Environment of Care/Hospital Safety Module Quiz
Coliseum Medical Centers
(Nursing Student/Faculty)

NAME ________________________________ DATE ____________________________

SCHOOL ________________________________ FACULTY ____________________

1) Match the following:

- CODE BLUE  A. Decon team report to decon area
- CODE RED CONFIRM  B. Emergency Situation/Accident
- CODE TRIAGE  C. External Disaster has occurred
- CODE TRIAGE STANDBY  D. Fire
- CODE E  E. Cardiac/Respiratory Arrest
- CODE PINK  F. Hospital Disaster Plan Activation
- CODE H  G. Infant Abduction
- CODE PURPLE  H. Security/Combative Situation/Person
- CODE B  I. Hostage Situation
- CODE GRAY  J. Bomb Threat
- CODE GREEN  K. Emergency department needs help

2) To report an emergency code, dial ext. ____________.

3) When using a fire extinguisher, the PASS system stands for:
   P ____________________________
   A ____________________________
   S ____________________________
   S ____________________________

4) The cornerstone of the hospital fire program is RACE which stands for:
   R ____________________________
   A ____________________________
   C ____________________________
   E ____________________________
5) TRUE or FALSE:

_______ Material Safety Data Sheets, commonly referred to as MSDS, provide detailed information on a chemical and its hazards.

_______ A physician order is necessary in order to use any type of personal protective equipment.

_______ Disposable needles/syringes are to be immediately placed in the disposal box after being recapped, bent, clipped, or removed from the syringe.

_______ The definition of a Reportable Incident is "an occurrence which involves an unusual situation—something which happens which is not within normal, acceptable standards of conduct or practice—which results in injury or could result in potential injury to a patient, visitor, physician, employee, equipment, or property—"

_______ Employees are not permitted to smoke anywhere on campus.

_______ Personnel should report immediately any acts or threats of violence that occur at the facility to the Security Department and their direct supervisor.

_______ Attention to patient safety is consistent with our mission and values statement and to our commitment to putting patients first.

_______ The patient has the right to refuse treatment to the extent permitted by law.

_______ Handwashing remains the single most effective method known to reduce the risk of transmission of infectious agents.

_______ It is permissible to wear artificial nails as long as they are less than 1/4 inch from the tips of the fingertips and kept well manicured.

6) Isolation categories are:

_______

_______

_______
7) Circle the number that shows the appropriate order for proper lifting:
   a. Bend Knees
   b. Bring objects close to the body
   c. Keep legs shoulder width apart
   d. Lift with the legs

   1. a,c,b,d
   2. c,a,b,d
   3. d,a,b,c
   4. b,a,c,d

8) If you found a back-pack lying in a corner of the back hallway on first floor you would:
   a. Pick it up and take it to the nearest nurse station
   b. Pick it up and take it to the switchboard
   c. Walk by it and assume that someone will eventually come after it
   d. Call security immediately and report a suspicious package

9) It is 0300 and someone arrives on the nursing unit with a package they want you to take. You would:
   a. Take the package, it’s 0300 so who in their right mind would be out causing trouble
   b. Call your co-worker to accept the package since you don’t have a “tip” on you
   c. Call Security immediately to report this incident
   d. Send them off to an empty room to wait until you have time to investigate their credentials.

10) A patient/visitor Occurrence Report form is important because:
    a. It records the events when they happen
    b. It identifies areas for improvement
    c. It ensures that follow-up action is taken when necessary
    d. All of the above

Rev. 4/06
ENVIRONMENT OF CARE/HOSPITAL SAFETY MODULE QUIZ

ANSWER SHEET - Give completed form to Faculty Instructor

Coliseum Medical Centers (Nursing Student/Faculty)

1) 

6) 

2) 

7) 

3) 

8) 

4) 

9) 

5) 

Date______________________

Name______________________

School______________________

Faculty______________________
HIPAA/CONFIDENTIALITY QUIZ

Coliseum Medical Centers
(Nursing Student/Faculty)

NAME ___________________________ DATE ___________________________

SCHOOL ___________________________ FACULTY ___________________________

1. HIPAA is mandated by:
   a. State Law
   b. JCAHO
   c. Federal Law
   d. CMS (Center for Medicare and Medicaid Services)

