Welcome! We look forward to offering you a challenging and rewarding learning opportunity with Carle Foundation Hospital, Carle Physician Group and affiliates.

Please review the table below to select the learning opportunity appropriate for you. Your contact person can answer any questions that you may have about this opportunity, criteria for acceptance or this packet.

<table>
<thead>
<tr>
<th>Learning Opportunity Group</th>
<th>Department</th>
<th>Contact Person</th>
<th>Contact information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volunteers Observers/Job Shadowers Non-Scholastic Internship Students High School Students</td>
<td>Volunteer Services</td>
<td>Brian Barnes</td>
<td><a href="mailto:Brian.Barnes@carle.com">Brian.Barnes@carle.com</a> (217) 383-3362</td>
</tr>
<tr>
<td>Research Affiliates</td>
<td>Research</td>
<td>Dixie Heath</td>
<td><a href="mailto:Dixie.Heath@carle.com">Dixie.Heath@carle.com</a> (217) 383-3889</td>
</tr>
<tr>
<td>Nursing Students Pharmacy Students Advanced Practice Students</td>
<td>Nursing Education</td>
<td>Elizabeth Angelo</td>
<td><a href="mailto:Elizabeth.Angelo@carle.com">Elizabeth.Angelo@carle.com</a> (217) 383-4642</td>
</tr>
<tr>
<td>Scholastic Internship Students Non-nursing Clinical Students</td>
<td>Foundation Education</td>
<td>Louise Knight-Gibson</td>
<td><a href="mailto:Louise.Knight-Gibson@carle.com">Louise.Knight-Gibson@carle.com</a> (217) 383-4950</td>
</tr>
<tr>
<td>Medical, Dental and Osteopathic Students</td>
<td>Graduate Medical Education</td>
<td>Aimee Revello</td>
<td><a href="mailto:Aimee.Revello@carle.com">Aimee.Revello@carle.com</a> (217) 383-4637</td>
</tr>
</tbody>
</table>

Please ensure that all of your paperwork is sent to the appropriate department. All mailings can be sent to the address listed below, to the attention of your contact person:

Carle Foundation Hospital  
611 West Park St.  
Urbana, IL 61801

The following packet contains all the necessary forms that you will need to complete in order to begin your learning experience here at Carle. All forms are required and are necessary to ensure the safety and privacy of our patients, as well as your own. Please refer to page 2 for specific information regarding our requirements for participating in this experience. Again, if you have any questions, please be sure to communicate with your contact person.
The following is a list of the items that must be completed before you will be authorized to begin your learning experience with Carle. Many of the items listed will necessitate pre-planning, communication and coordination with your contact person.

All required forms or agreements should be sent to the address listed below, to the attention of your contact person.

Carle Foundation Hospital  
611 West Park St.  
Urbana, IL 61801

All other questions should be directed to your contact person as listed on the cover page.

- Student Information
- Application Authorization and Consent
- Student Responsibilities Agreement and Release
- Student Background Check (unless you have had a background check previously completed through your learning institution—check with your course instructor if you have any concerns)
- Student Immunization Documentation (immunizations records may be released by your learning institution—please check with your course instructor if you have concerns)
- Confidentiality Agreement (page 9 or 10 based on your routing department and/or type of program)
- Security and Professional Conduct
- Review the HIPAA Privacy and Security Quick Reference Guides
- Review the General Safety Policies and Procedures

There may be additional documentation required by your contact person.
Student Information

Student Name: ____________________________________________

Last   First           MI

Student E-mail address: _____________________________________

Phone: (home) __________________________

(mobile) __________________________

Educational Institution if currently attending: ____________________________

Major or Field of Study: ____________________________________________

Purpose of Learning Experience: ______________________________________

Course Number and Instructor: ________________________________________

Preceptor Name: _________________________________________________

Preceptor Department: _____________________________________________

Experience Start Date: _____________________________________________

Experience End Date: ______________________________________________

Emergency Contact Information

Name of Contact: _________________________________________________

Relationship to Contact: __________________________________________

Contact Phone: (home) __________________________

(mobile) __________________________
Application Authorization and Consent

In submitting this packet for participation in an un-paid learning experience with Carle, I understand that an investigation may be made whereby information is obtained regarding my character, previous employment, general reputation, education and/or criminal history.

Have you ever been convicted of any crime, other than a minor traffic offense? □ Yes □ No

If yes, please explain. (You are not required to reveal criminal history expunged, sealed or impounded and the fact of conviction will not necessarily bar you from participation in this program)

In consideration of review by The Carle Foundation, Subsidiaries and Affiliates, of my consideration for this program, I agree as follows:

1. The Student understands that pursuant to the Americans with Disabilities Act and other laws, the Student may request a reasonable accommodation in completing this Application and interview process. Contact the department contact point (as listed on page 1 of this packet) to request an accommodation.

2. The Student is not an employee of Carle and is not entitled to receive salary, benefits, or other compensation.

3. To the extent the Student is not a citizen or permanent resident of the United States, the Student certifies that he/she has an appropriate visa status that authorizes the Student to be present in the United States and allows the Student to participate in this un-paid experience.

4. The Student acknowledges that they have received, read, and understand the policies outlined in The Carle Foundation Un-Paid Learning Experience Packet (the “Handbook”). The Student agrees to conform to the rules and regulations described in the Handbook, which is intended as a guide to various policies and procedures. The Student understands Carle has the right to change the Handbook without notice. It is understood that future changes in policies and procedures will supersede or eliminate those found in the current Handbook, and that students will be notified of such changes through normal communication channels.

5. The Student understands and agrees that the information contained in this Agreement does not constitute an employment contract or volunteer contract between Carle and the Student, and that either the Student or Carle may terminate the volunteer relationship at any time with or without cause.

6. The Student understands and agrees that all information furnished in this application may be investigated by The Carle Foundation, Subsidiaries and Affiliates or its authorized representatives. I waive any right I may have to notice from any individuals or organizations named or referred to in this application prior to the release of any information to The Carle Foundation, Subsidiaries and Affiliates. I hereby authorize all individuals in organizations named or referred to in this application and any law enforcement organization to give The Carle Foundation, Subsidiaries and Affiliates all information that relates to or is requested during an investigation, and I hereby release those individuals, organizations and The Carle Foundation, Subsidiaries and Affiliates from any and all liability for any claim or damage resulting therefrom.

7. The Student authorizes The Carle Foundation, Subsidiaries and Affiliates to conduct an investigation as to my medical history and authorizes any medical institution to release any medical information including, but not limited to, medical records which may be necessary to determine my ability to perform the duties of the position.

8. The Student understands that The Carle Foundation, Subsidiaries and Affiliates are not obligated to provide acceptance into this program and that the Student is not obligated to accept an un-paid position.

