



Job Shadow Information Packet

Welcome!

We are pleased that you are interested in Job Shadowing at Mercy. The Mercy Hospital Joplin Medical Education Department coordinates all shadowing experiences for Mercy Clinics and Hospitals located in Joplin and its surrounding communities, Carthage, Columbus, and Pittsburg. If you are seeking to shadow in a community not listed in this packet, please contact the Mercy hospital in your community for more information on their shadowing process. We hope that your time with us will be an enjoyable and educational experience. We have prepared a packet of information to be read and a guideline of documentation that needs to be completed.

Please review and read the Job Shadowing Program Policy. If you feel that you are agreeable to the terms for job shadowing, please review, complete, and return the following documents to Medical Education to be eligible to job shadow:

- Job Shadow Application
- Job Shadowing Agreement
- Mini Orientation Test
- TB Risk Assessment
- MMR vaccination series, Tdap, and varicella immunization or proof of disease
- Influenza Vaccination (during declared flu season, no less than October – March) – must include Lot #, expiration date, injection site, and administered by information

Once all the required items listed above have been submitted to Medical Education, I will contact the department manager in the area of interest you've indicated to approve the shadowing. I will then contact you with the date and time that has been approved for shadowing. Response time for this process may vary depending on the departments' availability and program demands. **Please allow a minimum of two weeks for processing of your application after submission of all required documents.**

We hope that you enjoy your time at Mercy!

Sincerely,

Katie Harden, MBA
Manager - Medical Education

Mercy Hospital Joplin
100 Mercy Way | Joplin, MO. 64804
Office: 417-556-6939 | Fax: 417-556-2807
Katie.Harden@mercy.net

Job Shadow Application

Name:

First Middle Last

Gender:

Male Female

DOB:

SSN:

(DOB and SSN are required to enter your information into the database.)

Address:

Street #

City, State, Zip

Cell #:

Home #:

Email:

Emergency Contact:

Name Phone Number Relationship

School/Program:

Shadow Location Requested*:

Joplin Carthage Columbus Lamar
 Miami Neosho Pittsburg Webb City

**To shadow in a location not listed, please contact that facility to inquire about their shadowing process*

Career Field of Interest (i.e.

Nursing, CT Tech):

Department(s) of Interest (i.e.

Surgery, Radiology):

Are you currently, or have you ever worked at a Mercy facility?

Yes No

If yes, where and when?

	Monday	Tuesday	Wednesday	Thursday	Friday
Available Times <i>(8am-5pm)</i>					
Available Dates					

What do you hope to gain from your job shadowing experience?

The following must be submitted:

- Job Shadowing Application
- Job Shadowing Agreement signed/dated
- Mini Orientation Test
- TB Screening Questionnaire
- MMR Immunization series, Tdap, and varicella immunization or proof of disease
- Influenza Vaccination Documentation (during declared flu season, no less than October – March) – must include Lot #, expiration date, injection site, and administered by information

Job Shadowing Program Policy

The Job Shadowing Program is intended for those who have an interest in health care. Shadowing allows the participant to follow and observe a healthcare professional as they carry out their role and responsibilities at Mercy Health ("Mercy"). All Job Shadowing must be arranged through Medical Education. This Job Shadow Program Procedure does not apply to contracted education affiliations.

Mercy recognizes the Mercy-wide Policy Number 015 titled Non Co-workers. Although we have professional expectations of behavior for job shadows, due to the short-term nature of the experience and limited risk of exposure, Mercy will not perform criminal background checks or drug screens on these individuals.

Shadowing Guidelines:

Individuals requesting a shadowing experience must be 16 years of age or older, enrolled in related high school, vo-tech, home-schooling, or college courses. Exceptions to the age requirement may be requested in special circumstances but accommodation is not guaranteed. Individuals not currently enrolled in an education program will be required to submit 3 letters of recommendation with applications.

