EMORY HEALTHCARE

EXHIBIT A
Checklist Tool for Observership Application

STEP 1 – Preliminary Approval
Performed by the inviting sponsor

Completed?	Form Required	Instructions	Signatures Required From
	Exhibit B - Request and Attestation of Granted Approvals for Sponsor's Invitation	Sponsor obtains all required signatures – include Department leadership as needed.	Observer Sponsor CMO CNO (optional)

STEP 2 – Application Submission
Sponsor provides forms to applicant. Applicant submits completed forms to sponsor. Sponsor submits all completed forms to the Nursing Office of Credentialing.

Completed?	Form/Documents Required	Instructions	Signatures Required From
	Exhibit C – HIPAA Confidentiality and Non-Disclosure Statement	Completed by applicant	Observer
	Exhibit D – Immunization Verifying Documentation	Completed by applicant	Observer
	Exhibit E – Health Screen	Completed by applicant	Observer
	Exhibit F – Sponsor Supervision Agreement	Completed by sponsor	Sponsor Designated Supervisor
	Exhibit G – Release of Waiver of Liability	Completed by sponsor	Observer Sponsor
	Exhibit H – Observership Code of Conduct	Emory Healthcare Pledge included for reference, not for submission.	Observer
	Exhibit I – Observer Required Regulatory Courses	Applicant completes using hyperlink. Estimated reading time is 3-5 hours. If unable to access, please contact Myra Kitchin in the Nursing Office of Credentialing	Observer
	Government issued photo ID of observer	Passport or driver's license. Attestation form provided for Emory department designee to verify.	Observer Designee

STEP 3 – Final Approval Granted by the Nursing Office of Credentialing

The Nursing Office of Credentialing will notify the observation site's Security Office to issue an Emory Healthcare photo ID badge. Observer picks up ID badge from Security Office on day of arrival. If the observer already has an Emory issued ID badge, present your badge to the Security Officer for access to be added.

Security Office Locations:

Emory University Hospital
2nd floor, D wing, Room D-215
Office: 404-712-5599
security.serviceseuh.ehc@emoryhealthcare.org

Emory University Hospital Midtown
Orr Building, 1st floor
Office: 404-686-4485
security.serviceseuhm.ehc@emorhealthcare.org

Emory Saint Joseph's Hospital
5665 Peachtree Dunwoody
Office: 678-843-7568

EXHIBIT B
Request and Attestation of Granted Initial Approvals for Observership

This document is a <u>preliminary approval of the invitation only</u> to be completed a month in advance of the start date. Following this approval, other requirements must be submitted to the Nursing Office of Credentialing prior to the final authorization, start date, and badge distribution.

Applicant Name: _____

Date of Birth: _____ Age at time of observership: _____

Home Address: _____

Home/Cell Phone Number: _____

Email Address: _____

Name of School/College: _____

Purpose and Goal of Observership (please write 1-5 sentences):

Sponsor: _____

Observation Site: _____

Observation Period: Start: _____ End: _____

NOTE: Clinical and non-clinical authorizations for an observership must be linked to an affiliation with an EHC Executive or Medical Staff Member with active, Emory clinical privileges. If not linked with a physician, the sponsoring affiliation may also be with a professor or clinical researcher from Emory University School of Medicine or Emory's Nell Hodgson Woodruff School of Nursing with approved, Emory clinical access.

<u>The following individuals must print, sign, and date, signifying the Observer is APPROVED to begin the application process:</u>

Any requested exceptions to the policy herein must be noted on this sheet and approved by the parties listed below.

Observer: _____ (Print) _____ (Signature) Date: _____

Sponsor: _____ (Print) _____ (Signature) Date: _____

Site Chief Medical Officer: _____ (Print) _____ (Signature) Date: _____

Site Chief Nursing Officer (when appropriate): _____ (Print) _____ (Signature) Date: _____

Upon obtaining ALL signatures, submit to: Emory Healthcare Nursing Office of Credentialing, 1364 Clifton Road, Box 45, Office F-213, observership.credentialing@emoryhealthcare.org 404-712-0510

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EXHIBIT C
HIPAA Confidentiality and Non-Disclosure Statement

I, , the Observer visiting Emory Healthcare, am aware of the Hospital's Regulations and Policies that are issued under the Health Insurance Portability and Accountability Act of 1996 (also known as the HIPAA Privacy Rule).

I understand that all patient information, including medical records, other medical information, billing and financial data, is confidential.

I agree to comply with all Hospital policies and procedures, including and without limitation to the Non-Staff Observer Handbook and the Privacy Policies and Procedures implementing the HIPAA Privacy Rule.

I understand that if I violate patient confidentiality by using or disclosing patient information improperly, I may be subject to disciplinary action including having my Observership immediately terminated and I may be held personally responsible.

