

OREGON STATE HOSPITAL

POLICIES AND PROCEDURES

SECTION 6: Patient Care

POLICY: 6.020

SUBJECT: Language Services for Patients

POINT

PERSON: DEPUTY SUPERINTENDENT

APPROVED: GREGORY P. ROBERTS
SUPERINTENDENT

DATE: MARCH 4, 2014

I. POLICY

Oregon State Hospital (OSH) patients with Limited English Proficiency (LEP) will have meaningful access to services, treatment, and programs in their primary language at all points of contact through provision of language services by one or more of the following methods:

1. authorized bilingual OSH employees;
2. interpreter services provided by contracted interpreters (in person, over the telephone or video phone); or
3. document translation services provided through authorized Department of Human Services (DHS)/Oregon Health Authority (OHA) contracted translators.

II. DEFINITIONS

- A. "Authorized Bilingual Employee" means an OSH staff member proficient in one or more languages in addition to English, including signing for the deaf and hard of hearing, and who has been approved to receive compensation for translation or interpretation based on determined need for services.
- B. "Authorized Translator" means a contractor approved through the DHS/OHA contracting process to provide translation services for DHS/OHA written materials.
- C. "Bilingual Skills" refers to translation to and from English, interpretation of another language, or the use of sign language.
- D. "Certified or Qualified Interpreter" means a person certified or qualified in the State of Oregon as either a court interpreter or health care interpreter, or a person certified by the National Registry of the Interpreters of the Deaf who is under contract with OSH to provide interpreter services.
- E. "Conversational Interpreter" means a person who is under contract with OSH to provide conversational interpreter services.

- F. “Interpretation” as used in this policy means the transfer of an oral communication from one language to another, including sign language for the deaf and hard of hearing.
- G. “Meaningful Access” means that the LEP person can communicate effectively.
- H. “Provider” for the purposes of this policy refers to an attending psychiatrist or psychiatric mental health nurse practitioner.
- I. “Treatment Care Plan (TCP)” is an individualized, person-centered care plan of treatment developed with each patient in accordance with guidelines specified in the OSH Treatment Care Plan Manual. The TCP is a driver for all care provided to the patient, and is based on a patient’s background, clinical assessments, case formulation, and treatment needs. The TCP is an extension of the provider’s orders at a hospital level of care.
- J. “Vital Documents” are important documents such as legal notices that are routinely provided in English. Translation of vital documents is only required as needed for LEP language groups that constitute 5% or 1000 persons, whichever is less, of the hospital population.

III. PROCEDURES

Patient-Care Area Duties Regarding Language Services

- A. Patient-care staff must ensure a patient with LEP has meaningful access to services, treatment, and programs by arranging for the level of interpreter services outlined in the attached interpreter matrix (see Attachment 1).
 - 1. Additionally, translated materials of vital documents must be made available as needed or required.
 - 2. Need for translated materials must be assessed by a contractor for interpreter services. If a patient is determined as requiring translated written materials, the IDT must document such patient needs in an IDT note in the medical record.
- B. OSH staff must use the electronic database to order interpretive services.

C. Admission Staff Duties Regarding Language Services

When receiving pre-admission information about a prospective patient, or participating in an admission screening, OSH staff must gather information on the prospective patient's primary language. If the patient, significant other, or family member is LEP, it must be documented in the written pre-screening notes. Whenever the need for language services is determined in advance of a screening or admission, this need must be conveyed to the unit Nurse Manager and provider by the Admission Coordinator.

D. Interdisciplinary Treatment Team (IDT) Duties Regarding Language Services

1. The unit Nurse Manager or designee must arrange for an interpreter for the patient's initial entry into OSH. Language services must be provided at the earliest point of a patient's hospitalization - ideally at the point of admission.
2. Language needs of patients must be assessed in the initial nursing assessment, psychiatrist's admitting note, and social work psychosocial history.
3. The need for language services must be acknowledged on the TCP in the formulation section related to cultural needs.
 - a. The intervention section of the TCP must include interpreter services as an intervention, and must also identify any other cultural services required for the patient.
 - b. The TCP must identify the treatment activities for which an interpreter is to be present.
 - c. The TCP must identify whether an interpreter is needed during medication education and dispensing.
4. If a patient refuses to have an interpreter involved in his/her treatment:
 - a. The IDT must review the patient's refusal. Staff must attempt to engage the patient's willingness to use interpreter services in order to facilitate treatment, treatment planning, and communication.
 - b. The provider must assess patient's capacity to refuse interpreter services. If the patient has capacity to refuse, the provider must document in the chart that the patient has capacity to refuse interpreter services.
 - c. If the patient has capacity to refuse to use the interpreter and is competent to do so, the patient's provider must notify the Chief Medical Officer (CMO) and request permission to no longer use interpreter services at the patient's request.
 - d. If the patient lacks capacity to refuse interpreter services, an interpreter must continue to be scheduled and used for clinical purposes.
5. If a family member is in need of an interpreter in order to communicate to staff, one must be provided by OSH. The TCP must reflect the need for an interpreter to be present for the family and staff to communicate. The TCP shall also identify when the interpreter will be used for this purpose.

