohazard sign



If exposed to blood or body fluids by a needle or splash on broken skin, wash the area right away and go to the Emergency Center for a post exposure evaluation.

Do not enter precaution rooms without talking to a nurse first. Precaution rooms have a sign on the door. **Precaution Signs:**



- F. Confidentiality:** In the course of performing your assigned tasks, you may have access to patient and organizational information that is of confidential nature. Maintaining confidentiality of a patient's protected health information (PHI) is required under the Health Insurance Portability and Accountability Act (HIPAA). You must follow the HIPAA **Minimum Necessary Standard** and access only the information (if any) necessary to fulfill your job responsibilities. LGH expects you to honor a patient's right to confidentiality at all times. It is prohibited to disclose any information, verbal, electronic or in paper form concerning a patient to anyone unless it is required to carry out their duties; re-disclosure is only permitted to those authorized to receive it under the HIPAA Regulations & Standards and must be fully documented.
- G. Patient Rights:** Patients of LGH have rights which will be honored at all times while they are hospitalized. These rights include:
1. A right to privacy during medical treatment.
 2. A right to confidentiality in all records concerning medical history and treatment.
 3. A right to refuse treatment and to appoint a healthcare proxy to make medical decisions in the event the patient is unable to.
 4. A right to prompt response to all reasonable requests.
 5. A right to prompt life saving treatment in an emergency.
 6. A right to request and receive an itemized explanation of hospital charges.
 7. A right to request and receive information on financial assistance and free health care.

However, any or all of these rights may be withheld in the event that in the exercise of these rights, the patient is, or may be a danger to other staff or patients.

- H. Fire Safety:** Lawrence General Hospital maintains a fire plan for the safety of all patients, staff and visitors. In the event of a fire or suspicion of fire, the fire plan will be activated and "Order Number One" will be announced overhead. Follow the instructions of the hospital's staff if such an event occurs. **To Report a Fire:**
1. Remove any individual in immediate danger
 2. Pull the nearest fire alarm (located near exits)
 3. Dial 3333 and report the fire (call 911 if at an off-site hospital location)
 4. Close doors to confine the fire and smoke

Notify the nearest hospital staff on your unit.

- I. Hospital Emergencies:** The hospital has developed and maintains an extensive plan for emergencies. Overhead announcement of specific "**Codes**" is used to alert staff to various emergencies. The use of codes is intended to convey essential information quickly while preventing stress and panic among visitors of the hospital. Listed below are some of the hospital codes and what emergency announcement they communicate:

Code Blue	Cardiac Arrest
Code White	Bomb Threat
Code Black	Emergency Room or Hospital Closed
Code Orange	Chemical, Biological, Radiation or Nuclear Explosion
Code Red	Fire
Code Pink	Infant Abduction
Code Grey	Security Emergency
Code Silver	Active Shooter
Emergency	Hospital's Emergency Mgt. Plan has been Activated

In the event that a code is announced while you are at a hospital site, follow instructions from the hospital staff. In certain situations, evacuation may also become necessary.

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It is your responsibility to ensure privacy is not breached:

- Do not leave patient information on **computer** screens and walk away. Always make sure you have removed any identifying patient information.
- Computer **passwords** must not be shared.
- Do not discuss patients in any public area, the hallways, elevators, and cafeteria or outside the hospital. You never know who is listening.
- Make sure to keep your voice down when discussing patient sensitive information at the nursing station and/or in the patient's room.
- Keep patient sensitive information turned face down in the work area.
- **NEVER** dispose of patient information in any trash container or recycling bin.
- Cell phones are **prohibited** in all areas of the hospital. Please store your cell phone in the volunteer locker while volunteering.
- Using cell phone cameras to photograph patients or their patient information is **strictly prohibited**, as is posting those pictures on social media sites such as Facebook or Twitter.
- You may see family, relatives or friends. You may also be asked by someone to find out the status of a patient. However, you must not discuss any patient information outside of the hospital. Violations of confidentiality may result in you losing your volunteer position and may also result in liability to you personally.

- I read and understand the **Safety Procedures and Hospital Expectations for Non-Employees**

*In signing this statement of confidentiality, I agree to support Lawrence General Hospital's strong tradition of protecting the privacy of our patients.

Volunteer Signature_____
(Print your name)_____
Date

If you are under 18 years of age, the signature of a parent or guardian is required.

Signature_____
(Print your name)_____
Date