

# **UNIVERSITY MEDICAL CENTER, INC.**

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**University of Louisville Hospital / James Graham Brown Cancer Center**

## **Orientation Handbook For Volunteers/Job Shadowers**

**This handbook will provide you with a helpful overview of important information and key safety policies for University Medical Center.**

## Welcome

**We are pleased to welcome you to University Medical Center. Your desire and dedication to helping others has enabled you to join a highly valued group of people. All will appreciate your special gift of service.**

**You have our thanks for your very important and valuable contributions of time and talents. We believe that this experience will be a rewarding one for you.**

**“You give but little when you give of your possessions.  
It is when you give of yourself that you truly give.  
It is well to give unasked, through understanding.”  
Kahlil Gibran**

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## **Health Requirements**

All University Medical Center Volunteers, and Job Shadowers have the following requirements for health documentation:

TB Tests or T Spot:

As a new volunteer/job shadower, we may ask you to get

- a t-spot test: a blood test which looks for exposure to TB or
- 2 TB skin tests

We will discuss these options with you at your interview and how to complete this requirement.

Once you are active, active volunteers/job shadowers are required to get a t-spot or 1 TB skin test annually.

### **Vaccination Records:**

- You must provide proof of vaccination for MMR (measles, mumps and rubella), and Varicella.
- A seasonal flu each year (October–April)
- If you or a parent or guardian do not have a copy of your records, you might want to check with your high school (high schools keep these any where from 2 -10 years after you have graduated) or check with your family physician.
- If you are unable to obtain a copy of your vaccination record, we will ask you to get a titer (a blood test) for Rubella, Rubeolla, Mumps and Varicella, which we will do in our lab at no charge to you.

### **Not required for all volunteer assignments but recommended-Hepatitis B Vaccination:**

A Hepatitis B vaccination is recommended but not required for most volunteer assignments. The Hepatitis B vaccination IS required for all Baby Cuddlers. We are not able to offer this vaccination to you.

### **Not required for all volunteer assignments but recommended –Tdap Vaccination:**

A Tdap vaccination is recommended but not required for most volunteer assignments. The Tdap vaccination IS required for all Baby Cuddlers. We are not able to offer this vaccination to you.

## **Service by Adults**

- Acceptance of an adult for volunteer service at University Medical Center will depend upon the adult's ability to meet the requirements of the volunteer services program.
- After an interview, volunteer assignments are made according to interest, availability, and ability to fulfill requirements and designated hours.
- All adult volunteers will submit an application, documentation of the health requirements and sign a background check consent form.
- All adult volunteers will complete orientation and safety training prior to starting service.
- Annual updates are required for all adult volunteers for Safety Training, HIPAA Training, Confidentiality and PPD (tB test).

## **Service by Teens**

- The minimum age for teen volunteers is location specific. Please contact your location of choice for more information.
- Acceptance of a teen for volunteer service at University Medical Center will be contingent upon the teen's ability to comply with the requirements of the volunteer service program. After an interview, volunteer assignments are made according to interest, availability, and ability to fulfill requirements and designated hours.
- All teen volunteers will turn in an application, documentation of the health requirements & a signed parental consent form.
- All teen volunteers will complete an orientation and training session that includes safety, age-specific guidelines, and universal precautions
- Teen volunteers must take breaks and lunch in the hospital cafeteria and notify their supervisor before doing so. Breaks or lunch are only given after 3 hours of service. Teen volunteers are not permitted to leave the hospital campus at any time while on duty without written permission from a parent.

## **Job Shadowing**

**Job Shadowing through Volunteer Services is for Observation Only! If you need hands-on experience, please call the facility where you wish to shadow and ask for the Education Department. Job Shadowers will not provide any patient care or perform any job or volunteer duties.**

1. The Job Shadowing candidate must be at least 16 years of age and must provide written, parental/legal guardian permission if less than 18 years of age.
2. Job Shadowing will typically occur Monday through Friday from 8 am to 9 pm. Only under extenuating circumstances will job shadowing occur at any other time.
3. The Manager/designee receiving the request for the observational experience will direct the request to Volunteer Services.
4. The Job Shadower will submit all the required forms to Volunteer Services.
5. The returned forms will be kept on file by Volunteer Services for a period of one year.
6. The Job Shadower will wear a University Medical Center ID Badge while onsite and will return the badge to the Volunteer Office when the observation period has ended.
  7. The Job Shadowing candidate will be under the direct supervision and responsibility of the assigned University Medical Center employee.
  8. The University Medical Center employee will ensure the Job Shadower complies with all departmental and organizational standards.
  9. The University Medical Center employee will work to ensure a positive educational experience while always maintaining the needs of the patients as first priority.
  10. At the discretion of the University Medical Center employee, the Job Shadowing experience may be ended at any time prior to the scheduled conclusion.

Reasons for ending the experience may include but are not limited to:

1. Patient care needs.
2. Refusal or unwillingness of Job Shadower to comply with organizational and/or departmental standards.
3. Refusal or unwillingness of Job Shadower to comply with requests and direction of University Medical Center employee.
4. Business needs and demands warrant the experience to end.

### **Volunteer Bill of Rights**

The right to be treated as a team member.

The right to a suitable assignment with consideration for personal preference, temperament, life experience, education and background.

The right to know as much about the organization as possible –the policies, the people, and the programs.

The right to be trusted with necessary confidential information.

The right to continuing education on the assignment as well as follow-up to initial training.

The right to guidance and direction by someone who is experienced, patient, and well-informed.

The right to be heard, to have a part in planning, to feel free to make suggestions, to have respect shown for an honest opinion.

### **Volunteer/Job Shadower Code of Conduct**

- Be Positive:** Display a positive image of University Medical Center By demonstrating courteous and professional behavior toward patients, physicians, employees and visitors and by following the values of University Medical Center.
- Be Sure:** Look into your heart and know that you really want to help others. Know your own limits.
- Be Convinced:** Believe in the value of what you are doing.
- Accept the Rule:** Don't criticize what you don't understand. There may be a good reason.
- Speak Up:** Ask about things you don't understand.
- Be Willing to Learn:** Training is essential to any job well done. Prepare for each assignment.

- **Keep on Learning:** Know all you can about your hospital and your assignment. Use your time wisely; don't interfere with others' performance.
- **Welcome Supervision:** Consult with supervisor when unclear on policy or action. You will do a better job and enjoy it more if you are doing what is expected of you.
- **Be Dependable:** Your word is your bond. Do what you have agreed to do. Don't make promises you can't or won't keep.
- **Be a Team Player:** Find a place for yourself ON THE TEAM. Constructive feedback will improve effectiveness.

## **General Information and Regulations**

### **Attendance**

Dependability is the key to a successful volunteer/job shadow experience. Reporting on time is important. If you are unable to come in, please contact the volunteer office and the department/person to which you are assigned. Please let us know of your absence as far in advance as possible.

### **Awards**

Every year, service awards are presented to Adult Volunteers at a special Ceremony to recognize various levels of hours achieved and various levelsof years served.

### **Benefits**

Active volunteers receive the following benefits:

- \*Free parking in designated areas of the hospital/volunteer site.
- \*Annual flu shots at no charge, if available.
- \*Annual TB screening at no charge.
- \*Participation in certain hospital receptions, open houses, picnics, parties and other events.
- \*Volunteers can request letters of recommendation.

### **Change of Name or Address**

Notify the Volunteer Office immediately whenever your name, address, telephone or emergency information changes. The department endeavors to keep records as current as possible.

