Name _____   Date _____

Student Orientation Post Assessment
(Print, answer questions and bring with you to Education Resources, Penrose Hospital)

1. Spirituality and Stewardship are two of the seven Centura Core Values.

   ___True
   ___False

2. The statement SHARE stands for.
   a. Sense, Help, Acknowledge, Respect, Explain
   b. Show, Help, Act, Respond, Explain
   c. Show, Help, Ask, Respect, Explain
   d. Sense, Help, Ask, Respond, Explain

3. In the "Focus-PDCA" quality improvement process used by PSF, "P" stands for Practice.
   ___True
   ___False

4. Any fall resulting in loss of consciousness must be reported immediately to the **Patient Safety Manager/designee**, in order to meet the reporting requirements, as mandated by the **Colorado Department of Health**.
   ___True
   ___False

5. What number do you call for an emergency in the hospital?
   a. 911
   b. 4321
   c. 1234

6. Armband colors have designated patient risks associated with them and need to be taken into account by everyone doing patient care.
   ___True
   ___False

7. A friend of yours knows a patient that is being treated at Penrose Hospital and asks you to find out his prognosis. What should you do?
   a. As a nurse on the floor how the patient is doing and pass the information along to your friend
   b. Ask your friend how well she knows the patient and then decide how much to tell her
   c. Explain that it is a violation of the patient's privacy for you to discuss the patient's condition
   d. None of the above

8. Under what circumstances are you free to repeat to others private health information that you hear on the job?
   a. After you no longer work at PSF
   b. After a patient dies
   c. Only if you know the patient would not mind
   d. When your job requires it
   e. None of the above

9. Which documents describes how patient's medical information may be used and disclosed and how they can get access to this information?
   a. Notice of Privacy Practices
   b. Consent for Medical Treatment
   c. Authorization to Disclose Protected Health Information
   d. Patients' Rights and Responsibilities
   e. None of the above

10. Which of the examples below is not a common work practice that protects the confidentiality of patient information?
    a. Keeping computers logged out of the patient information system when not in use
    b. Storing paper records in a locked file room
    c. Limiting the number of visitors who can see a patient
    d. Pointing computer screens away from the public

11. Abuse needs to be reported. Neglect does not.
    ___True
    ___False

12. You are suspicious that a patient has been abused or neglected. You would report this to Care Management Services, 776-5173.
    ___True
    ___False

13. Only associates who do patient care are responsible for recognizing and reporting abuse or neglect.
    ___True
    ___False

14. There are ten (10) codes on the emergency code badge?
    ___True
    ___False

15. What is the phone number to activate all emergency codes and obtain emergency assistance from Security?
    a. 5555
    b. 1234
    c. 911

16. In the event of a tornado warning or alert, hallways and bathrooms are probably the safest areas.
    ___True
    ___False

17. In the event of a bomb threat, there will be an immediate all out evacuation of the building.
    ___True
    ___False

18. Burns are the most common cause of a death in a fire.
___True
___False

19. What is the order of the four (4) basic steps to follow in the event of a fire?
    a.   Run, Aim, Control, Exit   1
    b.   Rescue, Activate, Contain, Extinguish
    c.   Reach, Aim, Close, Exit
    d.   Run, Act, Control, Extinguish

20. What are the four (4) steps to follow in using a fire extinguisher?
    a. Pull, Activate, Sweep, Store   1
    b. Push, Aim, Slow, Sweep
    c. Pull, Aim, Squeeze, Sweep
    d. Pull, Activate, Sweep, Squeeze

21. To announce Fire Alarm in the event of a fire you should Call 1234 and pull alarm.
___True
___False

22. In the event of a fire, only a Supervisor or the Fire Department staff can direct you to shut off or close an oxygen valve.
___True
___False

23. Fire Alarm is announced in the event of a fire or a fire drill.
___True
___False

24. If medical equipment is not functioning properly, what steps should be taken?
    a.   Remove from service and call Clinical Engineering
    b.   Remove from service and complete a faulty equipment tag
    c.   Remove from service, complete a faulty equipment tag and call Clinical Engineering

25. All medical equipment used for patient care should be inspected at least every two (2) years.
___True
___False

26. Extension cords used at PSF must be hospital grade (identified by a green dot) and may be any length.
___True
___False

27. Portable heaters may be used in patient areas.
___True
___False

28. Emergency electrical receptacles, identified by red templates and used for all critical patient related functions, will still have power in the event of a power failure.
___True
___False

29. If a coworker is being electrocuted by a piece of electrical equipment, the first step would be to disconnect the power source.
___True
___False

30. Standard Precautions is the system of isolation to be used by all personnel regardless of the patient's diagnosis and provide barriers against exposure to blood, secretions and excretions.
___True
___False

31. Getting a flu shot is the single most important measure to reduce the risk of transmitting microorganisms from one person to another or from one site to another on the same patient.
___True
___False

32. These are five (5) reasons to wash hands with soap and water instead of alcohol gel - If visibly soiled, before eating, before using the restroom, caring for patient with C Diff Infection, build-up of hand sanitizer.
___True
___False

33. Blood or body fluid exposures should be reported how soon?
   a. Immediately
   b. Right Away
   c. As Soon as Possible
   d. All the above

