

Rockdale Medical Center Hospital Orientation Annual Mandatory Education 2012 Student



Mission Statement: *We treat everyone like a member of the family.*

Vision: *We want every LifePoint hospital to be a place where:*

- *Patients choose to come for healthcare*
- *Physicians want to practice and*
- *Employees want to work*

Name: _____ Date: _____

Department: _____

I. Safety Management Program:

- We all have the responsibility for the safety at Rockdale Medical Center (RMC); volunteers, employees and Medical Staff.
- All employees should review the Environment of Care (EOC) Manual also called a Safety Manual. This manual is currently located on the Hospital Intranet.
- The Risk Management Department reviews all unexpected or accidental events that are identified on an occurrence report. You should never make copies of occurrence reports.
- If a visitor falls, they do not have to go to the ED. Ask if they desire medical attention. If they do, they should be escorted to the ED.
- Encourage patients' active involvement in their own care as a patient safety strategy.

II. Security Management Program:



- All employees must wear their name badges at all times.
- Any non-hospital staff working in the facility will be required to wear a visible ID.
- Service representatives, sales persons and contractors are required to go through the Materials Management Department to receive a visible ID. Also required is an account with reprax.
- Employees who transport newborn infants wear a different color ID badge. This badge will have a royal blue strip across the front.
- **Code Pink** is called in the event of a kidnapping.
- Direct all lost or found items to the Security Department.

III. Hazardous Materials and Waste Program:

- Any chemical for which there is a physical hazard is called a physical hazard.
- Any chemical considered to be combustible, explosive, flammable or reactive is called a hazardous chemical.
- Any written material concerning a hazardous chemical is referred to as a Material Safety Data Sheet (MSDS).
- Notify the Director of Environmental Services for Mercury spills as they have the Mercury spill kits.
- The Materials Management Department has MSDS manuals that cover all chemicals used in the facility. MSDS information is also located on the Hospital Intranet.
- Do not allow any chemical into the hospital without an attached MSDS.

IV. Emergency Preparedness:

- The number to call in an emergency is 6666.
- If you are called in the event of a disaster you will need to enter the hospital through the East Wing Entrance. From there you will be directed to the desired location. If you are already here, report to your department.
- **MET TEAM** is paged overhead when immediate assessment/treatment is needed in order to prevent a code situation from occurring.
- Non-clinical staff are to call a nurse immediately for assistance.
- Staff disaster line – 678-413-RDMC (7362)

Emergency Codes



Used for Cardiac Arrests anywhere in the building except for the Nurseries and the Emergency Department. An ETA will be called in the Emergency Department.

Code **BLUE**



Used for announcing a fire anywhere in the building.

Code **RED**

Life Safety (Fire Management Plan):

- The acronym for what to do in a code red is:
 - **R** Rescue
 - **A** Alarm
 - **C** Contain
 - **E** Extinguish
- The acronym for the use of the fire extinguisher is:
 - **P** Pull pin
 - **A** Aim
 - **S** Squeeze handle
 - **S** Sweep at the base of the fire
- Interim Life Safety measures are conducted by the Facilities Department when physical hazards or fire hazards are present during renovation or construction.



Used to announce the release or spill of any hazardous material, including radiation, into the hospital environment.

Code
ORANGE



If the hospital experiences a Bioterrorism Event, **Code Orange** will be announced followed by a **SECOND** announcement of **Code CDC**.

Code **ORANGE**
followed by **Code CDC**

Bioterrorism:

- Rockdale Medical Center has a Bioterrorism plan. It is located in the Environment of Care (EOC) Manual.
- Smallpox is a form of Bioterrorism.



Used to announce a situation that requires the response of Security Personnel.

Code **GREY**

Examples include bomb threats, combative patients and/or visitors.