9. The Student understands that, if accepted, the Student is required to abide by all the rules and regulations of The Carle Foundation, Subsidiaries and Affiliates and to comply with all the policies and procedures in the employee handbook, un-paid learning experience packet, any policy or procedure manual, or other communications to students. The Student further understands that policies and procedures of The Carle Foundation and all subsidiaries and affiliates and all terms and conditions are subject to modifications without notice.

10. The information contained in this application packet is accurate and complete to the best of the Student’s knowledge and belief.

I UNDERSTAND THAT I AM SIGNING A LEGAL DOCUMENT. I REPRESENT THAT I AM COMPETENT, HAVE READ THIS FORM CAREFULLY, UNDERSTAND ITS CONTENTS AND HAVE HAD AN OPPORTUNITY TO HAVE ALL OF MY QUESTIONS ANSWERED. I AM SIGNING THIS FORM VOLUNTARILY.

Student Signature    Printed Name      Date

www.carle.org   4 Updated 4/2013 BB
Student Responsibilities Agreement and Release

I, ___________________________ (print name), want to participate in a learning experience within the __________________ area/department at Carle Foundation Hospital and/or its affiliates (hereinafter the "Facility"). This learning experience starts on ______________, 20 ______ and ends on ______________, 20_____. In order to participate in the learning experience, I agree to the following conditions:

1. I will follow all applicable policies, procedures, standards, rules, regulations and practices of the Facility. I understand that my failure to do so may result in the termination of my learning experience at the Facility. I agree to follow the instructions provided by my assigned mentor in all situations during my visit.

2. I will provide my own necessary and appropriate uniforms and will follow all applicable dress codes.

3. I will provide my own living arrangements, transportation to and from the Facility, and other expenses, including immunizations, background checks and meals.

4. If I am currently affiliated with a college or university program, I will conform to the standards and practices established by such program while participating in the learning experience at the Facility.

5. I will obtain prior written approval of both the Facility and my college or university (if I am currently affiliated with a college or university) before publishing any materials relating to my learning experience.

6. I will maintain the confidentiality of medical records and patient information in accordance with the Facility’s policies and standards. I have read, understood and signed the Carle Foundation Hospital Student Confidentiality Agreement.

7. I will, if requested by the Facility, submit to a physical exam, including a TB test and any necessary vaccinations and/or furnish to the Facility a certification and report of physical exam, test(s), and vaccination(s). I will, upon request, submit to a drug screen and/or criminal background investigation to participate in the clinical training program at the Facility.

8. I have provided any required information to the Facility manager/director to assist in preparing my file for this experience. (e.g. resume, course materials, contact information, etc.)

9. If I become ill or injured while on the Facility premises, I authorize the Facility to provide emergency treatment as the Facility deems necessary. I will be responsible for maintaining a current health insurance policy for myself throughout my learning experience and assume full responsibility for all medical expenses related to the medical treatment provided for me.

10. Unless otherwise agreed in writing, I acknowledge and agree that I will receive no monetary compensation, employee benefit or other remuneration for my student experience at the Facility.

11. I do hereby release and hold harmless the Facility, its directors, officers, employees and agents from all liability, loss or expenses that I may suffer as a result of personal injury, sickness, disease, death or damage to property arising from my direct or indirect participation in my experience at the Facility, except for that caused by the Facility’s negligent conduct. This agreement also binds my heirs, executor and personal and legal representatives.

I UNDERSTAND THAT I AM SIGNING A LEGAL DOCUMENT. I REPRESENT THAT I AM COMPETENT, HAVE READ THIS FORM CAREFULLY, UNDERSTAND ITS CONTENTS AND HAVE HAD AN OPPORTUNITY TO HAVE ALL OF MY QUESTIONS ANSWERED. I AM SIGNING THIS FORM VOLUNTARILY.

__________________________  ___________________________  ____________
Student Signature          Printed Name              Date
In connection with my application for employment, and/or employment with (Carle Foundation Hospital) (“Company”), I, ______________________ (applicant’s or employee’s name), understand and am hereby notified and authorize Company to procure a consumer report from a consumer reporting agency in accordance with the Fair Credit Reporting Act, 15 U.S.C. 1681 et seq. (the “FCRA”), or any “person” as defined under the California Consumer Credit Reporting Agencies Act (if a CA applicant) for evaluation of me for employment (i.e. employment, promotion, reassignment, or retention as an employee). I understand that these consumer reports may contain information from public records, including written, oral, or other communications bearing on my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living, which may or may not be used as a factor for employment purposes. I further understand that such inquires may include, but are not limited to, criminal history, motor vehicle records, employment history and verification, income verification, DOT verifications, military background, civil listings, education background, and professional background, from any individual, corporation, partnership, law enforcement agency, institution, school, organization, credit bureau, state board, licensing agency, and other entities, including present and past employers.

In connection with my application for employment and/or employment with Company, I further understand and am hereby notified that Company may procure an investigative consumer report concerning me from a consumer reporting agency or any “person” as defined by the California Consumer Credit Reporting Agencies Act (If a California applicant). I understand that an investigative consumer report may contain information from public records, including but not limited to, written, oral or other communications bearing on my credit worthiness, credit standing, character, general reputation, personal characteristics, or mode of living, which may be obtained through personal interviews with neighbors, friends or associates of me and may or may not be used as a factor for employment purposes. I further understand that such inquires may include, but are not limited to, investigations regarding worker’s compensation, harassment, violence, theft, or fraud.

I have received and reviewed a copy of the Summary of Rights under the FCRA and the California Investigative Consumer Reporting Agencies Act (If a California applicant). I understand that I have the right to request, in writing, information regarding the nature and scope of any investigative report prepared on me.

I authorize without reservation any party or agency contacted by this employer to furnish the above-referenced information. I further authorize ongoing procurement of the above-referenced reports at any time, either during the time my application for employment is being considered or throughout the duration of my employment in the event that I am hired or am a current Company employee.

My Social Security number is _______________________. My Date of Birth (“DOB”) is __/__/____.* Please see below.

My Previous Name (if any) is _____________________.

My Driver’s License number is ____________________ and was issued by the state of ______.
If you have had another Driver’s License in the last three years please put that number here: ____________________.
My High School, named ____________________, is located in (City) ______________, (State)______.

Current Address:

<table>
<thead>
<tr>
<th>No.</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>County</th>
<th>Years</th>
</tr>
</thead>
</table>

Previous Addresses within the last seven (7) years: (Attach additional pages if necessary)

<table>
<thead>
<tr>
<th>No.</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>County</th>
<th>Years</th>
</tr>
</thead>
</table>

| No. | Street | City | State | Zip | County | Years |

Applicant Signature: __________________________ Date: __________________________

I acknowledge that I have voluntarily provided the above the above information for employment purposes, and I have carefully read and I understand this authorization.

