STUDENT ORIENTATION SCHEDULE

Name: __________________________________________

Address: ____________________________________________________________________________

City: ______________ State: ______ Zip: __________________________

Phone: ___________________________ Email: __________________________

Unit/Office/Dept Name: __________________ Preceptor: __________________________

Clinical Rotation Beginning & End Date: ______________ through ______________

Role (circle one): PA Student  Physician Student  LPN Student

RN Student  Other (specify) __________________________

Please initial each item

1. Safety Orientation/URMC Emergency Code Review
   - Mission, Vision, Values
   - URMC Standards of Behavior/AIDET/Patient Satisfaction
   - Fire Hazards/No Smoking Policy/Evacuation Procedure
   - Safety Data Sheets
   - Confidentiality
   - Fall Risk/Back Safety
   - Patient Safety Practices/Variance Reports
   - Standard, Contact, Airborne and Droplet Precautions/Hand Hygiene
   - Medical Equipment/MRI Safety/Contingency Plan for Utilities
   - ID Badge & Door Locks
   - Dress Code
   - Parking

2. Cultural Diversity Handout Received

3. Confidentiality Agreement and HIPAA Post-Test completed

4. Windows and Meditech Access Forms Signed (if applicable)

5. Intranet Resources Reviewed
   a) Policy/Tech
   b) Clinical Links

6. Pyxis Patient Supplier Access (if applicable)

7. Preceptor Contact Info/Schedule/Instructions

8. Obtain Badge from Human Resources

Student Signature: ____________________________ Date: __________

Instructor Signature: ____________________________ Date: __________

Safety Orientation Checklist
Filing Number: ADM.EDUC.07.F001 Revised Date: 12/10/15  Page 1 of 1
The minimum passing score is an 88.

1. To protect my password, I should: (select EACH answer that is true; this question may have more than one correct answer)
   Answers
   □ Write it on a note taped to my computer monitor so that it will be easy to remember.
   □ Use a “strong” password that includes letter, numerals, and special characters.
   □ Change my password immediately and report this violation if I think my password has been compromised.
   □ All of the above

2. When entering a patient room where a visitor/family member is present,
   Answers
   □ I should give the patient the opportunity to object my discussing his/her care in front of the visitor/family.
   □ I should ask the patient if it is okay that I talk to him/her in front of the visitor/family.
   □ I should not assume a visitor is a family member involved in the patient’s care just because the visitor is of the same race as the patient or because the visitor appears to be very friendly with the patient.
   □ All of the above.

3. There are no limits on uses and disclosures of protected health information (PHI).
   Answers
   □ True
   □ False

4. Choose the item(s) that are protected health information (PHI) and that should be protected from inappropriate uses or disclosures:
   Answers
   □ Information about a patient’s past health care that could identify the patient
   □ Information about a patient’s present health care that could identify the patient
   □ Information about a patient’s future health care that could identify the patient
   □ All of the above

5. Workforce members should not engage in social networking (e.g. Facebook, Twitter, testing, YouTube, etc.) while at work and should not ever discuss or post patient information/images or x-rays on such sites even if the patient name has been removed.
   Answers
   □ True
   □ False
6. Individuals have a right to:
   **Answers**
   - Request an account of certain disclosures of PHI.
   - Ask that a provider not disclose treatment information to a health plan if the patient has paid out of pocket and in full for the service.
   - Request a copy of the individual’s medical records in electronic format.
   - Request confidential communications and/or their name not be listed in the hospital or nursing home directory.
   - All of the above

7. It is acceptable to share a patient’s medical record with:
   **Answers**
   - Clinicians involved in the patient’s treatment
   - People with a legal right to review the record
   - Agencies (such as a state surveyor, DNV, CMS) looking into the quality of care at the facility
   - All of the above

8. I am required to report any suspected breaches or security incidents to the HIPAA Privacy Officer.
   **Answers**
   - True
   - False

9. Only the health care entity can be penalized for non-compliance with HIPAA. Individual employees cannot be held accountable.
   **Answers**
   - True
   - False

10. Which of the following are examples of controls that protect the security of our computer systems?
    **Answers**
    - Internet firewalls
    - Anti-virus software
    - Installation of software updates and patches
    - All of the above

11. Which of the following are examples of protected health information (PHI)?
    **Answers**
    - Diagnostic test results (lab, ultrasound, etc.)
    - The patient’s date of birth
    - The patient’s name
    - Electronic medical records
    - Paper medical records
    - Health insurance claim form
    - All of the above
12. It is acceptable to send PHI to my home email (e.g., Yahoo, Gmail, etc.) so that I can work on work-related projects at home as long as my supervisor has given approval.

