

**Exhibit A****HEALTHCARE WORKFORCE MEMBER COMPLIANCE REQUIREMENTS POLICY (HC-ADM-PHR-P0000)  
OBSERVER AND/OR SHADOW GUIDELINES AND AGREEMENT FORM**

As an Observer and/or Shadow (hereafter referred to as Observer/Shadow), I agree to the following:

1. I shall hold as absolutely confidential all information that I may obtain directly or indirectly concerning patients, doctors, or staff, and not seek to obtain information from patients. I shall not solicit my political or religious beliefs to patients and/or their families.
2. I shall not provide medical services nor treat any patient during my Observer/Shadow experience.
3. I understand that it is a violation of OHSU policy to solicit business or act as an agent for outside business or to solicit business from patients or staff.
4. I shall not sell or attempt to sell goods or services, request contributions, or solicit persons to sign or distribute political petitions on OHSU property.
5. If my Observer/Shadow experience will involve direct or indirect contact with patients or their respiratory secretions and I have not received a TB screen in the last year (or am unsure), I shall submit to a medical TB screening by OHSU's Employee Health Department.
6. I shall be conscientious; conduct myself with dignity, courtesy and consideration of others.
7. I shall adhere to the following guidelines:

**I. Radiation**

- Observers/Shadow who work in an area where radioactive materials or any ionizing radiation or equipment are used are required to wear a radiation badge to document any possible inadvertent exposure unless they are excluded from the area during periods of use.

**II. Biological Hazards**

- Observers/Shadow may not be exposed to unfixed biological tissues or fluids, but may, under supervision, perform certain functions with fixed tissues (e.g., look at slides, etc.).
- Observer/Shadow may not interact directly with patients under Droplet or Contact Isolation Precautions. Entering a room of a patient under Airborne Isolation Precautions is prohibited.

**III. Chemical Hazards**

- Observer/Shadow may not be exposed to, or come into contact with, hazardous materials and wastes other than minimal use of cleaning products.

**IV. General Safety**

- Observers/Shadow may not use mechanical or electrical power tools or equipment or drive a vehicle (University or personal) in the performance of their job duties.
- OHSU will provide situation-specific personal protective equipment, to the same degree as the employee would receive.

**V. Training**

- Any specific safety training required for OHSU staff in the lab, hospital or facility must be arranged and provided for the minor by the hosting department, or the person must be directly supervised at all times by an individual assigned this task.

8. I understand that OHSU reserves the right to end my Observer/Shadow experience as a result of: failure to comply with OHSU policy; unsatisfactory attitude or appearance; any other circumstance which, in judgment of the department sponsor would make my continued Observer/Shadow experience contrary to the best interest of the OHSU.
9. I hereby waive any claims that may arise from my Observer/Shadow experience at OHSU.
10. If I am under the age of 18, my parent or guardian and I have read and signed the "PARENTAL CONSENT FOR MINOR OBSERVER/SHADOW VISITING OHSU".

I have been informed of and agree to adhere to the policies and procedures set forth in this agreement.

Observer/Shadow Name: \_\_\_\_\_

Observer/Shadow Signature: \_\_\_\_\_

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

Designated Supervisor Name: \_\_\_\_\_

Designated Supervisor Signature: \_\_\_\_\_

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

Department Chair or Administrator Name: \_\_\_\_\_

Department Chair or Administrator Signature: \_\_\_\_\_

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