E. Interpreters

1. Contract Interpreters must complete Contractor Orientation provided by OSH Employee Education Department prior to providing services. Exceptions may be approved by the Deputy Superintendent when there is an urgent need and no trained interpreters of a particular language are available. In this event, interpreters must review and sign the OSH Confidentiality Agreement prior to providing services, and must always be supervised by staff in patient care

areas. They will then be scheduled to attend the next available Contractor Orientation class.

2. Interpreters must be selected as directed in the attached interpreter matrix by using the process in the attached interpreter services process map (see Attachment 1).

F. Assignment of Bilingual OSH Employees

In utilizing a bilingual employee, the supervisor's duties are as follows:

1. ensure that the employee is proficient in the necessary language;
2. contact the Office of Human Resources regarding pay differential requirements that may apply. The supervisor must document the assignment in the employee's position description.
3. After the employee is approved to receive the pay differential, ensure that the employee is receiving a pay differential for their bilingual skills when such skills are utilized.

G. Oregon State Hospital patients or their relatives or friends must not be used as interpreters or authorized translators.

IV. Attachments

Attachment 1 OSH Interpreter Services Training Manual

V. REFERENCES

Americans With Disabilities Act of 1990, 3 U.S.C. §§ 101-336 (2008).
Department of Administrative Services.(2009). *Pay Practices*, 20.005.10. Author.
Department of Human Services and Oregon Health Authority Shared Services.(2012, May). *Tobacco free campus policy*, 060-041. Author.
Joint Commission Resources, Inc.(2013). *Requirements related to the provision of cultural and linguistically appropriate health care*. Oakbrook Terrace, IL: Author.
Office for Civil Rights.(2000, August). *Guidance on title VI of the civil rights act of 1964*.
Or. Adm. Rule § 333-002-0000.
Oregon State Hospital Policy and Procedure Manual.(2013, May). *Incident reporting*, 1.003. Author.
Oregon State Hospital Policy and Procedure Manual.(2013, June). *Privacy and security of patient information*, 2.008. Author.
Oregon State Hospital Policy and Procedure Manual.(2013, February). *Forms management*, 2.009. Author.
Oregon State Hospital Policy and Procedure Manual.(2012, January). *Conflict of interest*, 5.014. Author.
Oregon State Hospital Policy and Procedure Manual.(2012, August). *Dress wear of staff and volunteers*, 5.017. Author.

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Oregon State Hospital Policy and Procedure Manual.(2013, November). *Abuse of hospitalized patients and reporting allegations of abuse of non-hospitalized children, adults, and elderly persons*, 7.008. Author.

Oregon State Hospital Interpreter Services

Policies and Procedures

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OSH Interpreter Guidelines (April 2009)

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Ordering Services

- 1) Open order form from desktop icon
- 2) Enter patient name or id to access
- 3) Choose home unit from pick list (unless pre-populated by patient profile)
- 4) Choose where services are rendered from pick list
- 5) Choose language from pick list (unless pre-populated by patient profile)
- 6) Date of services needed: Enter date or choose from calendar
- 7) Time of service: Enter expected start time (24 hour clock)
- 8) Time of service: Enter expected End time (24 hour clock)
- 9) Type of interpreter for service/activity needed: Select from pick list (unless pre-populated by patient profile)
- 10) Vendor: Select vendor from next available vendor list
- 11) Variance: If an exception needs to be made to standard selections choose variance from pick list
- 12) Notes: Use this space to briefly explain reason for overriding the matrix. (i.e., "forensic evaluation", "court certified" needed vs. "health care certified", "patient behavior")
- 13) Special request: Use this pick list when making a specific request from vendor (i.e., "no female interpreter")
- 14) Contract breach: Use this field to note any breaches of the vendor contract (i.e., "delivery of contraband," "boundary violation")
- 15) Cancellations: Choose appropriate reason for cancellation of services

