

## Shadowing/Observation Program Application Form

*\*\*Please note that incomplete applications will not be processed.*

<b>Participant Name</b> (Please Print)			
<b>Participant Date of Birth</b> (Minimum age to participate is 16)		Are you at least 16 years of age?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Participant Address:</b>			
<b>City:</b>		<b>State:</b>	<b>Zip Code:</b>
<b>Preferred Phone #:</b>		<b>Email:</b>	
<input type="checkbox"/> High School Student	Name of School		Grade Level
<input type="checkbox"/> College Student	Name of School		Grade level
<input type="checkbox"/> Licensed Professional	Employer		
Program of Study:		Do you require credit hours? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If Candidate is under the age of 18:</b> I attest that I am the applicant's parent/legal guardian and consent to the shadowing/observation participation as requested. <b>Signature of Parent/Guardian &amp; Relationship:</b> _____ <b>Relationship:</b> _____ <b>Phone number of Parent/Guardian:</b> _____			
I am currently employed, or have been employed in the past by Decatur Morgan Hospital: <input type="checkbox"/> Yes <input type="checkbox"/> No			

**Schedule:**

Please include the days of the week, the dates, and hours you have arranged to shadow. High school participants may shadow up to 40 hours and College and Medical Professional Participants may shadow up to 4 weeks.

Date	Hours	Date	Hours	Date	Hours	Date	Hours

Total Hours: \_\_\_\_\_ What date would you like to start? \_\_\_\_/\_\_\_\_/\_\_\_\_

**Objective/Reason for this observational learning request:**



**I have not pre-arranged shadowing/observation** *(Please note that we do not match to Physicians or Physician Assistants)*  
 Specific department / health care profession interested in shadowing/observing.  
 \_\_\_\_\_

**For Pre-Arranged Shadowing/Observation:**  
 **I have arranged shadowing/observation.** If you have arranged shadowing/observation with a DMH physician or employee, please provide the following:  
 Hospital Employee : \_\_\_\_\_  
 Physician : \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact (Please Print)	Relationship:
Emergency Contact Phone #1:	Emergency Contact Phone #2:

**Badge Fees:**  
*All program participants will be issued a shadowing badge upon approval. A **\$20.00 badge deposit in the form of cash or check** is required when checking out the badge. Participants are required to wear a program badge during their Shadowing/Observation time. **The badge must be returned once the shadowing/observation is completed.** This fee is returned once the candidate returns the badge. Shadower/Observation candidates must be escorted and wear their badge at all times on campus.*

**Parking:** *If you are a Shadowing/ Observing participant on the Decatur Morgan Hospital campus, please park in visitor parking.*

**Candidate Signature:** \_\_\_\_\_ **Date Submitted:** \_\_\_\_\_

**Signature of Parent/Guardian** (if candidate is under the age of 18): \_\_\_\_\_

FOR INTERNAL USE ONLY		
<input type="checkbox"/> Completed application		
<input type="checkbox"/> Badge fee received		
<input type="checkbox"/> Verification of a Negative Tuberculosis Test (or negative chest x-ray) received TB Skin Test Expires: ___/___/___		
<input type="checkbox"/> Verification of identity		
<input type="checkbox"/> Verification ___/___/___ OR <input type="checkbox"/> Declination of flu vaccine		
<input type="checkbox"/> Confidentiality Statement		
<input type="checkbox"/> HIPAA Test		
<input type="checkbox"/> Affirmation Statement and Waiver		
<input type="checkbox"/> Dress code		
<input type="checkbox"/> <b>Approval:</b>		
By: _____		_____
<b>Signature and Title</b>	<b>Date</b>	
Start Date ___/___/___	<input type="checkbox"/> Badge # _____	<input type="checkbox"/> Entered in spreadsheet



**Shadowing/Observation Program Application Form**

Shadowing/Observation Participant: \_\_\_\_\_

During my shadowing/observation participation, I agree to the following:

- I have completed the application and supporting documents and provided all requested information.
- I agree to comply with all Hospital guidelines throughout the shadowing / observation experience.
- I am not permitted to participate in any clinical interaction with any patient including, viewing medical records and making entries into the medical record.
- I agreed to return the shadower/observer ID badge to the Clinical Excellence Office at the completion of the shadowing/observation experience.
- I agree that the shadowing/observation experience is approved for the indicated maximum duration of shadowing/observation hours only. Participants must submit an additional application for subsequent requests.
  - The maximum duration for High School and College students not affiliated with a formal education program is **40 hours**.
  - The maximum duration for Medical School / Post Grad Students not affiliated with a formal education program is **4 weeks**.

**Shadowing/Observation Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Sponsoring Physician: \_\_\_\_\_  
(If applicable)

As the above candidate's sponsoring physician, I agree to the following:

- To accept responsibility for the shadower/observer while shadowing/observing within the Hospital; including appropriate behavior and compliance with Hospital guidelines.
- The shadower/observer is introduced based on level of education. For example: a high school student is introduced as a *high school student interested in learning about the practice of medicine*. A physician observing may be introduced as a *physician* as long as the patient is clear regarding the nature of the observation.
- To assure the shadower/observer ID badge is returned the Clinical Excellence Office at the completion of the shadowing/observation experience.

**Sponsoring physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## HIPAA Fundamentals Training

## Introduction

- Federal Law protects the privacy and security of patient information, known as the “HIPAA” regulations.
- Decatur Morgan Hospital depends on patient trust in order to receive information needed to provide patient care.

## Protected Health Information

- Protected Health Information (PHI) is any information collected from or about the patient for the purpose of providing patient treatment or billing for that treatment.
- HIPAA protects all patient information – **whether it is spoken, written, or on the computer.**
- PHI includes medical information as well as demographic and financial information. Any information in the patient’s record must be considered PHI.
- Patient information may only be shared for the purposes of patient treatment, billing for payment of that treatment and operations of the hospital.

## Need to Know

- Before disclosing protected information to any other person as yourself the following question: **“Do I or others need this information to take care of the patient?”**
- Sometimes you may inadvertently hear or see information that you don’t need to know. NEVER share information you gained from the hospital with anyone outside the hospital.

## Dispose of PHI Properly

- Trash and garbage bins are another place that might contain PHI. Be sure to dispose of patient lists and other documents that contain PHI in non-public areas.
- **If you see PHI in the trash in public areas, notify the supervisor immediately.**
- If you transport PHI, make sure it is secure. Never leave patient information visible in a locked car.

**The Privacy Officer: At DMH we have a person responsible for insuring that privacy is maintained – The Privacy Officer.** However, no one person can know if we have a possible threat in every area of such a large organization.

