

# Checklist for Pediatric/Neonatal PICC and Ultrasound Workshop

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Please turn in all documentation for immunizations and signed forms **ALL TOGETHER** to:

Nancy League ♦ [nancyrene@piccexcellence.com](mailto:nancyrene@piccexcellence.com)  
Workshop Coordinator - PICC Excellence, Inc.  
888 714-1951 t ♦ 706 377-3360 o ♦ 904 327-9961 text

This information is requested by and must be approved by **Baptist Medical Center/Wolfson Children's Hospital**, so that you may observe patient insertions accompanied by your instructor.

Your Name \_\_\_\_\_ DOB \_\_\_\_\_

Home address: \_\_\_\_\_ city/state \_\_\_\_\_ zip \_\_\_\_\_

Cell phone: \_\_\_\_\_ (this will NOT be used or shared except in conjunction with this workshop)

Date of registered workshop \_\_\_\_\_

Please indicate if you wish to focus on **Pediatrics** or **Neonates** or **Both** (Circle one)

## Documents:

- Clinical Observation Consent form
- COVID 19 Acknowledgement form
- Shadow Request Form (**PICC Excellence will complete this form, with signatures, and submit everything to the hospital clinical coordinator**)

## Immunizations:

- **PPD or QuantiFERON TB Gold test (QFT\_G) from within the last 12 months and must remain current during observation period.**  
\*If PPD?TB results are positive, a chest X-ray is required along with the radiology report from within the last two years and must remain current during the observation experience. If you have a history of positive results, a TB Questionnaire must be completed in person.
- **Varicella (VZV): Verification of two vaccinations or positive titer is required. Occurrence or history of disease dates are insufficient proof of immunity, a titer will be required.**
- **Rubella, Rubeola, Mumps (MMR): Verification of two vaccinations or positive titers are required.**
- **FLU: Flu vaccination is required during flu season (typically October through April) and must remain current during the approved shadowing experience. Flu vaccination requirements may be changed based on the season starting early or extending beyond April.**
- **Proof of COVID 19 vaccination.**

Your registration and attendance for the Workshop is not complete until this documentation is submitted and approved by **Wolfson Children's Hospital Clinical Coordinator**.



**BAPTIST HEALTH SYSTEM, INC.**

**OBSERVATION RULES AND APPLICATION**

**PLEASE REVIEW THIS ENTIRE PACKET BEFORE  
SUBMITTING YOUR APPLICATION.**

**COMPLETED APPLICATIONS AND QUESTIONS  
CAN BE SENT TO:**

**[OBSERVATIONS@BMCJAX.COM](mailto:OBSERVATIONS@BMCJAX.COM)**

Thank you for your interest in observing at Baptist Health System, Inc. (BHS) and its affiliated entities. This packet contains all of the rules and requirements to apply for an observation experience within our facilities. Questions and completed applications can be submitted to [Observations@bmcjax.com](mailto:Observations@bmcjax.com).

Observations in our facilities are short term experiences which allow individuals interested in pursuing a career in healthcare access to the environment to observe a specific role. Hands-on patient care is not permitted. We DO NOT provide placement for these experiences. Individuals seeking observation experiences must secure the host (physician, member of the medical staff, or employee) they wish to observe.

### **MINIMUM AGE REQUIREMENT:**

The minimum age for observation experiences is 16 with parental consent. Due to the nature of the patient care being provided, certain departments may require the applicant be 18.

Individuals requesting to observe must be in direct contact with the host or department in which they wish to observe. 3rd party requests will only be considered if the applicant is under the age of 18.

### **APPLICATION PROCESS:**

To avoid or minimize the appearance of favoritism and/or inappropriate behavior, BHS will not approve requests that involve an applicant observing with an immediate relative. Immediate relatives are defined as spouse, parents, brothers, sisters, children, in-laws, stepparents, stepbrothers, stepsisters, and stepchildren.

Each applicant must submit a complete application no later than two weeks before the desired experience. Incomplete applications or applications submitted within the two week period may automatically be denied. The application consists of the forms (A) and immunizations (B) listed below. All items, signed forms and immunizations, should be returned at the same time.

Baptist MD Anderson Cancer Center (BMDACC) requires additional time for approvals. BMDACC applications for observation should be submitted at least one month before the desired experience. BMDACC applications must also include applicant's resume/CV.

A. The observation application consists of the following forms:

**\*\*PHYSICAL SIGNATURES REQUIRED – Type-written and electronic signatures are not accepted\*\***

1. The Observation Consent Form (fillable PDF form, except for signatures)

The top of the form should be completed with the dates mutually decided upon between the host and the applicant. The applicant's signature is to be witnessed by a third party. If the applicant is a minor, parental consent is required and their signature needs to be witnessed. The host allowing

the experience will sign at the bottom of the form and their signature must be witnessed by a third party. **It is the applicant's responsibility to obtain the host's signature.** If multiple hosts are arranged, each host must sign a separate consent form.