Active or threatening shooter in the building

Code **Silver**

Turn off any lights and cell phones and hide until the all clear is called

Bomb Threat:



- If you receive a bomb threat, contact the COO, VP of Patient Care Services and the Administrative Supervisor. Do not dial 6666 to alert the hospital of the bomb threat.
- When entering a room to search for a bomb, look for suspicious objects.
- The search supervisor is responsible for:
 - Supervising the search in the assigned area.
 - Receiving reports from other searches in that area.
 - Reporting the results to the COO/Designee as soon as possible.
- Listed are a few things you would complete on the bomb threat reporting form:
 - ✓ Male or Female
 - ✓ Age
 - ✓ Accent
 - ✓ Background noise



Used to activate the hospital disaster plan.

Code **TRIAGE**

(Actually 2 terms - Code Triage-Standby and Code Triage)

- If you are called in the event of a disaster you will need to enter the hospital through the East Wing Entrance.
- If you are already here, report to your department.



Code **PINK**

Used to announce an Abduction.
(Child or Adult)



Inclement weather will be announced by the hospital Operator.
The Safety Officer/Administration will instruct the hospital Operator.

**Inclement
Weather &
Tornadoes**

Announcements of any warnings will be based on advisement from the weather service or local Emergency Operations Center.

V. Medical Equipment

- The Clinical Engineering Department's role is to ensure operational reliability, assess special risk and respond to failures of medical equipment that support patient care.
- Defective equipment or any piece of medical equipment that is not functioning properly should be taken out of service and tagged. Report it to Clinical Engineering and to the Risk Management Department.
- All medical equipment is checked and tagged before use at Rockdale Medical Center.
- All medical and non-medical equipment is checked at least annually.

VI. Utilities

- The Facilities Department monitors the utilities. These Utilities are as follows:
 - Electrical distribution
 - Emergency power
 - Elevators
 - Heating and air
 - Plumbing
 - Boiler and steam
 - Medical gas
 - Vacuum



- If you have any problems with these items, please report them to the Facilities Department.
- The emergency electrical outlets are red in color.

VII. Latex Allergy:

- A person who is allergic to latex has reactions to natural rubber products.
- A green armband is placed on patients to identify them as latex allergic.
- A green sign is placed on the patient's door to identify them as latex allergic.
- Signs of a Latex Allergy are:
 - Skin redness
 - Scratchy throat
 - Hives/Itching
 - Itching eyes
 - Shock
 - Asthma
 - Runny nose
- The allergy cart is located in the Materials Management Department.

VIII. Infection Control

- All rooms that are occupied by a patient who needs to be in special isolation will have a sign posted on the door. This sign tells you what precautions should be followed.
- Rockdale Medical Center employees use Personal Protective Equipment (PPE) to prevent contact with blood and body fluids. PPE examples are:

- Gloves
- Gown
- Mask



- Your supervisor and employee health nurse should be contacted immediately when you have a needle stick.
- Always wear gloves when you are in contact with blood or body fluids.
- The single most important way to prevent infection transmission is by hand washing.
- You must have a TB test every year.
- When entering the room of a known TB patient, you must first put on a special TB mask that has been fitted specifically for you.
- Autopsy or surgical tissue specimens, empty blood transfusion bags and urine cups with no visible blood, should be red bagged for special handling.
- Breast milk is a body fluid and should be stored in a special designated refrigerator.
- Only hospital approved cleaning disinfectant products are to be used.

- Sharps should be discarded in a sharps container. This includes needles, blades, scalpels, etc....

IX. Ergonomics and Work Safety

- Poor posture, being out of shape or overweight and moving your body incorrectly can cause lower back pain.
- Lifting is the most common cause of back injury among healthcare workers.
- Always keep loads close to your body and bend your knees, not your back.
- When moving patients or objects, make sure you have adequate help.
- The 3 principles you should use to help prevent problems with your back and wrists are:
 - Keep wrist in neutral position
 - Keep head straight in line with your body
 - Take frequent stretch breaks
- Two attendants should be used when transporting a patient by stretcher.