34. You can obtain a Blood/Body Fluid Exposure Packet from the Occupational Health Office, the Emergency Department, the Lab or the OR at Penrose Hospital and SFMC.
___True
___False

35. Transmission Based Precautions consist of Airborne Precautions, Droplet Precautions and Contact Precautions and are used in addition to Standard Precautions.
___True
___False

36. Individuals with HIV or Hepatitis may not have any noticeable symptoms.
___True
___False

37. Alcohol-based Instant Hand Sanitizer should be used: before and after any direct patient contact, after contact with inanimate objects in the immediate vicinity of the patient and after contact with body fluids or excretions.
___True
___False

38. Healthcare workers caring for a patient with active TB must wear an N95 Respirator.
___True
___False

39. Detailed information about infection control issues and any personal protective equipment necessary for you to perform your job are available in your work area.
___True
___False

40. A Safety Data Sheet (SDS) provides you with the following information about a chemical - Hazards, Exposure/PPE, Hand Hygiene?
___True
___False

41. A "0"rating listed in the red "Fire Hazard" section of the multi-colored diamond indicates a high degree of flammability.
___True
___False

42. A "4" rating listed in the blue "Health Hazard" section on the multi-colored diamond indicates normal health hazard.
___True
___False

43. Culture does not play a role in Health Care.
___True
___False

44. Centura defines integrity as honesty, directness, respect for commitments made and an adherence to a code of ethical and moral conduct.
___True
___False

45. Due to your Centura affiliation, you are allowed to review any patient's medical record.
___True
___False

46. Harassment does not require intent to offend. Inappropriate conduct meant as a joke, a prank or even a compliment can be considered harassment.
___True
___False

47. An associate may advertise items they are selling as part of a personal business in the workplace.
___True
___False

48. Centura has an obligation to monitor email and internet use and has the right to do so without notice.
___True
___False

49. We may *routinely* accept gifts from patients as long as each gift is nominal in value, i.e. under $100.
___True
___False

50. Which of the following are *National Patient Safety* goals?
    a. Prevent Infection
    b. Use alarms on medical equipment safety
    c. Use medications safely
    d. Identify patients at risk for suicide
    e. Prevent mistakes in surgery
    f. Improve staff communication
    g. None of the above
    h. All the above

CONFIDENTIALITY AGREEMENT

Centura Health ("Centura") recognizes the importance of protecting sensitive, confidential, and proprietary information concerning its patients and their families, its associates, and its business operations, transactions, and relationships ("Confidential Information"). To protect the trust of our customers and patients, maintain respect for all persons, and comply with legal and regulatory requirements, it is the obligation of every associate, care provider, student, volunteer, contractor, and other non-employee ("User") to safeguard Confidential Information. **As a User, I agree to the following:**

1. I will protect the security and confidentiality of all Confidential Information shared with me or acquired by me. I will not use Confidential Information or disclose Confidential Information to any third party, within or outside Centura, except to the extent necessarily required to perform my assigned job duties and as authorized by law or Centura policy. I will not discuss Confidential Information outside of the facility, in public areas, or any place where I may be overheard, or with any other individual not involved in the scope and performance of my duties.
2. I will not access or attempt to access Confidential Information other than that information that I have been authorized to access and have a need-to-know in order to perform my job.
3. If I will have access to Centura's computer systems, applications, and network, I also agree that:
   a. I may be issued a computer user-ID and password. This user-ID and password is unique to me. I will not share my user-ID and password with any other person, nor will I attempt to use any other person's user-ID. All system accesses and entries that I make are monitored. I am responsible for any and all activity performed using my user-ID.
   b. I will log off of any systems that contain or provide access to Confidential Information as soon as I am finished using such system in order to prevent unauthorized access. I will not print or copy Confidential Information unless specifically authorized to do so.
   c. If at any time I believe my password security may have been violated, I will immediately contact the Centura Customer Support/Help Desk or Data Security Team.
4. There are various security codes and passwords belonging to Centura's physical premises or equipment that I may be given in the course and scope of my duties. These codes and/or passwords are confidential and are subject to the terms of this Agreement.
5. I understand that my failure to comply with applicable laws and hospital policies or unauthorized or indiscriminate use or disclosure of Confidential Information, user-IDs or passwords, access codes, or any violation of this Agreement, may subject me to corrective action up to and including termination of my employment, contract, or status at Centura and/or suspension or loss of privileges. In addition, violations of law may be reported to law enforcement officials and may lead to civil and criminal penalties under HIPAA and other State and federal laws.
6. Centura routinely monitors its computer systems, applications, and networks. I understand that I should have no expectations of privacy in the use of these resources. By using Centura computer systems, applications, and networks, I am expressly consenting to such monitoring.
7. Centura may modify or revoke my access to its systems, applications, and network at any time for any reason.
8. My obligation to safeguard Confidential Information continues even after leaving Centura.

By my signature below, I am indicating that I have read, understand, and agree to adhere to all terms of this Confidentiality Agreement, as well as all applicable privacy and confidentiality laws and hospital policies.

_____   _____

Signature   **Date**

Rev. 12.10.15

Acknowledgement of Centura Health Integrity Standards

I acknowledge that I have reviewed the Centura Health Integrity Standards and understand it represents mandatory policies of the organization. I agree to abide by the Integrity Standards.

Signature   _____

Print Name   _____

Department   _____

Facility   _____

School Name   _____

Date   _____