



APPLICATION FOR THE EXPERIENTIAL LEARNING PROGRAM

Please complete this application and email the completed forms to explearning@westernreservehospital.org.
If you have any questions, please contact Ms. Rachel Messenger at (330) 971-7782 or rmessenger@westernreservehospital.org.

- Shadower (less than one 8-hour day)
- Observer (more than one 8-hour day)
- Clinical Experience (seeking credit as part of program)
- Non-Clinical Experience (seeking credit as part of program)

APPLICANT INFORMATION

Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Age: _____ Birth Date: _____ Last 4SSN: _____ Email: _____

SCHOOL INFORMATION

School Name: _____ School Contact: _____

Email: _____

EXPERIENTIAL REQUEST

Department Requested: _____

Preceptor Name (if applicable): _____ Phone: _____

Start Date: _____ End Date: _____

Day(s) please choose: _____ Start Time: _____ End Time: _____
M T W TH F

Please attach the following immunization records to your submission email:

- 2 stepTB
- MMR
- Flu documentation (November-March)

Experiential Learning Program Guidelines and Safety Information Agreement Form

Welcome! As a learner at Western Reserve Hospital, you are responsible for following specific safety guidelines to protect you from risks in the hospital. This information is important to keep you and our patients safe and healthy. If you have any questions or comments, please discuss them with your department supervisor.

1. General Guidelines:

Parking: Park in areas designated for employees. North lot, areas marked "E" or at the Masonic Temple.

Identification Badges: All Hospital employees/volunteers/learners must wear Identification (ID) badges at all times while at the hospital. Your school or the hospital may provide these. Contact your hospital liaison if you do not have an ID badge.

Service Excellence: WRH believes in treating our patients and visitors with the utmost compassion, courtesy and kindness. As an observer, you are expected to do the same.

Smoking: Smoking is not permitted anywhere on the hospital campus.

Phones: Mobile phones may be used inside the Hospital except in specific areas as indicated by signs.

2. Confidentiality:

All patient information is strictly confidential and can not be shared or discussed with anyone. The Health Insurance Portability and Accountability Act (HIPAA) laws are clear that all patient information is private.

- Patient information is strictly confidential.
- Confidentiality is required of each physician, employee and volunteers.
- Patient information should be discussed only with those involved in the direct care of the patient.
- Patient information should not be discussed in cafeterias, waiting rooms, elevators, or other public areas.
- Please be aware of your surroundings when speaking.
- Patient information is released only to authorized individuals and in accordance with the hospital policy.
- Patient records, electronic or written, shall be kept confidential.
- Telephone conversations should be conducted with discretion.
- Breaches in confidentiality are unacceptable.

3. Emergency Information:

DIAL 88 TO REPORT ALL EMERGENCIES!

- **Emergency Audiopages:**

"Code Red" means a fire is suspected in the building. It is audio paged as "Code Red" with the location of the suspected fire. Alarms will sound, strobe lights will flash and specific fire doors will automatically close. Your role: Stay where you are unless threatened by fire or smoke. Do not use elevators. Do not travel through the fire doors. Follow the direction of your hospital liaison or instructor. Know the location of fire alarm pull stations and fire exits in each work location. If you suspect a fire/smell or see smoke immediately pull the nearest fire alarm and notify the hospital (ext. 88) and/or notify any hospital employee. Return to normal duties when the "Code Red all clear" is audio paged.

APPLICATION FOR THE EXPERIENTIAL LEARNING PROGRAM

"Code Adam" there is a suspected infant abduction. All staff is expected to scan their departments, hallways, and exits to watch for suspicious persons. Listen for infant/child crying. Notify a hospital employee of any suspicious person or call the operator (ext. 88) to notify security.

"Air ambulance/Life Flight in Progress" a helicopter has been called to transport a critically ill/injured patient to another facility. You must move your car immediately if it is parked in the North lot after notifying your instructor/hospital liaison.

"Code Blue" an adult patient's life is in danger. Specific trained staff will respond.

"Code Yellow" an external disaster has taken place. Remain where you are assigned and wait for instruction from your instructor/hospital liaison.

"Code Black" there is a suspected bomb threat. Follow the direction of your instructor or hospital liaison.

"Code Orange" a chemical decontamination is taking place. Trained staff will respond.

"Code Green" an internal disaster has taken place and a portion or all of the building is being evacuated. Follow the directions of your instructor/hospital liaison.

"Code Brown" an adult patient is missing. Be alert for the described person and notify an employee or call "88" if you observe them.

"Code Violet" is used when any person feels physically threatened by another (patient, visitor, and co-worker). Call "88" if you feel threatened.

"Code Silver" is used when there is a threatening person with a weapon –gun/knife. Call "88" if you feel threatened.

