

Observer Program Handbook



**Nicklaus Children's
Health System**



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For additional information, please email ObservationProgram@nicklaushealth.org

About Nicklaus Children's Health System

Nicklaus Children's Health System is the region's only healthcare system exclusively for children. In addition to Nicklaus Children's Hospital and a growing network of outpatient centers situated from southern Miami-Dade County to Martin County, the health system includes Nicklaus Children's Hospital Foundation, the organization's 501c3 fundraising arm; Nicklaus Children's Pediatric Specialists, a nonprofit physician practice subsidiary; and an ambulatory surgery center. Our vision is to create a healthy future for every child. Ultimately, this means being the trusted partner for families through all stages of health and life, both physically and emotionally. To be a trusted partner to children and their families, not only in times of illness, but throughout their life journey. Our mission is to inspire hope and promote lifelong health by providing the best care to every child.



What is the Observer Program?

The Observer Program provides educational opportunities for members of the communities we serve, with the goal of increasing the number of future medical and healthcare professionals. To this end, Nicklaus Children's will consider requests from qualified applicants wishing to take part in the Observer Program.



How to Apply

- Step 1:** Review the program handbook.
- Step 2:** Collect the required documents.
- Step 3:** Contact prospective sponsoring clinician/individual.
- Step 4:** Email all required documents and the application to the Learning and Development Department at ObservationProgram@Nicklaushealth.org two to eight weeks prior to the intended start date.

The Observer Program is a voluntary experience that does not constitute employment, medical education or any training leading to academic credit, licensure or board certification. For any questions, please email observationprogram@nicklaushealth.org

Program Eligibility and Requirements

Participants of the Observer Program can observe Nicklaus Children's clinical employees and staff members.

- Applicants must be at least 16 years old by the start of the program. ***High School student observations will be honored during summer months only (June-August)**
- Facility capacity constraints may limit the number of participants in a specific department at the discretion of the facility.
- Applicants must be monitored by a Nicklaus Children's Health System employee with clinical privileges at each facility where they will observe.

- Applicants acknowledge that they will participate in an observation-only role and will not participate in direct or indirect patient care or conduct research.



General Participant Requirements

- Review the program handbook.
- Complete the program application.
- Provide vaccination records.
- Provide a copy of original government-issued picture identification (i.e., driver's license, passport, military ID, etc.).
- Proof of enrollment on school letterhead or email (students).
- U.S. citizens or permanent residents of the U.S. must provide one for the following requirements (for 18 years old and over only):
 - 1) Letter of support from your current academic program verifying successful completion of background check dated within one year of application.
 - 2) A clearance letter is available from the local police department within your county of residence. This is the county matching your government-issued ID.
- Applicants requesting special accommodations to apply and/or participate in the Observer Program should notify the Learning and Development Department prior to applying.
- Some departments may have additional department-specific requirements. Please confirm with your sponsor.

OR

Finding a Sponsor

Applicants arrange to observe directly with the sponsoring clinician/individual before applying to the program.
 *The Learning and Development Department is not able to match participants with clinicians

Specialty	Contact	Approval(s) Required
Pharmacy	Nicklaus Children's Hospital: 305-666-6511 Pharmacy Department	Pharmacist, Department Director
Rehabilitation Physical Therapy Speech Pathology Occupational Therapy	Nicklaus Children's Hospital: 305-666-6511 Rehabilitation Department	Clinician, Department Director
Lab	Nicklaus Children's Hospital: 305-666-6511 Lab Department	Clinician, Department Director
Nursing	Contact the clinician directly.	Nurse, Department Vice-President
All Other Specialties	Contact the clinician directly.	Clinician, Department Director

Observations to Psychiatry or Operating Room will not be honored *

Administrative Fee

A non-refundable administrative fee must be paid by credit card. A member of the Learning and Development Department will engage applicants to process payment 2-5 days after application is received. **Applications cannot be processed until the administrative fee is received.**

	High School Students	Undergraduate or Graduate Students	Working Professionals
Administrative Fee	\$150	\$150	\$150
Proof of enrollment required?	YES	YES	NO

Guidelines and Expectations for Observers

Observers may shadow clinicians on rounds, observe procedures and enter the operating room. They may also participate in educational programming and conferences taking place at Nicklaus Children's facilities.

