



### **Self-Learning Orientation Packet Instructions Volunteer Program**

The purpose of this packet is to provide orientation and safety information to Volunteers at MedStar Washington Hospital Center.

There are two parts to the packet:

1. The orientation packet that includes information derived from our new associate orientation, training modules and safety training and
2. The learning assessment tool.

Please read the entire orientation packet and then take the learning assessment tool. Once you have completed the assessment tool, please fax to 202.877.3035 or you can drop off at the Patient Advocacy Office, room NA 1002 located behind the Gift Shop in the Main Lobby. Please note you will need to answer at least 22 of the 25 questions correctly in order to pass the assessment tool.

Should you have questions, please contact us at 202.877.2105.

## Contractor and Volunteer Orientation Packet

The purpose of this packet is to provide orientation and safety information to those individuals working as temporary staff, contractors or volunteers at the MedStar Washington Hospital Center. The packet will be provided to the respective individual prior to the start of an assignment.

### Table of Contents

- About MedStar Washington Hospital Center
- MedStar Health's One Vision One Spirit
- MedStar WHC's Service Behaviors
- Diversity Awareness
- The Americans with Disabilities Act of 1990, As Amended (ADA) – Title III
- Population Specific Care
- Workplace Standards for Dress and Appearance
- Ergonomics
- Workplace Violence
- Emergency Codes
- Emergency Preparedness
- Hazardous Materials
- Fire Emergency
- Infection Control
- Radiation Safety
- Magnetic Resonance Imaging (MRI) Safety for Non-MRI Personnel
- Tobacco Free Environment
- Patient Privacy
- National Patient Safety Goals: Joint Commission
- Parking/Transportation
- Safety at the Center: Safety Behavior and Error Prevention Training
- Resource Directory

## Contractor and Volunteer Orientation Packet

### ABOUT MEDSTAR WASHINGTON HOSPITAL CENTER

MedStar Washington Hospital Center is a not-for-profit, 926-bed, acute care teaching and research hospital. It is the largest private hospital in the nation's capital and among the 50 largest hospitals in the nation. Founded in 1958, when three specialty hospitals merged to form a single institution, the hospital offers primary, secondary and tertiary health services to adult and neonatal patients. It shares a 47-acre campus with three medical facilities in Northwest Washington, D.C. The Hospital Center is a proud member of MedStar Health.

During fiscal year 2011 (FY11), the hospital had 411,514 outpatient and 40,192 inpatient visits, as well as 4,079 births. Regional medical facilities referred nearly 9,900 of their most complicated medical cases to the Hospital Center during that time. The Hospital Center has one of the region's most experienced medical/dental and surgical staffs, numbering 1,407 physicians, many of whom are involved in the 384 clinical research trials currently underway. Its 28 clinical residency and fellowship programs attract more than 300 medical students annually.

### MEDSTAR HEALTH'S ONE VISION ONE SPIRIT

#### **Our Vision**

To be the trusted leader in caring for people and advancing health

#### **Our Mission**

MedStar Washington Hospital Center, a valued member of MedStar Health, dedicated to delivering exceptional patient first health care. We provide the region with the highest quality and latest medical advances through excellence in patient care, education and research.

#### **Our Guiding Principle**

To treat each patient as we would a member of our own family by providing the best medical treatment with caring and compassion, responsive service, and intelligent use of resources. Through this achievement, we will be recognized as a national model for excellence in patient – centered care.

#### **Spirit Values**

As MedStar Health's and MedStar Washington Hospital Center's refreshed vision – to be the trusted leader in caring for people and advancing health – becomes a reality, our values will play a critical role in our continued growth and longevity. In the SPIRIT of Service, Patient first, Integrity, Respect, Innovation and Teamwork, MedStar Health takes the reins in our journey from good to great.

- **Service** - We strive to anticipate and meet the needs of our patients, physicians and co-workers.
- **Patient First** - We strive to deliver the best to every patient every day. The patient is the first priority in everything we do.
- **Integrity** - We communicate openly and honestly, build trust and conduct ourselves according to the highest ethical standards.
- **Respect** - We treat each individual, those we serve and those with whom we work, with the highest professionalism and dignity.
- **Innovation** - We embrace change and work to improve all we do in a fiscally responsible manner.
- **Teamwork** - We build on the collective strength and cultural diversity of everyone, working with open communication and mutual respect.

## Contractor and Volunteer Orientation Packet

### MEDSTAR WHC'S SERVICE BEHAVIORS

Our Service Behaviors create positive defining moments that strengthen our relationship with our patients, our visitors and each other. All associates, contractors and volunteers must abide by these behaviors.

I pledge to be a role model for everyone whom I encounter each and every day and will be:

1. **A Safety STAR** (i.e. Stop, Think, Act, and Review) by preventing problems before they occur.
2. **Neat, clean and quiet.** I will do my best to keep the facility neat and clean and create a quiet, healing environment.
3. **Friendly and courteous** by demonstrating kindness at all times in a warm and cheerful manner. I will do so by making eye contact and greeting people as they approach me.
4. **A team player** at all times by providing a positive experiences for everyone. We are one team.
5. **Helpful** by assisting whenever I can and escorting people to their destinations.
6. **A clear communicator** by listening to understand and speaking to be understood.
7. **Respectful** by treating my patients and co-workers the way they want to be treated.
8. **A voice** by speaking up and sharing my opinions and ideas, and by suggesting solutions.
9. **Responsible** for myself, our patients and my team, and create a "NO PASS ZONE" by responding timely and appropriately to our customers.
10. **Professional** at all times. Our patients, their families and my teammates are watching and listening.

## Contractor and Volunteer Orientation Packet

### DIVERSITY

#### Hospital Center's Diversity – Associates

Gender Diversity:

- 72% female
- 28% male

Racial Diversity:

- 53% African American
- 30% Caucasian
- 13% Asian
- 3% Hispanic/Latino
- 1% Native  
(American/Alaskan/Hawaiian/  
Pacific Islander)

Age Diversity:

- 36.7% up to the age of 35
- 22.5% between the ages of 36-45
- 23.5% between the ages of 46-55
- 16.4% between the ages of 56-75

#### Hospital Center's Diversity – Patients

Gender Diversity:

- 57% female
- 43% male

Racial Diversity:

- 68% African American
- 18% Caucasian
- 2.5% Asian/Pacific Islander
- <1% American Indian/Eskimo/Aleut
- 10% Other race/Unknown

Age Diversity:

- 4% between 0 – 28 days
- 0% between the ages of 1 – 3
- <1% between the ages of 4 – 14
- 3% between the ages of 15 – 19
- 27% between the ages of 20 – 44
- 33% between the ages of 45 – 64
- 16% between the ages of 65 – 74
- 17% over the age of 74

Diversity is what makes individuals different from or similar to others. It involves dimensions we have no control over; dimensions we have control over and dimensions that impact our day-to-day workplace interactions.

**Diversity awareness** helps us to recognize, understand and accept differences in ourselves and in others. It enhances our ability to work and learn from each other and creates a workforce that better serves our patients, helping them and their families feel welcome and well-served.

