



Clinical Ancillary Agency Staff Post-Assessment Packet

It is the responsibility of clinical ancillary agency staff working temporarily at Anne Arundel Medical Center to read the provided material as indicated. Documentation of orientation must be received before your first shift at AAMC. If there are any questions or concerns, the contractor will immediately address these issues with the individual in charge of the assigned area. Staff are required to read the orientation packet and sign this form, in addition to completing other department-specific orientation activities as necessary.

Name: _____ Department: _____

Please initial below when the following activities have been read, signed, and/or completed:

_____ AAMC's Clinical Ancillary Agency Staff Orientation Packet

_____ AAMC's Confidentiality Pledge

_____ AAMC's Post-test for Clinical Contractors I have read and understand the above educational information and I agree to abide by Anne Arundel Medical Center's guidelines and procedures.

Signature: _____ Date: _____

Validated by: _____ Date: _____



ANNE ARUNDEL HEALTH SYSTEM
CONFIDENTIALITY PLEDGE

I, _____, understand that as a workforce member/contractor/vendor of Anne Arundel Health System (“AAHS”), or an individual who has been given specific authorization by AAHS to participate in certain confidential patient care or other activities, I have a responsibility to safeguard patient privacy, Protected Health Information (“PHI”), as well as other AAHS confidential business information by assuring that access, use, and disclosure of the information is made by myself or others ONLY when the “Need to Know” exists. I understand, acknowledge, and agree that my, as well as my coworkers’ and other individuals’ access to PHI is permitted ONLY when I or they “need to know” the information, and that all other access to PHI is STRICTLY PROHIBITED by state and federal law.

“Need to know” is defined as OBTAINING, USING OR COMMUNICATING PHI or other AAHS employee or any other information which is REQUIRED for me to perform my specific job duties or as defined by the scope of my activities at AAHS. This pertains to PHI in the form of patient medical and personal information which is communicated orally or is accessed either by computer or in paper form, or which is used in preparing patient services such as dietary support, pharmacy support, or diagnostic support in the form of laboratory, radiology or other procedures. I may only obtain, use or communicate PHI on the specific patient to whom I am providing care or support services.

PHI means individually identifiable health information which is a subset of health information, including demographic information collected from an individual and is created or received by a health care provider, health plan, or healthcare clearing house; and that which relates to the past present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and that identifies the individual; or which there is a reasonable basis to believe the information can be used to identify the individual.

I hereby agree not to OBTAIN, USE OR COMMUNICATE ANY PHI or other information about patients, employees or any other aspect of AAHS business which is not REQUIRED for me to perform my job or the scope of my activities at AAHS. I realize that to do so is a serious offense and that improper access, use, or communication of patient PHI or AAHS information results in harm to patients, employees and AAHS as a whole. I am aware that an offense of this nature will result in disciplinary action up to and including possible termination of my employment and/or contractual relationship with AAHS.

I hereby agree to:

1. I will only obtain, use or communicate a patient’s Protected Health Information (PHI), employee information, or other AAHS information on a ‘Need To Know’ basis.
2. I will not openly discuss, nor be careless with, a patient’s Protected Health Information (PHI), employee information, or other AAHS information in a manner that my conversation may be overheard, or file viewed, by someone who does not “Need To Know” the information.
3. I will not disclose my computer password or any other personal code or password which has been given to me by AAHS, and understand, acknowledge and agree that to do so is considered a breach of the confidentiality of the information which the password protects.
4. I will log off OR lock the computer EACH and every time I leave the computer for any reason.
5. I will not use my computer password to access confidential personal, employee, and/or family member information.
6. I will report any suspected or potential breaches of confidentiality to the Corporate Compliance Officer, and/or Privacy Officer.
7. As an employee, I will follow all Health System policies, including those that pertain to Confidentiality of Medical Records and Information (ERR3.1.05), Use and Disclosure of Protected Health Information

Employee Name

Date

Signature

Department

POST-ASSESSMENT

Name: _____ Date: _____ Score: _____

Directions: Please fill in the blanks or circle the correct answer.

1. **True or False:** Red emergency electrical outlets are located on your unit for use in case of an electrical outage.
2. **True or False:** At AAMC, the double identifiers used before administering medications are NAME and CONTACT SERIAL NUMBER (number on patient bracelet).
3. All healthcare providers should wash their hands:
 - a. when they are visibly soiled
 - b. after using the restroom
 - c. before eating
 - d. all of the above
4. What does R-A-C-E stand for?
 - a. Remove, Activate, Confine, Extinguish
 - b. Retain, Activate, Confine, Extinguish
 - c. Remove, Align, Confine, Extinguish
 - d. Remove, Activate, Condense, Extinguish
5. **True or False:** Memorizing a formula like “RACE” can help you respond to a fire emergency quickly and effectively.
6. The newborn abductor most commonly presents with which of the following traits or behaviors:
 - a. wears a uniform and tells the mother she is taking the infant for lab work
 - b. snatches the baby from the mother and runs down the hallway to the front door
 - c. wears street clothes and tells the mother she is the home health nurse assigned to her case
7. If you see fire or smoke in your work area, you should:
 - a. shout "Fire" and get someone to help you locate the source
 - b. remain calm, call the operator and report the fire
 - c. remain calm, call 481-6911 to report the fire or smoke, pull the lever on the fire alarm, and locate the fire extinguisher in your work area
 - d. assume the charge nurse has notified security, watch your patients until told to do otherwise

8. Define P-A-S-S.

- a. Pull the pin, Assess the fire, Squeeze the trigger, Sweep from side to side at the base of the fire
- b. Pull the pin, Aim the nozzle, Squeeze the trigger, Sweep from side to side at the base of the fire
- c. Point the pin, Aim the nozzle, Squeeze the trigger, Sweep from side to side at the base of the fire

9. An appropriate incident to report to the RL6 hotline is a:

- a. Medication error
- b. Patient's dislike of his meal
- c. Family complaint
- d. Lack of clean towels on the unit

10. You can call RL6 to report a patient incident:

- a. Between 0700-1500
- b. On any weekday
- c. Any time
- d. Any time except weekends

You have reached the end of the post-test. Please return it to your unit educator, manager or director.