

## **BLOODBORNE PATHOGENS**

**GLOVES** – to protect hands if there is a chance of exposure to blood or body fluids.

**MASK** – to protect the mouth if there is a chance of blood splatter into the mouth.

**EYEWEAR** – to protect eyes if there is a chance of blood splatter into the eyes.

**GOWN** – to protect clothes if soiling by blood or body fluid is possible.

### **How are bloodborne pathogens transmitted?**

#### **Common ways for bloodborne pathogens to be transmitted are:**

- ✓ Accidental injury by sharp object contaminated with infectious material
- ✓ Splash of blood, blood component or blood containing fluid onto exposed skin which sever dermatitis, acne, open cuts, wounds or scrapes
- ✓ Splash of blood, blood component or blood containing fluid onto mucous membranes, such as mouth, eyes, nostrils

### **How can needle sticks be prevented?**

**Preventing needle stick injuries is every employee's responsibility. Nobody wants to cause an accidental needle stick to himself or anyone else. You can prevent needle stick injuries by:**

- ✓ Using safety devices as much as possible.
- ✓ Discarding needles in the sharps' Container
- ✓ Never over fill or force a needle into the Sharps' Container
- ✓ Being aware of "at risk" situations (e.g. an agitated patient resisting blood drawing)

### **What do you do if you experience a need stick or blood exposure?**

#### **Contact you supervisor.**

Exposure evaluation includes a review of hepatitis B vaccine status, serologic testing or prophylaxis as indicated, and hepatitis C screening.

If the source is positive or high at risk for HIV infection, a decision regarding antiviral prophylaxis should be made immediately. If prophylaxis is elected it should be started as soon as possible, within an hour if possible.

### **What precautions do health care workers follow to decrease chances of blood borne pathogen exposure?**

Blood and certain body fluids of all patients are considered potentially infections for HIV, hepatitis B and other bloodborne pathogens.

**You follow Universal Safeguards/Precautions when you:**

- ✓ **Wash your hands between patient contact**
- ✓ **Use protective barriers to reduce the risk of exposure**
- ✓ Prevent injuries by needles, scalpels and other sharps by handling and disposing of them properly
- ✓ Report all needle injuries and mucous membrane exposures as an accident
- ✓ Use approved hospital disinfectants to clean up and decontaminate spills of blood and body fluids

## **INFECTION CONTROL**

Standard Precaution – to observe standard precautions, you must use control measures whenever there is the possibility of contacting blood, all body fluids, non- intact and mucus membranes.

- Consider all blood and body fluids potentially infectious
- Employ the use of good hand hygiene (hand washing or alcohol-based rubs)
- Use PPE (personal protective equipment to prevent exposure, e.g. gloves, eye/face protection and gowns when necessary).

Use of Proper Hand Hygiene – even if you wear gloves, be sure to wash your hands before and after:

- Before and after each resident contact
- Before and after wearing gloves
- Before handling food
- Before and after any procedure that may involve contact with blood or body fluids
- After coming in contact with blood, body fluids or mucus membranes
- After handling soiled equipment or linens
- After tending to your personal needs such as, sneezing, coughing, smoking, using the bathroom, eating, etc.

Hand washing:-

- ❖ Wet hands
- ❖ Apply soap
- ❖ Rub hand vigorously(friction) for at least 15 seconds
- ❖ Rinse hands in a downward motion
- ❖ Dry thoroughly with a paper towel
- ❖ Use a clean paper towel to turn off sink

## **PATIENTS RIGHTS**

1. The right to know their rights and responsibilities.
2. The right to know the services available to them and the cost of such services.
3. The right to know the facility's bed reservation policy.
4. The right to receive medical care knows medical condition; known physician, participate in care plan and refuse treatment.
5. The right to know facility's discharge policy.
6. The right to act as a citizen of the community.
7. The right to participate in Resident Council.
8. The right to make complaints and voice formal recommendations.
9. The right to manage personal finances
10. The right to be free from any abuse and unnecessary restraints.
11. The right to the security of possessions and confidentiality of information.
12. The right of privacy, respect and dignity.
13. The right to privately communicate with other (i.e. to receive mail, private phone calls, etc.)
14. The right to participate in activities/community groups.
15. The right to know visiting hours and visitors rules.
16. The right to have personal clothes and possessions.
17. The right to privacy visits with spouse/significant other.
18. The right to independent decisions from available choices.
19. The right to chose "DNR" status.
20. The right to make choices.