I understand that if I have any questions or concerns about the Privacy Rule and/or the proper use or disclosure of patient information, I shall ask my supervising attending, the Hospital Privacy Officer, or the Hospital Compliance Officer.

I have read and understand Emory Healthcare's Privacy and Security Training Materials and signed the acknowledgement statement. I understand and agree that the Hospital Privacy Policies and Procedures will apply to all patient information even after my Observership has been completed.

I certify that I have read Emory's HIPAA Policy Regarding Confidentiality of Patient Health Information and have completed the associated Privacy and Security Regulatory Course, outlined on the Non-EHC Staff Regulatory Courses form provided herein.

I understand that no information about any patients I may observe or hear discussed while on the Observership or at any time thereafter may be transmitted to any third party or person via personal recording device, email, text message, posting on any social network or another online site, or via any other written or verbal communication.**Exceptions must be reviewed and approved through Legal, the CMO, and the respective sponsor.*

I understand that photography and videotaping are prohibited.

As a condition of my Observership, I agree to abide by the prohibition on discussing my Observership and agree that Emory Healthcare has the authority to terminate the Observership at any time in its sole discretion. I further agree to indemnify and defend Emory Healthcare and its affiliates for all damages or losses incurred related to my participation as an Observer.

Print Name	Signature	Date

EMORY HEALTHCARE

EXHIBIT D
Immunity History

Provide Verifying documentation for one option per category.

I. Measles, Mumps, and Rubella (MMR)

Option A Two live attenuated MMR vaccines Vaccine #1 _____ Vaccine #2 _____

Option B Proof of individual titers – attach titer document (Positive titers represent immunity)

Rubeola Titer Date _____

Mumps Titer Date _____

Rubella Titer Date _____

II. Tuberculosis (TST=PPD)

Option A Two TSTs within past year Date #1 _____Date #2_____ (#2 must be within 12 weeks of observership)

Option B Series of at least 2 consecutive years of annual TB testing with last testing within 8 months of start of Observership.

Option C T-spot Serology and/or QuantiFERON TB Gold (annual serology) Last Serology Date _____
For Negative serology = same as negative TST
For Positive serology, provide clear chest x-ray and clear Exhibit E health screen (Option E)

Option D For History of BCG vaccination Yes_____
History of positive TST documentation and a chest X-ray report: Date of last X-ray _____
Plus Exhibit E health screen form clear of TB symptoms

III. Varicella (Chicken Pox, VZV) Childhood history of disease is not sufficient.

Option A (two live VZV vaccines) Varivax Date #1 _____ Varivax Date #2 _____

Option B VZV Serologies (attach titer documentation) VZV Titer Date _____
Positive titer = immune, Negative titer = not immune (option A required)

IV. Hepatitis (HBV)

Option A Hepatitis B Vaccination (provide documentation) (three (3) doses required or titers)

Option B Hepatitis B Surface Antibody (HBVSAB) Test Results (provide serology documentation)
Serology Date _____ (positive=immune, negative=non-immune)

Option C Declination of Hepatitis Vaccination – After consultation with an Emory Healthcare Representative

V. Annual Mandatory Flu Vaccine (October-March) please submit influenza verification documentation or submit Emory Healthcare waiver signed by physician or religious leader.

Immunization clearance is required prior to observing in Emory hospitals or clinics.

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EXHIBIT E
Health Screen Form

Applicant Name _____

1. Have you been around anyone with any of the following diseases within the past 30 days?

Chicken pox	Yes ☐	No ☐
Measles	Yes ☐	No ☐
German Measles (Rubella)	Yes ☐	No ☐
Mumps	Yes ☐	No ☐
Influenza	Yes ☐	No ☐

2. Have you had the following symptoms in the past 72 hours?

Fever	Yes ☐	No ☐	If yes, temp degrees F: _____
Conjuctivitis/pink eye	Yes ☐	No ☐	
Vomiting	Yes ☐	No ☐	
Diarrhea	Yes ☐	No ☐	
Cough	Yes ☐	No ☐	
Congestion/runny nose/cold	Yes ☐	No ☐	
Skin sores	Yes ☐	No ☐	
Rash	Yes ☐	No ☐	

3. Have you had any chronic cough (lasting greater than 3 weeks), night sweats, unexplained fevers, loss of appetite, sudden weight loss, blood tinged secretions from the nose or mouth or coughed up? Yes ☐ No ☐
Please describe:

4. In the past 21 days, have you traveled to other countries? Yes ☐ No ☐
Please list all countries you have traveled in:

5. Have you had any contact or exposure to someone ill who has traveled in another country in the past 21 days?

Yes ☐ No ☐

*If any of the above are answered **yes**, the individual must be cleared by the Department of Occupational Injury Management (OIM) and should call (678) 640-6185 or (443) 413-3677. OIM's NP on call pager # which is 404-686-5500, Pager ID # 50464.*

I certify that the above information is correct.

