Observer Orientation Training

Confidentiality

- Health Insurance Portability and Accountability Act (HIPAA) is a federal Privacy and Security Rule regarding the privacy of medical information that is spoken, written, and electronic.
- You may not reveal identifying patient information such as names, tattoos, or any other information that sets the patient apart.
- You may not take patient information from the facility.
- You can not tell anyone else that you saw your friend in the hospital unless you first ask their permission.

Infection Prevention

- I will commit to washing my hands with soap and water or utilizing hand sanitizer EVERY TIME I enter or exit a patient room, even if I am just observing!
- I will not enter any patient room that is designated as Isolation Precautions.
- These rooms have signage on the door:
- Contact Precautions
- Airborne Precautions
- Droplet Precautions
- Protective Precautions
- Airborne & Contact Precautions
- Droplet & Contact Precautions
- Special Contact Precautions

Precautions



Contact Precautions

Anyone entering this room: Must clean their bands





WEAR GOWN AND GLOVES

See Nurse before entering room, Vean a la enfermera antes de entrar a la habitación.



Airborne Precautions

Anyone entering this room: Must clean their hands





Use alcohol hand rub or wash hands with soap and water

WEAR N-95 RESPIRATOR MASK OR PAPR Visitors wear procedural mask

See Nurse before entering room. Vean a la enfermera antes de entrar a la habitación.



Droplet Precautions

Anyone entering this room: Must clean their hands





Use alcohol hand rub or wash hands with soap and water

WEAR PROCEDURAL MASK

See Nurse before entering room. Vean a la enfermera antes de entrar a la habitación.



Protective Precautions

Anyone entering this room: Must clean their hands







Use alcohol hand rub or wash hands with soap and water

WEAR PROCEDURAL MASK

- NO DRIED OR LIVE PLANTS OR FLOWERS
- NO NON-PEELABLE FRESH FHUITS OR VEGETABLES

See Nurse before entering room.

Vean a la enfermera antes de entrar a la habitación.

Precautions





Quiz

- I have reviewed and completed the Observation application.
- I understand that I am to maintain confidentiality at all times.
- I will follow Infection Prevention Guidelines relating to handwashing and precautions.

Signature Date