### **Confidentiality**

Confidentiality is required University Medical Center . All information regarding patients, staff, volunteers, job shadowers, physicians and visitors is confidential. Volunteers and job shadowers are required to sign an annual Confidentiality Agreement acknowledging this. A violation of confidential information is a violation of hospital ethics, and a volunteer/job shadower may be dismissed immediately by Volunteer Services for such a violation.

### **Dos and Don'ts**

Volunteers should perform only those duties to which they have been assigned and properly trained. When in doubt, ask questions about what to do. Job Shadowers do not perform any duties and must stay with their sponsor at all times.

### **Drug and Alcohol Use**

University Medical Center prohibits the use and/or abuse of drugs and alcohol in the workplace. All are expected to abide by the terms of this policy as a condition of being able to work within the hospital. Anyone who is found to have violated its prohibitions is subject to disciplinary action, including suspension and/or discharge.

### **Employment Opportunities**

All employment matters are handled through the Human Resources Department.

### **Employees as Volunteers**

Acceptance of an employee for volunteer services will be contingent upon the employee's ability to meet the requirements of the volunteer service program. Qualified employees may volunteer after working hours provided the volunteer positions they seek are in areas other than the ones in which they are employed. Employees who are retired from this facility may volunteer. However, the areas to which they are assigned must be at the discretion of University Medical Center, the Department Coordinator, and Volunteer Services.

### **Equal Opportunity**

The Volunteer Services Department shall select and place volunteers/job shadowers based on ability and interest. University Medical Center shall provide equal opportunity to all people in all aspects of volunteer relations without discrimination due to race, color, religious creed, sex, national origin, ancestry, marital status, age or qualified disability. It is the hospital's policy to maintain a working environment free of sexual harassment and intimidation.

## **Evaluation**

Departments with volunteers may be asked to complete an evaluation of the volunteer at the end of the volunteers' assignment. Complete an All evaluations are confidential and are kept in the volunteer's file in the Volunteer Services Office.

## **Food and Beverages**

Food or beverages are never to be consumed in reception, registration, information or public areas of a unit or department. Breaks and meals should be taken in the cafeteria, or in the department's breakroom.

## **Identification Badge**

All volunteers/job shadowers are required to have an identification badge. This badge should be worn at all times while giving service, either on your clothing at collar level, or on the lanyard provided to you by the volunteer office. No person may borrow or loan an identification badge. The ID badge should be returned to Volunteer Office when you are finished with your service.

## **Personal Appearance**

Everyone must observe a dress code and present themselves to others in a manner and dress that is both professional and conservative. We reserve the right to dismiss you if this is not followed.

## **General Guidelines**

- Uniforms should be clean and pressed.
- Soft-soled shoes (no sandals or open-toe shoes).
- Hair neat in appearance (no hats or large hair ornaments).
- Jewelry and makeup kept to a minimum
- No perfumes, aftershave, or cologne (some patients may be allergic)
- Limit ear piercings to two earrings. Any other visible piercings ie. Tongue, lip, eyebrow, etc. are not permitted.
- No visible tattoo
- No gum chewing
- Name tag to be worn at chest level and visible at all times
- No denim, shorts, sandals or slipper-type shoes, sweat pants or exercise clothes, biking apparel, leggings worn with tops shorter than skirt length, printed T-shirts and tank tops, skirts more than 2 1/2 inches

above the knee, or Capri style pants. **Job Shadowers:** Business casual (no denim)

Some modifications may apply based on specific requirements of the department based on their safety or infection control procedures. This includes scrubs for volunteers/job shadowers assigned to surgery and other departments.

### **Scheduling and Reporting Your Hours, and Counting Your Work**

The Volunteer Services Department is required to keep track of the number of hours given to the hospital through volunteer service or observation. You may also be asked to count your work. Please follow the process appropriate for your campus and your situation.

#### **Volunteers:**

There are several ways you can choose from to report your volunteer hours:

A. Sign in and out in your volunteer office or designated area.

B. Call your Volunteer Office from the hospital or from home.

Leave a message with your name, the department you served in, the date and the number of hours.

C. Go to the University Medical Center website:

Once there, click on “Current Volunteers –Log In Here”. You will be asked for your Login name, which is the email address you provided to us on your application; and a password, which is the number on the back of your badge. Your Volunteer Information page will open; choose the “Time Sheet” tab.

Select the calendar day you volunteered, verify or change the assignment you served in and enter the hours and minutes you volunteered. When all of that is entered, click the “Continue” button at the bottom of the page to take you to the confirmation page. If your entry is correct, click the “Yes” button to save your hours. If your entry is not correct, click the “No” button to make changes.

#### **Job Shadowers:**

Call your volunteer office and report your hours.

## **Smoking**

University Medical Center is a Tobacco Free Organization No one Is allowed to use tobacco products on campus, including parking lots and inside cars. The appearance of healthcare professionals using tobacco products sends a message that is contrary to the promotion of health and wellness. As a health care institution, it is important that we educate and model healthy behaviors for the community and surrounding areas. Implementation of a smoke-free environment is evidence of our commitment to create and sustain a healthier community.

## **Volunteer Placement and Relatives**

The placement of volunteers with immediate relatives within the same department is discouraged and will normally not be permitted. Immediate relatives within the same department will only be allowed when such individuals are scheduled on different shifts from one another and are not involved in the supervision of one another. In no case will an individual supervise an immediate relative. This placement must have final approval of the Volunteer Services, and the Director of the specific department.

## **Diversity**

One of the goals of University Medical Center is to recognize each person's unique composition of body and soul, which embraces physical, emotional, and spiritual, needs. We consider each person as an individual, and strive at all times to be consistent with our core values of Reverence, Integrity, Compassion and Excellence for all individuals.

What we must do to actively support Diversity:

- Be mindful of your language; avoid stereotypical remarks and challenge those made by others.
- Speak out against jokes and slurs that target others.
- Your silence sends a message that you agree. It is not enough to refuse to laugh.
- Speak up when people take positions that work against understanding and communication.
- Welcome new people into your life and seek opportunities to meet others

## **Patient Rights**

In accordance with its mission and values, University Medical Center treats each patient as a whole, irreplaceable, unique, and worthy person. Patients in this facility enjoy the following rights:

- 1.**The right to considerate care that respects the patient's personal value and belief systems.
- 2.**The right to receive from his/her physician current information concerning his/her diagnosis, treatment and prognosis in easily understood terms. When it is not medically advisable to give such information to the patient, it should be shared with an appropriate person on his/her behalf. The patient has the right to know the name of the physician responsible for coordinating his/her care.
- 3.**The right to receive from his/her physician information necessary to give informed consents prior to the start of any procedure or treatment. Except in emergencies, the information should include, at minimum, the specific procedure and/or treatment, the significant risks involved and the expected length of recuperation. When alternatives for care or treatment exist, or when the patient inquires about alternatives, the patient has the right to such information. The patient also has the right to know the name of the person responsible for the procedures and/or treatment.
- 4.**The right to refuse treatment to the extent permitted by law and to be informed of the medical consequences of this action.
- 5.**The right to formulate advance directives and appoint a surrogate to make health care decisions on his/her behalf to the extent permitted by law.
- 6.**The right to receive every consideration of privacy and confidentiality concerning his/her own medical care and treatment.
- 7.**The right to expect that all communications and records will be treated as confidential.
- 8.**The right to expect that University Medical Center will make a reasonable response to the patient's request for services.
- 9.**The hospital will provide evaluation, service and/or referral as indicated. The patient may be transferred to another facility only after he/she receives complete information and explanation concerning the needs for and the alternatives to a transfer.
- 10.**The right to obtain information about any relationship of the hospital to other health care and educational institutions which could impact care of the patient. Also, the patient has the right to

obtain information concerning any professional relationships among individuals who are providing treatment.