## **AGE SPECIFIC**

Birth – 1 year

- ✓ Use distractions(pacifier)
- ✓ Involve the parents
- ✓ Maintain environmental safety
  - (a) never prop feed
  - (b) no removable parts on toys
  - (c) never leave unattended in high places
  - (d) Crib side rails up at all times

1- 3 years Toddler

- ✓ prepare child shortly before procedure
- ✓ involve the parents
- ✓ allow some choice when possible but set limits
- ✓ give one direction at a time

- ✓ use distractions (toys)
- ✓ maintain environmental safety
  
- (a) never leave unattended in high places
- (b) seat while being feed
- (c) crib/bed rails if necessary
- (d) no small objects, toys, dangerous items within reach

### **3 – 6 years Pre-school**

- ✓ explain procedures
- ✓ involve parents
- ✓ encourage questions
- ✓ demonstrate use of equipment
- ✓ provide praise and rewards
- ✓ allow some amount of choices but set limits

- (a) crib/bed rails if necessary

### **6 -12 years School age**

- ✓ explain procedures in advance
- ✓ involve parents
- ✓ explain equipment
- ✓ provide privacy
- ✓ promote independence by allowing some control
- ✓ define and reinforce behavior

### **13 -18 years Adolescence**

- ✓ give reasons and use visual aids when explaining
- ✓ encourage questions
- ✓ provide materials to review
- ✓ involve patient and parents in planning
- ✓ decision making
- ✓ provide privacy

### **19 - 45 years Early Adulthood**

- ✓ explore impact of hospitalization/illness
- ✓ involve patient and spouse in plan of care
- ✓ watch body language as cue for feelings
- ✓ allow patient as much as possible in decision making of related care
- ✓ provide teaching based on needs and learning style

**46 – 60 years Middle Age**

- ✓ explore impact of hospitalization/illness on work and family
- ✓ involve patient and spouse in plan of care
- ✓ encourage as much self care as possible
- ✓ allow patient as much as possible in decision making of related care
- ✓ provide teaching based on needs and learning style

**61-79 years late adult**

- ✓ Involve patient and spouse in plan of care
- ✓ Explore related conditions and the effect on patient's care
  - a) Mental ability
  - b) Hearing
  - c) Vision
  - d) Balance and mobility
  - e) Condition of teeth
  - f) Sensitivity to heat and cold
  - g) Encourage as much self care as possible
  - h) Provide opportunities for decision making related care
  - i) Adjust care/communication related to the above
  - j) Maintain environmental safety

**80 and above Late, Late adult**

- ✓ Involve patient and spouse in plan of care
- ✓ Explore related conditions and the effect on patient's care
  - a) Mental ability
  - b) Hearing
  - c) Vision
  - d) Balance and mobility
  - e) Condition of teeth
  - f) Sensitivity to heat and cold
  - g) Adjust care/communication related to the above
  - h) Handle patient's body more with the palm of your hands rather than with fingers
  - i) Reposition every two hours
  - j) Allow for frequent rest periods
  - k) Encourage as much self care as possible
  - l) Provide opportunities for decision making related to care
  - m) Maintain environmental safety

## **FIRE SAFETY**

It is important that healthcare workers know the basic procedure in dealing with fire. It is a known fact that Healthcare facilities are at special risk during fires because many patients are physically challenged and they are unable to protect themselves from danger.

