



INTERPRETER SERVICES CONTRACT WORKER ORIENTATION TOOL

This orientation tool provides information contracted workers need to know while working at HealthPartners (HP) clinics or hospitals and should be given to all non-HP workers prior to working at any HP family of care location.

The person receiving this orientation tool **must review and sign the signature page at the end of this document**, and the signature page should be retained by the department manager as proof of completion, as it may be requested during regulatory audits. Contracted workers should keep this tool for future reference.

ASSIGNMENTS	Assignment information will be provided to you by your agency, including patient identifiers, location, arrival time and duration.
TIMECARDS	<p>You are responsible to arrive to work in a timely manner.</p> <p>The assigned work area/department is responsible for signing off on your time record at the end of the appointment. This should be completed by frontline staff so they can also document your time in Epic. Interpreters are not permitted to return at a later date or time to request a signature.</p>
PARKING	<p>Parking is site dependent. Most clinic sites have free parking available. Our hospital locations have paid parking, but reduced rates are available by showing your interpreter badge.</p> <p>Regions Hospital Parking Office hours are Monday - Friday 0700-1630. Methodist Hospital reduced rates can be applied by showing your interpreter badge at the parking exit pay station.</p>
DRESS CODE, PROFESSIONAL APPEARANCE, & ID	<p>Attire should reflect a professional image:</p> <ul style="list-style-type: none"> • Identification badges must be worn close to your collar. Lanyards are not acceptable. • Clothing should be clean and neat. • No open toe or open heeled shoes in patient care areas. The safety guideline is to wear shoes that protect toes, top and sides of feet. • Jewelry should be kept to a minimum; a ring and watch are acceptable. • Most areas are fragrance free. Use of colognes, perfumes or fragrant after-shaves is discouraged. • Smelling of tobacco products is prohibited at all times.
CONFIDENTIALITY & HIPAA	<p>You should access Protected Information only to the extent necessary to perform your assigned duties.</p> <ul style="list-style-type: none"> • You must not use Protected Information for individual or personal use. • It is essential to maintain the privacy and security of <u>all information</u>, both paper-based and electronic.
PATIENT RIGHTS	<p>Every patient must be offered information on Patient Rights, Advance Directives, Grievance Process, and the visiting policy. These are found in the Guide to Patient Services admission book which must be provided to each inpatient upon admission.</p> <p>A patient or family member cannot photograph or record you without your permission.</p>
RIGHT-TO-KNOW	<p>Material Safety Sheets (MSS) provide detailed information for industrial chemicals, household products and potential hazardous materials. To inquire about an MSS or to get a copy, call the Right-To-Know Hotline (Staffed 24/7) at 612-617-0995.</p>
INFECTION PREVENTION	<p>In order to protect yourself and our patients from exposure and transmission of infection, you must be familiar and comply with infection prevention and control practices including hand hygiene, use of personal protective equipment, isolation</p>

	<p>precautions, and maintaining a clean environment.</p> <p>You must comply with immunization requirements. You are responsible to notify your agency/employer in the event of a blood/body fluid or communicable disease exposure. Screening, care and treatment may be provided by Employee Health & Wellness depending on your agency/employer contract or you may choose to receive care at HealthPartners, but it may be at your own expense.</p> <p>You are not to report to work if you are acutely ill with a fever and a cough or diarrhea/vomiting or a contagious disease. Make necessary notifications if you are unable to work.</p>
<p>WORKPLACE VIOLENCE PREVENTION</p>	<p>All patients, employees, and interpreters have the right to free from abuse and harassment. It is important to be able to recognize the signs of escalation in yourself and others.</p> <p>Signs of escalation include but are not limited to: becoming angry or anxious, feeling a loss of control, bodily changes such as clenched fists or tense muscles, and an increase heart rate.</p> <p>De-Escalation Techniques include but are not limited to: speaking with a calm voice, being non-judgmental, using non-threatening nonverbal behaviors (open stance, hands down by side, relaxed face), focusing on feelings, setting limits, respecting personal space, and allowing for silence and time for decisions.</p> <p>Personal Safety Strategies include but are not limited to: stationing yourself closest to the door, calling for assistance, providing space, minimize wearing personal items that could be pulled, disengage or walk away when strategies are no longer effective, and maintaining situational awareness.</p> <p>The following behaviors are not permitted:</p> <p>Verbal outbursts that might include insults, swearing or yelling.</p> <p>Physical outbursts that might include punching, kicking or scratching.</p> <p>Our organization has policies related to workplace violence including: PC-10-10 Preventing, Identifying, Investigating and Reporting Maltreatment of a Vulnerable Adult, RH-SC:09 Workplace Violence Policy. If you would like to review these policies, please alert your agency and they can obtain a copy from HealthPartners Interpreter Services Leadership.</p>
<p>WORK-RELATED INJURY</p>	<p>You are responsible to notify your agency/employer should any work-related injury occur.</p> <p>You are welcome to be seen at HealthPartners, but it may be at your own expense dependent upon your agency's/employer's policy.</p>
<p>REPORTING OF PATIENT CARE CONCERNS</p>	<p>If you have concerns regarding quality or safety of patient care, you are urged to discuss them with a HealthPartners Interpreter Services leader or your Agency Manager.</p> <p>Anyone believing to have pertinent/valid information about quality/safety of patient care may provide input to the Joint Commission by submitting a complaint to the Office of Quality Monitoring at:</p> <ul style="list-style-type: none"> Division of Accreditation Operations Office of Quality Monitoring Joint Commission on Accreditation of Healthcare Organizations

