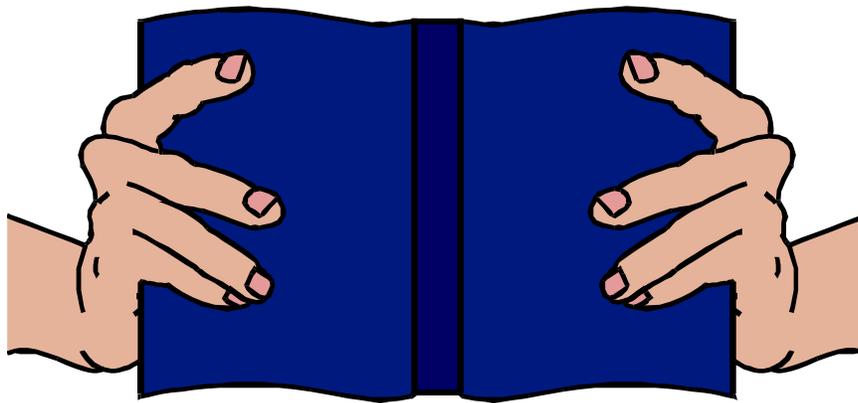


B.L.U.E. BOOK

Basic Learning Units for (Employees) Students

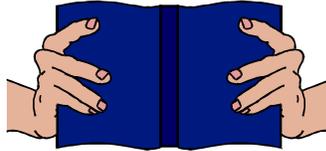
Professional Student Version

STUDY GUIDE & *TESTS*



Adventist Medical Center

Developed by Human Resources
December 2000.
Revised 8/05, 3/06, 2/07



B.L.U.E. Book Instructions

- 1. The B.L.U.E. Book Study Guide & Test must be completed *BEFORE* you begin your clinical experience.**
- 2. Read through the entire Study Guide.**
- 3. Complete the Post-Test in the back (open book).**
- 4. Obtain Test Answer Sheet from the department manager or instructor & grade your own test.**
- 5. Review any missed answers with the Study Guide and your manager or instructor.**
- 6. Attach completed and graded test to your Orientation Competency Assessment form to be given to your manager at the end of orientation. (You may keep this packet as a reference or return it to your manager.)**

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IMPORTANT TELEPHONE NUMBERS

Safety Officer: 261-6065
Employee Health: 251-6161
Infection Control Coordinator: 5704
Your Preceptor: _____
Your Supervisor: _____

Hospital Operator:
 Inside 0
 Outside 257-2500
Emergency on campus: 88
Emergency off campus: 911



OUR MISSION

The mission of Adventist Medical Center and those who serve here is to demonstrate the human expression of the healing ministry of Jesus Christ. We who serve here are dedicated to:

- Delivering health care that nurtures body, mind and spirit through our personnel, programs and services;
- Encouraging healthful living practices consistent with optimal health and well being;
- Reflecting God's love by servicing our patients, guests and each other with compassion, dignity and respect;
- Focusing outreach and planning on improving the health of our local communities while providing emergency care for anyone with an immediate health care need;
- Offering services in the most medically and financially appropriate setting;
- Continually improving through technical excellence and a highly qualified, professional staff;
- Creating an environment of care that promotes trust, confidence and safety among our patients, families, employees, volunteers and physicians;
- Serving as a religious health care organization in a manner consistent with the philosophy of the Seventh-day Adventist Church.

OUR VISION

We will be an independent community healthcare partner that is valued for its unique blend of spiritual emphasis, innovative healthcare delivery, excellent medical outcomes, and cost effectiveness.