- Shadowing is intended to be a short-term experience, exposing individuals to a career field of interest. Shadowing will not exceed eight hours of observation in a department or specialty. Requests for exceptions to hour restrictions require management approval and coordination by Medical Education.
- Mercy reserves the right to a pre-screening process to determine eligibility to participate in the shadowing program. Decisions to deny Shadowing are final with no appeal process.
- Shadowing is a voluntary opportunity for which there will be no monetary compensation.
- Family members of employees, physicians and volunteers who desire a shadowing experience need to complete all the shadowing requirements prior to participation including all application, health screen documentation, and other requirements.
- All current and former Mercy employees and contracted personnel must be in good standing and/or eligible for rehire to participate in the shadowing program.
- Any shadowing experience must be approved by management of area prior to experience.
- After management approval obtained, Medical Education will contact the shadowing applicant with the date and time approved for shadowing. Response time for this process may vary depending on the department's availability and program demands.
- Participants must review and complete the Job Shadow Information packet, including:
 - Job Shadow Application
 - Job Shadowing Agreement (Parental signature required for shadows under the age of 18)
- Completed Job Shadow Information packet must be turned in to Medical Education at least two weeks prior to requested date of Shadowing.
- On the day of Shadowing, participants will need to obtain a temporary badge from the Medical Education or Human Resources. The "Shadow" badge must be worn at all times during Shadow experience.

Health Screen Requirements:

It is the responsibility of the individual participating in Shadowing experience to meet the following health screen requirements and provide appropriate documentation:

- TB Screening Questionnaire
 - All TB Risk Assessments with "Yes" answers will be reviewed by Infection Control or Employee Health to determine next steps which may include, but is not limited to chest x-ray, TB skin test, treatment, or declining shadow application.
- Documentation of MMR vaccination series, Tdap, and varicella immunization or proof of disease
- Documentation of current season's Influenza vaccination (required during declared flu season, to be no less than October through March) - must include Lot #, expiration date, injection site, and administered by information

Job Shadowing Agreement

This Agreement reflects that Mercy Health ("Mercy") desires to assist high school, college students or an adult ("Shadow") with an interest in healthcare to discover whether they might want to pursue a future career in the health care profession. In consideration of this, the following are conditions and terms for shadowing at our facility:

Shadowing is defined as to follow and observe a health care professional as they carry out their job role and responsibilities at Mercy.

Shadows must be at least 16 years of age and enrolled in high school or college courses or an adult who has expressed great interest in a health care career. All requirements of paperwork must be completed and submitted to Medical Education. The appropriate department manager will review and if approved, Medical Education will contact Shadow with the date and time that has been approved for shadowing. Response time for this process may vary depending on the department's availability and program demands.

As a participant in the shadowing program, I understand and agree:

1. I will not physically touch patients. If I am allowed to observe a patient having a procedure, I understand the healthcare professional is to obtain the patient's consent first for my observation.
2. I will not touch medical equipment.
3. I will not be granted access to medical records, charts, or a computer.
4. I will not assist in feeding patients or help deliver food.
5. I will not approach physicians about personal illness or medications.
6. I will abide by the Mercy Appearance Policy and dress with a neat, professional appearance.
7. I am subject to Mercy's drug testing policy. If I object, I will be asked to leave the premises immediately.
8. I am not on the Employee Disqualification List (EDL).
9. I understand Mercy is not held responsible for any accident or injury that may occur on its premises while shadowing.
10. I understand that I am to leave valuables at home and realize it is my responsibility that these items are secured prior to shadowing. Mercy is not responsible for any loss of personal property.
11. I will not bring my phone, camera, or other smart device to my shadowing experience.
12. I will not perform my own personal care in the clinical setting (i.e. applying lip gloss, handling contact lenses, eating or drinking, brushing hair, etc.)
13. I will not be permitted in areas of contamination such as isolation rooms, soiled linen areas, and autopsy room. Isolation rooms will be clearly marked with signage outside of the patient room indicating the type of precautions.
14. I understand that I cannot participate in the program on days that I am ill as determined by Employee Health. It is my responsibility to report to Employee Health before reporting for a work assignment or with the onset of signs and symptoms consistent with illness. These include but are not limited to: fever, diarrhea, productive cough, rash, or open wound. If I become ill or injured on Mercy premises during the Job Shadow experience, Mercy will assist me or facilitate arrangements for my emergency medical care. I understand that Mercy does not assume any liability for the costs of any such care. In case of an emergency, Mercy will contact the emergency contact provided on my Job Shadow Application Form.
15. I understand that any information or knowledge acquired or received during the course of the Job Shadow experience, including but not limited to, Mercy employees, medical staff, policies, procedures, business or patient information including the identity of patients and information acquired or contained in Mercy records, shall be treated as strictly confidential, and shall not be used, disclosed, released, copied, removed, revealed or divulged by myself during or after the Job