#### **Building Diversity Awareness**

- **Awareness of self:** explore our own values, perceptions and expectations; look at how our values and perceptions impact our feelings about others; recognize that our feelings lead us either to accept or reject others in subtle or sometimes very direct ways. Being aware of your own preferences and understanding yourself is the first step toward understanding and working effectively with diversity.
- **Awareness of others:** Be aware and pay attention to those around us – our patients, their families and our associates. If we are not aware, we will not truly be able to explore how differences impact our behavior.
- **Awareness of differences:** Creates a pathway for understanding what we have in common and how we can relate better.
- **Exploration of similarities:** Our similarities are what draw us together and allow us continue to grow on the job and in our personal lives.
- **Applying diversity to the job:** Diversity on the job can lead to new and unique solutions to problems and better relationships among associates, patients and their families. You can learn more about differences by asking questions; talking openly and politely about them; reading and learning more about why and how we are different; and participating in cultural events of groups other than your own.

## Contractor and Volunteer Orientation Packet

**Culture** can be defined as characteristic features of everyday existence shared by people in a place or time. It is a set of shared attitudes, values, goals and practices that characterizes an institution or organization.

**Cultural and linguistic competence** is a set of congruent behaviors, attitudes and policies that come together in a system, agency or among professionals that enables effective work in cross-cultural situations.

- **When there are language difficulties:**
  - Give the speaker your complete attention
  - Listen carefully to what is being said. Don't judge or assume.
  - If you don't understand something, ask questions to clarify. Be Patient.
  - Paraphrase to be sure you accurately understood the speaker's message.
  - Contact International Services for an interpreter (202-877-2100)

### **THE AMERICANS WITH DISABILITIES ACT OF 1990, AS AMENDED (ADA) – TITLE III**

The ADA is a landmark legislation that prohibits discrimination against people with disabilities, including:

- Discrimination related to employment opportunity
- Public accommodation (including access to healthcare)
- Activities of State and Local Government
- Transportation and Telecommunications

The ADA applies to all healthcare providers, including but not limited to hospitals, nursing homes, outpatient/ambulatory services, private practices and screening centers. It prohibits the exclusion of people based on disability and prohibits the imposition of surcharges to cover additional cost of providing services to disabled individuals. It serves to expand and enhance the user experience by ensuring that the needs of diverse people with disabilities are addressed.

#### **In order to be compliant with Title III:**

- Use accessible outpatient exam rooms or inpatient care rooms and appropriate equipment
- Employ proper lifting and transferring techniques
- Provide assistance with daily living activity services
- Provide necessary assistive devices when needed in a timely manner
- Provide for effective communication assistance for people who are deaf or hard of hearing
- Provide auxiliary aids and services for individuals who are blind or who have visual impairments

#### **ADA accessible facilities and equipment requirements**

- Accessible weight scales for patients with mobility disabilities
- Accessible exam tables available in every clinic and all height adjustable exam equipment purchased must be compliant with the ADA
- Mechanical lift equipment for safe lifting and transfer of patients
- Important: Equipment purchases that do not meet ADA compliance standards must be reviewed and approved by the ADA officer

#### **Service Animals**

- A service animal is any guide dog, signal dog or other animal individually trained to do work and perform tasks for a person with a disability.
- **The service animal is not required to wear a harness, tags or other information indicating that it is a service animal.** Hospital staff may **not** require proof of certification before permitting entry. A person with a disability can be accompanied by his/her service animal in all areas of the facility in which that person would otherwise be allowed with certain exceptions.

#### **Communications Assistance for Persons with Disabilities**

Examples include:

- TTY devices and amplified headsets
- Sign language interpreters (video or in-person)
- Writing materials, such as computers/white boards for people with speech impairments

## **Contractor and Volunteer Orientation Packet**

- Materials can be provided in alternative formats like large print, Braille, audio recordings, etc. In order to arrange for such aids, MWHC may require reasonable prior notice of the need for an alternative format or service

### **Who to contact**

- For associates requesting reasonable accommodations, contact Occupational Health at 202-877-6781.
- For patient-related ADA questions, contact Zal Damkevala (ADA officer) at 202-877-5102

## Contractor and Volunteer Orientation Packet

### POPULATION SPECIFIC CARE

#### **Stroke Safety – Code One**

A stroke occurs when the blood supply to an area of the brain is interrupted by bleeding or a blood clot. The brain cells in the area will die as a result. A Code One will be called if someone is having a stroke at the Hospital Center.

Signs someone is having a stroke -- **FAST**

- F = Face drooping – Ask them to smile.
- A = Arm weakness on one side – Ask them to raise both arms.
- S = Speech slurred – Ask them to repeat a phrase.
- T = Time to call 911 – Call 911 at any sign of stroke.
  - The longer the delay → the more damage → the less recovery.

Risk factors that CANNOT be changed:

- Age – Risk of stroke doubles every decade after 55
- Gender – Men have a higher stroke rate.
- Ethnicity – African Americans have a higher risk.
- Family history – If you have a first degree relative with a stroke, your risk is higher.

Risk factors that CAN BE changed:

- Monitor and control diabetes.
- Know your blood pressure.
- Ask your doctor about circulation problems.
- Find out if you have atrial fibrillation.
- Find out if you have high cholesterol.

Reduce risk:

- If you smoke, STOP.
- If you drink alcohol, do so in moderation.
- Keep your weight under control.
- Exercise for 30 minutes most or all days.
- Enjoy a low sodium, low fat diet.

Code One Team

- Consists of a neurologist and Neuro IMC nursing associate. The other vital part of the team is YOU.
- Stay with the patient.
- Answer any questions the Code One Team has including when was the last time the patient was seen “normal” or in their usual state of health.
- Do not give the patient any medications, food or fluids.
- Make sure all orders written by the Code One Team are carried out.

#### **Language Interpretation – Title VI and TJC Requirement**

- TJC Standard
  - Qualifications for language interpreters and translators must be met through the language proficiency assessment, education, training and experience.
- **Hospital Center Policy**
  - **Associates may not interpret, use family to translate or any other non-certified source to dispense medical information to patients or patient’s family members.**
- If you need a translator, call Interpreting Services at 202-877-2100.
- For more information, contact Brian Miller at 202-877-2102.