OUR VALUES

- The compassionate healing ministry of Jesus
- Human dignity and individuality
- Absolute integrity in all relationships and dealings
- Excellence in clinical and service quality
- Responsible resource management in serving our communities
- The health care heritage of the Seventh-day Adventist Church
- Each other as members of a caring family

OUR OPERATING PRINCIPLES

As we carry out our mission, we recognize our partnership with God in accomplishing His purposes. We are committed to treating others as we ourselves would like to be treated. With that in mind, these core principles are the philosophical foundation of how we conduct business and interact with people:

- Integrity and Honesty
- Open Communication
- Individual Initiative
- Teamwork
- Continuous Improvement
- Ethical Behavior
- Fairness and Equity
- Caring and Compassion



STUDENT PERFORMANCE EXPECTATIONS

People – respect for spiritual values of others; communication and relationships of trust; teamwork and accountability; fairness and equity.

Quality – policies; performance improvement; work ethics and quality; integrity.

Service - effective communication; the confidentiality of patient and other information; prompt, caring, and helpful service; professional appearance.

Growth – professional and personal improvement; orientation and on-going education.

Finance – Productivity; cost control; attendance.

ADVANCE DIRECTIVES

In accordance with the Patient Self Determination Act, AMC supports the right of individuals to make healthcare decisions. Our responsibilities are to:

- ◆ Provide **written information** to each person upon admission about their rights to make decisions about medical care, and written policies about those rights.
- ◆ **Document** in the person's medical record whether or not they completed an Advance Directive.
- ◆ **Provide care** whether or not a person has completed an Advance Directive.
- ◆ Ensure **compliance with state law** requirements respecting Advance Directives.

(See Administrative Policy #832 for additional information if working with the admissions process or providing in-patient care)

PATIENT RIGHTS

By Oregon law, **ALL** patients have certain rights, including, but not limited to:

- ◆ Reasonable **access** to care
- ◆ **Considerate** and **respectful** care.
- ◆ **Information** about their illness, course of treatment, and recovery.
- ◆ **Consent or refusal** of treatment or procedures.
- ◆ Mechanism whereby **complaints** may be made, reviewed and resolved.
- ◆ Participation in **ethical decision-making**.
- ◆ **Security, privacy and confidentiality**.
- ◆ An explanation of **bill** regardless of type of payment.

(See Administrative Policy #811 for additional information)

CONSCIENTIOUS OBJECTION TO PROVIDING CARE

Students may have the right to request not to participate in an aspect of patient care, including treatment, where there is a perceived conflict with the student's cultural values, ethics, or religious beliefs. In such cases, the school and/or the medical center will provide reasonable accommodation for the individual while ensuring that any action taken in response to this request will not negatively affect a patient's care, including treatment. *(See Administrative policy #949 for additional policy statements and the procedure to follow if making such a request.)*

ABUSE REPORTING

In compliance with state law, AMC participates in the examination and reporting of injuries/neglect caused by other than accidental means. Abuse can be **physical, mental/emotional, sexual and/or financial/exploitation**.

Students who provide direct services for patients will **receive position-specific orientation** on abuse recognition and intervention.

(See Administrative Policy #840)

HEALTH INFORMATION: PRIVACY & SECURITY

...A Core Value at AMC

Federal regulations provide patients with rights & protections regarding the release of their protected health information (PHI). The law is called 'HIPAA' (Health Insurance Portability and Accountability Act). Students are responsible for understanding the implications of this law, & following our policies & procedures for protecting patient information.



Patients receive a 'Notice of Privacy Practices' informing them of how we use & disclose PHI about them for treatment, payment, healthcare operations, or as required by law. Please take the time to read our Notice, so that you will understand what our patients know & expect. Any other uses or disclosures of this protected health information will require the patient to sign an **authorization form**.