Print Name _____ Signature _____ Date _____

****

(OFFICE USE ONLY)

Applicant has provided verifying documentation for the following: (as outlined in Exhibit D)

MMR ☐ TB ☐ Varicella ☐ Hep B or Waiver ☐ Seasonal Flu ☐

EMORY HEALTHCARE

EXHIBIT F
Sponsor Supervision Agreement

I, the undersigned, agree to be responsible for supervising _____ (Observer) while he/she observes the activities of the _____ (Clinical/Non-clinical services) during the period of _____ to _____ .

I acknowledge and agree to accept the above named Observer under my supervision and consent that he/she will not be present in any patient care area without me being with him/her or with my designated non-student, non-resident supervisor.

I agree to ensure that the above named Observer shall engage in observation activities only and shall not participate in any patient care activities within Emory Healthcare. These activities include:

• Touching patients	• Advising other care providers, patients or visitors
• Writing on the medical record	• Scrubbing in the Operating Room or any other procedural area
• Accessing the patient medical record	• Performing any professional duties
• Answering questions posed by patients, family, or care providing staff concerning treatment	• Receiving badge access to open doors of clinical areas

I also understand that he/she is not covered by Emory's Liability Program.

I understand it is the expectation that an Observer will leave patient or procedure rooms during emergency situations and am aware that, if in the best interest of the patient, I have the latitude to ask an Observer to leave the patient or procedure room at anytime without explanation.

I understand that should an Observer under my supervision enter into an Emory Hospital or affiliated clinic intoxicated/impaired, it is my responsibility to prevent the Observer from entering patient care areas and immediately inform the respective hospital or clinic CMO who will move forward with the termination of the individual's Observership.

I understand that the entity CMO has the ultimate authority and discretion to terminate the described Observership at any point in time.

I understand that at no point in time will access capability to the patient medical record be granted for Observers.

Should the Observer observe direct patient care or view medical records with the sponsoring physician, a HIPAA waiver/release form (attached hereto) must be signed by that patient. It is the responsibility of the sponsoring physician to that patient to obtain such documentation and file with the department under which the procedure or patient care is performed.

_____
Sponsor Name and Title

_____
Sponsor Signature Date

_____
Sponsor Email Address Sponsor Phone Number

_____
Designated Supervisor Name and Title (non-student, non-resident)

_____
Designated Supervisor Signature Date

_____
Designated Supervisor's Email Address Designated Supervisor's Phone Number

EXHIBIT G
Release and Waiver of Liability

I, _____, wish to observe the activities of the _____ service or department within Emory Healthcare, Inc. (EHC) from _____ to _____ in furtherance of my personal or educational goals (observership).

I understand that I will not be allowed to perform any clinical activities or other work, including without limitation the touching of any patient, documenting on any medical record, scrubbing in the EHC Operating Room or any other EHC procedural area, and advising of care providers or patients. I further understand that I will be under the supervision of attending physician _____ and agree to remain with the attending physician at all times during my Observership. I agree to adhere to the EHC policies and procedures.

I understand I am not to be involved in the provision of patient care at any time and will remain with my assigned sponsor at all times. I understand that my sponsor can ask me to leave the room at anytime without explanation. It is the expectation that all observers will leave during emergency situations.

I understand that I am not an employee, agent or contractor of Emory Healthcare and as such, I am not authorized to conduct any business on its behalf and am not entitled to receive payment or benefits from Emory Healthcare.

I understand that Emory Healthcare does not provide insurance coverage including, but not limited to, the following: professional medical malpractice, general liability, workers' compensation, or health insurance benefits. I understand that I am not an Emory employee and do not receive employee benefit. I concur that any injury that I may sustain in connection with my participation in the observership shall be covered by my personal medical insurance.

I understand that even though I will only be observing activities in the _____ clinical services I may be exposed to certain risk of bodily injury and other dangers, including but not limited to, exposure to blood born pathogens, biological waste, and dangerous chemicals. I am aware of these risks and voluntarily assume these risks. I release and agree to indemnify and defend EHC from all damages, liability or loss arising from any injury that I sustain related to my participation in the observership.

For and in consideration of EHC allowing me to observe the activities of the _____ services to further my professional and educational goals, I hereby release and forever discharge and agree to indemnify and defend EHC and it's parent and affiliate entities and their respective officers, agents and employees from all claims, losses, demands, rights and causes of action of whatever kind or nature arising out of my observership or observation activities, including but not limited to, those specific risks enumerated above. In addition, I understand and take sole responsibility for any personal belongings I bring with me to Emory.

I understand that EHC may terminate my observership: (i) at any time in its sole discretion; or (ii) if I violate the terms of this agreement or EHC Policies or Procedures.