## Contractor and Volunteer Orientation Packet

### End of Life Care

- Signs of the dying process:
  - Decrease in appetite and thirst
  - Decrease in urinary output
  - Urine changes color
  - Incontinence may occur
  - Decrease in blood pressure
  - Breathing changes and congestion develops
  - Extremities become colder and mottled
  - Sleep intervals become more frequent and longer
  - Disorientation and confusion
- Components of care:
  - Pain Management – necessary for comfort and to reduce distress. Work with the patient and family to identify pain and aggressively treat it.
  - Symptom Management – Treat symptoms such as nausea, weakness, bowel and bladder problems, mental confusion, fatigue and difficulty breathing.
  - Emotional and spiritual support – Vital for the patient and family in dealing with the stress of critical illness. Respect cultural and family rituals. Be with the patient and family, even in silence. Encourage family to participate in care if willing. Involve patient's and family's spiritual support systems.
- Know your resources:
  - Palliative Care – pager 202-801-2366
  - Pastoral Care – pager 202-801-9140
  - Pain Service – pager 202-801-7246
  - Bioethics Committee – pager 202-801-6050
  - Hospice referral – 202-877-6176

### Bariatric Sensitivity Training

- Obesity is defined as having a higher amount of body fat in relation to lean body mass.
- Suggestions for interaction with Bariatric patients:
  - When transferring patients or ordering equipment in front of patients use the term *bariatric* instead of “Big Boy” or similar terms.
  - Request extra large bedside equipment for patients in a discrete manner.
  - Be prepared – have the appropriate size medical equipment available for patients.
  - When obtaining a patient's weight, do so in a private location.
  - When assistance is needed for lifting patients, be discrete. Do not speak loudly in the hallways.
  - **Remember to focus on the patient, not their obesity.**
  - Treat them with respect, dignity and concern.
  - For assistance or questions regarding interaction with bariatric patients, please contact:
    - Kenneth Alexander, Bariatric Surgery Coordinator in the Bariatric and General Surgery Division, at 202-877-7788.

## Contractor Orientation Packet

### WORKPLACE STANDARDS FOR DRESS AND APPEARANCE

1. The MedStar WHC ID badge must be worn at all times while on duty and in a manner so that the name and photograph are clearly displayed and easily read (i.e. worn horizontally about the waist). Temporary staff and contractors are issued a **red border** badge and volunteers are issued a **green border** badge so that they are easily recognized by hospital staff and the Protective Services officers. Access to hospital facilities will be based on the request of the Department Head in the area you will be working. You are required to wear your badge at all times while working/volunteering at MedStar Washington Hospital Center. **Contractors and temporary staff are required to clock in and out at the assigned badge reader and volunteers are required to sign in at the Human Resources front desk for scheduled shifts.** Badges that are torn, faded, or ragged should be replaced. No pins or other stick-on items may be attached to the badge. If your badge becomes damaged, you are responsible to pay for replacement badges.\*
2. No other pins may be worn in the Hospital except MedStar Health pin; a school pin reflecting certification and/or licensure for position currently held; the MedStar Washington Hospital Center Service pin; the Blood Donor pin; and the SuperStar pin. Any other exceptions must be approved by the Senior Vice President of Human Resources or designee.
3. Every associate is expected to practice daily hygiene and good grooming habits, which includes wearing clean neat uniforms or clothing and shoes. Hair will be clean and hairstyles such as spiked, shaved messages, striped, and/or non-traditional hair colors are not permitted.
4. The size and/or number of earrings, rings, necklaces, and bracelets may be determined at the department level based on specific job functions, operational, and safety factors. Where job duties present any type of safety risk, jewelry may be prohibited or severely limited. In other areas, moderate (including size and amount) jewelry may be worn. No other visible body jewelry/body piercing may be worn while an associate is on work time.
5. No visible tattoos or other body art (such as surgically implanted ball bearings, spikes, and the like) are permitted while on duty. Exceptions may be made for associates who have small, non-offensive tattoos that cannot easily be covered by standard clothing (i.e., wrist, neck, etc.). All exceptions require the approval of the Human Resources executive or designee.
6. Personal pagers, cellular phones, cameras, and radios or similar devices may not be used or carried during work time, except as permitted by express provisions of department policies and/or for MedStar WHC business.
7. With the exception of head coverings worn for bona fide religious or medical reasons or in accordance with department guidelines/policies regarding uniforms, safety procedures, or other regulatory guidelines, no hats or other head wraps will be allowed while an associate is on duty. Where a hat is part of the uniform, it should be worn with the bill facing forward.
8. Associates must wear the designated uniform when established by departmental policy. For those areas where there is no uniform, acceptable work attire would include: slacks; skirts or dresses (no higher than 3 inches above the knee; or at or below the ankle, unless worn longer for religious purposes); blouses, sweaters, and polo or button up shirts; suits with skirt, slacks or dress capris; blazers, jackets, sports coat.
9. Shoes should be appropriate for the work area. No open-toe sandals or slides, house slippers, flip flops, or evening shoes are acceptable. Open toe pumps and sling back pumps are acceptable.
10. Lab coats are permitted for clinical staff only. Scrubs are only allowed where specified in departmental policies.

## Contractor Orientation Packet

11. **Attire that is unacceptable includes but is not limited to:** jeans; denim material; shorts, leg warmers, leggings, casual capris, stirrups, or harem type pants; mini-skirts, excessive and/or revealing skirt slits; tee-shirts, sweatshirts, tube tops, midriff tops, muscle shirts; see through clothes; low cut tops which reveal cleavage; sun dresses or other strapless or string strapped dresses; hair ornaments such as feathers, flowers, sweatbands; evening wear or party clothes; jogging or athletic clothes.

### Associates in Patient Care Areas:

In addition to the general policies, outlined above, departmental policy will specify dress code for associates in patient care areas. In general these policies will expect that associates adhere to the following:

1. Fragrances may not be worn.
2. Long hair should be worn up, secured in back, or appropriately covered in accordance with established departmental standards/protocol.
3. If patient care duties, or an unexpected event, (such as a severe infectious disease outbreak) require the associate to wear an N-95 respirator, then the associate must be clean shaven within the sealing area of the respirator in order to obtain appropriate fit and protection.
4. Nails must be trimmed no longer than  $\frac{1}{4}$  inch in patient care areas (unless more stringent standards have been established based on nature of duties). In accordance with CDC guidelines, no artificial fingernails or extenders may be worn by associates providing patient care. Neon nail polish, and nail jewels are not acceptable.

### Associates in Non-Patient Care Areas:

In addition to the general policies, in many areas, departmental policy will specify dress code for associates in non-patient care areas. In general these policies will help all associates in non-patient care areas to promote a healing environment and a professional atmosphere. Nails will be cleaned and trimmed to no longer than  $\frac{1}{2}$  inch. Neon nail polish, and nail jewels are not acceptable.

Managers are responsible for enforcement of this policy for all associates regardless of whether associates report to them or not. Violation of this policy will result in associate being sent home without pay. At the manager's discretion, an associate may return to work after changing into attire consistent with this policy. Violations of this policy will result in discipline, up to and including termination, consistent with relevant MedStar WHC policies and **provisions of collective bargaining agreements, as applicable.**

**NOTE:** When your assignment is over, you **must** return your badge to Human Resources or the Department Head overseeing your work.

## Contractor Orientation Packet

### ERGONOMICS

#### Ergonomic Safety – Safe Lifting Techniques

- Keep back straight and bend your knees.
- Hold load as close to the body as possible.
- Redesign the lift or transfer to avoid twisting the body.
- Keep wide, balanced stance with feet generally shoulder width apart, or wider.
- Test the load before you lift.
  - If the load is uneven, redistribute the load or get help to lift the load.
  - If the load is too heavy, find another person to help or use a mechanical lift aid.
- Plan the move.
  - Inspect the pathway and destination to ensure that is clear before you begin the lift.
- Be sure to communicate!