**The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.**
Required Immunizations

The following is a list of the immunizations required for your learning experience at Carle. The next page in this packet contains an immunization history form to be completed by your healthcare provider. Additional immunization documentation may be submitted as an attachment to this packet.

IMMUNIZATION REQUIREMENTS

- TB Skin Test (Two Step)  
  Completed within the last 12 months. A negative result is necessary; students who test positive will need to complete a chest x-ray and provide written documentation stating that the student is free of active TB signs and symptoms.

- Varicella (Chicken Pox)  
  Proof of immunity by titer or record of 2 live vaccinations. Documentation of having the disease is **NOT** sufficient.

- Rubella (German Measles)  
  Immunization or positive Rubella Screen or Titer.

- Rubeola (Red Measles)  
  Immunization or positive Rubeola Screen or Titer. Persons born prior to 1957 are considered to be immune. (Written documentation of: MD diagnosed infection, positive measles screen or documentation of receipt of 2 doses of live virus vaccine after January 1968 or on or after their first birthday).

- Mumps  
  Immunization in 1969 or later or MD diagnosed illness. Persons born before 1957 are considered immune. Written documentation of immunization of live mumps vaccine at 12 months of age or later- after 1969.

- MMR Immunization  
  Two doses of MMR (Measles, Mumps, Rubella) separated by one or more months and given on or after the first birthday eliminate the need for rubella, rubeola and mumps vaccination.

- Influenza Immunization  
  Vaccination (Intradermal, Intramuscular or Nasal Spray) for the current influenza season. Only required for students on-site between December 1 and April 30 of each year. If you wish to decline the vaccination, please contact the appropriate routing department for more information.

**We strongly recommend but do not require:**

- Tetanus- Booster every 10 years
- Hepatitis B- vaccination series
- Influenza vaccine- yearly

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### Student Immunization Documentation

**Student Name:** ________________________________

**School Name:** ___________________________  **Semester:** _______________

Student must provide written documentation of the immunizations or titers listed under the Required Immunizations section of this form, including dates. **Supporting documentation must be attached if this form has not been signed by your healthcare provider.**

#### Required Immunizations:

<table>
<thead>
<tr>
<th>Item</th>
<th>Date</th>
<th>Result (mm)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TB Skin Test (within the last 12 months):</td>
<td>Step 1 Date</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Step 2 Date</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Item</th>
<th>Date</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Varicella (proof of disease is insufficient):</td>
<td>Date of IgG titer</td>
<td></td>
</tr>
</tbody>
</table>

**OR:**

<table>
<thead>
<tr>
<th>Item</th>
<th>Date</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles, Mumps, Rubella (MMR):</td>
<td>Vaccination 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Vaccination 2 (if required)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>MMR 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>MMR 2</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Item</th>
<th>Date</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rubeola:</td>
<td>Vaccination Date</td>
<td>Titer Date / Result</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Item</th>
<th>Date</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rubella:</td>
<td>Vaccination Date</td>
<td>Titer Date / Result</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Item</th>
<th>Date</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mumps:</td>
<td>Vaccination Date</td>
<td>Titer Date / Result</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Item</th>
<th>Date</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza (required for students present December 1—April 30 only):</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Recommended Immunizations:

<table>
<thead>
<tr>
<th>Item</th>
<th>Date</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B:</td>
<td>Vaccination 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Vaccination 2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Vaccination 3</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Item</th>
<th>Date</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tdap (with dT booster every 10 years):</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I hereby certify that I am a healthcare provider for the above identified person. I understand my patient is seeking the opportunity to participate in a learning experience at The Carle Foundation. The individual is current on the above mentioned immunizations.

**Healthcare Provider Signature:** ___________________________  **Date:** _____________

The Carle Foundation is not requesting any genetic information in your response to this limited request for medical information. ‘Genetic information,’ as defined by the Genetic Information Nondiscrimination Act of 2008, includes an individual’s family medical history, the results of an individual’s or family member’s genetic tests, the fact that an individual or an individual’s family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual’s family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services. Such information is not responsive to this narrow inquiry regarding immunization and SHOULD NOT be provided.

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Due to the nature of the healthcare environment, it is important that if you are displaying any of the symptoms or conditions listed below that you either reschedule your experience or follow the absence procedure as outlined by your department in order to protect the safety of our patients. If you begin to feel ill during your shift at Carle, we ask that you immediately seek treatment with your primary care physician or by visiting the Occupational Medicine department in the North Annex on north Lincoln Avenue. For emergent health concerns or traumatic injuries, you will need to be seen in the Emergency Department located on the first floor of the hospital.

Please reschedule your time at Carle if you are not feeling well or if you have any of the following:

- Fever > 100.4
- Conjunctivitis (pink eye)
- Diarrhea- lasting more than 12 hours
- Group A Strep- culture confirmed or physician diagnosed
- Jaundice- yellowing of the skin which might suggest viral hepatitis
- Cold sores (herpes)
- Active measles, mumps, pertussis, rubella or chicken pox
- Upper respiratory infection (cold)
- Tuberculosis and/or positive TB skin test
- Shingles (chicken pox) or any rash of unknown origin
- Head lice
- Scabies (mites that burrow under the skin causing a rash)
- Any draining wound such as an abscess or boil
- Impetigo (Type of skin infection)
- Mononucleosis
Confidentiality Agreement for Volunteer Services and Foundation Education Non-Clinical Students

The purpose of this Agreement is to document the understanding of Carle’s privacy and confidentiality expectations. In furtherance of ensuring the privacy and confidentiality of any and all Carle information that the Student may encounter or otherwise become knowledgeable of during the activities related to Student assignments, whether such Carle information pertains to Carle’s patients or its business operations, and whether such information is in written, electronic, oral or any other form, the Student agrees as follows:

1. In the course of conducting Student activities for Carle, the Student may encounter information about Carle’s patients, including but not limited to patients’ names and patients’ presence at Carle;
2. All information about Carle’s patients is strictly confidential, and will be treated as such by the Student;
3. The Student will respect the privacy and confidentiality of Carle’s patients, and will not disclose or discuss any patient information of which he/she becomes aware during the course of their encounters with Carle;
4. The Student does not need, and will not request any patient specific information from Carle as part of the encounter with Carle for this purpose;
5. Any patient information the Student encounters or otherwise becomes aware of is incidental to the purpose of his/her presence at Carle;
6. Any and all Carle business information the Student receives or encounters during the course of conducting business with Carle is Carle’s confidential business information;
7. The Student will protect the confidentiality of Carle’s business information; and will not disclose or discuss any Carle business information with any third-party unless it is specifically authorized by Carle to do so.
8. The Student acknowledges and agrees that any breach or violation of this Agreement by him/her shall be cause for immediate termination of the relationship between him/her and Carle.