	<p>One Renaissance Boulevard Oakbrook Terrace, IL 60181 Fax: (630) 792-5636 E-mail: complaint@jcaho.org</p> <p>This notice is provided in accordance with the Joint Commission's requirements.</p>
EMTALA	<p>The Emergency Medical Treatment and Labor Act (EMTALA) protects individuals from being turned away from a hospital when in need of medical care. NEVER TURN A PATIENT AWAY who is requesting or in need of treatment. DO NOT ASK QUESTIONS REGARDING PAYMENT. A medical screening and stabilizing treatment, if required, is provided regardless of their ability to pay.</p> <p>Law violations identified by another hospital are mandated to be reported. The facility may be fined and could result in the facility being excluded from Medicare and state programs.</p>
SAFE BABY	<p>Every state has a "safe haven" law designed to provide a safe place for newborn babies in lieu of abandonment, injury or death. This allows a mother, or person who has the mother's permission, to leave a newborn (within 72 hours of birth) at the hospital without fear of prosecution for abandonment. If someone asks you if they can leave the newborn they are carrying with you:</p> <ul style="list-style-type: none"> • Accept the baby and take the baby to the Emergency Department (ED) immediately. • The individual leaving the baby may accompany the baby to the ED if they wish, however they are not required to wait or answer any questions. • NEVER ask identifying information about the person presenting the baby, including: name of the person presenting the baby, mother's name, phone number or address. • HealthPartners employees may ask about the medical history of the baby and may accept information about the medical history of the baby if the person surrendering the baby is willing to provide that information.
SEXUAL HARASSMENT	<p>HealthPartners is committed to maintaining an environment free from acts of sexual harassment. It is prohibited for any individual working at HealthPartners to engage in sexual harassment; for any leader to permit employees or contracted workers under his/her supervision to engage in sexual harassment; or for any individual working at HealthPartners to retaliate or permit retaliation against an individual who reports sexual harassment in the workplace. Individuals working at HealthPartners are encouraged to report subjected incidents of sexual harassment or any other type of inappropriate behavior/harassment. Alleged incidents will be investigated and disciplined, if appropriate. Any individual who feels that he/she is being harassed or any individual who witnessed possible harassment in the workplace is encouraged to report the incident to HealthPartners Interpreter Services leadership. The individual may also contact the Vice President of Human Resources at 651-254-3695. A contracted worker may also contact agency/employer if he/she believes he/she has been harassed or witnessed harassment in the workplace.</p>
ANTI-HARASSMENT	<p>HealthPartners is committed to maintaining an environment free from acts of harassment which have the intent or effect of creating a hostile work environment for all individuals working at HealthPartners or for any individual to retaliate or permit retaliation against an individual who reports such harassment. This includes individuals from a legally protected class.</p> <p>Harassment has many negative effects in the workplace. It affects morale, productivity and creativity. Harassment also has an impact on our promises to our patients and families for a safe, clean and healing environment.</p> <p>Any individual who feels that she/he is being harassed or any individual who witnesses acts of possible harassment should make the incident known. The complaint should be reported to the Vice President of Human Resources at 651-254-3695. A contracted worker may also contact agency/employer if he/she believes he/she has been harassed or witnessed harassment in the workplace.</p>