- Each of us must do our part to protect patient information. **You should always report possible privacy problems to the manager in your area or to the Privacy Officer.**

## Co-Workers, Friends, and Family

**Situation: *You hear about a friend that has had surgery, so you call a nurse on that floor to find out the details.***

- Friends and co-workers deserve the right to privacy just like any other patient. You cannot seek or share patient information for personal reasons. You may only obtain/share information that you need to know to do your job.
- Should you recognize a patient you know you may acknowledge them, but do not ask him or her about their health. **Assume health matters are private** unless the patient offers information about their condition or treatment. Do not speak of your encounter away from the hospital.
- **Do not ask patients if you can share their information.** That puts you at risk for misunderstanding the patient’s answer, and may exert undue pressure on the patient.

## “Don’t be Curious”

**Situation: *You like to look at the patient directory or surgery schedule daily to see if you know anyone.***

- This is not within the scope of your job at this Hospital.
- You are in violation of HIPAA laws and DMH guidelines.

## Respect the Privacy of Patients

**Situation: *You are working in an area where caregivers are discussing health information with a patient, a family member, or another caregiver.***

- You can ask if you need to leave the area.
- You may quickly finish your task and leave.
- You must keep any health information you overhear to yourself.

## Protect information in your Possession

**Situation: *During the shadowing/observation process, you use a list that contains patient names and possibly other patient information.***

- You should keep the information in your possession at all times.
- You should make sure that it is protected from others.
- You can turn it over so the information can’t be viewed.
- You **should make sure when you are finished with the information that you have disposed of it properly.**
- Your supervisor may give you instructions for disposal of PHI.

## HIPAA Fundamentals Test

This completes the fundamental overview of the HIPAA regulations. You now know and are responsible for what is required of you as an observer at Decatur Morgan Hospital.

- HIPAA laws also require that we keep a record to show that you have been trained in patient privacy. You should now take the HIPAA FUNDAMENTALS TEST.



**HIPAA Fundamentals Test**

Name \_\_\_\_\_

Date \_\_\_\_\_

- \_\_\_ 1. HIPAA stands for:
- a. Health Information Protection Agency Association
  - b. Human Instinct Protection Association Awareness
  - c. Health Insurance Portability and Accountability Act
- \_\_\_ 2. PHI stands for:
- a. Patient Health Initiatives
  - b. Personal Health Institute
  - c. Protected Health Information
- \_\_\_ 4. Patient Information is protected when it is:
- a. Spoken
  - b. Written
  - c. On the computer
  - d. All of the above
- \_\_\_ 5. If you are in a public area and you see PHI in the trash, you should:
- a. Report this to a supervisor
  - b. Dispose of it properly
  - c. Show it to a friend
  - d. Both a & b
- \_\_\_ 6. The Privacy Officer is responsible for:
- a. Checking the trash
  - b. Pulling medical records of patients
  - c. Making sure Decatur Morgan Hospital protects patient information
- \_\_\_ 7. You should ask yourself before you view or share patient information:
- a. Is this a personal friend or a relative not under my care?
  - b. Will anyone see me reading this?
  - c. Do I need this to do my job at Decatur Morgan Hospital?
- \_\_\_ 8. Patient information that I use for my job:
- a. Isn't important to anyone else
  - b. Should be protected until I have disposed of it properly
  - c. Is the responsibility of my manager
- \_\_\_ 9. If I want to know about a friend that I see in the hospital, I should:
- a. Look at their medical record
  - b. Ask the nurse
  - c. Ask the individual
- \_\_\_ 10. If you see another person violating the HIPAA Privacy Laws or the ALH Policies:
- a. You should ask them to stop
  - b. Ignore it and mind your own business
  - c. Report it to your manager or the privacy office (256.973.2125)



**Affirmation Statement on Security & Privacy of Information****HIPAA Fundamentals**

HIPAA stands for Health Insurance Portability and Accountability Act. HIPAA is a federal law that was enacted in 2003, which protects Protected Health Information or PHI for patients. The law allows for penalties such as fines and/or prison for people caught violating patient privacy.

Protected Health Information, or PHI, is any patient information – whether it is spoken, written, or on the computer. PHI includes health information about patients in the hospital, and it can be as simple as their name. PHI cannot be shared outside of the hospital, even if you see the information in a public area like the trash. If you witness PHI being shared, it needs to be reported to Decatur Morgan Hospital's Privacy Officer at 256.973.2125.

**Affirmation Statement**

**I, the undersigned, have read and understand the Decatur Morgan Hospital guideline on confidentiality of protected health information as described in the HIPAA Fundamentals Policy, which is in accordance with applicable state or federal law.**

I also acknowledge that I am aware of and understand the policies of Decatur Morgan Hospital regarding the security of protected health information including the policies relating to the use, collection, disclosure, storage and destruction of protected health information. This protection includes proprietary information.

In consideration of my association with Decatur Morgan Hospital, and as an integral part of the terms and conditions of my association, I hereby agree, pledge and undertake that I will not at any time, during my association with Decatur Morgan Hospital, or after my association ends, access or use protected health information, or reveal or disclose to any persons within or outside Decatur Morgan Hospital, any protected health information except as may be required in the course of my duties and responsibilities and in accordance with applicable legislation and policies governing proper release of information.

I understand that user identification codes and passwords are not to be disclosed (or shared), nor should any attempt be made to learn or use another person's code.

If I am an instructor, I understand that I assume responsibility for the actions of the students under my supervision to comply with the Security and Privacy of Information Policy.

If I am an employer, I understand that I assume responsibility for the actions of my employees to comply with the Security and Privacy of Information Policy.

**Training:** Members of the workforce receive required education concerning security and privacy during new Employee Orientation and during annual required training or upon commencement of the association. Any updates or changes to policies will be communicated via staff meetings, intranet and/or mandatory requirements tests.

**Corporate Compliance:** It is the responsibility of all those associated with Decatur Morgan Hospital to uphold all applicable laws and regulations. All shadowing/observation program participants must develop an awareness of the legal requirements and restrictions applicable to their respective positions and duties. The hospital has a corporate compliance program to further such awareness and to monitor and promote compliance with such laws and regulations. I am not aware of any violations of applicable laws or regulations and agree to report any violations to the Corporate Compliance Officer. Any questions about the legality or propriety of actions undertaken on or behalf of the Hospital should be referred immediately to the appropriate supervisory personnel, or to the Corporate Compliance Officer.

**Excluded Party Status:** I affirm that I am not an excluded party from participating in Federal health programs, nor am I under investigation which may lead to such sanctions.