2. The following are responsible for protecting patient information:
   a. CEO, CFO, CCO
   b. Physicians
   c. Hospital Employees
   d. All of the above

3. It is appropriate to share information with the following without patient authorization:
   a. Former physician of the patient's who is concerned about the patient
   b. Colleague who needs information about the patient to provide proper care
   c. Friend of patient
   d. Pharmaceutical salesman offering fee for list of patients names

4. HIPAA prevents which of the following:
   a. Whiteboards at nursing units
   b. Patient sign in sheets
   c. Overhead paging of patients and family members
   d. None of the above
5. Patient’s have the right to:
   a. Access their records
   b. Amend their records
   c. Opt out of the Directory
   d. All of the above

6. The following must be included in an Accounting of Disclosures:
   a. Chart reviewed during JACHO survey
   b. Release to insurance company for payment of bill
   c. Report to state of an infectious disease
   d. All of the above

7. TPO stands for:
   a. Treatment of Protected Operations
   b. Typical Payment Operations
   c. Treatment, Pharmacy, Operation
   d. Treatment, Payment, Healthcare Operations

8. The following is required for release of information from the nursing unit:
   a. Patient’s Social Security Number
   b. Passcode
   c. Patient’s Medical Record Number
   d. Full Name of Patient

9. A visitor who asks for a patient by name may receive the following except for:
   a. Patient name
   b. Patient condition in general terms
   c. Patient location
   d. Patient Diagnosis

10. Minimum Necessary refers to:
    a. Allowing the patient to stay a minimum amount of time in the hospital.
    b. Using the minimum resources to care for the patient.
c. Giving end users access to the least amount of information necessary to do their jobs
d. Keeping the size of the patient record to the minimum.

11. Good privacy practices include:
   a. Never discussing patient information in public places
   b. Creating a "hard to guess password"
   c. Logging off of locking your terminal when away from your work station
   d. All of the above

12. When faxing information you must:
   a. Remove patient identifying information before sending
   b. Call the recipient before sending to be sure they are at the receiving fax
   c. Include a HIPAA compliant cover sheet
   d. Be sure to get a fax confirmation sheet

13. A patient request to amend their record must:
   a. Be made in writing to the FPO
   b. Be approved by the facility designated body
   c. Must be an addition to the record, not a deletion nor a change
   d. All of the above

14. The Company Email and Internet access may only be used for:
   a. Forwarding chain letters
   b. Sending a notice that you have some kittens for sale
   c. Business purposes and research
   d. Visiting chat sites and gaming sites

15. Protected Health Information:
   a. Must be disposed of in secured trash bins designated for appropriate destruction
   b. Must never be left lying around in places where visitors and patients have access to it
   c. Should not be posted where anyone can view
   d. All of the above
16. Good quality passwords include:
   a. Your social security number
   b. Combinations of upper and lower case letters with numbers
   c. Family member names
   d. Birth dates

17. HIPAA requires the patient receive
   a. Flowers that are delivered to the hospital
   b. A Notice of Privacy Practices
   c. HIPAA compliant Fax Cover Sheet
   d. All of the above

18. Privacy Sanctions may be imposed when:
   a. An employee inappropriately accesses PHI
   b. An employee inappropriately releases PHI
   c. An employee is overheard discussing patient information in a public place
   d. All of the above

19. HIPAA requires that a facility:
   a. Designate an FPO (Facility Privacy Official)
   b. Designate an FISO (Facility Information Security Official)
   c. Adopt Policies addressing the requirements
   d. All of the above

20. The Hospital Directory is
   a. A list of patients with their names and room numbers
   b. A map with directions to the various hospital departments
   c. A list of patients with their names and diagnoses
   d. A list of patients with their names and the name of their physician
HIPAA/CONFIDENTIALITY MODULE
QUIZ ANSWER SHEET
Give completed form to Faculty Instructor
Coliseum Medical Centers (Nursing Student/Faculty)

1) ______
2) ______
3) ______
4) ______
5) ______
6) ______
7) ______
8) ______
9) ______
10) ______
11) ______
12) ______
13) ______
14) ______
15) ______
16) ______
17) ______
18) ______
19) ______
20) ______

Date________________________
Name_______________________
School_______________________
Faculty_______________________
Confidentiality and Security Agreement

I understand that the facility or business entity (the “Company”) in which or for whom I work, volunteer or provide services, or with whom the entity (e.g., physician practice) for which I work has a relationship (contractual or otherwise) involving the exchange of health information (the “Company”), has a legal and ethical responsibility to safeguard the privacy of all patients and to protect the confidentiality of their patients’ health information. Additionally, the Company must assure the confidentiality of its human resources, payroll, fiscal, research, internal reporting, strategic planning, communications, computer systems and management information (collectively, with patient identifiable health information, “Confidential Information”).

