Mary Lanning
HEALTHCARE

EMT clinical competency and skill training

Mary Lanning Healthcare (MLH) will allow qualified EMT healthcare professionals the opportunity of 12 hours over six months with licensed nurses using an identified skill list. The EMT must be licensed, **providing a current copy of their State of NE license,** and work for an agency that has a Memorandum of Understanding (MOU) signed with MLH. The agency must have an MLH employed-physician medical director and provide evidence of didactic education/training on specific skills with this application. Please submit completed application to chamik@marylanning.org.

Name (print): _____

(Full legal name – first name, middle initial and last name)

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Start date requested: _____

Anticipated end date: _____

Agency working for: _____

EMT education/training: _____

_____

List of skills you hope to complete while onsite at MLH:

_____

_____

Explain why you are requesting this service and summerize the initial EMT training and continuing education you have completed.

EMT signature: _____

EMS agency chief signature: _____

MLH employed-physician medical director signature: _____

HIPPA Quiz

Name:_____

1. PHI is an acronym for:
    a. Protected Health Information
    b. Personal Health Information
    c. Permitted Health Information
    d. Primary Health Information

2. PHI is information related to a patient's past, present or future physical and/or mental health or condition.
    a. True
    b. False

3. PHI may be:
    a. Spoken
    b. Written
    c. Electronic, such as email, video, photographs and x-rays
    d. All of the above

4. The major goal of the Privacy Rule is to assure that individual's health information is properly protected while following the flow of health information needed to provide and promote high quality health care and to protect the public's health and well being.
    a. True
    b. False

5. Which ensures computer security? (select all that apply)
    a. That one understands their computer sign-on/password legally acts as my personal signature when performing computer activities.
    b. Log off the computer terminal when you are done, or if you walk away (even if it's only a few moments).
    c. Ensure information on your computer screen(s) is not visible to people who pass by your area.
    d. Do not share your user name or password with anyone.

6. You should only view, use, or share PHI when necessary to perform your job duties, but you can access any of the patient's information you want.
    a. True
    b. False

7. Example of Privacy Breaches include which of the following:
    a. Talking in public areas, talking too loudly or talking to the wrong person
    b. Lost / stolen / improperly disposed of laptops, cell phones, paper/notes
    c. Email or faxes sent to wrong address, person, or number
    d. Not logging off computer system or allowing others to access your computer
    e. All of the above

Infection Control Quiz

Name:_____

1. Select the two (2) most prevalent Bloodborne diseases in the United States:
    a. Urinary Tract Infection
    b. Hepatitis B / C
    c. Respiratory Infection
    d. Human Immunodeficiency Virus (HIV)
    e. C-diff

2. When should Standard Precaution be used?
    a. With all patients
    b. Only with patients with known infections
    c. No longer required

3. Hand hygiene is the single most important personal/occupational activity for preventing the spread of disease.
    a. True
    b. False

4. What color must be used for Biohazard warning labels?
    a. Red
    b. Yellow
    c. Blue
    d. Green

5. As a student, you are not required to wash your hands every time you enter or exit a patient's room.
    a. True
    b. False

6. An exposure is a splash, stick or spray that causes blood or body fluid to have contact with non-intact skin, eyes, and/or mucous membranes.
    a. True
    b. False

7. Remember to wash your hands after the following activities (select all that apply):
    a. Removing protective glasses
    b. Sneezing or coughing appropriately into your arm
    c. After handling soiled items
    d. Before preparing and/or eating meals
    e. After working with trash while wearing protective gloves

Environment of Care Quiz

Name:_____

1. The Environment of Care is a comprehensive safety program that manages which components? (*select all that apply*)
    a. Hazardous Materials and Waste
    b. Emergency Codes
    c. Safety (general) and Security
    d. Fire Safety

2. When you are at a MLH facility, the Access Badge ID issued to you must be worn above your waist and on the outermost layer of clothing so it is visible at all times.
    a. True
    b. False

3. If a fellow student or another employee forgot his or her badge and is unable to enter an area, you may share your badge with that person.
    a. True
    b. False

4. A Code Silver alerts staff of which situation?
    a. Bomb threat
    b. Hazardous material release
    c. Active shooter
    d. Fire emergency

5. You discover a fire; according to the Mary Lanning Healthcare fire plan, your responsibilities should be carried out in which order?
    a. Remove those in immediate danger, pull the alarm, and call the operator
    b. Pull the alarm, call the operator and remove those in immediate danger
    c. Pull the alarm, remove those in immediate danger, and call the operator