"Tornado Watch", "Tornado Warning", "Severe Thunderstorm Warning" will be audio paged to notify you of severe weather conditions. Avoid high glass areas. Follow the instruction of your instructor/hospital liaison.

"Rapid Response Team" – a patient has had a change in condition and immediate medical attention is needed.

4. Environmental Safety:

Hazard Communication refers to chemical safety. All chemicals can be hazardous to you. Do not use any chemicals unless trained in their proper use. All departments have a chemical inventory, chemical training, chemical labeling and Material Safety Data Sheets (M.S.D.S.) for each chemical. These are available online and in the security office. Chemicals commonly used include solvents, detergents, and disinfectants. Report any chemical spills to your hospital liaison/instructor.

APPLICATION FOR THE EXPERIENTIAL LEARNING PROGRAM

5. Infection Prevention/Control:

- a. Hand washing is very important to protect you, your patients and others. Always wash your hands before and after you have contact with a patient or handle anything that a patient has touched.

Hand washing includes:

- Wet hands with warm water and apply antibacterial soap.
- Scrub hands using friction for 10-15 seconds. Wash all areas including nails.
- Rinse thoroughly with warm water.
- Dry hands with a paper towel and turn off faucets with a clean paper towel.
- Alcohol handwash may be used whenever hands are not soiled.

- b. Infectious Waste is any material or sharp (i.e. needle) contaminated with blood or body fluids are considered infectious waste.

Red waste containers, trash bags or sharps containers marked with the biohazard symbol indicate potentially infectious waste.

Do not handle any infectious waste containers unless you have been specifically trained at Western Reserve Hospital to handle them utilizing the appropriate personal protective equipment/precautions. If you have an exposure (splash or injury) to any infectious waste material/sharp, inform you hospital liaison/instructor immediately. Notify any hospital employee if you observe any potentially infected waste that is not contained in a red or biohazard container (contaminated sharps, material contaminated with blood or body fluids).

- c. Isolation is when specific patients are isolated with certain precautions to prevent the spread of a suspected disease. Contractors/learners/observers are not to be in any area marked with a STOP sign indicating isolation.
- d. Personal Health is your own health. Do not plan to come to the hospital if you have a fever, cough, vomiting, and diarrhea or have draining wounds.
- e. Vectors are insects and rodents. All exterior doors and windows must be kept closed to prevent vectors (insects and rodents) from entering the building.

6. General Safety/Regulations:

- Report any damage to the physical plant, slip/fall/electrical hazards and any other safety concerns to any hospital employee.
- Report any spills immediately to any hospital employee.
- Use good housekeeping - put items away, close drawers and chart boxes.
- Ask for assistance if you are lifting anything heavy or unwieldy.
- Professional conduct is expected from all hospital employees, volunteers and learners. There is to be no foul or abusive language, no injury to others and no harassment of any type directed toward others. Notify your instructor/hospital liaison of any occurrences.

APPLICATION FOR THE EXPERIENTIAL LEARNING PROGRAM

- Never move or touch anything that you cannot identify. Notify your instructor/hospital liaison immediately.
- Appropriate dress is expected based on the job performed following the specific guidelines or your sponsoring institution.
- If you have an injury while at the Hospital please report it to your instructor/hospital liaison. There are emergency medical services available through our emergency department.

7. Personal Appearance and Dress:

Dress and grooming are important aspects of your shadowing experience. Most learners have a variety of clothing for different occasions. You must have something appropriate at home to “Dress the Part” for your career shadowing experience. Do not run out and buy new attire for this experience. Do not pressure your parents into buying something new. You have what you need in your closet! If not, maybe you can borrow. Please select carefully.

A Few Basic Rules

- Learners must wear ID badges at all times above the waist with the photo ID facing outward, so it is easily and visible to patients, staff and visitors
- Don't dress to extremes (too dressy or too trendy). Use your commonsense.
- Don't groom to excess (hair, makeup etc.). No dangling jewelry.
- No visible body piercings or tattoos. Piercings may only be traditional ear piercings but may not exceed two per ear.
- NO DENIM (jeans or skirts)!
- Shoulder length or longer hair should be tied back, for both males and females!
- Wear clean, polished, soft-soled tennis or dress shoes depending on the area you're working in.
- Wear socks. Don't wear open toed shoes or sandals!
- Try to look as professional as you can.
- Be neat, clean and tidy looking. Don't wear pants that drag on the floor. Don't wear shirts that reveal your belly button when you raise your arms! You will be sent home to change!
- Good personal hygiene is expected at all times.
- Activated pagers or cell phones are prohibited, while on duty.
- Fragrances should be kept to a minimum as they might be offensive to others.
- Learners in direct patient care may not wear artificial nails.

