



GOOD SHEPHERD REHABILITATION NETWORK

Special Visit Guidelines – Observing / Shadowing

Please review the attached information. Thank you.

1. **If you have been exposed to or exhibit symptoms of the following, you will not be permitted to visit Good Shepherd:** cold, cough, sore throat, runny nose, fever, rash, diarrhea, vomiting, flu, chicken pox or any other contagious disease.
2. **Personal appearance is important.** Please dress appropriately, yet comfortably for your service and dress in business clothing with closed toe shoes and socks. Jeans, tank tops, shorts, revealing clothing, scrubs, sweatpants, hats or offensive logo items are not permitted. No cologne, after shave lotion and dangling jewelry are allowed. Be aware that certain areas do not allow artificial nails.
3. **Upon arrival to Good Shepherd, please report to the Main Reception Desk in the Rehab Hospital Lobby to sign in and obtain an ID badge.** Be sure we know when you are starting by calling or e-mailing JoAnn Frey (610-776-3125 or jfrey@gsrh.org). You must sign an Enrichment/Observation/Shadowing Experience Terms and Conditions form before you begin. An ID badge must be worn at all times. Please do not wander into hospital areas without direction or supervision.
4. **Below is a list of the Good Shepherd Safety Codes. Please note that if you discover any unusual situation at Good Shepherd, please report it to your supervisor.**

Code Red	-	Internal/External Disaster
Rapid Reponse	-	Change of Medical Status
Code Blue	-	Medical Emergencies Including cardiac or respiratory arrest and/or unconsciousness, falls with injuries, serious bleeding
Code Yellow	-	Bomb Threat
Code Wintergreen	-	Fire
Code Pink	-	Missing Person
Code Silver	-	Active Shooter
Code Orange	-	Immediate Security Assistance

**Good Shepherd Rehabilitation Network
Special Visit Guidelines – Observing / Shadowing**

5. **Infection control is important and taken seriously.** Wash hands often and thoroughly with soap and rub surface for at least 20 seconds. If your hands are not visibly soiled, you may use the hand gel that is available throughout the organization. If you have exposure to blood or body fluids, in the nose, eyes, mouth, or open skin, report it to your site supervisor immediately.
6. **Maintain confidentiality.** Do not disclose any personal hospital experiences. Do not ask patients, families or staff for information related to patient conditions, family or other personal situations. If a patient discloses information to you that is troubling or important, please relay to a hospital staff member as soon as possible. Be aware of your conversations in public spaces (e.g., elevators, lobby, and cafeteria). In speaking to patients or families, do not ask for personal information that may be upsetting.

**You must sign an Enrichment / Observation / Shadowing Experience
Terms and Conditions form before you begin.**

7. **Exchanging of personal information**, including telephone numbers, addresses and e-mail addresses with patients and families is strictly prohibited.
8. **No smoking is allowed on Campus.** We are a smoke free facility.
Food and beverages are not permitted in most work areas.
9. **Cell phone use is not permitted.** Cell phones may be turned on to the “*vibrate*” setting for urgent incoming calls. Please step out into the hall or lounge area if you must take a call. It is preferred that you go to the 3rd floor cafeteria where no interference with hospital equipment may occur.
10. **In interacting with patients and families, please remember that topics of conversation must remain neutral** in regard to and inclusive of all patients and family members in religious, political, ethnic, cultural and socioeconomic affiliations.

For assistance while at Good Shepherd, please refer to the numbers below:

<i>Information Desk</i>	-	<i>610-776-3100</i>
<i>Security</i>	-	<i>610-776-3299</i>
<i>Volunteer Services</i>	-	<i>610-776-3125</i>

THE ATTACHED FORMS MUST BE ON FILE AT:

**Good Shepherd Rehabilitation Network,
850 South 5th Street, Allentown, PA 18103**

Phone: 610-776-3125, Fax 610-778-1114 or e-mail to jfrey@gsrh.org

BEFORE START OF SERVICE.



OBSERVATION / SHADOWING INFORMATION SHEET

Please print. Thank you.