- 16) After services rendered: Enter actual start time (24 hour clock)
- 17) After services rendered: Enter actual end time (24 hour clock)

CHECK IN PROCESS

- 1) Interpreter checks in at Communication (Comm) center [in Salem or the Reception Desk in Junction City](#) to fill out Outside Services Vendor Report (this is used to log all hours worked for billing purposes). This form will be completed by Comm Center/[Reception Desk](#) -to include the following information:

- i) Time in, Comm Center/Reception Desk staff signature, interpreter (printed) name, date of service and list of unit(s) (wards) to be visited
- 2) Interpreter will report to unit and sign in on Interpreter Log Book
- 3) Interpreter will present the Outside Services Vendor Report to the Treatment Mall Group Leader, Supervising RN, MHSRN or Lead RN to verify form has initially been completed properly and enter the following:
 - i) Start time, Patient Name, Patient Number (MCICS or Avatar) and language needed
- 4) Interpreter will initial agreement of Date and Time in

CHECK OUT PROCESS

Has interpreter completed their scheduled service time?

If yes, complete check out process

Order originator completes order form

Enters time out and any additional notes about interpreter used

Complete Check out process:

Treatment Mall Group Leader, Supervising RN, MHSRN or Lead RN will note the out time and sign verifying signature field

The carbon copy of slip goes back to order originator (authorized to order)

Enter actual time

Vendor slip number (Manual)

Interpreter name

If no, follow redeployment process

REDEPLOYMENT PROCESS

When interpreter has been released from unit

Notify Central Nursing Staffing Office (CSO) of interpreter availability

Close out first order form

Open a second iteration of original ticket to initiate internal redeployment

Send interpreter to next unit.

ACTIVITY SERVICE MATRIX

Activity	Interim						Future State					
	OSH Bi-lingual Staff	CTS Language Link	Conversational	Health Care Cert./Qualified	Court Certified/Qualified		OSH Bi-lingual Staff	CTS Language Link	Conversational	Health Care Cert./Qualified	Court Certified/Qualified	
PSRB Hearing				X							X	
SHRP				X							X	
Civil Commitment				X							X	
Informed Consent				X							X	
Forensic Evaluation 370 365 315			X					X				
Risk Review			X					X				
Outside Medical Appointments			X				X					
Internal Medical Clinic Appointments	X		X				X					
Routine Medical Procedures (Lab, X-Ray)	X		X				X					
IDT		X					X					
Admission Process & RN Eval			X				X					
MD Admission Eval			X				X					
H&P by NP			X				X					
Unit Orientation			X				X					
Treatment Mall Orientation			X				X					
Initial Psychology Assessment		X	X				X					
Initial Social Work Assessment		X	X				X					
RSD Assessment			X				X					
Nutritional Consult		X					X					
Unit Psychiatrist Check-In	X		X				X					
Disability Rights Oregon	X		X				X					
Pharmacy Med Edd		X					X					
Informed Consent Med Edd		X					X					
Outside MD Medication Consultation			X					X				
Med MD On Unit Check-in	X		X				X					
Seclusion and Restraint	X		X				X					
S&R Follow-up	X		X				X					
Urgent Medical Assessment	X		X				X					
RN Check-in		X					X					
Case Monitor Check-in		X					X					
1:1 Suicide Precaution	X		X				X					
1:1 Behavioral Precaution	X		X				X					
Placement Visitation			X					X				
Group Outings			X					X				
Unit Based Activities		X					X					
Psycho-educational	X		X				X					
Treatment Mall Groups			X					X				
Medical Transfers	X		X				X					
Transfers	X		X				X					
Discharge Process & RN Eval			X				X					
MD Discharge Eval			X				X					
H&P by NP			X				X					
Social Work Discharge			X				X					
Vocational Services	X		X				X					
Professional Visits		X					X					
Psychology Follow-up		X					X					
Psychology Testing			X						X			
Social Work Follow-up		X					X					
Unit Meetings			X				X					
Church Service	X		X				X					
Individual Spiritual Care	X		X				X					

PROCESS MAP

If viewing this document electronically the Interpreter Services process map can be found here: (<I:\OSH Performance Improvement\PROJECTS\Performance Improvement Teams\INTERPRETER SERVICES\PROCESS MAPS\FUTURE STATE.xlsx>)

If you are reading this in hard copy the Interpreter Services process map can be found as an attachment.

