



## Cody Regional Health Job Shadow Program

**PURPOSE:** Job shadowing experiences are observational opportunities for individuals to learn about health careers.

### CONSIDERATIONS:

- **Age Minimum:** All participants must be 16 years of age. While we do not limit participation in our job shadow program to specific grade levels in high school, we encourage schools to screen their students for interest in healthcare and maturity to handle the requirements of the job shadow experience.
- **Confidentiality:** All participants will be oriented to Patient Confidentiality (HIPAA) by completing a Patient Privacy Rights Quiz (\*) and are required to sign a Confidentiality Commitment (\*), which will be maintained in the Clinical Education Department. No cell phones are allowed while job shadowing.
- **Coordination:** All job shadow experiences must be coordinated through the Clinical Education Department. Scheduling of a job shadowing experience is dependent on approval by the Department Director. In addition, the availability of shadowing experiences with Physicians and other Providers is limited. Applicants are encouraged to seek approval to shadow a Physician or other Provider prior to applying to job shadow at Cody Regional Health facilities.
- **Documentation:** A log with the participant's name, address, telephone number, affiliation and the department responsible for the job shadow experience will be maintained in the Clinical Education Department
- **Dress Code:** Job Shadow participants must adhere to Cody Regional Health Dress Code policy. Refer to Job Shadowing Guidelines and General Information.
- **Immunizations:** All participants will provide documentation for MMR immunizations, Tdap and Hepatitis B. Also, if you will be job shadowing during the months of October through March you will need to provide documentation that you have received an Annual Influenza immunization.
- **TB testing:** All participants will provide documentation of a negative TB skin test within the past 12 months. These tests can be conducted at Public Health, a walk-in clinic or your personal health care provider. If you are a positive reactor and copy of your chest x-ray from within the past year will be accepted.
- **Participation Agreement:** Participant must consent to the Job Shadow experience by signing the Student Job Shadow Participation Agreement (\*). If student is under 18 years of age, signature of parent or legal guardian is also required.

- **Safety Orientation:** Important safety information will be reviewed with the participant relative to the type of job shadow experience planned. Included as appropriate:
  - Infection Prevention
  - Handwashing
  - Emergency Codes
- **Supervision:**
  - Participants will be paired with a staff member and follow the staff member during the entire experience.
  - Participants will not be asked to function independently or be sent around the hospital unaccompanied by staff.
  - Discretion in allowing observation in patient situations that will be distressing to the patient and/or the job shadow participant.
  - Participants should never be asked or allowed to do any of the following:
    - Transfer or transport patients
    - Any hands-on patient care
    - Handling blood, body fluids or any hazardous chemical
    - Stay alone with a patient for any reason
    - Be exposed to an unclothed or uncovered patient
  - Participants should be encouraged to ask questions, but patient confidentiality and privacy rights must be enforced at all times.
  - Patients have the right to refuse to have a job shadow participants present.
  - The patient will be asked and give permission for participant to be present. Staff will be responsible for informing patient, family and physician of participant presence and function.

(\*) Must be returned to Clinical Education Department prior to Job Shadow.

Complete Pages 13 to 18 and return all pages and immunizations via:

**-Scan and email to: [cdouglas@codyregionalhealth.org](mailto:cdouglas@codyregionalhealth.org) or**

**-Fax to 307-578-2226 attention Carrie Douglas or**

**-Mailed to: Carrie Douglas**

**Clinical Education Coordinator**

**707 Sheridan Avenue**

**Cody, WY 82414**

## Student Job Shadowing Guidelines and General Information

### 1) Dress Code and Appearance (see attached dress code policy)

- Job Shadow participants will adhere to Cody Regional Health Dress Code Policy. In general:
- All clothing must be proper fitting; clean, pressed and in good repair.
- If a skirt is worn, it must be no shorter than 2 inches above the knee.
- Pant length must be no shorter than mid-calf.
- For this experience wear shoes that are closed toe (safety precaution).

