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 to 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 ha	ve been informed of and agree to adhere to the policies and procedures set forth in t	his agreement.
Obs	server/Shadow Name:	
Obs	server/Shadow Signature:	Date:
Des	ignated Supervisor Name:	
Des	ignated Supervisor Signature:	Date:
Dep	partment Chair or Administrator Name:	
Dep	partment Chair or Administrator Signature:	Date:

PARENTAL CONSENT FOR MINOR OBSERVER/SHADOW VISITING OHSU

INTRODUCTORY STATEMENT: Oregon Health & Science University (OHSU) is a multi-dimensional institution dedicated to health and science education, research and patient care. Education is essential to prepare our students for future contributions to these fields.

Health care and research facilities may present the risk of injury or situations involving patient contact and research that may be disturbing to some children. Your child will visit the OHSU campus in the near future for This experience may include: (OHSU Host - please describe specific safety, transportation, supervision, liability and education issues of concern, e.g. student will ride the OHSU shuttle bus off campus, student will be required to wear protective gear, student may have contact with fixed human tissue, animal tissue or animal cell lines, student will have contact with chemicals, student will be required to have a TB test, etc.) We ask that you discuss this with your child and provide us with written consent indicating that you and your child are informed and aware of what will take place as a part of this experience. If you have any questions, please contact ______ at 503-_____ or @ohsu.edu. Thank you for your cooperation. CONSENT: I understand that my child will visit the OHSU campus in order to ______ WAIVER of LIABILITY: I hereby waive, on behalf of myself and my child, any claims that may arise out of my child's participation in this activity. Signature of Parent or Guardian **PERMISSION:** My child, ______, (name of child) has permission to participate in this activity. Signature of Parent or Guardian Print Name Date

Print Name

Date

Signature of Minor