It was found out that most fires are caused by electrical malfunctions, smoking in unauthorized areas, equipment misuse and electrical overloading. They say that almost 8,000 fire incidents occur in Healthcare facilities each year. Each facility has their own Fire and Safety procedure but it is essential for Healthcare workers to know the basic and be able to act on the situation quickly or as soon as the incident occurs. It is important that you remain calm and do not panic if such incident happens.

- Fire in a Healthcare facility:
  - Go through the evacuation routes. Remember the location of the fire alarm pull box, fire extinguishers, equipment for evacuating and transporting patients and the designated place for safe refuge.
  - 2 types of evacuation:
    - Vertical Evacuation: Moving patients down the stairs or the lower floor or to other designated safe area of the facility.
    - Horizontal Evacuation: Moving patients down or across the hall through at least a set of fire or smoke doors.
- Keep doorways free from clutter and possible obstacles.
- Automatic fire doors should not be blocked.
- RACE protocol in responding to a fire emergency:
  - **R – RESCUE**
    - It should be done within the first few seconds of the fire outbreak. There is an assigned evacuation route in every facility, take the initiative to familiarize yourself with the route and the location of fire equipment such as alarm box, fire extinguisher etc.
    - Move or assist anyone who is in immediate danger of the fire to the closest safe area and then move the remaining patients.
    - Coordinate with your facility supervisor for the correct carrying and transferring techniques.
    - Make sure that patient charts are moved in together with the patient.
    - Do not use Elevators

- As a standard, when a room has been evacuated, a pillow should be placed on the floor outside the room. This will indicate that the room is already vacant. However, should the facility have their own protocol, be sure to follow their procedure.
  
- **A – ALERT**
  - Once the fire is known, alert the others by pulling the handle of the fire alarm pull station and contact the facility’s emergency number. The location and facility’s procedure in handling fire will be discussed during the orientation.
  - When calling the emergency number, you must give the following information:
    - Your Name
    - The number you are calling from
    - Your exact location
    - A brief and concise description of what you see and smell.
  
- **C – CONFINE**
  - A simple step of confining fire, toxic combustion and smoke can save lives. Remember to close all doors to prevent the smoke from spreading and to cut off the flow of oxygen to the fire.
  - Shut off or disconnect all medical gases as mentioned in the facility’s policies and guidelines.
  - Place a wet towel at the bottom of the closed door.
  - It is important to focus on containing the fire as long as no one is in immediate danger.
  
- **E – EXTINGUISH**
  - As mentioned, if no one is in immediate danger, focus should be in containing the fire. However, if this is not possible, then extinguishing the fire may be given priority.
  - Fire extinguishers are classified in to 3 types. Each type of fire extinguisher is made for specific use, be sure you are aware of the following fire type and what kind of fire extinguisher to be used:
    - For fire caused by combustible materials such as paper, wood and cloth, a type “A” extinguisher should be used. It contains Pressurized water.

- For fire caused by flammable liquids such as grease, paint and oil, a type “**B**” extinguisher must be used.
- For fire caused by electrical circuits, a type “**C**” extinguisher is needed to put the fire off.
  - Please note that type **B and C fire extinguishers contain carbon dioxide.**
  - Some facilities have fire extinguishers that are labeled A/B/C. This type can fight all 3 kinds of fire. They contain a dry chemical that is effective on the 3 types of fire.
- Make it a habit to make a mental note of the type of extinguisher and its location inside the building.
- Please note that fire extinguishers are only effective in small fires. There is always the escape or evacuation route which you need to familiarize yourself with.
- The content of an ordinary fire extinguisher can only last for approximately 20 seconds. Larger fire will potentially cause more harm to the person fighting the fire, so use your judgment to assess the situation.
- Once the patients have been evacuated, leave the premise and let the fire department put out the fire.
- One important reminder, before opening any door, touch the door or the knob with the back of your forearm, if the door feels warm, **DO NOT OPEN**, it may indicate that the fire behind the door is too large to fight.
- Basic steps in using the fire extinguisher:
  - Stand back 6-10 feet and pull the pin off the extinguisher.
  - Aim the nozzle at the base of the fire
  - Squeeze the handle for 5 seconds to let the contents out.
  - Sweep the nozzle from side to side across the base of the fire to contain.
- Helpful tips on how to prevent healthcare facility fires:
  - Do not smoke in unauthorized area.
    - Follow the facility’s smoking policy.
  - Effective use of the equipment
    - Ensure that you are trained to handle electrical equipment
    - Inform or report any equipment that is not functioning.
    - Use the equipment with caution
  - Be aware of the environment
    - Report any unusual burning smell or smoke coming out of vents or other electrical socket.