**11.**The right to know if there are plans for the hospital to engage in or perform human experimentation affecting his/her care or treatment. The patient has the right to refuse to participate in research projects.

**12.**The right to expect continuity of care and to know in advance what follow up plans and services will be needed after discharge.

**13.**The right to examine and receive an explanation of his/her bill regardless of the source of payment.

**14.**The right to know what hospital rules and regulations apply to patient behavior.

### **Customer Service**

University Medical Center is a community of competent and caring individuals. It is the desire of all of us to continue to deserve that reputation. We should all conduct ourselves in a professional manner, always taking into consideration the image that is being presented to our guests and fellow team members. We believe that we are here to serve our customers and exceed their expectations by providing the highest quality of service with the utmost care and courtesy. These are some of the ways we can show we care about our patients, their families, and one another.

### **Simple Courtesies**

- Do not allow anyone to feel ignored.
- Initiate a friendly greeting with immediate eye contact, smile and say “hello.”
- Introduce yourself by your first name. Tell the customer who you are and what you will be doing.
- Name badges should be worn at chest level at all times.
- Address patients as they wish to be called. Do not refer to patients as honey, sweetie, etc. Teen Volunteers: You are expected to address all patients older than yourself as Miss, Mrs., Mr., Dr., etc. unless they request to be called something else!
- Face the patient or family member when speaking, using clear, distinct words.
- Listen attentively and do not interrupt.
- Knock on the patient’s door before entering.
- Observe visitors. If someone appears to need directions, offer to help and TAKE the customer to his or her

destination. If you are unable to personally escort a customer, take him or her to someone who can.

- Use the age appropriate communication techniques located on page 1

### **Attitude in Action**

- Recognize that the people we serve have a sense of urgency, and show we value their time. They are not an interruption of our work; they are our reason for being here.
- Treat every person as if he or she is the most important person at University Medical Center
- Listen carefully and with an open mind to what people have to say. Show a sincere interest. Avoid unnecessary interruptions.
- Be receptive to comments, suggestions, questions and complaints.
- Use good manners.
- Rudeness is never tolerated.
- Meet an individual's immediate needs, or gladly take him/her to someone who can. Proudly exceed expectations.
- Always be eager to help patients under any circumstances. Never say: "It's not my job." Or "I don't have time."
- Assists in making sure patients are taken directly to areas you have been assigned to take them to. The patient is your number one priority. Don't stop to chitchat with a coworker or friend. Your mission is the patient!
- Before leaving, ask, "Is there anything else I can do for you?"

### **Responsiveness**

- Inform staff if a patient needs assistance in any way.
- If the patient has a comment or concern, help them contact the Patient Representative through the Volunteer Office.
- Respond quickly; speed of service is the key to satisfaction.

### **Elevator Etiquette**

- Our customers always have the right of way while using Elevators and navigating hallways. Use this as an opportunity to make a favorable impression.

- Always transport patients in wheelchairs facing the elevator door
- Do NOT allow patients in beds or stretchers to be surrounded by other visitors or employees –politely ask others to wait for another elevator.

### **Telephone Etiquette**

- Your volunteer assignment is important and valuable to the hospital. Be proud of it! To the caller, YOU are the hospital.
- Answer all calls within 3 rings
- Give your department or location
- State your name and that you are a volunteer
- “May I help you?”

### **SMILE!**

- Explain, “ I will locate someone who may be able to help you. Can you please hold? ... Thank you”.
- Communicate name of the party you are transferring to and his/her extension destination
- Repeat messages back for accuracy
- Deliver messages promptly
- Always end the conversation pleasantly with “goodbye” or “have a nice day”
- Let the caller hang up first.

### **Conversations with Patients**

Conversations with patients should be limited to cheerful, non-controversial subjects. When visiting patients, do not discuss their illness . Patients may divulge information that is highly personal. Volunteers should listen with compassion and understanding, but should not invite confidences. Volunteers should never offer opinions on personal affairs, medical treatment, administration of medication, choice of physicians or referral of services.

### **Concerns**

If a patient or visitor complains about something, don’t argue or offer excuses. Simply say, “I’m sorry you have had difficulty.” Then report the complaint to the appropriate person. Comments or complaints regarding direct patient care should be directed to the charge nurse or unit manager. If the comment/complaint

needs to be heard immediately by someone in authority, contact the following offices in this order:

- \* Unit Manager for the unit that's affected.
- \* Volunteer Services Office.
- \* House Administrator, call the operator for assistance.

### **Guidelines for Effective Communications for All Age Groups**

- Be patient.
- Take time to listen.
- Show respect with active listening and without passing judgment.
- Convey warmth, understanding and interest.
- Use eye contact.
- Speak clearly and use short sentences
- Be aware of body language.
- Use a friendly tone.
- Treat everyone with respect and dignity.
- Ask questions when you do not understand.
- Repeat what you think you heard.
- Ask for clarification.
- Report concerns of behavior or language that you do not understand for further

### **Visually Impaired**

- Get person's attention before talking.
- Identify self before entering the room.
- Explain what you are doing.
- Ask for feedback to check for understanding.
- Assist with eyeglasses.

### **Hearing Impaired**

- Get person's attention before talking.
- Get close to person and speak clearly. Do not shout.
- Face person when talking
- Speak to side where hearing is best.
- Maintain eye contact.
- Ask for feedback to check for understanding.
- Eliminate unnecessary noises.
- Check if patient wears a hearing aid.
- Use gestures if necessary.
- Avoid looking away while talking.
- If necessary, may need to write

## **HIPAA Privacy & Security: Our Values and Ethics at Work**

HIPAA (Health Insurance Portability and Accountability Act) is a Federal regulation imposed on health care organizations including hospitals, home health agencies, physician offices, nursing homes, other providers, health plans and clearinghouses.

### **HIPAA Privacy Rule:**

- Gives patients a right to access their medical records and restrict (in some ways) who may access their health information.
- Requires organizations to train its workforce and to take measures to safeguard patient information in every form.
- Provides penalties for individuals and organizations who fail to keep patient information confidential. Criminal penalties under HIPAA: maximum of 10 years in jail and a \$250,000 fine for serious offenses. Civil penalties under HIPAA: maximum fine of \$25,000 per violation.

**HIPAA Security Rule:** Pertains to electronic patient information and requires physical, technical and administrative safeguards.

**Protected Health Information (PHI):** PHI is any patient information which identifies a patient directly or indirectly. PHI in any form (written, faxes, electronic, photographs/images, conversations, labels, monitor strips) must be protected.

### **HIPAA Privacy Official and HIPAA Security Official:**

The Privacy Officer shall oversee all ongoing activities related to the development, implementation and maintenance of the practice/organization's privacy policies in accordance with applicable federal and state laws.

The Security Officer is responsible for the ongoing management of information security policies, procedures, and technical systems in order to maintain the confidentiality, integrity, and availability of all organizational healthcare information systems. Please consult your Volunteer Services office for names and phone numbers of the HIPAA Privacy Officer and the HIPAA Security Officer.