For Volunteer Office Use Only:

Location/Dept _____ Observing / Shadowing _____

Date of Visit _____ Time of Visit _____

Your Name _____ Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

Emergency Contact: Name _____ Phone _____

Relationship _____

Date of Birth (mm/dd/year) _____

Are you under 18? _____ Yes _____ No (If under 18, please see signature line below)

High School or College you are or will be attending _____

Department you wish to shadow in (example: PT., OT., Speech, etc.) _____

Location you wish to shadow at (example: Allentown, Bethlehem, Outpatient, Kutztown etc) _____

Why did you choose to Job Shadow at Good Shepherd? _____

Other Job Shadowing / Volunteer Experience _____

Have you ever been convicted of a felony? _____ No _____ Yes

If yes, please give date, charge, and current status. _____

Do you have any felony charges outstanding? _____ No _____ Yes

If yes, please give date, charge, and current status. _____

I certify that all responses on this document are true to the best of my knowledge. I agree that this information may be verified and references contacted by Good Shepherd Volunteer Services. I understand that any misrepresentation of information constitutes cause for separation or termination from volunteer service. My signature also allows a State of Pennsylvania criminal background check to be conducted.

Signature _____

Date _____

If under 18, please have your parent / legal guardian sign also:

Parent Signature _____

Date _____

I hereby give my permission for my son/daughter to participate in the Good Shepherd Rehabilitation Network Job Shadowing Program through Volunteer Services.

Please mail this to:

**JoAnn Frey, Coordinator of Volunteer Services
Good Shepherd Rehabilitation Network
850 N St John St, Allentown PA 18103**

or email JoAnn at:

jfrey@gsrh.org

or fax to JoAnn: 610-778-1114



ENRICHMENT/OBSERVATION/SHADOWING EXPERIENCE
TERMS AND CONDITIONS

Enrichment/Observation/Shadowing Experience is time spent at Good Shepherd Rehabilitation Network observing administrative and clinical operations and staff. The individual engaged in such an experience may be at any point in his/her education, or have completed formal education. His/her purpose in spending time at Good Shepherd Rehabilitation Network is personal enrichment, not provision of service to Good Shepherd Rehabilitation Network.

This Enrichment/Observation Shadowing Terms and Conditions (“**Terms and Conditions**”) between Good Shepherd Rehabilitation Network (“**Hospital**”) and _____ [fill in the individual’s name] (“**Clinical Observer**”) specifies the Terms and Conditions under which Hospital will permit Clinical Observer to be present in the specified patient care area.

1. Location, Time, and Purpose. Clinical Observer is permitted to be present in _____ (“**Approved Area**”) on _____ [specify the date(s)]. Clinical Observer will remain only in the Approved Area and will leave immediately upon the request of any hospital staff. Clinical Observer’s presence has been approved for the purpose of: [clearly and precisely state the reason the Clinical Observer is permitted in the Approved Area]

(the “**Purpose**”). Hospital may withdraw its approval at any time for any reason.

2. Confidentiality. Clinical Observer will have access to patient information and Hospital information of a confidential and/or proprietary nature, including but not limited to patient medical information, patient demographic information, and information regarding Hospital’s provision of health care and practices (“**Confidential Information**”).

Clinical Observer will:

- a) secure and protect the Confidential Information consistent with standards and laws applying to the security and protection of patient information including, but not limited to any such regulations under the Health Insurance Portability and Accountability Act of 1996, and any applicable state privacy and security legislation or regulations;
- b) not use the Confidential Information except to achieve the Purpose under these Terms and Conditions; and
- c) will not disclose the Confidential Information except to those individuals providing medical care to the patient. This restriction will not apply to Confidential Information the Clinical Observer is required by law, regulation, rule, or court order of any governmental authority to disclose if Clinical Observer first notifies Hospital as soon as possible, but in no event less than fifteen (15) day, prior to disclosure, and cooperates with Hospital in any response to such required disclosure. In addition, Clinical Observer will immediately inform Hospital of any disclosure of Confidential Information to anyone, whether or not permitted by this agreement or any other

agreement between Clinical Observer and Hospital. If Clinical Observer receives any Confidential Information, he/she will return it to the Hospital or destroy it sooner at the end of the enrichment/observation experience or upon Hospital's request.