- Be cautious when going through the areas with high voltage power or areas with high oxygen and gas contents such as the kitchen, laundry room etc.

## **NATIONAL PATIENT SAFETY GOALS**

The following are National Patient Safety Goals for 2009

1. Improve the accuracy of patient identification.
2. Improve the effectiveness of communication among caregivers.
3. Improve the safety of using medication.
4. Reduce the risk of healthcare-associated infections.
5. Accurately and completely reconcile medications across the continuum of care.
6. Reduce the risk of patient harm resulting from falls.
7. Encourage patients' active involvement in their own care as a safety strategy.
8. Identify patients at risk for suicide.
9. Improve recognition and response to changes in a patient's condition.

*UNIVERSAL PROTOCOL: Prevent errors in surgery and other areas where procedures are performed.*

## **ABUSE (CHILD AND OR ELDERLY)**

Abuse is any form of mistreatment that results in harm or loss to a (child or older) person. It is generally divided into the following categories:

- **Physical abuse** is physical force that results in bodily injury, pain, or impairment. It includes assault, battery, and inappropriate restraint.
- **Sexual abuse** is non-consensual sexual contact of any kind with an older person.
- **Domestic violence** is an escalating pattern of violence by an intimate partner where the violence is used to exercise power and control.
- **Psychological abuse** is the willful infliction of mental or emotional anguish by threat, humiliation, or other verbal or nonverbal conduct.
- **Financial abuse** is the illegal or improper use of an older person's funds, property, or resources.
- **Neglect** is the failure of a caregiver to fulfill his or her care giving responsibilities.
- **Self-neglect** is failure to provide for one's own essential needs.

## **AMERICAN NURSES ASSOCIATION CODE OF ETHICS<sup>1</sup>**

- The nurse provides services with respect for human dignity and the uniqueness of the client, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.
- The nurse safeguard the client's right to privacy by judiciously protecting information of a confidential nature.
- The nurse acts to safeguard the client and the public when healthcare and safety are affected by the incompetent, unethical or illegal practice of any person.
- The nurse assumes responsibility and accountability for individual nursing judgments and actions.
- The nurse maintains competence in nursing.
- The nurse exercised informed judgment and uses individual competence and qualifications as criteria in seeking consultation, accepting responsibilities, and delegating nursing activities to others.
- The nurse participates in activities that contribute to the ongoing development of the profession's body of knowledge.
- The nurse participates in the profession's efforts to implement and improve standards of nursing.
- The nurse participates in the profession's effort to establish and maintain conditions of employment conducive to high quality nursing care.
- The nurse participates in the professions' effort to protect the public from misinformation and misrepresentation and to maintain the integrity of nursing.
- The nurse collaborates with members of the health professions and other citizens in promoting community and national efforts to meet the health needs of the public.

<sup>1</sup>Source: Howard University College of Medicine  
<http://www.med.howard.edu/ethics>

## **CULTURAL DIVERSITY**

As a healthcare agency Aequor executives embraces diversity within and recognizes that priority as both ethical and business imperative. **AEQUOR** values diversity and initiatives that promote diversity because we can improve the quality of the organization's workforce. **AEQUOR** also values and actively promotes diversity in its leaders, affiliates and staff because diverse participation can serve for improving decision making, increased productivity, and a competitive advantage.

**AEQUOR** works to encourage an inclusive environment that recognizes the contributions and supports the advancement of all, regardless of race, ethnicity, age, sexual orientation, gender, religion or disability because an inclusive environment can enhance the quality of healthcare.

