



ChristianaCareTM

Confidentiality and Security Agreement

By signing this Agreement, you acknowledge that you understand and accept your personal obligation to safeguard the confidentiality and security of Christiana Care's Confidential Information as a condition of your participation in the Christiana Care's Job Shadowing Program. "Confidential Information" includes patient's protected health information (PHI), employee information, physician information, and corporate information which may appear in verbal, written, or electronic form. Confidential Information is valuable and sensitive and is protected by law and by Christiana Care's privacy and security policies.

Agreement

As a condition of my access to Confidential Information, I agree to abide by the following:

1. I will only access Confidential Information, including patient's protected health information (PHI), in accordance with my participation in this job shadowing program. I will not access PHI for my own benefit or curiosity or for any other purpose.
2. Except as authorized by Christiana Care policies, I will not at any time during or after my job shadowing experience with Christiana Care:
Access any Confidential Information. Disclose any Confidential Information. Use any such information for any purpose. Alter or destroy any such information.
3. If I obtain information indicating inappropriate access, use or disclosure of Confidential Information, including protected health information (PHI), I will report it immediately to my Sponsor.
4. I understand that information, regardless of the media on which it is stored (paper, computer, videos, recorders, etc.), the system which processes it (computers, voice mail, telephone systems, faxes, etc.), or the methods by which it is transmitted (electronic mail, face to face conversation, facsimiles, etc.) it is the property of Christiana Care and shall not be used inappropriately or for personal gain.
5. I shall not remove any Confidential Information from Christiana Care.
6. I agree to avoid discussions (person-to-person, via cell phones, etc.) regarding protected health information in public places (e.g. elevators, lobbies, waiting rooms, off-premises)

where such discussions may be overheard by person's not entitled to such confidential information.

7. I agree to abide by Christiana Care's Privacy and Security Policies. These policies are available and maintained on the Christiana Care Portal and Privacy Office webpage.
8. I understand that Delaware is a small state and that I may encounter friends, neighbors, acquaintances, and family members during my job shadowing experience. I understand that my personal relationships with such individuals does not change my responsibility to protect the privacy and confidentiality of those individuals.

I have read each of the conditions and I agree to be bound by them.

Name-Shadower _____

Signature _____ Date _____



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Nurse Job Shadowing Facts

Thank you for contacting us about the Job Shadowing Program at Christiana Care. We at Christiana Care believe that job shadowing is a great way to learn about interesting health care careers and will enable you to determine whether you wish to pursue opportunities in the health care field. This fact sheet will provide you with the information about Christiana Care's Job Shadowing Program, the requirements for you to be eligible to participate, and the process for applying for this program.

Please note that, unfortunately, given the high demand for job shadowing experiences, Christiana Care is unable to accommodate every request. Christiana Care reserves the right to refuse a request for any reason.

Application Process

1. Participants arrange with a Sponsor to job shadow at a mutually agreeable time.
2. Participant contacts Nursing Professional Development & Education department to request Job Shadowing forms.
3. Participant completes and submits the following forms prior to the experience:
 - a. Shadow Application
 - b. Confidentiality Agreement
 - c. Shadow Agreement
 - d. Emergency Contact Form
 - e. Unofficial School Transcript
 - f. Letter of intent describing interest in nursing
4. Sponsor completes a Sponsor Agreement form.

On Day of Experience

1. On day of experience, sponsor will meet participant at main information desk or as otherwise arranged. Participant will check in at Information Desk (if pertinent) and obtain visitor badge.
2. Participant meets Sponsor and is under his/her direct supervision at all times.
3. Sponsor introduces Participant to patients prior to observation of their care or disclosure of their information.
4. Note: Participant may not shadow on any day if he/she has a fever, cough, open wounds, or any possibly contagious disease.

Requirements

1. Vaccinations:
 - a. Flu vaccination when shadowing between months of November and April or when required by Christiana Care.
 - b. Measles vaccination or immunity
 - c. German Measles (Rubella) vaccination or immunity
 - d. Chicken Pox vaccination or immunity
2. Participants must wear appropriate attire-business casual clothing and closed toe shoes. Sneakers and scrubs are also allowed.

Please Note the Following:

1. During shadowing experiences Participants may come in contact with very sick/contagious individuals and with hazards (sharps, chemicals, radioactive substances). Job shadow participants must accept the risk of any illness, injury or harm that results from participation in the job shadow experience.
2. Participants must understand that Delaware is a small community; therefore, if the Participant encounters a friend, acquaintance or family member during a shadow experience with Christiana Care, he/she must keep this information confidential and not disclose this information to any other person.
3. Participants are limited to two four hour experiences per 12-month period.
4. Participants may not obtain education credit for the experience and will not be graded.
5. Job Shadowing experiences shall be observational only. Participants may not provide patient care or engage in any direct physical patient contact.
6. Participant who shadows in a surgical suite may not scrub in for any procedure. Christiana Cares' first priority is to protect the health and welfare of its patients and staff. Christiana Care reserves the right to refuse any request for a job shadowing experience. Christiana Care staff may require a job shadowing participant to leave an area, facility or the campus at any time.

