

Short Term Visitor/Observer Policy

Communication Sciences & Disorders and the Wendell-Johnson Speech & Hearing Clinic

Purpose

To ensure that short term visitors to the Department of Communication Sciences & Disorders and the Wendell Johnson Speech & Hearing Clinic have an appropriate learning or sharing opportunity while also ensuring patient and visitor safety, and that confidentiality rights are respected.

Definitions

Short term visitors are individuals spending time within the department and/or clinic for the primary purpose of gaining professional/career knowledge through working with faculty or professional staff members. Included are:

- Job shadowing experiences for individuals interested in health careers
- Visitors from other institutions (usually health care related) here to observe the use of a product or a procedure (not vendors)
- Individuals providing short term research support to faculty members while gaining knowledge/experience
- Unpaid student visitors

Policy

A. All short-term visitors:

- Must have a specific purpose and be supervised by a specific faculty or professional staff member
- Must have an approved identification badge provided by the department that clearly identifies that an observer as a VISITOR
- Must sign a confidentiality statement and a health screening form
- Must dress in a professional manner and be respectful with all patients at all times
- Must not wear hospital/lab coats which may give the perception of medical training, competency, or employment

B. Job Shadowing Experiences

- Formal job shadowing programs, whether organized and conducted through the External Relations Office, as part of STEM (Scient, Technology, Engineering, and Math) Education program or by a particular instructor to ensure that the experience meets the needs of the participant(s).
- Job shadow experiences must be of limited duration (e.g. two to four hours) unless approved by department administration to meet specific departmental educational objectives.
- The sponsor of an individual job shadowing experience must complete a plan for the job shadow experience, detailing activities in which the student will participate, expectations, and guidelines. This plan must be reviewed and approved by the appropriate department administrator.
- If patient contact is to be part of job shadowing, the person shadowing should not participate in any patient interaction in which the patient is giving detailed medical history

that may contain sexual history, drug use, or HIV status. In all cases, patient privacy must be balanced against providing a productive shadowing experience. Additionally, all patients/guardians must be informed of the job shadowing participants presence. If the patient/guardian objects, the shadowing participant must withdraw.

C. Business Visitors and Short-Term Research Support

- Individuals seeking to observe procedures using a specific product or a particular procedure must work with the appropriate departmental administration and applicable faculty member and must be at least 18 years of age.
- Visitors should have defined expectations and guidelines, reviewed and approved by the appropriate department administrator.
- Observation periods are anticipated to be short (e.g. 1-5 consecutive days), except in unusual circumstances, which will be reviewed by the department on a case by case basis.
- If patient contact is to be a part of the business visitor's purpose or the responsibility of the visiting individual, the patient/guardian must be informed of the individual's presence at the beginning of the interaction through a signed consent form. If the patient/guardian objects, the individual must withdraw. Visitors should not participate in any patient interaction in which the patient is giving detailed medical history that may contain sexual history, drug use, or HIV status. In all cases, patient privacy must be balanced against the expectation of the visitor.

Procedure

Responsibilities of the Visit Sponsor (Faculty/Staff who will be shadowed or visited)

The Visit Sponsor must assure that:

- The goal/purpose of the visit is clear to the visitor and the goals are met
- All expectations identified above are met and appropriately documented
- Institutional expectations have been shared with the visitor and are understood
- The visitor is aware of the limitations of the role relative to patient contact
- Policy forms (application, confidentiality, and health screening) are completed and submitted to the departmental instructors and timelines

Application for Short Term Visitor

Student complete highlighted areas

Note: Completing form does not guarantee approval

Faculty/Staff Sponsor (Please Print): _____

Faulty/Staff Sponsor Signature: _____

Applicants Full Name (Please Print): _____

Applicants Full Permanent Address _____

Applicants Contact Phone: _____

Applicants E-Mail Address: _____

Dates/times requested: _____

Learning Objectives of Short-Term Visitor: _____

Clinic or research lab areas to be visited: _____

Applicants Signature: _____

Departmental Signature: _____

Declaration of Patient Information Confidentiality

The Wendell-Johnson Speech and Hearing Clinic and The Department of Communication Sciences & Disorders are legally required by the Health Insurance Portability and Accountability Act (HIPAA) to protect the privacy of the health care information of all patients treated at our institution.