#### Ergonomic Safety – Setting up the Computer Work Station

- Adjust your chair height to where your wrists are straight, your forearms are parallel, your arms are at the side of the body and your shoulders are relaxed.
- Support your feet on the floor or a foot rest. Your knees should be at 90 – 110 degrees.
- Adjust your chair so that it supports your lower back.
- Position your mouse to be close to the same level as the keyboard. Use a mouse pad with wrist rest.
- Adjust the monitor so that it is directly in front of you and the viewing distance is comfortable.
- Adjust all reach distances.
  - Frequently used items should be within easy reach.
- Do not cradle the phone between the shoulder and head.
- Reduce glare on the monitor.
  - Close the blinds and adjust the angle of the screen. If needed, use glare screen.

#### Ergonomic Safety – General

- Keep moving during the work day. Get out of the chair and stretch every 30 – 45 minutes.
- For more information, contact Occupational Health at 202-877-6781.
- For more information regarding computer workstations, please visit:
  - <http://www.osha.gov/SLTC/etools/computerworkstations/index.html>

## Contractor Orientation Packet

### WORKPLACE VIOLENCE

Workplace violence is any type of threatening behavior that occurs in a work setting and causes physical or emotional harm to customers, coworkers or managers (i.e. aggression or physical assault). Medstar WHC has a “**zero tolerance**” policy for threats and violence. This applies to **all** MedStar WHC associates, contractors, volunteers, patients and visitors. MedStar WHC is committed to providing a workplace that is free from acts or threats of violence and to effectively respond in the event that workplace violence does occur.

### **MedStar WHC Workplace Violence Prevention Policy – HRP 407**

- Enforced in all MedStar WHC facilities, properties occupied by MedStar WHC or any location where a MedStar WHC-sponsored activity is in progress.
- Mandates investigation of every complaint.
- Mandates the discipline up to termination of any associate found to have committed any act or threat of workplace violence.

### **Warning Signs**

- Intimidating, harassing, bullying, belligerent or other inappropriate and aggressive behavior.
- Numerous conflicts with customers, coworkers or supervisors.
- Bringing a weapon to the workplace; making inappropriate references to fun or making idle threats about using a weapon to harm someone.
- Statements showing fascination with incidents of workplace violence, approval of the use of violence to resolve a problem, identification with perpetrators of workplace homicides.
- Statements indicating desperation (over family, financial or other personal problems) to the point of contemplating suicide.
- Direct or veiled threats of harm
- Substance abuse
- Extreme changes in normal behaviors

### Risk Factors: Personality Traits

- Emotional outburst
- Easily frustrated
- Challenges authority
- Lacks empathy
- Social withdrawal
- Self-destructive behavior
- Paranoia
- History of violence

### Assault Cycle

1. Triggering Event
  - a. Potential Trigger events:
    - i. Demotions, critical performance appraisals, staff cuts/excessive overtime, disciplinary actions/grievances, lack of teamwork/personality differences, stressful environment (work or home), lack of protocols for discipline, history of violent behavior, substance abuse
2. Escalation Phase
  - a. Behavioral cues:
    - i. Tense posture, speech, attitude, staring, getting read in the face, rapid breathing, pacing, shifting body position, challenging authority, profanity or shouting
  - b. What you can do to de-escalate the situation:
    - i. Allow the person to express their feelings
    - ii. Show respect and caring
    - iii. Give the person their space (i.e. arm’s length)
    - iv. Listen – this alone can diffuse a situation
    - v. Do not embarrass the person
  - c. Other items to keep in mind
    - i. Keep a low tone during conversation
    - ii. Acknowledge their frustration
    - iii. Honestly address the specifics of the problem
    - iv. Ask what the person would like you to do about it
    - v. Position yourself close to an exit or way out and quietly alert a coworker.

## Contractor Orientation Packet

3. **Assault Phase**
  - a. **Should an assault occur, call MedStar WHC Police at 202-877-6188 and contact Employee/Labor Relations at 202-877-5638. All incidents should be reported immediately.**
4. Recovery Phase
  - a. Coping after the assault
    - i. Leave the area
    - ii. Be clinically evaluated
    - iii. Provide facts to those officially investigating the incident
5. Post-Crisis Phase
  - a. Obtain services from the Employee Assistance Program or other counseling services, if necessary

## Contractor Orientation Packet

### EMERGENCY CODES

In an **EMERGENCY**, it is important to know the codes. Listed below are the codes used by the paging system operators to alert personnel throughout the hospital of emergency situations.

In house, dial x7-6200 for:

#### *Clinical Emergency Notification Codes*

<b>Code Blue:</b>	Cardiopulmonary Arrest
<b>Code Heart:</b>	Rapid Routing to Cath Lab
<b>Code One:</b>	Acute Stroke Team
<b>Code Stork:</b>	Emergency Delivery
<b>Code Yellow:</b>	Major Trauma Alert
<b>Rapid Response:</b>	Urgent Help for Patients and Visitors
<b>Anesthesia STAT:</b>	Intubation Needed
<b>Critical Airway:</b>	Difficult Airway

#### *Emergency Preparedness Notification Codes*

<b>Code Black:</b>	Evacuation
<b>Code Green:</b>	Hazmat Incident
<b>Code Orange:</b>	Mass Casualty Incident
<b>Code Purple:</b>	Shelter in Place
<b>Dr. Red:</b>	Fire

#### *Security Notification Codes*

<b>Code Pink:</b>	Infant/Child Abduction
<b>Code Silver:</b>	Hostage or Weapon Situation
<b>Code White:</b>	Bomb Threat or Suspicious Item

### EMERGENCY PREPAREDNESS

Those responsible for emergency preparedness include every MedStar WHC associate, the Emergency Preparedness Committee and the ER One Institute.

**Code Orange** is called over the PA system for mass casualty events. A message will also go out to all those with pagers and also through MedStar Health Mass Messaging. The most important point is for you to know YOUR ROLE during a disaster. This should be discussed with your supervisor and reinforced during drills and educational offerings.

#### **Associate response if at work**

When a Code Orange is declared, immediately check in with your supervisor. You will be

- provided an "action plan" with specific disaster responsibilities or
- assigned to outgoing duties within your department or
- released to report to the Staging Area/Labor Pool for reassignment within the hospital.

#### **Associate response if scheduled for work**

If you are scheduled for duty, you are expected to report to the Hospital Center. Based on patient safety and the type of emergency, you may be asked to work late and/or stay overnight; come to work early; or work in a department other than your assigned unit.

#### **Communication during an incident**

Use phones when possible. Back-up phones are the phone/orange phones – check to ensure they are operational. Obtain the person/role and phone number of the key people. Assign a support person for the phones and documentation. Other methods of communication include unit based runners, pagers, in-house portable phone, portable radios – internal system and Starport.

## Contractor Orientation Packet

**Code Pink** will be announced via the overhead page for infant/child abduction (suspected or has occurred).

**Every** Hospital Center associate, volunteer and contractor is responsible for responding. Our responsibilities for Infant Security include:

- Photo ID must be displayed at all times (pinned, clipped or worn on a chain above the waist with picture, name and title visible).
- Report missing badges immediately to Human Resources and the MEDSTAR WHC Police
- Employees designed to care for newborns wear a color-coded (pink) ID badge. Be aware of individuals without appropriate badge in restricted areas.