Shadow experience without the express written authorization of a duly authorized Mercy officer or director. I agree to abide by any instructions provided by Mercy and to abide by Mercy policies pertaining to compliance with the HIPAA Privacy Rule.

16. I will not post anything about my shadowing experience on any public or social media. I agree to never place information on a Social Network Site that conflicts with Mercy mission and values, policies and procedures, and/or compromises the privacy and security of any patient, physician, or co-worker.
17. I understand that no copies of Protected Health Information or data classified as Highly Confidential, on any media, will leave Mercy. No photographs or videotapes are to be taken of patients or clinical areas at any time. I agree that in any such event, I shall have no right to appeal or contest any such actions.
18. I agree that Mercy may require me to leave Mercy premises at any time and for any reason.
19. I understand that violation of this Agreement in regards to confidentiality would cause irreparable harm to Mercy and or applicable patients of Mercy for which there would be no adequate remedy at law. Therefore, Mercy shall be entitled to seek injunctive relief to prevent current or future violations of this Agreement in regards to confidentiality, without the requirement of posting bond, and without limitations to any other remedies available to Mercy or available to an applicable patient, at law or equity.
20. If I am interested in conducting research, I will disclose at the time of application so appropriate completion of paperwork and clearance may be obtained. I understand that my research will require approval from the Mercy Institutional Review Board (IRB). I will follow Federal and State regulations and IRB policies and procedures to maintain the confidentiality and security of protected health information and confidential information.
21. I agree that Mercy may require me to return any recorded Protected Health Information or confidential information (even if recorded by me), to Mercy, at any time and for any reason.
22. I agree to conform and comply with applicable Mercy policies and procedures and other applicable laws and regulations, including but not limited to those relating to life safety, patient privacy, dress code and no-smoking on Mercy premises.
23. I understand that Mercy shall have the right to immediately terminate my participation in the program if it is determined at the manger or supervisor's discretion that I am not acting in the best interest of the patient or facility. In addition, the director or manager holds the right to terminate shadowing at any point.

I understand that upon arrival to Mercy, I will obtain a temporary Shadow Participant badge from Medical Education or Human Resources. I understand that if I am not allowed to complete my shadowing experience, all of the above must still be honored. My electronic or written signature below certifies my understanding of the information above.

Signature: _____ Date: _____

Name: _____

Email: _____

Parental or Legal Guardian Consent if student is less than 18 years of age (written signature required):

Parent or Legal Guardian Signature: _____

Please Return Signed Shadowing Agreement to Medical Education

Mini Mandatory Shadowing Program Orientation

Welcome

Welcome to Mercy! At Mercy, we are guided by our Mission, Values, and Charism. All of our co-workers are actively guided by these in their everyday work life.

Mission Statement

As the Sisters of Mercy before us, we bring to life the healing ministry of Jesus through our compassionate care and exceptional service.

Mercy Core Values

- Dignity - We cherish each person as created in the image of God.
- Justice - We pledge to be in right relationship with one another with particular concern for people who are economically poor.
- Service - We seek out and put the needs of others first.
- Excellence - We give only the best for those entrusted to our care.
- Stewardship - We wisely use our talents and resources to strengthen Mercy as a ministry of the Church.



Mercy Charism

- Bias for Action – practical; anticipating and responding to need; getting things done
- Entrepreneurial – seeing what needs to be done; having the courage to take risks; innovative; promoting systemic change
- Hospitality – welcoming and accepting; gracious; forgiving
- Right Relationships – speaking your truth with honesty; resolving differences; holding each other accountable; collaborating
- Fullness of Life – sense of joy; vibrancy for life even amongst suffering; magnanimous; authentic and relevant

Cultural Diversity & Sensitivity

As healthcare providers, we need to understand that cultural diversity can greatly impact the care we give. It affects all areas of life, including beliefs about: health, nutrition, communication, pain, birth, and death.

