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Welcome to Good Samaritan Medical Center Volunteer Services!

The Good Samaritan Medical Center Volunteers, Hospital Associates, and Administration welcome you and appreciate your decision to join the volunteers of Good Samaritan Medical Center. We believe this experience will enrich your life and the lives of countless others including the patients, visitors, physicians, and associates at our hospital.

Volunteering is a special gift, and no matter where you choose to volunteer or how often, your service is vital to the effective and successful operation of the Hospital. Your devoted effort, interest, and loyalty will help our hospital continue to be the outstanding institution it has been.

We hope that your association with Good Samaritan Medical Center will provide opportunities to bring a heightened meaning to each day, a chance to increase your skills and knowledge and unique opportunities to meet new friends.

In this handbook, you will find information that will help you in your role as a Good Samaritan Medical Center Volunteer. Please read the information thoroughly. If you have questions about any of the information provided in the handbook, please talk to a member of the Good Samaritan Medical Center Volunteer staff who will be happy to talk with you.

We are so pleased that you have chosen to join the Good Samaritan Medical Center Volunteer family. Thank you for sharing your time and talents with all those you will meet through volunteering.

Welcome and thank you for your gift of volunteerism!
Good Samaritan Medical Center
Volunteer Services
200 Exempla Circle
Lafayette, Colorado 80026

Phone: 303-689-5800

E-mail: egsmc.volunteers@sclhs.net

Fax: 303-689-5805

Hours
Monday through Friday
8:00 a.m. to 4:30 p.m.

• Director of Volunteer Services
  303-689-5800

• Sharlene Ujcich
  Administrative Assistant
  Monday, Tuesday and Friday afternoons

Other

• Main Hospital Number
  Phone: 303-689-4000

• Gift Shop
  Phone: 303-689-6800
Questions and Communications

Volunteers are encouraged to contact the Volunteer Services Department to bring any issues to our attention:

The Volunteer Services associates are available to expand upon or explain any of the subjects covered in this handbook. Please speak to an associate if you wish to discuss any part of this handbook or if you have questions on subjects not covered in the handbook.

Your Volunteer Services Department Associates

Volunteers may count on the Volunteer Services Department associates to:

- Keep volunteers informed of corporate changes and issues affecting their volunteer service
- Ensure compliance with regulations and policies
- Facilitate changes
- Coordinate volunteer service to meet Good Samaritan Medical Centers needs
- Support volunteers' work
- Recruit, train, place and retain volunteers
- Develop and maintain community partnerships and collaborative ventures
History of Good Samaritan Medical Center

There is a story, known around the world, within differing cultures and across centuries. It is a story of three individuals – a priest, a professional, and a low-cast person – who came upon an injured person. Many faith traditions call it the story of the Good Samaritan.

The priest is the first to notice the person in need, but he passes by. The professional does the same. The low-cast person not only notices but also stops to help. He binds the injured man’s wounds, provides for his future care, and even promises to come back to see him.

Most of us have heard the story explained in terms of a moral. “Be like the Good Samaritan.” However, there is another way to understand this story. Think of it as inviting us to take a second glance at ourselves.

“Good Samaritan” is a wonderful name for a medical center. Like the Good Samaritan, we can be sensitive to the workings of our hearts, to notice as well as respond to persons in need, and to bend toward others in caring and respectful ways.

Brief Overview of Good Samaritan Medical Center & SCL Health

About Good Samaritan Medical Center
Good Samaritan Medical Center opened December 1, 2004 and is a community-based, 234-bed acute-care hospital located in Lafayette, Colorado. The medical center is part of SCL Health headquartered in Broomfield, CO. Good Samaritan Medical Center’s premier services include Level II Trauma, Comprehensive Cancer Center, Heart and
Neurovascular Center, robotic surgery, Primary Stroke Center, Integrative Health and Healing Center, “baby friendly” birthing center, and emergency services including a Senior Emergency Room. To learn more, visit www.goodsamaritancolorado.org.

**About SCL Health**

SCL Health is a community based, nonprofit, non-denominational healthcare organization dedicated to improving the health of the people and communities we serve, especially the poor and vulnerable. Our $2.3 billion health network aspires to provide comprehensive, coordinated care through our eight hospitals, more than 190 ambulatory service centers, home health care, hospice, mental health care, and safety-net services in three states – Colorado, Kansas and Montana. We proudly partner with other organizations to improve quality and the patient experience. SCL Health provides more than $250 million a year in community benefit. SCL Health was founded by the Sisters of Charity of Leavenworth, who opened their first hospital in 1864. To learn more, visit [www.sclhealth.org](http://www.sclhealth.org).
Good Samaritan Medical Center – Mission, Vision and Values

MISSION
We reveal and foster God’s healing love by improving the health of the people and communities we serve, especially those who are poor and vulnerable.

VISION
Inspired by our faith,
We will be distinguished as the premier person-centered health system and trusted partner.

We will share accountability with clinicians and other stakeholders to coordinate care across all settings and improve access, quality, health outcomes and affordability.

We will grow as community-based health networks to serve more people in partnership with others who share our vision and values.

VALUES
Caring Spirit
We honor the sacred dignity of each person.
Excellence
We set and surpass high standards.
Good Humor
We create joyful and welcoming environments.
Integrity
We do the right thing with openness and pride.
Safety
We deliver care that seeks to eliminate all harm for patients and associates.
Stewardship
We are accountable for the resources entrusted to us.
Volunteering At Good Samaritan Medical Center

Goals of the Volunteer Services Department

- Develop programs to meet the needs of departments and individuals
- Utilize each volunteer’s background and skills
- Recognize the efforts and contributions of volunteers and provide opportunities for personal development
- Improve communication, training and education for volunteers

Volunteering at Good Samaritan Medical Center

Volunteers have been an important part of Good Samaritan Medical Center before its doors even opened. Each year volunteers donate more than 30,000 hours of service in 28 different areas. Most volunteers work an average of four hours once a week. Some choose to work on special or periodic projects.

Steps to Volunteering

Any person over the age of 14 years may apply to become a Good Samaritan Medical Center Volunteer. No person will be discriminated against for reasons of age, sex, race, color, creed, national origin, religion or disability. However, Good Samaritan Medical Center reserves the right to determine if a person meets the minimum standards to be accepted as a Good Samaritan Medical Center Volunteer.

Every effort is made to place volunteers in the area of their choice. After you have been in your position for two weeks, and a change is desired, please discuss this with the Volunteer Services Department. A change is not always possible; however, we will do our best to meet your request.
Requirements

Volunteers must:

- Complete a volunteer application
- Complete an interview with Volunteer Services
- Complete a criminal background check (Adults over 18 years of age only)
- Complete two initial TB tests
- Complete a drug/alcohol screening test
- Receive a flu shot during flu season - mandatory (generally November through March)
- Sign a Confidentiality Agreement
- Complete an orientation
- Train with an authorized volunteer trainer and complete the training Position Description/Competency form
- Obtain a hospital photo ID
- Obtain and wear the appropriate volunteer uniform
- Complete an annual safety form
- Sign in and out each time when volunteering
- Follow all Good Samaritan Medical Center policies
- Maintain a strong sense of accountability, responsibility and integrity while performing your duties.
- Promptly notify the Volunteer Services Department of any changes in your personal data. Personal mailing addresses, telephone numbers, individuals to contact in case of emergency and other information should be accurate and current.
- Notify the Volunteer Services Department when you decide to terminate your volunteer services giving a two-week notice. Return your photo ID badge, vest, and your parking pass to the Volunteer Services Department.

Volunteers must not:

- Report for duty with any communicable infection such as a cold, sore throat, flu, or skin lesion.
- Perform any duties which require a license (such as RN, MD, therapist, etc.) or for which you have not been properly trained.
Position Description

Every volunteer assignment has a written Position Description/Competency, which outlines:

- Department Director
- Position
- Department Contact
- Service Hours
- Description
- Skills /Talents
- Physical Requirements
- Responsibilities

Every volunteer can get a copy of the Position Description for his or her volunteer assignment. A signed copy will be kept in the volunteers personnel file.

What Special Benefits Do Volunteers Receive at Good Samaritan Medical Center?

Volunteers who give their time and energy receive both tangible and intangible rewards. Listed below are benefits offered to volunteers by Good Samaritan Medical Center:

- Appropriate skills training
- Free secured parking
- Free uniform
- 20% discount on meals in the GSMC Cafeteria
- Discount at Sky Coffee
- Free Tuberculosis (TB) testing (required by the hospital)
- Free Drug/Alcohol testing (required by the hospital)
- Free flu shots (required by the hospital)
- Discounts at the Heath and Healing Center
- Appreciation celebrations
- Great friendships and learning experiences
- Opportunity to develop leadership skills
Volunteer Leadership Opportunities

**Good Samaritan Medical Center Volunteer Leadership Team**
The Volunteer Leadership Team is made up of volunteers and associates including the Director of Volunteer Services and the Manager of Patient Experience. The team is responsible for recruitment, orientation, retention, activities, the, and the Caring Canines program. Volunteers must be an active member of the volunteer program for one year in order to apply for a position on the team.

**Conferences and Educational Opportunities**
Volunteers are encouraged to broaden their knowledge of volunteer issues. Any volunteer who would like to attend any Good Samaritan Medical Center sponsored conference, or other educational opportunities having direct application to his or her volunteer service, may contact the Volunteer Services Department for guidance, assistance, and approval. As opportunities arise, factors such as cost, purpose, location, duration, etc. are examined to determine how many attendees may be able to attend.
Communication

How the Volunteer Department Communicates With You
To maintain communications between associates and volunteers, the following informative materials are made available:

- **Volunteer Information Center (VIC):** The computerized sign-in and out system also has an ‘information panel’ where current information and messages are posted from the Volunteer Services Department. The computer is located in the Volunteer Office.

- **Volunteer Huddles:** Provides a weekly safety discussion, what’s happening at the hospital, and comradery with your peers. Monday through Friday three times a day. Minutes are posted for evenings and weekends.

- **In Touch:** The Volunteer Services Department provides a monthly newsletter via email with pertinent updates, news about volunteers and services, and information affecting the volunteers’ work.

- **Emails/Mailings to your Home:** On occasion, the Volunteer Services Department may notify you regarding upcoming meetings and events through emails or mailings sent to your residence.

The materials listed above are e-mailed to volunteers. If the volunteer does not have e-mail, the publication is posted on the bulletin board by the volunteer sign in computer.
How Volunteers Communicate with Volunteer Services
Communication is only complete when it is a two-way process, so volunteers are urged to contact and discuss situations with the Volunteer Services department. Contacting a Volunteer Services Department associate is a welcomed conversation and allows volunteers to express suggestions and concerns.

When you share your thoughts in a direct and open manner, together we can solve problems, resolve conflicts, and implement new programs and ideas, which is easier and more effective.

Communicate directly with the Director of Volunteers when you have:

- Concerns over program directions, interpersonal relationships or other conflicts or

- Observed a breach of ethics or an action that is contrary to policy and procedures and reflects poorly on Good Samaritan Medical Center or results in poor customer service or

- Confidential information which may have bearing on the well-being of a patient
Volunteer Responsibilities

As a member of the Good Samaritan Medical Center Volunteer Team, you are expected to adhere to the following code of ethics:

- Always treat others as you wish to be treated.
- Hold in the strictest confidence all information to which you may have access while volunteering.
- Be kind and offer support to patients, families and guests, but refrain from giving any kind of medical advice or counseling.
- Remain neutral in matters of politics and religion.
- Refrain from consulting any physician or staff member for personal medical advice.
- Neither make judgment nor discriminate based on race, color, creed, disability, national origin, income, sexual orientation, religious affiliation, gender or age.
- Avoid any suggestive comments or physical gestures, which may be considered inappropriate or insensitive. Be aware that any form of sexual harassment is grounds for immediate termination.
- Except when promoting authorized Good Samaritan Medical Center functions, be aware that solicitations or selling tickets or chances is not allowed.
Volunteer Rights

As a member of the Good Samaritan Medical Center Volunteer Team, you have the right to expect:

- To be treated as a co-worker, not as “free help.”
- To be considered for an assignment based on personal preference, life experience, education, and employment history.
- Training, thoughtfully planned and effectively presented, for the job.
- Sound guidance and direction by someone who is experienced, well-informed, thoughtful and timely.
- To be heard, to have a part in planning, to feel free to make suggestions, to state an honest opinion.
- Recognition, in the form of appreciation, and by treatment as a co-worker.
Customer Service and the Patient Experience
It is What We are All About

Good Samaritan Medical Center’s goal is to maintain its reputation as the most outstanding medical provider in the region. It all starts with customer service and volunteers are one of GSMC’s most important representatives. A simple greeting may determine the customer’s lasting impression of GSMC. In fact, everything volunteers do comes under the category of "customer service." Good Samaritan Medical Center has many customers, including, but not limited to:

- Patients, Physicians, Associates and Fellow Volunteers
- Families and friends of patients
- Donors

Customer Service Standards
Conscientious customer service supports the mission of Good Samaritan Medical Center by recognizing the dignity and unique value of each individual. Ensure that you cooperate with supervisors, co-workers, workers of other departments and administrative staff in the best interest of the patients, their families, and other guests.

- **Break the Ice:**
  - Smile and make eye contact
  - Say “hello” and introduce yourself
  - Call people by name
  - Name badges should be worn at chest level at all times

- **Notice When Someone Looks Confused and/or Lost:**
  - Stop and lend a hand and ask, “How may I help you?”
  - If someone appears to need directions, offer to help and TAKE the customer to his or her destination.
• **Take Time for Courtesy and Consideration:**
  
  o **AIDET**
    
    **Acknowledge**
    Greet customers with eye contact, a smile, a pat on the shoulder, and a friendly hello
  
    **Introduce**
    Introduce yourself by name, state your department, and describe why you are there
  
    **Duration**
    Explain the timeframe
  
    **Explanation**
    Explain processes to patients so they understand what you are doing
  
    **Thank you**
    Take time to thank patients for making EGSMC their choice and allowing you to care for them and ask “is there anything else I can do for you, I have time.”
  
  o Initiate a friendly greeting with immediate eye contact, smile and say “hello.” Address patients as Miss, Mrs., Mr., Dr., etc. unless they request to be called something else. Do not refer to patients as honey, sweetie, etc.
  
  o Kind words and polite gestures make people feel special. Face the patient or family member when speaking, using clear, distinct words.
  
  o Demonstrate a friendly, considerate and helpful manner towards everyone.
  
  o Express respect through compassionate words and actions.

• **Keep People Informed:**
  
  o Explain what you are doing and what people can expect. People feel less anxious when they know what is happening.