During a Code Pink, be aware of loitering visitors, visitors questioning hospital procedures and layout of the floor, and disturbances that may be created as a distraction to facilitate an abduction (i.e. fire alarms have been activated). Be aware of other suspicious behavior, such as a person cradling or carrying a large bag, a person talking to a bag or movement from within a bag someone is carrying.

The profile of a non-family member infant abductor looks like the following:

- Usually female, age 12-50, most often in early 20's
- Usually overweight
- Compulsive, emotionally immature, lying and deceptive
- Either lost a baby or can't have one
- Married or lives with someone
- Usually lives in the same town as the abduction
- Visits Nursery/Postpartum unit to study the layout and get familiar with the routine
- Plans the abduction, but targets no specific infant; seizes an opportunity
- May impersonate a nurse or another healthcare worker
- **Does not** have to fit this profile – be aware!

In the event of a Code Pink, do not allow anyone to leave the building, explaining to visitors that there is an emergency in progress and they need to remain in the building until informed otherwise. Some departments have been assigned to monitor exit doors, stairwells and elevators. Please refer to the Code Pink Infant and Child Abduction Plan to determine if your department has an assigned area to cover. Departments without an assignment should immediately search their department and secure any exits, stairwells and elevators located within their department. If someone exits the building, it must be reported **immediately** to MedStar WHC Special Police (include a detailed physical description and the exit door used). Request to search bags, boxes and carts and report those that do not comply to MedStar WHC Special Police. If suspected abductor is caught, detain until MedStar WHC Special Police arrive. Always ensure your own safety.



## Contractor Orientation Packet

### HAZARDOUS MATERIALS

#### **MSDS Sheets and Use of Chemicals**

MSDS (Material Safety Data Sheet) is a HazComtool that gives the details on chemical and physical dangers, safety precautions, and emergency response procedures for chemical substances. It provides additional information that cannot easily fit on a label. The MSDS covers eight areas: (1) identity of the chemical, (2) hazardous ingredients, (3) physical and chemical characteristics, (4) physical hazards such as fire and explosion, (5) reactivity- if substance is stable, (6) health hazards, (7) precautions and, (8) control measures to reduce harmful exposure. It provides instructions for the correct way to use, handle, store and dispose of the chemical. Contractors must get proper training before using a substance, read the label and use protective equipment (gloves, eye protection, gowns, etc.). If a chemical or cleaning solution is transferred into a new bottle, the manufacturer's label must be placed on the new bottle.

Service areas keep MSDS sheets for chemicals frequently used. A master copy is kept in:

- Protective Services: Located nearest to station 4, ground floor on Main Street map system.
- Emergency Department: Located nearest station 1, 1<sup>st</sup> floor on Main Street map system.
- Nursing office: Located nearest station 4, 1<sup>st</sup> floor on Main Street map system.
- MSDS sheets are also available on Starport:
  - i. Go to [http://starport4.medstar.net/MedStar\\_WHC/HP/default](http://starport4.medstar.net/MedStar_WHC/HP/default)
  - ii. Click on "Safety" on the left tool bar
  - iii. Click on MSDS Online

*If you are working with products of concern, please contact your supervisor/manager for questions.*

## Contractor Orientation Packet

### **FIRE EMERGENCY**

**Know your evacuation routes! Remember: elevators will NOT be used during fire situations.**

**In any fire emergency, remember:**

- R = Rescue persons in immediate danger
- A = Alert/alarm—for assistance, pull the nearest fire alarm and in house, dial 7-6200
- C = Confine the fire by closing all doors and windows
- E = Extinguish small fires with a portable extinguisher if possible, or exit

### **Type of Fire**

- Class “A” Fires:
  - Paper, wood, cloth, etc.
  - Use water type fire extinguishers or ABC dry chemical type fire extinguishers.
- Class “B” Fires:
  - Gasoline, oils, paints
  - Use carbon dioxide (CO<sub>2</sub>) type fire extinguishers or ABC dry chemical type fire extinguishers.
- Class “C” Fires:
  - Live electrical equipment, motors, switches, appliances, etc.
  - Use carbon dioxide (CO<sub>2</sub>) type fire extinguishers or ABC dry chemical type fire extinguishers.

### **Using the Fire Extinguisher**

There are different types of fire extinguishers. The hospital has ABC fire extinguishers and CO<sub>2</sub> fire extinguishers.

The ABC Fire Extinguisher – (dry chemical type):

- Pull ring lock pin out of the handle;
- Aim nozzle at the base of the fire;
- Squeeze the handles together to start the powder spray;
- Sweep with a side-to-side motion. Powder will discharge 12 to 20 feet.

The CO<sub>2</sub> Fire Extinguisher – (carbon dioxide type):

- Pull ring lock pin out of the handle.
- Place hand on the handle at the base of the horn (not on the horn) of the fire extinguisher.
- Aim horn at base of fire.
- Squeeze handles together to start the powder spray;
- Sweep in a side-to-side motion. CO<sub>2</sub> will discharge 4 to 6 feet.

### **Fire Extinguisher Spills**

If a fire extinguisher is accidentally dropped or otherwise activated, you should follow the procedure for a hazardous material spill:

- Notify the supervisor in the department you are working in immediately.
- In house, dial x 7-6200 if you and your supervisor consider it necessary.
- Block off and keep people out of the area until the spill is properly cleaned up.

### **Fire Alarm System & Bells**

The fire alarm system is used to alert personnel and to give information concerning the location of the fire. There are several different types of manual alarm boxes within the hospital. An activated fire alarm box will ensure the alarm is heard throughout the hospital.

- Familiarize yourself with the location of the fire alarm boxes in the department/area you are working.
- Familiarize yourself with how to activate the fire alarm in the department/area you are working.

The fire alarm system in the Main Building identifies the location of the fire by a coded series of rings.

Each fire alarm box has a three or four digit code number located on a metal plate on the front of the box (e.g. 3-2-1). When the fire alarm box is activated, the series of rings corresponds with the code number on the box:

Three (3) rings    pause    two (2) rings    pause    one (1) ring

## Contractor Orientation Packet

The exact location of the fire in the hospital can be determined by referring to the FIRE ALARM CODES notice posted beside each fire alarm box. The North Addition fire alarm boxes are not coded. The alarm will sound a series of repeated rings, and the exact location of the fire is then announced by the hospital paging system.

### WHAT TO DO IN A FIRE:

#### DO:

- Prevent panic
- Assist patients and visitors
- Remain calm and reassuring
- Know the fire emergency plan
- Participate in fire drills
- Know all the codes, and respond appropriately

#### DO NOT:

- Shout fire

## Contractor Orientation Packet

### **INFECTION CONTROL**

The MedStar WHC Infection Control Department is located near Station 5, 2<sup>nd</sup> floor on the Main Street map system in room 2B11. You can reach the Infection Control department by dialing in house x7-7637, by in house fax x7-7057, or you may page us 24 hours a day, 7 days a week at beeper #866-474-3916.