X. Patient Rights:

- Patient rights adopted from the American Hospital Association includes:
 - The right to respectful treatment
 - The right to privacy and confidentiality in all forms of documentation and communication
 - The right to be in communication
 - The right to make informed decisions
 - The right to participate in all aspects of healthcare
 - The right to an advance directive
 - The right to impartial access to care
- Patient Access Services gives Rockdale Medical Center patients a hospital folder which includes the patient rights.
- When a patient is to be restrained, the following are needed:
 - Physician order
 - Patient's behavior documented
 - Alternative measures used
- Patients in medical restraints must be checked every hour.



XI. Abuse and Neglect:

- All Rockdale Medical Center employees are mandated reporters of Child Abuse and Elder Abuse. Case Management and the Administrative Supervisor are the designated liaisons available to assist you if you have questions regarding

completion of the appropriate forms or are unsure of the validity of a case. Forms include “Child Abuse Report” and “Vulnerable Adult Abuse Report”. Employees are not mandated reporters of Domestic Violence unless there are minor children involved.

- Rockdale Medical Center is mandated by law to report abuse, neglect or exploitation.
- Types of abuse include:
 - Physical
 - Emotional
 - Verbal
 - Neglect
 - Sexual
 - Exploitation (use of another person for one’s own advantage)
- If you feel you are being sexually harassed at work, report this to the HR Department.



XII. Legibility

- Our goal is legible documentation that fosters patient care and safety.
- Illegibility will be declared whenever two or more staff (one must be licensed or credentialed) cannot read an entry in the medical record.
- An illegible entry should be copied and forwarded to the director of the department.

XIII. Corporate Compliance

- All employees must report any violations known in the areas of hospital policies, professional standards and all federal and state laws.
- You should report violations in the order of: Supervisor, Compliance Officer, Human Resources, and Anonymous Hotline (1-877-508-5433).
- Employees, volunteers and students must go through Corporate Compliance training within the first 30 days of starting work at Rockdale Medical Center.
- Each employee receives a Code of Conduct booklet when starting work at Rockdale Medical Center.
- Rockdale Medical Center does have a Corporate Compliance Officer.
- Failure of employees to follow the Code of Conduct set forth by the hospital may result in written warnings, disciplinary actions, and suspension from work and/or termination of employment.
- Rockdale Medical Center has a Corporate Compliance Program because it:
 - Prevents fraud and abuse throughout the organization
 - Demonstrates a strong ethical business

- Promotes quality patient care
- The Corporate Compliance Officer investigates all reports of violations.
- The Compliance Hot Line is an anonymous reporting system.
- Rockdale Medical Center does not encourage employees to conduct campaign activities.

- These are examples of not following the Corporate Compliance Program:
 - An employee has someone else clock in for him/her so they get paid for more time than they actually worked
 - An employee takes home patient supplies for their own personal use
 - An employee uses profanity while talking to a patient
 - An employee tells their friend why a neighbor was in the hospital

XIV. Impaired Practitioners

- Staff members should notify their Manager, Director or Administrative Supervisor if they suspect a Physician is impaired.
- The Manager, Director or Administrative Supervisor will notify a designated chairperson who is then responsible for ensuring that appropriate and immediate action is taken.



XV. EMTALA

- When any patient presents to the ED (which is defined as coming to hospital property), you are required to provide a medical screening exam to determine the presence of absence of an emergency medical condition, regardless of the patient's ability to pay.
- If an emergency condition is found, then the hospital is required to stabilize the patient within the capability of the facility.
- The hospital may transfer the patient only when it is medically necessary or the patient requests. The medical necessity is defined as when a physician can certify that the benefits outweigh the risks.
- Medical screening may only be done by a Medical Doctor, or a midlevel provider.
- Triage alone does not constitute a medical screening.
- To transfer a patient, you must expect stabilization to last through the transfer.
- The 250 yard rule is – the ED includes anything that is 250 yards from the main building, plus off-site, out patient areas owned by the hospital.