In the course of my employment / assignment at the Company, I understand that I may come into the possession of this type of Confidential Information. I will access and use this information only when it is necessary to perform my job related duties in accordance with the Company’s Privacy and Security Policies, which are available on the Company intranet (on the Security Page) and the internet (under Ethics & Compliance). I further understand that I must sign and comply with this Agreement in order to obtain authorization for access to Confidential Information.

1. I will not disclose or discuss any Confidential Information with others, including friends or family, who do not have a need to know it.

2. I will not in any way divulge, copy, release, sell, loan, alter, or destroy any Confidential Information except as properly authorized.

3. I will not discuss Confidential Information where others can overhear the conversation. It is not acceptable to discuss Confidential Information even if the patient’s name is not used.

4. I will not make any unauthorized transmissions, inquiries, modifications, or purgings of Confidential Information.

5. I agree that my obligations under this Agreement will continue after termination of my employment, expiration of my contract, or my relationship ceases with the Company.

6. Upon termination, I will immediately return any documents or media containing Confidential Information to the Company.

7. I understand that I have no right to any ownership interest in any information accessed or created by me during my relationship with the Company.

8. I will act in the best interest of the Company and in accordance with its Code of Conduct at all times during my relationship with the Company.

9. I understand that violation of this Agreement may result in disciplinary action, up to and including termination of employment, suspension and loss of privileges, and/or termination of authorization to work within the Company, in accordance with the Company’s policies.

10. I will only access or use systems or devices I am officially authorized to access, and will not demonstrate the operation or function of systems or devices to unauthorized individuals.

11. I understand that I should have no expectation of privacy when using Company information systems. The Company may log, access, review, and otherwise utilize information stored on or passing through its systems, including e-mail, in order to manage systems and enforce security.

12. I will practice good workstation security measures such as locking up diskettes when not in use, using screen savers with activated passwords appropriately, and position screens away from public view.

13. I will practice secure electronic communications by transmitting Confidential Information only to authorized entities, in accordance with approved security standards.

14. I will:
   a. Use only my officially assigned User-ID and password (and/or token (e.g., SecurID card)).
   b. Use only approved licensed software.
   c. Use a device with virus protection software.

15. I will never:
   a. Share/disclose user-IDs, passwords or tokens.
   b. Use tools or techniques to break/exploit security measures.
   c. Connect to unauthorized networks through the systems or devices.

16. I will notify my manager, Local Security Coordinator (LSC), or appropriate Information Services person if my password has been seen, disclosed, or otherwise compromised, and will report activity that violates this agreement, privacy and security policies, or any other incident that could have any adverse impact on Confidential Information.

The following statements apply to physicians using Company systems containing patient identifiable health information (e.g. CPCS/Meditech):

17. I will only access software systems to review patient records when I have that patient’s consent to do so. By accessing a patient’s record, I am affirmatively representing to the Company at the time of each access that I have the requisite patient consent to do so, and the Company may rely on that representation in granting such access to me.

18. I will insure that only appropriate personnel in my office will access the Company software systems and Confidential Information and I will annually train such personnel on issues related to patient confidentiality and access.

19. I will accept full responsibility for the actions of my employees who may access the Company software systems and Confidential Information.

Signing this document, I acknowledge that I have read this Agreement and I agree to comply with all the terms and conditions stated above.

Employee/Consultant/Vendor/Office Staff/Physician Signature

Facility Name and COID
Coliseum Medical Centers

Date

Employee/Consultant/Vendor/Office Staff/Physician Printed Name

Business Entity Name

Nov. 1, 2001

Attachment to IS.SBC.005

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