**The following are not acceptable:**

- Jeans and/or pants with frayed bottoms
- Tank tops, spaghetti strap tops, midriffs or cleavage showing
- T-Shirts with logos
- Flip-flops or sandals
- **Personal hygiene** will be maintained in a manner not offensive to fellow job shadow participants, employees, patients or visitors.
- **NATURAL NAILS ONLY. NO ACRYLIC, GELS, NAIL WRAPS, OR NAIL POLISH ARE ALLOWED IN PATIENT CARE AREAS. This is an infection concern.**
- **Hair** will be neat and clean and will not interfere with job tasks.
- **Colognes, aftershaves, perfumes** are discouraged due to the public's illnesses and allergies.
- **Jewelry** will not interfere with the job tasks. No more than two earrings per ear will be worn. No jewelry may be worn in any other parts of the body that may be seen by the public, i.e., eyebrows, tongues, or lips.
- **Tattoos** will be covered.

### 2) Contact:

Cody Regional Health  
Clinical Education Department 701  
Sheridan Avenue  
Cody, WY 82414  
307-578-2293

### 3) Conduct

- Do not bring unassigned friends or family with you to shadowing sessions.
- Wash hands frequently for your protection, as well as the patients'.
- Visitation of hospitalized friends or family should be arranged at a time other than your scheduled shadow session.
- Remember to act in a quiet and dignified manner at all times. Be respectful and courteous.
- Do not use profanity of any kind. Be careful of the use of slang.
- **Cell phones must be stored in your car or at home during job shadow session.**
- Smoking, alcohol, and/or substance abuse are not permitted on or around the Cody Regional Health campus's
- If you have a cold, elevated temperature or an infectious or contagious illness do not come to your session.

- During your shadow experience, you should never be asked or allowed to do any of the following (including, but not limited to):
  1. Transfer or transport patients
  2. Any hands-on patient care
  3. Handle blood, body fluids or any hazardous chemical
  4. Stay alone with a patient for any reason
  5. Be exposed to an unclothed or uncovered patient
- Be cautious about entering a room when the door is closed. Knock before entering and do not go in at all if a doctor or nurse is working with a patient unless accompanied by your job shadow mentor. If a Doctor/Provider enters while you are in a room, ask for permission from the patient to stay in to room while the Doctor/Provider is visiting with the patient. Stay at your assigned area unless asked by your mentor to go elsewhere.

#### **4) Confidentiality**

- All students participate in Confidentiality Training, provided in this packet, prior to their job shadow experience. Patient Privacy Quiz (\*)
- Do not discuss a patient's illness with him/her or others.
- Refer any criticisms of Cody Regional Health or its staff members to the Human Resources office.

#### **5) Parking**

- Because we are committed to our patients and provide patient parking, we ask that you park in designated employee parking lots. See attached map.

#### **6 Identification**

- Identification badges will be issued to you by the Human Resources (HR) office on the day of your job shadowing experience. You must wear this at all times while job shadowing. At the end of the day you need to turn in your badge to HR.

**\*If Job Shadowing Students do not follow the above guidelines they will be sent home. \***

## **Patient Privacy Rights and Confidentiality**

### **Objective:**

- Identify what Privacy and Information Security is and which staff are affected by it
- Identify what privacy and information security matters are involved in protecting confidentiality
- Identify decisions you may have to make to preserve patient confidentiality

### **Our Responsibility:**

As healthcare providers, we must be aware of the trust the patient has in us to protect their confidential information. We must be alert as to where that information is and how we can be sure that it remains confidential. Patients' rights to privacy are guaranteed by federal regulations and we are responsible for safeguarding their information.

### **Confidentiality**

As healthcare providers we always try to protect the privacy and confidentiality of protected information. We must stay aware of where and how protected health information might be exposed and how to keep that from happening.

### **Protected Health Information**

Includes any health information about a specific individual that is transmitted or maintained in any form or medium such as:

- Oral
- Paper
- Electronic

We must not reveal any information from which someone's identity could be determined. Example; individual identification could be made with demographic information; past, present or predicted future condition; and/or provision for or payment for healthcare.

### **Privacy and Information Security**

We must be particularly concerned about privacy and information security.