2. The Shadow Request Form (fillable PDF form)

This form is to be completed in its entirety by the applicant. Make sure all contact information for the host is included. In the box where it asks why you are asking to observe, please write a short narrative about how the experience will affect your future decision making and/or what your interests are that led to you making this request.

3. The COVID-19 Acknowledgement (fillable PDF form, except for signature)

This form is acknowledging your awareness of COVID-19. It needs to be read, signed, and dated by the applicant.

B. To minimize the direct and indirect transmission of microorganisms and infectious diseases to patients, visitors, and healthcare workers, individuals requesting observation experiences must provide proof of the following immunizations. The cost of immunizations or lab testing is the responsibility of the applicant.

1. PPD/TB: PPD or QuantiFERON TB Gold test (QFT-G) from within the last 12 months and must remain current during the observation experience.

\*If PPD/TB results are positive, a chest X-ray is required along with the radiology report from within the last two years and must remain current during the observation experience. If you have a history of positive results, a TB Questionnaire must be completed in person.

2. Varicella (VZV): Verification of two vaccinations or positive titer is required. Occurrence or history of disease dates are insufficient proof of immunity, a titer will be required.

3. Rubella, Rubeola, Mumps (MMR): Verification of two vaccinations or positive titers are required.

4. FLU: Flu vaccination is required during flu season (typically October through April) and must remain current during the approved experience. Flu vaccination requirements may be changed based on the season starting early or extending beyond April.

To further minimize the direct and indirect transmission of microorganisms and infectious diseases to patients, visitors, and healthcare workers, individuals approved for observation experiences must:

- Practice excellent personal hygiene.
- Perform hand hygiene before and after entrance into any patient's room, before and after eating, and after using the restroom.

- Observers should not report for their experience at BHS if ill, feverish, possibly contagious, or if diagnosed with any communicable disease/infection.
- Eating is only permitted in cafeterias or department break rooms.
- All observers should refrain from entering any isolation precaution patient rooms.

**TIME LIMITED:**

Due to the number of observation requests received, approved experiences are restricted to the following number of hours per applicant. If multiple hosts are secured, the allowed hours must be split between the hosts. Individual departments may further limit to the number of hours in which they will allow an observer to complete.

- Adult hospitals and outpatient offices = 40 hours
- Pediatric hospital and outpatient offices = 16 hours
- Pediatric surgical areas = 8 hours

Upon observation approval, a timesheet will be provided to keep track of completed hours. It will be due at the end of the approved experience.

**IDENTIFICATION BADGE AND APPROPRIATE ATTIRE:**

All observers must wear an observer badge while in a BHS facility. Upon approval, the applicant will be notified of when and where to obtain a badge. The badge is to be returned at the end of the approved observation experience.

Business casual attire or plain colored scrubs are appropriate for observational experiences.

Wear flat, comfortable walking shoes.

Jeans, t-shirts, shorts, capri pants, shoes with greater than three inch heels, sandals or open-toed shoes, flip-flops, caps, hats, and sunglasses are all prohibited.

No perfume, cologne or scented lotions are allowed.

**ADDITIONAL RESTRICTIONS AND INFORMATION:**

- A completed application is not an automatic approval for an observation experience.
- Observations cannot be completed for academic/school/internship credit. If academic/school/internship credit is needed, the applicant should contact the appropriate student processing personal.
- Observing is not an equivalent to volunteer experience. Please contact the appropriate Auxiliary department for volunteer information.

- No certificate or proof of completed hours will be provided.
- Observations taking place in the Main OR (Jacksonville Downtown Campus) will require a brief OR orientation before you will be allowed to enter any patient care areas.
- EMR access and electronic badge access will NOT be granted.
- In the event that the BHS emergency response team is activated (during the time of natural disasters, etc.) all approved observation experiences will be temporarily suspended until normal operating activities of the health system resume. Observers are NOT permitted to stay at the hospital during these events.
- For observations taking place at Wolfson Children's Hospital, if the host is a University of Florida College of Medicine – Jacksonville, or Nemours physician, approval may also be required from those institutions.



CLINICAL OBSERVATION CONSENT

In exchange for the opportunity to participate in a clinical observation and learning experience (the "Observation Experience") at Baptist Health System, Inc., a Florida not for profit corporation ("BHS") from \_\_\_\_\_, 20\_\_ to \_\_\_\_\_, 20\_\_, I, \_\_\_\_\_ (name of participant), do hereby waive any and all claims for damages against BHS and its affiliated entities, and their respective members, officers, directors, employees, agents, representatives, volunteers and independent Professional Staff appointees that arise from my participation in the Observation Experience. I understand that at all times during the Observation Experience I shall be under the supervision of \_\_\_\_\_ (print name of supervising host).

