

## Administrative Manual

	Policy Name	<b>Shadow Students or Visitors</b>
	Policy Number	<b>ADMIN 0168</b>
	Date this Version Effective	<b>July 2016</b>
	Responsible for Content	<b>Legal Department, Volunteer Services</b>

### I. Description

Requirements for bringing shadow students or visitors to UNCHCS.

### II. Rationale

It is part of the mission of the University of North Carolina Health Care System (“UNCHCS”) to provide educational opportunities to the community and to members of the health care profession. The purpose of this policy is to address the privacy and security requirements for “shadow” students/visitors and other special visitors (collectively referred to herein as “shadow visitors”), and to enable UNCHCS to ensure patient confidentiality rights are respected, patient safety is optimized, and UNCHCS policies and procedures are followed.

1. A shadow visitor is a person who is not part of a formal clinical training program, but is interested in observing the hospital environment for a continuous period of six weeks or less. Individuals who will observe for a continuous period greater than six weeks must: i) be part of a formal clinical training program; ii) arrange with the sponsoring department to execute a Student Affiliation Agreement (which can be obtained through the sponsoring department); and iii) complete the requisite Student Affiliation Agreement requirements, including immunizations and criminal background checks. Individuals may shadow a maximum of six weeks in a twelve month period. Authorization to shadow is given on a weekly basis, no matter the number of days the shadow visitor will be present in any given week. Although individuals may shadow for more than one department, the total amount of time that an individual may shadow in a single twelve month period is six weeks. For example, in a single twelve month period, an individual may *not* shadow for six weeks for one department and then an additional six weeks for another department.
2. Shadow visitors include, but are not limited to, college students and other community and professional observers, but do not include students participating in a contracted program of study with UNCHCS. Shadow visitors must be at least eighteen years old. If a shadow observer is at least sixteen years old and is participating in a program organized or sponsored by a unit of UNCHCS that involves shadowing, the shadow visitor may be allowed to shadow with prior approval from Volunteer Services, the legal department, and the units to be visited. Special approval may be granted for student groups associated with local schools.
3. Shadow visitors may not perform functions that are otherwise performed by employees or registered volunteers, or engage in patient care in any way. Shadow visitors may only observe.
4. Each shadow visitor must have a sponsoring UNCHCS department and individual escort. The UNC Hospitals Volunteer Services Department (“Volunteer Services”) is not responsible for obtaining a sponsoring department or an escort for shadow visitors.

### III. Policy

#### A. Procedure

1. Shadow visitor experiences are coordinated through the sponsoring department and Volunteer Services. The following requirements apply to shadow visitors :
  - a. All shadow visitors must register with Volunteer Services.

- b. Each shadow visitor who falls into categories 2b and 2c below will be required to take the brief online tutorial in privacy requirements (“HIPAA Training”), which is located on the Volunteer Services website. The sponsoring department is responsible for ensuring the HIPAA Training is completed prior to starting the shadow experience.
- c. Each shadow visitor who falls into categories 2b and 2c below will be required to provide proof that the shadow visitor is current on the immunizations as set forth in the form attached as **Appendix 1**, “Immunization Review Form for Shadow Visitors.” Shadow visitors are responsible for obtaining these vaccines at their own cost.

Shadow visitors should submit the completed form to Volunteer Services, which will review the form. If there are any questions regarding whether the shadow visitor has provided the requisite proof of the required vaccinations, Volunteer Services should consult with Occupational Health Services. Shadow visitors will not be able to begin the shadowing experience without providing proof of the required vaccinations. No immunization exemptions of any type are allowed for shadow visitors.

- d. All shadow visitors are required to sign a UNCHCS Confidentiality Statement. The sponsoring department will keep a copy of the signed Confidentiality Statement, and the original will be kept at Volunteer Services.
- e. Each shadow visitor must obtain and wear a badge identifying him/her as a shadow visitor. Badges are provided by Volunteer Services. **Badge requests must be made by the sponsoring department to Volunteer Services at least 24 hours in advance of the shadow visitor’s arrival.** Shadow visitors will not be able to begin the shadowing experience without a badge. The shadow visitor must obtain the badge from Volunteer Services. In order to obtain the badge, the shadow visitor must show photo identification, and, if required, provide proof of completion of the HIPAA Training and the completed Immunization Review Form for Shadow Visitors.

- 2. There are several categories of shadow visitors. Placement in one of these categories will determine the requirements for such individuals or groups.

- a. Shadow Visitors Touring in Primarily Non-patient Care Areas

Individuals or groups who come to UNCHCS for a staff-accompanied tour in primarily non-patient care areas (such as Carolina Air Care helicopter pad, Lobby and other public areas, etc.) will not be required to complete any formalized training, but such individuals or groups will be registered with Volunteer Services. As appropriate, the tour guide will remind touring visitors to retain any Protected Health Information (PHI) in confidence.

- b. Shadow Visitors Observing in Patient Care Areas or Areas Containing Patient Information

Individuals or groups who come to UNCHCS to observe in patient care areas or areas (or systems) that contain patient information, but who will not observe specific procedures, will be required to be registered with the sponsoring department and Volunteer Services as set forth above. **Admission to procedure rooms depends on the applicable departmental policies and procedures. Shadowing in the operating rooms is not permitted.** These individuals or groups must complete the HIPAA Training, provide proof of the required vaccinations, and will be required to follow applicable departmental policies and procedures. When possible, the patient and/or family members will be asked for permission by the observer’s sponsor to bring shadow visitors into the patient care area.