- Privacy: maintaining confidentiality
- Information Security: preventing unauthorized release of information

### **Privacy Rules**

Cody Regional Health is compliant with all required actions of the federal Privacy Rules. These include having:

- Privacy Officer accountable for privacy and information security program who manages a reporting system for complaints and concerns
- Publicized "Notice of Privacy Practices"
- Patient Authorization, for use and disclosure other than treatment, payment and healthcare operations)
- Patients' Rights, guaranteed by federal regulations
- Minimum Necessary Information, releasing or requesting the minimum necessary information to do your job
- Agreements with Vendors, requiring business associate vendors to ensure that they handle patients' protected health information properly
- Education and Training, provide education and training to all employees

- Policies and Procedures, documented policies and procedures pertaining to federal requirements, as well as action taken to ensure enforcement with federal regulations

**Breaches** can be divided into three levels:

**1. Carelessness**

- For example: employees discussing patient information in a public area, employee leaves a copy of patient medical information in a public area, employee leaves a computer unattended in an accessible area with a medical record unsecured.

**2. Curiosity or Concern (no personal gain)**

- For example: an employee looks up birth dates, address of friends or relatives; an employee accesses and reviews a record of a patient out of concern or curiosity; an employee reviews a public personality's record or another employee's record.

**3. Personal Gain or Malice**

- For example: an employee reviews a patient record to use in a personal relationship; an employee copies a mailing list for personal use or to be sold.

Corrective action for all three levels of breaches can be any corrective action from mandatory repeat of training up to, and including, termination.

**Primary Purpose of a privacy program is to:**

- Provide individuals with better access to their health information
- Standardize this access among states
- Decrease healthcare fraud and abuse, and to protect the privacy of health information

**\*\*\*Due to privacy concerns, cell phones must be stored in your car or at home during the job shadowing experience\*\*\***

## Emergency Procedures and Codes if you Discover a Fire.

Rapid Response is critical. To respond rapidly and effectively, memorize this "easy to remember formula":  
**RACE**

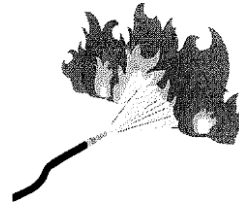
**R - Rescue** People

**A - Sound the Alarm**

**C - Confine** the Fire

**E - Evacuate**

**Extinguish** only if small and contained



**RESCUE PEOPLE:** When you discover a fire, rescuing people in immediate, life threatening danger is always your top priority.

**ALARM:** You can pull the fire alarm

**CONFINE:** Hospital areas are separated by heavy fire doors. Once the alarm sounds, they will close automatically. Stay where you are and don't use elevators.

**EXTINGUISH:** If the fire is contained in a small area (i.e. trash can) you can attempt to contain the fire with readily available materials (put a blanket or pillow on top of the can).

Wait for the "**CODE RED ALL CLEAR**" announcement to resume normal activity.

When arriving to your assigned unit, take a moment to find a fire extinguisher and the nearest fire exit.

## SECURITY

Stay with your assigned employee and follow any instructions they have in the event of a security concern.

# Standard Practices of Infection Control

## Objective:

- Define Standard Precautions
- Proper hand hygiene

## Blood borne Pathogens

Blood borne Pathogens are microorganisms such as viruses or bacteria that are carried in blood and can cause disease in people.

Diseases from Blood borne Pathogens include:

- Hepatitis B (HBV),
- Hepatitis C (HCV)
- Human Immunodeficiency Virus (HIV)

## Reducing Your Risk

- Consistent use of Infection Control practices such as Standard Practices and Hand Hygiene throughout your work day will minimize the risk of getting an infectious disease from a patient.

## Standard Precautions

Standard Precautions refers to the practice of assuming that the blood/body fluids of all patients are infectious, regardless of diagnosis, and the use of barrier precautions when coming in contact with blood or body fluids. "Barrier precautions" includes the use of gloves, or a combination of gloves with gowns, and mask/goggles to prevent exposure to body fluids. These items are also referred to as Personal Protective Equipment or PPE and are widely available to employees. Such items include gloves, eye/face protection and gowns or aprons.

All PPE should be used only once then discarded in the appropriate waste container. It is extremely important to use PPE and work practice controls such as hand hygiene to protect yourself from bloodborne pathogens.

## Hand Hygiene

There are two options for the practice of hand hygiene:

- Washing with soap and water. This is preferred if you have visible soiling on your hands, before you eat and after using the restroom
- Disinfecting hands with a waterless hand antiseptic.

Use hand hygiene before and after patient contact, after contact with a source of microorganisms (i.e., body fluids and substances, mucous membranes, broken skin, inanimate objects that are likely to be contaminated and after removing gloves.) Current recommendations from the Centers of Disease Control (CDC) stress the importance of consistent hand hygiene in the prevention of disease transmission.