Dress Guidelines — The learners' assigned department will be specific as to which level of dress is appropriate:

Professional — Most appropriate for Health Information Management career or Health Care Management areas

- Female— Suit, business dress or skirt with nice blouse and jacket; stockings; soft sole flats or other soft- soled dress shoes; appropriate hair style and modest makeup.
- Male— Business suit or sport coat and dress slacks; shirt and tie; soft-soled dress shoes (clean and polished) and socks; appropriate hair length and style, clean shaven.

Career Casual — Most appropriate for pharmacy, radiology technology, dietetics/nutrition, registered nurse, medical laboratory career areas

- Female — Skirt or dress pants and nice blouse or a casual dress (not dressy), stockings or socks, soft soled flats or other soft-soled shoes.
- Male — Shirt and casual pants (no jeans) could be worn with sweater, or sport coat; soft-soled shoes (clean and polished) and socks.

APPLICATION FOR THE EXPERIENTIAL LEARNING PROGRAM

Uniform — Most appropriate for physical therapy, occupational therapy, dental professions, and respiratory therapy career areas

- Female — Nice casual slacks (no jeans) and blouse or sweater; soft-soled tennis or dress shoes; stockings or socks
- Male — Nice casual slacks (no jeans); shirt and sweater or sport coat; soft-soled tennis or dress shoes (polished) and socks

I have read the "Guidelines and Safety Information" and understand the contents. By signing below, I am releasing Western Reserve Hospital, its employees and agents from any and all liability arising out of or resulting from this learning experience. In case of an emergency due to illness or injury, I authorize Western Reserve Hospital to provide treatment. I agree to maintain:

1. Confidentiality - As a learner or observer I must hold in strictest confidence any observations that I may make or hear regarding patients, patient's families, staff or organization.
2. Hospital Policies and Procedures - I will abide by the existing rules, regulations, policies, and procedures of the hospital.
3. Personal Actions - As a learner or observer my actions will be limited to only observations and I will not participate in any direct patient care activities. Direct patient care participation is limited to those learners who are in a clinical rotation with an affiliated college or school.
4. Personal Appearance and Dress - I will wear my identification badge provided to me by the hospital,
5. Concerns or Questions - I will bring any concerns or questions I may have to the attention of the hospital liaison.

Learner Signature _____

Date _____

Parent's Name (if learner is under 18) _____

Date _____

APPLICATION FOR THE EXPERIENTIAL LEARNING PROGRAM

Experiential Learning Program Consent and Waiver

Note: If learner is under the age of 18, parental guardian consent is required.

I, _____, acknowledge that I am voluntarily participating in the Western Reserve Hospital Experiential Learning Program. I will read the literature that is provided to my child so that I know what will be expected of him/her.

I attest that I am at least 16 years of age and free from communicable diseases and will be able to proof of immunization (signed by licensed nurse or healthcare provider), immunity by laboratory results (positive titer), or natural disease history (diagnosed, documented, and signed by licensed healthcare provider) of any requested diseases in advance of their learning experience including but not limited to tuberculosis and influenza.

Participation in the Experiential Learning Program will include observing patients in a healthcare setting and observing medical, laboratory, and/or business procedures. I do hereby release Western Reserve Hospital, their staff, sponsors, and board of managers from any responsibilities of injury or accident as a result of the Experiential Learning Program. Any medical expenses incurred as a result of injury or accident will be my responsibility.

I understand that in case of a medical emergency, every attempt will be made to contact my designated emergency contact before medical action is taken. However, this document is my consent for emergency treatment and/or procedures necessary for my treatment by the professional staff at Western Reserve Hospital.

Learner Signature _____

Date _____

If minor, parental consent is required:

Parent Signature _____

Date _____

APPLICATION FOR THE EXPERIENTIAL LEARNING PROGRAM

Experiential Learning Program Learner Category Requirements

Learner Type	Description	Agreement Type	Orientation	Immunizations	ID Badge
Shadower	Max one 8-hr day	ELP Guidelines	Partial	PPD or Quantiferon Seasonal Influenza Immunization	ELP Badge
Observer	Max 4 wks, 3-days per week	ELP Guidelines	Partial	PPD or Quantiferon Seasonal Influenza Immunization	ELP Badge
Clinical Experience	Seeking credit as required part of program in clinical department	ELP Guidelines; Affiliation Agreement with program	Full and Department	PPD or Quantiferon Seasonal Influenza Immunization	School Badge, if applicable or ELP Badge, if no school badge
Non-Clinical Experience	Seeking credit as required part of program in non-clinical department	ELP Guidelines; Affiliation Agreement with program	Full and Department	PPD or Quantiferon Seasonal Influenza Immunization	School Badge, if applicable or ELP Badge, if no school badge

All requests must be submitted to the Center for Healthcare Education and Development for review and approval at least 2 weeks prior to experience start date. Forms can be found at <http://www.westernreservehospital.org/careers/volunteer.html>.