- *Culture* is a set of beliefs, values, and practices shared by a group of people that are passed from generation to generation.
- *Diversity* is anything that makes a person different – gender, age, education, physical appearance, or disability, etc.

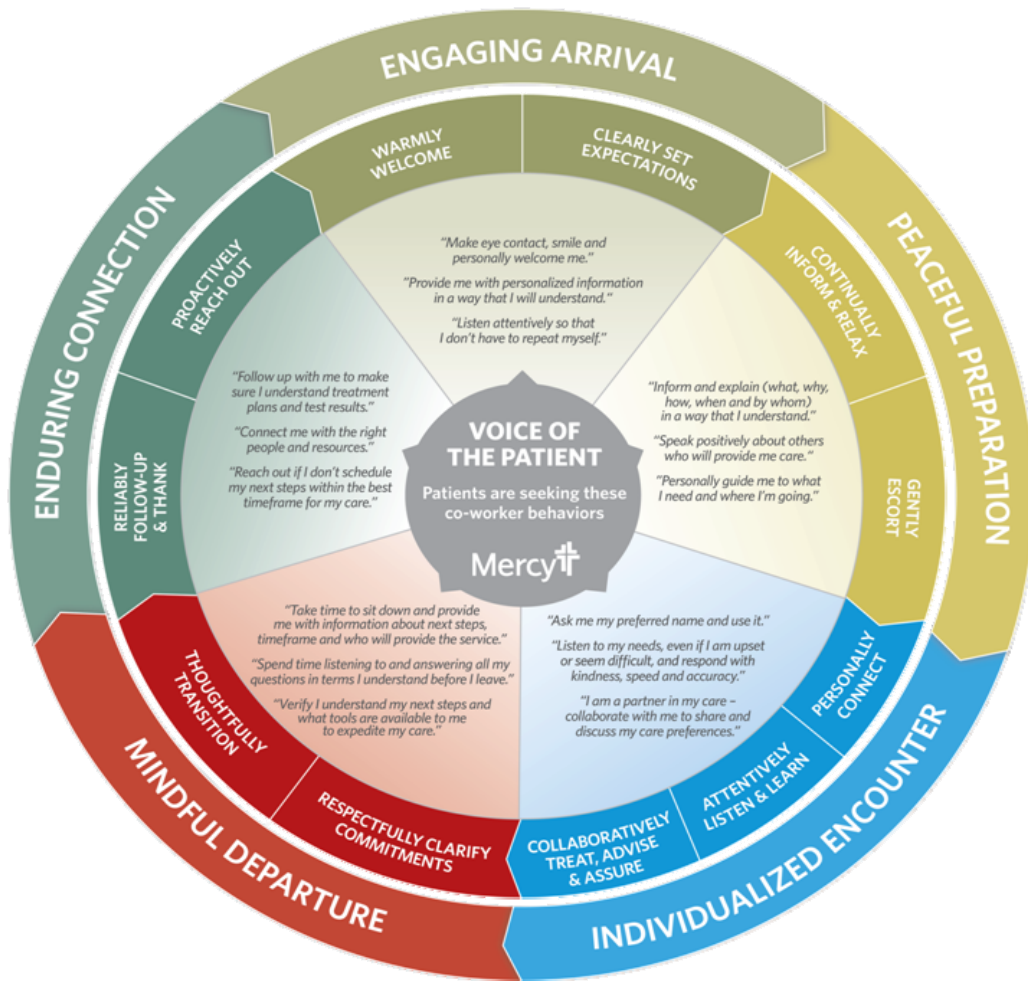
Resources are available to help our co-workers understand the needs and expectations of different cultures.



Mercy Signature Service – Patient Touchpoint Map

Mercy's Signature Service calls us to anticipate and respond to the needs of those we serve, as seen through their eyes and expectations.

