

# Orientation Handbook

*For use with contracted/ non-  
UPMC employees, volunteers,  
& students*

# UPMC: Committed to Life Changing Medicine

Headquartered in Pittsburgh, UPMC is a world-renowned health care provider and insurer. We are an international health care leader — pioneering groundbreaking research, treatments, and clinical care. UPMC operates 40 hospitals and more than 700 doctors' offices and outpatient centers with locations in western and central Pennsylvania, Maryland, New York, and around the globe.

## Our Mission

UPMC's mission is to:

- Serve our communities by providing outstanding patient care.
- Shape tomorrow's health system through clinical and technological innovation, research, and education.

## Our Vision

UPMC will lead the transformation of health care.

The UPMC model will be nationally recognized for redefining health care by:

- Putting our patients, health plan members, employees, and community at the center of everything we do and creating a model that ensures that every patient gets the right care, in the right way, at the right time, every time.
- Harnessing our integrated capabilities to deliver both superb state-of-the-art care to our patients and high value to our stakeholders
- Employing our partnership with the University of Pittsburgh to advance the understanding of disease, its prevention, treatment and cure.
- Serving the underserved and disadvantaged, and advancing excellence and innovation throughout health care.
- Fueling the development of new businesses globally that are consistent with our mission as an ongoing catalyst and driver of economic development for the benefit of the residents of the region.

## Our Values



## Dress Code

Please remember to dress appropriately. Good personal hygiene and clean and neat grooming build confidence with our patients, their families, and visitors. Each student, volunteer, contract agent or forensic staff is responsible to meet these dress and personal appearance standards for the particular area. In consideration of patients, visitors, and coworkers, perfumes, colognes, and after-shave lotions are not to be used. Acrylic or artificial nails or nail overlays are not allowed for those involved in patient care. If you have any questions, please speak with your supervisor or call Human Resources at 240-964-8150.

## Parking

You may park your vehicle in any of the designated “Employee Parking Lots” available at all campuses of UPMC Western Maryland. Please be respectful of patients and visitors parking areas by not using them when you are working/volunteering.

## Smoke Free Workplace

Smoking, electronic cigarettes, and the use of tobacco products are prohibited at all UPMC Western Maryland Facilities and properties. UPMC Western Maryland wishes to maintain good relationships with its neighbors, so loitering or littering neighboring property is not permitted. Anyone needing assistance or information on quitting the use of tobacco products can contact the Wellness Center.

## Standards of Behavior

### Drug-Free Workplace

It is the goal of UPMC Western Maryland to maintain a work environment which is safe, healthful, and free of the harmful effects of alcohol or drug abuse/misuse. To help ensure a safe environment, UPMC Western Maryland screens pre-employment candidates, performs “reasonable suspicion” and “post-accident” drug tests, and conducts random drug screens on all employees, including employed physicians. Individuals who are not UPMC employees who perform patient care or other work on UPMC premises, including students who obtain clinical experience with UPMC under a contractual agreement with a school, are covered under this policy. Non-employees who are subject to testing include, but are not limited to, volunteers, physician extenders, students, interns, faculty, and all others who provide services to UPMC under a contractual agreement.

### Customer Service/Guest Relations

While students, volunteers, contract workers, forensic staff and other individuals who perform work or services at UPMC are not UPMC’s employees, it is expected that non-employees who perform work or services on UPMC’s premises exhibit appropriate behavior, including adherence to UPMC Western Maryland Code of Conduct and Customer Service/Service Excellence standards as outlined:



## Service Excellence Standards

### *We will ALWAYS*

- *Communicate with you in ways you understand*
- *Listen so we understand your questions and concerns*
- *Respond quickly to your physical, emotional, and spiritual needs,*
- *Provide you with a clean, quiet, and healing environment*
- *Be warm and sincere in every interaction*
- *Respect patient and coworker confidentiality*
- *Be a positive advocate*
- *Strive to continually improve in all we do*

