

# Johns Hopkins Bayview Medical Center

## CLINICAL RESEARCH UNIT

Subject Identification Passes

**Policy No: 149**

**Original Date: 12/17/01**

**Previous Date: None**

**Reviewed Date: None**

**Purpose:** to provide a mechanism for the positive identification of CRU Inpatient Subjects who are allowed off unit privileges.

### Policy:

1. A physician's order is needed for inpatient subjects to have "off unit" privileges. Subjects may leave the unit to smoke, use the JHBMC cafeteria, or attend a research appointment at another campus location.
2. Identification badges are provided by the JHBMC Security Department specifically for CRU use and are generic so various subjects can use them.
3. The badge is coded to open the front door of the "B" building using the swipe box. It is coded only for that door.
4. Any missing badges must be reported immediately to JHBMC Security so it can be deactivated.

### Procedure

1. The Study Physician writes an activity order indicating that the inpatient subject has "off the CRU" privileges.
2. CRU staff assigns the subject a badge. The badge may be assigned for a short duration or for the entire CRU inpatient stay. The length of time is determined by the need.
3. The CRU staff member signs the badge out on the Badge Log, indicating who the badge went to, the date received and the date returned.
4. The CRU staff member completes the subject agreement form as to what locations the subject has permission to travel to, eg., smoking, to BPRU etc.
5. The subject signs an agreement form noting their responsibility and proposed usage for the badge, A copy of this agreement goes into the subject's chart.
6. If the subject is found in or trying to access areas that they are not permitted to enter, off unit privileges may be revoked.
7. In the event that a badge is missing or not returned, CRU staff calls security and gives them the badge code number (7 numbers) and asks that the badge be deactivated. The staff will also notify the CRU Patient Care Manager.

Originator: CRU Patient Care Manager

Reviewed by: Director, JHBMC Security

Attachment: Badge Sign Out Agreement

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## **Badge Sign Out Agreement GCRC Badge Sign Out Agreement**

Name of Subject \_\_\_\_\_

Badge Code Number \_\_\_\_\_

Today's date \_\_\_\_\_

Planned date for return of badge \_\_\_\_\_

I am using a GCRC Subject Badge for the purpose of going off the GCRC to

\_\_\_\_\_.

I understand this badge is to be used only by me and for the purpose of traveling to the areas noted above and/or to the areas that I have designated on the GCRC sign in and sign out sheet located at the Nursing station. I understand that this badge is property of the hospital and I must return it on the date noted above or at the time of my discharge from the GCRC.

Signature of subject \_\_\_\_\_

Signature of GCRC staff \_\_\_\_\_

Copy to chart