



**Non-Employee (Student/Intern/Shadower)  
MANDATORY CHECKLIST**

**Legal Name** (First-Middle Initial-Last): \_\_\_\_\_

**Preferred Name** \_\_\_\_\_

**University, School, or Program:** \_\_\_\_\_

**School Contact (name and phone number):** \_\_\_\_\_

**GCGH contact/Unit:** \_\_\_\_\_

**GCGH Contact (name):** \_\_\_\_\_

**Placement START and END Dates:** \_\_\_\_\_

**Clinical Application Includes:**

1. Clinical Student Information
2. Health Screening Questions
3. "Non-Hospital Personnel Education In-service" Quiz
4. Agreement & Acknowledgement Form
5. Immunization Checklist
6. Background Check
7. Drug Screen
8. Photo Identification

**SCHOOL APPROVAL:**

- I attest to having received and reviewed current and complete immunization, vaccination and TB test records as required by Greene County General Hospital and will provide copies of complete records immediately upon request of Greene County General Hospital. Student has completed paperwork and program requirements.

Authorized School Signature \_\_\_\_\_ Date: \_\_\_\_\_

***\*This checklist must be returned to Greene County General Hospital Employee Health Department with the completed Clinical Application and Documents.***

[stacy.street@mygcgh.org](mailto:stacy.street@mygcgh.org)  
[randall.barnett@mygcgh.org](mailto:randall.barnett@mygcgh.org)

**STUDENT PLACEMENT APPROVAL:**

- Mandatory Checklist – Student has completed paperwork and program requirements and has been approved to begin experience.

GCGH EH Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- GCGH Education Director \_\_\_\_\_ Date: \_\_\_\_\_



**GREENE COUNTY GENERAL HOSPITAL**  
**NON-EMPLOYEE Application**  
Education and Employee Health

Legal Name (First-Middle Initial-Last):		
Current Address:		
City:	State:	Zip:
Permanent Address (if different from current):		
City:	State:	Zip:
Contact Phone Number:		
E-Mail Address:		
University, School, or Program:		
If you are under the age of 18, check box and provide birthdate: <input type="checkbox"/>		
In an emergency, notify (name & relationship):		
Emergency Contact Phone Number:		

# HEALTH SCREENING QUESTIONS

Clinical Students are required to meet the same health requirements as employees of Greene County General Hospital. Health requirements are established in response to current CDC and Indiana State Department of Health guidelines and requirements. The student is responsible for assuring that all health requirements have been met prior to the student beginning at Greene County General Hospital.

Individuals who respond “yes” to the following questions must be cleared by Employee Health Services prior to beginning activities at Greene County General Hospital.

Must Circle (Yes or No) for each question:

- |  |     |    |
|--|-----|----|
| 1. I have traveled outside of the United States within the last 6 months.  | YES | NO |
| If YES, list dates and locations: _____  |     |    |
| 2. I have had contact with an individual with active tuberculosis within the last 12 weeks.                                      | YES | NO |
| 3. I have had contact with an individual with active case of chickenpox within the last 30 days.                                 | YES | NO |
| 4. I have had contact with an individual that has/had a communicable disease within the last 30 days (i.e. SARS, Measles, etc.). | YES | NO |
| If YES, please explain: _____  |     |    |

I currently have the following symptoms:

- |   |     |    |
|---|-----|----|
| 1. Persistent productive cough of 2 weeks or longer | YES | NO |
| 2. Night sweats                                     | YES | NO |
| 3. Fever  | YES | NO |
| 4. Open skin lesions                                | YES | NO |

Please list Allergies:

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**Individuals who respond YES to any question above must be cleared by Employee Health Services prior to beginning activities at Greene County General Hospital. Contact Greene County General Hospital Employee Health nurse for more information: 812.847.6135**

# “NON-EMPLOYEE EDUCATION INSERVICE” QUIZ

Read the Non-Employee Inservice document on [greencountyhospital.com](http://greencountyhospital.com) website at “Students” then “Inservice”

Highlight or underline correct answers

**1. How do you report a fire?**

- A. Dial 777 from within the hospital using a hospital phone or dial 911 for locations outside the main hospital.
- B. Yell down hallways to alert staff and visitors.
- C. Call the operator by dialing “0”.
- D. Don’t worry. Someone else will do it.

