MARSHALL MEDICAL CENTER
PONDEROSA HIGH SCHOOL’S
ANATOMY & PHYSIOLOGY CLASS
HEALTH CAREER
EXPLORATION DAY
Monday, October 22, 2018
2:00 pm – 5:00 pm

WELCOME PACKET
# Health Care Exploration (HCE) Day

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MARSHALL MEDICAL CENTER

HEALTH CAREER EXPLORATION DAY

CHECKLIST

Please return the following paperwork no later than October 8, 2018 in order to secure participation in the October 22nd event.

**Event Registration closes after 16 applications are returned complete.**

☐ Completed Participant Application. (Page 4)
☐ Completed (and signed if under 18) “In Case of Emergency” (Page 5)
☐ A copy of your PPD test results (TB test). This is required for all participants to have proof of TB test within 12 months of date received.
☐ Acceptance Signature Document (Page 11)
☐ Signed Permission Release Form (Page 13)
☐ Check or money order for $10 payable to: Marshall Medical Center
MARSHALL MEDICAL CENTER
PONDEROSA HIGH SCHOOL’S HEALTH CAREER EXPLORATION DAY
Monday, October 9, 2017
PARTICIPANT APPLICATION

IMPORTANT: Return via mail to Marshall EDUCATION
1100 Marshall Way, Placerville CA 95667

Return via drop off to Community Health Education at 3180 Turner Street,
Placerville CA 95667 *not to Marshall Hospital Building*

Name: ___________________________________________ Age: _____

*must be 16 years old by date of event*

Street Address: ___________________________________________ 

City: ____________________ State: ____________ Zip: ____________

Phone: (Home) __________________________ (Cell) __________________________

T-Shirt Size: __________

Email Address: __________________________________________

School (if student) __________________________ Year: ____________

I AM REQUESTING A JOB SHADOW/OBSERVATION SESSION
FOR THE FOLLOWING:

(please indicate 1st, 2nd, 3rd preferences on lines provided)

*Preferences are not guaranteed. Placements are determined with a lottery.

_____ – Cardiac Rehabilitation

_____ – Clinical Lab Scientist

_____ – Medical Assistant

_____ – Physical/Rehabilitative Therapist

_____ – Radiology

_____ – Registered Nurse

_____ – Respiratory Therapist

_____ – Social Worker

_____ – Surgery
MARSHALL MEDICAL CENTER
HEALTH CAREER EXPLORATION DAY
PARTICIPANT APPLICATION (cont)

WHOM TO CONTACT IN CASE OF EMERGENCY:

Name: ___________________________  Relationship _____________
Address: _____________________________________________________

_________________________________________________________________

Phone: (Work) ______________________  (Home) ______________________

IF UNDER 18 Parental/Guardian Consent is required.

_________________________________________ has my permission to participate in
(please print)

Marshall Medical Center’s Health Career Exploration Day on October 22, 2018.

_________________________________________  ______________________
Parent/Guardian Signature                Date
STANDARDS OF BEHAVIOR

A. RESPONSIBILITIES

Marshall Medical Center serves the Western Slope of El Dorado County. Our mission is to provide hospital and health services of value and quality to our community.

We want to welcome you to our organization. In accepting your assignment at Marshall, you have accepted a responsibility, which carries with it a privilege of service to the hospital. The information in this packet is intended to be a general overview of the policies and procedures you will need to know to function as a member of our health care team. You will need to read this packet before your participation. You will be asked to sign what you have read and understand the information in this packet.

B. CONFIDENTIALITY

All information, which you may hear, directly or indirectly, concerning a patient, doctor or any member of Marshall’s personnel, MUST be considered as strictly confidential. Such information will not be discussed with anyone either inside or outside the hospital including other participants.

C. DRESS CODE

Your personal appearance should reflect an image of professionalism, cleanliness and safety. Your clothing should be clean and neat. Perfumes or after-shaves are discouraged, as specific scents can be offensive, or even a source of allergic response, to patients and staff. Large, oversized jewelry or ornaments are inappropriate and may present a safety hazard. **Appropriate attire for the Health Career Exploration (HCE) Day includes dark slacks and the Marshall Medical Center HCE Day T-Shirt provided; toe-covered shoes (clean sneakers are welcome and required in some units); NO jeans, shorts, sweats, yoga pants, sandals, distasteful images or slogans, or other attire or accessories out of place in a clinical work environment.**
D. SAFE AND FUNCTIONAL ENVIRONMENT

It is the policy of Marshall Medical Center to provide a safe and healthful environment for employees, patients and visitors at the facility and at all off site locations. A safe environment is accomplished through the ongoing monitoring and assessing of multiple environmental factors. This provides a systematic mechanism for identifying opportunities for improvement and a timely intervention for these improvements. Therefore, if you have any employee or environmental safety issues, notify your supervisor. If you have any issues related to patient safety, call the “Patient Safety Hotline” X320 and state your concerns.