### **Standard Precaution Components**

- Consistent and thorough hand hygiene.
- Extreme care to prevent needle sticks and other injury from sharp objects.
- Barrier precautions as needed.
- Glove use for all patient care in which there may be contact with secretions or excretions.
- Gowns to protect work clothes when soiling is anticipated.
- Eye coverings and masks when there is potential for spray of blood or body fluids to the face.

### **Hand Hygiene: *Hand washing is the easiest way to prevent the spread of infection.***

- Wash hands before and after touching patient or environment.
- Wash hands after touching possibly contaminated equipment.
- Wash hands with soap and water when hands are visibly dirty or contaminated with blood, body fluids, secretions and excretions.
- ALWAYS WASH YOUR HANDS BETWEEN CONTACTS WITH ALL PATIENTS.

### **Glove Use**

- Wear gloves when you may touch blood, other patient fluids, mucous membranes, or non-intact skin.
- Wear gloves when handling or touching contaminated items or surfaces.
- Wear gloves when performing venipuncture or other vascular procedures.
- Change gloves if they tear.
- Report any signs of allergy to gloves, or other skin problems to your supervisor and/or the Occupational Health Department.
- Wash hands immediately after you remove your gloves.

### **Gowns, Goggles and Masks**


- Cover uniform/clothing if soiling is possible.
- Cover eyes and mouth if splash is possible.
- Remove before leaving patient room/environment.
- Do not reuse gowns, even for the same patient.

### **Protecting Patients from Environmental Disruption**

- Barriers protect patients from dust and molds during engineering repairs (i.e. construction/renovation, demolition of existing structures, etc.). Contact your supervisor if there are signs of visible dust or disruption around the barriers where construction and/or repair activities are taking place. Always notify a Safety Office if you have water damage in your area.

## Contractor Orientation Packet

### RADIATION SAFETY

- Radiation is used for diagnosis of disease and injury and for treatment of a disease. Radiation comes from x-ray units when taking pictures, radioactive material being stored or prepared for a patient, patients with radioactive material inside their bodies, from the environment and our own bodies. Remember: Radiation is everywhere.
- Your protection:
  - Areas, equipment and patient rooms that have this symbol  may have radiation present. Stay out of these areas.
  - Trash from patients who have received radiation treatment may have very small amounts of radioactive material in the trash (i.e. tissues and band-aids).
  - Three tools to reduce external exposure:
    - Time
    - Distance
    - Shielding
  - Notify Radiation Safety if any containers are found with the word “radioactive” or the radioactive symbol.
  - Do not mix waste in with other waste.
  - Practice good hygiene.

### MAGNETIC RESONANCE IMAGING (MRI) SAFETY FOR NON-MRI PERSONNEL

If you are working in/near an MRI area please address any concerns with your supervisor prior to beginning the work.

MRI scanners contain powerful magnetic fields that are **always on, even when the scanner is not in use**. The magnetic fields are invisible and can cause accidents, injuries and damage to equipment.

A few tips to remember:

- If you enter the room where the MRI system is located you will be exposed to the powerful magnetic field.
- Remove **ALL** metallic belongings before entering the MRI system room.
- All emergency equipment must be nonmagnetic or otherwise acceptable for use in the MRI system room.
- If you have questions or concerns, discuss with the MRI technologist or radiologist.

### TOBACCO FREE ENVIRONMENT

As of a part of MedStar Health’s system-wide initiative and in tandem with the National Great American Smoke-out, MedStar Washington Hospital Center’s main campus (and satellite sites) has been tobacco free since November 2008. **All staff, physicians, students, volunteers, contract staff and visitors must abide by this policy.**

## Contractor Orientation Packet

### **PATIENT PRIVACY**

Patient information must be maintained in a confidential manner, including electronic information. All associates, temporary staff and volunteers are expected to abide by these guidelines and keep all patient information confidential. MedStar Washington Hospital Center's Privacy Liaison is the Director of Compliance and can be reached by dialing in house, x7-4993, or through the MedStar Compliance Hotline at 1-877-811-3411.

### **NATIONAL PATIENT SAFETY GOALS**

Health care organizations must comply with specific **Joint Commission patient safety requirements**. Patient Safety is defined by the Institute of Medicine as the freedom from accidental injury due to medical care or medical error. The 2012 National Patient Safety Goals set by the Joint Commission are:

1. Identify patients correctly: Use at least two (2) ways to identify patients (i.e. use the patient's name and date of birth). This is done to make sure that each patient receives the correct treatment.
2. Improve staff communication: Get important test results to the right staff person on time.
3. Use medicines safely: Before a procedure, label medicines that are not labeled. Take extra care with patients who take medicines to thin their blood. Record and pass along correct information about a patient's medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Make sure the patient knows which medicines to take when they are at home. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.
4. Prevent infection: Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning. Use the goals to improve hand cleaning. Use proven guidelines to prevent infection that are difficult to treat, to prevent infection of the blood from central lines, to prevent infection after surgery, and to prevent infections of the urinary tract that are caused by catheters.
5. Identify patient safety risks: Find out which patients are most likely to try to commit suicide.
6. Prevent mistakes in surgery: Make sure the correct surgery is done on the correct patient and at the correct place on the patient's body. Mark the correct place on the patient's body where surgery is to be done. Pause before surgery to make sure that a mistake is not being made.

Compliance with these goals reduces the potential for medical errors. Please report any concerns about a patient safety/quality issue to the manager/Department Head in the department you are working. Associates, volunteers or contractors who are concerned about a patient safety/quality issue that has not been resolved through the hospital's policy or directly reporting to a manager, may report these concerns to the Joint Commission without fear of retribution at 1-800-994-6610.

## Contractor Orientation Packet

### SAFETY AT THE CENTER SAFETY BEHAVIOR AND ERROR PREVENTION TRAINING

*MedStar Health is on a journey to create a culture of safety – shaping shared values and beliefs about how we act as individuals and interact as a team so we can make MedStar Washington Hospital Center an even safer place for our patients and our associates. Safety is a number one priority for the hospital and our Board of Directors. It is also part of how our associates' performance is measured. All associates, including temporary staff and contractors, are expected to be aware of, observe and act upon our Culture of Safety guidelines. Discuss the below safety information, as well as safety information particular to your department, with your respective supervisor.*

When we think about what our patients want from us, we know that they want three things: 1. to be free from harm while under our care; 2. they want to be healed; and 3. they want us to be kind to them. The order in which patients rank these is extremely important.

#### **SPIRIT Values and Safety Integrated**

##### **Service:**

- Prevent problems before they occur;
- Take time to actively listen and fix existing problems;
- Be neat, clean and quiet;
- Be friendly and courteous;
- Be helpful;
- **Practice effective handoffs**

##### **Patient First**

- Do the very best for every patient every day;
- Model safety behaviors – set excellent examples for others;
- **Be a Safety Star**
- **Validate and Verify**
- **Document Legibly**

##### **Integrity**

- Communicate openly and honestly
- Be accountable for every choice made – encourage ownership
- **Practice 200% accountability**
- **Intelligent Compliance with Expectations**

##### **Respect**

- Treat Everyone with the highest professionalism and dignity
- Look for ways to make the patient experience positive
- Be a clear communicator
- **Notify others effectively – use SBAR**

##### **Innovation**

- **Implement best practices**
- Challenge the status quo – consistently and eagerly embrace change
- Strive to continuously improve all that we do
- Be a voice – share your ideas and solutions

##### **Teamwork**

- Build on the collective strength of diversity of everyone
- Support the team
- **Peer coaching and Peer checking**
- **Speak up for safety – use ARCC**
- **Read back and repeat back**

## Contractor Orientation Packet

At MedStar Washington Hospital Center, we use our SPIRIT values to practice S.A.F.E. care and to provide a S.A.F.E. working environment.