- No hands-on patient contact or responsibility for patient care.
- No direct access to medical records or entry into the patient's chart.
- No patient care or other orders may be written or given verbally.
- No research conducted on-site or utilizing information gathered while participating in program.



Observation Length

Observation experiences should not surpass more than 4 weeks in length. Observers seeking experience for more than one month should be considered for a volunteer program or internship opportunity at the discretion of eligibility requirement for those programs or departments' request.

Identification (ID) Badges

Observers are provided with a picture ID observer badge. The badge will include the dates of participation. The badge must be always worn above the waist and visible while at a Nicklaus Children's facility.

Code of Conduct and Observer Etiquette

Observers must always engage in professional and appropriate conduct. Examples of unprofessional conduct include, but are not limited to, breaches of patient confidentiality, abusive language, sexual or other forms of harassment and verbal or nonverbal conduct that harms or intimidates others. All Nicklaus Children's facilities are tobacco free. No tobacco products may be used inside any of the facilities or outside areas on campus.



Dress Code

Observers must adhere to the following guidelines to maintain a professional environment, as well as to ensure participant and patient safety. Participants who fail to abide by the dress code will not be permitted to participate in the program until they comply with the dress code.

- Clothing
 - Observers should adhere to professional business attire standards.
 - Observers must always wear closed-toed shoes and avoid high heels.
- Jewelry
 - Minimum pieces of jewelry such as wedding rings and watches are acceptable.
- Observers are not permitted to wear perfume, cologne, or scented lotions while at a Nicklaus Children's facility. This is enforced to prevent adverse reactions.
- Departments may provide specific protective equipment (gloves, coats, protective eyewear) to use in certain circumstances to reduce the risk of exposure to potentially infectious agents.
- **Observers may not wear scrubs during the program unless they are provided by Nicklaus Children's.**

Parking

Observers may park in the Blue Parking Garage from the 3rd floor up or Green Parking Garage where visitor areas are designated.

Sponsor Supervision Standard

All observers will function under the direct supervision of their sponsor. Supervisors must ensure that observers are limited to an observation-only role. No hands-on patient contact or care is permitted.

When engaging a patient in any department, sponsors must identify the observer to the patient and request his or her consent prior to allowing the observer to be present. If the patient declines to allow the observer's presence, then the observer shall refrain from shadowing in that case.

Observers may not directly access any patient medical records. Read-only access and review of patient information should be done collaboratively with the sponsor, and only when necessary.

The sponsor will not provide observers with computer logins or access codes.

Sponsor Requirements

- Co-sign the program application.
- Supervise the participant within the guidelines specified in this handbook.
- Assume responsibility for the behavior of the participant while on campus.
- Ensure the participant is under the direct supervision of only those clinicians listed on this application.

Communication Channels and Schedules

Issues regarding changes in an observer's schedule should be addressed to the sponsor. Should the schedule change require a correction of the dates stated in the original application, it is the observer's and sponsor's responsibility to notify the Learning and Development Department by email at observationprogram@nicklaushealth.org

Fire Safety

In case of fire, remain calm. It is important to prevent panic. This will be easier if you know the fire emergency plan, know the location of fire equipment, alarms and exits, and participate fully in fire drills. Fire alarm boxes are located at each fire exit and all nurse stations. Take the time to look around your work area for the location of fire pulls and extinguishers. It is your responsibility to know where the fire extinguisher and fire exit are for each department you are observing on. If you are unsure, ask your sponsor.



Think of the word "RACE" to help you remember what to do in the event of a fire.

- **R** – Rescue anyone in immediate danger from the fire. Move patients horizontally first. If a whole floor is in danger, move to the next lower floor. Never use elevators to evacuate. Evacuate ambulatory patients first to reduce confusion and congestion.
- **A** – Alarm co-workers by dialing #7777 or activating the fire alarm box. Report a "Code Red" and give the exact location.
- **C** – Contain the fire by closing all doors and windows. Shut off air-conditioning and fans, if possible.
- **E** – Extinguish a small fire, if possible, with an ABC fire extinguisher or smother it with a blanket.

