



Northern Nevada
MEDICAL CENTER

Volunteer Program Handbook

Volunteers Help People Heal



TABLE OF CONTENTS

Accidents/Injuries.....	14
Causes for Counseling/Termination/Separation of Volunteer Services	9
Communication Services.....	19
Computer Usage	10
Corrective Action	9
Counseling.....	8
Customer Service/Patient Satisfaction.....	10
Emergency Codes.....	14
EMTALA- Emergency Medical Treatment and Active Labor Act	13
Ergonomics	18-19
Flower Deliveries	11
Food/Drinks and Meals	10
General Safety Guidelines	17
Gifts and Gratuities	12
HIPPA Regulations: The Health Insurance Portability & Accounting Act	17
Holidays	10
Infection Control/Hand Hygiene.....	16
Leave of Absences (LOA).....	8
Mission & Vision Statement.....	5
Operators	11
Parking.....	11
Patient Rights and Responsibilities.....	16
Personal Appearance and Uniforms.....	7
Receipt Volunteer Handbook Attestation	21
Service Excellence for UHS	5-6
Sexual and Other Unlawful Harassment.....	12
Telephones/Cell Phones.....	12
Termination of Volunteer Service.....	8
Terminology/Abbreviations	19-20
Tobacco-Free and Smoke-Free Environment	12
Values of Northern Nevada Medical Center.....	5
Violence in the Workplace.....	12
Volunteer Absences	8
Volunteer Hour Record-Keeping.....	8
Volunteer Identification Badges	7
Volunteer Orientation	7
Volunteer Services Program	6-10
Welcome from Chief Executive Officer.....	3
Welcome from Manager of Admitting and Volunteer Services	4
Wheelchairs.....	13



Northern Nevada MEDICAL CENTER

Welcome from CEO, Alan Olive Chief Executive Office

Welcome to Northern Nevada Medical Center

I am pleased you are interested in volunteering here at Northern Nevada Medical Center and look forward to your role in patient centered care for every one of our patients, every day. NNMC is comprised of exceptional people providing exceptional care, and it is our patients and their families who experience the difference. We are focused on honoring life's journey with every patient we touch. We have a rigorous volunteer screening process that enables us to find the best and the brightest to join our team of dedicated professionals, and we are glad that you are here.

Please contact our Volunteer Coordinator @ 775-355-6567 if you have any questions regarding the material contained in this document.

Sincerely,

Alan C. Olive
Chief Executive Officer



Northern Nevada MEDICAL CENTER

Dear Applicant:

Northern Nevada Medical Center would like to thank you for your interest in our Volunteer Program. We believe our volunteers at Northern Nevada Medical Center can only add to our success. We honor your commitment.

Volunteers play a vital role in helping our patients and families on a daily basis. You do this by greeting our guests with a smile as they arrive, helping them find their way in the hospital, bringing our patients goodies from our patient concierge cart or visiting our patient rooms with your beautiful therapy dog.

Please take this opportunity to read through your Volunteer Handbook. It will provide you with information on our hospital's history, as well as the rules and regulations of the Volunteer Program. This handbook will also serve as a reference for you during the time you serve as a volunteer.

Partnering with individuals who recognize how they can contribute to a positive patient and family experience through compassionate connections with others, helps foster an environment of healing. If you would like to join our Northern Nevada Medical Center family, please reach out to me at your earliest convenience. I look forward to meeting you very soon.

Sincerely,

Angie Rodriguez
Volunteer Coordinator
Angie.rodriguez2@uhsinc.com
775-355-6567



Our Principles

- We provide superior quality patient care
- We are committed to being a highly ethical healthcare provider
- We value each member of our team and all their good work
- We are devoted to serving our local community

Our Mission

Our Mission is to provide excellence in clinical care that our patients will recommend to their families and friends, physicians prefer for their patients, purchasers select for their clients, and our employees can be proud of.

Our Vision

Our Vision is to be recognized as the provider of choice for healthcare services in our community where we are trusted by our patients, families, and physicians to provide a safe, caring, and compassionate experience.

Our Values

Compassion: We treat everyone with kindness and warmth because we genuinely care about every patient, employee and physician like they are family.

Empathy: We put ourselves in our patient's shoes and deliver clinical care with a personalized touch.

Teamwork: We foster a caring and friendly work environment to bring the best possible outcomes in our patient's lives.