## Student's Role in Infection Prevention

- As a student do not enter a room that is identified as an "Isolation Room" where gowns, masks and gloves are required to enter the room.
- Hand washing or use of waterless hand antiseptic is required when entering and exiting a patient's room.
- Understand infection prevention practices and understand measures staff use to prevent infection.



**TITLE: DRESS CODE -HOSPITAL WIDE**
**DEPARTMENT: Human Resources**
**POLICY STATEMENT:**

Conforming to the service expectations and requirements for dress and grooming identified herein by West Park Hospital District is the responsibility of each employee.

**PURPOSE:** To establish a standard of personal grooming and dress for employees of West Park Hospital District that reflects a professional image to patients, visitors, physicians, students and fellow employees. Because all casual clothing is not suitable for the work place, these guidelines will help employees determine what is appropriate to wear to work. Clothing that is appropriate for the beach, yard work, dance clubs, the gym, sporting events or picnics may not be appropriate for the hospital setting. Individual departments may establish a dress code that meets or exceeds the standards contained herein.

**Procedure:** Employees found to be in violation of the West Park Hospital District Dress Code Policy will be required to immediately correct the violation. In situations where the violation cannot be corrected while at work, the employee will be sent home and required to correct the violation before returning to work. Non-exempt employees will be required to punch out when sent home.

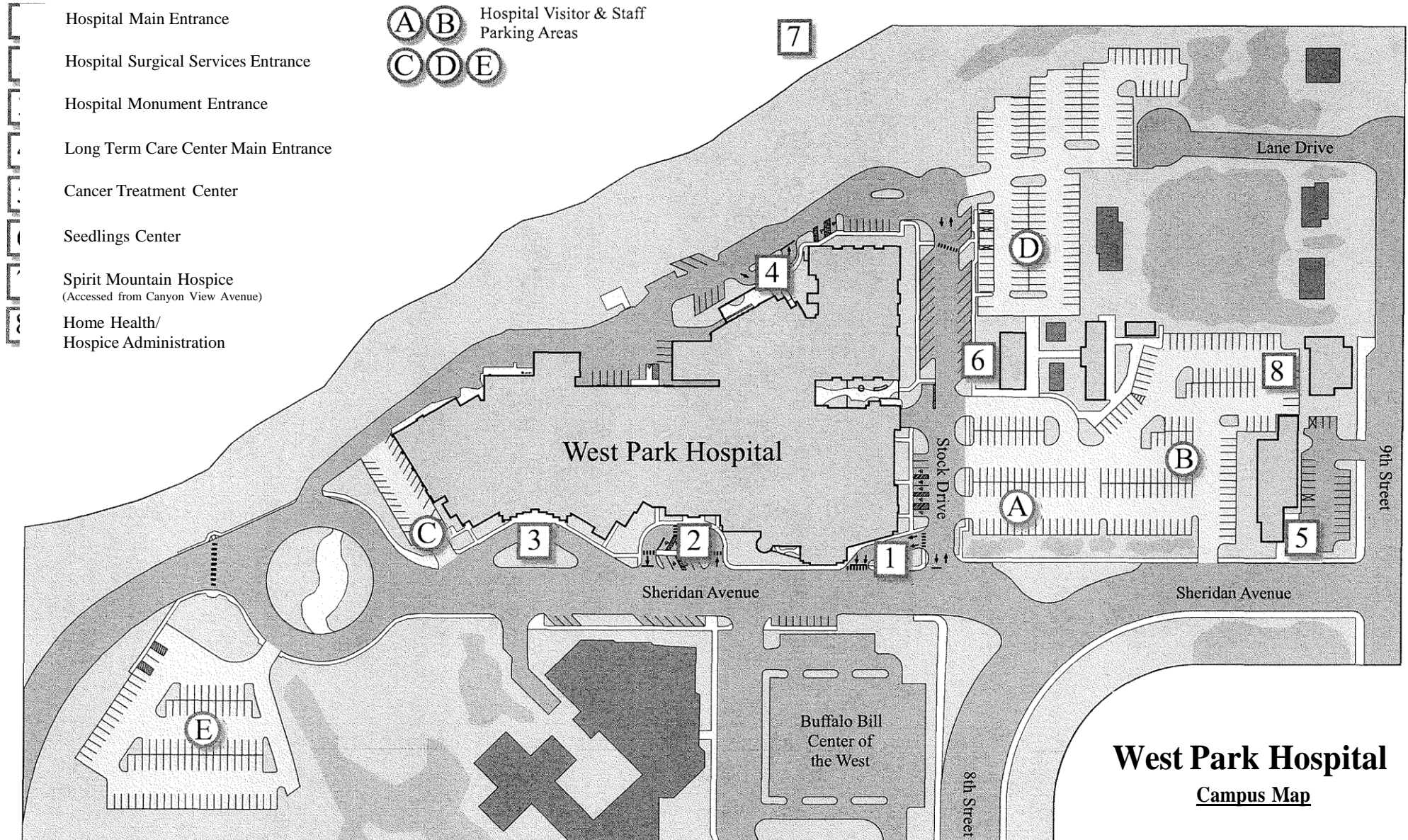
	<b>Acceptable</b>	<b>Unacceptable</b>
<b>Cleanliness</b>	Personal cleanliness and neatness to exhibit professional appearance	Dirty, odiferous, and unkempt appearance.
<b>Overall Clothing</b>	<ul style="list-style-type: none"> <li>Professional in appearance and appropriate to the respective work area</li> <li>Business Casual</li> <li>Approved T-shirts (as part of a department uniform) or special occasions as approved by the hospital.</li> <li>Pants must be mid-calf or longer in length</li> <li>Any form of a dress/skirt/skort must be no shorter than 2 inches above the knee.</li> <li>Hosiery is required in clinical, food service and medication preparation areas. Hosiery/socks appropriate to the footwear (nylons are not required with sandals). Solid-colored, non-patterned nylons/tights acceptable</li> </ul>	Soiled, wrinkled, torn, too tight/loose, see-thru clothing; exposed midriff or cleavage; visible undergarments; tank top, backless, strapless or spaghetti strapped shirts or dresses unless covered; sweat pants or spandex/leggings/jeggings worn as pants; shorts; camouflage attire, blue jeans unless for approved special occasions/Casual Friday/educational events or designated as department specific work clothes in non-patient care areas; shirts with inappropriate sayings or logos, i.e., alcohol, sexual content, profanity tobacco, etc. (WPH logo is acceptable); hats/caps unless part of a designated department uniform or where required and/or necessary for completion of job activities
<b>Name Tags</b>	<ul style="list-style-type: none"> <li>Pictured name tag visibly worn above the waist and facing forward while on duty</li> </ul>	No name tag; worn in difficult area to read (e.g. waistband, lower pocket); fake picture placed over actual employee picture; pins or decorations obscuring name/dept/facility