Remember the word "PASS" if you need to use a fire extinguisher.

- **P** – Pull the pin from the handle.
- **A** – Aim the nozzle to the base of the fire.
- **S** – Squeeze the handle to operate.
- **S** – Sweep from side to side, along the base of the fire.

Fire Safety Procedures	R	Rescue	P	Pull
	A	Alarm	A	Aim
	C	Confine	S	Squeeze
	E	Extinguish/ Evacuate	S	Sweep

Risk Management

The primary purpose of the Risk Management and Patient Safety Department is to maintain a safe and effective healthcare environment for patients, families, visitors, employees and physicians, thereby reducing harm to patients and loss to the organization.

Incident Reporting

Observers must report all incidents resulting in serious injury or death immediately; call ext. 4220 or call the operator to speak with the risk manager on-call. If the incident involves a Nicklaus Children's employee, the Talent Management and Effectiveness Department will be notified.

Incident Reports: Florida Statute § 395.0197

An incident is any occurrence, accident, or event that has caused injury, has the potential to result in injury, or is not consistent with the routine operations. Some examples of "incidents" may involve observing:

- Falls by patients or visitors
- Medication errors
- Blood exposure
- Unsecured sharps or medications

Discrimination and Harassment

Nicklaus Children’s Health System (“NCHS”) is committed to promoting and assuring equal opportunity and to maintain an environment free of discrimination and harassment. NCHS prohibits and will not tolerate discrimination or harassment of any employee/student/observer based on their race, color, religion, sex, age, national origin, disability, marital status, sexual orientation, genetic information, or any other legally recognized status entitled to protection under local, state, or federal anti-discrimination laws. If you believe that you are being discriminated against or harassed by another student, observer or any NCHS employee, you should promptly report the incident to the Learning and Development Department.

Tips to avoid a misunderstanding or false allegation:

- Introduce yourself and explain your role in the patient’s care.
- Always maintain a professional demeanor and boundaries.
- Do not joke or make inappropriate remarks of a sexual nature; avoid flirtatious behavior.
- Always allow patients to disrobe and dress in private and offer cover gowns and appropriate drapes.

■ Patient Privacy and Business Confidentiality ■

Protected Health Information

At Nicklaus Children’s Health System, we have a longstanding commitment to protect patient privacy. HIPAA (Health Insurance Portability & Accountability Act) formally enacted the steps we must take to protect the privacy rights of our patients and defines “Protected Health Information” (PHI) as a patient’s personal and confidential health information.

Definitions

Protected Health Information (PHI) - is any personal health information that can potentially identify an individual that was created, used, or disclosed in the course of providing healthcare services.

Electronic Protected Health Information (ePHI) - is defined as any protected health information that is created, stored, transmitted, or received in any electronic format or media. PHI is related to any individually identifiable health information created or received by a healthcare provider relating to the past, present, or future:

- physical or mental health conditions of the individual, or
- the provision of healthcare to the individual, or
- payment for healthcare to an individual

According to the Department of Health and Human Services’ Office for Civil Rights there are 18 identifiers that make health information personally identifiable:

- 1) Names
- 2) Addresses
- 3) Dates –DOB, DOS
- 4) Telephone number
- 5) Fax numbers
- 6) Email addresses
- 7) Social Security numbers
- 8) Medical record numbers
- 9) Health plan beneficiary numbers
- 10) Account numbers
- 11) Certificate and license numbers
- 12) Vehicle identifiers
- 13) Device identifiers and serial numbers
- 14) Website URLs
- 15) IP addresses

Participants must maintain all personal information provided by patients confidential. This may include, but not be limited to, information regarding:

- Patient identity and demographic information;
- Medical condition;
- Emotional condition; and
- Financial situation

Nicklaus Children's
Health System
Compliance and HIPAA
helpline is

1-888-323-6248



Portable Data Devices and Social Media

Nicklaus Children's Health System is committed to maintaining patient privacy. Mobile devices (cell phones, MP3 players, PDAs, iPads etc.) should be set on silent and only used in case of emergency when at a Nicklaus Children's facility. Observers are prohibited from using mobile devices or social media to disclose any protected health information, Nicklaus Children's Health System business records or any information which is confidential or proprietary.