Patient Rights: HIPAA

- 1. Right to 'opt-out' of being listed in our Facility Directory**
Ask your supervisor how to recognize a patient who has opted out of the directory. For calls or inquiries received regarding these patients, **respond by saying, "We do not have anyone listed by that name in our facility directory."**
- 2. Right to request restrictions on how we use/disclose information.**
Ask your supervisor how to recognize a patient who has requested a restriction regarding disclosure to a specific individual that we have agreed to. **Do not disclose any information to this individual.**
- 3. Right to request 'confidential communications.'**
This is a request that we only communicate with someone at an alternate address or phone number, or that we will leave messages only on a specific answering machine. Ask your supervisor how you will recognize a patient who has requested 'confidential communications.'
- 4. Right to request that their records be amended.**
Requests for corrections to a patient's medical record are managed by the Health Information Management (Medical Records) department.
- 5. Right to request access to records**
Ask your supervisor how access to records is managed.

- 6. Right to an 'Accounting of Disclosures'**
This is a report listing disclosures we have made regarding a particular patient. Your job may include logging these disclosures. Ask your supervisor for the procedure for logging in your department.
- 7. Right to file a complaint about confidentiality**
Please direct patient complaints regarding confidentiality and privacy to our **Customer Service Representative in the Quality Resources Department**.

Serious Business

- It is your responsibility to safeguard protected health information and adopt a "security awareness" mindset.
- Never leave charts, reports, census sheets, or any other documents containing protected health information unattended.
- Protect patient information on computer screens, i.e., keep screen turned away from public, log out when leaving your desk, etc.
- Never share your password or allow it to be discovered, i.e., put in a drawer; under the mouse pad, etc.
- Do not access patient information unless you have a need to do so to carry out your work; disclose only the minimum necessary PHI to allow you to do your job.
- Conversations regarding patient information should take place in an area that will maintain confidentiality.
- Consequences for breaches of confidentiality can result in disciplinary measures, up to, and including termination. There are also civil and criminal penalties for violating the HIPAA Privacy Rule.

**We take patient
privacy seriously;
SO MUST YOU**

JCAHO's NATIONAL PATIENT SAFETY GOALS

While not all employees' jobs involve patient contact, everyone should be aware of the medical center's efforts to ensure safe patient care and treatment.

All health care workers providing patient care at Adventist Medical Center must comply with JCAHO's National Patient Safety Goals & AMC policies related to these goals. These goals include, but are not limited to, the following:

1 You must use **two patient identifiers** whenever **administering medications or blood products, taking blood samples & other specimens for clinical testing, or providing any other treatments or procedures.** According to AMC Policy "Patient Identification", the two identifiers are:

- **Patient's Name**
- **Patient's Birth Date**

NEVER USE THE PATIENT'S ROOM NUMBER AS AN IDENTIFIER!!!



2 A **"Read Back"** of verbal orders, telephone orders or telephonic reporting of critical test results must occur. According to AMC Policy "Patient Care Orders", the person receiving a verbal or telephone order or a telephonic reporting of a critical value must write that communication down and then read back what they have written to the caller. "Read Back" of verbal or telephone orders is documented on the order form.



3 Certain abbreviations must never be used in written communication. AMC (Medical Staff) Policy "Abbreviations & Chemical symbols" specifies these prohibited abbreviations, & a laminated sheet of these prohibited abbreviations is at the front of every patient's chart.



4 You must **communicate important patient care information to the next care provider** at change of shift, when transferring patients to another unit, and similar situations. AMC Policy "Hand-Off Of Care, Report" identifies our standardized



approach to "hand-off communication."

5 All medications and their containers, i.e., syringes, medicine cups, etc. **must be labeled** when the medication is not administered immediately, and/or it is administered by someone other than the person preparing the medication. See AMC Policy "Medication Use."



6 As described in AMC Policy "Medications That Look-Alike And/Or Sound-Alike", those who administer medications need to be alert and take efforts to prevent giving the wrong medication. A list of look-alike and sound-alike medications is maintained and reviewed annually.



7 AMC (Nursing) Policy "Medication Reconciliation" requires patient care providers to **RECONCILE patient medications** by:

- Comparing a patient's **current (home) medications** with those ordered for the patient while under our care;
- Communicating a complete list of the patient's medications to the **next provider of service**; &
- Providing a complete list of medications to the patient upon **discharge**.