At **AEQUOR** we take equal opportunity in all aspects of employment.

## **PATIENTS RESTRAINTS**

Restraints are any physical or pharmacological means used to restrict a patient's movement, activity, or access to their body. Patients should generally have a right to be free from any restraints unless it is necessary to treat their medical symptoms or to prevent patients from harming themselves or others.

Restraining a patient raises serious concerns, such as infringement on patient autonomy, limits on freedom of movement, claims of battery, and risk of physical and/ or psychological injury resulting from restraints. Before using restraints, health care professionals must carefully weigh the benefits of the restraint against the risk of the restraint; other alternatives to restraints should be available.

Restraints may only be used to ensure physical safety of the resident or other residents and only pursuant to a written physician order stating the duration and the circumstances for which the restraints may be used. Restraints may be used in response to dangerous behavior, to protect patients, in connection with planned care, as part of an approved protocol and standard practice. Example of situations include:-

- Protect patients from physically harming themselves.
- Protect disoriented patients from falls.
- To facilitate medically necessary procedures in uncooperative patients.
- Protect staff and /or patients' families from patient violence.
- Allow assessment of disoriented and uncooperative patients or those patients under the influence of alcohol.

## **COMPLICATIONS**

Patients may get injured from being restrained; most injuries are minor and include abrasions and bruises. However, more serious injuries can occur if restraints are incorrectly applied or the patient is not adequately monitored.

Complications from drug sedation are more numerous than from physical restraints. Patients who are being restrained after an overdose pose particular problems because the ingested substances are often unknown and can lead to drug interactions with adverse effects.

## **PRECAUTIONS**

- Patient dosage may vary; medication may be administered if inadequate sedation results after the initial dose is given.
- Monitor for respiratory depression and loss of gag reflex
- Consult appropriate references for full prescribing and adverse effect information on the drug.

Immediate inadequate sedation may not mean that medication is appropriate for the patient, peak effect may be delayed or additional doses may be needed

## **PAIN MANAGEMENT**

- Pain is defined as an unpleasant emotional experience that is associated with potential or actual tissue damage.
- Pain Management aims to assess the intensity of the pain in order to plan out the appropriate treatment for the residents. Pain treatment may include the use of medication or application of other medical apparatus and devices such as heat or cold massages, acupuncture, other techniques such as radio frequency treatment, electrical nerve stimulation etc.
- Pain Classification:
  - Visceral Pain: it is described a deep and aching pain. It is known to be poorly localized.
  - Somatic Pain: Usually described as constant, aching and gnawing pain. Most common pain type in cancer patient.
- Chronic Pain Classification:
  - Neuropathic Pain: It involves the central and peripheral nervous system. It usually does not respond to conventional analgesics.
  - Nociceptive Pain: Visceral or Somatic. Usually coming from the stimulation of pain receptors. It may be due to tissue inflammation, injury, or deformation. It responds well to common analgesic medication and non-drug alternatives.
  - Mixed or undetermined pathophysiology: it is the type of mixed or unknown mechanisms. Various treatment and strategies need because the treatment is unpredictable.
  - Psychologically based pain syndromes: Traditional analgesia is not known.
- Basic Pain Management Outline:
  - Pain Screening – shall be conducted upon admission.
  - Pain Rating Scale
    - May use the following pain rating scale a) Wong Baker Scale b) Numerical Scale c) FLACC scale
    - A Pain rating scale shall be documented in the following scenario:
      - Part of the pain screening upon admission
      - Upon re-admission
      - Upon discharge
      - When there are changes in the resident's condition or plan of treatment.
      - When reporting pain with the symptoms
      - In identifying the pain level and treatment,
    - Should a resident be non-verbal or cognitively impaired, information can be obtained from the family member and caregiver known to the facility.