See Patient Touchpoint Map on next page



The following sections cover important information presented to co-workers. It is important for your safety as a shadow. Although your role, in the event of an issue described below, please follow the instructions of the departmental leader. Any comments specific to shadows have been bolded.

Universal (or Standard) Precautions



All blood and body fluids are to be treated as if they could cause infection. Wearing personal protective equipment is required when contact with blood, mucous, membranes, non-intact skin, or other potentially infectious materials is likely. If you are exposed to blood or body fluids, wash the area right away and report to your supervisor.

All co-workers must observe and follow Universal Precautions, patient contact isolation procedures, and good hand hygiene before and after patient contact. **It is recommended and preferred that shadows not enter patient rooms of isolated patients.**

Hand Hygiene

Did you know many infections are spread through hand contact? Cleaning your hands is the simplest, most effective thing you can do to reduce the spread of infectious diseases, such as colds and flu.

Be aware that germs hide on many common objects such as ATM buttons, playground equipment, keyboards, phones, elevator buttons and even the kitchen sink. It's important to properly clean and disinfect your hands and make good hand hygiene a habit.

Hazardous Substances

<p>Health Hazard</p>  <ul style="list-style-type: none"> • Carcinogen • Mutagenicity • Reproductive Toxicity • Respiratory Sensitizer • Target Organ Toxicity • Aspiration Toxicity 	<p>Flame</p>  <ul style="list-style-type: none"> • Flammables • Pyrophorics • Self-Heating • Emits Flammable Gas • Self-Reactives • Organic Peroxides 	<p>Exclamation Mark</p>  <ul style="list-style-type: none"> • Irritant (skin and eye) • Skin Sensitizer • Acute Toxicity (harmful) • Narcotic Effects • Respiratory Tract Irritant • Hazardous to Ozone Layer (Non-Mandatory)
<p>Gas Cylinder</p>  <ul style="list-style-type: none"> • Gases Under Pressure 	<p>Corrosion</p>  <ul style="list-style-type: none"> • Skin Corrosion/ Burns • Eye Damage • Corrosive to Metals 	<p>Exploding Bomb</p>  <ul style="list-style-type: none"> • Explosives • Self-Reactives • Organic Peroxides
<p>Flame Over Circle</p>  <ul style="list-style-type: none"> • Oxidizers 	<p>Environment (Non-Mandatory)</p>  <ul style="list-style-type: none"> • Aquatic Toxicity 	<p>Skull and Crossbones</p>  <ul style="list-style-type: none"> • Acute Toxicity (fatal or toxic)

When should you wash your hands?

- Before and after you have contact with a patient
- Before you leave a patient room
- Before you eat
- After going to the bathroom
- After handling articles that have been in contact with a patient

How should you wash your hands?

- Wash with soap and water for at least 15 seconds OR
- Use alcohol hand rub



Only qualified co-workers should clean up spills. Shadows should not participate in the cleaning of hazardous materials.

Remember the following when dealing with unknown or hazardous substances: **Do not touch it, smell it, or taste it.**

EMERGENCY RESPONSE GUIDE

In the event of an emergency, please stay with your assigned coworker or return to Medical Education.