My signature on this form is my acknowledgement that I have received and will read the Carle Foundation HIPAA Privacy Rule Quick Reference Guide, and the Carle Foundation HIPAA Security Awareness Quick Reference Guide and that I have completed the required training that includes information on the HIPAA Privacy Rule and HIPAA Security Awareness.

My signature also indicates my agreement to follow these guidelines. I understand that following these guidelines is a condition of my continued participation in the Unpaid Learning Experience Program. I, also, understand that Carle Foundation reserves the right to add to, change and update the HIPAA Privacy Rule and HIPAA Security Awareness Quick Reference Guides and related policies and procedures as may be required from time to time.

This Agreement is made this ______ day of ____________________, ________.

(Month)                             (Year)

Signed: ________________________ Name of Student: ___________________

(please print)

Carle Representative:________________________  Title:________________________
Confidentiality Agreement for Nursing Education, Graduate Medical Education and Foundation Education Clinical Students

I, (Print Name) _______________________ acknowledge that my signature below indicates the following:

1. I agree to abide by these standards and the related CFH policies and procedures designed to comply with the laws and regulations to protect the privacy and security of patient information.
2. I understand that, if, during the course of my assignment at CFH, I may be privileged to come into possession of confidential CFH business information including but not limited to financial, patient or employee information, that such information will be kept in the strictest confidence and will not be used or disclosed (shared) except for the sole purpose of my assignment at CFH.
3. I understand that photocopying of patient information is strictly prohibited.
4. I understand that I must ensure that any information that I am permitted to remove from CFH should not contain any individual patient identifiers (including but not limited to name, initials, address, clinic number, admission #, social security #, etc.) for identification purposes. In addition, I understand that the information should be disposed of in a secure and confidential manner to shredding.
5. I understand that no patient, employee or other confidential business information is to be discussed in public areas such as hallways, elevators, shuttles, cafeteria or lobbies.
6. I understand that only authorized healthcare providers may divulge laboratory, medical or surgical findings to a patient or other authorized persons providing the patient has assigned consent.
7. I understand that the failure to follow the provisions of this agreement may result in my immediate removal from the observational, educational, clinical or non-clinical activity at CFH as well as civil and/or criminal penalties.
8. I understand that CFH reserves the right to revise, add, change and update the documents I received and related policies and procedures as may be required from time to time.
9. I agree to return this signed Agreement to the faculty member responsible for my CFH assignment prior to the start of the assignment so that it can be returned promptly to CFH.

My signature on this form is my acknowledgement that I have received and will read the Carle Foundation HIPAA Privacy Rule Quick Reference Guide, and the Carle Foundation HIPAA Security Awareness Quick Reference Guide and that I have completed the required training that includes information on the HIPAA Privacy Rule and HIPAA Security Awareness.

My signature, also, indicates my agreement to follow these guidelines. I understand that following these guidelines is a condition of my continued participation in the Unpaid Learning Experience Program. I, also, understand that Carle Foundation reserves the right to add to, change and update the HIPAA Privacy Rule and HIPAA Security Awareness Quick Reference Guides and related policies and procedures as may be required from time to time.

This Agreement is made this ________ day of ____________________, ________.

Signed: ________________________ Name of Student: ___________________

Carle Representative: ________________________ Title: ___________________

www.carle.org

Updated 4/2013 BB
SAFETY, PROFESSIONAL CONDUCT & SECURITY AGREEMENT

I, (Print Name) _____________________, acknowledge that my signature below indicates the following:

I have received and have read the Carle-specific Safety, Professional Conduct & Security Guidelines. I agree to abide by these standards and the related Carle policies and procedures designed to comply with the laws and regulations to protect the safety of myself, fellow students and Carle staff.

I understand that the failure to follow any of the provisions listed below may result in my immediate removal from the observational, educational, clinical or non-clinical activity at Carle as well as civil and/or criminal penalties.

1. Falsifying any Carle record or document or willfully providing false information to Carle, or a government agency, customer, insurer, or similar entity.
2. Unauthorized access to, possession, use, copying, or reading of Carle records, or the disclosure of information contained in such records to unauthorized persons.
3. Theft or unauthorized use of Carle property or the property of others while on Carle premises.
4. Deliberate or negligent destruction of Carle property or the property of others while on Carle premises.
5. Accepting personal gifts, money, or services in return for special consideration in any Carle business or service activity, or otherwise violating the Carle’s Conflict of Interest Policy.
6. Unauthorized possession or use of intoxicants or other behavior affecting substances on Carle premises. Being under the influence of intoxicants while on Carle premises.
7. Sexual solicitation or harassment of any kind on Carle premises or while representing the organization.
8. Unauthorized possession or use of any weapon on Carle premises or while representing the organization.
9. Fighting or similar behavior that is disturbing, threatening, or injurious to patients, employees, or others on Carle premises or while representing the organization.
10. Conviction of a felony, or violation of any local, state or federal statute with which the Carle must comply.
11. Negligence and/or disregard of safety regulations or common safe practices.
12. Failure to report conduct that a reasonable person should know is criminal that occurs on Carle premises or while conducting Carle business.
13. Other. This list is not exhaustive and should not be construed to limit the Carle’s right to include other types of conduct within this category.

I understand that the failure to follow any of the provisions listed below may result in a verbal or written reprimand. I further understand that the second instance of reprimand for any one of these items may lead to my immediate termination from the program with which I am participating.

1. Poor work performance – based on preceptor’s standards.
2. Inattention to duty such as excessively engaging in behavior that is not related to the experience or sleeping while on duty. Examples include personal internet use, game playing, or excessive use of instant messenger, texting, emailing, or making personal phone calls or other activities of a personal nature.
3. Leaving assigned work area during duty time without permission of preceptor or other person in authority.
4. Failure to notify preceptor or assigned designee when unable to report for work as scheduled.
5. Excessive absenteeism or tardiness.
6. Insubordination – the refusal to carry out the specific directions or instructions of a preceptor, supervisor or other person in authority.
7. Unauthorized use of Carle information systems for personal needs.
8. Failure to comply with traffic and automobile parking regulations on Carle premises.
9. Other. This list is not exhaustive and should not be construed to limit the Carle’s right to include other types of conduct within this category.

I understand that Carle reserves the right to revise, add, change and update the documents I received and related policies and procedures as may be required from time to time.

This Agreement is made this ______ day of ____________________, ________.