## Cultural Diversity & Sensitivity

Diversity is a word that means something different to each and every person. Health care providers and organizations have been challenged by the changing demographics and economics of our growing multicultural world and the longstanding disparities in the health status of people from culturally diverse backgrounds. However, health care providers must realize that addressing cultural diversity goes beyond knowing the values, beliefs, practices and customs of African Americans, Asians, Hispanics/Latinos, and Native Americans/Alaskan Natives. In addition to racial classification and national origin, there are many other faces of cultural diversity. Religious affiliation, language, physical size, gender, sexual orientation, age, disability (both physical and mental), political orientation, socioeconomic status, occupational status and geographical location are but a few of the faces of diversity.

Quality care for patients from other cultures requires that healthcare professionals become culturally competent. Although specific knowledge of each culture is an unrealistic goal for healthcare providers, being culturally competent involves knowledge of certain basic assumptions, expectations and appropriate behaviors associated with each culture. Culture is defined as “common values, beliefs, traits, traditions and/or language that are learned and shared by members of a group.” Culture is a predominant force that shapes behavior, values and institutions. Culture colors the internal lenses through which people view the world and how they relate to it. As a result, culture and language have a significant effect on how patients access and respond to healthcare services. Several different cultures can interact on any given occasion.



Cultural competence includes three major areas: awareness, knowledge and skill. Awareness starts with self-reflection that includes the ability to learn about one's own view of things, identify one's roots (background) and perceive reasons for acting in a particular manner. It is imperative that each person defines his/her own frame of reference so that they can relate to different patient populations. Knowledge is the importance of healthcare providers having a basic understanding regarding the main cultural and ethnic groups within their service area. In addition, it is important for providers to know how these groups view and relate to healthcare providers. Acquiring knowledge of the groups' dietary

preferences, religious-based prohibitions and family dynamics, especially in relation to the decision-making process, is critical in developing skills for caring for the culturally diverse patient. Other areas that are important to learn about regarding culture includes family and social relationships, religious customs, ceremonies, language, holidays, beliefs of health and illness, views of birth and death, expressions of pain, and grief.<sup>1</sup>

In an effort to assist the communications with hearing and visual disabled individuals, a communication kit has been put together. This kit is located in the Administrator on Duty office. It includes a dry board, flash cards, listing of various language interpreters, and an amplifier “Pocket Talker” to assist the hearing impaired. The Administrator on Duty should always be called to assist with this process.

Interpretation or bilingual services to meet the language needs of the population are also provided. When a patient with limited English proficiency cannot communicate adequately with the healthcare provider, the provider can call the designated language line for interpretation to facilitate communication with the patient.

Language Line: 866-874-3972

Six digit code: 230338

Prompt thru to the language you need. Make sure you have a speaker phone for patient, provider, and interpreter to all hear each other

#### CULTURAL DIVERSITY QUESTIONS TO PONDER:

1. IF YOU HAD A FAMILY MEMBER IN THE HOSPITAL, WHAT IMPORTANT ASPECTS OF CARE WOULD YOU WANT THE STAFF TO KNOW?
2. ARE THERE ANY SPECIFIC VIEWS OF DEATH THAT YOUR CULTURE HAS?

## Patient Rights

In keeping with our mission and core values, all patients have the right to:

- **Information:** About their caregivers, diagnoses and treatment, medical bills, and billing practices, and the contents of their medical record.
- **Self-Determination:** Making decisions about their care, refusing treatment, writing an Advance Directive, protection if involved in research and clinical trials, organ donation and managing pain effectively
- **Association and Communication:** Receiving mail and visitors, talking on the phone privately, and voicing complaints about the hospital. Any restrictions on communication are evaluated for therapeutic effectiveness and are fully explained to the patient and family.
- **Personal Privacy:** Confidentiality of communication and records pertaining to their care, as well as respecting personal belongings and space.
- **Freedom from abuse and restraint:** Experiencing a safe environment, as well as receiving respectful care.

- **Quality care and dignity (from the beginning to the end of life):** Being addressed by a name of choice, continuity of care, commitment to pain management, access to spiritual care, and access to the Ethics Committee.