ACTIVITY SERVICE MATRIX DEFINITION TABLE

PSRB Hearing	Legal proceeding for a patient under supervision of PSRB to review statutory jurisdiction and current mitigating risk factors and mental health status to consider conditional release, discharge, and placement options
SHRP	Legal proceeding for a patient under supervision of SHRP to review statutory jurisdiction and current mitigating risk factors and mental health status to consider conditional release, discharge, and placement options
Civil Commitment	Legal proceeding to determine whether Hospital meets statutory requirements to keep patient at Oregon State Hospital against their consent
Informed Consent	Information provided to a patient in regards to medication treatment plan; this can include voluntary and involuntary medication. In case of involuntary medications, there is a legal proceeding with an administrative law judge to determine whether OSH can medicate without patient consent.
Forensic Evaluation	An evaluation being conducted as the result of a 161.365, 161.370, or 161.315 order to assess an individual mental health status and findings will be provided to the court/attorney
Risk Review	Hospital panel conducting meetings to review current risk factors with patient and provide increases privileges based upon treatment compliance and associated risk factors.
Outside medical Appointment	An appointment to meet the medical needs of the patient that cannot be met by the medical clinic at OSH
Internal Medical Clinic Appointments	Appointment to meet medical needs of a patient that can be met by the medical clinic at OSH
Routine Medical Procedures (Lab, X-Ray)	Common procedures for patients completed at OSH for their medical needs
IDT	Interdisciplinary Team - group of OSH staff working with patient to develop treatment plan. Consists of psychiatrists, psychologist, social worker, treatment care plan specialist, MHT, RN, and others.
Admission Process & RN Evaluation	Admission process occurs from the initial exchange of custody from law enforcement to OSH staff through the initial meeting with admitting RN. Process includes showering, changes of clothes, basic medical information, and health assessment.
MD Admission Evaluation	Initial meeting with admitting psychiatrist and patient after the Admission Process is completed
H&P by NP	Initial physical assessment by NP which occurs within first 24 hours of admission
Unit Orientation	Patient provided orientation to admitting/transfer unit by unit staff
Treatment Mall Orientation	Patient provided orientation to treatment mall by treatment mall staff

Initial Psychology Assessment	Initial assessment completed by psychologist within 10 days of admission
Initial Social Work Assessment	Initial assessment completed by social worker within 10 days of admission
RSD Assessment	Initial assessment completed by RSC staff
Nutritional Consult	Completed by nutritionist with doctors order
Unit Psychiatrist Check-In	Interaction occurs typically unscheduled and on the unit for psychiatrist to assess current status and medication assessment.
Disability Rights Oregon	Independent patient representative group who represents patient rights
Pharmacy Med Education	Education provided by pharmacy in regards to medications a patient is taking
Informed Consent Med Education	Education provided by pharmacy staff in regards to medications recommended by prescriber as part of the informed consent proceeding.
Outside MD Medication Consultation	Consultation provided to a patient for medical needs that occurs at OSH
Med MD On Unit Check-in	Assessment by medical doctor on unit
Seclusion and Restraint	When OSH staff are having to place a patient in seclusion or restraints
S&R Follow-up	Assessments completed by OSH staff to check on status of patient who is in seclusion or restraints
Urgent Medical Assessment	Medical assessment completed by nursing or MD because of urgent medical concerns
RN Check-in	Assessment completed by nursing staff on unit
Case Monitor Check-in	Check in by assigned Case Monitor with patient for routine check-in and assistance
1:1 Suicide Precaution	Monitoring by OSH at doctors order because of elevated risk of suicide threats or action
1:1 Behavioral Precaution	Monitoring by OSH at doctors order due to elevated risk of behavioral threats or actions
Placement Visitation	Consultation of patient with possible placement facility; can occur off OSH grounds or on site by facility staff coming to OSH
Group Outings	Part of a patients treatment plan that can include on-ground or off-ground activities
Unit Based Activities	Activities arranged by the housing unit outside of treatment mall schedule
Psycho-educational	Information received by a patient in regards to their diagnosed mental illness and treatment interventions
Treatment Mall Groups	Groups provided by the treatment mall as a part of patients treatment plan
Medical Transfers	Consultation provided to patient in regards to medical condition leading to a medical transfer
Transfers	Information provided to a patient in regards to transfer from one OSH unit to another
Discharge Process & RN Evaluation	Evaluation completed by nursing staff and unit staff at the time of discharge from OSH
MD Discharge Evaluation	Evaluation completed at the time of discharge for a patient leaving OSH
Social Work Discharge	Discharge information and consultation provided to a patient at the time of discharge
Vocational Services	Activities at OSH that are job based and a part of a patients treatment plan
Professional Visits	Visit by outside professionals for patients at OSH
Psychology Follow-up	Ongoing patient assessment interviews by psychologists
Psychology Testing	Testing completed by psychologists to further assess mental health status that can be provided to FES or assist treatment team in diagnostics
Social Work Follow-up	Ongoing patient assessment interviews by social workers