Quality: We strive to provide excellence in clinical care.

Ethics: We conduct our business with the highest ethical and moral standards.

Respect: We promise to honor the dignity, individuality and rights of everyone.

Service Excellence: We provide personalized and professional service that exceeds the expectations of those we serve.

Innovation: We continually invest in technology and process improvements to develop new and better ways of delivering clinical care.

Patient Experience

The sum of all interactions, shaped by an organization's culture, that influence patient perception across the continuum of care. Every touch point matters! As we honor life's journey with every patient, excellence is achieved by caring and competent individuals who individualize care for each patient and family.

Service Excellence, Guiding Principles for Service Excellence:

Service excellence is the key component that can differentiate one company from another in the marketplace. The goal of UHS and its hospitals is to implement service excellence initiative consistent with its mission of healing and serving the community.



UHS has a service excellence strategy that focuses on three components.

Expectations are listed below each component.

Warm Welcome / Treat everyone as a guest

- I will always say “Please” and “Thank You”
- I will greet guests with compassion and empathy, demonstrated through eye contact, a smile, and open body language

Anticipate Needs / Demonstrate Professionalism and Excellence in the Things I Do

- I will always wear my name badge
- I will use language appropriate to the situation and to the guest
- I will anticipate what guests may need

Fond Farewell / Practice Teamwork

- I will always end an interaction with the guest by asking, “Is there anything else I can do for you?”
- I will hold myself accountable for getting the information I need to know to do my job

Volunteer Services Program

This portion of the Volunteer Handbook explains the Volunteer Services program, including qualifications and requirements to become a volunteer. Northern Nevada Medical Center prides itself on having an active and well-staffed department of volunteers under Angie Rodriguez, Volunteer Coordinator. We currently have many volunteers participating in numerous volunteer opportunities throughout the hospital as noted below:

- Admitting
- Emergency Room
- Information/Front Desk
- Mission Services/Spiritual Care
- Patient Concierge Team
- Pet Therapy
- Same Day Surgery / ICU (2nd floor waiting room)

(Other departments available upon request)

Volunteer Services Program

Prospective volunteers must complete the required application and read this handbook in its entirety before requesting an interview to see if eligible to volunteer within our program. Volunteers must commit to at least one 4-hour shift per week and commit to completing a minimum of **100 hours of volunteer time per year**. For **pet therapy** volunteers, a minimum of **60 hours of volunteer time per year** is required. Shifts are generally 8 a.m. – 12 p.m., 12 p.m. – 4 p.m., or 4 p.m. – 8 p.m.; for pet therapy, shifts vary. Acceptance as a volunteer is contingent upon a successful completion of our process, which includes:



- A background check meeting the standards of Northern Nevada Medical Center (18 years of age and older)
- Required lab work, including a urine test for drug screening, a blood draw to check your resistance level for childhood diseases, and a Quantiferon blood test for tuberculosis. It is recommended that all potential volunteers who will be performing lab work consume a meal or snack prior to arrival. Lab work will take place at a time of interview if we feel you are eligible for our program. (The Quantiferon blood test is also required annually in your volunteer anniversary month, per hospital policy.)
- Volunteers are further required to be compliant with hospital policies and procedures as well as obtain a hospital photo ID badge. Prospective volunteers who test negative (no adverse results) with the lab work and who are otherwise suitable, will be cleared to start volunteering.
- Volunteers who do not timely comply by Hospital/Department compliancy deadlines may receive a counseling, suspension and/or termination. This includes, but it not limited to, the annual Quantiferon test.

Volunteer Orientation

Once Human Resources (HR) approves the drug screening and background check, Volunteers will attend the Hospital Orientation Patient Experience Program, which will typically be on the third Tuesday of every month from 8am to 12pm. The orientation is intended to provide an overview of the mission and values, as well as an understanding of the role and duty of a volunteer.

Volunteer Identification Badges

You are required, per policy, to wear your hospital ID badge during your volunteer shift. This is so employees, other volunteers, security, patients, visitors, and the general public can readily identify you. Your ID badge must be worn above the waist with your name and photo visible while on hospital property. New volunteers are required to obtain their ID badges before first shift.

Personal Appearance and Uniforms

Proper dress, grooming and personal cleanliness are reasonable expectations in every workplace. Volunteers are often the first person noticed by patients, visitors, hospital employees and medical personnel. The expectation is that volunteers will present a clean, neat and professional appearance.