**Computer Applications:** I further understand that I may be provided access to certain hardware and software applications, some of which may be proprietary to their respective vendors. I agree to keep the hardware and software applications confidential, to not disclose to third parties, and to use such hardware and software applications only for the benefit of Decatur Morgan Hospital.

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**I understand that violation of this affirmation statement could result in disciplinary action up to and including termination of employment/contract/ association/appointment, the imposition of fines pursuant to HIPAA, and a report to my professional regulatory body.**

PRINT NAME: \_\_\_\_\_

School or Organization Name (if applicable): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



**Waiver of Liability and Hold Harmless Agreement****The Healthcare Authority of the City of Huntsville d/b/a Decatur Morgan Hospital**

1. In consideration for receiving permission to participate in Decatur Morgan Hospital's Shadowing, Medical Venturing, or Internship or other Healthcare Observation Program (hereafter referred to as "the Program"), I hereby release, waive, discharge and covenant not to sue Decatur Morgan Hospital, its officers, servants, agents and employees (hereinafter referred to as "releasees") from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or relating to any loss, damage or injury, including death, that may be sustained by me, or to any property belonging to me, whether caused by the negligence of the releasees, or otherwise, while participating in the Program, or while in, on or upon the premises where the Program is being conducted, while in transit to or from the premises, or in any place or places connected with the Program.
2. I am fully aware of risks and hazards connected with being on the premises and participating in the Program, and I am fully aware that there may be risks and hazards unknown to me connected with being on the premises and participating in the Program, and I hereby elect to voluntarily participate in the Program, to enter upon the above named premises and engage in activities knowing that conditions may be hazardous, or may become hazardous or dangerous to me and my property. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including death, that may be sustained by me, or any loss or damage to property owned by me, as a result of my being a participant in the Program, whether caused by the negligence of releasees or otherwise.
3. I further hereby agree to indemnify and save and hold harmless the releasees and each of them, from any loss, liability, damage or costs they may incur due to my participation in the Program, whether caused by the negligence of any or all of the releasees, or otherwise.
4. It is my express intent that this Release shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a Release, Waiver, Discharge and Covenant Not to Sue the above named releasees.

In signing this release, I acknowledge and represent that:

- A. I have read the foregoing release, understand it, and sign it voluntarily as my own free act and deed;
- B. No oral representation, statements or inducements, apart from the foregoing written agreement, have been made;
- C. I, my parent or guardian is at least eighteen (18) years of age and fully competent;
- D. I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name Printed:** \_\_\_\_\_

**Parent or Guardian Signature** (if participant is under 18 years of age): \_\_\_\_\_

**Parent/ Guardian Name Printed:** \_\_\_\_\_



## Dress and Appearance Policy

Decatur Morgan Hospital's Job Shadowers/Observers have a responsibility to adhere to the Hospital's dress policy. Therefore, your attire, grooming, and personal hygiene are critically important. *Shadowers/Observers are to wear a white shirt and khaki skirt or pants.* We require that you observe the following specific standards regarding personal appearance and neatness while shadowing/observing in the Hospital

### Clothing/ Attire

- **Shirts, Blouses, Dresses & Skirts** – Shadowers should wear shirts, blouses or dresses with sleeves. Sleeves may be short (to the mid-bicep) or long sleeved. No sheer or sleeveless tops are permitted and no plunging necklines or cleavage should be showing. Lengths of dresses and skirts cannot be shorter than three inches above the knee. Dresses or skirts should not be clinging or tight.
- **Undergarments** – Lingerie, t-shirts or briefs should be covered by clothing.
- **Pants** – No shorts, blue jeans or work-out/sports clothing. Pants and tops should not reveal the midriff or back area.
- **Hair** is to be clean, well groomed, and a natural color (i.e. no pink, orange, blue). No distracting extremes in hair styling, dyeing, bleaching, or coloring is permitted. Shaving designs into the hair and Mohawks are not permitted. Hair and hair accessories must not be distracting or extreme. Hair below shoulder length should be confined if it falls forward over the face.
- **Hosiery** – Shadowers should wear complementary socks or hosiery.
- **Shoes** – Clean, closed-toe shoes should be worn with the heel not exceeding 3" high.
- **Scrubs** – Some Shadowing/observation locations may require participants to wear scrubs. Participants will be informed if scrubs are required for their Shadowing area.

### Jewelry/ Adornment

- **Fingernails** - Shadowers should not have artificial nails (which include acrylic/gel overlays, acrylic/gel nails, wraps, tips, and nail strengthener or hardener that is not removable by acetone. Fingernails should not exceed ¼ inch from the tip of their finger or have extreme nail art, or colors like black or orange.
- **Earrings** - No more than two earrings per earlobe are allowed. Earrings must not be larger than a quarter and are not permitted on the top of the ear or in the cartilage above the earlobe.
- **Rings** - No more than two rings per hand are allowed.
- **Bracelets and Necklaces** - Two necklaces and two bracelets are permitted.
- **Body Piercing** - Visible body piercing other than earrings is not permitted; this includes tongue piercing and forking, eyebrow piercing, and nose rings.
- **Tattoos** - Applicant should wear clothing that covers tattoos.

### Hygiene

- Personal Hygiene is considered very important. Showering and the use of antiperspirant/ deodorant is required.
- Strong perfume or fragrances of any kind are not permitted. All fragrances are discouraged.
- Smoking is not permitted on the Hospital campus. Those using tobacco products must take measures to eliminate smoke odor from clothing, skin, and breath.

The Dress and Appearance Policy applies to Job Shadowers/Observers who are wearing a Hospital badge.

**I have read and understand the Dress and Appearance policy.**

**Participant Signature:** \_\_\_\_\_





**Attestation for Self Study Orientation and Confidentiality Agreement****Non-Employee Confidentiality Agreement:**

I agree that any disclosures of, unauthorized use of and/or unauthorized access to Confidentiality Information which could cause harm to the Hospital, including harm to its reputation, is a violation of hospital policy and may result in disciplinary action, including termination of agreement/contract, depending on the circumstances.

1. To use Confidential Information for the sole purpose of performing the duties for which my agreement/contract designates.
2. Not to disclose any Confidential Information to any person whatsoever, except in direct connection with the performance of the designated terms of the agreement/contract.
3. Not to copy or reproduce, or permit any other person to copy or reproduce, in whole or in part, any Confidential Information other than in the regular course of the services I am authorized and requested to perform for the hospital.
4. To comply strictly with all hospital policies regarding security of the Confidential Information.
5. To report immediately to the Hospital any unauthorized use, duplication, disclosure, and/or dissemination of confidential Information by any person including myself.