	Acceptable	Unacceptable
<b>Hair</b>	<ul style="list-style-type: none"> <li>Clean, combed, and trimmed or arranged to conform to the safety requirements of the specific work area</li> <li>Longer hair should be confined for safety reasons to prevent interference with patient care or assigned work</li> <li>Beards, side burns, and mustaches are neatly trimmed</li> </ul>	Extremes in color or cut; unkempt facial hair; dreadlocks
<b>Fingernails</b>	<ul style="list-style-type: none"> <li>Clean and trimmed</li> <li>Employees are required to wear natural nails only, a quarter inch or less in length and appropriately manicured.</li> <li>Polish in non-patient care areas.</li> </ul>	<p>Artificial, gel or acrylic nails, dirty, ragged or chipped fingernail polish, snagged nails.</p> <ul style="list-style-type: none"> <li>Polish is prohibited for employees with the potential for patient contact.</li> </ul>
<b>Odors</b>	<ul style="list-style-type: none"> <li>Employees should be aware that other employees, patients, or visitors may be hypersensitive to certain odors or fragrances</li> <li>Limit the application of perfumes and/or aftershaves to light, mild perfume or cologne which is unobtrusive</li> </ul>	Perfume, aftershave, lotions or cologne in direct patient care areas. In non-direct patient care areas, moderate to severe scent perfume or aftershave, offensive body odors including cigarette smoke.
<b>Jewelry/Piercings</b>	<ul style="list-style-type: none"> <li>Jewelry should be appropriate while providing for the safety of patients and the employee.</li> <li>Facial piercing limited to one</li> <li>Direct patient/resident caregivers may not wear earrings which dangle more than 1 inch below the earlobe</li> </ul>	Bangle bracelets, gauge earrings, facial rings, tongue piercings, visible dermal piercings, any jewelry that could be construed as offensive or excessive.
<b>Footwear</b>	<ul style="list-style-type: none"> <li>Shoes are to be worn at all times by all employees</li> <li>Shoes must be clean, in good repair, and professional in appearance</li> <li>Departments may designate specific shoe requirements (e.g. no open toed shoes for direct patient care areas) Sandals are acceptable for non-patient care departments.</li> </ul>	In direct patient care and food service areas, no open-toed shoes. In all departments, beach footwear such as flip flops; scuffed, dirty, unpolished, untied, or foot apparel with holes; slippers or shoes resembling slippers; bare feet