XVI. 2011-2012 Patient Safety Goals

GOAL 1

Improve the accuracy of patient identification.

- a. Use at least two patient identifiers (neither to be the patient's room number) when providing care, treatment or services. At RMC we use name and date of birth and compare to label on chart.

GOAL 2

Improve the effectiveness of communication among caregivers.

- a. For verbal or telephone orders or for telephonic reporting of critical test results, verify the complete order or test result by having the person receiving the information record and "read-back" the complete order or test result.
- b. Standardize a list of abbreviations, acronyms, symbols and dose designations that are to be used throughout the organization.
- c. Measure, assess and, if appropriate, take action to improve the timeliness of reporting and the timeliness of receipt by the responsible licensed caregiver of critical test results and values.
- e. Implement a standardized approach to "hand off" communications, including an opportunity to ask and respond to questions.

GOAL 3

Improve the safety of using medications.

- b. Standardize and limit the number of drug concentrations used by the organization.
- c. Identify and, at a minimum, annually review a list of look-alike/ sound-alike drugs used by the organization and take action to prevent errors involving the interchange of these drugs.
- d. Label all medications, medication containers (for example: syringes, medicine cups, basins) or other solutions on and off the sterile field.

GOAL 7

Reduce the risk of health care-associated infections.

- a. Comply with current CDC hand hygiene guidelines.
- b. Manage as sentinel events all identified cases of unanticipated death or major permanent loss of function associated with a health care-associated infection.
- c. Prevent indwelling catheter-associated urinary tract infections (CAUTI). D/C/ ASAP, Secure, Aseptic technique, Unobstructed flow.

GOAL 8

Accurately and completely reconcile medications across the continuum of care.

- a. There is a process for comparing the patient's current medications with those ordered for the patient while under the care of the organization.
- b. A complete list of the patient's medications is communicated to the next provider of service when a patient is referred or transferred to another setting, service, practitioner or level of care within or outside

the organization. **The complete list of medications is also provided to the patient on discharge from the facility.**

GOAL 15

The organization identifies safety risks inherent in its patient population.

- a. The organization identifies patients at risk for suicide. (Applicable to psychiatric hospitals and patients being treated for emotional or behavioral disorders in general hospitals.)

Universal Protocol

Introduction to the Universal Protocol for Preventing Wrong Site, Wrong Procedure, and wrong Person Surgery

- a. Conduct a pre-procedure verification process, mark the procedure site, a time-out is performed before the procedure.

XVII. Ethics Committee

The Ethics Committee is a multi-disciplinary team comprised of healthcare providers and community members.

The Ethics Committee has many purposes:

- The committee reviews policies that may have ethical implications and makes recommendations.
- The committee continues to learn about Ethics and stay on top of the latest trends.
- The committee seeks to educate staff about the Ethics committee
- Should a family member, physician, or staff member have an ethical conflict or question that cannot be resolved, the Ethics Committee may offer assistance.

There is always someone on call. Simply contact the hospital operator at 770-918-3000 and she will contact the committee members on call for that month.

The Ethics Committee is always looking for new members. The committee meets quarterly and on an as-needed basis. Contact your manager for assistance with learning more about how to participate in this committee.

XVII. Diversity

Diversity is:

- Recognition that our patients, customers, visitors and employees are different.
- An environment where all customers feel and employees feel welcomed regardless of the differences.

Dimensions of Diversity

- Gender
- Culture
- Race
- Age
- Religion
- Sexual orientation
- Physical/mental abilities or challenges
- Economic status
- Education
- Political status
- Life-Style choices
- Marital status
- Social affiliations

Prejudice

- Prejudice is a natural feeling where there is distrust and fear of people that are different than us.
- To overcome prejudice, visit a different ethnic environment, attend a different place of worship, dine with people from other cultures, ask questions about healthcare in other cultures and read about different cultures.
- The Cultural, Ethnic and Religious Reference Manual for Health Care Providers is located on the Intranet.