**2. In the event that there is a power failure, which outlets are supplied with power from our emergency generators?**

- A. All outlets have power
- B. All the outlets on the first and second floors
- C. The red outlets
- D. The green outlets

**3. Blood borne pathogen standard precautions were developed to protect workers.**

- A. True
- B. False

**4. Hand washing is the single most important thing you can do to prevent the spread of infection.**

- A. True
- B. False

**5. You can enter an isolation room without wearing the identified personal protective equipment (PPE).**

- A. True
- B. False

**6. Always wash your hands**

- A. Before you eat
- B. After using the toilet
- C. After blowing your nose, sneezing, or coughing
- D. After touching things that belong to another patient or a visitor
- E. All of the above

**7. Multi Drug Resistant Organisms are easily cured by antibiotics.**

- A. True
- B. False

**8. Which are not included in the GCGH Standards of Behavior?**

- A. Teamwork, Reward, Privacy
- B. Quality, Environment, Accessible
- C. Communication, Accountability, Positive Attitude
- D. Professionalism, Compassion, Respect

**9. Diversity is about valuing the similarities and differences among individuals. We can expect you to:**

- A. Show respect
- B. Implement the F.A.I.R. (feedback, assistance, inclusion, respect) approach
- C. Be trustworthy
- D. All of the above

**10. Who is responsible for the safety and security of all patients, visitors, and healthcare workers?**

- A. Hospital Security and local police agencies
- B. The Volunteers
- C. All GCGH employees and non-employees
- D. Environmental Services

**11. If something doesn’t look right, feel right or seem right, remove yourself from the situation and report it to someone of authority.**

- A. True
- B. False

**12. Accessing or disclosing patient information without a direct treatment relationship with the patient or for a valid business reason is subject to disciplinary action, up to and including termination of employment or contract.**

- A. True
- B. False

**13. It is okay to post patient pictures and/or information on social media sites.**

- A. True
- B. False

**14. One of Greene County General Hospital’s strongest assets is a reputation for integrity and honesty.**

- A. True
- B. False

# AGREEMENT & ACKNOWLEDGEMENT FORM

## **ETHICS – PROFESSIONALISM**

I understand, like staff, I cannot initiate telephone calls, write notes, or arrange social interactions with patients. I will clearly define boundaries of staff-patient relationships during chance meetings in the community. Any pre-existing relationships with patients are to be discussed with the Director of the Department. Should a discharged patient attempt to develop a personal relationship with me post-discharge, I will clearly define again the staff-patient relationship boundaries and report this to the Director, who will provide specific guidance for professional conduct. Violation of this policy is grounds for termination of my placement experience.

## **CONFIDENTIALITY**

As a Non-Hospital Personnel/Visitor at Greene County General Hospital, I recognize the extreme importance of confidentiality with respect to information concerning patients, Greene County General Hospital operations, and employees / Human Resources. I acknowledge that I will adhere to the provisions of the Health Insurance Portability and Accountability Act (HIPAA) and any other federal or state laws regarding confidentiality. **I understand that violations of confidentiality will result in disciplinary action up to and including termination of contract, association, or appointment. Disciplinary action may also include the imposition of fines and other legal action pursuant to HIPAA and other applicable state and federal laws.** I agree to report any violations of confidentiality that I become aware of to my supervisor, department director, member of the Senior Leadership Group, or the HIPAA Privacy Officer. I have read and understand the Privacy education provided in the Non-Hospital Personnel Education In-Service.

## **HOLD HARMLESS**

The undersigned, being an adult, in return for being allowed to participate in certain GCGH activities agrees to assume the risks of participating in these activities and does hereby agree to release, indemnify and hold harmless GCGH, its employees, agents and representatives, from any and all damages of any nature whatsoever which the undersigned may suffer as a result of these activities.