8 All AMC caregivers must comply with the CDC's Hand Hygiene Guidelines & AMC's Infection Control Program. See AMC Policy "Hand Washing."



9 All patient care providers are required to follow AMC's Nursing Procedure "Falls/Safety Management". This includes completing **risk assessments** for patient falls and implementing appropriate **fall prevention measures**.



CULTURAL & AGE-RELATED DIVERSITY



AMC recognizes the importance of culture in the delivery of services to all segments of our patient population. Culture refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups.

In order to provide high quality healthcare, employees need to understand that there may be considerable variations in:

- how cultural groups define health and illness;
- what cultural groups do to maintain wellness;
- what cultural groups believe to be the causes of illness;
- how healers cure and care for members of cultural groups; and
- how the cultural background of the care provider influences the way in which care is delivered.

AMC strives to ensure that patients receive **EFFECTIVE, UNDERSTANDABLE & RESPECTFUL CARE** that is provided in a manner compatible with their cultural health beliefs and practices, appropriate to their age level, and in their preferred language.

While it may not be possible to remember everything about every culture or age group, the first important step is **awareness that different cultures and age groups may have different rules of appropriate behavior**, and to seek further information.

Examples of responding effectively to the language and psychosocial needs of our patients include:

- Gathering culturally-relevant information during the admission process (multiple department admission policies and procedures);
- Assessing cultural and religious practices that may affect learning and providing language-specific written information when available – (Policies: “Education of Patients” and “Patient Learning Needs Assessment”);
- Providing interpreter services for persons who are hearing impaired or who have limited English proficiency - (Policy “Interpreter Services”).

INTERPRETER SERVICES

Adventist Medical Center provides, at no cost to the patient, equal access for persons who are hearing impaired or who have limited English proficiency. Except in an emergent situation, staff will not ask, suggest or encourage that a patient’s friend, family member, or employee interpret for a patient.

See Administrative Policy #808 “Interpreter Service” for information on obtaining a language interpreter (including Sign Language), a Text Telephone Yoke or Television Closed Captioned Decoder for a deaf individual.

By attending to this very important patient right, healthcare workers reflect AMC’s commitment of **creating an environment of care that promotes trust, confidence and safety for our patients.**

INTRODUCTION TO STUDENT SAFETY PROGRAM



ALL departments/units have a special book with safety information called the...

ACTION MANUAL

...which is a big black binder with a red label on the side.

What topics are in the ACTION MANUAL?

- Safety Policies
- Disaster Plan (also called “Emergency Preparedness Program”)
- Disaster-specific plans:
 - Fire Safety Plans
 - Disaster Alert
 - Hazardous Materials
 - Abusive/Assaultive Behavior
 - Evacuation
 - **Others** – Bomb, Earthquake, Civil disturbance, Explosion, Infant Abduction, Radioactive Materials, Search and Rescue, Utility Failure, Weather.
- Infection Control Plans and Policies
- Employee Health



FIRE SAFETY

Fire is a leading cause of injury and death in health-care facilities. There is added risk because most patients are unable to evacuate themselves.

FIRE HAZARDS in health-care facilities include:

- smoking;
- oxygen, compressed gases (gas cylinders);
- flammable substances, e.g. paint thinner, solvents, alcohol;
- faulty electrical equipment or wiring, improper use of extension cords, a patient’s appliance from home, e.g., hair dryer;
- combustibles, e.g., rubbish, rags, linens, drapes, paper, cardboard;
- grease from cooking; and
- lint from laundry.

It takes three things to start a fire:

Fuel....Oxygen....Heat *or an ignition source.*

*Fuel is anything that will burn, like paper or flammable liquids. **Oxygen** is in the air we breathe and available as compressed gas. **Heat** or an ignition source can consist of flames, sparks, or even electricity.*

CODE WORD FOR FIRE:

We call out **“DR FIRESTONE”** to alert persons of a fire. This is more descriptive than “help” and tends not to panic others.