Uniforms: Northern Nevada Medical Center will provide volunteers with vest or shirt which can be worn with appropriate clothing.

Inappropriate clothing and unacceptable appearance and/or attire in all areas of the hospital, include, but not limited to:

- Shorts, skin tight pants or leggings, tank tops, and/or sleeveless tops. Please ensure that cleavage or midriffs are not visible.
- Sweat clothing (hoodies, pants, shirts, jackets, workout attire).
- Strong odors or excessive use of perfume, cologne, after-shave, scented lotions or other strongly-scented products are inappropriate.
- Non-traditional hair styles (e.g. extreme spikes, mohawks and/or non-traditional colors)
- Facial piercings (if present, must be removed for volunteer shift)
- Visible tattoos that are flagrant, religiously, culturally, racially or sexually explicit in nature and/or imply violence or threatening acts must be covered.
- Attire that is form-fitting and/or sexually suggestive is not permitted.



Volunteer Hours Record-Keeping

All volunteers are required to clock in and out of shifts to ensure proper documentation of volunteer hours. Any hours spent to benefit the hospital, in addition to your scheduled shift, such as hospital-sponsored events, health fairs, etc., should be included. Once a year we honor you and present awards for hours worked.

Volunteer Absences

As a volunteer, you are required to notify the Manager of Admitting and Volunteer Services, in a timely fashion that you will be absent. As much notice as you can provide ahead of time would be appreciated, so that we can accommodate your absence.

Leave of Absence (LOA)

A Leave of Absence (LOA) shall be defined as an absence of four (4) or more consecutive shifts. An LOA will only be granted after 60 hours of service with the exception of hardship and/or extenuating circumstances. LOA's cannot extend past a 6-month period of time without reprocessing which will be left to the discretion of the Manager of Admitting and Volunteer Services. Open-ended LOA's will not be granted; therefore, Volunteers are required to provide a return to shift date or a follow-up, contact date for unknown returns. Failure to return to one's scheduled shift on the noted shift date or failure to make contact on the follow-up date will result in termination from the program. Volunteers who are granted LOA's are further required to return their Hospital I.D. Badge to the Manager of Admitting and Volunteer Services for compliance reasons until their return to the program. There is no guaranty that a shift can be held for a Volunteer who is on an LOA.

Termination of Volunteer Service

Volunteers are expected to provide a minimum of two (2) week notice before terminating their volunteer services. Two week notice is further defined by full shift attendance of the Volunteers' final two weeks. At the time of your separation, you will be required to turn in your photo ID badge, shirt and vest as they are property of the hospital. Failure to provide two week notice before terminating, or leaving prior to completing 100 hours of volunteer service, or failure to turn in your badge may result in a "no rehire" status on your record. This information may also be shared with our Human Resources Department; therefore, possibly impacting future volunteerism and/or employment opportunities. If any volunteer is requiring documents to be signed for various proof of their volunteerism, it may be noted on their document that the requirement expected of our volunteers was not met. Should you choose to leave Northern Nevada Medical Center and you have met the requirements above, it is our policy that you may be considered for rehire or reinstatement in the future, depending upon your prior work history with the hospital. A volunteer can be terminated by the Manager of Admitting and Volunteer Services or Human Resources at any time based upon their actions at the discretion without prior notification or counseling (see "Causes for Counseling /Termination/Separation of Volunteer Service" for further information on this topic).

Counseling

It is your responsibility as a volunteer of Northern Nevada Medical Center to maintain a high standard of performance and behavior in the workplace as well as off property when wearing the Northern Nevada Medical Center volunteer uniform. You should demonstrate respect for others by showing quality patient care, service, productivity and professionalism. When a volunteer fails to meet these standards in any way, the Manager of Admitting and Volunteer Services has the responsibility to take decisive, positive and timely action to correct the problem. Such action may result in a corrective action or termination.



Corrective Action

Corrective action may vary depending upon the severity and circumstances involved. Corrective action may occur in the form of: verbal corrective action, written and/or final written corrective action with or without suspension or dismissal. Corrective actions are part of the volunteer's personnel file.

- **Verbal corrective actions** may be followed up in written form, to include comments and signatures of both parties.
- **Written and/or final written corrective actions** are documented defining the deficiencies and/or violation(s), which the Volunteer Department expects for improvement and the consequences of improvement, fail to occur. Volunteers are encouraged to add their own comments and to sign the corrective action.