PROFESSIONAL BOUNDARIES	If you work with patients, you are prohibited from having relationships of a personal nature with patients. If you work with behavioral health and/or chemical dependency patients, you are prohibited from having relationships of a personal nature with patients at any time including after discharge.
DIVERSITY AND INCLUSION	HealthPartners is committed to providing culturally competent care to our multicultural community members. The rich diversity of staff creates an environment where patients' values and beliefs are integrated into their individual plan of care." Professionally trained interpreters and a multi-disciplinary team are among the dedicated resources and staff that support high quality care for our patients.
CONTRABAND	The possession of contraband on HealthPartners property, in official HealthPartners vehicles, or elsewhere on one's person while on HealthPartners business is prohibited. HealthPartners reserves the right to inspect HealthPartners premises or property (as defined above) and workers' personal effects (such as lunch boxes/bags, purses, gym bags, backpacks, handbags, briefcases, packages or coats) where there is reasonable cause to believe that a violation of this policy has occurred.
ALCOHOL AND DRUGS	<p>You are prohibited from the unlawful manufacture, distribution, attempting to distribute, dispensing, possession or use of alcohol or controlled substances on the premises. This includes the possession, consumption, or being under the influence of intoxicating beverages, prescribed and non-prescribed mood-altering substances which interfere with job performance such that they pose a direct threat to the individual, patients or co-workers.</p> <p>The organization reserves the right to inspect premises or property (as defined above) and employee personal effects (such as lunch boxes/bags, purses, gym bags, backpacks, handbags, briefcases, packages or coats) where there is reasonable cause to believe that you have violated this policy.</p>
TOBACCO USE	<p>HealthPartners is tobacco and smoke free.</p> <p>The sale or use of tobacco products is prohibited in or on all HealthPartners owned or leased buildings, grounds, parking lots, ramps, plazas or vehicles.</p>
GIFTS AND GRATUITIES	Please refer all gifts and gratuities to Agency Manager or Interpreter Services Leadership to ensure appropriate action is taken. You may not accept any gift, fee, or thing of value in any connection with the duties of your position.

TELEPHONE NUMBERS	
HEALTHPARTNERS INTERPRETER SERVICES SCHEDULING LINE	952-993-1212
INTEGRITY AND COMPLIANCE HOTLINE	1-866-444-3493

DISASTER/EMERGENCY ALERTS	
EMERGENCY ALERT - CODE BLUE	Cardio-pulmonary arrest (hospital) or medical emergency
EMERGENCY ALERT- MASS CASUALTY	Internal response to an external incident generating a number of victims
EMERGENCY ALERT - RAPID RESPONSE	Patient status is deteriorating
EMERGENCY ALERT – TRAUMA TEAM ACTIVATION	Trauma Team activation
FACILITY ALERT – FIRE ALARM	Ask leaders on site if impacted. Remain with your patients until relieved. The Nursing Supervisor/Patient Flow Coordinator will direct any evacuation.
FACILITY ALERT – LOCKDOWN	Find a secure location and stay in place.
FACILITY ALERT – SEVERE WEATHER	Refer to the unit's evacuation plan. Stay with your patients, close drapes & blinds, turn patients away from exterior windows in case of tornado warning.
SECURITY ALERT - ACTIVE SECURITY THREAT	Security event that may threaten the safety of others on the campus. Maintain personal safety, shelter in place, notify others in your area to take shelter and wait for further instructions from Safety & Security. (Weapon/Hostage/Active Shooter)
SECURITY ALERT – BUILDING THREAT	Bomb Threat, staff will search the immediate area for unusual or out of place items. If located, call security.
SECURITY ALERT – MISSING PERSON	Missing person including infants, pediatrics or adults.
TELEPHONE OUTAGE	Telephone outage – ask leaders on site if impacted
UTILITY FAILURE	Utility failure – ask leaders on site if impacted

DEPARTMENT-SPECIFIC TOPICS	
START & END TIME	<p>HealthPartners requests that the interpreter be on site and ready to interpret at the requested arrival time. Payment begins at the expected arrival time or when the interpreter arrives, whichever is later.</p> <p>We request the interpreter until the anticipated end time of the visit. If an appointment is running long and an interpreter can stay, they will be compensated for that time. If an interpreter needs to leave at the requested end time and it appears that the visit will not have concluded, communicate to the care team the need to leave in advance so they can make alternate arrangements.</p>
SIGHT TRANSLATION	Sight translation, which is taking a document written in one language and reading it aloud in the target language, is a helpful skill to have as an interpreter. If the interpreter is comfortable helping fill out paperwork, that is appreciated. However, if the document is deemed to be too long or complicated, we will support an interpreter stating that it is outside of their skill set. We ask the interpreter to coach staff to read the document aloud to the interpreter, who can then interpret the content to the patient.
PROFESSIONAL BOUNDARIES	It is important for interpreters to be familiar with and follow the professional boundaries outlined in the NCIHC Code of Ethics .

CONTRACTED WORKER SIGNATURE PAGE:

I have reviewed the HealthPartners Interpreter Services Contract Worker Orientation Tool.

I have read this document and have had the opportunity to ask questions and have had my questions answered to my understanding.

I understand the expectations related to confidentiality and HIPAA.

I know I may contact my assigned leader, resource person or HealthPartners Human Resources if I have further questions.

I understand that copies of policies can be obtained through either Interpreter Services Leadership or through Agency Management.

Contracted Worker Name: _____

Agency/Employer: _____

Date: _____

Contracted Worker Signature: _____