(Fire Safety continued)

R.A.C.E.

The **R-A-C-E acronym** reminds us what to do:

R-Rescue persons in immediate danger and close door to fire room.

A-Alarm the rest of the building by activating a fire alarm pull station, calling out the code word “**Dr. Firestone**” and dialing “**88**” to notify the hospital operator. Students off campus must use “**911**”.

C-Contain the fire and smoke by closing all doors.

E-Evacuate all persons through the nearest exit or **Extinguish** the fire if it is small and in its initial stage.

P.A.S.S.

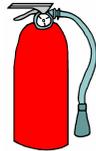
The **P-A-S-S acronym** reminds us how to use a fire extinguisher.

P-Pull the pin.

A-Aim at the base of the fire.

S-Squeeze the handle.

S-Sweep back and forth from the point nearest you to the point furthest away.



TYPES of fire extinguishers and their use:



Combustibles such as paper and wood.



Flammable liquids such as gasoline or solvents.



Electrical.



Know the following when in the department:

- ◆ Location of nearest fire alarm pull station
- ◆ Location of nearest fire extinguisher
- ◆ Location of nearest exit
- ◆ Location of nearest safe area inside the hospital
- ◆ Location of nearest safe area outside the building
- ◆ Meeting place



SMOKING IS A MAJOR FIRE AND HEALTH HAZARD.

Smoking is not permitted inside any building on campus, except for patients who meet certain criteria as outlined in administrative policy #804. Patient and visitor smoking is allowed outside of the buildings, only in designated areas. Students are not permitted to smoke on campus.

Students are expected to notify patients and visitors of the smoking policy and direct them to one of the designated areas.



EMERGENCY PREPAREDNESS

All students must know where and who you report to and what your duties are. Look in the Action Manual.

The Disaster plan instructs you in case of:

- fires;
- bomb threats and explosions;
- natural disaster such as floods, tornadoes, hurricanes, snowstorms, earthquakes, etc.;
- release of hazardous substances; and
- utility losses.

In brief, the plan explains how to:

- coordinate efforts, using a chain-of-command system and a communication network;
- evacuate to safe areas;
- protect patients and persons within the facility;

In a disaster, you may need to:

- not use the hospital phones for personal use
- carry your ID badge with you which you may need to gain access

LISTEN FOR THESE CODES

Students may not be required to take a major part in the steps of these emergencies; however, they do need to know the Code names and general information.

Dr. Firestone indicates a fire. Use the **R-A-C-E** acronym!



Code Grey = use of a weapon.

- Seek cover & protection, lock doors & secure department – warn others.
- Dial “88”; say “Code Gray” & give location. Repeat.
- Stay out of area & come to the aide of others only when safe.
- Cooperate fully with anyone with a weapon.

Code Orange = a hazardous material spill.

- Isolate area and move to safe area.
- Notify manager.
- When directed, dial “88”. Report Code Orange and location. Repeat.
- Clean up spill as per department procedures only if trained to do so.
- When outside of area, do not go near Code Orange until an “all clear” is given.

Code Pink (infant) & Code Adam (child) = abductions.

- Stop non-critical work & cover all stairs, elevators & exit-ways.
- When suspicious person seen, explain possibility of missing infant/child & ask to check baby/child, bag or coat.
- Thank person for cooperating or, if they refuse or run, do not apprehend. Note appearance and flight direction.
- Dial “88” and give information.

Code Zero = evacuation of the area identified.

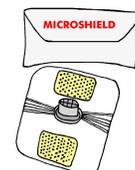
- Notify all in area to evacuate.
- Evacuate ambulatory, wheelchair, then bed-ridden patients.
- Take records as safety permits.

Code 55 = a violent situation and a need for available help

- Keep your distance. Protect and defend self.
- Dial “88” on telephone. Say, “Code 55” & give location. Repeat.
- Meet code team members outside patient room or location.