	What we commit to	What we do	Why we do this
S	Support the team (Respect/Teamwork)	<ul style="list-style-type: none"> <li>Respect for patients, colleagues and self</li> <li>Speak up for safety using ARCC (<u>A</u>sk a question; <u>R</u>equest a change; <u>V</u>oice a <u>C</u>oncern; <u>U</u>se the <u>C</u>hain of command)</li> <li>Practice Peer Checking and Peer Coaching</li> </ul>	<ul style="list-style-type: none"> <li>Help everyone perform at their individual best</li> <li>Help our team perform at its best</li> </ul>
A	Accountability (Integrity/Patient First)	<ul style="list-style-type: none"> <li>Practice 200% accountability.</li> <li>Intelligent compliance with expectations.</li> </ul>	<ul style="list-style-type: none"> <li>To avoid high risk behaviors in our high risk environment</li> <li>To ensure compliance with safety critical activities</li> </ul>
F	Focus on best practice (Innovation/Integrity)	<ul style="list-style-type: none"> <li>Stop and resolve in the face of uncertainty – Validate and Verify</li> <li>Self-check using S.T.A.R. (Stop. Think. Act. Review)</li> </ul>	<ul style="list-style-type: none"> <li>To avoid critical thinking and skill based errors</li> </ul>
E	Effective Communication (Service/Teamwork)	<ul style="list-style-type: none"> <li>Read-backs/Repeat-backs with clarifying questions</li> <li>SBAR (<u>S</u>ituation, <u>B</u>ackground, <u>A</u>ssessment, <u>R</u>ecommendation) for effective notification</li> <li>Document legibly and accurately</li> </ul>	<ul style="list-style-type: none"> <li>To ensure we hear things and understand things correctly</li> <li>To prevent wrong assumptions and misunderstandings that could cause us to make wrong decisions</li> </ul>

### Support the Team

Showing respect for patients and colleagues is all about setting the right tone and using the right tools. When we greet and speak with patients and colleagues, we should make eye contact and use a friendly tone. Using language that creates a sense of time, such as “we” and “us” instead of “I” and “you” will help keep us focused on our team goals and on what’s best for the patient. Make sure your patients and colleagues know that you welcome and encourage questions or concerns. It is especially important to include patients and families as a part of the healthcare team.

#### Tools to use

#### **Ask a Question; Make a Request; Voice a Concern; Use Chain of Command (ARCC)**

This technique is intended to start with an earnest question and progressively increase in assertiveness until the condition prompting the question is resolved. The idea behind the technique is to avoid coming on too strong when a simple question would have sufficed. Ninety percent of the time, just asking questions will cause the person you are asking to stop, think and review their actions. If they do not recognize the problem or continue on the present plan, then be more direct by advocating for a change to the plan. If there is still no change, then become even more direct by asserting the safe plan of action. When voicing a concern, use the official “safe word,” which is concern. Last resort – involve the supervisor or a more senior person.

1. Take advantage of working together by using **peer checking**.
  - a. Check the accuracy of each other’s work
  - b. Identify slips and lapses
  - c. Point out unusual situations and/or hazards
  - d. Impromptu consultation



## Contractor Orientation Packet

- e. KEY to successful peer checking: Be willing to check others AND be willing to have others check you.

### 2. Peer Coaching

- a. Coaching is different from checking in that it follows observation of behaviors and performance of our coworkers. The goal of coaching is to provide two different types of **reinforcement**:
  - i. **Positive**: encouraging reinforcement makes an individual more likely to perform a behavior again. Be sure to encourage others when they use safe and productive behaviors.
  - ii. **Negative**: discouraging reinforcement makes it less likely that an individual will perform the behavior again. Discourage AND give advice to others when they use unsafe or at risk behaviors
- b. Good peer coaching
  - i. 5:1 – Balance feedback, 5 positives to 1 negative
  - ii. Use the “lightest touch” possible to obtain desired results
  - iii. Talk with supervisor for difficult cases
  - iv. If you do nothing else, praise when you see someone doing the right thing. Praise is the most powerful influence on human behavior.

### Accountability

Accountability isn't just about following the rules ourselves. It's about being a good peer coach to ensure that others follow the rules as well.

#### Three responsibilities for all associates:

1. The duty to produce an outcome → do good work
2. The duty to avoid causing unjustified risk or harm → avoid high risk behaviors in high risk situations.
3. The duty to follow a procedural rule → follow policies

#### Intelligent Compliance with Expectations

- Know, comply with and use policies, procedures and job aids.
- Stop when unsure and check with an expert source.
- Do not proceed in the face of uncertainty.
- Compliance has been and always will be a cornerstone of safety culture. It means we know the rules for the task at hand, we actively think to recall the rules when performing the task and we make a decision to follow the rules.
- **At MedStar Washington Hospital Center, you are expected to know the protocols, policies and procedures that apply to your job function and to the hospital and you are expected to comply with those rules.**

#### Always practice 200% accountability:

- I am accountable for my own behaviors and compliance + I am accountable for encouraging/expecting co-worker compliance = 200% Accountability

## Contractor Orientation Packet

### Focus on best practice

This expectation is about using all available resources, including our own intuition and past experiences, to aid in our decision making. It also focuses on making sure we pay sufficient time and attention when we are doing safety critical activities.

STOP if you are uncertain about what to do, if you have questions or if someone raises a concern or question.

- Review your plan, resolve your concern and reassess your actions.
- Get the right people involved and be diligent in the use of error prevention techniques.

### Tools to Use

1. **Validate and Verify**
  - a. This is a highly effective tool for questioning attitude. It specifies the actions and in what order to perform the actions. Questioning attitude is our single most effective critical thinking tool. It is not about asking questions, but about questioning the answers. In the simplest form, questioning attitude is detecting incorrect information and incorrect assumptions. You should qualify and validate all information used on the job.
  - b. **Validate:** Does this make sense to me?
  - c. **Verify:** Check it with an independent, expert source
    - i. Only verify in 3 situations:
      1. When the information is very important;
      2. When there is a change to a previously established plan; and
      3. When the qualification and/or validation checks fail.
2. **STAR – Stop. Think. Act. Review.**
  - a. The best times to use STAR are when going from thought to action (i.e. identifying a patient, entering data into a computer, etc.). STOP is the most important part of STAR – give your brain a chance to catch up with your hands.
  - b. **Stop:** Pause for 1 to 2 seconds to focus your attention on the task at hand.
  - c. **Think:** Consider the action you're about to take.
  - d. **Act:** Concentrate and carry out the task.
  - e. **Review:** Check to make sure that the task was done right and that you got the right result.