(Month)                             (Year)

Signed: ________________________ ____________

www.carle.org   12 Updated 4/2013 BB
1. What is the Privacy Rule and what does it Protect?

The Privacy Rule is one part of the Health Insurance Portability and Accountability Act of 1996, or HIPAA.

The HIPAA Privacy Rule creates national standards to protect individuals’ medical records as well as other individually identifiable information healthcare providers have about them.

Most healthcare-related information a provider has about a patient, in any format (i.e. paper, electronic, verbal, other), is individually identifiable. This information includes clinical, billing, and demographic information, and NOT just the medical record. The protected information is referred to as “PHI.”

PHI includes, but is not limited to, the following examples of information a provider has about each patient that must be protected:

- Name
- Member or account #s
- Address
- Certificate #
- Employer
- Voiceprint
- Relative’s name
- Fingerprint
- Date of birth
- Full facial photograph
- Telephone and fax #
- Codes
- Email address
- Driver’s license
- Social Security #
- All other information from which you can identify the patient
- Medical record #

This federal law became effective on, and healthcare providers had to comply by April 14, 2003.

2. How is PHI protected?

Both the “use” and the “disclosure” of PHI are protected by the Privacy Rule.

“Use” is internal – that is, the way the Carle staff access and/or share information amongst other Carle staff in order to provide our services to our patients.

3. Will the Privacy Rule allow us to use and disclose PHI?

Yes, the Privacy Rule allows Carle staff to use most PHI without the patient’s written approval or “authorization” for the purposes of treating our patients, obtaining payment, and for our operations. (This is sometimes referred to as “treatment, payment and operations,” or “TPO.”)

However, staff access to PHI is restricted to the “need to know” and is defined by job class. This is called the “minimum necessary rule.” Staff must restrict their uses & disclosures to the minimum amount of PHI necessary to do their job in most cases.

Accessing and/or sharing information you do not need to do your job is a Privacy Rule violation. The Privacy Rule allows Carle staff to disclose PHI without the patient’s authorization when the disclosure is for the purpose of the patient’s care/treatment or payment of the patient’s healthcare bills.
We can also disclose PHI without patient authorization in other limited circumstances, including disclosures made to our business associates, and to other healthcare providers who treated the patient for their TPO.

4. How do I know what is the “minimum necessary?”

To determine if you are requesting or providing, the “minimum necessary” PHI, consider what information is needed to accomplish the intended purpose (and whether the intended purpose is allowed under the Privacy Rule).

Minimum necessary does not apply to disclosures to or requests by another healthcare provider for the purpose of treating the patient.

5. Otherwise…

If the use or disclosure is not for treatment, payment or allowable healthcare operations, we must have a patient’s written authorization to use or disclose their PHI.

But...there are some exceptions!

The Privacy Rule includes some other ways we may use or disclose PHI without patient authorization. Some examples include:

- For the facility directory  
  (usually requires verbal authorization)  

- For public health purposes  

- For device or other tracking  

- For law enforcement purposes  

- When required by law, including for example:  
  - subpoenas, court orders, warrants  
  - births, deaths & other required reporting  
  - about decedents (to coroners and funeral directors only)

Section 2 – Privacy Rule ~ Patient Rights

The Privacy Rule grants patients specific rights and controls over the use and disclosure of their PHI. The Privacy Rule rights are the following:

1. Right to Notice of Privacy Practices

   Healthcare providers must give patients a notice of their privacy rights, on the first date of service, which must include how the provider will use and disclose PHI.

2. Right to Access

   Patients have the right to view and receive copies of most of the PHI a healthcare provider maintains about them (in all formats).
The Privacy Rule defines specific elements that must be included on the form that patients signs to give Carle their approval to use or disclose their PHI for reasons other than TPO.

Carle’s Health Information Management department has the forms that include all required elements.

You can access these forms on the Carle.com web page, or through the Carle Foundation Policy IM210, Release, Access, and Disclosure of Medical Record (Designated Record Set) Information.

Remember – follow policy IM210 if you want to access your own PHI. Don’t violate the Minimum Necessary Rule and Carle policy by looking up your own!

3. Right to Restrict

Patients have the right to request an amendment to their PHI.

4. Right to Restrict

Patients have the right to request a restriction on how their PHI will be used and/or disclosed.

5. Right to an Accounting

Patients have the right to receive and account of all disclosures we have made of their PHI. This list of disclosures does not need to include those made for TPO, or those made with the patient’s authorization.

Carle Staff have the responsibility to track certain disclosures they make. See Carle policy AD539, Patients Rights to an Accounting of Disclosures of Personal Health Information

6. Right to Confidential Communication

Patients have the right to request that we communicate with them in a confidential or alternate way, such as to a post office box, or at their office rather than their home.

Section 3 – Privacy Rule ~ Enforcement

The Privacy Rule holds violators accountable, with civil and criminal penalties that can be imposed if privacy rights are violated. Failure to comply with the Privacy Rule could result in civil and/or Federal criminal penalties including monetary fines up to $250,000 and up to 10 years in prison.

Every employee has a duty to report Privacy Rule compliance concerns including possible breaches related to the privacy of PHI. Use the resources listed on the following page to report known or suspected HIPAA Privacy compliance violation, and potential HIPAA Privacy concerns.

Section 4 – Privacy Rule ~ Reasonable Safeguards

The Privacy Rule also requires Providers to use “reasonable safeguards” to protect the inappropriate or unauthorized use or disclosure of PHI.

Some examples of procedures related to reasonable safeguards that Carle has implemented are:

- Using locked recycle bins & shredders
- Keeping charts/records out of public view
Another “reasonable safeguard” that we must use before we disclose PHI to anyone is verify the identity of the person requesting the information. Refer to Carle Foundation Policy IM217 Verification of Identity and Authority of a Person Requesting Patient Information (Protected Health Information) for suggested methods to verify identity before disclosing PHI.

Section 5 – Privacy Rule ~ Resources

Privacy Official.

Carle Foundation’s Privacy Official is located in the Compliance Department

Contact the Compliance Department at 278-8603 or by email at Compliance.Fndtn@carle.com

Notice of Privacy Practices.

The registration staff for each Carle Foundation entity is the point of contact for the Notice of Privacy Practices. The Notice of Privacy Practices can be used as your resource to determine if a PHI use or disclosure is allowed. If it is not listed in the Notice, it is not allowed.

Patients Rights.

Refer patients to the Hospital’s Health Information Management (HIM) department, or the Records Custodians for the other Carle Foundation entities as the primary contacts for staff to use for all other patient rights requests (e.g. requests for copies of records, requesting an amendment).