• **Anticipate Needs and Respond Quickly:**
o You will often know what people want before they have to ask.
o Do not wait, act. If you cannot help, find someone who can.

• **Maintain Privacy and Confidentiality:**
o Please knock before entering a patient’s room.
o Upon entering the room, identify yourself and explain why you are there.
o Before leaving a patient’s room, ask, “Is there anything else I can do before I leave?”
o As you leave the patient’s room, ask, “Would you like your door closed for your privacy?”
o Watch what you say and where you say it.
o Protect personal information.
o All information regarding patients is confidential. Do not discuss patients with friends, family or coworkers, unless coworkers need to know to provide care for the patient.

• **Handle with Care:**
o Slow down.
o Be gentle.
o Avoid a hurried impression. Imagine that you are on the receiving end.

• **Maintain Dignity. Remember the Golden Rule:**
o Treat everyone fairly and with respect.
o Remember the person could be your parent, relative or friend.

• **Listen:**
o Hear people out and do all you can to help.
o When someone complains, do not blame others or make excuses. If needed, get assistance to solve an issue.

• **Help Each Other:**
o Be observant.
• Assist your co-workers.
  • Project a positive attitude.

• **A Quiet Environment:**
  • Noise may be annoying, especially to someone who is sick or anxious.

• **Attitude in Action:**
  • Recognize the people we serve have a sense of urgency. 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 GSMC.
  • 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.
  • 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 do not have time.”

• **Conversations with Patients:**
  Conversations with patients should be limited to cheerful, non-controversial subjects. When visiting with 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, do not argue or offer excuses. Simply say, “I am sorry you have had difficulty.” Then report to the appropriate person. Comments or concerns should be directed to the charge nurse or department manager.

**HCAHPS**
The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) is a standard survey tool, mandated by Centers for Medicare and Medicaid (CMS) to be used by healthcare facilities to gauge patient satisfaction.

HCAHPS asks about:
- Nurse Communication
- Doctor Communication
- Staff Responsiveness
- Communication with Medications
- Pain Control
- Physical Environment
- Discharge Information
- Quietness at Night

The data is posted on [www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov). Anyone can log on to the website and compare hospitals.

Volunteers can help GSMC with these scores by giving great customer service at all times!
While on the Job

Volunteers are responsible for following the guidelines listed below while performing their job duties:

- **Answering Questions:** Volunteers are in many areas of the Hospital and are easily identified by their uniforms. Please show your willingness to assist others; and if you do not know the answer, offer to find out either by asking fellow workers or making a phone call. You may offer to take the Hospital guest to his or her destination or, if appropriate, obtain a name and telephone number so that someone can follow up.

- **Confidentiality:** All patients’ information and hospital information must remain confidential according to HIPAA regulations. When in doubt, if acquired information should be shared, please check with the Volunteer Department on how to proceed.

- **Computer Use:** Volunteers who use the computer must observe guidelines as defined by the Hospital related to confidentiality, access, software use, and virus protection. The guidelines can be found on The Landing or through the Volunteer Department.
Service Behaviors

“Service Behaviors” focuses on individual roles and contributions in the Hospital’s journey to become Best in the Nation. Listed below are categories and examples that each employee and volunteer must follow while working in the Hospital:

Act Safely: “I take personal responsibility for preventing and resolving unsafe conditions”
- I act quickly and decisively when anyone’s physical safety and well-being are at risk. I do not look the other way.
- I protect people from slipping on spills and make sure they are cleaned up appropriately.
- When I see faulty equipment or furniture, I take it out of service and call the appropriate department for repairs.
- I wash my hands to protect myself & others from infection.
- I keep fire exits and walkways clear.

Communicate Effectively: “I communicate in an appropriate clear, timely, relevant, accurate and honest manner.”
- I create a safe and inviting environment for communicating.
- I listen to what others have to say.
- I ask questions to be sure we understand each other.
- I have the courage to speak honestly and directly.
- I respond to others’ requests in a timely manner.

Act Respectfully: “I value individual differences and needs, and I treat everyone with courtesy”.
- I acknowledge others, make eye contact and smile.
- I introduce myself and my role when meeting new people.
- I honor the need for and right to privacy and confidentiality.
- I inform others of wait times and delays.
- I give directions and escort people whenever possible.
• I observe meeting, elevator, telephone and e-mail etiquette.
• I conclude interactions by asking if there is anything more I can do to help.
• I safeguard others’ belongings.

**Project Professional Image:** “I present a professional appearance and keep my workplace clean and organized”.
• I dress in a professional way that respects all.
• I reduce clutter by placing items where they belong.
• I wear my badge where others can easily read it.
• I maintain good personal hygiene.
• When I see litter, I dispose of it properly.
• When I see dirty areas, I clean up what I can and notify the appropriate department for additional service.
• I clean up after myself.

**Promote Teamwork:** “I am part of the team, and we work together to achieve our goals.”
• I get to know the people I work with to build better working relationships.
• I follow through on commitments I make to others.
• I coordinate my work and cooperate to get the job done well.
• I treat co-workers as professionals and recognize their expertise.
• I ask for help when I need it, and I offer help when possible.
• I show my appreciation for a job well done.
Patient Experience

Human Caring Model
Human Caring model has been designed to guide your caring journey remembering that we are all connected to one another and work as a team to accomplish our work and goals. We will give you the theoretic framework and tools available to you to help take care of yourself, each other, and the patients that have entrusted us with their care.

GSMC Human Caring Model
Human Caring: From Dr. Jean Watson’s work, human caring embraces caring as a holistic practice that focuses on the human-to-human connection and views humanity as mind-body-spirit.

Self: “I care for and nurture myself to support my personal safety and well-being”

Each Other: “I care for you and support you in nurturing your personal safety and well-being”

Patient: “The Patient and Family are at the center of every thought, communication and action at Good Samaritan Medical Center.” – Patient advocacy statement

Our caring model exemplifies the philosophy and behaviors that associates, volunteers and providers demonstrate daily in caring for our patients, ourselves and each other. Our caring model aligns and supports our Mission, Vision, Values, reflect the Good Samaritan Parable and underlie our Service Behaviors.

At this care site we are all “Good Samaritans.”

Theoretical Basis for the GSMC Caring Model: Jean Watson’s Theory of Human Caring
The three major elements of Watson’s Theory of Human Caring are the:

a) 10 Caritas processes
b) Transpersonal Caring Relationship
c) Caring Moment

Jean Watson bases her humanistic theory on the role of the human-to-human connection to promote healing and harmony between mind, body, and spirit. She defines caring as a transpersonal experience in which both the associate and the patient participate in the process. A caring moment occurs when an associate and a patient experience a transpersonal connection that involves a connectedness of spirit, which allows healing to occur.

The 10 Caritas Processes – Caritas (Greek) means ‘to cherish and to give special loving attention’

3. Being sensitive to self and others by cultivating own spiritual practices; beyond ego-self to transpersonal presence. Be Aware.
4. Developing and sustaining loving, trusting, caring relationships. Develop Relationships.
5. Allowing for expression of positive and negative feelings – authentically listening to another person’s story. Listen Authentically.
6. Creative problem-solving, solution-seeking, through caring process; full use of self and artistry of caring-healing practices via use of all ways of knowing, being, doing, becoming. Seek Solutions.
7. Engaging in transpersonal teaching and learning within context of caring relationship; staying within other’s frame of
reference. Shift toward coaching model for expanded health and wellness.
8. Create a healing environment at all levels; subtle environment for energetic authentic caring presence.
9. Reverentially assisting with basic needs as sacred acts, touching mind-body-spirit of other; sustaining human dignity.
10. Allowing for miracles. Being open to spiritual, mystery, and unknowns.

**Transpersonal Caring Relationship Characterizes a special kind of human caring relationship**

• 'Transpersonal' means to go beyond one’s own ego and the here and now, which allows one to reach deeper spiritual connections in promoting comfort and healing.

• Reflects the intentionality of the individual who enters into a caring relationship.

• Embodies the spiritual.

• Promotes wholeness.

• Includes all methods of communication.

• Depends on the caregiver’s moral commitment to protect and enhance human dignity.

**The Caring Moment**

• A caring moment is the moment in time when two people are authentically present and come together in such a way that an occasion for human caring is created.

• Involves pausing and choosing to see an individual; this is an informed action guided by the intentionality of being present and open to compassion and connection.

• The caring moment impacts all involved and becomes part of the life history of both the patient and the associate.
•The caring moment is an experience that can be discussed and studied, but to truly comprehend the concept one must experience it.

**Compassionate Connected Care™**
A related SCL Health practice is Compassionate Connected Care™ (CCC).
•Compassionate Connected Care is:
– not a task, but HOW we care for patients as individuals
– another way we make a difference
•It focuses on empathy, sympathy, and compassion
•Includes actionable behaviors rooted in empathy to reduce patient suffering and improve the patient experience

**Six Themes of Compassionate Connected Care™**

1. **Acknowledge Suffering**
   □ We should acknowledge that our patients are suffering, and show them that we understand

2. **Body Language Matters**
   □ Nonverbal communication skills are as important as the words we use

3. **Anxiety is Suffering**
   □ Anxiety and uncertainty are negative outcomes that must be addressed

4. **Coordinate Care**
   □ We should show patients that their care is coordinated and continuous, and that we are always there for them

5. **Caring Transcends Diagnosis**
   □ Real caring goes beyond delivery of medical interventions to the patient

6. **Autonomy Reduces Suffering**
   □ Autonomy helps preserve dignity for the patient

**Principle Elements of Human Caring-It is All Connected**
A moment when caring and connection take place as two people are authentically present in an intentional way Going beyond the personal ego level, allowing for a deeper level of connection and knowing the foundation for putting heart centered caring into practice Focus is on Empathy, Sympathy and Compassion
Scheduling Volunteer Time

**Time Commitment**
Most volunteers work an average of three to four hours once a week, but volunteering at Good Samaritan Medical Center can be done in a flexible manner that accommodates individual schedules.

**Sign In and Out**
Volunteers working in the hospital sign in and out on the Volunteer Information Center (VIC) computer. Hours are automatically calculated and added to the volunteer’s database. If you forget to sign out, please contact volunteer services and we will sign out for you.

If the computers are not operational, volunteers can also record their hours manually by filling out the manual hour sheet located near the sign-in computer.

**Signing in is important for several reasons:**
- It allows the Volunteer Services Department associates to locate volunteers during their shift
- A volunteers’ cumulative record of hours is tracked in the database for statistical and recognition purposes
- In order to be covered by liability insurance, Volunteers must sign in

**Volunteers should also sign in when they:**
- Attend meetings
- Attend special training classes
- Attend other required activities
- Work from home (such as crafts, assembly, mailings, etc.)

*Make sure you* sign in **BEFORE** beginning work; and sign out **AT THE END** of the shift!
Attendance

Holidays
Official Good Samaritan Medical Center holidays are: New Year’s Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day and Christmas Day.

On any official Good Samaritan Medical Center holiday, volunteers are not expected to cover their shifts. However, any volunteer who would like to volunteer on a holiday should check with the assigned service area to be sure it would be open and notify the Volunteer Services department of their plan to volunteer.

Absences and Punctuality
Being a volunteer at Good Samaritan Medical Center is a very responsible position. Once a volunteer accepts an assignment and is placed on the schedule, he/she is an important part of the Good Samaritan Medical Center Team. Should the volunteer be late or fail to show up, it creates problems for those who depend on him or her. **Your work in the Hospital is important and others depend on your presence and promptness. Please notify the Volunteer Services Department of unavoidable absences and emergencies. Failure to notify your supervisor could result in termination.**

When a volunteer needs to be absent, he or she should do the following:
- Fill out the yellow “Volunteer Change Form” located by the sign in computer or send an email to egsmc.volunteers@sclhs.net
- Notify the service area

If being present regularly and on time is a problem, every attempt will be made to reassign the volunteer to a position that accommodates his/her schedule.
If attendance becomes an issue, volunteer services will contact you to discuss what actions can be taken to help the situation.

**Long-term Leave of Absence**
Good Samaritan Medical Center recognizes volunteers sometimes need to take time off for illness, vacation, or family emergencies. A leave of absence may be granted for up to 3 months with your position being held. If you need longer than three months, we will need to release your position and find another one when you return. A request for a leave of absence must be submitted in writing to the Volunteer Services Department.

**Retirement/Resignation of a Volunteer**
Volunteers are asked to give two weeks’ notice to the Volunteer Services office associates, in writing (yellow “Volunteer Change Form”), of their intent to resign. This will allow a replacement to be recruited and trained so continuity of service can be maintained. Upon resignation, volunteers are required to turn in their name badge, parking pass, Volunteer Handbook, and uniform to the Volunteer Services office. And finally, an exit interview will need to be completed.
The Joint Commission

Good Samaritan Medical Center is accredited by The Joint Commission (TJC). Achieving accreditation means an organization meets or exceeds The Joint Commission standards and continuously makes efforts to improve the care and services it provides.

The Joint Commission is an independent, not-for-profit, national body that oversees the safety and quality of health care and other services provided in accredited organizations. Information about accredited organizations may be provided directly to the Joint Commission at 1-800-994-6610. Information regarding accreditation and the accredited performance of an individual organization can be obtained through the Joint Commission’s web site at www.jointcommission.org. Any volunteer or employee may report concerns regarding safety or quality directly to the Joint Commission without fear of retaliation.

Over 21,000 healthcare organizations voluntarily choose to be surveyed in order to achieve Joint Commission Accreditation. Hospitals are surveyed by The Joint Commission every three years. Every employee and volunteer has an important role to play in understanding and practicing the standards that promote excellence in every facet of care and service at Good Samaritan Medical Center.

Joint Commission surveyors use a tracer methodology as a survey format to review hospitals. The Patient Tracer is where a surveyor follows a patient’s experience through the care, treatment, and services rendered from the moment the patient enters the hospital until the patient leaves the hospital. The surveyors question and examine any experience that affects the quality or safety of patient care.

The System Tracer is where the surveyor reviews processes that hospitals use to operate their organizations to determine
if those processes comply with Joint Commission standards. The surveyors focus on any high-risk processes that could endanger patient safety or affect the quality of care.

The following list is an example of a surveyor team:

- Administrator
- Physician
- Nurse
- Home Health
- Ambulatory Specialist
- Safety Code Specialist
- Generalist

Volunteers who are asked questions by surveyors should politely ask to see their Joint Commission identification before answering any questions, unless their identification is visible. Volunteers should answer the questions honestly and concisely to the best of their ability. If the volunteer does not know the answer, volunteers should say, “I am sorry, but I do not know (or remember) the answer to that question.” Volunteers should not reply in a flippant or joking manner and should not offer any additional information that is unrelated to the question at hand. If the surveyor needs more information, they will ask for more information. Joint Commission does not require information be memorized; rather the information can be accessed and used immediately in an emergency.