## **READ THIS STATEMENT CAREFULLY**

All the information in this packet is true to the best of my knowledge and I understand this will become a part of my record. I also understand that any incorrect, incomplete, false or misleading statement or information by me herein will be considered possible cause for my dismissal from my placement experience. Furthermore, I understand that the Health Screening is not a physical examination. The Hospital is not assuming responsibility for my continued medical care.

I have read and understand the preceding policies. I am aware that if I violate a Greene County General hospital rule or regulation my placement as a non-hospital personnel or visitor may be terminated immediately. Additionally, if I do not meet the required Dress Code Policy required of me on days in which I am scheduled, I will not be allowed to complete my duties on that day. I will remember that the department may make special accommodations for my placement. Therefore, if something happens and I am not available during the time that I have been scheduled for, then I **MUST** notify the department and/or my assigned Greene County General Hospital contact. Rescheduling arrangements may be discussed at this time or later.

## NON-HOSPITAL PERSONNEL AGREEMENT

I have read, acknowledged, and agree to abide by the following: check or highlight boxes and sign below

- I will keep all Protected Health Information and Business Operations Information confidential.
- I will follow all immunization, health, and safety standards.
- I will remember that we live and practice in a diverse community and have studied the Diversity Section included in the Student In-service.
- I will hold harmless Greene County General Hospital and its representatives from any damages obtained during my placement.
- I will not use tobacco products or smoke on the Greene County General Hospital campus.
- I will follow the Dress Code Guidelines as detailed in this application.
- I have studied the National Patient Safety Goals included in the Student In-service.
- I will remember the Standards of Behavior

### **Please read carefully before signing**

I have read and understand the Student In-service and have completed the Non-Employee Application to the best of my ability. I voluntarily authorize Greene County General Hospital to make to determine my eligibility for a Non-Employee experience. I agree to meet all immunization requirements before beginning my placement. I understand that my placement may be terminated for any misinformation and/or omission of facts appearing on the application form, or for any violation of rules or regulations.

**Signature:**

(Your typed legal name qualifies as an electronic signature.)

**Date:**

**\*\* Please submit completed Document to:**

[stacy.street@mygcgh.org](mailto:stacy.street@mygcgh.org)

[lisa.rupska@mygcgh.org](mailto:lisa.rupska@mygcgh.org)

## **REQUIRED IMMUNIZATIONS CHECKLIST – For Review Only**

**IF** Greene County General Hospital finds placement for you in a department, you will then be instructed to provide Employee Health Services with the following immunization documents/records. Prior to being placed, you must submit the records/documentation to Employee Health Services for review.

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Non-Employees including those job shadowing, students, interns and volunteers are required to meet the same health requirements as employees of Greene County General Hospital. Health requirements are established in response to current CDC and Indiana State Department of Health guidelines and requirements.

### **GREENE COUNTY GENERAL HOSPITAL IMMUNITY, VACCINATIONS, AND TB TESTING REQUIREMENTS (One required from each category)**

#### **Hepatitis B:**

- Documentation of completed 3 shot series **or**
- Documentation of a positive Hepatitis B Surface Antibody (blood test) **or**
- Signed Hepatitis B vaccine refusal form (available at Employee Health Services)

#### **MMR Evidence of Immunity:**

- Documentation of two (2) doses of MMR (measles, mumps, and rubella) separated by at least 28 days, **or**
- Documentation of laboratory (blood test) evidence of measles, mumps and rubella immunity (Positive Rubeola IgG, Mumps IgG, and Rubella IgG)

#### **Varicella (Chickenpox) Evidence of Immunity:**

- Documentation of two (2) doses of Varicella vaccine given at least 28 days apart, **or**
- Documentation of laboratory (blood test) evidence of immunity (Positive Varicella IgG)

#### **Tetanus, Diphtheria, Pertussis (Tdap):**

- Documentation of one (1) dose of Tdap  
Note: Tdap is a one-time vaccination. Dtap vaccine cannot be accepted as the Tdap

#### **Tuberculosis Testing:**

If needed (without prior proper documentation) and you are accepted for placement, the Greene County General Hospital Employee Health Services department can provide the Quantiferon Gold Testing.