Code 99 = a need for emergency medical attention.

- Establish unresponsiveness.
- Call out for help.
- Dial “88” on telephone; say, “Code 99” & give location. Repeat.
- Begin CPR if trained to do so. In-house, code team will arrive.



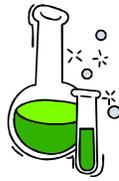
Code Triage = Disaster Plan Procedure

- Follow directions of department lead/manager

HAZARD PREVENTION & CONTROL

Healthcare students are exposed to a variety of hazards:

Chemical hazards - toxic substances, such as medications, gases, (e.g., anesthetic gases), and solutions (e.g., formaldehyde).



Infectious/biological substances - blood and other body substances that may carry bacteria and viruses, exposing you to infections such as Hepatitis B, TB, HIV, or other illnesses.

Physical, environmental and equipment hazards - air quality, noise, radiation, lasers, and fall hazards, electrical and other equipment hazards, and violence.



Ergonomic hazards. Ergonomic hazards include improper lifting techniques and repetitive motion.

Follow these general guidelines:

► **Use PPE as required. (Personal Protective Equipment)**



Depending on the procedure and equipment, you may need to use:

- eye protection;
- hearing protection;
- a mask or HEPA respirator;
- gloves;
- protective footwear; and
- protective body coverings.



► **Follow proper procedures.**

Get all required training before you use any piece of equipment. Make repairs only if you are trained and authorized to do so.

► **Check equipment before each use.**

Inspect it for defects and hazards. Don't use it if cords are frayed, connections are loose, etc.

Cart and Wheelchair Safety.

- Wheeled devices should be pushed down the center of corridors.
- Load wheeled devices with only as much weight as the person guiding it can control safely.
- Do not load carts so high you cannot see over them.
- Always back wheelchairs or carts in or out of an elevator & check that the elevator car floor is even with the corridor floor.
- Get assistance when moving wheelchairs or gurneys with other devices (such as infusion pumps).
- Carts and wheelchair wheels must be locked at all times when a staff member is not in attendance.
- Never leave wheelchairs and gurneys with patients on them unattended.
- Where provided, safety belts and side rails should always be used.
- Gurneys with patients on them must always be moved with the patient going feet first.



Help prevent slips, trips, and falls.

- Be alert when you assist patients.
- Inspect areas for hazards (cords, loose carpeting or flooring, etc.). Report any hazards promptly.
- Clean up spills promptly.
- Make sure patients are properly secured to beds, gurneys, and wheel chairs during transportation.
- Make sure transportation equipment is properly secured or "braked" when not in motion.
- Walk, don't run.
- Wear shoes with no-skid soles.
- Don't leave drawers open.
- Don't carry anything that blocks your vision.
- Don't stand on chairs, boxes, or tables. Use approved ladders or step stools.



HAZARDOUS MATERIALS COMMUNICATION

Chemicals are hazardous if they present a **PHYSICAL** (e.g., fire or explosion) or **HEALTH** hazard (e.g., poison, irritation, cancerous).

➤ **Identify the chemicals used in your area & read the label.**

The label lists:

- chemical identity;
- hazards and the degree of hazard;
- precautions for avoiding injury;
- first-aid instructions; and
- handling and storage instructions.

➤ **Locate the Material Safety Data Sheets (MSDS)** - located in each department & give detailed information on:

- hazardous ingredients;
- permissible exposure limits (PELs)
- physical/chemical data;
- fire/explosion hazard data;
- reactivity data;
- control steps;
- precautions for safe handling and use;
- health hazard data.



Report any safety issues or concerns involving hazardous materials immediately.

BIOHAZARDS

Biohazard symbols are placed on containers, doors, or areas that contain infectious materials. These materials can transmit disease to humans. Infectious materials consist of used needles and syringes; contaminated equipment and products i.e., tubing with liquid, saturated dressings; and bloodborne pathogens, cultures, blood, body fluids or tissue waste material.