- Pain Assessment: Generally, pain assessment must be done if the pain rating scale is above 0. Healthcare facilities should have a standard Pain assessment plan.
- Treatment Plan:
  - Information collected is essential in planning the treatment plan of every patient.
  - Rehabilitation
  - Pharmacological intervention:
    - Opioid analgesics such as morphine, oxycodone, transdermal fentanyl etc;
    - Non-opioid analgesics such as acetaminophen, aspirin, nonsteroidal anti-inflammatory drugs etc.
    - Other drug classification such as corticosteroid, topical local anesthetics etc.
    - Alternative Interventions:
      - Reflexology, acupuncture, yoga, hypnosis, aroma, music and dance therapy, relaxation, psychotherapy, peer support group, chiropractic, meditation etc.
    - Pain assessment findings must be properly documented.
    - Monitoring of medication side effects
    - Principles of pharmacological treatment of chronic pain:
      - Routine medication administration
      - Start of with the less invasive route of administration. Oral route is preferred.
      - Start off with low dose
      - Re-assess and frequent adjustment to optimize relief while monitoring and managing the side effects of the medicine.
      - ABC's of general treatment policies:
        - A – Ask about the pain regularly
        - B – Believe the patients' and family report of pain and what relieves it.
        - C- Choose appropriate pain control option
        - D – Deliver medication in a timely, logical and coordinated manner.
        - E – Empower patients and the family

Each facility has its own Pain Management Policy which should be followed and adhered to.

## **HIPAA: WHAT YOU NEED TO KNOW**

### HIPAA Privacy Rules

- On April 2003, the Federal Health Insurance Portability and Accountability Act of 1996 became in effect. These are Privacy Rules created to ensure that any authorized person who has the access to patient records and information will hold such data with strict confidentiality and would use the information with limitation.
- The new HIPAA Privacy Rules apply to doctors, administrators, nurses, bill processors and anybody who has an access to the patients' PHI or Protected Health Information.
- PHI could be in the form of oral, recorded, written, electronic devices such as fax or any other medium used when transmitting the information.
- Please note that the new law imposes strict penalties for anyone who violates the Privacy Rules.

### Patient Rights

- Under HIPAA, patient has the right to obtain a copy of the Notice of the Privacy Rules and Practices of the healthcare provider. This contains the information on how confidential data of PHI is handled.
- Under HIPAA, patient has the right to file complaints if there is a breach or PHI is not handled appropriately.
- Under HIPAA, patient has the right to request that his/her PHI such as lab reports, statement of accounts, bills etc be forwarded at a location other than their home address.
- Under HIPAA, patient has the right to ask for a full accounting of all disclosures of their PHI.
- Under HIPAA, patient has the right to change or amend their PHI if they find it necessary.
- Under HIPAA, patient has the right to request and read copies of their PHI at any given time with some exception such as notes and information for court of law and in situation that would harm other individual should the information be released.
- Under HIPAA, patient has the right to choose the information that could or could not be released to any party outside the organization.

### Guide to protect patient rights to PHI

- PHI should be kept confidential and should not be disclosed to any unauthorized person unless the patient has given authority to dispense the information.
- If you are uncertain or unsure of the situation, refer the matter to the Facility Privacy Officer (FPO).

- You must comply with the Privacy Policies and Procedure or the HIPAA Privacy Rules of the Contracting Provider or the facility where you are assigned. You should ask for a copy when you report for work.
- When accessing patient data, using charts or any other device, make sure that you are the only one looking at the data.
- Be discreet about your password. Never let anyone learn or use your password to protect yourself.
- Ensure that documents containing PHI are kept or placed in a safe area designated by the Contracting provider or the facility, and never hand over such documents to unauthorized personnel.
- When speaking or communicating PHI information, be sure you follow the “Minimum Necessary”(important information or data only) in a soft voice to avoid being heard by those who are not concerned with the issue.
- Never remove the PHI from areas designated by the facility.
- Learn the rules of the Contracting Provider (facility) in handling PHI. Usually, there are specific rules set by the facility to be observed.

*Common Scenarios:*

Phone, Fax and Email Usage:

- Ensure that messages are sent to the correct phone numbers, email address and other contacts.