## Privacy and Security Tips:

- Do not look at PHI unless you need to know the information to do your job.
- Use the minimum amount of PHI necessary to perform your job duties.
- Do not use your work access privileges to access, view or print your own PHI or the PHI of your spouse, children, other family, friends or coworkers.
- Be conscious of who else may be listening when speaking with patients or family members. Lower your voice when appropriate or move to a more private location.
- Dispose of PHI by shredding it or placing it in a locked confidential storage container. Do not place PHI in the regular trash.
- Before giving out paperwork, make sure each page is for the correct patient.
- Patients (including you) should go to the Health Information Management (HIM) department to complete the required paperwork to obtain copies of their PHI. HIM employees will verify identity and legal rights to the information and release it as appropriate.
- Do not discuss what you overhear about a patient or share information gained in the course of work with your family, coworkers, or friends.
- Do not discuss PHI with others who do not need the information to perform job duties such as those you encounter at Walmart, church, or grocery stores.
- Do not discuss patients in public areas such as elevators, hallways, or cafeterias, where individuals outside the healthcare team may hear you.
- Do not leave an individual without identification in a confidential or secure area. Offer assistance and ask for identification if necessary.
- Do not leave patient records lying around where visitors or other unauthorized persons may view them. Keep them secure.
- Keep PHI in folders, turn it face down or use a cover page.
- Lock your office door if you leave it unattended.
- Remove PHI from printers, fax and copy machines in a timely manner.
- Do not post or write down your passwords. Never share your password.

- Make your password something you can remember but difficult for others to guess. Do not include personal information others may know about you in your password (name, date of birth, spouse or children's names, pet names).
- Log out of patient information systems when you leave your work area.
- Turn patient information monitor screens away from public view.
- If you need to email PHI to perform job duties, you must encrypt 100% of your messages containing PHI sent outside of University Medical Center's network. You can encrypt any email message from your University Medical Center email account by entering #secure# anywhere on the subject line of your message.
- Double check the "To" line before sending an email to verify correct recipient.
- Verify you have entered the correct fax number before faxing PHI.
- Use a fax cover sheet with appropriate confidentiality language.
- Be mindful of your location when discussing PHI on a cell phone.
- Avoid using speakerphones when discussing PHI.
- Be careful about how much PHI you leave on home answering machines.
- Keep laptops and other mobile devices secure at all times.
- Always wear your identification/name badge where it is visible to others.
- PHI on labels must be removed and placed in a locked confidential storage bin, or marked through with a black permanent marker or placed in hazardous waste container if appropriate.
- If you are not involved in the care of the patient or the welfare of the family, remove yourself from the area of confidential patient discussions.
- After asking their permission, put phone calls on hold to prevent overhearing background conversations about other patients.
- Knock and pause before entering the patient's room.
- Ask visitors to leave the room if the patient would like them to do so before discussing PHI.
- Direct media inquiries to Public Relations or Administration.

- Report potential violations to your Volunteer Services office, Privacy Officer or Security Officer.
- If a government agent needs computer access to view PHI, you may cooperate only after seeing his ID. Let him know that University Medical Center and you will cooperate, but that you first must contact the CRO, Risk Manager, and Department Director over the area.
- Posting advertisements on bulletin boards for personal businesses, like selling candles or cosmetics, etc. is not permitted because the University Medical Center facilities are charitable, tax-exempt organizations.

**Notice of Privacy Practices (NPP):** Provided during the patient's first visit, posted in the facility, and on the website. Outlines: how we may use and disclose PHI, rights regarding their PHI and how to access it, how to file a complaint or opt out of the facility directory, and how to request a list of those who have received their PHI (Accounting of Disclosures), amendments, alternative means of communication (Confidential Communications), and restrictions.

**TPO (Treatment, Payment and Operations):**

HIPAA permits us to share PHI for treatment, payment or operations (coding, billing, quality review, risk, etc.) without authorization from the patient.

**Authorization: University Medical Center:** must obtain a signed and dated authorization form from the patient before using or sharing PHI for reasons other than TPO unless the use or disclosure is mandated by law.

**Marketing:** In most cases, we may not use or disclose PHI to market or film or photograph a patient for marketing purposes without obtaining a valid signed and dated authorization form from the patient. If an outside entity is involved in filming, photographing or interviewing a patient, please work with the Public Relations department. Certain forms must be signed by the patient and by those filming, photographing, or interviewing the patient.

**Legal Personal Representatives:** Persons having the authority (under federal and state laws) such as Durable Power of Attorney with a healthcare designation or Health Care Surrogate or Court Order to act on behalf of a patient in making healthcare decisions have the same rights to access the patient's information unless the involvement of the personal representative would put the patient at risk.

**Legal Personal Representatives for Minors:** Parents, guardians, and others who have authority (under federal and state laws) to act on behalf of a minor in making healthcare decisions also may have access to the minor's health

information as his/her personal representative unless the minor is emancipated.

### **Discussing PHI with a Patient's Friends and Family:**

HIPAA permits hospitals to share information that is directly relevant to the level of involvement of a family member, friend, or other person identified by a patient, in the patient's care or payment for health care.

- If the patient is present, or is otherwise available prior to the disclosure, and has the capacity to make health care decisions, you may discuss this information with the family or other persons if the patient agrees or, when given the opportunity, does not object.
- You may also share relevant information with the family and other persons if you can reasonably infer, based on professional judgment that the patient does not object.
- Even when the patient is not present or it is impracticable because of emergency circumstances or the patient's incapacity for us to ask the patient about discussing his/her care or payment with a family member or other person, you may share this information with the person when, in exercising professional judgment, you determine that doing so would be in the best interest of the patient.
- You may also disclose PHI as necessary to obtain payment for services provided. You may contact persons who are involved with the patient's care and payment for services other than the individual as necessary to obtain payment for health care services. You are required to reasonably limit the amount of information disclosed to the minimum necessary to process payment.

**Facility Directory:** A patient has the right to opt out of the facility directory.

- Check the directory before responding to any inquiries about a patient.
- If the patient has agreed to be in the directory, release only location and general condition (fair, critical, etc.).
- If the patient has opted out of the directory, advise the caller or individual present that you have no information on the individual requested.
- The internal processes we use to identify patients who have opted out of the directory vary among Saint Joseph facilities. Check with your supervisor and review the HIPAA Privacy Policy for the Facility Directory.

**Access is monitored:** Electronic access to PHI is monitored. Inappropriate access or sharing of PHI results in disciplinary action up to and including termination.

**Breach Notifications:** Hospitals must notify patients within 60 days if their unsecured patient information was acquired, accessed, used or disclosed inappropriately. The notice must describe what happened and what the organizations is doing to investigate the breach, how similar breaches will be prevented in the future, steps individuals can take to protect themselves and contact information. Patients will be able to sue and may be able to receive compensation for breaches. Breach investigations and notifications will be handled by the Privacy Officer and the Privacy Coordinators.

### **What is Your Responsibility?**

If you suspect a patient's privacy has been violated, or if a patient alleges his/her patient information has been accessed, used or disclosed inappropriately, immediately call the Privacy Officer.

**Resources Available on KOH Intranet under "Corporate Responsibility":**

- HIPAA Privacy Q&A Booklet
- Information Security Guide
- HIPAA Privacy Administrative Policies and Procedures
- HIPAA Security Administrative Policies and Procedures

### **Corporate Responsibility: Our Values and Ethics at Work**

The Corporate Responsibility program:

- Mandated to reduce health care fraud
- Designed to help organizations monitor themselves
- A way to raise concerns anonymously
- The right thing to do

### **Examples of Corporate Responsibility**

Issues:

- Providing poor care
- Falsifying records
- Billing for services not rendered
- Accepting kickbacks
- Billing for medically unnecessary services
- Double billing
- Patient dumping/refusing to treat patients based on ability to pay
- Violating patient confidentiality
- Giving gifts to physicians in exchange for referrals

### **Health Care Fraud is No. 1 Concern**

Since 1996, Congress has more than TRIPLED the budget for Medicare and Medicaid fraud enforcement. This had resulted in criminal and civil convictions, and recovered taxpayer dollars. In 2010-2011, 1,116 criminal healthcare fraud claims were investigated. As a result, there were 488 criminal cases involving 931 defendants, and 726 criminal convictions.