RADIOACTIVE MATERIAL

Radioactive Material symbols are placed on containers, doors or areas that contain materials that emit radiation energy which may be harmful to humans. Radioactive Materials may be found in radiation generating equipment or waste products such as blood, tissue, body fluids or medical products.



SECURITY & WORKPLACE VIOLENCE

We consider the entire campus to be security sensitive; however, some areas may have special or added security procedures because of their special nature. These are:

Psychiatric: Potential for violence and unpredictability.

Emergency: Potential for violence, unpredictability, alcohol, and drugs.

Maternity: Infant abduction.

Surgery/CCU: Patients unable to take care of themselves.

Pharmacy: Drugs.

Corrections unit: Violent patients or escape risk.



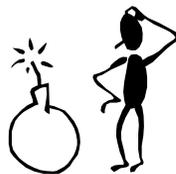
Report any security issues or concerns immediately!

➤ **To contact security, use the following numbers:**

- Emergency: **88**
- Non-emergency: **0**
- Non-hospital phone system: **257-2500**
- Police/Fire/Medical off campus: **911**

➤ **Security should be notified when there is:**

- hospital, patient, visitor or employee's property is missing;
- any threat, form of violence, or fear of harm;
- a patient, visitor or employee has a concern for any reason whatsoever;
- inappropriate behavior.



IDENTIFICATION

Students are required to wear their identification badge at all times while at AMC facilities and to identify themselves every time someone asks.

VIOLENCE PREVENTION

Violence can happen in any department or area, at any time of the day or night.

➤ **Before violence strikes, there are usually warning signs.**

- making threats, insults, or unreasonable demands;
- talking about or carrying weapons;
- screaming, cursing, challenging authority, violent gestures; or
- restlessness, pacing; clenching fist or jaw.



➤ **Violence prevention:**

- Safely store anything that could be used as a weapon (syringes, scissors, etc.)
- Treat everyone with respect and use common courtesy.
- Trust your feelings about people or situations. Your feelings are a good indicator of warning signs.

➤ **If violence occurs:**

- Protect yourself first. Then alert and protect others.
- Help nearby patients and visitors to stay calm and escape to safety.
- Keep a safe distance and don't turn your back on the person.
- Give the person what he/she wants if you can.
- Don't try to take away a weapon.
- Don't try to restrain the person by yourself.
- Leave yourself an escape path.

STUDENT HEALTH

All STUDENTS are required to have annual TB testing done (PPD) (provided through the SCHOOL).

When you are ill we ask that you stay home so that illness will not be spread to patients and staff.

When working with patients, if it's wet or soiled and you didn't do it, wear gloves.

Hand washing is the most important thing that you can do to prevent the spread of infection.

- Wash hands with a non-antimicrobial soap or an antimicrobial soap and water when hands are visibly dirty or contaminated with protein type material (e.g., blood, body fluids, excretions, secretions, wound drainage, etc.).
- Decontaminate hands with a waterless antiseptic agent after contact with body fluids or excretions, mucus membranes, non-intact skin or wound dressings as long as hands are not visibly soiled.
- Decontaminate hands with a waterless antiseptic agent after removing gloves.

INFECTION CONTROL

Standard Precautions are practiced at AMC facilities. Gloves should be worn whenever coming in contact with blood, body fluids, excretions or secretions even if they do not contain visible blood.

Follow *Transmission-Based (isolation) Precautions* in addition to Standard Precautions for any patient who may have a contagious disease. These isolation precautions include:

- Airborne Precautions infections such as measles or tuberculosis that are spread in the air.
- Droplet Precautions infections such as flu and some types of meningitis that are spread by respiratory droplets.
- Contact Precautions for an abscess or draining wound that cannot be contained by a dressing. Also, scabies and other infections that can be acquired by touching the patient or something in the patient's environment that is contaminated.