A copy of these rights is given to patients at the time of admission or registration. In addition, patient rights are posted throughout the hospital and outpatient settings.

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<sup>1</sup> Campinha-Bacote, J., (January 31, 2003) "Many Faces: Addressing Diversity in Health Care" Online Journal of Issues in Nursing. Vol. #8 No. #1,

## Advance Directives

Advance Directives are instructions describing choices of care and treatment, which should be used if the patient is no longer able to speak for himself. Patients are asked on admission if they have an Advance Directive. If they have an Advance Directive, it is documented and a copy is placed on the patient chart. If the patient has had a previous admission, a copy can be obtained and placed on the chart after verification that there are no changes. "No changes" are documented in the patient's chart.

An oral Advance Directive has the same effect as the written Advance Directive. The nurse will document the patient's wishes and notify the attending physician so that he/she can talk with the patient to obtain the verbal Advance Directive in the presence of a witness and document it in the patient record. The Social Work Department will assist patients with Advance Directives upon request.

Interim Summary - If a patient does not bring his/her advance directive to the hospital with him/her, he/she is to provide us with guidance by completing this form. There are also advance directives specific to mental health treatment that serves as a guide for health care providers.

## Access to the Ethics Committee

Anyone, including patients, caretakers, and hospital staff can request an Ethics consult when situations arise involving ethical, legal, or religious choices as well as conflicts between patients and their physician about treatment. The Ethics Committee can be contacted by calling the "Ethics Hotline" at 240-964-8544.

## Patient Complaint Management

UPMC Western Maryland accepts a patient's complaints as an opportunity to assess consumer perception of the quality of care/services and implement timely improvement as appropriate. Patients, families, etc., may contact the significant unit/department director or supervisor or the Patient Safety Risk Management Department directly. The information will be logged in the Patient Feedback Program and routed for appropriate and timely resolution.

## Patient Right to Access Protective Services

The Care Coordination Department assists the patient who needs protective services such as guardianship, advocacy services, or adult or child protective services. This right also addresses a patient's concerns about patient abuse, neglect, or theft of patient property. These issues should be addressed by following our complaint policy. If the patient is not satisfied that the problem is resolved, notify Patient Safety/Risk Management.

## Informed Consent

Patients have the right to agree or to refuse any medical care and to ask any questions about this care. The physician must inform the patient of the nature of treatment, the procedure, the reason, alternatives and risks and hazards. The physician performing the surgery and/or procedure must have the consent signed, with the nurse witnessing the signature.

If the patient lacks decision making capacity to sign the informed consent, the health care agent, or the

## EMERGENCY MEDICAL TREATMENT AND ACTIVE LABOR ACT (EMTALA)

EVERYONE IS WELCOME TO RECEIVE EMERGENCY TREATMENT AT UPMC WESTERN MARYLAND. UPMC WESTERN MARYLAND IS OBLIGATED TO PROVIDE A MEDICAL SCREENING EXAM AND STABILIZING TREATMENT TO EVERYONE SEEKING EMERGENCY TREATMENT.

EMTALA APPLIES TO THE ENTIRE HOSPITAL CAMPUS AND ALL HOSPITAL-OWNED BUILDING THAT ARE WITHIN 250 YARDS OF THE HOSPITAL. NO ONE WHO COMES TO UPMC WESTERN MARYLAND FOR EMERGENCY TREATMENT MAY BE TURNED AWAY FOR ANY REASON.

DO NOT SAY OR DO ANYTHING THAT MAY BE INTERPRETED AS DISCOURAGING SOMEONE FROM SEEKING EMERGENCY TREATMENT AT UPMC WESTERN MARYLAND.

person in the hierarchy of surrogate will be consulted for treatment decisions. Remember competent patients have the right to refuse treatment.