Causes for Counseling/Termination/Separation of Volunteer Service

- Failure to show up for your scheduled shift without prior notification to the Manager of Admitting and Volunteer Services or volunteer team lead is referred to as a "no call" or "no show." A no call/no show for two shifts will result in termination. A "call out" at the last minute (no more than three times) or a call out for three consecutive shifts will also result in termination from the Volunteer Program.
- Anyone who is on a Leave of Absence (LOA) for six consecutive months will be required to separate from the program. However, if the volunteer's service was deemed to be in good standing at time of separation, he/she may return to the program after full reprocessing based on the need and availability of the Volunteer Program.
- Excessive absences or repeated tardiness
- Disorderly conduct, insubordination, or willful neglect of duty
- Use of cell phone, texting or reading of non-Northern Nevada Medical Center materials or engaging in non-Northern Nevada Medical Center projects/hobbies while operating the Information/Front Desk or the Greeter's Desk, where applicable. More specifically, off limit projects include reading magazines, newspapers, schoolwork, crossword puzzles, knitting, needlepoint, etc. (These activities are particularly critical and noticeable to patients, visitors, and staff have a strong impact on our Patient Experience Scores.)
- Willful destruction or misuse of hospital property
- Intoxication, or use or sale of illegal substances or alcohol on hospital property
- Inappropriate discrimination, whether expressed in actions or words
- Telling off-color, offensive jokes/ stories, and/or making fun of people in your surroundings while on hospital property
- Theft
- Tobacco use anywhere on hospital grounds, as expressly prohibited by hospital policy
- Possessing firearms or other illegal weapons on hospital property
- Arguing with, belittling or intentionally embarrassing patients, visitors, staff and/or other volunteers
- Unprofessional/inappropriate communications and or flirtations with staff, patients, visitors or fellow volunteers to include "Sexual" and/or other "Unlawful Harassment" (see Sexual and other Unlawful Harassment).
- Any threat or act of violence against another individual



Customer Service and Patient Experience

When someone enters Northern Nevada Medical Center, the first person they encounter is often a hospital volunteer. The volunteers have the best opportunity to set the example of excellent customer service when they do the following:

- Always be cheerful and friendly.
- Always greet visitors and patients pleasantly and ask, “How may I help you?”
- Always acknowledge patients and visitors to the facility if you are otherwise occupied with another patient/visitor by saying, “I will be right with you.”
- When answering the telephone, always state the area where you are, your name, and that you are a volunteer. If the other phone line is ringing, please ask the caller if you can place him/her on hold so that you can answer the other line.
- Always get questions answered. If you do not know the answer, please take the time to find out or find someone who can answer the question.
- When you see a visitor who looks lost or confused, please ask if you can assist them.
- Escort visitors to their destination. Please say, “Let me take you there,” instead of just pointing the way. (This reduces visitors’ stress and makes them feel valued).

Holidays

If you are not able to work a holiday, you must make timely notification to the Volunteer Department Staff:

- New Year’s Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Christmas Day

Computer Usage

Volunteers who use computers at the hospital while they are on duty are only allowed to use computers for legitimate hospital purposes. You are not allowed to use the internet.

Volunteers are not permitted to modify and/or change the computer screen’s image or background color. For those who are granted computer access, you must read and sign our Network Usage Policy.

Food/Drinks and Meals

Food is not permitted at any work location however covered drinks are permitted.

A complimentary meal allowance is provided to volunteers at each of the hospital cafeterias. For each completed 4-hour shift, volunteers are entitled to a credit towards a snack and/or meal (on the same day of the shift worked). Food should be eaten in the cafeteria or taken home. Volunteers should have their meal or snack before or after their shift, not during their 4-hour shift. If you are volunteering for an 8-hour shift, you are required to take a meal break and can work that time out with the Volunteer department.