E. SECURITY

It is the policy of Marshall Medical Center to provide a safe and secure environment for all staff. Marshall Medical Center will not tolerate any acts or threats of physical violence, including intimidation, harassment or coercion by patients, visitors, regular, or non-employee staff or physicians. Please notify your supervisor/charge nurse or Security if you feel concerned in any way. Should you feel in immediate danger, or feel a patient is in immediate danger, dial 555 and say “Code Silver (give location)”.

F. INFECTION CONTROL

The most effective thing you can do to prevent the spread of infection is to wash your hands. Wash your hands before and after contact with a patient, after handling contaminated items, before and after wearing gloves, before handling food or eating, and after using the bathroom.

G. EMERGENCY CODES

CODE RED ................................. Fire
CODE BLUE ............................... Respiratory/Cardiac Emergency
CODE YELLOW ........................... Bomb Threat
CODE ORANGE .............................. Hazmat Spill
CODE GRAY ............................... Security Assistance
CODE PINK ................................. Infant Abduction
CODE TRIAGE ............................. Disaster (Internal/External)
CODE SILVER ............................. Serious Security Risk
CODE GREEN ............................. Patient Elopement
ALL OUTSIDE ENTRANCES SECURED….All outside doors secured. Visitors must re-enter through Emergency Department
CODE RED
(Fire)

1. Introduction
   Fire has the potential for being one of the most destructive internal disasters in a hospital facility. The hospital’s first and foremost concern is to ensure the safety of all patients, staff and visitors present during such an event. Once alerted, other staff members become a part of the team and act quickly and effectively to protect the lives of patients, visitors, and co-workers.

2. If a fire is in your area, follow the instructions of the supervisor.

3. The phrase “Code Red Clear” ends the alert.
   a. Know the location of the nearest fire extinguisher, fire alarm pull stations, and fire exits.

   **IF YOU SEE SMOKE OR FIRE … PULL THE FIRE ALARM!**

CODE BLUE
(Respiratory/Cardiac Emergency)

1. Should a patient in your area, call out “Code Blue” and (location) or dial 555, say “Code Blue” and give location.
2. If you are trained in Basic Life Support (BLS) begin the CABs of CPR.
3. When the Code Team arrives, be prepared to give the medical history of the patient and follow the instructions of the Code Team Leader. There is no overhead page when the Code Blue situation is cleared.
4. If there is a Code Blue in your area, leave the immediate area to allow the Code Team to resuscitate the patient.

CODE YELLOW
(Bomb Threat)

If you see a suspicious object (anything that does not normally belong there---purse, briefcase, box, etc.) do not move it. Notify Security at Ex. 6012.

If you hear a Code Yellow paged, visually scan around the area you are working for unusual items or something out of place. If something is located contact your supervisor.
CODE ORANGE
(Hazmat Spill)

Treat any spill as “hazardous” until identification and confirmation otherwise. If you come across a spill, that you know or suspect is “hazardous”, contact your supervisor or dial 555 and say “Code Orange” and give your location and the type of spill, if known. Assess the hazards, remove any one in danger, restrict access to the area and avoid contact with the spill. The phrase, “Code Orange Clear” ends the alert.

CODE GRAY
(Security Assist)

Should you need help in coping with an abusive or aggressive patient, visitor, or co-worker, dial 555 and say “Code Gray (location)”. When Security arrives, explain the situation fully to them so they can assist you. The phrase “Code Gray Clear” ends the alert.

REMEMBER: “CODE GRAY, COME RIGHT AWAY”!

CODE PINK
(Infant Abduction)

When this code is called please remain in your department and continue to carry out your current assignment, unless directed otherwise by your supervisor. Be alert of suspicious activity. A Code Pink, followed by a number (i.e. “Code Pink 5”) indicates that a five year old child has been abducted. The phrase “Code Pink Clear” ends the alert.

CODE TRIAGE
(Disaster Internal/External)

When this code is called, please remain in your department and continue to carry out your current assignment, unless directed otherwise by your charge nurse/supervisor. The phrase “Code Triage Clear” ends the alert.
CODE SILVER
(Serious Security Risk)

When this code is called, please remain in your department, close doors, and continue to carry out your current assignment, unless directed otherwise by your supervisor. If you are not in your department when you hear, “Code Silver”, go to your department if it is safe to do so and you do not need to pass near the area of the Code Silver. If it is your area where the Code Silver is occurring, keep yourself safe. Get out of the area if possible. If you are away from your department where the Code Silver is occurring, DO NOT return to your department, until you hear, “Code Silver Clear”. The phrase “Code Silver Clear” ends the alert.

REMEMBER: Thinking of silver guns and officer badges as a serious situation/incident and “Stay Away” from the paged location.

CODE DR. DOOR LOCK

The purpose of “All Outside Entrances Secured” is to secure the hospital, provide heightened awareness of who enters the hospital and provide additional security for patient, visitors and staff. This is only a “precautionary” measure to secure the hospital access and, unless otherwise stated, will only affect the hospital. There is no known eminent danger to staff. If there is an immediate danger, an appropriate “Code” (yellow, silver, or triage) shall be called at that time.

Visitors will need to re-enter the Hospital through the Emergency Department.