Policies & Procedures

The Carle Foundation has policies and procedures to address the patient privacy rights created by HIPAA, and instruct staff how to comply with the Privacy Rule generally. Refer to the Carle Intranet (“C-web”) or contact your leadership or the Privacy Official for assistance with Carle’s HIPAA-related policies.

Patient Questions about Protected Health Information

Refer patients or family members to the person responsible for medical records at your facility.

Patient Privacy Concerns or Complaints, refer patients to the Compliance Office at 217-278-8603.

Staff, Volunteer, & other Carle Workforce Concerns or Complaints

Call the Privacy & Security Official directly (217) 278-8603 or the Ethics and Compliance Alert Line at 1-888-309-1566.

For Information about HIPAA Privacy Rule Legislation: Visit the Office for Civil Right’s web site at: www.hhs.gov/ocr/hipaa
1. SECURITY AWARENESS IS IMPORTANT BECAUSE…

It just makes good business sense to focus on basic IT security principles. As health care providers like Carle become more and more dependent on electronic systems to provide efficient quality care for our patients and to operate our businesses, the more important it becomes for us to protect our IT assets from incidents that could compromise that information. Read on to assist you in recognizing your role and responsibilities in creating a good IT security program.

2. DEFINITIONS OF KEY TERMS:

Assets = Something of value requiring protection (hardware, software, data, reputation).

Access = the ability or the means necessary to read, write, modify, delete, copy or communicate data or information or otherwise use any system resource.

Availability = the property that data or information is accessible and useable on demand by an authorized person (see 3 parts of “Security” definition).

Confidentiality = the property that data or information is not made available or disclosed to unauthorized persons (see 3 parts of “Security” definition).

ePHI = protected health information in electronic format such as in software, hardware and other computer storage devices like CD’s, diskettes, etc.

HIPAA Security Rule = part of the Health Insurance Portability and Accountability Act of 1996 that became an effective law on April 20, 2005. Requires most healthcare providers like Carle to put into place standards for the protection of electronic patient information that it creates, receives, stores and transmits.

Integrity = the property that data or information have not been altered or destroyed in an unauthorized manner (see 3 parts of “Security” definition).

Security = includes all 3 of the following terms (see definitions)

- C = confidentiality
- I = integrity
- A = availability

Security Incident = the attempted or successful unauthorized access, use, disclosure, modification or destruction of information or interference with system operations in an information system; Here are some examples:

- You receive an unusual email such as with an extension of .exe
- Frequent pop-up windows appear on the computer screen
- There is unusual slowness in computer performance
- You suspect or know that your ID/password is being used by others
- Your PDA, laptop, pager or other IT asset has been stolen or lost

Workforce = employees, volunteers, trainees, and other persons whose conduct in the performance of work for an entity is under the direct control of the entity whether or not they are paid by the entity.
3. EXAMPLES OF IT ASSETS:

Some examples of IT assets that may receive, store or transmit business information including ePHI are:

- Software and memory devices in computers (hard drives in personal computers, laptops, PDA’s, biomedical equipment, blackberries, iPods, tablets, camera phones, cell phones, text pagers, efax machines, etc.);
- Transportable electronic storage devices like CD’s, magnetic tapes or disks/diskettes, optical disks, or digital memory cards; and
- Transmission media including the Internet, extranet, leased lines, dial up lines, & private networks.

4. IT SECURITY AND PATIENT PRIVACY:

A good IT Security Program will serve to better protect patient privacy. Here’s why: The HIPAA Privacy Rule requires standards for the protection of all individually identifiable patient information (PHI) in any format – verbal (oral), written (paper), electronic, etc.

For example, the Privacy rule requires Carle to identify those persons that should be granted privilege to access PHI to perform their job duties – in other words “role-based access” based on a job description of duties. Only those persons that need access to perform job duties should have access. Carle policy IM203 Patient Confidentiality and Privacy – Minimum Necessary was created to comply with this regulation under the Privacy Rule. Access to patient information by workforce when it is not to perform a job duty – i.e. for personal reasons – is prohibited.

The HIPAA Security Rule requires additional protection for electronic PHI, or ePHI. Carle is required to put into place additional basic safeguards to protect ePHI from unauthorized access, alteration, deletion and/or transmission. These additional safeguards will help support the privacy policies and procedures that we have already put into place to protect patient privacy.

For example, the Security Rule requires Carle to secure ePHI by assigning a unique user ID to each authorized user of an ePHI system. Those with a role-based need to access the system must have a unique user ID assigned to gain access. This Security standard reinforces the Privacy standard of role-based access.

5. YOUR RESPONSIBILITIES:

Every member of our workforce has a duty to protect Carle’s IT assets. Your responsibilities are to:

- Use Carle IT assets for business purposes only and know and follow IT policies and procedures (found on the Cweb under the IT Department site) http://cweb.carle.com/IT/Policies/default.htm
- Promptly report suspicious activity or persons on Carle property to the Security Department and your supervisor.
- Promptly report suspected or known IT security incidents to the IT HelpDesk at (217) 383-4357 and your supervisor.
- Always safeguard your user IDs and passwords by never sharing them with anyone and never writing them down where someone may have access to them (e.g. DO NOT tape them to a computer monitor or inside a desk drawer that others can access).
- Guard against malicious software by downloading only Carle authorized software on to Carle IT equipment (e.g. use caution in downloading from the internet or saving document
attachments in email to the network from unfamiliar or un-trusted sources which can introduce viruses to our network).

- Monitor log in attempts and report anything unusual or issues to the IT HelpDesk at (217) 383-4357
- Be wary of the “shoulder surfers” – others watching your key strokes as you log in.
- Promptly report suspected or known viruses to the IT HelpDesk at (217)383-4357 (e.g. email like those with extensions of .exe or from an unusual or unknown source).
- Seek guidance from your chain of command (starting with your supervisor), the IT HelpDesk, or the Security Official if you have questions or concerns about IT security.

6. CONSEQUENCES OF FAILURE TO COMPLY:

Failure to comply with Carle policies and procedures could result in both internal and external consequences. Situations involving alleged misuse of IT assets will be thoroughly investigated, and actions will be taken on a case by case basis as deemed necessary based on the investigation results and Carle policy.

Internal Consequences:
Disciplinary action up to and including termination could be imposed on employees. Refer to Human Resources Policy HR609 for specific information. Other workforce members may be subject to action up to and including immediate termination of an encounter or relationship with Carle.

External Consequences:
Various civil money ($$) penalties and criminal penalties including possible jail time could be imposed on the individual and/or the organization by State and/or federal authorities as deemed appropriate to the circumstances and current laws (e.g. breach of contract and/or State and federal privacy, security, copyright and license laws).