I have read this document carefully and I voluntarily choose to participate in the observership activities described herein. I hereby certify that I am at least 18 years of age, I am legally competent, and I am signing this document with full knowledge of its significance.

Observer Name (print)	Signature	Date
Sponsor Name (print)	Signature	Date

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EXHIBIT H
Code of Conduct

When participating in the observership, I will…

- Arrive promptly
- Accurately represent my position and role
- Appreciate the limits of my role as an Observer
- Ensure patients give informed consent for shadowing freely and without undue influence
- Respect patients' right to refuse to have visitors present
- Treat all patients and staff with respect and dignity, regardless of age, gender, race, ethnicity, national origin, religion, disability, or sexual orientation
- Maintain strict confidentiality about patient information
- Maintain honesty and integrity by being forthright in my interactions with patients, peers, physician supervisors, and staff
- Ensure patient safety by remaining at home if I am ill
- Report concerns about patient safety to the appropriate individual
- Behave in an appropriate, professional, courteous manner at all times
- Not initiate or accept patients' invitations to engage in social relationships
- Dress and act professionally
- Not abuse drugs or alcohol
- Be aware of and follow the policies, procedures and guidelines of my sponsoring institution
- Wear the Observer's ID Badge at all times
- Maintain patient and employee confidentiality

I agree to follow the Code of Conduct described above and to adhere to Emory Healthcare's Pledge attached hereto

Observer Name (print)	Signature	Date

EMORY HEALTHCARE

EXHIBIT H
Code of Conduct

Our Pledge

We will treat each other the way we want to be treated.

We will…

- treat everyone as professionals and with respect and dignity
- greet each other by name
- welcome and encourage new team members
- be honest and open in all interactions
- be respectful of everyone's privacy
- be culturally and racially sensitive

We will not…

- raise our voices in anger or use sarcasm or profanity
- be passive-aggressive
- make culturally or racially derogatory remarks
- undermine each other's work
- criticize each other and Emory in public spaces

We will cultivate a spirit of inquiry.

We will…

- ask "why" when we have questions or concerns, especially about safety
- ask for a pause when we think someone is about to make a mistake or do something unsafe
- thank each other for raising concerns
- declare our openness to the inquiry of others

We will not …

- respond with anger or sarcasm when someone requests a pause
- intentionally belittle or respond in a threatening or condescending manner when someone asks a question
- tolerate rudeness
- stifle learning

We will defer to each other's expertise.

We will…

- encourage each other to offer different perspectives
- recognize that all members make important contributions to the team
- seek help when we don't know the answer

We will not …

- belittle or ignore the ideas and perspectives offered by each other
- assume that expertise is overruled by age, profession, or rank

We will communicate effectively.

We will…

- listen thoughtfully and ask for clarification when we don't understand
- check that others have understood when we say something important
- remain respectful with our body language and tone of voice
- remain calm when confronted with or responding to stressful situations
- use scripts, read-back, repeat-back, or other techniques where appropriate to reduce the chance of misunderstanding

We will not …

- stifle clarifying questions
- interrupt our team members unnecessarily
- say "it's not my job" or "it's not my responsibility"

We will commit to these behaviors in support of Emory Healthcare Care Transformation

We will…

- encourage and support each other
- hold each other accountable for the behaviors identified in this Pledge

EMORY HEALTHCARE

EXHIBIT I
Observer Required Regulatory Courses

The following online regulatory courses must be completed on or prior to the Observer's start date. Access and instructions for these courses are listed below. After completing all applicable courses, the applicant must sign below, verifying that he/she has read, understands, and accepts accountability for complying with all material through the entirety of their time with Emory Healthcare.

Courses vary in length, each taking an average of 30 minutes to complete. Topics include, but are not limited to:

1. Hazard Communication
2. Standard Precautions

Additional training for clinical areas may be required and will be specified prior to the individual's start date.
Emory Healthcare and Emory University staff and students may access the regulatory course by using the link below:
Open hyperlink: http://www.ourehc.org/departments/human-resources/organizational-development/learning-management-system-services-hlc/non-ehc-staff-resources.html
If hyperlink does not open, access Emory Intranet site > Depts & Groups > Human Resources > Organizational Development > Learning Management System or you may contact the Nursing Office of Credentialing for assistance:
Lori Pleasure
Emory Healthcare
Office of Observership Credentialing
1364 Clifton Road, F-213, Box 45
Atlanta, GA 30322
Office # 404-712-0510
Confidential Fax # 404-712-4976

Non Emory Staff and Students – the course materials are included as an attachment with the Observership application and exhibits.

I, _____, confirm that I have read all the required Regulatory Courses, as outlined above. I understand that I will be held accountable for complying with these rules, regulations, and practices, and am aware that any breach of rules may result in immediate termination of my visitation/Observership.

Observer Name	Signature	Date