EVENT/ALERT	DESCRIPTION	INITIAL RESPONSE	SECONDARY RESPONSE	FOLLOW-UP
FACILITY ALERT				
Evacuation	A event has occurred in/on hospital property which causes a partial/full evacuation. Command Center ext. 6703 or 2007.	Security Dispatch will announce: "Facility Alert-Evacuation-Areas Effected".	Prepare patients/visitors in your area to be moved. Move calmly out of the building to the "Rally Point" in the north parking lot.	Damage assessments and incident reports will be filed with the Safety Officer.
Fire: Code Red	Fire or smoke detected by staff member or auto Sensing.	RACE Rescue those in danger. Alarm: Activate nearest alarm, dial "3658", say Code Red & give location. Contain the fire (close doors). Evacuate/Extinguish	PASS Use extinguisher (if safe to do so) to put out the fire. Pull the pin. Aim at base of fire. Squeeze the handle. Sweep from side to side.	Fire Dept. or Security directs Dispatch to announce, "CODE RED, All Clear". Final report submitted to Safety Officer.
Hazardous Spill: Code Orange	Incidental Spill (small) presenting NO hazard to trained employee or environment Emergency Spill May present a hazard to people, environment, or has unknown effects.	Contain spill & pick-up with approved procedures as indicated on MSDS Contain spill. Call Dispatcher "3658" Report spill location. Retrieve MSDS by calling "6737".	Page Env. Svcs (3587) & transport waste to Infectious Waste Holding Site for storage. Dept. to begin clean-up. Security to respond & notify Risk Mgr. and JFD if spill is too large to clean up or hazards are unknown.	Complete SAFE report of incident and submit to Safety Officer.
WEATHER ALERTS				
Prepare: WATCH	Tornado, high winds, hail storm, severe thunderstorm warning, etc.	WATCH- Senior Admin Person & Security will have Dispatch announce - " Weather Alert, Tornado Watch in effect, Prepare for CONDITION GREY. "	PREPARE - Close drapes, room doors, and corridor doors. - Place shoes on patients - Tell all staff & visitors to stay away from windows and direct them to designated areas (i.e. Dining Hall). - Move patient room chairs to unit corridors & face north in single file	Stand by for "ALL CLEAR" announcement or escalation/de-escalation announcement.
Execute: WARNING		WARNING- Dispatch will be instructed to announce - " Weather Alert, Execute CONDITION GREY. "	EXECUTE - Move ambulatory patients & visitors to hall chairs. - Move non-ambulatory patients in beds to hallway outside room when possible - Use pillows to protect face and head.	All Area Supervisors involved with Disaster will submit reports to Incident Command Center or Safety and Security Dept.

EVENT/ALERT	DESCRIPTION	INITIAL RESPONSE	SECONDARY RESPONSE	FOLLOW-UP
MEDICAL ALERTS				
Medical Emergency: CODE BLUE	An individual is not breathing, acutely not responding, no pulse.	Stay with victim, yell for help, start CPR.	Have someone call "2580" or use the nurse call system. Advise of situation and give location.	Code Blue Critique Team reviews event.
Mass Casualty	Hospital is notified of a mass casualty event. Command Center ext. 6703 or 2007.	Security will verify the situation and notify the Senior Admin Person.	All areas prepare for patient influx according to area specific instructions.	Stand by for "ALL CLEAR" Announcement.
SECURITY ALERTS				
Abduction/ Missing Person	Indicates that an Infant/child/or person has been abducted or gone missing.	Call Dispatch, "3658" and give a description and location.	Security & staff man all exits and stop anyone carrying an infant, child or odd sized packages. Security Manager notifies law enforcement agencies and transit office. Operator will notify all transportation companies.	Dispatcher announces ' ALL CLEAR ' Security makes final report to Senior Admin Person.
Combative Patient/Person	Help is needed with Combative patient/person.	Call Dispatch "3658". Say "Security Assistance Needed" and give location.	All "SAFE" trained Employees respond to location and provide assistance when overhead announcement is made.	Event documented in Medical Records and all participants submit an evaluation of the incident
Bomb Threat: CODE BLACK	Notification of a bomb on campus, usually by an outside caller.	OBTAIN AS MUCH INFO AS POSSIBLE. Where is the Bomb? When will it go off? Why was it placed?	Call Dispatch "3658". Ask for security and give them the information. Security will notify Senior Admin Person, who will notify police, search w/o evac. Or search w/evac.	Security closes out Bomb Threat Report and submits to Safety Officer.
Armed Violent Intruder/Active Shooter/Hostage	A violent intruder has entered Mercy property.	Call Dispatch "3658" and give a description and location if possible.	Follow the "OUT" and "R.A.L.M" principles and avoid contact until Police arrive. Physical Confrontation is a last resort.	Stand by for " ALL CLEAR" announcement. Security makes final report to Senior Admin Person.

Incident Reporting

An incident may be defined as an unusual, unintended, undesirable, and/or unexpected event which happens unexpectedly and is within the scope of operation at Mercy. An incident may involve a patient, co-worker, physician, or visitor. If an incident occurs, you should report it to the unit manager immediately.