Unit Meetings	Meetings on housing units hosted by unit staff and includes all patients on unit
Church Service	Services provided by pastoral services for groups of patients at OSH
Individual Spiritual Care	Direct 1:1 services provided by pastoral services for patients

SAMPLE OF OUTSIDE VENDORS SIGN-IN SHEET

Instructions

1. No agency staff will be admitted to a ward to render services without this form.
2. Forms are issued to agency staff by the Communications Center upon their arrival on campus. The Communications Center staff will fill in the following: Time in, Communications staff signature, name, date of service and list of the wards to be visited.
3. The staff will present the form to the ward staff and sign in on the ward log book. The ward staff person will complete the following: Time in, patient name, number and language. Before leaving the ward, the staff person will fill in the time out and sign the form. These entries must be made in order for the agency to be paid.
4. The agency staff should then initial agreement of date and times.
5. After the agency staff leaves the ward, he/she should return to the Communications Center where the time out is filled in and the form is signed by Communications staff. The staff will be given the yellow copy. The Communications Center shall retain the goldenrod copy and distribute the original copy to the Business Office and pink copy to the Unit Director concerned.

Department of Human Services

OREGON STATE HOSPITAL OUTSIDE VENDOR SERVICES REPORT

91928

COMPANY NAME _____ DATE _____ TIME IN _____
Please Print

SERVICE PROVIDER NAME _____ Title _____ Communications Center Signature _____
Please Print (RN, LPN, CNA, OTHER)

Please print all information:

Ward	Start Time	End Time	Patient Name	Patient Number	Verifying Staff Signature	Service Provider Initials	Language / Type of Service

COMMUNICATIONS CENTER: TIME OUT

Service Provider Signature _____ Title _____

Communications Center Signature

Shaded areas to be filled in by OSH staff

OSH STK 03801
4.0 / 2000

INTERPRETER UNIT GUIDELINES

- ALWAYS **check in** with the RN when arriving for your shift.
- The safest place to **store valuables** (i.e., cell phones, irreplaceable items etc.) is in the free locked cabinets available at the main entrance at the Communications Center. Place your items in the cabinet and remove the key.
- **Lost valuables** should be reported to an RN immediately.
- If you are in the milieu and there is an **incident with a patient**, remove yourself from the situation and go immediately to the nurses' station.
- If a **patient raises any concerns or issues** related to their legal status or treatment needs bring this to the attention of the RN
- **Cell phones** are one of the items considered as contraband and under no circumstances should they be available in ANY patient areas, nor may they be used in the "bubble".
- **Cell phones** should be kept only in back area for staff and should always be set to vibrate or silence. You may check them occasionally, but this cannot interfere with client need.
- **"What do I do when the client doesn't want to use my services or is sleeping?"** You may read or do a puzzle (something quiet) in the staff lounge while you are waiting for the client and/or staff to ask for your assistance. You are not there to answer client questions (and they will ask!). Please refer client questions to a staff. We need you to be available for the client you have been hired to assist, and the expectation is that you will complete your shift regardless of the client's response to you. If the client consistently is not utilizing your services, please let an RN or myself know so that we can problem-solve.
- **When you are "on the floor" with the client:** You should feel safe. Always remain in sight of staff. You should only be engaging in interpretation roles, not doing a task as a staff. If staff need you to interpret for them (can you interpret for me to wake up a client), that is appropriate. If staff ask you to go wake up a client, that is **not** appropriate. If a client wants you to interpret a television show or interpret someone reading the paper to a client, this is appropriate. It is not appropriate to read the paper or books to yourself while you are on the floor. Your priority is to be available for any client and staff interactions as they go about their day in the milieu.
- **Clothing:** Please see the OSH clothing policy. In addition, we do not permit heels over 2", and the heel must be at least the diameter of a quarter. It is preferable that heels are not worn on the unit. "Designer-style" tears in clothing are not appropriate apparel for this setting.
- **Time:** Please have your vendor slip filled out properly (see instructions). You are paid for the time that you have been scheduled on the unit, not for extra time if you are early or stay late. Please have the unit staff sign on the vendor slip, not staff from another unit. You may not be paid for your time if these procedures are not followed. If you are scheduled for a meal break, you must take that time, and have

staff sign you out and then back in on your vendor slip. If you are in a meeting with the clinical staff and miss your break, please call me. Otherwise, you will not get paid for time when it is expected that you are on a meal break. Meal-breaks are 1 hour.