I agree upon termination of my agreement/contract with the Hospital for any reason, I will immediately return any documents of other media containing any Confidential Information to the Hospital, and I will certify in writing that all such documents and other media have been returned to the Hospital.

I understand that disclosure of any Confidential Information may cause the Hospital irreparable harm, for which monetary compensation may not be an adequate remedy, and that the Hospital may seek injunctive relief if I breach or attempt to breach the Agreement.

Further, I agree to indemnify the Hospital fully for any and all damages, including legal fees, the Hospital may incur as a result of my breach of this Agreement.

I agree that all my obligations under this Confidentiality Agreement shall survive termination of my agreement/contract with the Hospital, regardless of the reason for such termination.

**Medical Treatment:**

I understand that it is my responsibility to assume financial responsibility for expenses associated with any personal accident or injury that may occur while at Decatur Morgan Hospital, and that any illness or injury shall be reported immediately to my preceptor.

**Hospital Guidelines:**

I agree to conform to and comply with all of Decatur Morgan Hospital's policies and procedures, including those relating to safety, patient care and non-discrimination. I agree to wear identification at all times during the participation period.

**Term:**

I agree that participation for approved clerkship(s) shall take place on the dates set forth above. Notwithstanding the foregoing, Decatur Morgan Hospital may terminate participation at any time, without disclosing the reason for such termination.

IN WITNESS WHEREOF, the parties have executed this Visiting Student Participation Agreement effective as of the date written above.

**Attestation for Self-Study Orientation:**

**I have read and understood the information contained in the attached Self Study Orientation packet which includes but is not limited to: dress code, confidentiality, Hospital guidelines dress code, liability and HIPAA.**

**By signing below, I acknowledge that I have read and understand the above information and agree to all of the terms and conditions as described. I further acknowledge that I have received a copy of the Self Study Orientation packet.**

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_



**Self-Study Orientation POST Study Quiz**
**True or False**

<input type="checkbox"/> True  <input type="checkbox"/> False	Waterless alcohol foam or gel cleansers are not approved for use in the Hospital.
<input type="checkbox"/> True  <input type="checkbox"/> False	It is OK to wear a t-shirt, shorts and flip flops on my shadowing rotation.
<input type="checkbox"/> True  <input type="checkbox"/> False	HIPAA protects all information collected or recorded by the hospital. This protection includes personal or “non-medical” information.
<input type="checkbox"/> True  <input type="checkbox"/> False	It is OK to ask Hospital staff about my neighbor’s condition, because my grandmother has asked me to check on her.
<input type="checkbox"/> True  <input type="checkbox"/> False	Standard Precautions are the procedures to follow during every patient encounter to prevent the spread of infections.
<input type="checkbox"/> True  <input type="checkbox"/> False	It is OK to supplement the patient’s plan of care with advice based on my personal experience with alternative diets and health supplements.
<input type="checkbox"/> True  <input type="checkbox"/> False	It is OK to leave enter patient rooms and patient care areas without the Hospital individual responsible for me during my shadowing period.
<input type="checkbox"/> True  <input type="checkbox"/> False	It is OK to use my mobile computer device to document medical information for professional presentation as a school seminar or conference.

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_


### Summary and Instructions

Thank you for your interest in Decatur Morgan Hospital. We recognize the importance of a close relationship with all schools who are training the next generation of health care professionals as well as area students who wish to experience “a day in the life” of a health care provider.

By requesting this experience, you voluntarily agree and submit to the requirements of the hospital, which are designed to:

- Protect and improve the health of our patients,
- Adhere to federal and state regulations designed to create a safe environment for the provision of health care,
- Protect the patient’s right to and expectation of privacy. Never share patient information outside the hospital. Never attempt to acquire patient information about a family member, friend or acquaintance.
- Provide a safe and effective environment for Hospital employees, volunteers, members of the medical staff, contractors and students.
- Inform and promote health care as a desirable career for anyone who shares the same values as the hospital: Compassion, Accountability, Excellence, Integrity and Innovation.

Failure to follow the structure, policies and procedures designed to promote a healing and learning environment could result in termination of the student experience. If you are unsure about appropriate actions or behaviors, please consult the physician or hospital employee to whom you are assigned.

#### Instructions for Completion of the application process:

- Complete *Shadowing/Observation Program Application Form*
- Attach Immunization Record, including flu and Covid vaccination documentation
- Review the *HIPAA Fundamentals Training*
- Complete *HIPAA Fundamentals Test*
- Review and sign *Affirmation Statement on Security and Privacy of Information*
- Review and sign the *Waiver of Liability and Hold Harmless Agreement*
- Review and sign *Dress and Appearance Policy*
- Review and sign *Attestation for Self-Study Orientation and Confidentiality Agreement*
- Complete *Self-Study Orientation Post Study Quiz*
- Submit the *Shadowing/Observation Program Application Form* and supporting documents. Make sure your name is printed and legible at the time of submission.

Return completed application and supporting documents to:

[Shadowing@dmhnet.org](mailto:Shadowing@dmhnet.org)

For more information please contact:

**256.973.3030**

[Shadowing@dmhnet.org](mailto:Shadowing@dmhnet.org)



## Shadowing / Observation Orientation

### Hospital Values

Decatur Morgan Hospital has adopted a set of values, which include: integrity, excellence, accountability, compassion and safety. Integrity and honesty directs our dealings with people outside the hospital, including patients, families, businesses and government agencies. Decatur Morgan Hospital is required to comply with all federal and state laws, especially those focused on preventing fraud and abuse and to report any illegal and/or unethical behavior. Corporate Compliance is the method to ensure that each of us does what is right and trustworthy every time we deal with anyone. Upon appropriate approval, you will receive the opportunity and privilege to experience the real life of a community hospital. Therefore, while you are here, you are a representative of Decatur Morgan Hospital. You have responsibility to adopt and exhibit the same values expected of our employees: honesty, integrity and the responsibility for reporting concerns about possible violations of rules and policies.

### Privacy, Confidentiality and Personal Electronics

**HIPAA** is the set of Federal Regulations that direct hospitals and health care providers on safe use and protection of patient information. The hospital has many policies and practices to ensure patient privacy. This is not just to follow the rules, but also because it is the right thing to do. Decatur Morgan Hospital relies heavily on patients trusting us with their health care. **All information collected by the hospital is designated as Protected Health Information (PHI).** This includes information about patients' insurance, contact information, financial records or any other information collected and recorded by hospital employees.

Adherence to the following statements insures that you will never violate the patient's right to privacy or violate the hospital's policy on privacy and security of information.