HIPAA Confidentiality (Health Insurance Portability and Accountability Act)

We have a duty to keep our patients' personal medical information safe and private. Providing confidentiality to our patients and their families is consistent with our Mission and Values and is a legal requirement.

Confidentiality

While shadowing at Mercy, you may be required to have access to and be involved in the processing of confidential information, including but not limited to:

- Patient health care information
- Indexes of medical information, patient demographics, patient billing and appointment history
- Co-worker personnel record, including co-worker health records
- Other business, financial, corporate and proprietary information

Confidential information is not confined to written materials or hard copy, but includes information derived from any source, including, without limitation, computer data, written communications, and oral communications or recordings.

Confidential information is to be handled in strict confidence and is not to be read, discussed, utilized by, or disclosed to, any person without proper written authorization or professional need-to-know for the performance of job duties. If uncertain about the confidentiality status of any information, users are to seek assistance from their department/clinic manager.



Patient Rights

Mercy recognizes and respects the rights of patients to participate with regard to their personal treatment in all aspects of care received to the fullest extent possible. Every patient has the right to:

- Have access to available and medically indicated treatment regardless of race, creed, gender, handicap, age, or religion
- Receive information regarding their care and safety
- Be involved in making decisions about their care and treatment including the right to accept or refuse services after being informed of the medical consequences of the choices
- Receive pain management
- Have us listen to their concerns regarding their care and a prompt response
- Have their wishes respected even if they cannot speak for themselves

If you have any questions or would like additional information on patient rights, please ask Human Resources.

The patient may report concerns about quality of care with The Joint Commission (TJC), Office of Quality Monitoring at 1-800-994-6610 or complaint@jointcommission.org

Mercy provides interpreter services at no cost to patients/families for the exchange of medical information. Language interpreters are available 24/7 through a phone service, Language Line. Social Services can be contacted to arrange for hearing impaired interpreters.

Tobacco Free Campus

Mercy has a Tobacco Free policy. This is in order to comply with Missouri state regulations requiring hospitals and all of their facilities to be tobacco free (including e-cigarettes). Co-workers, physicians, visitors, patients, volunteers and all other people are prohibited from smoking within all Mercy owned buildings, on Mercy grounds, in vehicles owned by Mercy, and in Mercy parking facilities or parking lots.



Dress Code

How we dress has a direct and sometimes permanent impact on how our patients and their families feel about our services. The Hospital Dress Code policy has been developed to make certain that we meet the appearance expectations of our patients, their families and the communities we serve.



Shadowing Participants are expected to dress in proper clothing suitable for carrying out the mission of the department. Proper clothing is to be conservative, not mirroring the latest fashions. Also, the dress code requires all students to follow good personal hygiene practices. This is so we are not distasteful in appearance and to prevent infection control hazards. Earrings are to be worn only on the ears. No jewelry is allowed in other visibly pierced

locations.

All clothing and personal hygiene practices will comply with current infection control policies and the specific needs of the department. **Scrubs and closed toe shoes are required in all patient care areas.** Shadows are responsible for providing their own scrubs with the exception of surgical areas where hospital issued scrubs are to be worn. **Business casual clothing is required attire in non-clinical departments.** Jeans and shorts do not meet business casual attire requirements. Medical Education can provide further clarification if needed.

Security and Parking Lot Services

Security is staffed 24 hours daily to assist you in any security related situations. In addition to helping to keep you safe on the job 24-hours a day, Mercy's Safety and Security Department offers a variety of services to including:

- Escort to your vehicle
- Limited parking lot assistance (jump-starts, airing up of tires, providing phone numbers of car unlocking services, etc.)

Emergency phones are located in the parking lots.

It is very important to our Mission and Mercy Signature Service that we give the best parking places to our patients and visitors. Please refer to Human Resources for where to park.

Mercy Mini Mandatory Test for Shadowing Participants

Name: _____ Date: _____

What We Stand For:

1. As the Sisters of Mercy before us, we bring to life the healing ministry of Jesus through our compassionate care and exceptional service.