Prevent injuries from sharps:

- Dispose of used sharps promptly after use in designated sharps containers. Never reach into a container.
- Close and place sharps containers for pick-up when filled to the identified line or when 3/4 full if there is no line.
- Never recap needles. If you must recap, use the one-handed method.

STUDENT B.L.U.E. BOOK – TEST

NAME: _____

DATE: _____

SCHOOL: _____

PROGRAM: _____

MISSION

1. Complete the Mission Statement: “The mission of Adventist Medical Center and those who work here is to demonstrate the...

PT. RIGHTS/ADV. DIRECTIVES

True or False:

2. Patients are not to be told details about their illness because it could scare them.

T F

3. “Advance Directives” ensure that a patient’s right to make healthcare decisions is respected.

T F

HEALTH INFORMATION

PRIVACY & SECURITY

4. The purpose of the Notice of Privacy Practices (NPP) is to inform patients in advance of the many ways their health information may be used.

T F

5. Protected health information (PHI) is anything that identifies (or could identify) a certain patient.

T F

6. Minimum necessary means as much PHI as you need to do your job – and not a bit more.

T F

7. **Turn to the back page, and sign the “CONFIDENTIALITY AGREEMENT - Student”**

PATIENT SAFETY GOALS

True or False:

8. You may use a patient’s room number as a patient identifier.

T F

9. You must “read back” all telephone orders and telephonic reports of critical values to the person providing this information.

T F

CULTURAL & AGE-RELATED DIVERSITY

10. An important first step in meeting the cultural or age-related differences for a patient is an...

A _____

that such differences exist and:

S _____ing further information.

SAFETY

11. What is the name of the manual that provides information on our safety program?

LIFE SAFETY (FIRE)

12. What does R.A.C.E. stand for?

R _____

A _____

C _____

E _____

13. What does P.A.S.S. stand for?

P _____

A _____

S _____

S _____

14. What are the three ingredients that are necessary to sustain fire?

a. _____

b. _____

c. _____

15. What is AMC’s code word for a fire?

EMERGENCY PREPAREDNESS

16. Unscramble the words below to discover where our "Disaster" plan and information are found:

TANICO NAMALU

17. List the meaning of the following codes:

- a. Orange _____
- b. Pink _____
- c. 55 _____
- d. Zero _____
- e. 99 _____
- f. Dr. Firestone _____

HAZARD PREVENTION

18. List three ways to help prevent slips, trips, and falls:

- a. _____
- b. _____
- c. _____

HAZARDOUS MATERIALS

19. What does a warning label tell you?

20. What are the following symbols and what do they mean?



21. What does **MSDS** stand for?

- M _____
- S _____
- D _____
- S _____

SECURITY & VIOLENCE PREVENTION

22. Unscramble the words below to complete this sentence: "Students are required to wear their.....?.....while at work.

FITNICODINETA DEGAB

23. The emergency number for Security is?

- a. In-house emergency _____
- b. In-house non-emergency _____
- c. Non-hospital system _____
- d. Off campus _____

24. True or False: A Security Officer should be notified when you see a person that seems out of place and is acting suspiciously.

T F

25. Briefly list three ways you can help prevent violence.

- a. _____
- b. _____
- c. _____

ERGONOMICS

26. List three ways to safely lift an object:

- a. _____
- b. _____
- c. _____

STUDENT HEALTH

27. True or False: All students must undergo annual TB testing. **T F**

INFECTION CONTROL

28. True or False: In addition to Standard Precautions, "Airborne", "Contact" and "Droplet" Precautions are the three types of isolation precautions practiced at AMC when it is determined that a patient might have a contagious disease. **T F**

29. True or False: Personal Protective Equipment is the single most effective way to prevent the spread of infection. **T F**

30. True or False: Hand washing is the most important thing we can do to prevent the spread of infection. **T F**