## Confidentiality

Patients come to our hospital expecting that information about them will be treated with the utmost confidentiality. Medical record information **will not be viewed or communicated with anyone who does not need to know the information to take care of the patient.** In addition, all care providers must be careful not to discuss patient information in hallways, elevators or at nurse's stations where it can be easily overheard by others. A signed confidentiality statement is necessary to access any computer information.

## Environment of Care

The environment of care includes all of the settings in which patients are treated, including inpatient settings and outpatient settings (clinics and doctors' offices). Effective management of the environment of care includes controlling environmental hazards, preventing accidents, and maintaining safe conditions for patients, visitors, and staff. All individuals, students, contract staff & forensic staff receive orientation appropriate to their position to the Environment of Care Areas.

- Safety
- Security
- Fire Prevention/Life Safety

- Hazardous Wastes & Materials
- Emergency Preparedness
- Utilities
- Medical Equipment

## Safety

Everyone can take actions to protect him/herself from harm. To prevent falls, keep hallways clear, wipe up spills immediately, and use step stools to get objects out of your normal reach. Please report any safety concerns to the department's Director or the Manager of Safety Officer . Our UPMC Western Maryland Safety Officer is the Director, Safety-Security. UPMC Western Maryland staff, students, forensic and contract staff are identified by wearing identification badges, which must be **worn at all times**.

*UPMC Western Maryland Security Codes --- Dial "33" to report a code on the hospital campus (including the Medical Arts Center (MAC)). Dial "911" in all other locations.*

### Code Pink – Abduction

- Infant – Dial "33" (Operator), announce "Code Pink"
- Child – Announce "Code Pink", age, gender, and brief description of the child and location if applicable. Be aware of any suspicious activity in your work area. Verify identity of any infant/child leaving building. Notify Security.

### Code Blue – Cardiac/Respiratory Arrest

- Follow ABCs of CPR
- Dial "33" (Operator), announce code/location
- Response by department trained staff

### Code Red – Fire

- Follow **RACE** acronym
  - **R**escue the patient – start evacuation process if necessary
  - **A**larm – pull alarm/call "33" (Operator) – Off-site locations, clinics, etc. are to utilize the local community emergency system, 911
  - **C**ontain the fire – close doors & clear corridors
  - **E**xtinguish Fire – if you need to use an extinguisher, remember **PASS** acronym
    - **P**ull the pin on the handle of the extinguisher
    - **A**im the nozzle at the base of the fire
    - **S**queeze the handles together
    - **S**weep back and forth through the fire

### Code Green – Disruptive/Violent Situation

- Dial "33" (Operator), announce code and location
- Response by staff trained in violence management



## Code Grey – Missing Patient

- Dial “33” (Operator), announce “Code Grey, all exits, male/female”
- Monitor all exits
- Notify Security via operator

## Code Purple – Response by Security Only

- Includes violent situations that may involve a weapon or hostages, as well as bomb threats.
- Dial “33” (Operator) with code, include location, weapon, number of hostages, etc. as applicable
- Response will be by Security and Law Enforcement only

## Code Silver – Active Shooter

- Follow basic actions for survival, The Four A’s
  - **Accept** – Accept that what is happening as real
  - **Assess** – Quickly assess the situation. Can you get out? Is there a path for escape? Should you hide?
  - **Act** – Three basic options: avoid, barricade, or fight
  - **Alert** – Alert others of the situation. Call “33” for internal, “911” for external

## Code T – Fire Alarm is Out of Service

- Hospital operators announce, “Code T is now in effect. All personnel use phone system, do not use FAB (Fire Alarm Box).”
- In case of a fire, dial “33” and do not pull FAB.
- “Code T – All Clear” is announced when the system is available

## Code Yellow – Emergency Preparedness/Disaster/Hazmat

- Emergency Preparedness plan addressed internal and external types of emergency situations that could affect the health system. They may include casualty incidents, fire, bomb, and loss of resources such as communications. Code Yellow indicates that the plan is in effect.
- Phase I – Notification
- Phase II – Alert/Report to unit/department – all on-duty personnel to remain on duty and consult disaster manual
- Phase III – Activation (department specific duties) – additional personnel may be contacted to respond to the hospital.
- Forensic staff responsible for inmate at all times.
- Refer to Security, ask a nurse to make contact for you or call:
  - Main Security - 240-964-2900
  - Security Director – 240-964-2999