7. RESOURCES AVAILABLE TO YOU:

There are many places to find more information about IT Security or to ask questions. Here are some of those resources:

- Carle Foundation Administrative Policies and Procedures Table of Contents Cweb site at http://spscarle/sites/policies/Pages/Home.aspx
- IT Department Cweb site at http://cweb.carle.com/IT/Policies/default.htm
- Call the IT HelpDesk for questions at 383-4357 or email questions to Help.Desk@carle.com
- HIPAA Privacy & Security Official at 278-8603 for HIPAA Security questions
- Need policy help? If you don’t have ready access to the Cweb, or just need help finding a policy, you can contact or visit the following locations to get assistance:
  - Foundation Education at 221 N. Broadway Ave., Urbana
  - Human Resources at Lincoln Square Village, Urbana
  - Compliance Office at County Plaza, Urbana
  - Check the Centers for Medicare and Medicaid Services web site under “Security Standards” at www.cms.hhs.gov/hipaa/hipaa2
  - Check out the National Institute for Standards and Technology web site http://csrc.nist.gov/publications/nistpubs/

A good IT Security Program depends on YOU. Your commitment to know and do what’s expected of you to protect IT assets will be the key to our success.

- Know and follow Carle Foundation policies and procedures
- Report any IT Security Incidents to the IT HelpDesk and your supervisor
- Seek assistance from available resources as needed
<table>
<thead>
<tr>
<th>TOPIC</th>
<th>OVERHEAD ANNOUNCEMENT</th>
<th>INFORMATION &amp; REQUIRED ACTIONS</th>
</tr>
</thead>
</table>
| **FIRE** | Greenleaf & location = a suspected fire | • Do not use the elevators in the same building as the alarm
• Do not transport patients to the location of the alarm until a “Greenleaf all clear” is announced overhead.
• Limit travel to & contact with the department/unit of the Greenleaf alarm.
• When you hear a fire alarm:
  o Close all doors in the department/unit.
  o Move patients & visitors out of the hallways and into rooms & lounges.
  o Clear the hallways of all equipment.
  o Search for the cause of the alarm.
  o Secure any important records (patient records) for a possible evacuation.
  o Instruct patients/visitors/staff not to block the hallway or use the elevators.
• **R.A.C.E** when you discover a fire:
  o **R**- remove people from the fire scene, stay calm, walk & don’t run.
  o **A**- alert Fire Dept by pulling the “red pull station” or Call 3-3911 to report a fire.
  o **C**- contain the fire and close all doors
  o **E**- extinguish the fire if smaller than the size of a trash can OR evacuate- follow direction of charge staff members and follow department/unit specific policy. |
| **WEATHER** | Weather Alert Phase 1 = severe weather, secure area  
Weather Alert Phase 2 = tornado warning, evacuate | • Weather Alert Phase 1
  o Draw shades & drapes and remove loose items from the window sill
  o Lower patient beds to lowest position.
  o Stay calm & alert for further announcements.
  o “All clear” will be announced when conditions improve.
• Weather Alert Phase 2
  o Assist ambulatory patients & visitors to designated shelter areas in central corridors away from external windows & doors.
  o Close doors
  o If patients can not be moved, pull curtains around bed and place extra blankets over patient to protect from debris.
  o Calm patients & visitors, remain in the shelter area until “all clear” is announced. |
| **HAZARDOUS MATERIALS** | NA | • **MSDS**- Material Safety Data Sheets- are information sheets on all chemicals. They list:
  o Proper handling techniques
  o Emergency response procedures
  o Emergency contact phone numbers
  o Full description of the chemical
• Responsibility of students:
  o Know the location of the depart/unit MSDS binder
  o Read MSDS on chemicals before handling
  o Follow appropriate work practice as indicated by policy or the MSDS sheet
  o Dispose of chemicals appropriately as indicated on MSDS sheet
  o Ask Carle staff if you have questions or are unsure. |
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<tbody>
<tr>
<td>INFANT ABDUCTION</td>
<td>Code Pink</td>
<td>• Level 1 = abduction of an infant or child who is too young to walk. • Level 2 = abduction of a child who is old enough to walk. • Note any suspicious person or persons especially if they have an infant or child with them and immediately report it to Security 3-3911. • All employees are to follow their unit specific plans which will include: o Securing and manning all entrance or points of access to the complex o Search their area for the abducted infant, child or abductor. o Look out windows and be aware of people around you. o Report anything to Security- 3-3911 o Do not make physical contact with abductor if confronted. Report to Security-3-3911.</td>
</tr>
<tr>
<td>UTILITY</td>
<td>NA</td>
<td>• All Life Sustaining and/or Life Support equipment that is currently in use on a patient MUST be plugged into a RED wall outlet. • RED outlets are supplied by the generator in the event of a utility failure. • In the event of any utility failure respond as directed by the Charge Nurse or Dept. Manager. • During an electrical outage: o Emergency generators will provide backup power within 10 seconds. o Ensure all critical equipment, especially life support equipment is plugged into a red outlet. o Emergency power will be provided to the RED outlets and RED wall switches only. o Minimal overhead lighting will be available. • Verify proper operation of all medical devices.</td>
</tr>
<tr>
<td>INFECTION CONTROL</td>
<td></td>
<td>• All your immunizations must be up to date. • Get your Hepatitis B vaccine. • Each job category is assigned a “risk category” based on the essential job duties of the position. The risk is assigned a Level. Level 1 = occupational exposure on a regular basis. Level 2 = some/occasional potential for exposure. Level 3 = little or no potential for exposure. • Know your risk level. • Understand the OSHA (Occupational Safety &amp; Health Administration) Bloodborne Pathogen Guidelines. See next section. • Know where to find the Exposure Control Plan. • Use universal precautions at all times. This is a set of precautions from OSHA that mandates that all blood and body fluids be treated as if they were infected with a bloodborne pathogen. Universal precautions protect healthcare workers from exposure. • Wear personal protective equipment as indicated (Mask, Goggles, Gowns and Gloves). • Artificial fingernails (include but not limited to acrylic, overlays, tips or silk wrap) and fingernail jewelry ARE PROHIBITED. • DO NOT bend or recap needles or sharps. • Place contaminated or opened or used needles/sharps immediately and ONLY in an approved RED sharps container. • If there is not a sharps container readily accessible in your area or it is full, then report this to your instructor or mentor. • DO NOT eat in work or patient care areas. • Recognize the RED isolation &amp; biohazard signs and follow them. • Report any injury and/or exposure to your instructor or mentor.</td>
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<td>TOPIC</td>
<td>INFORMATION &amp; REQUIRED ACTIONS</td>
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</table>
| OSHA       | • 1991 OSHA (Occupational Safety & Health Administration) Standards on Universal Precautions states that any health care worker who might potentially come into contact with patients, procedures, specimens or items contaminated with blood/body fluids or tissue should be educated in infection control.  
  • Treating ALL patients, specimens, procedures and items contaminated with blood and body fluids as if they could infect you with a bloodborne pathogen.  
  • Examples of bloodborne pathogens include: HIV, Hepatitis-B or Hepatitis-C.  
  • Potentially Infectious substances can include:  
    - Blood- All human blood, blood components & blood products  
    - Body Fluids- Semen, vaginal secretions, fluid around the heart, lungs, brain, joints or other organs in the abdomen, saliva, amniotic fluid or any other body fluids in situations where it is difficult to see blood or differentiate between body fluids.  
    - Other potentially infectious materials (tissues, organs, cultures etc.) that may contain blood or body fluids.  
  • TB/Tuberculosis is an example of an airborne pathogen. TB can affect any organ or tissue but is mostly seen affecting the lungs.  
    - Transmission occurs by inhaling the bacteria produced by people with the disease in their lungs during coughing, talking, singing or during certain invasive procedures.  
  • Risk of infection is related to the duration and degree of exposure. A positive TB skin test does indicate that you have been exposed—NOT that you have the disease—further testing is required to confirm diagnosis.  
  • Other airborne pathogens include Varicella (chicken pox) and Rubeloa (Red Measles)  
  • Some organisms are resistant to antibiotics requiring certain precautionary measures. Some examples include MRSA (methicillin or oxacillin resistant *staph aureus*) or VRE (vancomycin resistant *enterococci*). |
| HANDWASHING | • Handwashing is the single MOST IMPORTANT activity to prevent the spread of infection!  
  • Wash your hands after glove removal, before eating and after using the bathroom.  
  • Wash your hands after every patient contact.  
  • Remove gloves before leaving the patient's room or when finished with a patient related activity. No one else wants to be exposed to what you are protecting yourself from.  
  • Avoid petroleum based hand lotions- they can damage latex gloves. |
| TYPES OF ISOLATION | • Patients can be under Airborne, Droplet or Contact Isolation.  
  • The healthcare provider will need to comply with the isolation specific precautions:  
    - Airborne  
      - Pt must be in a negative flow, private room.  
      - Caregivers must wear TB respirator mask (N-95).  
      - Caregivers MUST be fit tested by Employee Health or designee to be authorized to wear mask.  
    - Droplet  
      - Pt should be in a private room  
      - Caregivers must wear N-95 mask  
      - Caregiver does not need to be fit tested before they can wear the mask for this purpose. Fit test is required for Airborne pathogens only.  
    - Contact  
      - Wash with antiseptic soap- hibicilins  
      - Gown when touching patient  
  • Equipment (including stethoscope) should be “dedicated” for this patient. This means the blood pressure equipment, stethoscope, thermometer etc... should not be shared with other patients to avoid the spread of infection or colonization. |
### GOOD HOUSEKEEPING