Observers must not text message, post or share photos, videos, online comments, blogs, tweets, etc., containing or describing Nicklaus Children's patient or proprietary information.

Safeguards Matrix for Protecting Privacy

Administrative Safeguards

- Lower the tone of your voice when discussing a patient's condition in an open area.
- Never discuss details of individual patient healthcare in an area where others can overhear.
- Listen to your patients and families.
- Remain attentive to time, place, and tone.
- Never give more than the minimum necessary information that is required.
- Never leave detailed messages with PHI on answering machines or with individuals other than those authorized by the patient.



Physical Safeguards

- Safeguard the integrity of the paper record.
- Never leave your computer unattended, if you walk away from your workstation remember to lock your workstation.
- Never leave patient charts in areas where they can be viewed by visitors.
- NEVER place confidential information in the trash. Always dispose paper documents and labels in the designated/secured shredding bins.
- Documents containing PHI may not be removed from the department.
- Observers must always wear their ID badge when observing at any Nicklaus Children's facility.
- Tilt or move your computer screens so that information is not visible to the public.
- If there is any doubt or, in the case of shared rooms, ask the patient's permission before disclosing any PHI.

Technical Safeguards

- No personal electronic mobile devices should be used in patient care areas.
- PHI may not be stored on any electronic mobile devices such as laptops, USB (thumb drives), external hard drives, cell phones, tablets (iPads) or cloud storage.
- PHI may NEVER be shared, posted, or otherwise disclosed on any social media platforms.
- It is prohibited to text message Nicklaus Children's protected health information. You may never share, use, or disclose PHI in a text message using your personal phone or mobile device.
- Keep your usernames and passwords private, do not share them with anyone or leave them where they can easily be found.
- You are only allowed to access or release information only related to your job function. You are not permitted to access medical records for personal reasons (e.g., family member, friend, co-worker, neighbor, or high-profile individual.)

Confidentiality Requirements

1. I have been informed about, understand, and will comply with applicable Nicklaus Children's Health System policies and procedures regarding the confidentiality of patient and business information.
2. I will not record, discuss, or otherwise divulge any patient or business information that I may encounter.
3. I will guard and maintain the confidentiality of any patient and business information I may encounter, including, but not limited to, keeping patient information secure, private, and out of public view, and avoiding conversations about patient information.
4. I understand that I may be terminated from participating in the program at Nicklaus Children's facilities if I do not comply with any provision of applicable law or the Nicklaus Children's facility's confidentiality policies and procedures.



Enforcement and Sanctions

Violations of the policies outlined in the program handbook and application by the participant may result in automatic removal from the program and will exclude them from re-entering at a later date. Violations of the policies by a clinician or administrator may lead to revocation of system privileges and/or disciplinary action up to and including termination.

Infection Control

Standard Precautions: Health Requirements

- Observers may not participate if they are experiencing symptoms of respiratory or gastrointestinal infection or other infectious diseases.
- Any observer with draining lesions (including fever blisters, conjunctivitis, etc.) should refrain from shadowing until the condition has cleared.
- Follow respiratory hygiene / cough etiquette principles:
 - Cover your mouth and nose with a tissue when coughing or sneezing
 - Dispose used tissues in the nearest waste receptacle after use
 - Perform hand hygiene after contact with respiratory secretions and contaminated objects/materials.

Mandatory Hand Washing

1. Hand washing is the single most important factor in preventing the spread of disease. The World Health Organization (WHO) defines the Five Moments for Hand Hygiene as key moments when healthcare workers should perform hand hygiene and are listed below:
 - Before touching a patient
 - Before clean/aseptic procedures
 - After body fluid exposure/risk
 - After touching a patient
 - After touching patient surroundings
2. Gloves are not a substitute for performing hand hygiene. Hand hygiene must be performed immediately before applying gloves, and immediately after removing them.