## Medical Emergency Team (MET) Call

- Any significant change in patient condition away from baseline
- Response from specially trained team to perform an evaluation and necessary interventions
- Call “33” (Operator), state “MET Call” and location

## Pediatric Emergency Team (PET) Call

- Any significant change in pediatric patient condition away from baseline
- Response from specially trained team to perform an evaluation and necessary interventions
- Call “33” (Operator), state “PET Call” and location

## Hazardous Materials

A hazardous material is any material that could be a risk to your health or the environment. You have the right to know about hazardous materials in your work area and how to protect yourself when using them. The best way to protect yourself is to read the labels on the materials that you use. In addition, Material Data Safety Sheets (MSDS) can be found online using the link in the UPMC WM Favorites section. Be sure to use the personal protective equipment (PPE) described in the MSDS and to store and label materials correctly. In case of hazardous material spill, mark off the area so that no one is needlessly exposed and notify your supervisor immediately so that personnel trained in clean-up can take over. Never store materials in a container labeled for something else.

## Medical Equipment

In the event of a medical equipment failure, the equipment is to be secured, tagged with a “Do Not Use” sign, and a UPMC Western Maryland supervisor contacted. Anyone who witnesses, discovers, or becomes aware of a medical device that may have caused or contributed to the death or serious injury of a patient or individual must:

- Report the incident to his/her supervisor
- Complete an incident report
- Notify the Patient Safety/Risk Manager
- Keep all equipment that was involved
- Place a work order with Biomedical Engineering through either the UPMC WM Call Center or Four Rivers Web Request listed under the UPMC WM Favorites.

Any personal electrical equipment brought to the hospital by the patient, family, or individual should be checked by Biomedical Engineering prior to its use.

Medical Equipment is inspected routinely by Biomedical Technicians. Preventative Maintenance Inspection stickers are placed on all inspected equipment.

## Utility/Systems Management

The Facilities Department is directly responsible for the management of utility systems, including electrical power, heating and air conditioning, water, communications, medical gasses, and elevators. Problems with any of these systems are to be reported immediately to the facilities central office. When on emergency power, there will be: minimal lighting; red power outlets will have power for life support and medical equipment; medical gas panels will function as normal; and the fire alarm system will function as normal.

## Patient Identification

Correct patient identification is essential in a healthcare environment, not only in clinical situations but in our daily routine such as transporting patients, serving a meal, or providing information. Patient Identity is verified by asking the patient to state their name and date of birth and/or Medical Record Number. If patient is unable to participate, family member, significant other, responsible person or care provider who is familiar with patient, will actively participate in the identification process. If family, significant other, responsible person, or care provider are unable to verify the date of birth, the hospital staff will verify the patient's Medical Record Number against the Medical Record Number on their armband.

Additionally, whenever an inpatient is transported to a different location within our facility, a "Ticket to Ride" must accompany the patient. The originating department (usually a Nursing unit) is responsible for printing this ticket. All departments involved with the patient through return to the nursing unit are required to sign this Ticket to Ride indicating the patient identification and reason for transport are accurate.

## Infection Control

### Hand Hygiene

*If your hands are not visibly soiled, perform hand hygiene using a waterless alcohol-based hand sanitizer.* Apply approximately 1 pump to the palm and rub hands together, covering all surfaces of the hands and fingers until the hands are dry.

*If your hands are visibly soiled or if you have assisted a patient with toileting (bedpan, in the restroom, or cleaning up an incontinent patient) perform hand hygiene using a traditional hand-wash.* Wet your hands, apply soap, lather and scrub for 10-15 seconds, rinse, dry hands with paper towel, then use the paper towel to turn off the water.