## **Federal False Claims Act**

- Prohibits anyone from knowingly submitting or causing to submit a false or fraudulent claim
- Violations include billing for services not provided, double billing, or being referred by someone in exchange for a kickback
- Protects whistleblowers who sue organization on behalf of government
- If the lawsuit recover funds for the government, the whistleblower can receive up to 30 percent of the recovery

## **Our Values and Ethics at Work Reference Guide**

- Our Values and Ethics at Work Reference Guide is a policy document.
- It is designed to help you do what is right and to ensure that your behavior demonstrates our values.
- The reference guide includes examples of how the standards of University Medical Center apply to your daily work.
- Our Values and Ethics at Work Reference Guide is one of many tools that can help you work in a responsible, professional and ethical way.
- By understanding and using this reference guide, we demonstrate our commitment to our core values.
- Failure to comply with Our Values and Ethics at Work Reference Guide may result in disciplinary action up to and including suspension or termination of services.
- Please review completely your copy of the Our Values and Ethics at Work Reference Guide, discuss any questions or concerns regarding this reference guide with your Volunteer Services office, sign and return the Acknowledgement and Certification form on the last page as your individual commitment.

University Medical Center promotes an environment that encourages all of us to seek clarification of issues and report questions and concerns. It is our duty and responsibility to promptly report possible violations of our standards, guidelines, or policies. You will be protected from retaliation if you make a good-faith report, complaint or inquiry. A person who retaliates against you for making a good-faith report is subject to discipline, up to and including dismissal from employment or termination of a business relationship with University Medical Center. Non-retaliation policies do not protect you if your actions violate the policies of University Medical Center or applicable laws.

**Reporting Process:** To ask questions or report potential violations or concerns please:

- Speak with your supervisor or another manager.
- If the supervisor/manager is not available, or you are not comfortable speaking with him/her, or you believe the matter has not been adequately resolved, contact your human resources representative or your Corporate Responsibility Officer.
- If you want to report a concern anonymously, you have two options:
  1. Call the Ethics at Work Line phone number, 1-800-261-5607.
  2. File your report using the Internet at [www.ethicspoint.com](http://www.ethicspoint.com).
- Both of these confidential reporting options are available 24 hours a day, seven days a week. Reports made by phone or the Internet are received by trained staff who document and forward information to your local and/or national corporate responsibility officer for appropriate action. These reports are not traced or recorded. You may remain anonymous if you wish. If you choose to identify yourself, there is no guarantee that your identity will remain anonymous. However, when you identify yourself it is easier for the corporate responsibility officer to provide you with a direct response.

**Role and Responsibility of the Corporate Responsibility Officer (CRO):**

The CRO is responsible for the administration of University Medical Center's Responsibility Program, monitoring laws and regulations and distributing communications regarding these to appropriate persons, and overseeing the prompt investigation and corrective action of suspected compliance violations.

### **Identification, Assessment and Reporting of Suspected or Alleged Abuse and Neglect**

Know the signs and symptoms of abuse. If you suspect abuse, you are responsible for reporting it to a staff member, as outlined in the University Medical Center policy.

Some Types of Abuse / Neglect

- Physical Abuse
- Elder Abuse
- Child Abuse
- Partner Abuse
- Psychological Abuse
- Self or Caretaker Neglect

## Signs of Abuse, Neglect, or Exploitation

- \* Physical evidence does not match medical history
- \* Unexplained bruising and/or bruising at different stages of healing (dark and light colors of blue, green, brown, yellow)
- \* Appearance of previous fractures
- \* Forced or coerced sexual relations
- \* Fear of partner or caretaker
- \* Hunger, malnourishment, or dehydration
- \* Inappropriate and/or inadequate clothing, poor hygiene
- \* Mismanagement of money or property by caretaker
- \* Inadequate explanation of cause of injury

## **EMTALA Compliance**

EMTALA stands for Emergency Medical Treatment and Active Labor Act. It is the Federal law which requires hospitals that accept Medicare patients to evaluate and treat individuals presenting for a potential emergency medical condition regardless of their ability to pay.

- The hospital is required to medically screen, stabilize, and treat or transfer individuals who:
  1. Arrive on hospital property in an ambulance; or
  2. Request evaluation or treatment for a medical condition; or
  3. Have a request evaluation or treatment made on their behalf (e.g., police officer, friend or family member); or
  4. Would appear to a reasonable person to be in need of evaluation or treatment for an emergency medical condition (e.g. obvious injuries, unconscious).
- All individuals to whom EMTALA applies will be triaged and receive a medical screening exam.
- If individuals request directions to a specific location of the hospital (e.g. Outpatient Lab, Labor & Delivery, radiology) direct them accordingly.
- If an individual indicates they are seeking evaluation and treatment of a potential emergency medical condition, direct them to the Emergency Department.
- If an individual appears to need evaluation or treatment for an emergency medical condition, but cannot or does not make such a request (e.g., unconscious or too emotionally distraught) then assess the individual's responsiveness. If the individual is unresponsive, follow the Code Blue procedure located on your "Hospital Emergency & Codes" badge. If the individual is responsive request assistance from the most accessible hospital staff member (e.g. business office

personnel, security) to transport the individual to the Emergency Department.

- If you see someone in acute distress even if they say they are on their way to another hospital, they must be seen by our staff in our ED.
- Never tell an individual who may be seeking evaluation or treatment for a potential emergency medical condition to leave and go to another facility.
- If patients inquire about wait times encourage the patient to seek evaluation and treatment and direct the individual to the appropriate personnel (e.g. nurse, registration clerk).
- If patients inquire about the cost of care, reassure them that the hospital will provide emergency department care regardless of ability to pay; encourage the patient to seek evaluation and treatment; and direct the individual to the appropriate personnel to answer any questions (e.g. nurse, registration clerks, financial counselors, etc.).
- If you observe any individuals awaiting emergency department treatment whose condition appears significantly worse, who appear to be in acute distress, or who complain of or exhibit signs of an emergent condition (e.g. chest pain, obvious difficulty breathing, onset of slurred speech or other stroke symptom), immediately notify ED nursing personnel.

## **General Safety Information** **Ergonomics**

### **Protecting YOU from Work Injuries**

Good body mechanics is good back protection for YOU.

- Adjust the height of your chair to achieve proper posture.
- Your ear, shoulder, and hip should be in a straight line.
- Sit with your head and neck in an upright position, even when on the telephone.
- Do ask for help. Most back injuries occur because volunteers do not request additional lifting help.
- Do lift with your legs, not your back. Keep your body straight with the item that you are lifting.
- Do not twist or turn your body while lifting.
- Think about using carts, patient rollers, and lifts. Do not put unnecessary strain on yourself. Plan ahead for the assigned job.

## **Slips, Trips, Falls and Other Accidents**

There is no such thing as an unimportant accident. Any accident is a danger signal that an unsafe condition or working habit exists. Report any accident to the department employee manager, team member, or Security, as appropriate, immediately. Also notify the Volunteer Services office. Your prompt action may help save someone from painful or serious injury.

### **Housekeeping practices:**

Wet floors may enter the work place unexpectedly because of plugged drains, spills and leaks. Wet floors are also a natural result of certain housekeeping, food service, and maintenance activities. STOP and...

- Notify housekeeping for assistance.
- Mark the area with a wet floor sign.

### **Watch your step:**

- Problem areas to be especially careful around are entranceway carpets and tile, liquid soap on restroom floors, painted/waxed floors, metal doorsills and steps, plastic carpet protectors, and darkroom floors.
- The parking garage where motor oil or ice is present can cause the floor of the garage to be very slick.