- NEVER use your cell phone in a public area or treatment area. Not only does cell phone use distract you from your responsibilities, it communicates that your phone is more important than patients and other members of the health care team.
- NEVER use your cell phone or any personal electronic device to record or communicate patient information in any format: email, text, social media, photograph or other method.
- NEVER make a record or copies of any information in the patient's record.
- NEVER discuss patient information you learn at the hospital when you are not at the hospital. Do not discuss patient cases with your family or friends. Even if you know or recognize a patient, do not mention seeing them at the hospital. Regardless of whether the patient is known to you, if they ask you to contact someone to pass along information, inform the patient as a student you cannot complete their request. Ask the patient's nurse to get involved.
- NEVER share passwords or other access credentials such as your badge.
- Do not give out patient information by phone. Should you receive a phone call from a family member asking for information turn that call over to the patient's nurse.

## Shadowing / Observation Orientation

- NEVER post information about your experiences as a student to a social media site. Be very cautious about responding to “friend requests” or other contact from patients and families through social media sites. *If you had an unsatisfactory experience at the hospital, discuss that privately with Hospital personnel.* Posting a negative comment about the hospital on a social media site could result in cancellation of your observation period at Decatur Morgan Hospital.
- Do not use headphones, earphones or Bluetooth devices. Do not watch videos or listen to music in patient care areas. Use of personal electronics must be limited to breaks in the cafeteria or staff areas not in sight of patients or the public.

### Code of Conduct

Decatur Morgan Hospital is a public corporation and relies upon public trust for its success. All members of the work force, including students have a legal and ethical duty to be honest when working with people inside and outside the organization. Students must act in a manner consistent with the values of the hospital: integrity, excellence, innovation, accountability, compassion and safety.

Decatur Morgan Hospital is committed to maintaining an environment that is **free from harassment** so that employees, students and individuals at every level are able to devote their full attention and best efforts to the job. Harassment, either intentional or unintentional, has no place in the work environment and in many instances is prohibited by law. Accordingly, it is and shall continue to be the policy of Decatur Morgan Hospital that its employees and their work environment shall be free from all forms of inappropriate and/or unlawful harassment and intimidation. **Decatur Morgan Hospital will not tolerate any form of harassment related to employee’s race, color, sex, religion, national origin, handicap or disability, age, military service or other legally protected status regardless whether the harassment is caused by a fellow employee, supervisor, manager, contractor, physician, student, patients, or other person.**

### Sexual Harassment

Persons of either sex can be responsible and held accountable for sexual harassment. Sexual harassment is unacceptable conduct and will not be tolerated by the hospital. As a student you are responsible for ensuring that the Hospital is free from all forms of sexual harassment. The hospital prohibits:

- Unwelcome sexual advances; requests for sexual favors; and all other verbal or physical conduct of a sexual nature or otherwise offensive nature, especially where submission to such conduct is made either explicitly or implicitly a term or condition of employment; submission to or rejection of this conduct is used as the basis for decisions affecting an individual’s employment; or the conduct has the purpose or effect of creating an intimidating, hostile, or offensive working environment.
- Offensive comments, jokes, innuendo, and other sexually oriented statements.
- Uninvited touching or other physical contact.

## **Shadowing / Observation Orientation**

Examples of sexual harassment in violation of this policy include, but are not limited to:

- Threatening adverse employment actions if sexual favors are not granted; Promising preferential treatment in return for sexual favors;
- **Unwanted and unnecessary physical contact;** Excessively offensive remarks, including unwelcome comments about appearance, obscene jokes or other inappropriate use of sexually explicit or offensive language.
- Display in the workplace of sexually suggestive objects or pictures which create an intimidating or hostile work environment; Unwelcome sexual advances by non-employees when these advances are condoned, either explicitly or implicitly by the hospital or its supervisors, managers, or agents;
- Touching in a sexually suggestive manner;
- Uninvited touching, such as placing a hand on one's shoulder or stroking one's hair;
- Requests for sexual favors;
- Repeated requests for dates;
- Using one's position to request a sexual favor or a date in place of an employment reward;
- Violating personal space;
- Sexual assault;
- Lewd or unwelcome jokes, threats, whistling, or slurs;
- Unwanted and offensive letters, pictures, drawings, e-mails, voice mails, texting, or other communications;
- Sexual gestures and advances;
- Gossip or questions regarding one's sex life or body;
- Sitting or gesturing sexually; and
- Obscene language.

### **Diversity and Equal Opportunity**

“Decatur Morgan Hospital is an equal opportunity employer and values the differences each employee brings to the work place. It pledges to take the necessary action to prevent discrimination in all aspects of employment, including recruitment, hiring, compensation, training, discipline, separation from employment, and other terms and conditions of employment, because of race, color, religion, creed, age, sex, national origin, disability, veteran status, genetic information or other reasons prohibited by state and federal statutes, executive orders, and regulations.

The diversity of our workforce greatly enhances our strength as a hospital and our ability to provide quality care. Therefore, we strive to recruit and retain a work force that reflects the diversity of the communities we serve. We accomplish this by attracting a diverse pool of candidates for job opportunities and encouraging all employees to maximize their potential. In addition, we maintain an environment that is supportive of diversity.

## **Shadowing / Observation Orientation**

We can only achieve our mission and vision by maintaining true diversity and ensuring a work environment that is free of any form of discrimination. This objective is each employee's responsibility, regardless of position. You can help in the following ways:

- Respect and value diversity and differences that employees bring to the workplace.
- Become aware of and strive to correct your own biases.
- Stop others when you hear them making inappropriate comments regarding individual differences.
- Include others who may be different.
- Get to know people from other backgrounds and share experiences.
- Make an effort to understand others' points of view.
- Deal with conflicts right away instead of carrying grudges.
- Recognize each person as an "individual."

### **Violence in the Work Place**

Decatur Morgan Hospital takes measures to secure its buildings and facilities by physical controls such as locks and electronically controlled access as well as employing security guards. While on Decatur Morgan Hospital's premises, no person may bring a firearm inside any building or facility. Decatur Morgan Hospital will not accept or tolerate any disruptive or violent behavior on the part of any employee, student, physician, contractor, or visitor that could be a threat to anyone on Decatur Morgan Hospital property. Threatening remarks, including verbal or written threats and comments, and conduct that are reasonably perceived as threatening constitute grounds for immediate discharge or termination. A safe and secure workplace is a shared responsibility. Disruptive behavior of an employee, physician, patient, visitor, student or contractor must be reported to a supervisor.

### **Drug Free Work Place**

Decatur Morgan Hospital has established a drug-free workplace program that balances our respect for individuals with the need to maintain an alcohol and drug-free work environment. Any individual who conducts business for Decatur Morgan Hospital or is conducting business on the organization's property is covered by our drug-free workplace policy. This policy includes students in clinical training and those here for observational experiences.