NO ACRYLIC OR ARTIFICIAL NAILS OR NAIL OVERLAYS FOR THOSE INVOLVED IN PATIENT CARE

### Gloving is no substitute for hand washing

- Use disposable gloves for direct patient care
- Never re-use disposable gloves
- Keep fingernails short, wear minimal jewelry
- Change gloves immediately if defective
- Change gloves between patients
- Always wash hands after glove removal
- Perform hand hygiene before donning gloves
- Put on clean gloves just before touching mucous membranes or non-intact skin and when performing venipuncture and other vascular procedures

FOLLOW ALL INFECTION CONTROL PROCEDURES. SIGNS WILL BE POSTED IF YOU HAVE ANY QUESTIONS, ASK THE NURSE OR REQUEST TO SPEAK TO THE AREA'S UNIT DIRECTOR OR INFECTION CONTROL COORDINATOR.

## Standard Precautions

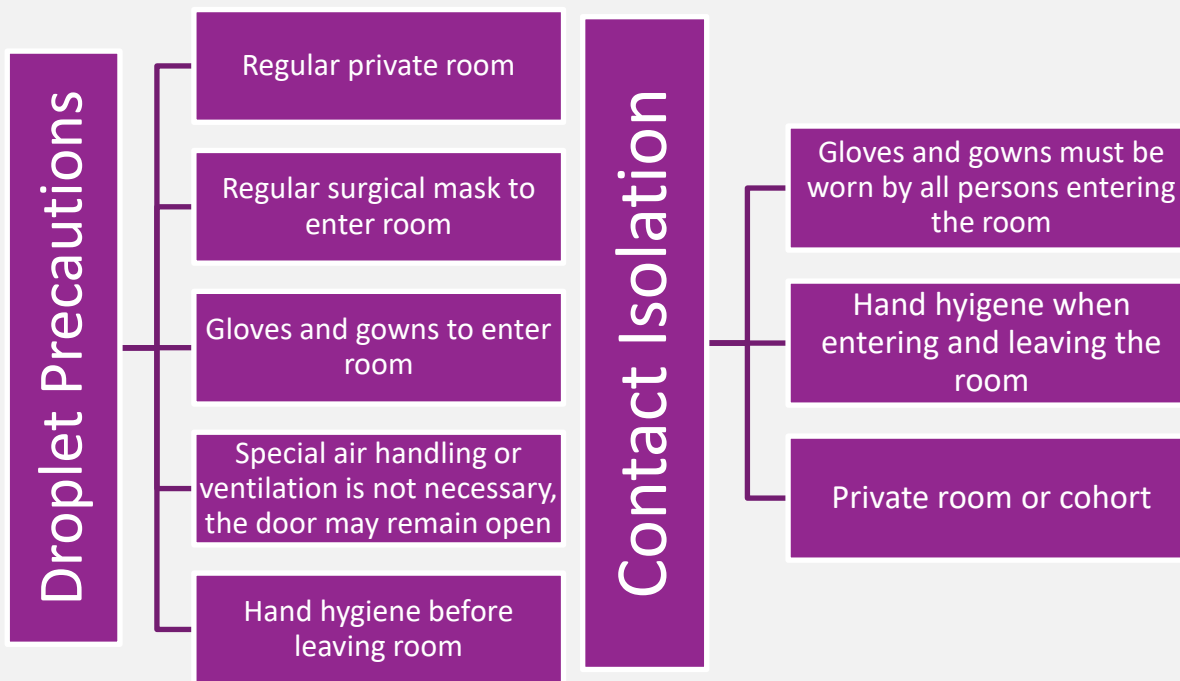
Standard precautions are work practices that help prevent the spread of infectious disease in health care facilities. These precautions apply to the care of all patients. Use standard precautions when there is a chance you will be exposed to blood, other body fluids, secretions, or excretions (except sweat), non-intact skin, and mucous membranes. Other components of standard precautions are:

- Hand Hygiene
- Personal Protective Equipment (gloves, gowns, face shields, head and shoe cover depending on exposure potential)
- Proper management of patient with poor hygiene habits
- Routine cleaning and disinfection of equipment and the environment
- Proper waste disposal
- Sharps safety
- Adherence with occupational safety requirements
- Respiratory hygiene/cough etiquette