Stereotyping

- Applying bias and experiences to an entire group of people.
- To avoid stereotyping, pay attentions to the thoughts you have, notice your first reaction to a patient or other customer and do not make snap decisions on the a customer wants or needs.

Self-Awareness

- Feelings and beliefs
- Filtered view of the world
- Subconscious influences

Accepting Diversity

- Search for common ground.
- Understand everyone desires to succeed, contribute and be in good health.
- Understand everyone needs to belong, to be understood and to be treated with dignity and respect.
- Respect is shown through acceptance, tolerance, getting to know the person behind the difference and practicing the Golden Rule.

XVII. Fall Prevention

All patients are assessed on admission and daily for fall risk. Patients identified at risk on admission during their hospital stay will be placed on the fall prevention protocol. They will remain on the protocol until discharge, unless documented otherwise by an RN or Physician. Any patient experiencing a fall will remain on the fall protocol for the remainder of the admission.

Fall risk assessment

- Monitor the patient's gait, balance and tolerance during ambulation
- Monitor the patient closely after medication changes for possible side effects such as sedation, hypotension (low blood pressure), impaired balance, impaired circulation and impaired reaction time.

Fall risk criteria

- History of falls
- Multiple medications
- Mental status change
- Improper footwear
- Sensory &/or auditory deficits
- Elimination changes
- Communication deficits
- History of orthostatic hypotension (low blood pressure when going from a sitting to standing position).

Fall prevention interventions

- Place an orange armband on the patient.
- Discuss their fall risk with the patient &/or family.
- Keep the bed/stretcher/procedure table in the lowest position, with two side rails up at all times (if there are no side rails, the patient should not be left unattended.
- Use the bed alarm system where available.
- Bed should be in the locked position at all times.
- Provide adequate lighting.
- Re-orient the patient to their environment.
- Monitor the patient's environment for potential safety issues.
- Provide non-skid slippers for patients without proper footwear.
- Assist the patient with elimination procedures.
- Obtain a walker or cane from home if a patient uses them and assist with ambulation and transfers from bed to wheelchair, wheelchair to table, etc...
- Consider room placement close to the nurses' station.
- Provide distractions such as TV or music when possible.

Documentation should include a fall risk assessment on admission and reassessed daily, initiation of the "At Risk for Falls" plan of care, placing a sticker on the chart and outside of patient's door, and notification of status to patient &/or family upon initial identification.

Remember, any falls must be reported to the charge nurse, nursing supervisor and patient's physician. Also, a Pink Occurrence should be completed and forwarded to the Department Manager.

I. Safety Management Program:

1. Who has the responsibility for safety at Rockdale Medical Center?
 - a. Employees
 - b. Safety Committee
 - c. Administration
 - d. Employees, Volunteers and Medical staff

2. Where is the Environment of Care (Safety) Manual located?

3. How are unexpected or accidental events that have an adverse (poor) outcome reported to Risk Management?
 - a. FAX
 - b. E-Mail
 - c. Occurrence report

- 4.1 If a visitor falls in the lobby, they do not have to be seen by the Emergency Department Physician, however, they should be asked if they desire medical attention.
 - a. True
 - b. False

- 4.2 They should be escorted to the Emergency Department if medical care is desired.
 - a. True
 - b. False

- 4.3 It is acceptable to make copies of Occurrence Reports.
 - a. True
 - b. False

II. Security Management Program

5. Hospital Staff must wear name badges at all times.
 - a. True
 - b. False

Non hospital staff (i.e. Students) working in the facility will be required to wear visible ID.

- a. True
- b. False

Service representatives, sales persons and visitors working in the facility will be required to obtain an ID through Materials Management and register with Reptrax.