- c. Shadow Visitors Observing Specific Procedures

## Shadow Students or Visitors

Individuals or groups who come to UNCHCS to observe specific procedures in patient care areas will be required to be registered with the sponsoring department and Volunteer Services as set forth above. Admission to procedure rooms depends on the applicable departmental policies and procedures. **Shadowing in the operating rooms is not permitted.** These individuals or groups must complete the Observer Tutorial, provide proof of the required vaccinations, and will be required to follow applicable departmental policies and procedures. In addition, the patient whose specific procedure will be observed must sign an Authorization Form allowing the observation.

### d. Special Events

If the participants for a special event, such as a phone-a-thon, seminar or other specific volunteer event, will not be specifically observing patient care, they will not be required to complete any formalized training, but such individuals or groups will be registered with the Volunteer Services Department. For all other groups, Volunteer Services will determine, in consultation with other departments (such as Occupational Health Services or the Legal Department), whether or not the HIPAA Training or proof of vaccinations is required.

Anyone with questions or reports of violations of these procedures should contact the Volunteer Services Department at 984-974-4793 or volsvcs@unchealth.unc.edu.

APPENDIX 1

Today's Date: \_\_\_\_\_



**Immunization Review Form for Shadow Visitors**

All information must be completed (Print or type)

Name (Last, First, MI) \_\_\_\_\_

Date of Birth (Mo/Date/Year) \_\_\_\_\_ Home Phone \_\_\_\_\_ Shadowing Date(s) \_\_\_\_\_

Age \_\_\_\_\_ Gender \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Sponsoring Department Name \_\_\_\_\_ Location \_\_\_\_\_

Telephone # \_\_\_\_\_

**PROOF OF IMMUNIZATIONS IS REQUIRED!!**

**This Required Immunization and Screening Form must be completed and returned to UNCHCS Volunteer Services.**

The immunization section must be completed and signed and you need to provide personal documentation of immunizations (school transcript, vaccine history card, etc.)

All shadow visitors must be immune to measles, mumps, rubella, varicella and pertussis. All shadow visitors must receive influenza vaccine annually.

**Required Immunizations and Screenings**

**1. MEASLES, MUMPS AND RUBELLA (MMR) If you were born before 1/1/1957, you are age-exempt from MMR vaccines and/or titers. (Except Rubella if female of childbearing potential)**

MMR #1 \_\_\_\_\_ MMR #2 \_\_\_\_\_

MEASLES (Vaccine or titer) \_\_\_\_\_

MUMPS (Vaccine or titer) \_\_\_\_\_

RUBELLA (Vaccine or titer) \_\_\_\_\_

Provide documentation of two (2) live measles, two (2) mumps and one (1) rubella immunization

Or serological evidence of immunity – Serology Date: \_\_\_\_\_

**2. CHICKEN POX (VARICELLA)**

Have you had Chicken Pox or shingles? (circle appropriate answer) Yes No Unknown

Or Received Varicella Vaccine? Dates #1 \_\_\_\_\_ #2 \_\_\_\_\_

Or Serological evidence of immunity?- Serology Date: \_\_\_\_\_

**3. HEPATITIS B (if potential for contact with blood or body fluids) - OPTIONAL**

Dates of Hepatitis B immunizations #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_  
Serology (Anti-HBsAg) Yes No Unknown Titer \_\_\_\_\_

**4. Tetanus/Diphtheria, ACELLULAR PERTUSSIS (Tdap) (circle appropriate answer)**

Yes No Date \_\_\_\_\_

**5. Influenza Vaccine (required during Influenza season)(circle appropriate answer)**

Yes No If yes, indicate Date of vaccine \_\_\_\_\_

**6. TUBERCULOSIS**

**(TB testing will be accepted if done within 12 months prior to assignment at UNC)**

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**HAVE YOU HAD ANY OF THE FOLLOWING IN THE LAST MONTH?**

Fever	Yes___ No___	Cough (for >3 weeks)	Yes___ No___
Chills	Yes___ No___	Weight Loss	Yes___ No___
Night Sweats	Yes___ No___	Sputum Production	Yes___ No___
Fatigue	Yes___ No___	Blood in Sputum	Yes___ No___

**EXPLAIN ALL "Yes" ANSWERS** \_\_\_\_\_

**WHEN WAS YOUR LAST TST? (TB skin test) blood test for TB**

**DATE:** \_\_\_\_\_ **WHAT WERE THE RESULTS?:** \_\_\_\_\_

**HAVE YOU EVER HAD 2-STEP TB TESTING DONE? Yes\_\_\_ No\_\_\_ If yes, what year?** \_\_\_\_\_

**NEW TB SKIN TEST** – to be done by your own healthcare provider prior to coming to UNC if no documentation is available

**DATE:** \_\_\_\_\_ **PLACED (LFA/RFA):** \_\_\_\_\_

**STRENGTH:** \_\_\_\_\_ **Lot #:** \_\_\_\_\_

**RESULT:** \_\_\_\_\_ **(MM OF INDURATION)**

**HAVE YOU RECEIVED BCG (VACCINE FOR TUBERCULOSIS)?**

Yes\_\_\_ No\_\_\_ If yes, when and where (country of birth) ? \_\_\_\_\_

\*If you have received BCG vaccine and have no documentation of TB testing, medication for latent TB infection, or no documentation of a negative Chest X-Ray, a TB blood test is required.

**IF YOU HAVE HAD A POSITIVE SKIN TEST, ANSWER THE FOLLOWING:**

**Date:** \_\_\_\_\_ **Chest X-Ray: Normal** \_\_\_\_\_ **Abnormal** \_\_\_\_\_

**Treatment with INH/other meds (name)** \_\_\_\_\_ **Yes\_\_\_ No\_\_\_ Months** \_\_\_\_\_

Please have this form filled in and signed below by your healthcare provider or you may complete the form and bring in copies of valid documentation affixed to this form.

**Name and Title (Please Print):**

**Date:** mm/dd/yyyy

\_\_\_\_\_  
**Signature:**