### **Work surfaces and walkways and stairs:**

- Keep floor area free from clutter.
- Wear appropriate shoes for you job.
- Pick up pencils, paperclips and other objects that might cause a slip.
- Beware of telephone and electrical cords lying across floors.
- Use handrails on stairways and take one step at a time.
- Avoid obstructing your vision with large loads.
- Don't hurry, especially around corners.
- Report out-of-order lights promptly.

### **Reporting of Slips, Falls, or Any Other Accidents**

If you have any type of slip, fall or accident, or if you WITNESS a slip, fall or accident, call security immediately! You should do this EVEN if you believe no real injury has occurred!

## **Wheelchairs -W/C -Transporting Patients**

Always use good body mechanics when using a wheelchair. Good body mechanics include: keeping your back straight; keeping your body close to the wheelchair when moving it; bending at the knees to lock/unlock the brakes; and bending at the knees to adjust footrests.

- Paid staff must help patient into or out of the wheelchair, unless the staff has indicated the patient is able to do so unassisted. Volunteers are not allowed to transfer patients into and out of wheelchairs!

- Be sure to check with the nurses' station prior to transporting a patient.
- Introduce yourself to the patient and explain who you are and what is happening.
- Verify that you are transporting the right patient by asking for his/her name.
- On a flat surface, push wheelchair forward at a smooth walking speed.
- If you have to push the wheel chair on an incline, **BACK** the wheelchair down inclines to prevent runaway wheelchairs!
- Gently and slowly **BACK** wheelchairs over bumps or curbs.
- Always walk at a normal to slow speed.
- Watch where you are going!
- BACK** onto the elevators after checking that the building floor and elevator floor are level surfaces.
- Lock the brakes on wheels of the wheelchair before the patient transfers in or out!

### **Medical Gas Safety**

A volunteer may be asked to transport a patient who is using an oxygen tank. Volunteers **SHOULD NOT** handle oxygen tank cylinders! If the patient needs assistance with the oxygen tank cylinder, please ask a supervisor for assistance.

**REMEMBER:** An oxygen tank cylinder can become a deadly missile if compressed gas is not controlled.

### **Safe Medical Devices Act**

If you realize a piece of equipment is not working properly, contact a supervisor who will remove the equipment, tag it "Do Not Use" and take care of the patient immediately. Any item used for patient care is considered equipment including, but not limited to, wheelchairs, outlets, call buttons, medical devices and machinery.

### **Utilities Management**

#### **Electrical Power**

If there is an electrical power failure, the emergency generator or its backup should kick in. Only the **RED OUTLETS** will be operational. Plug all life support equipment into the **RED** outlets.

## **Elevators Out of Service**

In the event that elevators are out of service, employees will:

- Use carry teams to move critical patients.
- Use stairwells.
- Use runners for supplies.
- If available, use generator supported elevators.

**Telephone Communications:** In the event of a telephone outage, phones will not be working correctly, if at all. A Telephone Failure Communications Plan is located in the Safety Manual. You will notice green or yellow sticker dots on the hospital departmental phones. During a disaster, if a green dot phone is not working, move to a yellow dot phone. The telephone system is set up to have a back-up plan to continue emergency telephone communications.

## **Radiation Safety**

Radiation, including X-rays and radiation therapy, can provide many benefits for our patients, but must be managed with caution. Do not enter any area where the radiation symbol is displayed.

## **Sentinel Events**

A Sentinel Event is an unplanned event that has resulted in serious physical or psychological injury or risk thereof, such as an unexpected death or major permanent loss of function unrelated to the patient's illness.

### **Some examples of sentinel events:**

- \* Child abduction or discharge to wrong family
- \* Rape of a patient
- \* Suicide of a patient in a 24-hour care facility
- \* Wrong blood or blood product transfusion
- \* Surgery on a wrong body part or wrong patient

**If you feel that a Sentinel Event has occurred or a “near miss” has occurred, please notify Administration, the Risk Manager, a supervisor, or a House Administrator IMMEDIATELY. Phone numbers are located on your Hospital Emergency and Codes badge.**

## **Healthcare-Associated Infection (HAI) & Risk Management**

**HAI Defined:** Healthcare-associated infection (HAI) is an infection that develops after contact with the healthcare system. HAI can be very costly, in terms of:

- Patient life and health
- Healthcare dollars

**HAI Causes :** HAIs may be caused by bacteria, viruses, fungi, or parasites. These “germs” may come from:

- Environmental sources (dust, etc.)
- Patients
- Staff members
- Hospital visitors

**HAI Best Practices:** Best practices for preventing HAI are related to:

1. Hand hygiene
2. Environmental hygiene
3. Antibiotic use
4. Airborne pathogens
5. Bloodborne pathogens
6. Personal responsibility

### **Hand Hygiene: When and What**

**The single most important factor for preventing the spread of infection is proper hand hygiene.**

Hands should be washed or decontaminated before and after each direct patient contact. This includes every time you enter and exit a patient’s room. Hand hygiene should also occur after gloves are removed.

Current CDC guidelines recommend:

- Wash hands with soap and water for at least 15 seconds when visibly soiled.
- Use alcohol-based hand rubs for routine decontamination of hands between patient contacts, when hands are not visibly soiled.

**Remember:** To protect yourself and patients, perform proper hand hygiene:

1. **Before** and after patient contact
2. **Before** eating or drinking, or before feeding patients
3. **Before** invasive procedures
4. After using the restroom
5. After contact with non-intact skin, body fluids, secretions or excretions

6. After removing gloves

Let patients and families see you perform hand hygiene!

### **Environmental Hygiene**

For good environmental hygiene:

- Maintain a clean environment. There should be no visible dust or soiling.
- Clean, Disinfect, or sterilize medical equipment after each use.
- Dispose safely of clinical sharps and waste.
- Launder used and infected linens safely and effectively.
- Follow appropriate guidelines for kitchen and food hygiene.
- Maintain an adequate pest-control program.

### **Antibiotic Use: Impact of Resistance**

Antibiotic resistance is a significant health problem. It affects:

- Drug choice –When an infection is resistant to the antibiotic of choice, other antibiotics must be used instead. These second-choice drugs are typically:
  - Less effective against the bacteria
  - More toxic to the patient
  - More expensive
  
- Patient health –Patients with resistant infections tend to have:
  - Lengthier illness
  - Higher medical bills
  - Greater risk of death
  
- The healthcare system
  - Antibiotic-resistant strains contribute significantly to HAI.
  - More than 70% of all bacteria that cause HAI are found to be resistant to one or more commonly used antibiotics.

### **Airborne Pathogens**

Background: Airborne diseases are transmitted from person to person via tiny particles when a healthy person inhales an infectious particle. These particles:

- Are produced when an infected person sneezes, cough, or talks.
- Can remain suspended in the air for long periods of time.
- Can travel long distances on air currents.

Diseases: Important airborne (or potentially airborne) diseases include:

- Chickenpox and shingles
- Measles
- Tuberculosis (TB)
- SARS
- Smallpox

### **Bloodborne Pathogens**

**Background:** Bloodborne pathogens are microorganisms in the blood or other body fluids, excretions and secretions (except sweat) that can cause infection and disease in people. These microorganisms can be spread from person to person when there is exposure to:

- Infected blood
- Body fluids, secretions, and excretions (except sweat)
- Non-intact skin
- Mucous membranes

**Diseases:** Important bloodborne diseases include:

- HIV infection/AIDS
- Hepatitis B
- Hepatitis C

**Standard Precautions:** Standard Precautions are mandatory precautions for all employees, volunteers and job shadowers to avoid becoming soiled by blood, body fluids, secretion and excretions from ALL PATIENTS. All patients carry the risk of being infected with unknown germs.