3. Representations and Warranties.

- a.) Clinical Observer represents and warrants that he/she is aware of Hospital's safeguards against the introduction of infection and that he/she is not aware that he/she has any infectious disease. Clinical Observer represents and warrants that he/she will comply with all safeguards against infection and other hazards.
- b.) Clinical Observer represents and warrants that he/she will comply with Hospital's rules, policies, and procedures.
- c.) Clinical Observer represents and warrants that he/she will not photograph, audiotape, videotape, or otherwise record any aspect of the experience unless expressly permitted pursuant to a hospital policy.
- d.) Clinical Observer represents and warrants that he/she will respect the privacy of all patients.

4. Rules for Enrichment/Observation experiences

- a.) The observer must wear appropriate identification at all times when at Good Shepherd Rehabilitation Network, and must abide by all applicable policies, rules, regulation and bylaws.
- b.) The observer must introduce him/herself to the patient as an observer and must request the patient's permission to be present at the time of clinical visit, procedure, or other patient services. If the patient declines to allow the observer's presence, he/she must leave the area.
- c.) The observer is not allowed any direct patient contact. Contact is defined as physically touching, performing a medical history and/or examination, counseling (patient or patient's family/friends), assisting in surgery or any other procedure, or otherwise interacting with patients, either individually or in the presence of others.
- d.) The observer cannot make patient chart entries (electronic or hard copy). He/she may not make copies of any Confidential Information.
- e.) Special visit guidelines will be read, understood and complied with.

The parties consent to these Terms and Conditions.

Good Shepherd Rehabilitation Network

By: _____ Printed: _____
(Signature) (Printed Name)

Date: _____

Clinical Observer

(Signature) Printed: _____
(Printed Name)

Date: _____

SHADOWING QUESTIONS

1. **If you exhibit the following symptoms, you will not be permitted to visit Good Shepherd:**
 - A) Cold
 - B) Fever
 - C) Rash
 - D) All of the Above

2. **What is the name of the safety code for fire?**
 - A) Smoky the Bear
 - B) Code Flaming
 - C) Code Wintergreen
 - D) Arson, Arson

3. **What is the color code for medical emergencies?**
 - A) Orange
 - B) Blue
 - C) Pink
 - D) Purple

4. **How long should you wash your hands to maintain infection control?**
 - A) 15 Seconds
 - B) 10 Seconds
 - C) 20 Seconds
 - D) 30 Seconds

5. **What are some of the rules in maintaining patient confidentiality?**
 - A) Do not disclose your own personal hospital experiences
 - B) Do not ask patients about their physical conditions or personal life
 - C) Be aware of your conversations in public places (e.g. lobby, cafeteria, elevator)
 - D) All of the Above

6. **What is the color for the Active Shooter Code?**
 - A) Blue
 - B) Pink
 - C) Silver
 - D) Yellow



SURVEY

***We would really appreciate your comments. Thank you.
Please return to the Volunteer Office***

1. Did you enjoy your experience at Good Shepherd?

_____ Yes _____ No

2. Was your experience what you expected?

_____ Yes _____ No

3. On a scale from 1 (poor) to 5 (great), how would you rate your experience?

___ 1 ___ 2 ___ 3 ___ 4 ___ 5

4. Was the staff in the service area helpful and friendly?

_____ Yes _____ No

5. Did you have time to ask questions about your area of interest?

_____ Yes _____ No

6. What did you learn from this experience? _____

7. Is there anything that would have made this experience better?

Additional Comments: _____

Please mail to:

***JoAnn Frey, Coordinator of Volunteer Services
Good Shepherd Rehabilitation Network
850 N. St. John St., Allentown, PA 18103***

You also can also E-mail this survey to JoAnn at jfrey@gsrh.org or fax 610-778-1114.