	<b>Acceptable</b>	<b>Unacceptable</b>
<b>Footwear (continued)</b>	<ul style="list-style-type: none"> <li>Hose and/or socks appropriate to the footwear (e.g. hosiery is not required for sandals)</li> </ul>	
<b>Uniforms/Scrubs</b>	<ul style="list-style-type: none"> <li>Dept. specific attire must be approved by the Senior Leadership Council.</li> <li>If attire is to be purchased by the facility, approval by Senior Leadership Council is required.</li> </ul>	Wrinkled, unclean, or denim scrubs
<b>Tattoo's</b>	Tattoos at the discretion of the Department Director	Tattoos deemed to be inappropriate or offensive in the hospital setting.

**RELATED FORMS:**
**REFERENCE:**

**POLICIES AND PROCEDURES**



## Student Job Shadowing Student Checklist

Please use the following checklist to ensure you have completed all the requirements necessary before you participate in your job shadow experience. The items with an asterisk (\*) represent required documentation that must be returned to the Clinical Education Department **at least on week prior to Job Shadowing requested date.**

- ☐ Application for Job Shadowing
- ☐ Copy of current childhood immunization records \*
- ☐ Completed TB Test \*
- ☐ Signed Non-Participatory Observation Agreement (Student and Parent)\*
- ☐ Completed Patient Privacy Quiz \*
- ☐ Completed Infection Control and Fire Safety Quiz\*
- ☐ I have read and agree to follow the guidelines of the Job Shadow program at Cody Regional Health.

\*All items must be scanned-emailed, faxed or mailed to Carrie Douglas, Clinical Education Coordinator:

Scan and email to [cdouglas@codyregionalhealth.org](mailto:cdouglas@codyregionalhealth.org)  
or faxed to 307-578-2226 attention Carrie Douglas  
or mailed to: Carrie Douglas  
Clinical Education Coordinator  
707 Sheridan Avenue  
Cody, WY 82414

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(Print your name here)

(Date of Birth)

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Signature

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(Parent or Legal Guardian, if participant is under the age of 18)

**AFTER THE COMPLETE PAPERWORK IS TURNED IN THE CLINICAL EDUCATION COORDINATOR WILL CONTACT YOU TO ARRANGE YOUR JOB SHADOWING EXPERIENCE**

For CRH use only:

Completed Packet Received: \_\_\_\_\_  
Department/s Requested: \_\_\_\_\_  
Requested dates: \_\_\_\_\_  
Manger Emailed: \_\_\_\_\_



Thank you for your interest in the Cody Regional Health job shadowing program. In this packet you will find information about the program and requirements to participate. If at any time you have any questions please contact us.

Print clearly please:

Name: \_\_\_\_\_

Daytime phone number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**If under 18 years of age:**

Parent/guardian name: \_\_\_\_\_

Daytime phone number: \_\_\_\_\_

State your goals to be obtained by participating in the job shadowing program:

Which Cody Regional Health department/s are you interested in job shadowing:

Dates and times, you are interested in job shadowing:

Who referred you to the Cody Regional Health Job Shadowing Program?