### Effective Communication

This behavior and the related tools are all about ensuring that we communicate in efficient and effective ways that promote understanding.

### Tools to Use

1. **Repeat Back Technique**
  - a. This technique is a three-way communication. The 3 steps are sender, receiver acknowledgement and sender acknowledgement. Repeating back information ensures the authenticity of the information.
    - i. The sender communicates an order, request or information to a receiver.
    - ii. The receiver repeats back the order, request or information to the sender.
    - iii. The sender acknowledges the accuracy of the repeat-back. If it is not correct, the sender repeats/clarifies the communication.
  - b. Repeating back does not ensure the sender sent accurate information or that the receiver understood the information. For that, a second error prevention tool is needed – **the clarifying question.**
2. **Read Back Technique**
  - a. This is similar to the 3-way repeat back EXCEPT that the receiver writes down the information, request or order and **reads it back.**
  - b. Do not rely on your member – when receiving critical information, always be sure to write it down.

## Contractor Orientation Packet

3. **Clarifying Questions**
  - a. Clarifying questions probes for understanding. They can be asked by the sender or the receiver. Always ask clarifying questions in the following situations:
    - i. When in high-risk situations
    - ii. When information is incomplete
    - iii. When information is ambiguous
  - b. Ask one to two clarifying questions to reduce the risk of making an error.
4. **Effective Handoffs**
  - a. Effective handoffs ensures that complete and accurate information is communicated when responsibility for a patient, project or task transfers from one individual to another.
  - b. Three habits for effective handoffs:
    - i. You own it until you hand it off to the appropriate person;
    - ii. If you accept a handoff for someone else, you own it until you hand it off to that person;
    - iii. Use a content-format approach, such as **SBAR**.
5. **SBAR**
  - a. **Situation:** What is the situation, patient or project?
  - b. **Background:** What is the important information, problems and precautions?
  - c. **Assessment:** What is your read of the situations, problems and precautions?
  - d. **Recommendation:** What is your recommendation, request or plan?

## Contractor Orientation Packet

### **RESOURCE DIRECTORY**

*When dialing in-house, use x7-last four digits of the phone number.*

<b>Listing</b>	<b>Phone Numbers</b>
Administration - Main	202-877-6101
Emergency (All Codes)	202-877-6200
Emergency Preparedness	202-877-2107 Craig DeAtley
Environmental Services (DES) - Main	202-877-7363
Human Resources - Main	202-877-7441
Infection Control	202-877-7636
International Services – Interpreters/Language Line Services	202-877-2100
IS Helpdesk	202-877-7731
Life Safety	202-877-6778 Life Safety Officer
Operator Services	202-877-7000
Parking	202-877-7275 (PARK)
Patient Advocacy	202-877-4968
Protective Services	202-877-6188 (Non-emergency) 202-877-6200 (Emergency)
Radiation Safety Officer	202-877-2906 Shashadhar Mohapatra
Risk Management - Main	202-877-6145
ATM's	Located at stations 2 & 8, 1 <sup>st</sup> floor on Main Street map system; and cafeteria, ground fl.
Cafeteria	Located nearest station 4, ground floor on Main Street map system.
Gift Shop	Located at station 1, 1 <sup>st</sup> floor on Main Street map system.

Name:

Date:

**MedStar Washington Hospital Center  
Learning Assessment  
Contractors, Temporary Staff & Volunteers**

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**Instructions:** Check the box with the correct answer for each of the questions or statements below. Submit the learning assessment to Human Resources for scoring. You will be provided with the correct answers and will have the opportunity to ask any questions.

1. If a fire occurs, we follow the acronym R-A-C-E. Which of the following is correct?  
 Rescue – Alarm – Contain (Confine) – Extinguish or Evacuate  
 Run – Alarm – Call – Evaluate  
 Rescue – Assist – Call – Evacuate
2. A Code Pink overhead announcement means:  
 Pink flowers are for sale  
 Outbreak of conjunctivitis (pink eye)  
 Infant/Child Abduction  
 Wear pink on Friday
3. A Material Safety Data Sheet (MSDS) contains the following information:  
 How to use the chemical  
 How to handle the chemical  
 How to store the chemical  
 All of the above
4. If you are concerned about a patient safety/quality issue that has not been resolved through the hospital policy, you may report these concerns to the Joint Commission without fear of retribution at 1-800-994-6610.  
 True  
 False
5. Contractors and volunteers must abide by MedStar Washington Hospital Center’s Dress and Appearance policy.  
 True  
 False
6. Being aware of your own preferences and understanding yourself is the first step toward understanding and working effectively with diversity.  
 True  
 False
7. Since November 2008 MedStar Washington Hospital Center has been a tobacco free environment.  
 True  
 False
8. What are the three tools for protecting against external sources of radiation?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

9. One way we can all help to lower the risk of spreading infection is to wash our hands.
- True
  - False
10. When a Code Pink or Code Orange is called, **only** clinical staff is considered essential.
- True
  - False
11. Contractors and volunteers must wear a MedStar Washington Hospital Center issued badge at all times while working on campus.
- True
  - False
12. Contractors and volunteers must abide by the MedStar Washington Hospital Center's Service Behaviors at all times while working on campus.
- True
  - False
13. Which telephone number do you call if you discover an emergency (i.e. fire or spill)?
- 7-6200
  - 911
  - 7-7676
  - 7-2600
14. MedStar WHC is committed to providing associates, contractors and volunteers a workplace that is free from acts or threats of violence.
- True
  - False
15. Associates, contractors and temporary staff must keep patient and hospital information confidential.
- True
  - False
16. If you transfer a chemical or cleaning solution into a new bottle, you do not need to place a manufacturer's label onto it.
- True
  - False
17. According to hospital policy, associates may not interpret, use family or other non-certified sources to dispense medical information to patients or their family members.
- True
  - False
18. When caring for obese patients, we should focus on the patient and not their obesity.
- True
  - False
19. One way to deescalate a potentially violent situation is to talk in a calm manner with a low toned voice.
- True
  - False

20. When stroke symptoms are identified, a Code One is called.  
 True  
 False
21. All associates, including temporary staff and contractors, are expected to be aware of, observe and act upon our Culture of Safety guidelines.  
 True  
 False
22. The American with Disabilities Act of 1990, as amended (ADA) prohibits discrimination against people with disabilities and applies to all healthcare providers.  
 True  
 False
23. Culture can be defined as characteristic features of everyday existence shared by people in a place or time.  
 True  
 False
24. Service animals are required to wear a harness, tags or other information indicating that it is a service animal.  
 True  
 False
25. At MedStar Washington Hospital Center, we use our SPIRIT values to provide S.A.F.E. care and a S.A.F.E working environment.  
 True  
 False

What does S.A.F.E. stand for?

S: \_\_\_\_\_

A: \_\_\_\_\_

F: \_\_\_\_\_

E: \_\_\_\_\_

Score: \_\_\_\_\_

- Passed
- Did not pass
- Incorrect answers reviewed & clarified

*You must get at least 22 questions right to pass the assessment. In the event you do not, you will be given one opportunity to retake it.*