   **Answers**
   - [ ] True
   - [ ] False

13. Which of the following could qualify as a breach of PHI?

   **Answers**
   - [ ] Lost or stolen laptop with patient billing or medical records
   - [ ] Posting PHI to Facebook about my day at work
   - [ ] Throwing out patient files in the trash/dumpster without appropriately shredding
   - [ ] Snooping in my own or my significant other’s medical record
   - [ ] Misdirected emails or faxes or sending PHI to my home email address
   - [ ] All of the above

14. It is acceptable for me to give my cousin a copy of a patient list so that he can send flyers notifying the patients that he is opening a new business in town.

   **Answers**
   - [ ] True. This is a great way for my cousin to grow his new business.
   - [ ] False. Sale or inappropriate use or disclosure of PHI is illegal and could result in civil and criminal penalties (including jail time).

15. What statements are true about HIPAA?

   **Answers**
   - [ ] It is federal law.
   - [ ] It affects all in the health care industry.
   - [ ] It protects the privacy and security of a patient’s health information.
   - [ ] It sets standards for electronic and physical security of a patient’s health information.
   - [ ] All of the above.

16. Dr. Steve Urkel is on call and in charge of Ms. Statis Ulcer’s care. During the shift, the patient’s temperature becomes high and she has abnormal lab results. It is acceptable for the nurse to text Dr. Urkel to report this.

   **Answers**
   - [ ] True
   - [ ] False
Student Safety Post-Test
Minimum Passing Score=85

1. Dial extension ________ to report all emergencies and codes to the switchboard operator.
   a. 100
   b. 1000
   c. 0
   d. 1234

2. The “R” of the acronym RACE stands for:
   a. Rush
   b. Respond
   c. Rescue
   d. Rapid

3. It is acceptable for a student to smoke while on URMC campus.
   a. True
   b. False

4. You are preparing to enter the elevator and hear a Code Red announced over the intercom, you know that this means:
   a. There is a threat of a fire and you should enter the elevator.
   b. There is a threat of a fire and you should take the stairs.
   c. There is a threat of a bomb and you should enter the elevator.
   d. There is a threat of a bomb and you should take the stairs.

5. You enter a patient’s room and observe that the patient is not breathing. You press the code button and dial extension 1000 to report a Code ________ and the patient’s room number.
   a. Blue
   b. Black
   c. Orange
   d. Pink

6. What does a Code Tornado Warning indicate?
   a. Electricity outage
   b. Tornado sighting in the immediate area
   c. Fire within the building
   d. Staff member needs assistance with an aggressive patient

7. You are making rounds on the Postpartum Unit when a mother reports to you that her child has been taken by someone other than URMC staff. Which code would be implemented?
   a. Operation Rescue
   b. Code Triage
   c. Code Pink
   d. Code Blue PALS
8. Emergency, ICU, Labor and Delivery, and Nursery departments have door lock systems requiring badge access.
   a. True
   b. False

9. Which team would be called in the event a patient’s condition deteriorates?
   a. Code Blue Team
   b. Rapid Response Team
   c. The Raiders
   d. The Hospitalist

10. What should occur immediately prior to any operative or bedside procedure to ensure patient safety?
    a. A time out
    b. A black out
    c. Patient consent
    d. Nothing necessary

11. As long as gloves are worn during patient or surface contact, it is not necessary to perform hand hygiene.
    a. True
    b. False

12. When hands are visibly soiled, using two pumps of alcohol hand rub is a safe practice for hand hygiene.
    a. True
    b. False