### **Infection Control and Prevention**

Preventing the spread of infection is one of the highest safety goals at the hospital. Everyone contributes to this goal by following practices designed to prevent the spread of infections to patients and protect guests, employees, students and volunteers.

Hospital policies designed to prevent the spread of infection may be located on the Hospital's intranet. Compliance with infection control practices may be monitored. *Failure to comply will result in termination of shadowing period.*

## Shadowing / Observation Orientation

**Handwashing** is the single most important procedure for preventing the spread of infections. Expectations of when you must perform hand hygiene (“hand washing”) are:

- before *and* after any contact with a patient or anything in the patient’s room
- upon arrival on duty and before you leave the hospital at the end of your period
- after contact with any body fluid or mucous membrane
- before and after you eat
- before and after going to the bathroom
- any time you see visible soil on your hands

“Waterless” cleansers, such as alcohol-based foam or gel may be used for almost all of the circumstances above. However, use soap and water before and after going to the bathroom and whenever you see visible soil on your hand.

**Standard Precautions** are procedures that you are expected to follow during all patient contact *regardless* of the patient’s diagnosis. Standard precautions mean that you use personal protective equipment (PPE) any time you anticipate direct contact with blood or body fluids. PPE may be masks, gloves and goggles (protective eye wear) designed to prevent direct contact with blood and body fluids.

Personal Protective Equipment (PPE) is available on all units. Ask a nursing staff member if you need assistance with locating supplies. Use as indicated to prevent contact with blood/body fluids. Personal protective equipment includes, but is not limited to gloves, masks, eye and face shields. Wash hands after removal and disposal.

**Transmission-Based Precautions** are procedures developed to prevent the spread of known infectious organisms from one person to the next. Transmission-based precautions are used any time there is a diagnosis of an infectious organism or symptoms strong indicate the possibility of a transmissible disease. Transmission-based precautions are designed to prevent the spread of infection *based on the method by which infectious organisms are transmitted*.

There are **Three Types** of transmission-based precautions used at Decatur Morgan Hospital: Contact Precautions, Droplet Precautions and Airborne Precautions. The patient’s nurse is your best source of information about what you should do to prevent the transmission of the organism to another patient, or to yourself and family. *Do not enter the patient’s room without first consulting the patient’s nurse.*

- **Contact Precautions:** spread by direct contact such as Methicillin Resistant Staph Aureus (“MRSA”), Vancomycin Resistant Enterococci (“VRE”) and Clostridium Difficile (“C. diff”).
- **Droplet Precautions:** For patients known or suspected to be infected with an organism that travels in droplets. Examples are: Pertussis, Influenza (“flu”), Rubella and Bacterial Meningitis. Used any time the infectious organism is found in the patient’s sputum.



## Shadowing / Observation Orientation

- **Airborne Precautions:** for patients known or suspected to be infected with airborne diseases such as Measles, Varicella (chicken pox), Tuberculosis (TB) and COVID-19. Doors to patient rooms with airborne precautions should be kept closed except when entering or exiting the room.
- **Modified Protective Precautions:** These guidelines were formerly known as “Reverse Isolation”. Modified Protective Precautions is used to *supplement* Standard Precautions when the patient is at a higher risk for acquiring infections because their immune system is compromised.

**Please note that not every patient with an infection present will be placed in specialized transmission-based precautions.** “Standard Precautions” are used to prevent the spread of infections between patients. Standard precautions must be followed for every patient contact, every time. **Handwashing is the MOST EFFECTIVE method of preventing the spread of infection regardless of the patient’s diagnosis.**

### Tuberculosis Exposure Control Plan

- Wear personal protective equipment (PPE) as identified in airborne precautions instructions.
- Keep the patient room door closed at all times. This is essential to preventing the spread of disease to members of the community.
- Wear an N-95 respirator mask fitted to your face size and shape.

### COVID-19 Exposure Control Plan

- A surgical mask must be worn at all times while in the hospital.
- Wear personal protective equipment (PPE) as identified in airborne precautions instructions.
- Keep the patient room door closed at all times.
- Wear an N-95 respirator mask fitted to your face size and shape with a surgical mask over the N95 mask.
  - As research and supplies change frequently, please see the department Director for updated policies regarding PPE use.

**Note: Observers are NOT permitted to enter patient rooms of Isolation patients.**

### Exposures to Blood and Body Fluids and Sharps Disposal

The best way to prevent exposure to blood and body fluids is to prepare in advance. Personal Protective Equipment (PPE) is located in every patient location. Each patient care area includes a stock of masks and gloves. Ask your instructor or the patient’s nurse for more information about effective use of PPE.

## Shadowing / Observation Orientation

- PPE is for single-use only, discard in trash bins after each use.
  - Non-disposable gowns should be placed in the dirty linen bin.
- Do NOT wear PPE in the hospital corridors or public parts of the hospital.
- Never wear PPE from one patient room to another part of the hospital.

If you are exposed to direct contact with blood or body fluids clean the area with soap and water. If you experience an exposure to your eye area ask the nurse for assistance to locate and use the nearest eye wash station. Report the exposure to Hospital personnel immediately.

Appropriate disposal of “sharps” is another component of preventing exposure to blood and body fluids. Sharps are pieces of equipment that may puncture skin and represent a source of contamination after use. The term “sharps” may include, but is not limited to, needles (solid and hollow core), scalpels or other instruments with a sharp edge. Sharps disposal containers are located in all patient care areas and are clearly marked. Essential points to prevent “needle sticks” or injuries from a used sharp:

- Never carry a dirty sharp through hospital corridors or public areas.
- Never place a used sharp in your pocket or other personal container.
- Never dispose of a sharp instrument in a regular trash bin, regardless of whether has been used.
- Sharps bins are marked with a maximum fill line. Do not exceed that line. If you notice a sharps bin is full notify your instructor or the patient’s nurse. NEVER stick your hand or fingers into a sharps bin in order to dispose of a sharp.

### Waste Disposal Other Than Sharps

Always dispose of trash in designated trash bins. It is essential that the hospital maintain a neat appearance. Not only must it be clean, it must appear clean, organized and uncluttered. Trash bins are located in all areas, including patient rooms and staff work stations.

- **Regular trash** bins are lined with clear liners and should be used for all types of trash disposal except for biohazardous waste.
- **Biohazard waste** goes in red-lined bins. Biohazard waste goes to the soiled utility area and placed in the biohazard bin.

**Do not use red, biohazard bins or bags for non-hazardous waste.** Rooms designated for waste disposal contain information on separation of waste material.