Here are some sample questions and answers they may ask you. (Questions were taken from the AHVRP Constant Readiness: Recommended Practices for Joint Commission Standards book).

**Question:** Do you talk to your family at home about interesting patients?

**Answer:** No, we cannot talk about patients when it is not related to their care.
Question: What does confidentiality mean?
Answer: What I see here, what I hear here, stays here when I leave here.

Question: What would you do if you suspected that a hospital employee was involved in something illegal?
Answer: You would contact security immediately.

Question: Can you give directions to ....
Answer: All volunteers should know their way around the hospital so they can help direct anyone who needs assistance.

Question: What are you expected to do in a Community Disaster (Plan D)?
Answer: Please see the Emergency Management section under the policies and procedures tab of the handbook.

Question: Do you know the mission statement of GSMC?
Answer: Please see the Mission, Vision, and Values document.

Question: How were you trained about hand washing and hand hygiene?
Answer: I read the procedure in my volunteer handbook and did hands on training.

Question: What would you do if you saw a bio-hazardous spill on the floor?
Answer: Do not clean it up!
Block the area off so no one will get into it.
Notify staff. They will call Facilities Management or the Safety Office to clean it up.
Question: Are you allowed in airborne isolation rooms?

Answer: No, we are not allowed to go into any isolation room. For Volunteer Eucharistic Ministers, the answer would be yes with special training.

Question: Do you know the fire code and what to do in a fire in your area?

Answer: Yes, please see the Environment of Care section of this handbook.

Question: What would you do if you heard a code for a fire in the building, but not in your area?

Answer: Please see the Environment of Care section of this handbook.

Question: Where is the fire escape route located from where you are now?

Answer: All volunteers should know where the fire escape route is located in the area they are working in.

Question: Where are the closest fire alarm and stairs?

Answer: All volunteers should know where the fire alarms and stairs are in their area.

Question: What would you do if a violent person threatened you while volunteering?

Answer: Please see the Environment of Care section of this handbook.

Question: If you suspected that a child abduction was happening in your area, how would you respond?
Answer: Please see the Environment of Care section of this handbook.

Question: Where is the Safety Data Sheet files kept?

Answer: They are located on The Landing.

Question:
- To whom could you report a concern that your hospital was ignoring a serious patient safety issue?
- Could you “get into trouble” for reporting your concerns?
- Could you as a volunteer report it directly to the Joint Commission?
- How could you report it?

Answer:
- The Joint Commission
- No
- Yes
- By calling The Joint Commission
Health Insurance Portability and Accountability Act

HIPAA

Information Management – the following standards are covered below, in the HIPAA workbook:

HIPAA was passed by Congress to reform the insurance market and simplify health care administrative processes. This law, which is very large and covers many aspects of the health care industry, went into effect in April 2003. The Privacy Rule of HIPAA sets forth specific standards that require all employees and volunteers to protect confidential patient information.

Volunteers will only be given information they “need to know” to complete their work. This information can come in the form of paper, electronic, or a combination of the two. There is a correct way to protect this information:

- Paper – volunteers need to be sure they are not letting anyone else see the information they are working on. Volunteers need to be sure to shred any protected health information by putting it in the locked shred box when they are finished using the information.
- Electronic – volunteers need to protect information by not allowing people to look over their shoulder as they are doing confidential work. All computers should have security screens on them. When the volunteer is done with the computer, he or she needs to log off the computer.

Volunteers will return their badge when they have terminated their volunteer work at GSMC. The volunteer’s computer access will also be terminated.

HITECH/HIPAA TRAINING

Please double click on the picture to your right and read the presentation.
Patient Rights and Responsibilities

The following “Patient Bill of Rights” supports our philosophy of care and states, within reason and within the limits of the law, the rights of a patient at Good Samaritan Medical Center. Please double click on the PDF below and read the “Patient’s Rights.”

SCLH Patient Rights

Volunteer’s responsibility to patients

It is important for volunteers to treat all patients in a dignified and respectful manner.

- Use the patient’s name including their title (Mr., Mrs., Miss, Ms.).
- Treat all patients of all ages with respect.
- Use appropriate covers such as a blanket or a sheet to cover the patient when transporting outside of the room.
- Ask if there is anything else the patient needs before leaving the room.
- Communicate with patients who have vision, speech, hearing, or cognitive impairments in a manner that meets the patients’ needs.
- Speak clearly, but not overly loud unless you know the patient is hard of hearing.
- Find another person to help communicate with the patient if there is a language barrier.
Policies and Procedures

Health care providers are held to higher standards than those in many professions. The same is also true of health care volunteers. The following is a summary of policies and procedures affecting health care volunteers with which you should be familiar.

Please double click on the PDF below and read our Code of Conduct.

SCL Health Code of Conduct
Background Check
As a safeguard to all concerned, Good Samaritan Medical Center requires a background check on any potential volunteers 18 years of age or older.

Competency of Volunteers
Training is an important part of becoming a GSMC volunteer. A current volunteer who has been in the service for at least six months and/or a staff member will conduct training. A competency will be completed for every service the volunteer works. Competencies are skills, knowledge, abilities, and characteristics that predict superior performance. If a volunteer is identified as needing improvement, additional training will be provided. If the volunteer is unable to meet the minimum requirement following further training, an alternate assignment may be offered.

To ensure a volunteer is performing his/her volunteer service satisfactorily, he/she must:
- Have a good understanding of the volunteer assignment
- Receive the proper training
- Be evaluated on a regular basis

Occasionally, a volunteer may be unable to accomplish the tasks assigned to his/her volunteer position, demonstrate a negative attitude or be repeatedly tardy or absent. Good Samaritan Medical Center reserves the right to reassign the volunteer or terminate the volunteer’s service should counseling and additional training efforts prove ineffective. The Volunteer Services Department maintains documentation of training and competency evaluations in each volunteer’s file.

Dress Code Policy
The Volunteer Office staff with the approval of Good Samaritan Medical Center management determines the volunteer uniform. The volunteer’s photo ID name badge is considered a part of the uniform and is to be worn at all times while volunteering. All volunteers are asked to practice proper
hygiene and grooming when volunteering, and uniforms or other clothing should be clean and in good repair. Many patients are sensitive to odors. Volunteers must refrain from using perfumed products (deodorant, lotion, hair spray, aftershave, etc.). If your hair is long and you work with patients, please pull your hair back.

Dress should be business casual, no jeans (denim), and the GSMC volunteer vest. Shoes should be comfortable and closed toed. Visible tattoos or body art must be covered to the greatest extent possible.

Here are some examples of unacceptable attire:
- Bare midriff, low-cut necklines, halters, spaghetti straps, tank tops and sleeveless t-shirts.
- Short and tight or see through clothing.
- Denim of any kind.
- Shorts or skorts.
- Skirts or dresses shorter than two inches from the knee.
- Sweat pants, exercise clothing, hats or athletic attire.
- Sandals or flip-flops of any kind. Crocs/other croc type shoes with holes.
- Clothes that have pictures, emblems, or statements.
- Buttons or pins unless hospital approved.
- Jewelry on cheek, eyelid, eyebrow, lips, or chin.

**Identification Badge**
Good Samaritan Medical Center requires volunteers to wear a photo identification badge whenever they are on assignment. When a person resigns as a volunteer, he/she is required to turn in the photo ID badge to the Volunteer Services office. If you lose your identification badge, contact Volunteer Services immediately and receive a replacement badge. A fee of $15 is charged to the volunteer for a replacement badge.
Confidentiality
Good Samaritan Medical Center considers confidentiality of patient and donor information to be a moral, ethical and legal issue of the highest priority. For that reason, each volunteer must understand his/her responsibility for maintaining confidentiality and sign a pledge that he/she will abide by this policy. Please sign the SCLHS Confidentiality and Security agreement provided to you.
Media Relations

When a reporter calls...

All media calls should be referred to the media pager at 303-897-3839.

You can call the pager yourself or ask the reporter to call.

Volunteers should never give a member of the media any information except the pager numbers listed above.

If you have a question or concern about a situation, feel free to contact the Director of Volunteer Services who will then contact the Communications and Marketing Department.

Working with Hospital Associates

While volunteering, the volunteer’s daily supervisor will generally be an associate of Good Samaritan Medical Center. Most associates are aware of the commitment that has brought the volunteer to Good Samaritan Medical Center, and they are most appreciative of the help he/she provides. On rare occasions, a volunteer may encounter an associate who is so immersed in his/her work that he/she fails to provide the support the volunteer may require. In this instance, or if there is a concern regarding associate/volunteer relations, the situation should be explained to the Volunteer Services staff so appropriate adjustments may be made.

Volunteers are asked to observe the professional setting and refrain from bringing personal concerns to their assignment.

Drug and Alcohol Policy

The use, possession, sale, or consumption of alcohol or illegal drugs is prohibited. No volunteer or staff member is allowed to provide services if judged to be under the influence of alcohol or
illegal drugs. Failure to comply with this policy will result in immediate termination of the volunteer's services.

**Parking**
Volunteers may park in lot 2A in rows I through L on the east side of the hospital. Volunteers are required to display Volunteer hangtags on each vehicle parked on campus.

**Recognition**
Good Samaritan Medical Center recognizes volunteers by hosting an annual recognition celebration and a weeklong celebration during National Volunteer Week. Volunteer Services may also host one or two volunteer socials a year. Volunteer Services is happy to write recommendation letters or to print out volunteer hours when requested with timely notification.

**Inappropriate Behavior or Violation of Policies**
It is the responsibility of the Director of Volunteers to intervene with a volunteer who has engaged in inappropriate conduct or who is unable or unwilling to follow Good Samaritan Medical Center policies. Good Samaritan Medical Center reserves the right to take action in any circumstance where the volunteer fails to maintain acceptable standards of conduct or breeches policy. This action may include termination of service. Either Good Samaritan Medical Center or the volunteer is free to terminate the volunteer relationship at any time and for any reason.
The following discipline issues will result in immediate termination.
- Theft of company, patient(s), associates, volunteers, or guests property
- Willful damage of company property
- Fighting or attempting bodily injury to any person on company property
• Any type of PDA – public display of affection
• Immoral or lewd conduct
• Inappropriate oral, written, or physical conduct of sexual nature
• Walking off the assigned service without permission or leaving assigned area for extended periods of time without permission
• Sleeping while on duty
• Harassment of any form
• Coercing or harassing patients, guests, volunteers, or associates
• Malicious practical joking/horseplay
• Reviewing, accessing, or revealing confidential information
• Deliberate oral or physical abuse of a patient, guest, volunteer, or associate
• Willful violation of safety regulations
• Possession of firearm or weapon on company property
• Consumption or possession of alcohol or drugs on company property
• Falsification of time and attendance records

Diversity
Patients, volunteers, and associates at Good Samaritan Medical Center represent a wide variety of backgrounds. Recognizing, mutually respecting, and appreciating differences enrich the volunteer opportunity. All volunteers are expected to work cooperatively with others, regardless of ethnic, cultural, religious, age differences or physical disabilities.
Population Specific Competency

Age Related Care
Age related care is planned with thought to the specialized needs and behaviors of a specific age group.

The benefits of learning about age-related needs and behaviors include:

- Improved communication.
- Increased cooperation with care and procedures.
- Individualized approaches, which support developmental needs/goals.
- Reduced stress associated with illness and hospitalization.
- Prevention of injuries due to age-related safety hazards.
- Creating a more positive health care experience for patients and their families.

Following are approaches that apply to all age groups:

- Wear your name badge.
- Wear clothing appropriate to your job, which is clean, neat, and free from unpleasant odor/fragrances.
- Use a calm, friendly tone of voice.
- Avoid sudden actions and unnecessary noise.
- Knock or announce your presence before entering room during waking hours.
- Introduce yourself, to patient, family, others in room.
- Hold conversations at eye level (whenever possible).
- Observe and report expression’s, pain, distress, or concerns to the clinical professional responsible for follow-up.
**Population Specific—Generational Markers**
These markers are general descriptions and are **not** absolutes. The historic time-line of a patient’s life, affect how they view life and how they learn.