Standard precautions are a set of infection control practices to reduce transmission of microorganisms. Potentially infection bodily fluids include: blood, semen, vaginal secretions, amniotic fluid, cerebrospinal fluid, pleural fluid, peritoneal fluid, human breast milk, synovial fluid, saliva (in dental procedures), and any body fluid containing visible blood, and body fluids where it is impossible to differentiate between body fluids, unfixed body tissue or organs, HIV containing cell or tissue cultures, organ cultures and HIV or HBV containing culture medium or other solutions; blood, organs or other tissues from experimental animals infected with HIV or HBV.

## Transmission-Based Precautions

Certain disease conditions require additional precautions beyond standard precautions. These precautions are summarized below.



# Airborne Isolation

Hands washed entering & leaving the room

Gown and gloves to enter room

Private room with negative pressure, DOOR CLOSED

N95 particulate respirator required, must be fit-tested, or PAPER (Powered Air Purifying Respirator)

Patient must wear a surgical mask when out of the room

For viral illness (measles, chicken pox, disseminated herpes zoster)

Students & volunteers will not enter rooms labels "airborne isolation"

Forensice staff will wear N95 particulate respirator fitted and obtained at the prison

Contact Administrator on Duty immediately if exposed

Do not enter facility if ill

NOTE: NON -IMMUNE CAREGIVERS SHOULD NOT ENTER THE ROOM OF A PATIENT WITH A VIRAL ILLNESS SUCH AS MEASLES OR CHICKEN POX UNLESS NO OTHER CAREGIVER IS AVAILABLE. IF IT IS NECESSARY FOR YOU TO ENTER THE ROOM, AN N95 MASK MUST BE WORN.

**COVID-19- N95** PARTICULATE RESPIRATOR REQUIRED AND MUST BE FIT-TESTED OR PAPR (POWERED AIR PURIFYING RESPIRATOR), AND GOWN, GLOVES AND EYE PROTECTION (FACE SHIELD OR GOGGLES). STUDENTS AND VOLUNTEERS SHOULD NOT ENTER THESE ROOMS. CONTRACTORS MAY ENTER WITH APPROVED PPE, TRAINING AND APPROVAL FROM INFECTION PREVENTION AND CONTROL DEPARTMENT.

## COVID – 19 Vaccine Mandate

The Jan. 13 Supreme Court of the United States decision that the Centers for Medicare & Medicaid Services (CMS) federal COVID-19 vaccine mandate will move forward requires UPMC to ensure individuals either get vaccinated or request medical or religious exemption.

Non-employees are accountable to submit proof of vaccination or mandate compliance to their employer. They are required to apply for religious or medical exemption. Suppliers and contracted staff: Each vendor is responsible for maintaining their vaccination records to ensure compliance.

*If you have any questions, go to the nearest staff member, or call the Administrator on Duty (ext. 44575).*

# Handbook Receipt/Acknowledgment

(This form is to be given to appropriate UPMC Department Director)

This acknowledges that I have received my copy of the Student/Contractors/Volunteer/Forensic Staff Handbook. I have read and understand the contents and will abide by all rules and guidelines described. Should I not comply with the rules and regulations in this handbook, I understand that I am subject to removal from the facility, and cancellation of any contracts/ agreements governing my work/clinical rotation at UPMC Western Maryland. I understand further that this handbook and the rules and regulations it contains do not in any way relieve me or my employer/school of any applicable regulatory agency requirements for safety on the job, quality of work performed, and compliance with federal, state, county or local codes and ordinance.

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

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

Signature: \_\_\_\_\_

My status is as a:

Student

Contract Worker

Volunteer

Forensic Staff \*

Allied Health Professional

Employee starting before HR Orientation

Employee

Primary Department (if applicable): \_\_\_\_\_

\* Forensic Staff also receive a copy of the Care of Prison Inmates Policy.