- a. True
- b. False

Rockdale Hospital newborn infants must be transported by an employee wearing a special coded ID badge.

- a. True
- b. False

Lost and Found items should be directed where?

- a. Administration
- b. Manager
- c. Security
- d. Front Lobby

III. Hazardous Materials

Match the following terms with the correct definition.

- a. Any chemical for which there is a physical hazard.
- b. Any chemical considered combustible, explosive, flammable or reactive.
- c. Any chemical with acute or chronic health affects.
- d. Any written material concerning a hazardous chemical.

- _____ Hazardous Chemical
- _____ Physical Hazard
- _____ Health Hazard
- _____ MSDS
(Material Safety Data Sheet)

Material Safety Data Sheet manuals contain information on each haza Medical Center. Where is the master volume kept?

- a. Housekeeping
- b. Facilities
- c. Materials Management

IV. Emergency Preparedness

In the event of a disaster, all hospital personnel that are called in to work are expected to report to the hospital at once entering through the East Wing Entrance.

- a. True
- b. False

When a disaster is called, **employees on duty** should report to their department.

- a. True
- b. False

Match the following "Codes":

- | | | |
|--|-------|--|
| a. Infant Abduction | _____ | Code Red |
| b. Disaster Plan Activation | _____ | Code Blue |
| c. Cardiac Arrest | _____ | Code Triage |
| d. Fire | _____ | Code Grey |
| e. Security | _____ | Code Pink |
| f. Hazardous Materials Release | _____ | Code Orange |
| g. Bioterrorism Event | _____ | Code CDC (announced after Code Orange) |
| h. Active or threatening shooter in building | _____ | Code Silver |

Who do you immediately notify if you receive a bomb threat?

- a. Patients
- b. Visitors
- c. COO; VP of Patient Care Services and the Administrative Supervisor

List three things you would complete on the Bomb Threat Reporting Form.

Any employee can be designated as a Search Supervisor for an area. When entering a room to be searched, what should you look for? _____.

Rockdale Medical Center has a Bioterrorism Plan.

- a. True
- b. False

The Bioterrorism Plan is located in which manual?

- a. Infection Control

- b. Environment of Care (EOC)
- c. Department Policy & Procedure

Small Pox is a form of Bioterrorism.

- a. True
- b. False

Life Safety (Fire)

21. What is the emergency switchboard telephone number? _____

22. What would you do in a Code Red?

- R _____
- A _____
- C _____
- E _____

23. What are the steps in using the fire extinguisher?

- P _____
- A _____
- S _____
- S _____

24. Interim Life Safety measures are taken to ensure that occupied areas, the environment and the grounds are safe from both physical hazards and fire hazards during times of renovation or construction.

- a. True
- b. False

V. Medical Equipment

25. The Clinical Engineering Department's role is to ensure operational reliability, assess special risk and respond to failures of medical equipment that support patient care.

- a. True
- b. False

26. Any piece of medical equipment that is involved in an adverse patient event or not functioning properly should be handled in what manner? Please check the 3 correct answers.

- a. _____ Reported to Risk Management
- b. _____ Reported to Clinical Engineering
- c. _____ Returned to the manufacturer by the employee
- d. _____ Taken out of service and tagged

27. All medical equipment must be checked and tagged before use at Rockdale Medical Center.

- a. True
- b. False

28. All clinical and non-clinical medical equipment is checked how often?

- a. At least annually
- b. Twice per year
- c. Every three years

Utilities

29. The Utility Management Plan assures operational reliability of Utility Systems that support the patient care environment.

