

# Annual Department Specific Questionnaire

Name \_\_\_\_\_ ID Number \_\_\_\_\_

Department \_\_\_\_\_ Date \_\_\_\_\_

Your Annual Mandatory Education (AME) is complete when:

- All AME information is reviewed (online) and the post test questions are answered scoring >80%
- The test for the Medication Safety Addendum—Long or short version is passed (if required for role)
- This **Department Questionnaire** is completed and reviewed by your leader

**Answer the following questions related to your work area.** Place N/A if not applicable to your role.

1. How does your job role help Novant Health fulfill its mission?
2. Describe how you demonstrate one of the Service Standards in your job role.
3. Give an example of how you protect information (payment card, insurance or health information).
4. What number will you contact if you recognize a patient or person's condition is deteriorating?
5. If you move patients or heavy objects, list available resources you can use and describe measures you can take to prevent an injury.
6. If your job requires that you perform repetitive motion activities, describe measures you can take that will help prevent repetitive strain injury.
7. What do you do to avoid slipping, tripping, falling and back (or other) injuries?
8. What is your role during a tornado warning with likely tornado touchdown in the community and a possibility of other tornados threatening your site?
9. Describe where the following are located in your work area.

Fire exits and fire alarm pull boxes:	Fire extinguishers:

10. Do the storage rooms in your area have 18 inches clearance in between the sprinkler head and the top of stored items (and in non-sprinkler rooms is the storage no closer than 24 inches from the ceiling)?

Yes / No (circle answer - If No, please modify storage to allow for this clearance.)

Team member name: \_\_\_\_\_

11. In our work area, where do we store equipment when it is not in use?
12. After pulling the fire alarm pull box, what number will you call to report a fire?
13. If you hear a fire alarm, what actions do you take? How do you assist patients, visitors, team members in the event you need to evacuate your facility?
14. Where are the equipment manuals located for the equipment you use in your job?
15. How do you access interpreter services (# to call and access code, if applicable) for a customer who speaks a foreign language?
16. What do the emergency outlets in your department look like? Where are they located?
17. How do you access a Safety Data Sheet (SDS) for a chemical you work with? How is this information obtained if the computer is down?
18. List the chemicals found in your area and complete the table below: (use separate sheet if needed)

<b>Product name:</b>	<b>How would you safely handle/use:</b>	<b>Action in case of spill or exposure:</b>	<b>When placing the chemical in another container, what needs to be written on new label? (Product name and hazard)</b>

19. Where is the Personal Protective Equipment (PPE) located in your work area? If there is an emergency flushing station located in your department, how often is it inspected/tested?
20. Where are the gas shut off valves in your work area and who has the authority to turn them off in an emergency? \_\_\_\_\_
21. Give an example of an emergency in your building that would be:

• announced using plain language:	
• announced using a special code:	<b>Code:</b>

**Please return this annual questionnaire to your leader for your department file.**