I understand and appreciate that although I will provide no hands-on patient care, the activities during the Observation Experience may involve some measure of risk to me. However, I assume that risk at my own peril and waive any and all liability and claims for damages of any kind resulting from these activities, my participation in the Observation Experience and/or the omission or commission of any act by BHS and its respective members, officers, directors, employees, agents, representatives, volunteers and independent Professional Staff appointees. I agree to provide BHS with my immunization history and such other information regarding contagious disease exposure as BHS should require.

I further understand that I am not an agent or employee of BHS, and shall never act or represent that I am acting as an agent or employee of BHS, or incur any obligations on the part of BHS without first obtaining the express written authority of the BHS administrator. I agree further that BHS shall not be responsible for providing either liability insurance or worker's compensation to me during the Observation Experience. I understand and agree that I will be solely responsible for payment of my own health care expenses in the event of emergency or injury during the course of the Observation Experience.

**I agree that I will not disclose to any individual or third party, any confidential or proprietary information relating to the patients of BHS, the techniques used by BHS in its operations, or any other information about BHS which I may be a party to and/or overhear during by participation in the Observation Experience.**

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

*If Participant is a minor:*

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Print Name of Parent or Legal Guardian

Prior to participating in this learning experience, the participant must provide his/her immunization history, including the results of a recent PPD (less than a year old from date of observation), and either documentation that you have received two immunizations for chicken pox and MMR or have the documentation of a titer showing immunity, and documentation that you've received the current flu vaccination.

I, the undersigned supervising host, acknowledge that the above-referenced individual (the "Participant") is being allowed to participate in the above-referenced Observation Experience at my request, and will, at all times during the Observation Experience, be under my direct supervision and control. *I agree that the Observation Experience is for observation only, and I will not allow the Participant to provide any hands-on patient care.* I agree that I will be responsible for the Participant's conduct during the Observation Experience, and, in the event that the Participant accompanies me into an area where a patient is being treated, I will be responsible for ensuring that the Participant's presence is handled in a discreet and respectful manner, and that the patient has not objected to the Participant's presence. I agree to indemnify BHS for all claims for damages against BHS and its respective members, officers, directors, employees, agents, representatives, volunteers and independent Professional Staff appointees that arise from the Participant's participation in the Observation Experience.

\_\_\_\_\_  
Signature of Supervising Host

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

**OBSERVATION REQUEST INFORMATION**

**PLEASE COMPLETE ALL AREAS AS FULLY AS POSSIBLE**

Today's Date:	Date of Birth:
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Your Name:

Your Mailing Address:

Your Email Address:

Your Contact Number's:	Cell:	Home:
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Contact information of host you will be observing:

Their Name:	Their Phone:
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Their Email:	
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Are you expecting to receive school credit or volunteer hours for this experience?

**Please describe why you are making this request:**

**Preferred Facility** (Circle)  
Beaches      Downtown      Nassau      South      Wolfson  
Other:

**REQUESTED DURATION:**

Requested Start Date:	Requested End Date:	Number of Hours:
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**TO BE COMPLETED BY WCH MEDICAL AFFAIRS:**

If declined, provide explanation

Other Notes or Comments:

Completed applications and questions can be sent to to [observations@bmcjax.com](mailto:observations@bmcjax.com) or Fax: 904-202-2569





**Baptist Health System, Inc. and Subsidiaries**  
**COVID-19 INFORMATION SHEET/ACKNOWLEDGEMENT**

The novel coronavirus, COVID-19, has created a national public health emergency due to the fact that it is extremely contagious and is believed to spread mainly from person-to-person. Furthermore, COVID-19 has a long incubation period during which carriers of the virus may not show symptoms and still be highly contagious without knowing they are infected. Any exposure to COVID-19 may result in infection, injury, illness, permanent disability, or death.

Due to the novel nature of COVID-19, the transmittable risks, treatment process and diagnoses of the virus are without well-defined guidelines. As a result, federal and Florida governments and federal and Florida health agencies have recommended social distancing and other measures to prevent the spread of COVID-19. While Baptist Health System, Inc. and its subsidiaries have adopted certain precautions based upon guidance issued by the Florida Department of Health and the Centers for Disease Control and Prevention to prevent the spread of COVID-19, we cannot guarantee you will not be exposed to COVID-19 while in our facilities.

**ACKNOWLEDGEMENT**

By signing this document, you acknowledge that you will be entering a Baptist Health System, Inc. facility in order to participate in, or complete, a clinical rotation or observation during a time of a national public health emergency due to the novel and emergency nature of the COVID-19 pandemic. You further acknowledge that you understand the risks associated with the infectious nature of COVID-19, and that the possibility of exposure to COVID-19 during your clinical rotation or observation has been explained to you. You further acknowledge that you are not knowingly infected with COVID-19, or presenting any of the following symptoms: fever, shortness of breath, cough, runny nose or sore throat. You further acknowledge that you are voluntarily assuming all of the foregoing risks and that you accept sole responsibility for any exposure to COVID-19 during your clinical rotation or observation at any of the Baptist Health System, Inc. facilities.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_