Additional Notes about Christiana Care Health Dress Code

During your experience with Christiana Care you are expected to wear business clothing or scrubs and sneaker. To help you determine what is appropriate the following guidelines are being provided:

Unacceptable Attire/Appearance

1. Jeans of any sorts
2. Stylish pants:
 - a. Cargo pants (pants with large pockets on legs)
 - b. Pants with any décor on legs
 - c. Low rider pants
 - d. Form fitting pants

3. Sweatshirts and sweatpants
4. Hats of any kinds (while inside)
5. Shirts that expose the midriff/underwear even with bending
6. Lettering or messages on clothing
7. Shoes that are inappropriate (heels, open toe, etc.)
8. Cell phones or personal pagers are to be turned off during experience



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Shadow Agreement

I hereby request the following job shadow experience. If accepted to have a shadow experience, I agree to the following:

1. I will provide all necessary information and completed paperwork as requested in the timeframe requested.
2. I will notify my Job Shadow Coordinator in advance if I am unable to report at the prearranged time.
3. I will wear a visitor's badge at all times and will identify myself as a job shadower if asked.
4. I shall be punctual and conscientious, conduct myself with dignity, courtesy and consideration of others. I will abide by the rules regarding appropriate attire (business casual attire and closed toe shoes) I will comply with all infection control measures.
5. I understand my job shadowing experience is limited to observation only. I will not provide any patient care, touch a patient, or initiate conversation with any patient.
6. I understand that patients have the right to refuse to permit me to observe their patient care. I may only observe patient care if the patient agrees.
7. I will maintain the confidentiality of all information I may obtain directly or indirectly concerning patients, doctors or personnel. I will not seek to obtain confidential information from or regarding any patient. I will sign a confidentiality agreement prior to my experience.
8. I understand that I may be removed from any facility or from Christiana Care's campus at any time if I fail to comply with Christiana Care's policies, procedures, regulations or guidelines or if my conduct is determined to be likely to have an adverse effect on patient care, the orderly operations of the hospital or constitute a conflict of interest.
9. I understand that this experience is not eligible for academic credit.
10. I understand that Christiana Care is not responsible for any expenses associated with this experience, including but not limited to transportation, meals or medical care.
11. I understand that I am permitted no more than two four hour shadow experiences over a 12-month period.
12. I understand and will comply with Christiana Care's no smoking and drug free workplace policies.
13. I understand that the hospital environment contains many dangers, including but not limited to exposure to patients with serious health conditions and contagious infections, sharp implements, hazardous devices, as well as chemicals and radioactive substances. I fully accept the risk of any infection, injury, or harm that may occur as a result of my participation in this experience.
14. I agree to indemnify and hold harmless Christiana Care from and against any and all claims, demands, actions, settlements or judgements, including attorney's fees and litigation expenses, based upon or arising out of my activities at Christiana Care.

I have read each of the conditions and I agree to be bound by them

Name-Shadower _____

Date(s) of Shadow Experience _____

Signature _____ Date _____



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Nursing Development & Education Shadowing Application – Please Complete All Information

First Name _____ Last Name _____ MI _____

Address _____ Apt# _____

City _____ State _____ Zip _____

Phone# _____ Email _____ Date of Birth _____ Gender _____

Emergency Contact Name _____ Phone# _____ Relationship _____

School _____ Expected Graduation Year _____

How did you hear about our program (check all that apply)

CCHS Website _____ College Info Session _____ Friend _____ Other _____

Shadow's Sponsor _____ Department _____

Communicable Disease Verification & Immunization Record

I have had Measles or German Measles Yes _____ No _____

I have been immunized for Measles or German Measles Yes _____ No _____

I have had Chicken Pox Yes _____ No _____

I have been immunized for Chicken Pox Yes _____ No _____

I have received the Influenza Vaccine for the current year Yes _____ No _____

ALL OF THE ABOVE INFORMATION IS TRUE AND ACCURATE

Signature _____ Date _____

Scan & Return by Email or Fax form to:

Moneca Davis-Graham, Nursing Development & Education Department

Fax: 302-733-6452 Email: MDavis-Graham@Christianacare.org



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EMERGENCY CONTACT FORM

In case of an emergency I, _____ give my permission for contact to be made to the individual below.

In case of an Emergency Contact _____

Relationship _____

Phone _____

Signature _____ **Date** _____