**Non-Participatory Observation Agreement**  
Waiver, Release, and HIPPA/Confidentiality Statement

**This form must be completed and submitted prior to commencing observation activities.**

In consideration of participating in an educational observation experience at West Park Hospital District (WPHD) doing business as Cody Regional Health (CRH), I indemnify WPHD and agree to hold harmless its subsidiaries, representative, agents, and employees from any and all liability, which may result from my observation experience. I will not bring nor cause to be brought on my behalf any legal action against WPHD. Recognizing that my educational observation experience provides access to a variety of information deemed strictly confidential, I accept that it is the patient's/resident's right to refuse permission for me to observe the delivery of medical care or service to that patient/resident. I acknowledge my obligation to maintain confidentiality and understand that disclosing such information is prohibited by federal law and is unethical. I understand that the confidentiality of the employees and patients of WPHD must be respected at all times. I understand that information concerning patients, their illness, or their families is private. Medical records are by law confidential and should remain private. I understand that a breach in confidentiality may be in violation of federal and/or state statutes and regulation and may be subject to prosecution under the law. I will respect and maintain patient confidentiality, both during my visit and after I leave the facility.

I acknowledge the risk that medical and surgical care may include graphic and shocking images along with explicit discussion of the human body. I acknowledge and assume the risk that patients, residents, practitioners, nurses, and others involved with the delivery of medical and surgical care may unknowingly expose me to infection and illness.

It is my voluntary decision to participate in this educational experience. I agree to conduct myself in an appropriate manner, to take direction from appropriate persons and to dress in a professional manner. I will be immediately dismissed from the job shadow activities if behavior, misconduct, or policy violation occur.

\*Observer's Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Parent/Guardian signature required if participant is under the age of 18:**

My daughter/son has permission to observe/job shadowing at West Park Hospital District as requested above. I release WPHD from all claims that may arise from this observation experience. My child will participate only if he/she is free from infectious diseases on the day of the program. I have discussed with my child and acknowledge that they understand privacy, confidentiality, policies and other information within the Job Shadowing Packet

\*Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_ Daytime Contact Phone Number: \_\_\_\_\_

**If you are being sponsored by a specific physician or other healthcare provider associated with WPDH (not required)**

**Sponsoring Healthcare Professional:** I agree to supervise and be responsible for the observation experience of \_\_\_\_\_ (observer's name), ensuring that WPHD policies are followed and patient's/residents privacy and safety is respected.

Sponsoring Healthcare Professional 's Signature: \_\_\_\_\_

Department in which the observation is taking place: \_\_\_\_\_

## Patient Privacy Rights QUIZ:

Your Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

1. TRUE / FALSE

Patients' rights to privacy are guaranteed by federal regulations and we are responsible for safeguarding their information.

2. TRUE / FALSE

Cody Regional Health has a Privacy Officer who is accountable for the privacy and information security program and who manages a reporting system for complaints.

3. Who is responsible for following Privacy and Information Security regulations within Cody Regional Health?

- a. Direct patient care staff
- b. Management staff of direct patient care
- c. All employees, volunteers and job shadowing students

4. Protected health information (PHI) can be defined as:

- a. Health information that identifies a specific individual
- b. Proposal for a healthcare grant
- c. Research results for a group of patients

5. TRUE / FALSE

Employees/volunteers should logoff their computer every time it is left unattended with access to patient information.

6. TRUE / FALSE

Employees/volunteers/students discussing patient information in a public area would be considered a breach of curiosity.

7. TRUE / FALSE

When visiting with others about job shadowing, I can describe my general experience while at Cody Regional Health. However, I should not include any specific patient information when visiting with them.

8. TRUE/FALSE

I must leave my cell phone in my car or at home during the job shadowing experience



## Standard Practices of Infection Control and Fire Safety QUIZ:

Your Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

1. TRUE / FALSE

You should always treat body fluids as if they are infectious and avoid direct skin contact with them.

2. TRUE / FALSE

If you wear gloves when cleaning up an accident site, it is not necessary to wash your hands afterwards.

3. Which answer identifies the items and practices used in standard precautions?

- a. Hand washing, gloves, masks, gowns, or goggles
- b. Band-Aids, Scissors, tongue depressors
- c. Iodine, eye wash, or Neosporin

4. TRUE / FALSE

Consistent use of Infection Control practices such as Hand Hygiene throughout your work day will minimize the risk of getting an infectious disease from a patient. And will protect our patients from an employee, volunteer or job shadowing

5. TRUE / FALSE

RACE, stands for rescue, alarm, confine and evacuate