- This is the Mercy Signature Service Statement
 This is the Mercy Mission Statement
 This is the Mercy Quality statement
 All of the above

2. Match the description on the right column with the proper Core Value:

- | | | |
|-------------|-------|-----------------------------------------------------------|
| Dignity | _____ | a) We cherish each person as created in the image of God |
| Justice | _____ | b) We give only the best for those entrusted to our care |
| Service | _____ | c) We seek out and put the needs of others first |
| Excellence | _____ | d) We wisely use our talents and resources |
| Stewardship | _____ | e) We pledge to be in right relationship with one another |

3. Match the description in the right column with the corresponding Charism:

- | | | |
|---------------------|-------|-------------------------------------------------------------|
| Bias for action | _____ | a) Welcoming and accepting; gracious, forgiving |
| Entrepreneurial | _____ | b) Anticipating and responding to need; getting things done |
| Hospitality | _____ | c) Speaking your truth with honesty; resolving differences |
| Right Relationships | _____ | d) Having the courage to take risks; innovative |
| Fullness for Life | _____ | e) Sense of joy; vibrancy for life, even during suffering |

4. Mercy's Signature Service calls us to anticipate and respond to the needs of those we serve, as seen through their eyes and expectations.

- True
 False

SAFETY, SECURITY & INFECTION PREVENTION:

5. Universal Precautions means that you treat all blood and bodily fluid as if it is infectious.

- True
 False

6. Hand hygiene is the single most effective means of preventing the spread of germs.

- True
 False

7. What is the recommended length of time to perform hand washing?

- 1 minute
 5 seconds
 15 seconds
 45 seconds

8. Code _____ is announced for a fire emergency.

9. Our Fire Plan uses the acronym **RACE**. What are the key words associated with RACE?

R _____

A _____

C _____

E _____

10. _____ is announced when a tornado or extreme weather is moving towards our campus.

11. What action is required by co-workers in the event of Security Alert Infant or Child Missing?

A. Coworkers should cover each exit in their area and report suspicious activity immediately.

B. Coworkers should stop anyone carrying an infant, child, or odd sized package.

C. Wait on authorities to arrive to act.

D. Both A & B are correct.

E. All of the above.

12. Shadows in patient care areas are expected to wear scrubs and closed toed shoes while shadows in non-patient care areas are expected to wear business casual attire. Jeans or shorts are not acceptable attire.

True

False



Tuberculosis (TB) Risk Assessment Form

Name: _____

Date: _____

A. Please answer the following questions																																																																																																																																																																		
Have you ever had a positive Mantoux tuberculin skin test (TST)?	<input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																																																																	
Have you ever been vaccinated with BCG?	<input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																																																																	
Have you ever had a positive Interferon Gamma Release Assay (IGRA) test?	<input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																																																																	
Have you ever been diagnosed with or treated for TB Disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																																																																	
B. TB Risk Assessment																																																																																																																																																																		
Have you ever had close contact with anyone who was sick with tuberculosis?	<input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																																																																	
Have you ever traveled to one or more of the countries listed below? If yes, please list the countries:	<input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																																																																	
Were you born in one of the countries listed below? If yes, please list the country:	<input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																																																																	
What year did you arrive in the United States?																																																																																																																																																																		
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<small>Source: World Health Organization Global Tuberculosis Control, WHO Report 2013, Countries with Tuberculosis incidence rates of > 20 cases per 100,000 population. For future updates, refer to http://www.who.int/topics/tuberculosis/en/.</small>																																																																																																																																																																		
Have you ever had an abnormal chest x-ray suggestive of TB?	<input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																																																																	
Are you immunosuppressed (taking an equivalent of > 15 mg/day of prednisone for ≥1 month, or currently taking prescription arthritis medication)?	<input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																																																																	
Do you have a cough lasting 3 weeks or longer, chest pain, weakness or fatigue, weight loss, chills, fever and/or night sweats?	<input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																																																																	
Are you coughing up blood or phlegm?	<input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																																																																	

I hereby certify that this application contains no misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief. My electronic or written signature below certifies the above information is accurate.

Signature: _____ Date: _____

Reviewed by: _____ Date: _____