



Policy /Procedure Document	
Category/Source:	Volunteer Services
Origination Date:	3.1.2021
Last Review Date:	4.8.2021
Last Revised Date:	4.8.2021
Next Review Due:	4.2024
Policy Owner:	Director, Volunteer & Guest Services
Required Approvals:	

<b>TITLE:</b>	Clinical/Non-clinical Observation
<b>SCOPE:</b>	All Beacon Health System entities,
<b>PURPOSE:</b>	Beacon Health System supports and assists young adults and adults who are interested in the healthcare field as an occupation by allowing them to participate in a clinical or non-clinical observation experience.
<b>MINIMUM PPE:</b>	Facemask and gloves
<b>POLICY/PROCEDURE:</b>	Beacon Health System has standardized the process for which young adults and adults will be screened and trained prior to participating in either a Clinical or Non-Clinical Observation experience to ensure the safety of the observer as well as all patients and team members.

All adults, age 18 or older, who wish to participate in a Clinical or Non-Clinical Observation (formerly Job Shadow) will need to meet the following criteria **before** they can be approved to participate as a clinical or non-clinical observer at Beacon Health System. For individual applicants, arrangements must be organized by the applicant and approved by the Manager/Director of the hospital unit, and/or Office Manager for the Beacon Medical Group practice.

The only exceptions to the age specification are student applicants under 18 who are participating through a contracted school program. The Coordinator of the program will arrange the schedule.

## **REQUIREMENTS**

1. Must be at least 18 years of age, unless participating in an approved school program.
2. Must participate in an orientation offered by Beacon Health System.
  - Information can be found at: <https://www.beaconhealthsystem.org/clinical-observation-guidelines/>
  - If unable to access information by computer, please contact the following office at respective entity:
    - Beacon Medical Group: Clinical Educator, Laurie Hund- Schieber at 574-647-7681
    - Elkhart General: HR Business Partner, Jeremy Gillespie at 574-523-3219
    - Memorial Hospital: Volunteer Coordinator at 574-647-6495
3. Provide all of the following Health screening requirements to the appropriate office:

### **A. Tuberculosis Requirement**

Documentation of a TB skin test in millimeters of measurement (if performed by a American Lung Association TB Certified HCP) and current within 12 months of the Clinical Observation date will be accepted or serology testing for LTBI.

- TB tests can be administered at your University Health Services, family physician office, or County Health Department.

## **B. Specific Vaccination Requirements**

### **1. Measles, Mumps, Rubella (MMR)**

- For those born in 1957 or later without serologic evidence of immunity or vaccination, give 2 doses of MMR, 4 weeks apart.
- For those born in or prior to 1957 can be considered immune to measles, mumps, or rubella only if they have documentation of (a) laboratory confirmation of disease or immunity 1. (An individual who has an “indeterminate” or “equivocal” level of immunity upon testing should be considered non immune) or (b) appropriate vaccination against measles, mumps, or rubella (i.e. 2 doses of live measles and mumps vaccine given on or after the first birthday, separated by 28 days or more, and at least 1 dose of live rubella vaccine).
- For those born before 1957 a person is generally considered accepted evidence of measles, mumps, or rubella immunity, healthcare facilities should consider recommending 2 doses of MMR vaccine routinely to unvaccinated individuals born before 1957 who do not have laboratory evidence of disease or immunity to measles, mumps, and/or rubella. For these same individuals who do not have evidence of immunity, healthcare facilities should recommend 2 doses of MMR vaccine during an outbreak of measles or mumps, and 1 dose during an outbreak of rubella

### **2. Varicella**

- For those who have no serologic proof of immunity, prior vaccination, or history of varicella disease (chickenpox)
- Give 2 doses of varicella vaccine, 4 weeks apart.
- It is recommended that all volunteers be immune to varicella.
- Evidence of immunity includes:
  - a. Documentation of 2 doses of varicella given at least 28 days apart
  - b. History of varicella or herpes zoster based on physician diagnosis
  - c. Laboratory evidence of immunity
  - d. Laboratory confirmation of disease

### **3. Tetanus/Diphtheria/Pertussis (Tdap)**

- Documentation of a one-time dose of Tdap as soon as feasible who have not received Tdap previously
- Or documentation of a negative Quantiferon gold
- Tdap will be updated when an injury occurs and a Tdap is warranted.