3. The routine for hand washing is listed below:
 - Wet hands with water and apply enough soap to cover all surfaces of the hand
 - Rub hands palm to palm and follow steps to clean each part of the hand:
 - Right palm over left dorsum with interlaced fingers and vice versa; Palm to palm with fingers interlaced; Backs of fingers to opposing palms with fingers interlocked; Rotational rubbing of left thumb clasped in right palm and vice versa; Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa; Rinse hands with water
 - Dry hands thoroughly with a single use towel and use a towel to turn off faucet
 - Your hands are now safe
4. An alcohol-based hand rinse can be used when hands are not visibly soiled, or it is not required for the current situation. In the case of a patient who is on contact enteric precautions, with suspected clostridium difficile colitis or norovirus infection, routine hand washing with soap and water should be observed as described above.



Observer Program Application

Applicant Name (print):

Date of Birth:

Age:

Phone #:

Email Address:

Current Address:

City:

State:

Zip:

Citizen or permanent resident of the U.S.?

Yes No if 'No' country of residency

Emergency Contact Name:

Emergency Contact Phone #:

- High school student* Observations only during the summer (June-August)
- Not currently enrolled in school or training program
- Graduate student (allied health, nursing, pharmacy, administrative etc.)
- Undergraduate student (allied health, nursing, pharmacy, administrative etc.)
- Other:

Are you now, or have you ever been, an employee of Nicklaus Children's Health System?

Yes No

• If yes, which entity and what was your last date of employment (or current)?

Entity:

Date:

For the Sponsor: Place a check mark next to each facility the observation will take place.

You may select facilities where you have clinical privileges or are employed.

- | | |
|--|---|
| <input type="checkbox"/> Nicklaus Children's Hospital (Main Campus) | <input type="checkbox"/> Doral Outpatient Center |
| <input type="checkbox"/> Nicklaus Children's Miami Lakes Outpatient Center | <input type="checkbox"/> Dan Marino Outpatient Center |
| <input type="checkbox"/> Nicklaus Children's Boynton Beach UCC | <input type="checkbox"/> Nicklaus Children's Miami Lakes Outpatient Center |
| <input type="checkbox"/> Sports Health Center | <input type="checkbox"/> Nicklaus Children's Nirvair Chowdhury Midtown Center |
| <input type="checkbox"/> Dental Mobile Unit | |

- Nicklaus Children's Hialeah UCC
- Nicklaus Children's Miramar Outpatient Center
- Nicklaus Children's Homestead UCC
- Doral Pediatric Dental Services
- Nicklaus Children's Palm Beach Gardens Outpatient Center
- Nicklaus Children's Palm City
- Nicklaus Children's Palmetto Bay UCC
- Nicklaus Children's Sports Health Center Pinecrest
- Nicklaus Children's West Bird
- Nicklaus Children's West Kendall UCC

There is NO access to observe in an operating room and psychiatry department at any time.

Observational period (mm/dd/yy) From: _____ To: _____ (maximum four weeks)

Sponsor Name: _____ Department/Specialty: _____

Sponsor E-mail: _____ Mobile #: _____

City: _____ State: _____ Zip: _____

Sponsor Signature: _____ Date: _____

If shadowing multiple sponsors, please list them below:

NAME	SIGNATURE	DATE

Department Director Name*: _____

Signature: _____ Date: _____

**Shadowing a nurse requires the approval of the department Director or above.

Acknowledgement of Confidentiality

Nicklaus Children’s Health System takes seriously its obligations to maintain the confidentiality of patient information under federal and Florida privacy laws and regulations. As a participant of this program at a Nicklaus Children’s facility, you may inadvertently encounter patient information or organizational information because of your presence at a Nicklaus Children’s facility. By signing below, you acknowledge that, as a condition of your presence at a Nicklaus Children’s facility, you have read and agree to comply with our policies and procedures regarding the confidentiality of patient and business information, and the requirements set forth in this program handbook. Further, you agree not to record, discuss or otherwise divulge any patient or business information that you may come in contact with during your time in the program.