Standard Precautions include:

- Wear Personal Protective Equipment (PPE)–PPEs give protection by providing a barrier to reduce the risk of infection in healthcare workers (HCW). These PPEs can be found in every area:
  - Gloves
  - Gowns
  - Face Masks(unfitted, disposable)
  - Eye Goggles
  - Use good personal hygiene
  - Hand Hygiene
  - Perform hand hygiene after removing gloves
  - Cover all open cuts
  - Use good work practices

- Do not eat, drink, apply lipstick or lip balm or handle contact lenses in areas where blood, body fluids, secretions or excretions are present.
- Do not place food items in areas where blood, body fluids or other potentially infectious materials are present.

**Use Standard Precautions with each and every patient to provide a safe environment for the patients, employees, visitors, healthcare workers, medical staff, volunteers, job shadowers and other customers.**

**Exposure:** If you are exposed to bloodborne pathogens do the following:

- Wash exposed skin immediately with lots of water
- Perform hand hygiene after removing gloves
- Flush eyes, nose, or mouth quickly and thoroughly with water

**If you have any accidental exposure to blood, body fluids, secretions or excretions, including being stuck with a sharp, report it immediately and seek medical treatment.**

### **Isolation Categories**

In addition to Standard Precautions, the following protective isolation categories may be ordered to protect the spread of infections. **Do not enter a patient's room if one of these isolation categories is indicated on the door. Check with a staff person!**

□ **Airborne** –Airborne Precautions are used to prevent the spread of airborne diseases in the healthcare setting. Healthcare staff must wear personal respirators whenever they enter an airborne isolation room. This protects staff members from spread of the infection. Common Airborne diseases include TB, measles, and chickenpox, among others. **Staff who Has not been trained in Airborne Precautions and respirator use should NOT enter airborne isolation rooms.**

□ **Droplet** –Droplet precautions are used when patients have or are suspected of having serious illnesses such as influenza and meningitis spread by large droplets containing microorganisms produced when the person coughs, sneezes, and talks or during procedures. Requires a specially fitted mask.

□ **Contact**–Contact precautions are used for specific patients known or suspected to be infected or colonized with microorganisms that can be transmitted by direct contact with the patient or indirect contact with hard surfaces, furniture or patient-care items. Common contact precautions include scabies, lice, bedbugs, and MRSA among others. Gloves and gowns

are used as a barrier to prevent the spread of microorganisms.

**Contact Enteric**-This **means** that the patient has a type of germ that can be spread to others directly through **contact** or indirectly through contact with clothing, hands, surfaces, or objects that are contaminated with the germ that is still alive. These active infections can be C. difficile, rotavirus, or norovirus. Gloves and gowns are used as a barrier to prevent the spread of microorganisms. Soap and water must be used on hands when leaving the patient's room. Alcohol based hand rub is not effective in removing these pathogens.

**Personal Responsibility-Please stay home when you are sick!  
Maintain Your Vaccinations**

As a healthcare volunteer/job shadower, you have personal responsibilities for infection control in your facility. Maintain immunity to vaccine-preventable diseases such as:

- Hepatitis B
- Measles
- Mumps
- Rubella
- Varicella (chickenpox)
- Pertussis (whooping cough)

**Emergency Plans**

**Tornado and Dangerous Weather!**

If a tornado is in the area, the operator will announce "Tornado Watch/Warning" over the intercom system three times.

**A Tornado Watch** is paged when conditions are favorable for a tornado to develop in your hospital's area.

**A Tornado Warning** is paged when an actual tornado has been seen in your hospital's area.

- Stay as far away from windows as possible and move to a central hallway.
- You may be asked to assist with moving patients to a central hallway. If a patient cannot be moved, close their drapes or blinds, cover the patient with blankets, close all doors completely, and stay away from windows. **If you can see outside, you are not safe.**

- When a "Tornado Warning" is announced, all employees and volunteers will remain on the floor or the unit they are on at the time the "Tornado Warning" is called.
- No one should go outside of the building or make personal phone calls during a "Tornado Warning".
- Upon termination of the Tornado Warning the operator will announce, "Tornado Warning All Clear" five times.

### **Code Red-Fire**

If there is a fire in the building, the operator will announce "Code Red" over the intercom system three times. (Keep in mind, this could also be a fire drill. Be sure to ask you supervisor if you are not sure) In the event you see fire, smoke, or smell something burning remember R-A-C-E: (on Badge)

- Rescue people who are in immediate danger by moving them away from area.
- Alarm. Pull the alarm and call the emergency number (on badge). Tell the operator "Code Red" and location.
- Contain the fire. Close all doors. Reassure patients who stay in their rooms.
- Extinguish/Evacuate. Fight the fire only if it is small and contained, like a wastebasket fire. Use the right fire extinguisher to put out the fire. All hospital fire extinguishers are marked "ABC", which can be used on any type of fire. Be sure that you have a clear exit path for escape. Evacuate as instructed.

The automatic fire doors will close when the fire alarm is pulled. The metal FIRE ZONE doors contain both smoke and fire, and provide a longer length of time to save lives. In addition to the fire doors, all other doors to offices and patient rooms are to be closed for additional protection and fire/smoke containment. Never block the fire doors or prop open.

To use a fire extinguisher, think P-A-S-S (on Badge):

1. Pull the pin. Twist the pin to break the plastic tie.
2. Aim at the base of the fire.
3. Squeeze the trigger.
4. Sweep from side to side continuing to aim at the base of fire.

#### **Preparing for Fire Safety**

- Keep burnable items --like paper, linens, and clothing--away from heat-producing devices.
- Extension cords should be used only in an emergency. Use only cords from Plant Operations, labeled "FOR EMERGENCY USE." NEVER overload an outlet or continue to use damaged electrical cords.

- Know location of:
  1. Fire alarms and fire extinguishers in your work area
  2. Medical gases shut-off valves
  3. Proper exits for evacuation plan
  4. Fire zones (the area between two sets of fire doors)

### **Code Black–Bomb Threat**

The Code Black is activated upon notification of a bomb threat or of a bomb on site, usually by a call from outside the hospital. Recent FBI reports have indicated that U.S. hospitals are a specific terrorist target for explosives.

If you are the person answering the phone and receiving the bomb threat:

- Remain calm –keep your voice under control.
- Do not transfer the call to anyone.
- Ask questions and try to get the following information:
  - Who are you?
  - What does the bomb look like?
  - What time will it go off?
  - What type of explosive is it?
  - Where is it?
  - Why are you doing this?
- Write down as much information as you can regarding what the caller is saying and:
  - Exact time of call.
  - Sex of caller.
  - Possible race of caller.
  - Background noises (overhead paging systems, sirens, machines, etc.).
  - Exact words of the caller.
  - Probable age of the caller.
  - Whether caller seemed intoxicated.
  - Peculiar or identifiable accent.
  - Stay on the line until the caller hangs up, then call your location's emergency number. The operator will notify:
    - The House Administrator.
    - The Administrator-on-Call.
    - Security.
    - The House Administrator will notify the Fire Department and the Police Department.

## **Code Yellow–Internal/External Disaster**

A “disaster” (Internal or External) is called when the number of injured people is larger than the hospital’s ability to effectively provide care. Additional staff and resources will be needed. In case of a possible disaster, the Operator will page over the intercom

- “Code Yellow-Standby External,” (repeated), or
- “Code Yellow-Standby Internal” (repeated).

When a disaster is certain, the Operator will page over the intercom

- “Code Yellow-Complete External” (repeated), or “Code Yellow-Complete Internal”.

