



Health & Safety Requirements Checklist

Prospective Resident Observation

Instructions

Please complete the below sections. Individuals will not be permitted in clinical areas until they have completed all required items.

For assistance, please contact Stephanie Walker, Senior Clinical Health & Safety Officer, Walker.2561@osu.edu | (614) 292.9536)

Part 1: Medical Requirements

The following items are required of ALL individuals within the college prior to the visit:

- ☐ **Please submit documentation of receipt of the following immunizations to your division/department/program preceptor:**
 1. Measles, Mumps & Rubella (MMR)
 2. Tetanus, Diphtheria & Pertussis (Tdap)
 3. Hepatitis B
 4. Varicella (also known as Chickenpox)
- ☐ **Seasonal Influenza Vaccination**

During the period from September 1st through March 31st of each calendar year, documentation of the seasonal influenza vaccination is required.
- ☐ **Tuberculosis Screening**

Prospective Residents need to provide documentation of a negative TB screening (i.e. TB skin test, QFT blood test, or chest X-ray) from within the previous 12 month period.

Part 2: Clinical Requirements

Submit the appropriate documentation to your division/department/program preceptor.

- ☐ **Signed Attestation and Request Form**
- ☐ **Review and sign an Observer Confidentiality Agreement and Liability Release Form**



The Ohio State University College of Dentistry Observer Confidentiality Agreement and Liability Release

Observer Name		Date of Observation	
CoD Contact Name	Toru Deguchi	Hosting Division	Orthodontics

During your time at The Ohio State University College of Dentistry (CoD), you may see or overhear patient information. Patient information is confidential and is protected by federal and state law. Because patient information is protected by law, you must follow certain rules while you are here as a condition of being permitted access to CoD facilities, and you must further agree to assume the risks of visiting as set forth in this document.

Initially, as to confidentiality, **you must:**

- Respect the privacy and confidentiality of our patients.
- Wait outside the patient's operatory until the resident or faculty member you are shadowing has received the patient's permission for you to enter.
- Only ask for or access/view information that you have been given permission to access/view.
- Keep information confidential after your visit. If you need to write a report or present about your observation experience with your school/college/agency, do not talk or write about patients in a way that would make them identifiable. If you need assistance, please work with the faculty preceptor responsible for your visit. Otherwise, you may talk about patients with the person you are shadowing during your observation, but you may not talk to anyone about patients after your visit.

Further, **you must not:**

- Interact with a patient unless the resident or faculty member you are shadowing has received the patient's permission.
- Access a patient's chart or patient information electronically. The person you are shadowing must limit the amount of patient information to which you will be exposed.
- Copy, photograph, remove or take identifiable patient information with you.
- Provide any treatment or assistance with patient care.

You will be dismissed from the CoD if you do not follow these expectations or if you violate patient confidentiality. Additionally, your host program or division and home institution will be notified of the event that led to your dismissal. The CoD may take additional action. Failure to follow these expectations may also result in fines, criminal penalties, or other legal action.

Additionally, because the CoD is actively providing dental care to patients, you must be aware that you may risk exposure to infectious disease if you come into contact with blood or bodily fluids during your observation. You are expected to take precautions to prevent exposure such as wearing appropriate protective attire when instructed to do so.

By signing this document, you acknowledge that you understand and agree that: (1) your participation as an observer is at your own risk; (2) if you should become ill or injured while observing or otherwise require medical attention, you will be attended to only as circumstances permit; (3) it is your responsibility to maintain current personal health insurance and you will be financially responsible for any medical treatment provided to you should you become ill or injured while observing; and (4) you release The Ohio State University CoD from any and all responsibility or legal liability for any personal injuries or other claims that may arise from your participation as an observer to the fullest extent permitted by law.

The CoD Division hosting the Observer named above: Please retain a copy of this form in your division files for 6 years. If you have any questions, please contact the Privacy Officer (614) 292-6983.



THE OHIO STATE UNIVERSITY

Please sign below to indicate that the information you provided above is true and that you understand your responsibilities and liability as an observer of the college.

Observer Signature: _____ Date: _____

Print Name: _____

Current Dental Institution: _____

COVID-19 Clause:

I understand that any observations that occur during the Covid-19 pandemic shall not take place from within the operatory during aerosol generating procedures (AGPs). I may observe non-AGPs from within the operatory or AGPs from the other side of the operatory barrier during my visit. I will be responsible for entering the facility each day at the 12th Avenue entrance where I will pass through the temperature screening entrance. If at any time I exhibit COVID-19 symptoms, I will remain away, notifying primary care physician and my assigned host via phone or email. I understand that I am to follow the current COVID-19 University and College protocols for social distancing, masking, etc. If there are any questions, I can contact the Senior Clinical Health & Safety Officer, Stephanie Walker, at Walker.2561@osu.edu or by calling 614-292-9536.

Observer Signature: _____ Date: _____



Attestation and Request Form for Prospective Resident Observation

I, _____, (*Clinic Dean/Administrator*) certify that, _____, (*Student
/Resident*) has met the following standards, and is compliant and eligible to visit The Ohio State
University College of Dentistry Division of _____
from _____ to _____ (*date of visit - limited to 5 consecutive days*).

The student/resident has completed the following training requirements:

- Health Insurance Portability and Accountability Act (HIPAA)
- Occupational Safety and Health Administration (OSHA)
- Basic Life Support (BLS)

**Completion of these courses can be accepted from the student/resident's current CODA
accredited dental school. (HIPAA and OSHA courses must have been completed within the past
12 months and must meet all federal, state and local regulations. BLS certification must be valid
and meet AHA Basic Life Support Guidelines).*

By signing this document, I attest that the aforementioned student/resident has completed all of
the requirements listed above and is currently enrolled and is in good standing (academic and
disciplinary) at _____ (*Dental School*).

Signature (Dean, Assistant or Associate Dean)

Date

Print Name

For any questions please contact: Stephanie Walker, Senior Clinical Health & Safety Officer,
walker.2561@osu.edu | (614) 292.9536