- **Calling in late:** If you are going to be late reporting for your scheduled interpreter shift; please call the Communication Center at (503) 945-2800. You will not be asked to stay over or make up the time you were late.
- **General Reminder - Donations**
All donations (of any type) need to be approved, screened, accepted, received, receipted and distributed by Volunteer Services.

Donations can be dropped off at the Communication Center or the Volunteer Services office (building 33, room 101). Donations should be clearly marked for Volunteer Services. Donations to Lighthouse 3 may be indicated, but there is no guarantee items will be permitted on Lighthouse 3.

We are currently accepting book donations for patient use. Books and magazines (appropriate for our population) will be used in the Book Exchange Program.

OSH GENERAL INTERPRETER GUIDELINES AND PROCEDURES

Accuracy and Completeness

The interpreter shall render a complete and accurate interpretation or sight translation, without altering, omitting anything from, or adding to what is stated or written, and without explanation.

Impartiality and Avoidance of Conflict of Interest

The interpreter shall be impartial and unbiased and shall refrain from conduct that may give an appearance of bias or conflict of interest. The interpreter shall disclose any real bias or interest, or any situation or relationship that may be perceived by any as a bias or conflict of interest to the OSH staff member for whom they are working.

Professional Demeanor

Interpreters shall conduct themselves in a professional manner and shall be as unobtrusive as possible. This includes understanding and abiding by the appropriate conduct recognizing professional boundaries between interpreter and client and between interpreter and OSH staff.

Confidentiality

Interpreters shall understand the rules of privileged and other confidential information and shall protect the confidentiality of all privileged and other confidential information.

Restriction of Public Comment

Interpreters shall not discuss, report, or offer an opinion concerning a matter in which they are or have been engaged, even when that information is not privileged or required by law to be confidential. However, if the interpreter witnesses abuse or neglect they must report it to DHS.

Scope of Practice

Interpreters shall limit themselves to interpreting or performing sight translating and shall not give advice, express personal opinions to individuals for whom they are interpreting, or engage in any other activities that may be construed to constitute a service other than interpreting. However, staff may request the interpreter's opinion and at such times the interpreter is encouraged to speak freely.

Assessing and Reporting Impediments to Performance

Interpreters shall assess at all times their ability to deliver their services. When interpreters have any reservation about their ability to satisfy an assignment competently, they shall immediately convey that reservation to OSH staff.

Duty to report Ethical Violations

Interpreters shall report to OSH any actions by any persons that may impede their compliance with any laws or policies governing interpreting and sight translating.

Professional Development

Interpreters are encouraged to continually improve their skills and knowledge and advance the profession through activities such as professional training and education and interaction with colleagues in related fields.

OSH Policies and Procedures

Interpreters shall abide by OSH policies and procedures, including but not limited to, dress and safety codes. Interpreters shall complete and pass the background OSH history check before arriving on campus, ensure their name and credentials are listed in the appropriate patient chart after interpreting, and have an OSH staff member sign the vendor voucher form before leaving OSH.

Policy and Procedure Index

Policy Number:	Policy Name:	Initial/Date
OSH 1.003	Incident Reporting	
OSH 2.008	Confidentiality and Security of Patient Information	
OSH 5.004	Valuing Diversity	
OSH 5.005	Use of Personal Equipment	
OSH 5.009	Staff-Patient Relationships	
OSH 5.012	Reporting of Injuries and Illnesses	
OSH 5.014	Conflict of Interest (DHS-060-002)	
OSH 5.017	Dress Wear of Staff/Volunteers	
OSH 5.021	Employee, Contractor and Volunteer Criminal Offender Information (DHS-060-010)	
OSH 5.025	Maintaining a Professional Workplace (DHS-060-038)	
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OSH 7.002	Objectionable Material and/or Subjects Unsuitable for Viewing by Patients	
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