<table>
<thead>
<tr>
<th>Generation Marker</th>
<th>CHARACTERISTICS</th>
<th>LEARNING STYLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>MATURES or SILENT GENERATION</td>
<td>Born between 1925 and 1945</td>
<td>Tell me/Show me.</td>
</tr>
<tr>
<td>GENERATION “X”</td>
<td>Born between 1965 and 1979</td>
<td>See it/Show me/Tell me. Give steps 1-25; they will do it in 5 steps.</td>
</tr>
<tr>
<td>MILLENIUMS or GENERATION Y</td>
<td>Born between 1980 and 2000</td>
<td>Show me/Tell me. Quick, interactive, short term; Include parents.</td>
</tr>
<tr>
<td>NEW SILENT GENERATION or GENERATION Z</td>
<td>Born between 2000 and present</td>
<td></td>
</tr>
<tr>
<td>AGE</td>
<td>COMMUNICATION</td>
<td>AGE-SPECIFIC STRATEGIES</td>
</tr>
<tr>
<td>---------------------</td>
<td>--------------------------------------------</td>
<td>----------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Neonatal</strong></td>
<td>• Introduce yourself to caregiver.</td>
<td>• Keep warm and dry.</td>
</tr>
<tr>
<td>(0-6 Months)</td>
<td>• Explain procedures to caregiver.</td>
<td>• Allow usual feeding, napping and playing schedule.</td>
</tr>
<tr>
<td></td>
<td>• Communicates needs by crying. Attend to needs promptly to develop a sense of trust</td>
<td>• Do not keep under continuous bright lights.</td>
</tr>
<tr>
<td></td>
<td>• Socialization involves the use of play.</td>
<td>• Needs maximum gratification and minimum frustration.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Provide cuddling and support.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Has “separation anxiety” if primary care provider not close by.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Involve parent in tasks, procedures, and food selection.</td>
</tr>
<tr>
<td><strong>Infant</strong></td>
<td>• Introduce yourself to caregiver.</td>
<td>• Keep warm and dry.</td>
</tr>
<tr>
<td>(6 Months – 1 year)</td>
<td>• Explain procedures to caregiver.</td>
<td>• Allow usual feeding, napping and playing schedule.</td>
</tr>
<tr>
<td></td>
<td>• Talk slowly &amp; calmly to infant.</td>
<td>• Allow familiar caregiver close by.</td>
</tr>
<tr>
<td></td>
<td>• Try to initiate eye contact but do not force.</td>
<td>• Allow infant to keep pacifier, blanket or toy.</td>
</tr>
<tr>
<td></td>
<td>• Socialization involves the use of play.</td>
<td>• Provide cuddling and support.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Has “separation anxiety” if primary care provider not close by.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Involve parent in tasks, procedures and food selection.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Attempt to keep the number of strangers interacting with infant to a minimum.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Provide emotional support to parents.</td>
</tr>
</tbody>
</table>
| Toddler (1-3 years) | Introduce yourself.  
Self-centered thinking. Can understand simple commands & may choose to cooperate.  
Do not rush patient. Needs time to think about what has been asked.  
Allow to touch equipment.  
Ask caregiver to explain directions in familiar terms.  
Trial and error method of learning. Experiments to see what happens.  
Say at least three words. Uses expressive “jargon.”  
Temper tantrums may begin.  
Explain things in relation to what child will see, hear, taste and smell. | Keep warm if not active.  
Do not separate child from pacifier, favorite toy, blanket, or adult.  
Provide cuddling and support.  
Need bedtime rituals for security and trust.  
May have “separation anxiety” from caregiver. Allow caregiver to remain close by.  
Learn words that child uses for needs, (i.e. toileting, eating).  
Child may regress during hospitalization. Need to provide with patience and caring. | Can tolerate short separation from parent.  
Do not leave unsupervised, especially during bath time.  
Provide age appropriate toys.  
Do not leave small objects within reach.  
Avoid foods that can cause choking.  
Do not leave sharp objects within reach.  
Do not leave poisonous supplies within reach.  
Transport in size appropriate means (wagon, crib)  
Discuss use of car seat to caregiver when traveling. |
| Preschool (3-6 years) | • Introduce yourself.  
• Talk in simple language. Let child touch and explore equipment.  
• Use familiar characters in communication and explanation, such as a Teddy Bear or doll to simulate procedures.  
• Include parents in care.  
• Knows own sex and recognizes gender difference  
• May be imaginative and have “imaginary friend.”  
• Able to count to 10.  
• Learns name and address.  
• Expect some resistance to authority. | • Allow familiar things or faces nearby.  
• Allow child to verbalize fears.  
• Needs encouragement, praise and support to try new things.  
• May regress during hospitalization. Provide support and comfort.  
• Do not use punishment for bad behavior relating to blood draws, etc. Child takes the meaning of words literally.  
• Involve parents in tasks, procedures, and food selection.  
• Allow choices whenever possible.  
• Set limits consistently. | • Can tolerate some separation from parents.  
• Transport in size appropriate means (wagon, crib).  
• Keep side rails up.  
• Provide age appropriate toys.  
• Avoid leaving small objects within reach to prevent choking.  
• Able to recognize danger and obey simple commands.  
• Supervise play areas.  
• Provide safety instructions for scissors, poisons, crossing streets, bicycle helmets.  
• Discuss use of car seat with caregiver when traveling. |
<table>
<thead>
<tr>
<th>School Age (6-12 years)</th>
<th>Introduce yourself.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Able to understand more complex explanations.</td>
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<tr>
<td></td>
<td>Talk to child directly.</td>
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<tr>
<td></td>
<td>Allow time for questions.</td>
</tr>
<tr>
<td></td>
<td>Allow to touch equipment.</td>
</tr>
<tr>
<td></td>
<td>Allow involvement and decision-making.</td>
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<td></td>
<td>Likes books to read alone and video games.</td>
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<tr>
<td></td>
<td>Sex role behavior learned, same sex friends preferred.</td>
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<tr>
<td></td>
<td>Be subtle – allow child to keep comfort item with them.</td>
</tr>
<tr>
<td></td>
<td>May need parent for comfort.</td>
</tr>
<tr>
<td></td>
<td>Use calm, unrushed approach.</td>
</tr>
<tr>
<td></td>
<td>Allow time for repeated questions.</td>
</tr>
<tr>
<td></td>
<td>Encourage child to verbalize fears.</td>
</tr>
<tr>
<td></td>
<td>Involve parents and child in tasks, food selections.</td>
</tr>
<tr>
<td></td>
<td>Explain procedures prior to beginning.</td>
</tr>
<tr>
<td></td>
<td>Use correct terminology.</td>
</tr>
<tr>
<td></td>
<td>Provide for privacy.</td>
</tr>
<tr>
<td></td>
<td>Curious. Do not leave items unattended (meds, cleaning supplies, various equipment).</td>
</tr>
<tr>
<td></td>
<td>Provide age appropriate activities.</td>
</tr>
<tr>
<td></td>
<td>Able to accept limits.</td>
</tr>
<tr>
<td></td>
<td>Transport in wheelchair or cart with side rails.</td>
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<tr>
<td></td>
<td>Side rails up as indicated.</td>
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<tr>
<td></td>
<td>Discuss use of seat belt with child and parent when traveling.</td>
</tr>
<tr>
<td></td>
<td>Discuss use of helmet for bicycle, skiing, skateboarding, in-line skates.</td>
</tr>
<tr>
<td></td>
<td>Discuss with parent not leaving firearms unattended in home environment.</td>
</tr>
<tr>
<td></td>
<td>Teach about drugs, alcohol and tobacco use.</td>
</tr>
<tr>
<td></td>
<td>Teach about strangers and sexual abuse.</td>
</tr>
<tr>
<td><strong>Adolescent (13-18 years)</strong></td>
<td><strong>Adolescent (13-18 years)</strong></td>
</tr>
<tr>
<td>-----------------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>• Introduce yourself.</td>
<td>• Maintain privacy; is very modest.</td>
</tr>
<tr>
<td>• Use adult vocabulary. Do not “talk down” to youth.</td>
<td>• Take time for explanations.</td>
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<tr>
<td>• Talk to youth directly.</td>
<td>• Wants independence from parent but need to know they are close by</td>
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<tr>
<td>• Very curious.</td>
<td>• Encourage youth to verbalize fears and give support.</td>
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<tr>
<td>• Allow involvement and decision-making, provide realistic choices.</td>
<td>• Permit adult to accompany youth if desired.</td>
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<tr>
<td>• Allow time for questions.</td>
<td>• Allow responsibility for self-care.</td>
</tr>
<tr>
<td>• Set clear limits to keep channels of communication open.</td>
<td>• Set limits as needed but avoid too many restrictions.</td>
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<tr>
<td>• Use correct body terms and descriptions for tests.</td>
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<tr>
<td>• Recognize resistance may occur.</td>
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| **Young Adult (18-35 years)** | **Introduce yourself.**  
- Ask patient how they wished to be addressed, (first name, Mr., Mrs.).  
- Explain procedures to patient, using correct terminology.  
- Allow time for questions.  
- Be respectful.  
- Open to self-improvement and risk reduction.  
- Communicates needs/wants more easily.  
- Concerned with developing a support system and involvement in community groups.  
- Choosing between a close, trusting relationship with another or isolation. | **Maintain patient's routine as much as possible.**  
- Provide privacy.  
- Offer assistance with care if needed.  
- Encourage patient to verbalize fears, listen, and empathize.  
- Provide support.  
- Include family, social life, others-job in conversation.  
- Encourage significant other to be involved in care. | **Condition may put patient at risk for fall. Use fall precautions as indicated.**  
- Side rails up as indicated.  
- Discuss use of seat belt with patient when traveling.  
- Discuss use of helmet for bicycle, skiing, skating.  
- Discuss healthy life-style. Avoid use of alcohol, drugs, encourage safe sex. |
### Middle Adult (35-64 years)
- Introduce yourself.
- Ask patient how they wish to be addressed, (first name, Mr., Mrs.).
- Explain procedures to patient.
- Allow time for questions.
- Be respectful.
- May have hearing or vision difficulties. Speak slowly and directly to patient.
- Listen to concerns about how hospitalization affects family, social and work life.
- Encourage patient to verbalize fears.
- Maintain patient’s routine as much as possible.
- Provide privacy.
- Offer assistance with care if needed.
- Encourage patient to verbalize fears, listen, and empathize.
- Provide support.
- Include family, social life, others-job in conversation.
- Encourage significant other to be involved in care.
- Help patient self-prioritize health maintenance.
- Condition may put patient at risk for fall. Use fall precautions as indicated.
- Side rails up as indicated.
- Discuss use of seat belt with patient when traveling.
- Discuss use of helmet for bicycle, skiing, skating.
- Discuss healthy life-style. Avoid use of alcohol, drugs, encourage safe sex.

### Older Adult (65 or older)
- Introduce yourself.
- Ask patient how they wish to be addressed, (first name, Mr., Mrs.).
- Explain procedures to patient and family.
- Allow time for questions.
- Be respectful.
- Speak slowly and directly to patient at eye level.
- May have hearing aid or glasses. Ensure use of both.
- Maintain patient’s routine as much as possible.
- Provide privacy.
- Offer assistance with care if needed.
- Encourage patient to verbalize fears, listen, and give support.
- If patient is confused, offer assistance, keep safe.
- Encourage use of familiar objects at bedside if needed.
- Keep patient warm; may need extra blankets
- Condition may put patient at risk for fall. Use fall precautions as indicated.
- Side rails up as indicated.
- Discuss use of seat belt with patient when traveling.
- Do not rush patient.
- Keep equipment, chairs, etc., out of walkways.
- Use nightlight in room.
- Use caution with temperature of water, food and fluids.
- If confused, use alarm on patient.
| Give step by step instructions to patient regarding procedures. | Keep water, tissues, and call bell within reach.  
Help patient to and from the bathroom as needed.  
Encourage and assist with activity. | Avoid use of alcohol and drugs. |
Cultural Competency

What is Culture?
Culture is integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial ethnic, religious or social groups.

Why are we interested in our cultural competency?
Cultural competency is one way we can close the disparities gap in health care. Patients and doctors can come together and talk about health concerns without cultural differences hindering the conversation, but instead, enhancing it. Health care services that are respectful of and responsive to the health beliefs, practices, and cultural and linguistic needs of diverse patients can help bring positive health outcomes.

Multi-cultural Health Practices/Beliefs
Cultural beliefs and practices are an important aspect of the client/patient assessment and in the provision of care. In the United States, we are very fortunate but also challenged by the fact that we have more racial, ethnic, and religious minorities than any other country. It is essential that healthcare providers have a sensitivity to and appreciation for the values, beliefs, and practices of others.

The term, ethnicity, pertains to a group of people of the same race or nationality sharing common and distinctive cultural characteristics. Cultural characteristics include the values (preferred ways), beliefs, norms and practices shared by a particular group and passed from generation to generation. Cultural characteristics are stable yet can change over time as a result of acculturation, assimilation, and socialization.

Some possible characteristics of selected ethnic/cultural groups are listed on the following pages. These generalizations
are presented to assist healthcare providers in learning some of the unique beliefs and practices individuals within certain cultures may subscribe to. They are not intended to be stereotypes of any group. Stereotyping involves labeling a person or a group and not recognizing the variations and differences among specific individuals within a cultural, ethnic, or religious group.

**What is the difference between a stereotype and a generalization?**

A stereotype is an ending point. No attempt is made to learn whether the individual in question fits the statement. Stereotyping patients can have negative results (Galanti & Woods, 2007). A generalization is a beginning point. It indicates common trends, but further information is needed to ascertain whether the statement is appropriate to a particular individual. Generalizations may be inaccurate when applied to specific individuals, but when applied broadly they can indicate common behaviors and shared beliefs (Galanti & Woods, 2007).

**Fundamentals**

Different cultures promote different values. The U.S. values things like having money, freedom, independence, privacy, health and fitness, and an attractive physical appearance. Another culture, the Mbuti of Africa for example, value social support. When someone breaks a law in the U.S., they are fined or incarcerated. Their money or freedom is taken away. The Mbuti, however, punish people by ignoring them. Their social support is taken away. When the U.S. healthcare system makes a decision based on finances, people from a social-centric culture such as the Mbuti, may not understand (Galanti & Woods, 2007).

In the U.S., the value of independence is shown in children moving away from home as soon as financially possible or when starting college. In other cultures, however, children might not move out until marriage and sometimes not even
then. Our healthcare providers may tell a patient to “take care of yourself” without considering the role of family members in the dynamics of the individuals daily activities (Galanti & Woods, 2007).

Privacy is also very important in the U.S. Hospitals may limit visiting hours and rarely offer sleeping accommodations for visitors; whereas, many non-Anglo patients would prefer otherwise. In addition, the U.S. healthcare culture values self-control when many patients come from cultures in which emotional expression is normal (Galanti & Woods, 2007).

Social Structure is another source of confusion. The U.S. model is, in theory, that everyone is equal. This is called Egalitarian. Status and power come from an individual’s achievements rather than their age, sex, family or occupation. Other cultures, such as Asian, are hierarchical. Everyone is not considered equal and status and power come from age, sex and occupation (Galanti & Woods, 2007). It is important to be aware of these differences.


**African American**

- African American patients may not trust hospitals. This is due to studies showing racial disparities in healthcare, and due to the notorious Tuskegee experiment conducted by the U.S. Public Health Service. African American males with syphilis were left untreated to observe the course of the disease. Results were observed on autopsy. The men who “participated” in the “experiment” were never informed but merely told they had “bad blood”.

- African Americans may be sensitive to discrimination, even when not intended. For example, do not use “gal” to refer to a woman as it has the same connotations as “boy” for an African American male. Always address the
patient as Mr. or Mrs. or by professional title and last name.

- Religion is important to many African Americans. Clergy should be allowed to participate when appropriate. Privacy for prayer is important. Healthcare practitioners may offer to pray with a patient if all parties are comfortable.

- Family structure may be nuclear or extended. Close friends may be “kin”. The father or eldest male may be the spokesperson. Outside the household, decision making is egalitarian; in the household, the father may make final decisions. The mother may make healthcare decisions for the family.

**Asian**

- To show respect, patients may agree with anything you say, without having any intention of following through. Make sure the reasons for compliance are explained and stressed. Avoid asking questions requiring a “yes” or “no” answer. Find a way to have the patient demonstrate an understanding of what you expect.

- As a sign of respect, patients might avoid direct eye contact. Do not assign other meanings to this. Avoid hand gestures in case they are offensive; for example, gesturing with the index finger is insulting to some Asian cultures.

- Offer things several times as patients may refuse at first to be polite.

- Realize that pronouns do not exist in most Asian languages. Patients may confuse “he” and “she”.

- Allow family members to fulfill their familial duty by spending as much time with the patient as possible and by providing non-technical care. Involve the family in decision-making.