- Positive Quantiferon Gold: if the result is positive, the Employee Health Services will promptly order a Chest X-ray to be performed at GCGH and she/he will notify the individual of the need to have this performed as soon as possible. Placement will be halted until cleared by GCGH Employee Health Service Physician. If Chest X-ray is negative for active TB, the Employee Health Services will clear for placement regarding TB, but will advise for follow-up with PCP.

continued



**Influenza:**

- If you will be in Greene County General Hospital's facility during the months of September through May, (or when required by Greene County General Hospital Employee Health Services) you must have the flu vaccine. Documentation must include: Date given, Manufacturer, Type of vaccination, Lot number, Expiration date, and Name and credentials of person who administered the shot.

Beginning with the 2016 Flu vaccination program all Greene County General Hospital healthcare personnel (including those job shadowing, students, interns and volunteers) will be required to receive the Flu vaccination or request exemption for religious or medical reasons. Exemption forms are available from Employee Health Services. The start date for non-employees will not be delayed during the request for exemption process. Employee Services and Employee Services Physician will review exemption requests. If the request for exemption is denied individual must take the flu vaccination or risk placement.

- Background Check** (Ex: National Criminal Background Check)
- Drug Screen** (Ex: 10 Panel Urine Drug Screen)
- Photo Identification** (Ex: State Issued Driver License)

# Professional Image: Greene County General Hospital

**As a shadowing, intern or student you are expected to follow the dress code set forth by Human Resources.**

## PUBLIC IMAGE/DRESS CODE

A professional appearance is important anytime that you come in contact with patients, potential patients, or visitors. Employees should be well groomed and dressed appropriately for our business and for their position, in particular.

The following items are considered inappropriate working attire for the Organization:

- Shorts
- Sweatshirts or fleece hoodies/shirts
- Jeans
- Spaghetti straps on blouses or dresses
- Tube or tank tops
- Skirts and dresses should be no shorter than 3 inches above the knee
- Open toed shoes may be worn with professional attire in non-nursing areas. If you have to be in a clinical area for any length of time, then it will be necessary to change into close-toed shoes.

If administration occasionally designates "casual days," appropriate guidelines will be provided to you. We cannot include an all-inclusive/exclusive list, so please consult with your supervisor if you have any questions about appropriate professional attire.

## Nursing Department Dress Code

### Nurse:

White, colored or print top, T-shirts are not permitted

Solid colored pants or slacks

White or solid colored dress

White hose or socks

Shoes should be clean, closed toes, non-skid, and have a low heel for safety purposes. Croc shoes are not permitted.

### Patient Care Technician, Student Nurse:

White, colored or print top, T-shirts are not permitted

Solid colored pants or slacks

White or solid colored dress

Hose or socks

Shoes should be clean, closed toes, non-skid, and have a low heel for safety purposes. Croc shoes are not permitted.

### Unit Secretary:

Professional looking attire

White, colored or print top, T-shirts are not permitted

Solid colored pants or slacks

White or solid colored dress

Hose or socks

Shoes should be clean, closed toes, non-skid, and have a low heel for safety purposes. Croc shoes are not permitted.

**Everyone (Nursing Services):**

Long hair must be tied back away from the face

Facial hair must be neatly trimmed

No dangling earrings

No excessive jewelry

Nails: NO artificial nails, wraps, bonds or tips, includes acrylic and gel nails

May wear un-chipped nail polish

Nails should be fingertip length

Cologne and aftershave of mild scent

No blue jean type scrubs, Capri pants or shorts, flannel scrubs, sweatshirts

**ACCOMMODATION REQUESTS**

Non-Employees with documented medical or religious exceptions may be exempted from the applicable portions of these standards. If an employee has questions or concerns about medical or religious exceptions to these standards, he/she should consult Human Resources for further assistance.