- If a “Code Yellow -Complete” is called, volunteers may leave the hospital grounds if they wish.

- If a volunteer chooses to stay and help, he or she should report to the Volunteer Office and await further instruction.

When the disaster is over, the Command Center will have the operator announce,

- \* “Code Yellow all clear-Disaster Terminated.”

## **Code Orange–Internal/External Hazardous Material Spill**

Code Orange indicates an internal or external hazardous material spill and activation of the plan for the safe treatment of victims who have been exposed to a hazardous substance such as a biological agent or other disease-causing substance in the environment, which poses a threat to health or life. The hospital has a special team, which has been trained to deal with hazardous spills--the HazMat Hospital Team. The procedures for a Code Orange are as follows:

1. The decontamination site is outdoors, outside of the Emergency Departments.
2. If a patient comes to the hospital in need of evaluation or decontamination, call your emergency number (on badge) and say that you have a Code Orange.
3. Ask the patient to go back out the door he came in and around to the Emergency Department.
4. The operator will announce “Code Orange” over the intercom system five times and alert the appropriate hospital personnel.
5. When the Code Orange is completed, the operator will announce: “Code Orange –All Clear” over the intercom system.

**If you come in contact with a hazardous material or waste, be sure to wash the affected area with soap and water or flush eyes. Notify your manager or House Supervisor if your manager is not available. Report it to Employee Health and file an incident report.**

## **Hazardous Communications**

Know the Risks of Hazardous Materials:

- Hazardous materials can cause fires or explosions.
- When a chemical is breathed in, eaten, or splashed on your skin or in your eyes, it can seriously harm your health. Headaches, nausea, decreased mental alertness, impaired motor coordination, and other problems are possible effects.
- Chemicals are used throughout the facility. For example, anti-cancer drugs can actually cause cancer and other serious health problems in nurses and pharmacists who mix them. Housekeepers who clean up spills and remove waste can become ill if they do not follow appropriate directions. Many cleaning chemicals can also pose a risk to users. Do not mix different chemicals!
- Chemicals aren't just liquids in containers. Chemicals come in all forms--solids, liquids, gases, vapors, fumes, and mists.

The HazCom Program is a plan for the safe management of hazardous materials and waste at the University Medical Center. The program is consistent with the OSHA standard and includes information on:

- Inventory and identification of hazardous material
- Container Labeling
- Material Safety Data Sheets (MSDS)

Material Safety Data Sheet (MSDS)

- For detailed information about the hazards of a chemical and how to control them, check out the MSDS. MSDS notebooks are kept in each department. Be sure to ask where it is located.
- Chemical suppliers must provide an MSDS on every hazardous chemical they ship to the facility. This includes all cleaning supplies such as Windex, general purpose cleaner, etc.

## **Handling Hazardous Spills**

- Mark and isolate the areas of the spill so that other employees and volunteers do not disturb it. Paper towels may be placed over the spill to stop it from spreading. Stop traffic. If you are splashed on your skin or in your eyes, the most important thing is to flush the chemical off of YOU. Eye Wash facilities are located in high-risk areas such as the

Lab. Bags of IV fluids or any sink/shower could be used immediately to rinse dangerous chemicals off of your body and out of your eyes.

Call Security or the House Administrator and a trained user can clean up the spill with the right equipment.

### **Code Blue–Cardio/Pulmonary Emergency**

"Code Blue" is generally used to indicate a person requiring resuscitation or otherwise in need of immediate medical attention, most often as the result of a **respiratory arrest or cardiac arrest**. When called overhead, the page takes the form of "Code Blue, (floor)" to alert the resuscitation team where to respond.

If you find a person in medical distress, call the emergency number (on badge) and/or stay with the person until help arrives.

### **Rapid Response–Medical Assistance Needed**

This relates to utilization and activation of a medical assistance team. This is a medical response capability that initiates assistance for a patient, staff, or visitor that has a medical emergency within the facility or on campus grounds. The medical emergency is non-cardiac/stroke related and should not be called when need for emergent lifesaving techniques are needed. **If you are not sure whether to ask for a Code Blue or a Rapid Response, ask for a Code Blue.**

### **Code Gray–Immediate Security Assistance**

Code Gray is used to alert hospital employees of emergency situations involving patients, visitors, or others who are dangerous to themselves or others due to out-of-control behavior and potential violence.

To call a Code Gray, dial the emergency number, tell the operator that a Code Gray situation exists and give the location.

The operator will give an overhead alert of the Code Gray and its location.

The Code Gray Team will report to the announced location

The team leader will take responsibility for the code and staff intervention.

Once the crisis is resolved, staff will attempt to explain and process events with patients and involved family or others.

### **Code Silver–Firearm/Active Shooter**

Code Silver is called when there is imminent threat to employees, visitors or patients involving weapons. If a Code Silver is called, leave the building immediately. If you are not able to leave the building, lock or barricade yourself in a room.

## **Code Golden–Missing Adult Code**

Golden is the announcement you will hear over the P.A. system when an adult is missing. If someone approaches you and says an adult is missing, call Security.

## **Code Pink–Missing Infant or Child**

Code Pink is the announcement you will hear over the hospital P.A. system when a child is missing.

- If someone approaches you and tells you a child is missing, call your location's emergency phone number.
- Security personnel and other assigned staff will cover the hospital exits. Once a “Code Pink” has been called, ALL Employees and volunteers are expected to stop any adult leaving the building with a child, and call Security
- A brief description of the child will be sent by radio to staff.
- A photograph of the child will be obtained, if possible.
- At the end of the code, the operator will announce “Code Pink All Clear” three times over the intercom.
- Requests for information from the news reporters are to be referred to Public Relations or the House Administrator.
- Nursery Safety Features:
  - At birth a sensor is placed on the newborn infant that will set off an alarm system if the infant is taken outside designated areas.

## **Code Green–Antepartum/Labor Emergency**

Code Green covers the ante-partum moms. When a Code Green is called, it is an emergency regarding the mom or when delivery of the baby is eminent.

## **Code Stroke–Stroke Response Needed**

Code Stroke is announced over the P.A. system when action is needed to assist an immediate need/stroke situation.

With more than 780,000 Americans suffering a stroke each year and over 150,000 people dying of stroke every year, it's easy to understand why this cardiovascular disease is the No. 3 cause of death in the country.

A stroke occurs when insufficient blood reaches the brain, causing the cells to die. In just one minute millions of brain cells can be affected, resulting in mild to severe effects such as paralysis, memory loss and vision or speech problems. Therefore, acting fast is essential.

## ACT F.A.S.T.

FACE Facial Droop, Uneven Smile

ARM Arm Numbness, Arm Weakness

SPEECH Slurred Speech, Difficulty Speaking or Understanding

TIME Call the emergency number (on badge) immediately

### **Code X–Evacuation**

This code is announced over the P.A. system when a partial or full evacuation is needed. If you hear this code, please exit the building as quickly and safely as possible.

### **Key Safety Resources**

If you have questions or concerns about compliance with regulations or to discuss or report possible violations, contact an of the following:

- \* Your supervisor or director
- \* Director of Corporate Responsibility & Privacy Office
- \* Ethics at Work Line at 1-800-261-5607

As you can see University Medical Center is committed to Safety! A number of committees such as the Housewide Safety Committee, Safety Sub-Committees for Utilities and BioMedical Equipment, and Clinical Safety Committee meet on an ongoing basis. Many employees and volunteer ideals have been implemented to improve safety and prevent potential safety problems. If YOU see a potential danger for a patient, employee, visitor, student, volunteer....Do not walk away! Report the finding immediately to the appropriate department or your supervisor.