**Linen:** Regardless of the source, linen is disposed in soiled linen hampers. Do not place soiled linen on the floor. For your protection do not hold soiled linen next to your body or touching your uniform. Place it immediately in to a linen hamper. NEVER return unused linen to a clean linen cart or closet after it has been in a patient’s room.

## Shadowing / Observation Orientation

### Handling Lab Specimens

Protect yourself and employees by proper handling of blood and body fluid specimens from patients. All specimen containers must be labeled at the patient's bedside at the time of collection. Never put a specimen in an unlabeled container. Verification of the correct patient requires two identifiers: patient name and date-of-birth.

Most specimens are transported to the lab using the hospital's pneumatic tube system. Tubes and stations are numbered. Incorrect use of the wrong type of tube can result in system down time. All specimens are to be placed in a clear bag marked "Biohazard materials". These bags are provided in all patient care areas. Do not use any other type of bag for specimen transport. Make sure the specimen container is labeled with the patient's information; not the biohazard bag. Wear gloves when collecting specimens. After removing gloves wash your hands and put on a clean pair of gloves before placing the specimen container in the biohazard bag.

### Patient Safety

Patient safety is a core value of Decatur Morgan Hospital. Every employee, student and contractor contributes to the safety of the hospital and our patients. Your dedication to patient safety contributes to the safety of our friends, families and community. Your responsibilities in helping the Hospital maintain a safe environment are:

- **Understand and accept your role.** Follow the directions from your instructor or preceptor. ***You may not act independently without supervision.*** Observers are limited to that of observing the activities of your professional supervisor, whether that is a member of the medical staff or a hospital employee. Never offer to perform a procedure, or give a medicine in order to "help out". Provide patient assistance only when directly supervised by an employee or physician.
- **Wear your identification (ID) badge** at all times.
- **Patient Identification:** Stay with your supervisor. Do not wander away to other parts of the hospital, especially other patient care areas.
- **Introduce yourself** and the reason you are at the hospital. Do not assume employees or patients know why you are at here. State your level of study, such as "I am a high school student working with \_\_\_\_ today."
- **Prevent the spread of infection** to other patients, visitors and the community: Wash your hands, often. Wash your hands before and after coming into contact with a patient and touching anything in a patient's room. Wash your hands before eating. Wash your hands with soap and water before leaving the restroom. Wash your hands upon arrival at the hospital and before leaving. Washing your hands ("hand hygiene") is one of the *most effective* ways of spreading infections inside the hospital and out in the community.
- **Patient Education:** Never give advice to a patient. If a patient asks you for more information, or asks for your opinion tell the patient you will ask the patient's nurse for more information. Even when you know the patient personally, you may not offer advice or opinions about medical information or care providers while at the hospital.

## **Shadowing / Observation Orientation**

- **General Safety:** Report hazards or concerns to an employee or the person supervising you. That could be something as simple as a wet spot on the floor to something more complex. For your safety as well as hospital safety do not act independently, but do not ignore a possible safety hazard.
- **Fall Prevention:** Avoid walking on wet surfaces whenever possible. Reports spills to a hospital employee: charge nurse or department supervisor. Do not put trash on the floor. Pick up trash and place in receptacle: do not walk over or around trash. Keep corridors, exits and stairwells free of trash and clutter. Never leave supplies or equipment blocking an exit or door.
- **Medical Gases:** Never connect or disconnect a medical gas device in the hospital. This includes oxygen, air, suction or other gas delivery devices. Never shut off a gas valve. The hospital has employees specifically trained on safe use and shut off medical gases.
- **Be alert** to your surroundings. Do not use your cell phone or other electronic devices in the hospital.
- **Safety Resources:** Locate and review the “Red Book” for more information on hospital safety.
- **Protect patient privacy:** move away from conversations that you should not over hear. Do not make any attempt to record or copy information from the patient’s record. Do not look up information. If you are curious about anything you see or hear, introduce yourself to a hospital employee, explain why you are in the hospital and then ask him or her if there is anything they can share with you about that case.

### **Patient Identification**

The identity of every patient must be verified before performing any procedure, patient transport, medication administration, specimen collection or any other patient care treatment. Patient identification is confirmed using two identifiers: the patient’s full name and date-of-birth. New Born Infants: Additional safety precautions are in place to prevent placing a newborn with an incorrect patient or family.

### **Safety in the Hospital**

**Fire Safety:** Preparing for a fire is important to prevent injury to patients and others. Never smoke anywhere on hospital property. Use of “e-cigs” or “vaping” devices are also prohibited. Report frayed or damaged electrical cords to your instructor or unit charge nurse. NEVER prop open doors with door stops, furniture or other devices. Know the location of fire extinguishers and fire “Pull Stations” in the unit in which you are assigned.

## **Shadowing / Observation Orientation**

### **Fire Response Plan: RACE and PASS**

**R** - **Rescue or Remove** the patient from immediate danger.

**A** - **Alarm** is sounded. Locate the nearest **“Pull Station”** located in the corridor

**C** - **Confine** the fire by closing patient room doors. Do NOT open any door that has closed automatically as a result of the fire alarm.

**E** - **Extinguish** the fire using a portable extinguisher. **Evacuation** may be ordered by an officer from Decatur Fire and Rescue or a hospital administrator.

### **PASS: How to use a fire extinguisher**

**P** - **Pull** the pin on the extinguisher

**A** - **Aim** the extinguisher nozzle at the base of the fire

**S** - **Squeeze** the handle

**S** - **Sweep or spray** at the base of the fire.

### **Fire Response Equipment**

- Fire extinguishers are in all major corridors, 75 feet apart.
- Lighted EXIT signs indicate fire exit routes.
- Know the location of FIRE exits.
- NEVER use an elevator during a fire event.
- FIRE PULL STATIONS are located in all major corridors, usually adjacent to stairwells and exit doors. NEVER put any equipment or carts in front of a fire pull station.
- In the event of a fire alarm, locate Hospital personnel for instructions. If fire doors have closed as a result of a fire alarm, do not open doors in search of your instructor or other students.

### **Prevention Slips, Trips and Falls**

- Observe “Wet Floors” signs: do not walk across a wet floor when avoidable.
- Report spills to a hospital employee. If possible, remain at a spill to warn others until a “Wet Floor” caution sign is placed at the spill.
- Pick up trash or other items from the floor.
- Keep corridors and stairwells free of clutter. Never store equipment in a stairwell.
- Know your personal limit for carrying items and do not exceed it.
- Wear shoes appropriate to the hospital setting. Shoes made from a solid material and non-slip sole are preferred.

