SUBJECT/TITLE: SHORT TERM VISITORS AT THE UNIVERSITY OF IOWA HOSPITALS AND CLINICS

PURPOSE: To ensure short term visitors in University of Iowa Hospitals and Clinics (UIHC) 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 UIHC for the primary purpose of gaining professional/career knowledge through working with faculty or professional staff members.

Included are:

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

Not included are:

A. Visiting physicians (see Policy HR-03.29).
B. Students who are completing their school practicum in which the work experience is required or student receives credit (see Policy HR-03.22).

POLICY:

A. All short term visitors:

1. Must have a specific purpose and a business association with a specific Hospital or Carver College of Medicine program or department and be overseen by a specific faculty or professional staff member.

2. Must have an approved identification badge provided by the department that clearly identifies the observer as a VISITOR.

3. Must sign a confidentiality statement and a health screening form.

4. Must comply with UIHC’s Personal Appearance Policy (HR-03.21) and be respectful with patients and others at all times.

5. Must not wear hospital/lab coats which may give the perception of medical training, competency, or employment by UIHC.
B. Job Shadowing Experiences

1. Formal job shadowing programs, whether organized and conducted through the External Relations Office, a division of UI Health Care Marketing and Communications, as part of a STEM (Science, Technology, Engineering and Math) Education program or by a particular department, must be coordinated with an educational program instructor to ensure that the experience meets the needs of the participant(s).

2. Job shadow participants must be at least 18 years of age unless the students are participating in a formal STEM Education program.

3. 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.

4. 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.

5. 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 disrobed, an invasive procedure is being performed, or a 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 participant’s presence. If the patient/guardian objects, the job shadowing participant must withdraw.

6. Critical care areas (e.g., MICU, PICU, SICU, NICU, Burn Unit, Bone Marrow Transplant Unit, OR, Psychiatric units) are not appropriate for job shadowing experiences except in exceptional circumstances. Individuals shadowing in these areas will only be allowed on a case by case basis and with appropriate notification and justification to the department of proposed visit, followed by written approval of the department to be visited, the involved unit Nurse Manager, and the UIHC Associate Director responsible for the visit site.

C. Business Visitors (does not include vendors, refer to Vendor Policy (F-PS-04.04)), Short Term Research Support, and Unpaid Student Visitors

1. Individuals seeking to observe non-operative procedures using a specific product or a particular procedure must work with the appropriate departmental administration and applicable faculty director, and must be at least 18 years of age.

2. Visitors should have defined expectations and guidelines, reviewed and approved by the appropriate department administrator.

3. 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.

4. If patient contact is to be 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 disrobed, an invasive procedure is being performed, or a patient is giving detailed medical history that may contain sexual history, drug use, or HIV status. In all cases, the patient’s privacy must be balanced against the expectations of the visitor.

PROCEDURE:
Responsibilities of Visit Sponsor (Faculty/staff who will be shadowed or visited)
The Visit Sponsor must assure that:
• The goals/purpose of the visit is clear to the visitor and that 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 limitations of their role relative to patient contact; and
• Policy forms (application, confidentiality and health screening) are completed and submitted to the department according to departmental instructions and timelines. If patient/guardian consent forms are required, these must be scanned into the patient record.

Responsibilities of Sponsoring Department (Department in which short term visit will occur)
Departments:
• May establish additional requirements at their discretion.
• Must keep, and supply upon request, documentation (Attachments 2, 3, and 4) for a period of seven years following the visit.
• Must perform due diligence in administration of this policy and approve shortest time frames necessary to accomplish the goals of the visit.

RELATED POLICIES:
Student Clinical Rotations at the University of Iowa Hospitals and Clinics (HR-03.22)
Tours of the University of Iowa Hospitals and Clinics (HR-03.27)
Policy for Visiting or Observing Physicians (HR03.29)
Statement of Vendor Policy (F-PS-04.04)

Date created: December 3, 2003
Source: Joint Office for Compliance/ Professional Practice Subcommittee
Date approved: November 17, 2004; revisions 3/5/14 (HAC)
Date effective: November 17, 2004
Date Reviewed: November 17, 2004; October 5, 2007;
Date Revised: February 1, 2011; March 1, 2014 (Title changed to “Short Term Visitors at the University of Iowa Hospitals and Clinics”)

SHORT TERM VISITORS AT THE UNIVERSITY OF IOWA HOSPITALS AND CLINICS
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For purposes of this policy, a short term visitor is an individual within the University of Iowa Hospitals and Clinics for the primary purpose of gaining professional/career knowledge through working with faculty and/or professional staff member.

* This policy does not include students who are completing their school practicum experiences (i.e., nursing and respiratory care students through Kirkwood or the University of Iowa; social work students through the UI, etc. – where the work experience is required and/or receives credit). See Student Practicum Policy.

07/01/11

*This policy does not include visiting physicians – See Policy for Visiting or Observing Physicians – HR-03.29).