Check below what this includes:

- Electrical distribution
- Emergency power
- Food and waste
- Heating and air
- Plumbing
- Boiler and steam
- Communication systems
- Vacuum
- Medical gas
- Elevators

30. Who should be contacted in the event of a Utilities System failure?
- a. Department Supervisor
 - b. Administrative Supervisor
 - c. Facilities Department
 - d. All of the above

31. What color are emergency electrical outlets? _____

Latex Allergy

32. A person who is allergic to latex has reactions to natural rubber products.
- a. True
 - b. False

33. Check which of the following may be signs of a Latex Allergy.

- Skin redness
- Scratchy throat
- Hives/Itching
- Itching eyes
- Shock
- Asthma
- Runny nose

34. Where is the **Latex Allergy Cart** located at Rockdale Medical Center?

Infection Control

35. Standard Precautions include using appropriate Personal Protective Equipment (PPE) to prevent exposure to patient blood and body fluids.

Which of the following are examples of PPE's?

- a. Hairnet and comb
- b. Gloves, gown and mask
- c. Patient gown and socks

36. When patients have a communicable disease that can be transmitted to other persons by direct contact with that person or through the respiratory system, the patient is put in isolation. Select the answer from the choices listed below which best describes how you will know what additional protection you will need when entering the room of an isolation patient.

- a. All patient isolation rooms are kept locked. You cannot get in, so you do not need to ever wear a mask or gown.
- b. All rooms that are occupied by a patient needing to be in a special isolation will have a sign posted on the door. This sign tells you what precautions should be followed.

- c. We use Standard Isolation at this hospital meaning you should wear gloves, gown and a mask before entering any patient room.
 - d. The Charge Nurse knows which patients are on special isolation. Ask the Charge Nurse what you should wear before you go into any patient room.
37. Who do you notify if a contaminated needle sticks you? _____.
How soon after the accident should you tell the person(s) you have listed above?
_____.
38. Gloves are to be worn by any staff member having contact with blood or body fluids.
a. True
b. False
39. List 2 things you can do to prevent infection transmission.
_____.
40. You must have a TB test done at least how often?
a. Monthly
b. Yearly
c. PRN
d. Every other year
41. What do you do before entering the room of a patient suspected of having Pulmonary TB?
a. Put on gloves
b. Nothing – use Standard Precautions
c. Put on a special TB mask which was fitted specifically for you
42. Check the items which must be placed in a red bag and discarded with “red bag” waste; not thrown out with the regular trash.
_____ Linen from an MRSA patient
_____ Patient chart forms
_____ Autopsy or surgical tissue specimens
_____ Empty blood transfusion bags
_____ Paper cups used by an isolation patient
_____ Urine cups with no visible blood
43. Only hospital approved cleaning and disinfectant products are to be used.
a. True
b. False

Ergonomics and Work Safety

44. Lower back pain is an occupational hazard for many healthcare workers. Even if your back feels fine right now, you may be straining it if you have poor posture, if you are out of shape or overweight or if you move your body incorrectly.
a. True
b. False
45. Lifting is the most common cause of back injury among healthcare workers. When lifting you should follow two general rules: keep loads close to the body & bend your knees, not your back.
a. True
b. False

46. When moving patients or objects, make sure you have adequate help.
- a. True
 - b. False
47. The 3 principles to use to help prevent problems with your back and wrists while using a computer are: keep wrist in a neutral position, keep head straight and take frequent breaks.
- a. True
 - b. False

Patient Rights/Restraints

48. Who gives Rockdale Medical Center patients a hospital folder and informs them of their Patient Rights?
- a. Patient Access Services
 - b. Patient Business Services
 - c. Patient Care Services (Nursing)
49. What three things are needed before a patient can be restrained?
- Physicians Order
 - Nurses Order
 - Alternative measures used
 - Patient's behavior documented
50. Patients in medical restraints must be checked how often?
- a. Every 15 minutes
 - b. Every two hours
 - c. Every 8 hours

Abuse and Neglect

51. Rockdale Medical Center Employees are mandated reporters of Child Abuse and Elder Abuse.
- a. True
 - b. False
52. Rockdale Medical Center is mandated (required by law) as a health care facility to report abuse, neglect or exploitation?
- a. True
 - b. False
53. Check which of the following may be types of abuse.
- Physical
 - Emotional
 - Verbal
 - Neglect
 - Sexual
 - Exploitation