Unauthorized Files

- In the event that someone hands you a document that you are not familiar with, take it to the nurse station and seek advice on what to do with the file. You are not supposed to look or read files that do not concern you at all.

Phone Messages to patient

- Do not leave any PHI in a voicemail or share PHI with a third party. You should seek approval or ask the patient in advance if you can leave messages or confirm appointments. When leaving a message, just leave the date and the time of your call in the voicemail and just ask for a return call.

Conversation

- Your voice must be soft and low when you need to discuss details of PHI. Use your judgement when somebody is trying to get information. It will be best to refer the person to the nurse station for further assistance. Never volunteer any information.

Reporting Violation

- Report anyone who violates the facility’s Privacy Policies and Procedures.

**HIPAA Confidentiality Agreement**

By signing below, I agree that, as a healthcare professional and as required by HIPAA, I am bound to hold in strictest confidence all data of Personal Health Information (PHI) related to the patient and their care that I may learn through the course or have an access as part of my duties and responsibilities. This is applicable to all facilities and Contracting providers where I may be assigned to work.

- I agree that all PHI and data disclosed to me are kept and would remain confidential unless expressly permitted to share and discussed with the people concerned.
- I agree to follow the Privacy Policies and Procedures of any Contracting Provider to which I provide temporary staffing service.
- I agree to confer any issues and questions in handling PHI only to the designated person assigned by the facility.
- I agree that this HIPAA Confidentiality agreement shall be in effect as long as I am employed by AEQUOR Healthcare to provide temporary staffing services to its Contracting Provider or facility.
- I agree that if I break any provision of this agreement, I may be subject to disciplinary action which may include termination.

\_\_\_\_\_  
Employee Name and Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Received By:

\_\_\_\_\_  
Date

## HIPPA QUIZ

1. A nurse came rushing to you and asking you for your password in the computer because she needs to finish a report using the Computerized Patient Database. She said that her password is not working and she can not log in to continue her report and its 15minutes before she gets off the shift. Is it alright to help her and provide her with your password?  
A. YES\_\_\_\_\_ B. NO \_\_\_\_\_
  
2. HIPAA refers to the law that requires everyone to provide medical information to any interested person?  
A. YES\_\_\_\_\_ B. NO\_\_\_\_\_
  
3. It is alright to discuss PHI with your co-worker on the other end of the hall?  
A. YES\_\_\_\_\_ B. NO\_\_\_\_\_
  
4. The receptionist had her lab work done. You saw the result and since she is your friend, is it ok to get the lab work result and hand it down to her personally?  
A. YES\_\_\_\_\_ B. NO\_\_\_\_\_
  
5. Which is the best action to take to protect the privacy of the patient when you need to discuss about his plan of care in a semi-private room and the other bed is occupied:
  - A. Get the other patient out of the bed, take him out of the room, get back and close the door and talk to the patient concerned.
  - B. Since somebody is occupying the other bed, you will write down all the things you want to discuss with the patient and just hand it over to him to read and understand.
  - C. Close the curtain between the patient, stand or sit beside the patient and talk to him with your voice volume down.
  - D. Ignore the other person in the room and just talk to the patient as if nobody is there.
  
6. Protected Health Information includes all health information except PHI in written form.  
A. YES\_\_\_\_\_ B. NO\_\_\_\_\_

7. Patient can only use her home address to receive her bills, statement of accounts, medical results and other health records.  
A. YES\_\_\_\_\_ B. NO\_\_\_\_\_
8. Patient has the right to choose the information that could or could not be divulge to any party.  
A. YES\_\_\_\_\_ B. NO\_\_\_\_\_
9. Failure to comply with the HIPAA and Confidentiality Policies may result in disciplinary action which includes termination.  
A. YES\_\_\_\_\_ B. NO\_\_\_\_\_
10. Is it alright to move PHI from its designated location?  
A. YES\_\_\_\_\_ B. NO\_\_\_\_\_