<table>
<thead>
<tr>
<th>Visitor Type</th>
<th>Length of Visit</th>
<th>Patient Contact and Patient Information Access During Visit</th>
<th>ID Type to be Worn During Visit</th>
<th>Application Form</th>
<th>HIPAA Confidentiality Statement</th>
<th>Health Screening Requirement/ Disclosure Statement</th>
<th>Background Check Requirement/Self Disclosure Statement Completion*</th>
<th>Completion of a Pre-Employment Request within UI HealthCare HR System*</th>
<th>Ancillary Appointment in UI HealthCare HR System*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job Shadowing</td>
<td>Two to four hours on one day</td>
<td>with or without direct patient contact and with or without incidental patient care information access</td>
<td>Department ID</td>
<td>Yes</td>
<td>Yes</td>
<td>Disclosure Statement</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Business Visitors</td>
<td>One to five consecutive days</td>
<td>with or without direct patient contact and with or without incidental patient care information access</td>
<td>Department ID</td>
<td>Yes</td>
<td>Yes</td>
<td>Disclosure Statement and Patient Consent</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Short Term Research Support</td>
<td>One to five consecutive days</td>
<td>with or without direct patient contact and with or without incidental patient care information access</td>
<td>Department ID</td>
<td>Yes</td>
<td>Yes</td>
<td>Disclosure Statement</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Unpaid Student Visitor</td>
<td>One to five consecutive days</td>
<td>with or without direct patient contact and with or without incidental patient care information access</td>
<td>Department ID</td>
<td>Yes</td>
<td>Yes</td>
<td>Disclosure Statement</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

* If patient information access is needed for any visitor, an ancillary or complimentary appointment is required and all compliances related to electronic medical records and protected health information access must be met.

* Visits in these categories longer than five days, approved by departmental administration will require ancillary appointments.
Application for Short Term Visitor
University of Iowa Hospitals and Clinics
MUST BE AT LEAST 18 YEARS OF AGE

There will be no formal evaluation or certificate for this experience

PLEASE FILL OUT COMPLETELY
Completing form does not guarantee approval

Faculty/Staff Sponsor (PLEASE PRINT): __________________________________________

Faculty/Staff Sponsor Signature:  _________________________________________________

Applicant’s Full Name (Please Print): _____________________________________________

Applicants Full Permanent Address/Contact Information:
______________________________________________________________________________
______________________________________________________________________________

Learning Objectives of Short Term Visitor:

**Please see attachment**
______________________________________________________________________________

Exact dates/times of requested visit:  ______________________________________________

Room and building of hospital area to be visited: General Medicine Inpatient Ward

Department: Internal Medicine

Applicant Name (Print):  ________________________________________________________

Applicant Signature:  ___________________________________________________________

Departmental Signature:  ________________________________________________________
Declaration of Patient Information Confidentiality

University of Iowa Hospitals and Clinics (UIHC) is 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 UIHC 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 the course of your visit to UIHC. **State and federal law prohibits you from making any disclosure of this information.**

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

Signature____________________________________              Date________________

Print Name___________________________________

This document will remain on file in the host department for seven years. Visitors are required to sign this statement for each site visit.
COMMUNICABLE DISEASE SCREENING FORM

Prior to each visit, individuals under 14 years of age, and adults on designated areas must be screened for the following. Any visitor with a positive history or examination may be denied visiting privileges.

This form must be kept on file in the area visited for 2 weeks.

Name of Patient (or area) being visited: ____________________________________________

Visitor’s Name:  ________________________________________________________________

Name of Person filling out this form: ____________________________________________

1. Does the visitor have any of the following?
   • Sore Throat Yes No
   • Rash/vesicles Yes No
   • Fever Yes No
   • Drainage from Eyes Yes No
   • Nausea, vomiting, or diarrhea Yes No

   If the answer to any of the above questions is yes, person may not visit patient.

2. Does the visitor have any of the following?
   • Cough and Runny Nose Yes No
   • Cold Sore Yes No

   If the answer to either of the above questions is “Yes,”
   • Person may not visit if patient is a neonate or is immunocompromised (Exception: Parents or legal guardians are welcome at all times, but they must wear a mask and wash hands).
   • Person may visit other patients if they wear a mask and wash hands.

3. Has the visitor been diagnosed with:
   • Pertussis within the last two weeks? Yes No
   • Strep Throat within the last 48 hours? Yes No

   If the answer to either of the above questions is “Yes,” the person may not visit patients during the following time frames:
• Pertussis: until person has completed at least 5 days of antibiotic therapy (Erythromycin) or until three weeks after pertussis is diagnosed
• Strep Throat: until 24 hours after antibiotic therapy started

4. Has the visitor been exposed to any of the following within the past 4 weeks?
   - Chickenpox
     - Yes
     - No
   - Measles
     - Yes
     - No
   - Mumps
     - Yes
     - No
   - Rubella (German Measles)
     - Yes
     - No

If answer to above questions is No, skip to Question #5.

If yes to any of the above questions, has the visitor had that disease or been immunized for that disease?
   - Chickenpox
     - Yes
     - No (Varivax vaccine)
   - Measles
     - Yes
     - No (Measles or MMR vaccine)
   - Mumps
     - Yes
     - No (Mumps or MMR vaccine)
   - Rubella (German Measles)
     - Yes
     - No (Rubella or MMR vaccine)

If answer to above questions is yes, may visit.

If no, person may not visit patients during the following time frames:
   - Chickenpox days 8 through 21 after the last exposure
   - Measles days 5 through 21 after the last exposure
   - Mumps days 7 through 21 after the last exposure
   - Rubella (German Measles) days 11 through 26 after the last exposure

5. Has the visitor received oral polio immunizations within the past 4 weeks? Yes or No

If yes, person may visit patients but should not use patient’s bathroom. Visitor should wash hands after using a bathroom or adult visitor should wash hands after changing diapers of child who received polio immunization.

Date

Signature of Person Screening Visitor

Date

Signature of Visitor

Revised: 12/94; 10/95; 12/99; 9/02; 02/11