- Accept that wives may defer to husbands in decision-making and that sons may be valued more than daughters. Asian culture is hierarchical; tremendous respect is often accorded to the elderly.
• Parents may avoid naming the baby for up to 30 days. Very traditional new mothers might also avoid cold, bathing, and exercise for one-month post-partum. You may hear this referred to as “doing the month”. Respect post-partum prescriptions for rest.

• Because pregnancy is thought to be a yang or “hot” condition in traditional Chinese medicine, birth is believed to deplete the body of heat. Restoration of warmth is important. Offer liquids other than ice water, which may be deemed too yin or “cold”.

• In China, Korea, and Vietnam, coining and cupping are traditional medical practices, not forms of abuse. Fevers are often treated by wrapping in warm blankets and drinking warm liquids.

• Avoid giving ice water unless requested. Patients may prefer hot liquids, such as tea. The use of herbs is common.

• Avoid the number 4. Because the character for number four is pronounced the same as the character for the word “death”, it may signify death for Chinese, Japanese, and Korean patients. If possible, avoid putting patients in room 4 or operating room 4.

• Mental illness can be highly stigmatizing in Asian countries. Patients with emotional problems are likely to present with physical complaints. Patients may be reluctant to discuss emotional problems with strangers, even professionals.

Hispanic/Latino

• Personal relationships are strongly valued. Asking about the patient’s family and interests before focusing on health issues will generally increase rapport and trust.

• Allow family members to express love and concern by spending as much time as possible with the patient. Allow them to assist the patient with activities of daily living if the patient is reluctant to do self-care.
• Patients may not discuss emotional problems outside the family. Modesty is important, especially among older women; try to keep them covered whenever possible.

• Older, more traditional wives may defer to husbands in decision making, both for their own health and that of their children. Involve the family in decision-making.

• Traditionally, new mothers may avoid cold, bathing, and exercise for six weeks post-partum. Respect post-partum prescriptions for rest.

• Pregnancy is considered a “hot” condition; birth is thought to deplete the body of heat. Restoration of warmth is important. Offer liquids other than ice water, which may be deemed too “cold”.

• Patients may tend to be expressive (loud) when in pain. Males may be more expressive around family than around healthcare professionals.

• Patient may refuse certain foods or medications that upset hot/cold body balance. Offer alternative foods and liquids. Avoid ice water, unless requested.

• Some may believe that complimenting a child without touching him/her can cause evil eye. To be safe, touch the child when admiring him/her.

**Jewish**

Orthodox, Conservative, and Reform designations are based on degree of adherence to, and interpretation of, the Torah and Jewish tradition. Orthodox Jews being the most adherent, Reform Jews the least. Israeli Jews may or may not be religious.

• Knowledge is highly valued. Patients may ask a lot of questions. Health is often a source of great concern.

• Family is often expected to care for the sick. They are usually interested and involved in the patient’s diagnosis, treatment, and personal care.

• Sexual segregation is important to the Orthodox. Married women may cover their heads with a wig or scarf and may not shake hands with men, including healthcare providers. Orthodox women may prefer a
female doctor (although male physicians are allowed). Female nurses should be assigned whenever possible.

- A future-time orientation is common.
- Males are circumcised on the 8th day after birth, either at the hospital or at home or the synagogue during a ritual ceremony performed by a specialist.
- Patients may be more concerned with the meaning of pain than with the sensation itself. For example, does this mean I have cancer? How can I support my family if I can’t work?
- For Orthodox and Conservative Jews, the Sabbath (from sundown Friday to sundown Saturday) is for rest and religious observance. Orthodox Jews do not touch money, write, or use electrical appliances, including bed controls, call lights, light switches, elevators, cars, etc. A non-Jewish person may operate these controls for the patient. Elective surgery should not be performed on the Sabbath, nor should patients be discharged because they cannot travel. Ultra-Orthodox patients may refuse to take medications.
- The highest Jewish law is that you must do everything you can to save a life, even if it means violating other laws.
- Observant Jews follow a kosher diet. They eat only ritually slaughtered meat; they do not eat pork or shellfish or mix meat and dairy.

**Middle Eastern**

- Effective communication will often be two-way. You may need to share information about yourself before patients will share information about themselves. Healthcare providers may be expected to take a personal interest in their patients.
- Try to avoid direct eye contact with members of the opposite sex to avoid any hint of sexual impropriety.
- Be patient with “demanding” family members as they may see it as their job to make sure the patient gets the
best possible care. It is usually appropriate to speak first to the family spokesman. Repetition of demands and a loud tone of voice are often made to show emphasis.

- Sexual segregation can be extremely important. Assign same-sex caregivers whenever possible, and respect a woman’s modesty at all times.
- Women may defer to their husbands for decision making about their own and their children’s health. The husband may also answer questions that are directed to his wife.
- It is acceptable for women to be very loud and expressive during labor and delivery, after someone has died, and when they are in pain.
- Damp, cold, and drafts may be thought to lead to illness.
- Observant Muslims do not eat pork.

**Native American**

- Anecdotes or metaphors may be used by the patient to talk about his/her own situation. For example, a story about an ill neighbor may be a way of saying that he/she is experiencing the same symptoms.
- Long pauses often indicate that careful consideration is being given to a question. Do not rush the patient.
- Loudness is associated with aggressiveness and should be avoided.
- Patients may display hostility toward healthcare providers due to history of treatment of Native Americans by whites. Due to history of misuse of signed documents, some may be unwilling to sign informed consent or advanced directives.
- Extended family is important, and any illness concerns the entire family.
- Patients will generally make their own decisions; however, decision-making varies with kinship structure.
- Patients are generally oriented to activities rather than the clock.
• Traditional healers may be thought to be combined with use of Western medicine.

**Russian**

• Gender specific care usually does not apply. However, the patient may prefer to have a family member who is of the same gender in the room when receiving personal care.
• During pregnancy women do not lift heavy objects. The preferred delivery partner is often a female relative.
• It is not uncommon for patients and their families to offer food or chocolate as small gifts. Accept these gifts, otherwise, it may be perceived as rude if you turn them down.
• Keep patients covered, keep windows closed, keep the room warm, and avoid iced drinks- especially if he/she has a fever. Belief is that illness results from the cold. The elderly especially believe this.
• Do not misinterpret a common practice of cupping (which results in physical marks) for abuse or a symptom needing treatment.

**South Asian (Hindus, Sikhs, Muslims from India, Pakistan, Bangladesh, Sri Lanka and Nepal)**

• Avoid direct eye contact as it may be seen as rude or disrespectful, especially among the elderly.
• Approval is often indicated by silence.
• Male health care workers should not shake hands with a female. Only shake hands if she offers first.
• Family members are consulted before decisions are made. The father or eldest son usually has decision-making power. Husbands may answer questions directed at the wife. They are very modest and may prefer same-sex caregivers.
• Hindu women that are pregnant are encouraged to eat nuts, raisins, coconuts, and fruit in order to have a
beautiful, healthy baby. Lotus seeds cleanse and restore strength and may be given to the new Hindu mother.

- South Asian women may practice a post-partum “lying in” period. They are expected to feed the baby but everything else is done for them. If no family members are around, they may expect the nurses to do so.
- During Ramadan Muslims may not eat, drink, or take medication from sunrise to sunset.
- Observant Hindus will generally not eat meat or fish.
- Observant Muslims may not eat eggs.
- Hindus, Sikhs and some Muslims believe in Ayurvedic medicine and see food in terms of hot/cold classification rather than based on temperature. For example, “Hot” foods meat, fish, eggs, yogurt, honey, and nuts are given for “cold” conditions such as fever or surgery. “Cold” foods milk, butter, cheese, fruits, and vegetables are eaten in the summer and for “hot” conditions including pregnancy.

Southeast Asian
- Many are refugees who fled their country to the U.S. to save their lives rather than to simply improve them.
- Address the eldest first especially if male. It may be difficult to get an accurate history regarding health; patients were rarely told the name of illnesses, medications given, or of procedures performed.
- Never expose the waist to knees of a patient, the area is extremely private.
- Age calculations vary from our method. For example, a baby may be considered one year old at birth.
- “Spirit strings” may be worn by children on their wrist. Do not cut these. Do not cut neck rings either; they believe these carry the souls of babies.
- Ancestors shape the wellbeing of living descendants. Some believe at death parents and grandparents become ancestors who should be worshiped and obeyed. The child (no matter what his/her age) may
struggle with agreeing to terminate the care of a parent.

- Cupping and coin rubbing are traditional remedies and not forms of abuse.
Good Samaritan Medical Center
Safety Policies

- Good Samaritan Medical Center Safety and Disaster Policies are stored on The Landing.

- If you have any questions about safety or the policies outlined in the online manual contact:
  Rob Robbins, Safety Officer
  Good Samaritan Medical Center
  303-689-5550 or x45550

The Environmental Health Manual (located on The Landing) is your resource for information concerning Safety, Safety Data Sheets (SDS), Infection Control, Disaster Policies, Security, and Facilities Management.

Patient Safety
Staff, patients, and their families appreciate it when volunteers pass pitchers of ice water to patients, or get water, ice, other drinks, or snacks when the patient or their visitors request them. HOWEVER – some patients are “NPO” – meaning they are not allowed to have anything by mouth. NPO status is necessary:

- If the patient is going to surgery in several hours or early the next day, or
- If they are preparing for certain procedures, or
- If they are experiencing problems with their digestive tracts, or
- If they are unable to swallow without food or liquids going into their lungs.

Other patients are not allowed to eat and/or drink regular textures of foods or liquids or may not be allowed to have ice or use drinking straws due to swallowing problems. Still, others are on fluid restrictions due to their medical conditions.
How to Know if it is OK...

Before ever giving a patient anything to eat or drink, volunteers must always make sure that the patient is allowed to have ice, water, other liquids, food and/or drinking straws. Volunteers can do the following to make sure that the patient who is not supposed to have food, liquid, water, ice or straws does not receive them by mistake:

- Ask the patient’s nurse if it is OK. You can find the name of the nurse assigned to each patient on the white board near the unit desk. Locate that nurse and ask, “Is it okay for our patient, Mr. / Ms. _____ in room _____ to have (ice, water, a drink, a snack, a drinking straw) in his/her water pitcher?”
- Look for the following signs which indicate that it is NOT OK for a patient to have ice, food, liquids or straws:
  - A sign on the outside of the patient’s door that says “NPO” or “NOTHING BY MOUTH”.
  - A Blue sign over the patient’s bed that says, “NPO – SPEECH THERAPY EVALUATING PATIENT’S SWALLOW”.
  - A Yellow sign over the patient’s bed that says, “BLUE DYE TESTING”.
  - An Orange sign over the patient’s bed that says, “SWALLOWING PRECAUTIONS”. If you see an orange Swallowing Precautions sign above the patient’s bed, do not offer them ice, water, drinks, food or straws and refer all patient and visitor requests to the nursing staff.

Remember - these signs are helpful, but ALWAYS check with the Nurse if you have any doubts. Signs can fall behind the patient’s bed. When patients are moved to new rooms, the signs are not always moved with them. Also, signs can change in color and wording over time.

If a patient questions a volunteer or asks for their personal advice about medical treatment, volunteers should refrain from commenting about patient prognosis or diagnosis.
Instead, volunteers should communicate to the patient that the nursing and medical staff are the best equipped to answer their questions about treatment and care. The volunteers should “hand-off” the patient’s concerns and/or questions to the nursing staff as soon as possible so that prompt follow-up can happen.

**Volunteer Restrictions:**

- Do not give any food or drink to patients without prior approval from the nursing staff.
- Do not give any food or drink to “NPO” patients. A list of those patients can be given at the nurse’s station.
- Do not change the patient’s body elevation in bed without nursing staff permission.
- Do not lower patient safety rails without nursing staff permission.
- Do not move a patient bed without staff assistance and approval.
- Do not sit on a patient’s bed.
- Do not dispense or handle patient medications.
- Do not attach or reattach patient armbands.
- Do not perform any patient related activities that require licensure or educational degrees even if you have those credentials.
- Do not make entries into the patient medical record. This is a paid staff function.
- Do not take physician orders or patient test results over the phone or in person.
- Do not accept patient valuables to be placed in the hospital safe. Please call security and they will take care of the valuables.
- Do not witness legal or personal documents (Examples: living wills, personal wills, or power of attorney documents).
- Do not accept tips or gratuities.
- Do not handle or transport patient specimens.
- Do not independently transport stretcher patients without assistance from a staff member.
- Do not perform heavy lifting without staff assistance.
- Do not transport or monitor critically ill patients.
- Do not touch patient monitors or medical equipment.
- Do not enter a patient room if there is a physician or clergy member in the room unless requested to do so.
- Decline requests from staff members if you are physically or emotionally unprepared or unqualified to perform the service.
- Do not make inquiries to anyone about their personal belief systems such as religious preference, political affiliations, or other sensitive issues that may be intrusive.

**National Patient Safety Goals**

National Patient Safety Goals (NPSG) was developed to improve patient safety. The Sentinel Event Advisory Group and Joint Commission work together to review and develop goals annually. The National Patient Safety Goals are posted in volunteer services.

This is how they relate to volunteers.

**Improve the Accuracy of Patient Identification**

This goal focuses on proper patient identification and verification. When you are providing care, treatment, and services to patients, you must know you have the right patient. You do this by checking the two patient identifiers. The identifiers GSMC uses are:

- Patient Name
- Medical Record Number
- Date of Birth (if the Medical Record Number was not available)

Volunteers are never permitted to place an identification armband on a patient.

**Improve the Effectiveness of Communication among Caregivers**
Mistakes happen most often when caregivers do not communicate effectively between each other and during shift changes. This goal requires hospitals to improve communication between caregivers. Here are some ways in which this applies to volunteers:

- Volunteers are not permitted to receive patient testing results over the phone or in person. This is strictly a staff function.
- Volunteers who answer the phone in patient care areas should identify themselves as volunteers and “handoff” the phone to a hospital staff member.
- Volunteers who become aware of patient safety issues should communicate the information to a hospital staff member using correct HIPAA guidelines to ensure patient privacy.
- Volunteers should update the next shift volunteers and hospital staff of any areas of concern or any special requests.

**Improve the Safety of Using Medications**
This goal focuses on improving medication safety especially look-alike and/or sound-alike medications, anticoagulation therapy, and medication repackaging and labeling.

- Volunteers should never administer medications to a patient including both prescription and over-the-counter medications such as pain relievers from the Gift Shop.
- Volunteers should never handle or label medications. Labeling and dispensing medication is strictly a hospital staff function.
- When discharging patients, volunteers may inquire if the patient has all medications/prescriptions. However, the patient or the family should handle the medications.