13. Contact precautions include:
    a. Private Patient Room
    b. Wearing gown and gloves for all interactions in the patient’s room
    c. Donning PPE after entering the patient’s room
    d. A and B only

14. It is necessary to wear a mask for close contact with a patient who has been diagnosed with influenza.
    a. True
    b. False

15. A patient is suspected of having Tuberculosis, which precautions are necessary?
    a. Airborne isolation room
    b. Wear a fit-tested N-95 or higher level disposable respirator and should be donned prior to entry and removed after exiting the room.
    c. Gloves, gown, goggles or face shield if substantial spraying of respiratory fluids anticipated
    d. All of the above
16. Under what circumstances would Code Triage be called at URMC?
   a. An internal or external disaster
   b. A patient stops breathing or becomes pulse less
   c. An infant/child abduction
   d. A patient/visitor becomes aggressive or violent

17. You have a question about handling or working with a particular substance. Which onsite reference would you seek for more information about the proper procedures?
   a. A PDA
   b. The preceptor
   c. A medical textbook
   d. The safety data sheet (SDS)

18. What is one way that fall risk is communicated as part of the fall reduction program at URMC?
   a. A blue bandana
   b. A yellow snap on the patient’s wristband
   c. A Code Pink
   d. A Code Orange

19. It is acceptable to copy the patient’s chart and use patient records outside of URMC for research or school purposes.
   a. True
   b. False

20. As a student at URMC, I understand that all patient assessments, treatments, and procedures must be performed under the direct observation of my preceptor.
   a. True
   b. False
Confidentiality and Non-Disclosure Agreement

Organizational information that may include, but is not limited to, financial, patient identifiable, employee identifiable, intellectual property, financially non-public, contractual, of a competitive advantage nature, and from any source or in any form (i.e. paper, magnetic or optical media, conversations, film, etc.), may be considered confidential. (Information’s confidentiality and integrity are to be preserved and its availability maintained). The value and sensitivity of information is protected by law and by the strict policies of Upson Regional Medical Center. The intent of these laws and policies is to assure that confidential information will remain confidential through its use, only as a necessity to accomplish the organization’s mission.

As a condition to receiving a computer sign-on code and allowed access to a system, and/or being granted authorization to access any form of confidential information identified above,
I, the undersigned, agree to comply with the following terms and conditions:

1. My Sign-On Code is equivalent to my LEGAL SIGNATURE and I will not disclose this code to anyone or allow anyone to access the system using my Sign-On Code.
2. I am responsible and accountable for all entries made and all retrievals accessed under my Sign-On Code, even if such action was made by me or by another due to my intentional or negligent act or omission. Any data available to me will be treated as confidential information.
3. I will not attempt to learn or use another’s Sign-On Code.
4. I will not access any on-line computer system using a Sign-On Code other than my own.
5. I will not access or request any information I have no responsibilities for. In addition, I will not access any other confidential information, including personnel, billing or private information.
6. If I have reason to believe that the confidentiality of my User Sign-On Code/password has been compromised, I will immediately change my password and notify the Security Officer.
7. I will not disclose any confidential information unless required to do so in the official capacity of my employment or contract. I also understand that I have no right or ownership interest in any confidential information.
8. I will not leave a secured computer application unattended while signed on.
9. I will comply with all policies and procedures and other rules relating to confidentiality of information and sign-on codes.
10. I understand that my use of the system will be periodically monitored to ensure compliance with this agreement.
11. I agree not to use the information in any way detrimental to the organization and will keep all such information confidential.
12. I will not disclose protected health information or other information that is considered proprietary, sensitive, or confidential unless there is a need to know basis.
13. I will limit distribution of confidential information to only parties with a legitimate need in performance of the organization’s mission.
14. I agree that disclosure of confidential information is prohibited indefinitely, even after termination of employment or business relationship, unless specifically waived in writing by the authorized party.
15. This agreement shall survive the termination, expiration, or cancellation of this agreement.
16. I understand that if I access information intentionally outside of the scope of my work that I may be held responsible for penalties and fines associated with my actions.

Print Name: ________________________________ Role: ________________________________

SIGNATURE: ______________________________ Date and Time: _________________________