| • Housekeeping is everyone's responsibility. Keep your work areas clean and safe. |
| • Many people handle the trash once you are through with it - we want to keep everyone safe. |
| • Trash: |
|   - Effectively and appropriate dispose of trash and linens. |
|   - Put any sharp object in the sharps container. |
|   - Ensure trash bags are double tied shut. |
|   - Biohazard waste goes in only **RED** biohazard trash bags. |
|   - Do not throw non-biohazard materials in biohazard bags - this helps to keep waste disposal costs down. |
| • Linen: |
|   - ALL soiled linen is considered infectious. |
|   - Linen from isolation patient rooms is handled in the same manner as other linen. |
|   - ALL soiled linen is to be placed in a clear bag, double tied and taken to the soiled linen cart. |
|   - Do not overfill the linen bags - you will need to carry it. |
|   - Do not place linen in any other colored bag besides clear. |
| • Equipment: |
|   - Clean equipment regularly. |
|   - Hospital approved disinfectant is available and should be used on all items in between patients. |
| • Some equipment can be re-used and should be sent to Sterile Processing Department for reprocessing. |

### PERSONAL CONDUCT

<p>| • While at Carle Foundation Hospital you are not only an acting representative of your school but of Carle Foundation as well. Many visitors and patients are not aware that you are a student. Your actions or lack there of can effect the views and opinions of our patients and visitors. |
| • During your educational experience at Carle, you are under the supervision of either a school faculty member or a Carle appointed mentor/preceptor. |
| • While at Carle, we expect that: |
|   - You dress according to your schools policy. This should include NO: hats, jeans, shorts, sandals, sport team shirts or tank tops. |
|   - Your hair is clean, fastened securely (if long). Beards and mustache should be clean and neatly trimmed. |
|   - Fingernails should be of reasonable length and trimmed. No artificial nails or nail jewelry is permitted. |
|   - Perfume, cologne or scented lotions should not be worn or used if performing patient care. |
|   - Jewelry should be conservative. |
|   - Your ID badge is worn at all times |
|   - You not use stethoscope covers - they can be a source of infection. Latex free stethoscope is recommended. |
|   - Refrain from using profanity or from raising your voice. |
| • Some Customer Service expectations include but are not limited to: |
|   - Use the stairs when possible. Especially if you are physically able and you are going either 1-3 flights up or down. |
|   - When the elevators are needed to transport a patient, please step off the elevator and take the next one and/or use the stairs. |
|   - Pick up trash or liter in patient care areas or hallways. |
|   - Park in the Fairground designated parking lot and use the shuttle on weekdays. Refrain from parking in visitor parking garages on weekdays. The shuttles do not operate on weekends. On weekends, you can park in the parking garage for free. |
|   - If visitors appear lost or looking for something, please offer to assist them. Find someone who can help them if you are unable to answer their question. It’s always best to escort visitors to the area they are looking for rather than giving directions. |</p>
<table>
<thead>
<tr>
<th>Security</th>
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<tbody>
<tr>
<td>Do not bring valuables or large amounts of money to Carle.</td>
</tr>
<tr>
<td>Secure your valuables.</td>
</tr>
<tr>
<td>Use the Carle supplied shuttles- especially at dusk or at night.</td>
</tr>
<tr>
<td>You can request for an escort if arriving or leaving after the shuttle hours of operation. Call Carle security for an escort- 383-3122. Operating hours for the shuttles are weekdays 5:00am –9pm.</td>
</tr>
<tr>
<td>Pay attention to your surroundings.</td>
</tr>
<tr>
<td>If you need to report a theft or crime while at Carle, call the Carle Security Office at 383-3122.</td>
</tr>
</tbody>
</table>

**Student Housing Information**

We have limited student housing available. Please contact:

Joanna Machen  
Carle Facility Services  
Office: 217-383-4429  
Fax: 217-383-3540  
E-mail: Joanna.Machen@carle.com