**Reduce the Risk of Health Care Associated Infections**
This goal focuses on risk reduction of health care associated infection (HAI) including multiple drug-resistant organisms, central line-associated bloodstream infections, and surgical site infections. Regulations require that hospitals comply with
hand hygiene guidelines of the World Health Organization (WHO) or the Centers for Disease Control and Prevention (CDC). Listed below are WHO’s guidelines for hand hygiene (Source: http://www.who.int):

**Hand Washing**
- Use appropriate hand hygiene BEFORE and AFTER entering and exiting a patient room
**Equipment (Wheelchair) Cleaning**
- Clean wheelchairs prior to each use
- Use provided wipes located at each wheelchair corral

**Contact Precautions**
- Volunteers should use personal protective equipment (gowns, masks, gloves, etc.) to reduce the risk of infection.
- Volunteers are not allowed in Isolation Rooms except Eucharistic Ministers who are specially trained.
- Please see the Infection Prevention Section of this handbook for more information.
The Hospital Identifies Safety Risks Inherent in its Patient Population

- Volunteers are “extra eyes and ears” in patient treatment and sleeping areas in hospital settings.
- Volunteers should report immediately any observations of high-risk behaviors or if they hear a patient make any reference about suicide.
Environment of Care

Joint Commission has “environment of care (EC)” standards that require a safe, secure, and comfortable environment for our patients, visitors, and associates.

EC focuses on:
- Safety
- Security
- Emergency Management
- Hazardous Materials & Waste
- Fire
- Medical Equipment
- Utilities

The Safety Officer has oversight responsibility.

Some of the common healthcare hazards are:
- Patient handling & movement injuries
- Needle sticks, sharps
- Slip, trip, and falls
- Combative Patients/Visitors
- Biohazards
- Chemicals
- Ergonomics
- Radiation
- Lasers
- Construction

Minimizing Risks
Volunteers should decline participation in activities that:
- They have not been trained to perform
- They are physically unable to lift or maneuver
- They might not be able to complete safely due to their emotional state

Safety and Security Risk Management
Safety training and safety materials are provided in this handbook. Some service areas require additional safety training. All precautions and procedures presented in safety
training must be strictly followed. **Take no risks! Every volunteer must work in a manner that ensures his or her safety and the safety of co-workers, patients, and visitors. An annual Volunteer Handbook and Safety test is required to retain active volunteer status.**

**Workplace Violence:**
Information was taken from the pamphlet, Violence: Occupational Hazards in Hospitals, DHHS (NIOSH) Publication Number 2002-101, April 2002.

**About NIOSH**
As part of the Centers for Disease Control and Prevention (CDC), the National Institute for Occupational Safety and Health (NIOSH) conducts research and makes recommendations to prevent work-related illness and injury. NIOSH works with industries, labor organizations, and universities to understand and improve worker safety and health.

NIOSH is often confused with OSHA (the Occupational Safety and Health Administration). However, NIOSH and OSHA are separate agencies with different functions. NIOSH is a CDC research agency in the U.S. Department of Health and Human Services. OSHA is a regulatory agency in the U.S. Department of Labor.

**Introduction**
Today more than 5 million U.S. hospital workers from many occupations perform a wide variety of duties. They are exposed to many safety and health hazards, including violence. Recent data indicate that hospital workers are at high risk for experiencing violence in the workplace. According to estimates of the Bureau of Labor Statistics (BLS), 2,637 nonfatal assaults on hospital workers occurred in 1999— a rate of 8.3 assaults per 10,000 workers. This rate is much higher than the rate of nonfatal assaults for all private-sector industries, which is 2 per 10,000 workers.
Several studies indicate that violence often takes place during times of high activity and interaction with patients, such as at meal times and during visiting hours and patient transportation. Assaults may occur when service is denied, when a patient is involuntarily admitted, or when a health care worker attempts to set limits on eating, drinking, or tobacco or alcohol use.

The purpose of this brochure is to increase worker and employer awareness of the risk factors for violence in hospitals and to provide strategies for reducing exposure to these factors.

**What is workplace violence?**

Workplace violence ranges from offensive or threatening language to homicide. NIOSH defines workplace violence as violent acts (including physical assaults and threats of assaults) directed toward persons at work or on duty.

**Examples of violence include the following:**

**Threats:** Expressions of intent to cause harm, including verbal threats, threatening body language, and written threats.

**Physical assaults:** Attacks ranging from slapping and beating to rape, homicide, and the use of weapons such as firearms, bombs, or knives.

**Muggings:** Aggravated assaults, usually conducted by surprise and with intent to rob.
Case Reports: An elderly patient verbally abused a nurse and pulled her hair when she prevented him from leaving the hospital to go home in the middle of the night.

- An agitated psychotic patient attacked a nurse, broke her arm, and scratched and bruised her.
- A disturbed family member whose father had died in surgery at the community hospital walked into the emergency department and fired a small-caliber handgun, killing a nurse and an emergency medical technician and wounding the emergency physician.

These circumstances of hospital violence differ from the circumstances of workplace violence in general. In other workplaces such as convenience stores and taxicabs, violence most often relates to robbery. Violence in hospitals usually results from patients and occasionally from their family members who feel frustrated, vulnerable, and out of control.

**Who is at risk?**

Although anyone working in a hospital may become a victim of violence, nurses and aides who have the most direct contact with patients are at higher risk. Other hospital personnel at increased risk of violence include emergency response personnel, hospital safety officers, and all health care providers.

**Where may violence occur?**

Violence may occur anywhere in the hospital, but it is most frequent in the following areas:

- Psychiatric wards
- Emergency rooms
- Waiting rooms
- Geriatric units
What are the effects of violence?

The effects of violence can range in intensity and include the following:

- Minor physical injuries
- Serious physical injuries
- Temporary and permanent physical disability
- Psychological trauma
- Death

Violence may also have negative organizational outcomes such as low worker morale, increased job stress, increased worker turnover, reduced trust of management and coworkers, and a hostile working environment.

What are the risk factors for violence?

The risk factors for violence vary from hospital to hospital depending on location, size, and type of care. Common risk factors for hospital violence include the following:

- Working directly with volatile people, especially, if they are under the influence of drugs or alcohol or have a history of violence or certain psychotic diagnoses
- Working when understaffed—especially during meal times and visiting hours
- Transporting patients
- Long waits for service
- Overcrowded, uncomfortable waiting rooms
- Working alone
- Poor environmental design
- Inadequate security
- Lack of staff training and policies for preventing and managing crises with potentially volatile patients
- Drug and alcohol abuse
- Access to firearms
- Unrestricted movement of the public
- Poorly lit corridors, rooms, parking lots, and other areas
To prevent violence in hospitals, employers should develop a safety and health program that includes management commitment, associate participation, hazard identification, safety and health training, and hazard prevention, control, and reporting. Employers should evaluate this program periodically. Although risk factors for violence are specific for each hospital and its work scenarios, employers can follow general prevention strategies.

Environmental Designs

- Develop emergency signaling, alarms, and monitoring systems.
- Install security devices such as metal detectors to prevent armed persons from entering the hospital.
- Install other security devices such as cameras and good lighting in hallways.
- Provide security escorts to the parking lots at night.
- Design waiting areas to accommodate and assist visitors and patients who may have a delay in service.
- Design the triage area and other public areas to minimize the risk of assault:
  - Provide staff restrooms and emergency exits.
  - Install enclosed nurses' stations.
  - Install deep service counters or bullet-resistant and shatterproof glass enclosures in reception areas.
  - Arrange furniture and other objects to minimize their use as weapons.

Administrative Controls

- Design staffing patterns to prevent personnel from working alone and to minimize patient waiting time.
- Restrict the movement of the public in hospitals by card-controlled access.
- Develop a system for alerting security personnel when violence is threatened.
Behavior Modifications

- Provide all workers with training in recognizing and managing assaults, resolving conflicts, and maintaining hazard awareness.

**Dealing with the Consequences of Violence**

Violence may occur in the workplace in spite of preventive measures. Employers should be prepared to deal with the consequences of this violence by providing an environment that promotes open communication and by developing written procedures for reporting and responding to violence. Employers should offer and encourage counseling whenever a worker is threatened or assaulted.

**Safety Tips for Hospital Workers**

Watch for signals that may be associated with impending violence:

- Verbally expressed anger and frustration
- Body language such as threatening gestures
- Signs of drug or alcohol use
- Presence of a weapon

Maintain behavior that helps diffuse anger:

- Present a calm, caring attitude.
- Don't match the threats.
- Don't give orders.
- Acknowledge the person's feelings (for example, "I know you are frustrated").
- Avoid any behavior that may be interpreted as aggressive (for example, moving rapidly, getting too close, touching, or speaking loudly).

Be alert:

- Evaluate each situation for potential violence when you enter a room or begin to relate to a patient or visitor.
• Be vigilant throughout the encounter.
• Don't isolate yourself with a potentially violent person.
• Always keep an open path for exiting—don't let the potentially violent person stand between you and the door.

Take these steps if you can't defuse the situation quickly:

• Remove yourself from the situation.
• Dial ‘55’ for any combative person situation that presents an immediate danger to yourself or others.
• Call security x46767 for assistance as needed.
• Report any violent incidents to your management.

Case Reports: Prevention Strategies That Have Worked

• A security screening system in a Detroit hospital included stationary metal detectors supplemented by hand-held units. The system prevented the entry of 33 handguns, 1,324 knives, and 97 mace-type sprays during a 6-month period.
• A violence reporting program in the Portland, Oregon, VA Medical Center identified patients with a history of violence in a computerized database.* The program helped reduce the number of all violent attacks by 91.6% by alerting staff to take additional safety measures when serving these patients.
• A system restricting movement of visitors in a New York City hospital used identification badges and color-coded passes to limit each visitor to a specific floor. The hospital also enforced the limit of two visitors at a time per patient. Over 18 months, these actions reduced the number of reported violent crimes by 65%.

*Health information and the electronic recording of this information must comply with applicable Federal standards on privacy under Titles 42 and 45 of the U.S. Code.

Summary

All hospitals should develop a comprehensive violence prevention program. No universal strategy exists to prevent violence. The risk factors vary from hospital to hospital and
from unit to unit. Hospitals should form multidisciplinary committees that include direct-care staff as well as union representatives (if available) to identify risk factors in specific work scenarios and to develop strategies for reducing them.

All hospital workers should be alert and cautious when interacting with patients and visitors. They should actively participate in safety training programs and be familiar with their employers' policies, procedures, and materials on violence prevention.

**Domestic Violence:**
It is the responsibility of the Good Samaritan Medical Center staff to identify and refer or report patients whose injuries may be the result of domestic violence. This may include physical, psychological, verbal, or sexual abuse. In-house referral will be required in all identified cases of domestic violence.

A volunteer of Good Samaritan Medical Center may find him/herself in a position of trust with patients. It is the volunteer’s responsibility to report to any staff member if a patient reports or if the volunteer suspects domestic violence abuse.

**Definitions and Signs of Possible Domestic Violence**

“**Domestic Violence**” means the infliction or threat of infliction of any bodily injury or harmful physical contact or the destruction of property or threat thereof as a method of coercion, control, revenge, or punishment upon a person with whom the actor is involved in an intimate relationship.

“**Intimate Relationship**” means relationships between spouses, former spouses, past or present unmarried couples, or persons who are both the parents of a child regardless of whether the persons have been married or have lived together at any time.
**Signs of Domestic Violence**
All reports by patients of domestic violence should be treated as positive identification by Good Samaritan Medical Center staff. The index of suspicion for domestic violence should be raised if any of the following is observed, even in the absence of direct patient report. This index includes but is not limited to:

1. Sites of injury - face, neck, throat, chest, abdomen, and genitals.
2. Injuries during pregnancy.
4. Multiple injuries in various stages of healing.
5. Extent or type of injury inconsistent with explanation patient gives.
6. Repeated use of Emergency Department services.
7. Evidence of alcohol or drug abuse.
8. Vague or non-specific physical or psychological complaints.
9. Suicide attempts.
10. Threats of violence.
11. Observed violent behavior.

**Sexual Harassment in Healthcare**
Unwelcome behavior of a sexual nature is known as sexual harassment. This type of harassment may create unpleasant working conditions. Sexual harassment is more than just bad manners or unacceptable behavior, it’s against the law. Sexual harassment is not tolerated at Good Samaritan Medical Center and is cause for immediate termination of the volunteer’s services. If, as a volunteer, you experience sexual harassment, don’t be afraid to speak out. Confront the harasser if you can. Make it clear that his or her behavior is not welcome & that you want it to stop. If you are uncomfortable confronting the harasser, report the situation to the Director of Volunteers immediately. Good Samaritan Medical Center has clear & strict policies prohibiting sexual harassment & take immediate and appropriate action on all reported claims.
Dealing with Sexual Harassment

Sexual harassment may be verbal, visual, or physical. Although it is often an intentional abuse of power, harassment may simply be due to poor communication skills or insensitive behavior. It doesn't matter where harassment occurs. Unwelcome sexual behavior remains unwelcome whether it’s at work or offsite.

- Verbal harassment is spoken. It includes unwanted pressure for dates, sexually oriented comments, and jokes based on gender, such as linking behavior with PMS or testosterone. Catcalls and whistles are also forms of verbal harassment.
- Visual harassment is based on materials displayed in the workplace. This includes calendars, posters, and computer software showing men or women in states of undress. Behaviors such as sexual gestures and leering are also visual harassment.
- Physical harassment involves invasion of personal space. It includes cornering, leaning over, brushing against, touching, or pinching a coworker. Sexual assault and rape are also forms of physical harassment.

How Volunteers are Affected

By infringing on the work relationship, sexual harassment denies coworkers the mutual respect needed for a healthy workplace. If a volunteer has experienced sexual harassment, he/she may feel violated or intimidated. He/she may also worry that his/her volunteer assignment will be in jeopardy if he/she speaks out.

Personal Dignity

Is the victim at fault? NO. But after experiencing sexual harassment, a person's self-worth may be shaken.

Job Performance

Those who experience sexual harassment in the workplace may be less focused and less productive than usual. Other volunteers/associates are also affected. Those who witness or hear about the harassment may feel angry, frustrated, or even confused. Conflict may increase.
Innocent but Unwelcome? TEST YOURSELF!
The impact your behavior has on others determines whether or not it is sexual harassment. You may unknowingly harass another associate, depending on how that person interprets your actions. With this in mind, ask yourself the questions below.

- Do I make sexual jokes or talk about sexual situations when others may overhear?
- Do I ask my coworkers about their sex lives?
- Do I force my attentions on a coworker, perhaps by repeatedly asking for a date?
- Do I have cartoons, photographs, or other materials in my workspace that might be considered sexually offensive?
- Do I invade other people's space by standing too close or touching them during conversation?