This code shall be initiated by the Incident Commander, Administration, VP or House Supervisor.

Reasons for All Outside Entrances Secured include:
- Received a threat towards the hospital
- Media invasion because of an incident in the community
- Mass influx of patients

CODE GREEN
(Patient Elopement)

When this code is called please remain in your department and continue to carry out your current assignment, unless directed otherwise by your supervisor.
I have received *Marshall Medical Center’s Health Career Exploration Welcome Packet*. I have read and understood the information in it. It is my responsibility to comply with the information included in this packet.

_____ I Accept   _____ I Do Not Accept

_________________________________________
NAME (printed)

_________________________________________
SIGNATURE

_________________________________________
PARENT/GUARDIAN SIGNATURE (If under 18 yrs.)

_________________________________________
DATE

If you have any questions, please do not hesitate to contact us at 530-626-2990. Thank you.
Health Career Exploration (HCE) Days
Release and Permission Form

I have applied to participate in a job shadow experience at a Marshal Medical Center (MMC) facility. I understand that to be eligible for this program I must agree to certain terms and conditions in this form that protect both myself and MMC.

1. REQUIREMENTS:
   a. At least 16 years of age;
   b. Received, read and agree to follow MMC’s administrative policies, standards, and practices;
   c. Received information, read and agree to follow HIPPA’s Privacy Practices;
   d. Submitted up to date vaccination records to the Community Health Education Coordinator.

2. CONFIDENTIALITY. I understand and agree to:
   a. Comply with MMC’s HIPAA policies;
   b. Treat all information received in the course of the HCE Day, including patient names, diagnosis, treatment, or anything else relating to patients, as CONFIDENTIAL and privileged information;
   c. Be prohibited now or in the future from gaining access to, removing (in paper or electronic form), or disclosing to anyone any confidential and privileged information except as permitted by MMC’s policies and only with the express permission of my HCE Day supervisor;
   d. Be prohibited from logging on to or loading any software onto any MMC computer, downloading patient information to any mobile device;
   e. Photography of patients or any area of the hospital using any photographic device, including cell phones, is not permitted;
   f. Participation in online social media such as Facebook, Twitter, YouTube, blogs, etc., should not be used to communicate during HCE Day at Marshall Medical Center. Unacceptable communications include: personal use of social networks; unauthorized or derogatory comments about Marshall its work force, or medical staff; and information that identifies a patient’s identity or exposes any health information about a patient.
   e. Be immediately terminated from my HCE Day for failing to comply with these requirements.

3. BEHAVIORAL EXPECTATIONS. I understand that I must meet the same behavioral and ethical standards expected of all MMC employees. My HCE Day event will be terminated immediately for disruptive, disrespectful, or other inappropriate behavior. Behavioral expectations of MMC include:
   a. Positive Attitude—means contributing to a positive atmosphere;
   b. Customer Service—means putting others first;
   c. Courtesy & Respect—means being polite and listening closely;
   d. Communication—means introducing myself and speaking clearly;
   e. Professional Conduct—means respecting patient privacy; being safe, and following policies and procedures;
Health Career Exploration (HCE) Days
Release and Permission Form (cont)

4. ACKNOWLEDGEMENT OF RISKS. I understand the inherent dangers in participating in my HCE Day experience at a health care facility and accept the risks of being around sick and injured patients. These risks include, but are not limited to, being emotionally shocked by experiences that are new, unusual or distressing; being adversely affected by the sight of blood, physical trauma, death, nudity, altered states of consciousness, and uncomfortable or painful medical procedures or tests; fainting; and being exposed to illness, infection or injury.

5. RESPONSIBILITY FOR ILLNESS OR INJURY. If at any time I feel nauseous, dizzy or otherwise ill during my HCE Day experience, I shall inform my supervisor immediately. I authorize MMC to provide emergency medical care if I am injured or ill at a hospital site. I shall bear the costs of any such care and under no circumstances shall MMC bear any cost of such care. In the event of an emergency, MMC may contact:

Name: ____________ at phone no.: ____________; alternate phone no: ____________.

6. RELEASE OF LIABILITY. I assume all risk associated with my job shadow experience and release and hold harmless MMC, its administration, board of directors, employees and agents from any and all claims or liability for physical injury and/or damage, emotional distress or mental anguish, or any other health condition that I may sustain as a result of my HCE Day at any facility of MMC.

By my signature here, I acknowledge that I have read this form, understand it, and agree to all of its terms.

Signature: _______________________________ Date: ___________________

Printed name: __________________________

If the Student is under 18 years of age, parent or guardian must sign. By my signature here, I give my permission for the Student to participate in an MMC HCE Day. I have read, understand, agree to, and adopt as my own on behalf of the Student all of the terms listed above, including the ACKNOWLEDGEMENT OF RISKS, RESPONSIBILITY FOR ILLNESS OR INJURY, and RELEASE OF LIABILITY.

Signature of parent or guardian: ______________________________ Date: __________________

Printed name: __________________________

Accepted: Marshall Medical Center

By: _______________________________ Date: __________________

Title: ______________________________