Your visit to the WJSHC/CSD may include contact with patients, viewing of computer-stored patient information, viewing information from patient medical records, and/or incidentally overhearing confidential conversations. Under no circumstances may this information be discussed with anyone.

State and federal law protect the confidentiality of patient information that you might obtain during your visit to this department. **State and federal law prohibits you from making any disclosures of this information.**

I declare that I have read and understand the above aspects of patient confidentiality. Furthermore, I understand that violation of this confidentiality of patient information is reason for revocation of departmental educational privileges and it subject to civil and criminal penalties.

Printed Name: _____

Signature: _____

Date: _____

**NOTE: This document will remain on file in the host department for seven years*

Communicable Disease Screening Form

Prior to each visit, individuals must be screened for the following. Any visitors with a positive history or examination may be denied visiting privileges.

Visitors Name: _____

Name of person filling out this form (if different than above): _____

***Please circle Y (yes) or N (no) for all of the following questions:**

1. Do you have any of the following:
 - a. Sore Throat Y / N
 - b. Rash/Vesicles Y / N
 - c. Fever Y / N
 - d. Drainage from eyes Y / N
 - e. Nausea, vomiting, or diarrhea Y / N

IF THE ANSWER TO ANY OF THE ABOVE IS YES, YOU MAY *NOT* VISIT THE CLINIC

2. Do you have any of the following:
 - a. Cough Y / N
 - b. Runny nose Y / N
 - c. Cold sore Y / N

IF THE ANSWER TO ANY OF THE ABOVE IS YES, YOU MAY *NOT* VISIT THE CLINIC

3. Have you or anyone in your household received a positive COVID-19 test results in the past 14 days? Y / N
4. Do you or anyone in your household currently have a pending COVID-19 test? Y / N
5. Have you or anyone in your household come into contact with someone who tested positive for COVID-19 in the past 14 days? Y / N
6. Are you or anyone in your household experiencing any of the following symptoms?
 - a. Fever Y / N
 - b. Shortness of breath Y / N
 - c. Muscle Pain Y / N
 - d. Sore throat Y / N
 - e. Chills Y / N
 - f. Cough Y / N
 - g. Difficulty breathing Y / N
 - h. Headache Y / N
 - i. Loss of taste or smell Y / N

IF THE ANSWER TO ANY OF THE ABOVE IS YES, YOU MAY *NOT* VISIT THE CLINIC

7. Have you been diagnosed with:
- a. Pertussis (whooping cough) within the last 2 weeks? Y / N
 - b. Strep Throat within the last 48 hours? Y / N

IF THE ANSWER TO EITHER OF THE ABOVE QUESTIONS IS YES, YOU MAY VISIT THE CLINIC DURING THE FOLLOWING TIME FRAMES:

-Pertussis: until you has completed at least 5 days of antibiotic therapy or until three weeks after pertussis is diagnosed

-Strep Throat: until 24 hours after antibiotic therapy started

8. Have you been exposed to any of the following within the past 4 weeks?
- a. Chickenpox Y / N
 - b. Measles Y / N
 - c. Mumps Y / N
 - d. Rubella (German Measles) Y / N

IF THE ANSWER TO THE ABOVE QUESTIONS ARE ALL NO, SKIP TO QUESTION 9

IF YES TO ANY OF THE ABOVE QUESTIONS, PLEASE ANSWER:

Have you been immunized for these diseases?

- Chickenpox (Varivax) Y / N
- Measles (MMR) Y / N
- Mumps (MMR) Y / N
- Rubella (MMR) Y / N

IF THE ANSWER TO THE ABOVE QUESTIONS IS YES, YOU *MAY* VISIT THE CLINIC

9. Have you received oral polio immunizations within the past 4 weeks? Y / N

IF YES TO THE ABOVE QUESTION, YOU SHOULD WASH HANDS AFTER USING A BATHROOM

Signature of Visitor: _____

Date: _____

Signature or Person Screening Visitor: _____

Date: _____

YOUR TEMPERATURE TODAY IS (WILL BE TAKEN AT THE CLINIC): _____