### **4. Influenza**

- Documentation of one (1) dose of influenza vaccine annually
- Beacon Health System provides only inactivated injectable influenza vaccine intramuscularly.
- [https://www.cdc.gov/flu/professionals/healthcareworkers.htm?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fflu%2Fhealthcareworkers.htm](https://www.cdc.gov/flu/professionals/healthcareworkers.htm?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fflu%2Fhealthcareworkers.htm)

### **5. COVID-19 (optional, but recommended due to healthcare setting)**

- Eligible at-risk associates include Indiana residents who meet the State’s eligibility requirements, currently defined as a healthcare worker who has face-to-face interactions with patients or contact with infectious material. For a complete list, please visit: <https://www.coronavirus.in.gov/files/Eligibility%201.5.21.pdf>

**C. Submit the following forms to respective office prior to observation:**

1. Clinical Observation Application
2. Clinical Observation Release Form and/or Personal Loss Injury Form
3. Confidentiality Statement (HIPAA)
4. Safety Quiz
5. Social Media Policy
6. Photo Consent (optional)

4. All necessary documentation can be faxed or emailed to the respective department upon completion. The documentation and paperwork is for the safety of our patients therefore your cooperation is appreciated.

- Processing paperwork takes approximately 2-3 weeks from the time we have everything in our office.
- Applications with partial requirements will not be processed or approved until all documentation is submitted.
- Entity contacts:
  - Beacon Medical Group: Clinical Educator, Laurie Hund-Schieber at 574-647-7681
  - Elkhart General: HR Business Partner, Jeremy Gillespie at 574-523-3219
  - Memorial Hospital: Volunteer Coordinator, Libby Garcia at 574-647-6495

<b>DEFINITION S:</b>	<p>Clinical Observation (formerly Job Shadow): is defined as an observational experience in a patient care area that is a minimum of 3 hours, but not more than 5 days in duration. Students who are involved in an ongoing clinical observation of greater than 40 hours and/or 5 days must be part of an educational clerkship with an institution that has a clinical affiliation agreement with Memorial Hospital. This experience does not include any setting where the student would participate in or be at risk for blood or body fluid exposure. After completing the required criteria the clinical observer will be assigned to a specific patient care area and a preceptor.</p> <p>Non-Clinical Observation: is defined as a non-patient care observational experience or internship with administrative duties that is a minimum of 3 hours, but not more than 5 days in duration. Ongoing non-clinical observation of greater than 40 hours and/or 5 days must be cleared through the Volunteer Services office.</p>
<b>REFERENCES:</b>	<p>CDC Influenza Vaccination Information for Health Care Workers  <a href="https://www.cdc.gov/flu/professionals/healthcareworkers.htm?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fflu%2Fhealthcareworkers.htm">https://www.cdc.gov/flu/professionals/healthcareworkers.htm?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fflu%2Fhealthcareworkers.htm</a></p> <p>CDC COVID-19 Vaccine Eligibility in Indiana <a href="https://www.coronavirus.in.gov/files/Eligibility%201.5.21.pdf">https://www.coronavirus.in.gov/files/Eligibility%201.5.21.pdf</a></p>

Document Revision History:			
Review Date: 4.8.2021	Revised Date: 4.8.2021	Reviewed/Revised By: Kara Strang/Marsha Caulkins	Summary of Changes: Original Document

**SIGNATURES OF APPROVAL:**

Date Signed	Signature	Name	Title
_____	_____		
_____	_____		