

Alternative Orientation Response Sheet

Participant Name _____

Date: _____ Department: _____

Students only: Name of School _____

Tasks to Complete:

1. Answer all questions on this Orientation Response Sheet
2. Return all completed sheets to the Organizational Development Department via
 - E-mail: OrganizationalDevelopment@brmh.net
 - Mail to: Black River Memorial Hospital,
Organizational Development
711 W. Adams Street
Black River Falls, WI 54615

Short answer

- Describe one way you will be able to contribute to the mission, vision and values of BRMH.

- Identify one age specific consideration you should remember when caring for a patient who is 78 yrs old _____

- In the BRMH customer service recovery program, what does the acronym HEART stand for?
H = _____
E = _____
A = _____
R = _____
T = _____
- If you experience an exposure to blood or body fluid, your first action is

- **FIRE SAFETY**

The RACE for fire safety stands for:

R = _____

A = _____

C = _____

E = _____

- **FIRE EXTINGUISHER**

The PASS acronym stands for:

P = _____

A = _____

S = _____

S = _____

- Complete the following table regarding use of the acronym A.I.D.E.T.

What is A.I.D.E.T.?					
	A	I	D	E	T
Letter stands for					
Definition (What would you say or do?)					

- Describe the basic elements of the "Ten/Five" (10/5) Rule

- Identify at least 3 rules of body mechanics to put into action to decrease chances of injury:

1. _____

2. _____

3. _____

- What are the signs/symptoms of TB?

- What does EMTALA stand for?

- What does the acronym NPSG stand for? _____

- Identify 3 NPSGs topics:
 1. _____
 2. _____
 3. _____
- List 3 situations where a qualified interpreter must be used for a person with Limited English Proficiency:
 1. _____
 2. _____
 3. _____
- Describe the law regarding Safe-Haven/Safe-Place for Newborns:

True/False Questions

- T___ F___ 1. The single most important measure for preventing the spread of infection is proper hand hygiene.
- T___ F___ 2. Hands do not need to be washed before and after using gloves.
- T___ F___ 3. If my job role requires the use of an N-95 respirator, I must either complete facility specific education and fit testing or produce documentation of completed education/fit testing with a mask stocked by the facility.
- T___ F___ 4. Personal Protective Equipment (PPE) reduces the likelihood of employee injury/infection.
- T___ F___ 5. Hazardous Waste refers to all wastes.
- T___ F___ 6. Used needles should be recapped before disposal.
- T___ F___ 7. If you sustain an injury or bio-hazardous exposure, complete the injury and/or exposure report on the Event Reporting website prior to the end of the shift.
- T___ F___ 8. You are using good body mechanics when you push rather than pull objects.

- T___ F___ 9. Maintaining the confidentiality, privacy and security of patients' Protected Health Information (PHI) is not only a matter of organizational policies and procedures, but a right assured by federal HIPAA legislation and state laws.
- T___ F___ 10. It is acceptable to write your passwords down so they can be remembered.
- T___ F___ 11. BRMH follows a no retaliation policy in regards to reporting harassment.
- T___ F___ 12. Safety Data Sheets (SDS) are located "on-line" by clicking on the SDS button located on the right side of the "B-Net" homepage.
- T___ F___ 13. Breaching patient confidentiality may be grounds for disciplinary actions up to and including discharge.
- T___ F___ 14. The definition of Protected Health Information is: any information that applies to a health condition now, in the past or in the future.

I have read the required orientation information as well as completing the Alternative Orientation Response Sheet. My signature below indicates my understanding of the core processes of BRMH as outlined in the handbook. My signature additionally validates my intention to comply with the stated elements.

I certify that I have read and understand the information presented in this orientation packet. If I have questions regarding any information, I am to contact my Instructor (as indicated) for further clarification, ask another BRMH staff person or seek additional information from the policy and procedures which I am able to locate via the BRMH intranet site: B-Net.

I acknowledge receiving information on the policies and procedures related to confidentiality and the Security of protected health information required by the federal HIPAA Security rule. I understand that my use or disclosure of PHI is limited to the extent that the information is necessary to perform my assigned tasks and that unauthorized use or disclosure may result in termination of my time at BRMH.

I understand my password is confidential and will alert my manager/instructor if it is compromised.

Date: _____ Name (Print) _____

Signature: _____

Reviewed by: _____