If you answered "YES" to any of these questions, you may need to change your behavior. As a general rule, if a behavior MIGHT be unacceptable in the workplace, DON'T DO IT.

Take the Next Step
Once you understand what sexual harassment is, you can take action to stop it if it occurs. If you're being sexually harassed, don't be afraid to speak out. Confront the harasser if you can. Make it clear that his or her behavior is not welcome and that you want it to stop. If you cannot confront the harasser, or if the harassment continues, report it to the Director of Volunteers or the Coordinator of Volunteers immediately. Good Samaritan Medical Center has clear and strict policies prohibiting sexual harassment and takes immediate and appropriate action on all reported claims.

Theft:
- Volunteers should report any suspicious behavior to and/or theft to security immediately.
- Volunteers should not bring valuable, personal items with them to the hospital.
• Volunteers can lock any personal items they have in the lockers in the volunteer workroom. Please bring your own lock.
• Volunteers should call security to pick up lost and found property or to report missing property. They do not pick up or hold items contaminated by blood or body fluids.

Emergency Codes

SCL Health Emergency Codes

Child Abduction:
CODE Pink

When a CODE PINK (Possible Abduction) is announced overhead, what should I say or do?

DO:
• Every available staff member and volunteer should immediately proceed to a stair door, exit door, or elevator and observe for the possible abductor
• Perimeter Exits are of the highest priority and all efforts should be made to monitor each one with two or more staff
• Should you encounter the possible abductor, say; “We are having an emergency, please wait here, (and if appropriate) we need to check your bag to ensure everyone’s safety”
• Remain calm and courteous and use the “welcoming spirit”
• Keep doors closed and it is preferred to position yourself on the stair side of closed stairwell doors (watch for opening doors)
• Listen to each overhead announcement as description information may be updated or even change from one code to another
• Be alert for people wearing baggy clothing, carrying bags, backpacks, carriers or anything which could conceal an infant or child
• Remember an abduction, per our current policy, could include anyone under 18 years of age
• Make mental notes of the persons description (scars, tattoos, distinctive clothing)
• Have someone nearby, call Security (46767) to your location to handle the matter if the person behaves suspiciously or is in possession of an infant or child
• Observe direction, vehicle description (make, model, color, tag #, distinctive markings), accomplices, and possible weapons, should the individual attempt a getaway
• Report details to Security or Police
• Staff members of Admissions, Sky Check-In, CV Lab, EVS, Facilities, MM, Peri-Op, Sky Coffee, Sky Café, & SPD, now have some specific door assignments that should be covered at a minimum. For your assignment, check with your Director.

DO NOT:
• Do NOT assume that people in scrubs, lab-coats or with ID’s are okay
• Do NOT hold stair or exit doors open
• Do NOT attempt to physically restrain or block the individual
• Do NOT attempt to pull the bag or carrier away from the individual without their cooperation
• Do NOT endanger your own safety
• Do NOT gather to talk and visit, rather spread out to cover all perimeter exits at a minimum
• Do NOT announce that a baby/child has been taken
• Do NOT describe the nature of the emergency
• Do NOT share details of our procedures with the public

Note – A fire alarm or similar distraction can be used by an abductor to confuse matters and achieve easier access or getaway, so remain alert. If you work nights or weekend shifts, there are fewer people in the building. It is critical you spread out and cover as many perimeter doors as possible.
**Medications (Unrestricted Access):**
- Volunteers should not have unrestricted access to medications.
- Volunteers are not permitted to handle or transport medications unless it is part of their position description as a duty.

**Smoking**
Good Samaritan Medical Center and its surrounding properties are all smoke-free. Please refrain from smoking until after your shift and you have left the premises. Volunteers are not permitted to give matches, cigarettes, cigars, or pipes to patients.

**Hazardous Materials and Wastes**
There are many chemicals in our healthcare environment that may pose a physical or health hazard. **Safety Data Sheets (SDSs)** (formerly known as Material Safety Data Sheets) is kept for every hazardous chemical in each department. These are located on The Landing.

SDSs contain information about each chemical including:
- Identification
- Hazard(s) identification
- Composition/information on ingredients
- First aid measures
- Fire-fighting measures
- Accidental release measures
- Handling and storage
- Exposure controls/personal protection
- Physical and chemical properties
- Stability and reactivity
- Toxicological information
- Ecological information
- Disposal considerations
You should read the SDSs for the chemicals you work with and know how to work safely with that product. All chemical containers must be labeled with the name of the product and the potential hazards.

**What to Do If You Find a Chemical Spill**

Do not clean it up!
Block the area off so no one will get into it.
Notify staff. They will call Facilities Management or the Safety Office to clean it up.

**Examples of Chemical Hazards:**
- Formaldehyde
- Glutaraldehyde
- OPA
- WAG
- Ethylene oxide
- Hazardous drugs
- Surgical Smoke
- Mercury
- Asbestos

All hazardous chemicals must be labeled with:
- Name of the hazardous material
- Hazard warning statement:
  - Toxic
  - Flammable
  - Corrosive
  - Reactive

**Hazardous Material Waste Streams**
1. Red Bag Waste & Sharps: contact EVS
   - Blood/blood products
   - Other Potentially Infected Material (OPIM)
   - Red containers
2. Chemotherapy/Pathology: contact EVS
3. EPA/RCRA Hazardous Waste – contact Safety Officer if *Corrosive, flammable, toxic, reactive chemicals* such as:
   - Laboratory chemicals
   - Facilities Management chemicals
   - Solvents
   - Paints
   - Mercury
   - Select pharmaceutical (Rx) drugs
     - EPA hazardous waste drugs collected in black container
     - Waste Rx are not to be disposed down the drain, toilet (except for controlled substances & electrolytes), or in red bag waste

4. Universal Hazardous Waste – contact Safety Officer
   - Return to Facilities Management; disposal in the trash not permitted
   - Waste batteries (except alkaline)
     - e.g. Ni-Cd, lithium, lead-acid
   - Mercury containing products
   - Spent fluorescent & other hazardous lamps
     - contains mercury, some lead
     - e.g. non-green tip fluorescent, energy efficient bulbs, sodium & mercury vapor lamps
   - Waste pesticides
   - Waste oil

**How Do I Protect Myself and Others?**
- Understand and evaluate the hazards (SDSs)
- Safe handling to minimize exposure
- Wear proper PPE (Personal, Protective, Equipment)
  - Gloves (nitrile, neoprene)
  - Safety glasses/goggles/face shield
  - Respirator (N-95)
- Exposure monitoring (e.g. formaldehyde, ETO)
- Proper waste disposal
- Proper chemical spill cleanup
Fire Risks
What causes fires?
• Oxygen + Fuel (anything capable of burning) + Heat

In the event of a fire
• Shut off oxygen valves at the patient’s bed side, if possible
  – Only the Hospital Supervisor can issue the authorization to shut-off the medical gas valves in the hallways!

CODE Red

WHAT TO DO IF YOU DISCOVER A FIRE!

Rescue
• Help move patients, visitors, & staff who are in immediate life-threatening danger while calling out ‘Code Red and location’.
• Close door to the fire room.
• The hospital is divided into Compartments by fire construction techniques. Fire doors mark the beginning of the next compartment. Move the shortest distance to safety, beyond the next set of fire doors.
• If you must enter a room with smoke & fire, crawl below the smoke & heat.

Alarm
• Pull the nearest fire alarm box (usually located near stairwells and exits).
• Dial “55” (if you are in GSMC/Good Samaritan Medical Center).
• Dial “911” (if you are anywhere other than the main hospital).
• Tell the operator the exact location of the fire and what is burning.
• If you smell smoke, but do not actually see it, call the Operator. They will notify Engineering & Security to investigate.
Contain

- Close doors, dumbwaiters, laundry chutes & fire doors that do not close automatically.
- Do not go through closed fire doors unless you are evacuating. If evacuating, feel the door before opening it - if it is too hot to touch, DO NOT open it.

Evacuate

- Evacuate as directed by the person in charge.
- If the fire is small and you know you can put it out quickly, do so using available sources (bed spread, blanket, sheet, fire extinguisher, etc). Otherwise, do not attempt to extinguish the fire. Shut the door and leave it closed.
- If the fire is not in your immediate area, clear hallways, close doors, and comfort patients.
- Defend in Place
  - Remove these essential items from the premises if possible:
    - Essential medical/surgical equipment
    - Essential drugs and/or prescriptions
    - Medical records
  - Horizontal Evacuation
    - Authority to evacuate by Hospital Supervisor
    - Hospital divided into smoke compartments
    - Move patients horizontally
    - Don’t use elevators
    - Fire drills are mandatory
- If we have to evacuate, volunteers should exit the building by using the closest, safest exit and meet the Volunteer Director and/or Coordinator in Parking Lot 2C. Please do not go home without checking in. We need to account for everyone who is in the building.

Fire Extinguishers
BEFORE YOU EXTINGUISH, DISTINGUISH!

Before you attempt to extinguish a fire, you should be certain of the following:
- All patients & visitors have been moved to a safe area
• The fire alarm system has been activated
• The fire is confined to one area & is not spreading
• You have an unobstructed escape route
• All Good Samaritan Medical Center fire extinguishers are multipurpose.

How to Use a Fire Extinguisher

PULL
• Pull the pin.

Aim
• Aim the nozzle or hose at the base of the fire.
• Stand about 6-8 feet away from the fire.

Squeeze
• Squeeze the lever below the handle.

Sweep
• Sweep the extinguisher back & forth.
Always watch the fire area, if it re-ignites, repeat the process.

Storage requirements
– 18” below sprinkler heads
– 12” below lights
– Do not obstruct pull stations, fire extinguishers, oxygen control valves, and electrical panels
– 8 feet of clearance in patient care hallways
– Temporary items in use may be in hallway (e.g. isolation cart)
– Temporary items must be on wheels and on one side of hallway

Do not prop, wedge, or tape fire doors open.

Fire Drills
GSMC is responsible for conducting and documenting fire drills that review the effectiveness of fire equipment, staff response, and the feature of the building designed to prevent the spread of fire. If a volunteer is part of a fire drill, they may be asked to participate in the following ways:
• Pull the fire alarm and follow the RACE steps.
• Participate as mock patients.
• May be asked where the nearest fire extinguishers, pull stations, and exits are located.

**Safe, Functional Environment**
GSMMC is responsible for keeping the hospital safe, functional, and in good repair. Volunteers can help by reporting malfunctioning or worn items to the department supervisor and by immediately removing and/or reporting hazardous items that are in public access areas.

**Staff Environment of Care Roles and Responsibilities**
Volunteers are trained and need to understand what they are supposed to do to maintain safety. Everyone has a responsibility to identify risks in the hospital. This can be as simple as picking up paper from the floor or moving an electrical cord out of a walkway where someone could fall. If you do not feel that you have received proper training, please notify the Volunteer Services Department immediately.

**When to notify Security**
• If you see a person in your department, you do not recognize and who does not appear to have a valid reason to be there.
• If you see a person who is acting suspicious such as trying doors, wandering in and out of offices or patient rooms, or peering into parked cars.

**What You Can Do . . .**
1. Leave your valuables at home.
2. After dark, always walk with another person to your car, or call GSMC Security for an escort, if you must leave alone.
3. Have your car keys ready before you leave the building.
5. Call Security for support at the first sign of trouble, or if you have any doubts.
6. **To contact GSMC Security, for an emergency**, dial “55”
7. To contact GSMC Security for a **non-emergency**: 303-689-6767 or at x46767.

### Responding to Threats of Violence
- Stay calm. Maintain your own self-control.
- Notify Security.
- Listen to the person. Maintain eye contact.
- Be supportive.
- Offer the person choices—suggest ways the problem can be resolved.
- Speak slowly using a firm (not angry) tone.
- Do not respond with defensive words or angry gestures.

### Vehicle Assists
Security will provide the following vehicle services:
- Vehicle jump-starts and tire changes for associates, volunteers, patients, and visitors.
- Will attempt to unlock vehicles not equipped with electronic locks as long as the owner is present.

### Electrical Safety
There are many things you can do to work safely with electrical equipment at Good Samaritan Medical Center!
- **Before** you work with a piece of electrical equipment, inspect it for:
  - Breaks in the insulation
  - Obvious damage
  - Exposed wires
  - Abnormal operation
  - Missing ground plugs
  - Overheating or tingling sensation
  - Broken or damaged plugs
  - Frayed cords
- If you find damaged equipment, **Do Not Use It!** - and report it to a staff member.
• Do not touch electrical equipment when standing on metal floors or when any part of your body is in contact with water.
• If a piece of equipment is smoking or you see a flame, unplug it.
• If you find an electrical shock victim, be certain the source of electricity is disconnected before you touch him/her.

**Slips, Trips, and Falls**
Security investigates all falls.

**Common Causes**
- Slippery surfaces (ex. water, waxed floors, ice)
- Uneven floors
- Running or moving too fast
- Poor visibility (due to low light, glare, carrying a load that blocks your view, etc.)
- Using a chair, desk, or boxes instead of a ladder
- Shoes that are not appropriate for the activity or the weather.

**What You Can Do To Prevent Slips, Trips & Falls**
- GO SLOWLY! Walk, don’t run. Watch where you are going!
- Wear appropriate footwear for the weather conditions &/or the job.
- Clean up spills immediately, if the material is not a threat to health (e.g., coffee, water). If you cannot clean it up yourself, block off the area until appropriate help arrives.
- Keep walkways clear. Do not block or leave doors open.
- Do not carry or push loads that block your vision. Make two trips if necessary.
- Have adequate lighting.
- Make wide turns at corners. Use mirrors (if available) to see around the corner.
Accidents or Incidents
 Volunteers are required to report all occurrences of job related injury or illness to their immediate supervisor and the Volunteer Services Department. In addition, an incident report must be completed. A Good Samaritan Medical Center emergency room physician must see volunteers who require medical attention for a job related injury or illness.

- File a Non-Associate on the Job Injury Report immediately through PEARL on The Landing. This can be done in Volunteer Services.
- Notify your immediate Supervisor and the Volunteer Office.
- Contact the Emergency Department if you need treatment.
- If needed, you will be referred to your personal physician for follow-up care.

Wheelchair Transportation
- GO SLOWLY! Watch where you are going!
- Lock both brakes on the wheelchair before the patient sits down or stands up. Move leg and foot supports out of the way before a patient sits down or stands up.
- Unlock the brakes before wheeling the patient.
- Back into elevators.
- Use mirrors in hallways when approaching intersections.