Legibility

54. Legible documentation that fosters patient care and safety is our goal.
- a. True
 - b. False
55. Illegibility will be declared whenever 2 or more persons cannot read an entry in the medical record.
- a. True
 - b. False

XIII. Corporate Compliance

56. Corporate Compliance at Rockdale Medical Center means following the “Code of Conduct” and conducting quality health care services with Integrity, Honesty, Respect, Initiative, Compassion and Competency. All employees are required to follow Hospital Policies, Professional Standards and all Federal/State Laws. All employees must report any violations known in these areas.
- a. True
 - b. False
57. You should always report violations of hospital regulations and/or policies and procedures in the order of: Supervisor, Vice President, Compliance Officer and/or the anonymous Hotline.
- a. True
 - b. False
58. The following persons must complete Corporate Compliance training.
- a. Volunteers
 - b. Students
 - c. Employees
 - d. All of the Above

XIV. Patient Safety Goals

59. How many ways should you check to see if you have the correct patient prior to giving care and treatment?
- a. **1**
 - b. **2**
 - c. **3**
 - d. None
60. Which one of the following listed can you NOT use in determining the identity of a patient?
- a. Identification arm band
 - b. Patient room number
 - c. Birth date
 - d. Patient can state their name
61. What important practice should the clinical/nursing staff use to accept telephone or verbal orders given by a physician?
- a. Write down the orders
 - b. Repeat the orders back to the physician
 - c. Write down in front of the orders either TORV or VORV
 - d. All of the above
62. Any medications not given immediately must be labeled?
- a. True
 - b. False
63. Medication reconciliations must be done at the time of admission and at the time of discharge?
- a. True
 - b. False
64. As a patient safety strategy, Rockdale Medical Center encourages patients to become an active participant in their own care?
- True
 - False

XV. EMTALA

65. In order to transfer a patient, physicians weigh risks vs. benefits, but expect that patients are stable enough to tolerate the transfer.

- a. True
- b. False

66. A medical screening may only be done at RMC by:

- a. A physician or a midlevel provider
- b. Nurse; PCT; Unit Clerk

67. The 250 yard rule is?

- a. The nurse has to run 250 yards to get the patient
- b. The ED includes anything that is 250 yards from the main building, plus off site areas owned by the hospital.
- c. The patient is guaranteed to be seen in the ED within 250 minutes.

XVI. Ethics Committee

68. Rockdale Medical Center has an ethics committee

- a. True
- b. False

XVII. Diversity

69. Diversity is recognition that our patients, customers, visitors and employees are different and RMC will provide an environment where all customers and employees feel welcomed regardless of the differences

- a. True
- b. False

70. Ways to avoid stereotyping are:

- a. Paying attention to the thoughts you have
- b. Noticing your first reaction to a patient or customer
- c. Not making snap decisions about what a customer wants or needs
- d. All of the above

XVIII. Fall Prevention

71. Rockdale Medical Center has a Fall Prevention Protocol.

- a. True
- b. False

72. What color armband should be placed on a patient that is a fall risk?

- a. Blue
- b. Red
- c. Orange
- d. Purple

73. A fall should **not** be reported to the Department Manager.

- a. True
- b. False

**Rockdale Medical Center
Education Department**

2012

Certificate of Completion

Name: _____

Date: _____

**For successful completion of the 2012 Annual
Mandatory Education Test including Safety
Management, Security, Hazardous Materials,
Emergency Preparedness, Life Safety (Fire),
Medical Equipment, Utilities, Body Mechanics,
Abuse and Neglect, Confidentiality and
Restraints, Diversity and Fall Prevention.**

**Please complete this certificate, remove from the packet and
forward to your department manager.**