6. In the event of a fire, what extension do you dial if you are on the main Mary Lanning campus?
    a. 911
    b. 0
    c. 5277

7. Where are the fire alarm pull stations located?
    a. By every door
    b. By the elevators
    c. By every exit and stairway

Student Orientation Acknowledgement
Compliance Program and Policy Acknowledgement
Basic Workforce Responsibilities
Student Orientation Training

Student Orientation Acknowledgement

Please review the following statements. Your signature at the bottom of this form provides documentation acknowledging that you have read, understand, and agree to, the modules presented in the Student Orientation training. If questions arise, you will seek additional information from your coordinator for clarification.

1. As a student affiliated with Mary Lanning Healthcare, I am viewed as an extension of their healthcare system and will be expected to embrace the culture of the organization.
2. I will adopt the foundational concepts that contribute to the Culture of Excellence such as AIDET and S.A.F.E.
3. I agree to adhere to the expectations of the organization; patient confidentiality and safety, appropriate conduct by respecting the patients' and their families' needs, our visitors, and one another while striving to maintain a Culture of Excellence.

Compliance Program and Policy Acknowledgement

Please review the following statements. Your signature at the bottom of this form provides documentation acknowledging that you have read, understand, and agree to, the statements as written.

1. I know how to access the Mary Lanning Healthcare (MLH) Corporate Compliance Program and Compliance Code of Conduct and Ethical Behavior policy ADM710.00.
2. I will seek advice from the Corporate Compliance Officer or another appropriate party concerning appropriate actions that may need to be taken in order to comply with the MLH Corporate Compliance Program.
3. I understand that failure to comply with laws, regulations, standards, policies, and procedures, and/or the MLH Corporate Compliance Program may result in disciplinary action, up to and including termination of employment, services, or contract.
4. I pledge to act in accordance with the MLH Corporate Compliance Program.
5. I will immediately report any conduct that I believe to be a violation of MLH Corporate Compliance Program, applicable laws, regulations, standards, or MLH policies and procedures following the appropriate procedures set forth in the MLH Corporate Compliance Program.

Basic Workforce Responsibilities

As a student within Mary Lanning Healthcare's workforce who has received training under Mary Lanning Healthcare's HIPAA Compliance Program, you accept basic responsibilities to:

1. Take patient privacy seriously.
2. Participate in and complete all required training that is offered to you.
3. Be familiar with the policies and procedures that apply to you and your job responsibilities.
4. Ask questions of your supervisor when unsure of how HIPAA or Mary Lanning Healthcare's policies and procedures apply to a situation or the performance of your job.
5. Access, use and disclose protected health information (PHI) only as permitted by Mary Lanning Healthcare's policies.
6. Promptly report any first-hand knowledge that there has been a violation of HIPAA or a breach of Mary Lanning Healthcare's HIPAA Compliance Plan or that there has been an improper use or disclosure of protected health information at Mary Lanning Healthcare.
7. Never share a password with another person; never allow another person to access information under your identity; never access information under another person's identity; and always comply with Mary Lanning Healthcare's access controls.
8. Not retaliate against a patient who files a complaint or exercises rights permitted by HIPAA or Mary Lanning Healthcare's policies.
9. Not retaliate against another member of the workforce who files a report, makes a complaint or exercises rights permitted by HIPAA or Mary Lanning Healthcare's policies.
10. Promptly notify a supervisor or the Compliance/Privacy Officer of any HIPAA-related complaint, in oral or written form, made by a patient or someone on behalf of a patient.
11. Cooperate in surveys, assessments and investigations by Mary Lanning Healthcare seeking information about compliance with its HIPAA Compliance Plan or HIPAA.
12. Never destroy HIPAA Records unless authorized to do so; never destroy records, reports, or data involved in a complaint or investigation.
13. Tell a supervisor or the Compliance Officer if you believe the application of HIPAA policies, procedures, and safeguards is harming patient care.
14. Never promise patients that their information will receive special protection, and never agree to voluntary restrictions on how Mary Lanning Healthcare will use and disclose information, unless authorized by Mary Lanning Healthcare to do so.
15. Refer patients who ask to see or copy their record, amend their record, obtain an accounting of disclosure, or receive communications via alternate means, to a supervisor or the Compliance Officer who can refer them to the correct individual.

Signature:_____ Date:_____