

UVA Medical Center Observation Application & Agreement

Section 1: Application

This section is to be completed by the Observer before submitting to the Sponsor for review and approval.

Observation Type (select one)	<input type="checkbox"/> Virtual <input type="checkbox"/> Onsite If any portion of the observation experience is onsite, the observers must comply with all onsite requirements.	
Full Name of Observer		
Date of Birth		
Email address		
Phone Number		
Full Name of Your Sponsor		
Sponsor's Role/Title		
Sponsor's Contact Information	Phone #:	Email Address:
Date(s) of Requested Observation <i>Please list approved dates in Section 2.B below.</i>		
Location(s) of Requested Observation <i>Please list approved locations in Section 2.B below.</i>		
Briefly describe why you are applying for this observation or work-based learning experience at the Medical Center.		

Section 2: Agreement

This section is to be completed by the Observer and Sponsor before the observation experience begins. Sponsor shall review, complete and sign this agreement with the Observer. Sponsor shall scan and send the completed application to Volunteer Services at volunteerservices@uvahealth.org. To comply with HIPAA regulations the application shall be retained for a period of 6 years after end of the calendar year.

A. Observer Responsibilities

1. I agree to follow the directives of my Sponsor (or designee) as outlined below.
2. I agree to abide by the Medical Center's dress code, to dress neatly and with the awareness that I am a temporary representative of the Medical Center (no jeans, shorts, sweat clothes or T-shirts).
3. I agree to comply with the attached UVA Medical Center policies regarding Patient Privacy, and shall not divulge any medical, financial, demographic, or other personal information about a patient or patient's family.
4. I understand that failure to comply with the rules and policies in this agreement shall result in termination of the observation.

Additional responsibilities for onsite observations:

5. I understand that I must remain with my Sponsor (or designee) – I am not permitted to move freely around the hospital/clinic.
6. I understand that I am on Medical Center Property at my own risk and insurance coverage or, in the case of a minor, under the coverage of my parent(s) or guardian(s).
7. I agree to follow directions of my Sponsor in the event of an emergency in an area where I am observing.
8. I agree to provide my Sponsor with documentation of evidence flu vaccination for the current flu season before I start any observation experience. I also agree to undergo or demonstrate evidence of any additional screening, vaccinations or tests required by *Management of Observers and Mentees at the Medical Center Medical Center*

*** Observers: Please complete the sections highlighted in green and read all of the accompanying information***

<p><i>Policy</i> or determined by the Medical Center Hospital Epidemiologist to be necessary for infection control and patient safety.</p> <p>9. I agree to postpone or reschedule my observation experience if I am sick, have a fever, or have been exposed to a contagious disease.</p> <p>10. I agree to comply with the attached UVA Medical Center policies regarding infection control, standard precautions and hand hygiene.</p>	
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Signature Statement: By printing your name below, you are acknowledging that the information in the application is correct, and that you have read and agree to the responsibilities outlined in the Agreement.

Print Name		Date:
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If Observer is a minor (as defined by the Commonwealth of Virginia as being under the age of 18), parent/guardian signature is also required.

Parent/Guardian Name		Date:
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B. Sponsor Responsibilities

In consideration of being given the opportunity to Sponsor an Observer at the University of Virginia Medical Center:

1. I will ensure that the Observer reviews the attached written information regarding the Medical Center’s policies for Patient Privacy. I shall answer any questions the Observer may have about this information.
2. Observation of patient care is permitted only with patient consent.

Additional responsibilities for onsite observations:

3. I understand that the Observer is permitted only to observe and shall not touch any patient or anything in the patient’s environment, or provide to the patient any kind of clinical care or miscellaneous support.
4. I will provide instruction on Medical Center hand hygiene practices and standard precautions and notify them they must be performed while at the Medical Center facilities.
5. I understand that I, or a designee, shall make reasonable efforts to request an “Observer” pass at least five (5) business days in advance of the Observer’s arrival; to request a pass email Observer. I, or a designee, is responsible for picking up passes up at the University Hospital lobby information desk or, if offsite, arranging to have requested passes mailed to me or my designee.
6. I understand that I, or a designee, must meet the Observer in a public area each day of the observation experience to provide the “Observer” pass and accompany the Observer to the observation location(s).
7. I will instruct the Observer to wear their “Observer” pass/badge at all times during the observation experience at Medical Center facilities
8. The Observer shall not observe when they are sick, have a fever, or have been exposed to a contagious disease.
9. **ONSITE OBSERVERS ONLY:** I have reviewed documented evidence that the Observer has received flu vaccination for the current flu season per *Management of Observers and Mentees at the Medical Center Medical Center Policy*, as well as any other screenings, vaccinations, and tests that the Medical Center Hospital Epidemiologist deems necessary for infection control and health care provider and patient safety.