Body Mechanics – Tips for Lifting
- Get a firm footing: Keep your feet shoulder-width apart for a stable base; point toes out.
- Bend your knees: Don’t bend at the waist. Don’t work harder than you have to.
- Lift with your legs: Let your powerful leg muscles do the work of lifting, not your weak back muscles.
- Keep your load close: Don’t hold the load away from your body. The closer it is to your spine, the less force it exerts on your back.
- **Tighten stomach muscles:** Abdominal muscles support your spine when you lift.
- **Keep your back upright:** Avoid twisting it can cause injury.

Always push rather than pull a load. *Never push and pull at the same time.*

**Ergonomics**
Ergonomics is the science of fitting jobs to the people who work in them. The goal of an ergonomics program is to reduce work-related musculoskeletal disorders (MSDs) developed by workers when a major part of their jobs involve reaching, bending over, lifting heavy objects, using continuous force, working with vibrating equipment and doing repetitive motions. Workers suffering from MSDs may experience less strength for gripping, less range of motion, loss of muscle function and inability to do everyday tasks.

Under the OSHA **Ergonomics** standard signs and symptoms of **musculoskeletal disorders (MSDS) include:**
- Painful joints
- Pain in wrists, shoulders, forearms, knees
- Pain, tingling or numbness in hands or feet
- Back or neck pain

A common occupational injury is back injuries. These result from improper lifting, carrying, pulling, or pushing. If you are not sure of the proper procedure to prevent back injuries, please contact your supervisor for guidance. **Report signs or symptoms of ergonomic disorders immediately to Occupational Health and your Department Manager!** Early reporting is essential so the situation can be corrected before it gets worse. Contact Occupational Health when an ergonomic evaluation is desired or if you have any questions.
Emergency Management

An emergency or disaster can happen at any time and in any place. GSMC has a plan in place for training staff and volunteers on what to do when there is a disaster.

The code for a disaster is **PLAN D**

**External Disaster** Any disaster occurring outside Good Samaritan Medical Center, such as a plane/bus crash or shooting, in which victims would be brought to the hospital.

**Internal Disaster** Any event that seriously disrupts the normal function of the hospital, such as a fire, power shortage or bomb threat.

- Staff should follow the Hospital Incident Command System (HICS)
- The Incident Command Center is located in Conference Room D
- A Senior Department Representative needs to Report to ICC (Incident Command Center)

Emergency Planning

GSMC is responsible for planning for both natural and human-instigated emergencies and disasters. GSMC has a plan in place to work with the community when an emergency or disaster occurs. Annually, GSMC completes a Hazard Vulnerability Assessment to prioritize our risks.

Managing Emergencies and Disasters

There are four steps to consider when planning for an emergency or disaster:

1. **Mitigation** – Pre-event planning and implementation actions that prevent the occurrence of a hazard or lessen the impact of potential hazards on the hospitals operations, thereby preventing an emergency/disaster.
2. **Preparedness** – Activities that build capability and capacity to address potential patient (and staff) care needs identified by the threat and vulnerability study.


4. **Recovery** – Activities designed by the return responders and the facility to full normal operational status and to restore fully the hospital’s capability to respond to future emergencies and/or disasters.

**Hospital Incident Command System (HICS)**

There are five management functions under the HICS plan.

1. **Command** – There are five command positions:

   - *Incident Commander* – defines the mission and ensures its completion; organizes and directs the Incident Command Center; gives overall direction for hospital operations; and if needed, authorizes evacuation

   - *Public Information Officer* – provides information to the news media, community, and staff; establishes media staging area as needed

   - *Liaison Officer* – contact person for representatives from other agencies

   - *Safety Officer* – monitors and has authority over the safety of rescue operations and hazardous conditions; organizes and enforces scene/facility protection and security

   - *Recorder* – records and tracks information about the event for the Incident Commander

2. **Logistics Chief** – “knows where to find it and get it;” organizes and directs those operations associated with maintenance of the physical environment and of adequate levels of food, shelter, and supplies to support the medical objectives; provides a hospitable environment and materials for the overall medical
3. **Planning Chief** – “finds out what’s needed now!...and the hours after;” relays information to, and carries out directives of the Incident Commander; anticipates future conditions and needs based on current information and conditions; determines and provides for the continuance of each medical objective; Planning Section personnel prompt and drive all HICS officers to develop long range action plans, as well as short range plans

4. **Operations Chief** – “makes it happen and get it there;” carries out the directives of the Incident Commander; carries out the medical objective to the best of the staff’s ability

5. **Finance Chief** – “determines how it will be paid for;” monitors the utilization of financial assets; oversees the acquisition of supplies and services necessary to carry out the hospital’s medical mission; provides funding for present medical objective and stress facility-wide documentation to maximize financial recovery and reduction of liability

**Emergency Operations Plan**
If a Plan D is called, **ALL** volunteers should report to the supervisor on their unit. If the volunteer is not needed on the unit, the volunteer needs to report to the Labor Pool to provide service to the Incident Command Center or for staffing the Emergency Call Center in the Volunteer Services Department.

**Emergency Communication**
If extra volunteers are needed during a disaster, they will be notified by e-mail or a telephone call. The call down list is located in the red folder, on the wall in the kitchen area.

**Emergency Security and Safety**
Emergencies are often chaotic and confusing. GSMC is responsible for controlling entrances, exits, and movement of people during the emergency. For their safety, volunteers are restricted from entering the disaster area. If the hospital is locked down, the Volunteer Services Department will notify the volunteers of the entrance that they should use to enter and exit the hospital. It is very important for volunteers to remember to wear their badges when they come to the hospital. The badge shows security that you are a volunteer here at GSMC and allows for entrance into the hospital. When the volunteer enters the hospital, he/she needs to report to the Volunteer Services Department for further instructions.

The secure campus plan is located in the red folder, on the wall in the kitchen area.

**Management of Staff**
The Director of Volunteer Services is the main contact during a disaster. If she is not available, the Volunteer Coordinator is the main contact. If the Director or the Coordinator is not available, the volunteer who is on duty in the Volunteer Office is the main contact.

If the disaster is not during regular business hours, all volunteers should report to the Volunteer Services Department and someone should be the main contact until one of the above people can get to the hospital. The disaster plan is located in the red folder, on the wall in the kitchen area.

**Volunteer Licensed Independent Practitioners**
All Licensed Independent Practitioners will be identified and validated by the Labor Pool.
Infection Prevention

Infection Risks
Volunteers cannot go into high-risk areas or participate in high-risk activities. This includes isolation rooms (except Eucharistic Ministers) and operating rooms.

Hand Hygiene, Standard Precautions, Protective Equipment, and Policies

Hand Hygiene
How to Protect Yourself from Exposure
Wear gloves provided by the hospital when working with potentially infectious body fluids.

Wash your hands with soap & water or use the waterless hand gel.

This is considered proper Hand Hygiene compliance:

- Perform hand hygiene **BEFORE ENTERING and AFTER EXITING** patient room or care area.

- Perform hand hygiene **BEFORE donning and AFTER removing GLOVES**.

- Perform hand hygiene **BEFORE accessing a CLEAN area for supplies**.

- When using hand gel, apply a **dime size amount of gel and rubbing it all over your hands until dry**.

- When using soap and water, apply **quarter size amount of soap**, use friction and rub all surfaces of your hands vigorously for **10-15 seconds**. Rinse well under stream of warm water, dry hands with clean paper towel and use **paper towel to turn off the water faucet**.
Artificial and Natural Nails
Fingernails must be clean, moderately short and well-trimmed. A colored nail polish is acceptable as long, as it is not an extreme color or nail art.

Standard Precautions
The Centers for Disease Control & Prevention has developed precautions to reduce the spread of infection. You will hear the term “Standard Precautions.” All human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other blood borne pathogens.

These precautions state that you, as a member of the health care team, should understand that all patients, staff & visitors could potentially infect you. This means you should always take appropriate measures to protect yourself.

How Infections Can Enter Your Body
♦ Through the mucous membranes of your eyes, nose, or mouth.
♦ By a contaminated, sharp object puncturing your skin, ex. needle.
♦ Through open cuts or sores in your skin.

If You Are Accidentally Exposed To A Potentially Infectious Body Fluid (ex. needle stick, splash, spray, or blood)
• Notify your supervisor.
• Go to Occupational Health (in the basement) or the Emergency Department (when Occupational Health is closed) for immediate treatment.
Personal Protective Equipment (masks, gloves, gowns)
There is a correct order in removal and safe disposal of personal protective equipment to avoid cross-contamination. The only volunteers who are allowed in isolation rooms are the *Eucharistic Ministers*.

Disposal of Biomedical Wastes and Sharps
✓ Look for & heed the Biohazard warning sign/label on bags, refrigerators, sharps containers, etc. (red or fluorescent orange)
✓ All soiled linen is considered contaminated and should be placed directly into blue plastic bags. Do not reach into dirty linen!
✓ All sharps are to be disposed of in red plastic sharp containers - not in regular trashcans.
✓ Do not compress trash with your hands.
✓ All other Bio hazardous waste is disposed of in red bags.

Immunizations
Volunteers are required to have two TB Skin Tests when they begin volunteering. For individuals with a positive history of TB, a chest x-ray and questionnaire are required.

Offered free of charge to volunteers:
- TB Skin Tests
- Influenza vaccine (mandatory)

Hydration Stations
All associates are required to store and drink their beverages at the designated hydration stations in your service areas. For your safety, drinks need to be stored and drank at a hydration station, in a break room, or in the cafeteria. In addition, food is only allowed in break rooms or the cafeteria.

Preventing the Spread of Disease
For Your Health and Safety....
- **Do not** enter an isolation room.
  
  There are four colored signs that you should look for. Each sign describes what should be done before entering
patient’s rooms. You cannot enter the patient’s room, but you explain to visitors what they need to do.

- Special Precautions (Contact Precautions)
- Mask Precautions (Droplet Precautions)
- Closed Door and Special Mask Precautions (Airborne Precautions)
- Glove and Gown Precautions (Contact Precautions)
- Neutropenic Precautions (Special Precautions)

- Do not report for volunteer service if you are sick, especially with fever, diarrhea, or skin infection.
- Do not eat or drink in a patient’s room.
- Do not eat or drink anything from a patient’s tray.
- Do not attempt to clean up spilled specimens.

Any questions about safety or infection control procedures should be taken to the nursing staff on duty. Additional questions should be taken to the Director of Volunteer Services.

Infection Prevention and Control Plan
GSMC’s Infection Control plan is updated annually. The plan covers ways for minimizing, reducing, or eliminating the risk of infection throughout the organization. Details of the plan are in the Infection Control Department.

Influx of Potentially Infectious Patients
Volunteers are included in all communications as associates in any high-risk situation. Evaluation from the Infection Control Department will determine what needs to happen with volunteers if we have an influx of potentially infectious patients. If there were limited access to the hospital, volunteers would be screened the same way that paid staff are being screened. Some of the areas where volunteers may be able to assist are with childcare and/or questioning visitors. Volunteers will be notified immediately if they have been in contact with potentially infectious patients.
Medical Equipment, Devices, and Supplies
The risks of infections related to medical equipment, devices, and supplies are reduced through properly disposal of these items.

- Volunteers are not responsible for cleaning and disinfecting any medical equipment, devices, equipment, or supplies, unless properly trained. A paid staff member should perform this duty.
- Volunteers do not handle sharps and bio-hazardous wastes. This is a paid staff member function.
- Volunteers do not handle hazardous items. This is a paid staff duty.
- Never unplug, disconnect, or turn off any medical equipment that is plugged into electrical outlets that have a red outlet.
  - Generator powered outlets are designated by red electrical outlet covers.
  - Life sustaining equipment (such as respirators) is usually plugged into the red electrical outlets.
  - Unplugging any durable medical equipment is a paid staff function.

Transmission of Infectious Diseases

Volunteering in Health Care
Volunteers can help with the transmission of infectious diseases by:

- Good hand hygiene
- Staying home when sick
- Staying up to date on immunizations
- Not going into isolation rooms
Personal
SpeakUp – 5 Things You Can Do to Prevent Infection

Supported by:

American Hospital Association
www.hospitalconnect.com
Association for Professionals in Infection Control and Epidemiology, Inc.
www.apic.org
Centers for Disease Control
www.cdc.gov

Infectious Diseases Society of America
www.idsociety.org
The Joint Commission
www.jointcommission.org
Society for Healthcare Epidemiology of America
www.shea-online.org

1. Clean Your Hands.
   • Use soap and warm water. Rub your hands really well for at least 15 seconds. Rub your palms, fingernails, in between your fingers, and the backs of your hands.
   • Alternatively, if your hands do not look dirty, clean them with alcohol-based hand sanitizers. Rub the sanitizer all over your hands, especially under your nails and between your fingers, until your hands are dry.
   • Clean your hands before touching or eating food. Clean them after you use the bathroom, take out the trash, change a diaper, visit someone who is ill, or play with a pet.

2. Make sure health care providers clean their hands or wear gloves.
   • Doctors, nurses, dentists, and other health care providers come into contact with lots of bacteria and viruses. So before they treat you, ask them if they’ve cleaned their hands.
   • Health care providers should wear clean gloves when they perform tasks such as taking throat cultures, pulling teeth, taking blood, touching wounds or body fluids, and examining your mouth or private parts. Don’t be afraid to ask them if they should wear gloves.
3. Cover your mouth and nose. Many diseases are spread through sneezes and coughs. When you sneeze or cough, the germs can travel 3 feet or more! Cover your mouth and nose to prevent the spread of infection to others.

- Use tissue! Keep tissues handy at home, at work, and in your pocket. Be sure to throw away used tissues and clean your hands after coughing or sneezing.

4. If you don’t have a tissue, cover your mouth and nose with the bend of your elbow or hands. If you use your hands, clean them right away. If you are sick, avoid close contact with others.

- If you are sick, stay away from other people or stay home. Don’t shake hands or touch others.

5. When you go for medical treatment, call ahead and ask if there’s anything you can do to avoid infecting people in the waiting room. Get shots to avoid disease and fight the spread of infection. Make sure your vaccinations are current – even for adults. Check with your doctor about shots you may need. Vaccinations are available to prevent these diseases:

- Chicken pox
- Measles
- Tetanus
- Shingles
- Mumps
- Diphtheria
- Hepatitis
- Meningitis
- Flu (influenza)
- Whooping cough (Pertussis)
- German Measles (Rubella)
- Pneumonia
- Human papillomavirus (HPV)

**Influenza Vaccinations**

Influenza (flu) vaccinations and education are **mandatory** annually to all GSMC staff and volunteers.