

## Lakeshore Health Care Alliance “Career Experience” Information Sheet

Welcome! To ensure that you get maximum benefit from your Health Career Experience, there are several topics we think you should know about.

**CONFIDENTIALITY:** The nature of the health care industry and the state and federal privacy laws require all employees, volunteers, and students to maintain a high level of confidentiality with respect to all information of medical or business nature concerning patients, residents, doctors or employees. **Under no circumstances will such information be discussed with any unauthorized person(s) either outside or inside of the health care facility.** To engage in discussions of confidential information is not only a breach of confidence and a lack of concern for others, but may also involve you in legal proceedings.

**INFECTION CONTROL:** Proper hand washing helps to prevent the spread of infections from one person to another. Hand washing products, which contain a special antibacterial agent, are available in the rest rooms and work areas. Hands should be rinsed well using friction to remove residual soap. You may not to enter any room designated “Isolation”. If there is a potential that you will have direct contact with a patient's blood or other body fluids, you **must** wear protective apparel. Please consult with a staff member for further instructions.

### **GENERAL SAFETY:**

1. Please report any unsafe conditions or injuries to the area supervisor.
2. The overhead paging system will announce "Code Red" if a fire is detected. Report to your work area for instructions. If you detect a fire, activate the nearest fire alarm. Ask your mentor to provide the number to call when reporting a fire.
3. The overhead paging system will announce severe weather or tornado warnings. Report immediately to your work area.
4. Other codes are announced to alert the staff to other emergencies. Please report to your work area for Instructions if you are unsure of your responsibility.

**TOBACCO:** You will be required to follow the tobacco policy at the health facility in which your Career Experience event will be held – please check with the facility if this is a concern.

**DRESS CODE:** Appropriate professional business attire is expected. Jeans and T-shirts are considered inappropriate. Be sure that your attire is modest. A general rule is to keep shoulders to knees covered. Aside from earrings, visible body piercing may not be worn. Shoes should have closed toes and all athletic shoes must be of a solid color. Any visible tattoo must be covered at all times.

I have read and understand the information on the Career Experience Information Sheet. Should I need medical attention during or as a result of this Career Experience, I assume full responsibility for any treatments deemed necessary. I assume responsibility of all medical costs which result and release Lakeshore Health Care Alliance and its members of all liability. Patient/resident permission is required for all Career Experience interactions. I understand that this permission may be withdrawn by the patient/resident at any time. I also give permission to LSHCA/partner staff to use any photographs/videos which may include me for future health related promotions/media coverage. I give the facility at which is being conducted permission to release my telephone number or contact directions, to the requested department. While I am participating in the career experience at any site under the Lakeshore Health Care Alliance, I realize that all healthcare information, patient/resident care and records are a confidential matter. All information exchanged while I am observing must be held in strictest confidence.

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**Student Name (PRINT):**

**Student Signature**

**Date**

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**Emergency Contact Name:**

**Phone Number:**

I have read and understand the information on the Information Sheet and authorize my son/daughter to participate in this Career Experience. The Lakeshore Health Care Alliance nor its members shall be held responsible for adverse occurrences and/or outcomes. Should my child need medical attention during or as a result of this career experience, I authorize such medical care and assume full responsibility for any treatments deemed necessary. I assume responsibility for all medical costs which result and release Lakeshore Health Care Alliance and its members of all liability. I give Lakeshore Health Care Alliance and its member's permission to release my son/daughter telephone number or contact directions, to the requested department.

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**Parent Signature \*If student is under the age of 18**

**Date**