Consent to Participate and Release

I give full and knowledgeable consent to fully participate in the Observer Program. I understand that there are inherent risks involved with this program that Nicklaus Children’s cannot totally eliminate (including, but not limited to, exposure to infection, injury, unpleasant sights, sounds, odors, etc.) and by signing this do hereby agree to understanding those risks. Furthermore, by signing this I do hereby release Nicklaus Children’s Health System, and any and all other agencies, personnel, or others involved from any and all liability including, but not limited to, injury or illness that may occur during or after participation in this program. Applications from current and former employees will not be accepted for this program.

I certify that I have read and understood all materials in the program handbook and application, including, but not limited to, all policies and procedures established and referenced within, and agree to abide by all such policies and procedures. I understand acceptance to the program is contingent on submission of all requested materials and meeting all eligibility requirements as determined by Nicklaus Children’s. I understand the Observer Program is a voluntary experience that does not constitute employment or promise of future employment, medical education or any training leading to academic credit, licensure or board certification.

Applicant Name: _____

Applicant Signature: _____ Date: ____/____/____

If under 18 (programs only for observers 16 years old or older)

Parent or Legal Guardian Name: _____

Signature: _____ Date: ____/____/____

Application Checklist

Please return all documents listed below to the Learning and Development Department by email at ObservationProgram@Nicklaushealth.org two to eight weeks prior to the start of the observership unless circumstances allow a reduced time as approved by the facility. Observership may not begin prior to clearance and notification from the Learning and Development Department.

- Two-page program application completed and signed by sponsoring clinician/individual
- Supplemental Health Information Resource Sheet completed and signed by a clinician
- Copy of health insurance card
- Copy of government-issued photo ID (driver's license, passport, military ID, etc.)
- Students: Proof of enrollment on school letterhead or email
- U.S. Citizen/Resident: Confirmation of successful background check within 1 year OR clearance letter from police department from county of residence
- Administrative fee paid (cc payment accepted ONLY) (waived for current high school students) please email ObservationProgram@Nicklaushealth.org for payment details.

Application:

Email application to: ObservationProgram@nicklaushealth.org

Administrative fee:

Credit Card Only: arrange payment by emailing ObservationProgram@Nicklaushealth.org

Observer Program Supplemental Health Information Sheet

Applicant Name:

Clinical Sponsor Name:

Immunizations	Date of vaccination/titer. If titer, indicate result (positive required for clearance):		
		Date	
	Titer Result if Applicable:		
	Measles		<input type="radio"/> Positive
	Mumps		<input type="radio"/> Positive
	Rubella		<input type="radio"/> Positive
	Pertussis		<input type="radio"/> Positive
Varicella		<input type="radio"/> Positive	

Hepatitis B (HBV)	Date of vaccination/titer. If titer, indicate result (positive required for clearance):	
		Date
	Titer Result if Applicable:	
Hepatitis B 3rd dose:		<input type="radio"/> Positive
<input type="radio"/> Declination: I understand that due to my program's potential exposure to blood or other infectious materials, I may be at risk of acquiring hepatitis B virus infection. I decline hepatitis B vaccine at this time. I understand by declining to be vaccinated I continue to be at risk of hepatitis B, a serious disease.		

Tuberculosis (TB)	Participant must receive a negative result for one of the assessments below, dated within 12 months prior to their program's end date:	
	Test	Date
	Negative QuantiFeron TB Gold Test:	
	Negative Tuberculin Skin Test (PPD):	
Negative Chest X-ray:		

Influenza (Flu)	Flu vaccination is required for any individual participating in the program from December 1 to April 1 each year:		
	Administered by	Manufacturer	Date

I attest I have read and understood the information above. Any information entered is accurate to the best of my knowledge. I understand that copies of each supplemental health information provided above will need to be submitted to ObservationProgram@Nicklaushealth.org as part of the program's approval requirements.

Applicant Signature

Date



nicklaushealth.org



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