## Shadowing / Observation Orientation

### Hazardous Materials Safety

- Never use material or a substance from an unlabeled container. Give unlabeled containers to your instructor or the charge nurse.
- Use only chemicals approved for use in the Hospital. Do not transfer material from a labelled container to an unlabeled container.
- Your instructor can show you how to access Material Safety Data Sheets (MSDS) on the hospital computer.
- In the event of an exposure to a chemical report to your instructor immediately. If you can do so, take the container with you when you report to your instructor.

### Emergency Preparedness

The hospital has plans for responding to all types of emergency events, both internal and external events. A comprehensive safety manual on how to respond to emergencies is located in each department. In case of an emergency, the operator will announce emergency call codes over Decatur Morgan Hospital's overhead paging system. For your personal safety, as well as our patients and guests, do NOT respond to the location of an emergency *unless accompanied by the employee or physician responsible for you*. When faced with an emergency, do not attempt to handle it on your own: report an emergency immediately to Hospital personnel. While all emergency codes are important, it is essential that you recognize these codes which may be announced overhead:

Problem/Emergency	System Codes
PATIENT IS UNRESPONSIVE	CODE BLUE
FIRE	CODE RED
INFANT ABDUCTION	CODE PINK
A MISSING CHILD OR PERSON	CODE AMBER
SECURITY IS NEEDED	CODE GRAY
BOMB THREAT	CODE BLACK
DISASTER PLAN-ON STANDBY	CODE GREEN-ALERT
Disaster Plan-Activate	CODE GREEN-ACTIVATE
OBSTETRICAL EMERGENCY	CODE PURPLE
DETERIORATION IN PATIENT CONDITION	PLAIN LANGUAGE
HAZARDOUS SPILL/EVENT	PLAIN LANGUAGE
ACTIVE SHOOTER OR ARMED ASSAULT	PLAIN LANGUAGE
SEVERE WEATHER	PLAIN LANGUAGE
FACILITY EVACUATION	PLAIN LANGUAGE
I.T. DOWNTIME	PLAIN LANGUAGE
EARTHQUAKE	PLAIN LANGUAGE

## Shadowing / Observation Orientation

### Medical Gases

The hospital uses “medical gases” as part of routine patient care. Control valves for medical gas lines are clearly marked. Many patients rely on safe delivery of medical gases and cannot tolerate an interruption to the medical gas supply. For emergency use only, medical gas lines have shut off valves located throughout the hospital. NEVER touch one of these shut off-valves. NEVER park a cart, bed, stretcher or other equipment in front of a gas shut off valve, even for a few moments.

### Personal Safety

- Limit personal items to what you will need during your clinical rotation. The hospital will not assume liability for replacing lost personal property.
- Be aware of your personal surroundings. Every employee and member of the hospital work force should wear an Identification Badge. Every patient must wear an Identification Band. Report suspicious behavior or persons to your instructor, charge nurse or by contacting hospital security.
- Whenever possible walk to your cars with other students or employees.
- NEVER give your personal contact information to a patient or their family.
- Do not share your student identification, or allow someone to make a copy of it.

### Personal Appearance and Dress Code

Our employees, students, and contractors have a responsibility *look* the part of a health care professional. Your attire, grooming, and hygiene are important to the Hospital’s success. We strive to provide an environment that promotes healing. Therefore, exhibitions of personal expression by clothing, jewelry or hairstyles are limited. Clothing must fit, be clean, neat and appropriate for your size. No part of your clothing may drag the floor. The policy on personal appearance not only contributes to a professional environment, but it helps ensure your safety. We require that you observe the following standards of appearance while at the Hospital.

- **Be clean:** No personal odors, perfume, cologne or scented lotions
- **Hair** must be clean, groomed, and a natural color (i.e. no pink, orange, blue). Distracting extremes in hair styling, dyeing, bleaching, coloring, and shaving designs into the hair are not permitted. Hair below shoulder length should be tied back or up.
- **Hats, caps and visors** are not permitted unless issued by DECATUR MORGAN HOSPITAL.
- **Contact lenses** or tinted lenses must not be distracting.
- **Mustaches, beards and goatees** are permitted but must be neatly trimmed and not present a bushy or uncombed appearance. Mustaches must not extend over the lip.
- **Fingernails** are to be kept clean and cannot exceed ¼ inch from the tip of the finger. Basic nail polish is allowed as long as there are no visible chips or cracks. Artificial nails, overlays, “shellac”, acrylic nails and nail jewelry are prohibited.

## Shadowing / Observation Orientation

- **Rings, necklaces, bracelets, earrings, and wristwatches** are permitted. A medical alert necklace or bracelet is acceptable at all times. No more than two rings are permitted on each hand. Jewelry may not detract from or disrupt the hospital environment, regardless of size or location. Earrings may not exceed one inch in diameter in length and can be worn only in the ear lobe. Earrings for men are not permitted while at work. Toe rings and ankle bracelets are not permitted.
- **Visible body piercing** (other than earrings) is not permitted. This includes tongue piercing and forking, eyebrow piercing, noticeable spacers in the ear lobe, noticeable nose piercing and any other piercing that may be deemed as distracting.
- **Tattoos** must be covered to the extent possible. No offensive tattoos may be displayed. The hospital reserves the right to determine whether a tattoo is offensive or would be a negative reflection on the hospital.
- **Shirts** must be well-maintained, not faded and have no inappropriate, political or offensive wording or pictures. You may not wear any of the following: hooded sweatshirts, T-shirts as an outer garment, shirt or tops with a revealing or plunging neckline and tops or shirts that reveal the midriff when arms are extended. See-through clothing is not acceptable. Undergarments must be concealed and worn at all times.
- **Sleeves:** Clinical personnel must wear attire with sleeves. Undergarments must be covered at all times.
- **Pants** - Stirrup pants, bike shorts, sweat pants, jogging pants, and skorts are NOT permitted. Leggings may only be worn when under a skirt or dress. Pants must fit and look professional; pant hems must reach at least mid-calf. Shorts, Spandex and parachute material are not permitted except in the Wellness Center and Physical Therapy departments. No blue jeans.
- **Dress and skirt** lengths cannot be shorter than three inches above the top of the knee. The top of the slits or kick pleats in skirts/dresses should not be shorter than five inches above the top of the knee.
- **Shoes** must be worn at all times and should be clean and in good condition. Open-toed shoes are limited to business settings, not patient care areas. "Flip flops" or any type of thong sandal are prohibited.
- Students in "shadowing" or observation programs: Students must adhere to the employee dress code as described above. In summary, no jeans, shorts or "Capri" style pants.