Influenza Vaccination for Current Flu Season Confirmed

10. I will make reasonable efforts to inform area leadership of the Observer’s presence if the observation will take place outside the management scope/authority of my authority.

Approved Observation Dates	
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Approved Observation Location(s)	
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Signature Statement: By printing your name below, you are acknowledging that the information in the application is correct, and that you have read and agree to the responsibilities outlined in the Agreement.

Sponsor Name & Title		Date:
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Patient Privacy Rules for Observers

When a patient comes to the University of Virginia Medical Center, the Medical Center assumes an obligation to keep in confidence all that pertains to that patient. Information regarding the patient's **admission, diagnosis and treatment, as well as personal and financial affairs, is private**. Its confidentiality must be respected by all Observers.

Access to patient information is on a need to know basis only. Observers are allowed to view patient care at the Medical Center for purposes of the Observer's training and education, but may not themselves access patient information or read patients' charts. Any and all information you see or hear about patients during your observation is protected under Federal law and must be kept confidential and may not be shared with others. You may not access, remove, duplicate or use patient information for any purpose, or disclose it to others or on social media.

Use discretion. Be aware. During your observation, do not discuss patients in corridors, elevators, the cafeteria, or in any public area. Seek privacy as much as possible. If the observation experience is virtual, you must ensure a private viewing environment and use headphones at all times so that the content is not audible to others. If you have questions or concerns about a patient, ask your Sponsor.

Information in all possible forms is confidential, whether verbal, written, overheard, on the computer screen, or told to you by the patient.

Because of the pervasive nature of patient health information in the environment of care, **you are not permitted to take photographs or recordings** during your observation experience. If the observation experience is virtual, you are not permitted to take screen shots or record the encounter/experience.

Infection Control Education for Onsite Observers

Infection Control Education is designed to help you understand how you can help protect yourself from potentially infectious exposure, such as bloodborne pathogens or contagious illness while observing at the Health System. Bloodborne pathogens are passed from person to person by blood, body fluids, or other potentially infectious materials. Bloodborne pathogens include viruses like hepatitis B, hepatitis C, and HIV, the virus that causes AIDS. As an Observer, you will not be allowed to perform tasks that will bring you in contact with blood or body fluids so you are at extremely low risk for having an exposure to a bloodborne pathogen. Contagious illnesses, such as influenza, tuberculosis, and chicken pox may be transmitted through droplets in the air or contaminated surfaces. Adherence to standard precautions, such as wearing a mask or gloves and performing diligent hand hygiene when instructed to do so prevent the transmission of contagious illnesses,

As an Observer you should not be at risk for these kinds of exposures. However, if you do accidentally have one of the above exposures or get blood or body fluids on your clothes, immediately ask for assistance from your Sponsor. The Sponsor should **report your exposure immediately PIC 1523**.

Standard Precautions

Standard Precautions are used to **prevent** health care workers, hospital staff and volunteers from coming in contact with blood or body fluids. Because no one can tell who may have a bloodborne pathogen, using Standard Precautions means you must consider all patients' blood, body fluids, mucous membranes and tissue to be infected. Following these precautions will help keep you safe while you observe.

- Do not eat, drink, apply cosmetics, lip balm or handle contact lenses in patient care areas.
- Do not perform CPR or participate in a Code at the Medical Center.
- Do not handle sharp instruments or glass containers that may be contaminated with blood, body fluids, or human tissue.

*** Observers: Please complete the sections highlighted in green and read all of the accompanying information***

- Do not handle regulated medical waste containers that are in use.
- Do not handle patient specimens or put food or drink in refrigerators, freezers, or cabinets used to store patient specimens.
- Do not touch surfaces or objects that may be contaminated with blood or body fluids.
- Do not observe or get close to a procedure in which splash or spray of blood or body fluids may occur.
- Do not clean up blood or body fluid spills.
- Do not handle linen that is visibly soiled with blood or body fluids.

Hand Hygiene

Hand hygiene is the single most important factor in preventing transmission of illness.

If hands are not visibly soiled, use an alcohol-based hand rub or soap and water:

- Before entering and upon exiting any patient space, including but not limited to patient room, patient bed space or patient exam room
- Before putting on or taking off gloves

Washing hands with soap and water is necessary:

- When hands are visibly dirty or contaminated with blood and/or body fluids, secretions, excretions, and moist body substances
- Before eating and after using the restroom
- After caring for patients with green handwashing sign
- Posted outside the room door