Northern Nevada MEDICAL CENTER

Telephones/Cell Phones

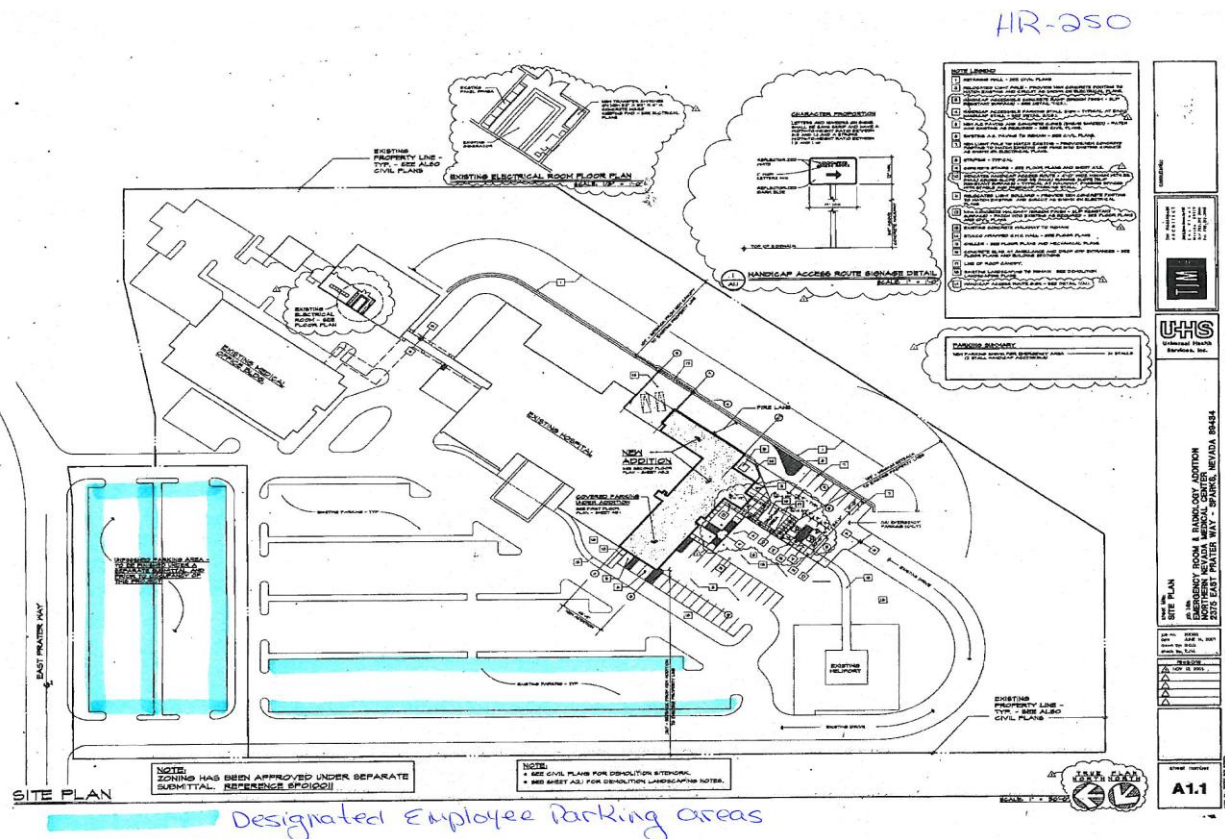
Hospital phones are for business use or personal emergency use only. Personal cell phones are required to be silent or off during your volunteer shift. If a need arises where you must take a call while you are on shift, you should remove yourself from your work location for the duration of the call. Please also don't find yourself text messaging on your phones during your shift. We realize a need arises every now and then, but we would like you to refrain from texting back and forth during your shift.

Operators

Most hospital areas have local telephone books and campus department telephone numbers. Please use this resource first to obtain information. The hospital operator is a resource for information but should be used only when other resources cannot be found.

Parking

Parking for volunteers will follow guidelines for staff parking policy. This information will be provided during The volunteer's new Hire Orientation.



Flower Deliveries

Before the flower delivery person leaves, please check the hospital listing at the Information Desk to verify that the patient receiving flowers is at the hospital and in a room where flowers/plants are permitted. The same guidelines apply if delivering flowers to an employee. When flowers are delivered to a patient's room, please verify with the nursing staff on that floor that the room number is correct. If the flowers/plants are overflowing with water, proceed cautiously so as not to spill. Please clean up any spills promptly to prevent injuries or messes. It is also important to remember that ICU does not permit flowers.



Gifts and Gratuities

Every patient can expect to receive quality care and services without giving gratuities or gifts. It is not appropriate to receive gifts or gratuities or services of any kind from patients, visitors, vendors or any other outside parties.

If you are offered a gift or gratuity you should graciously decline it. We are unable to accept donations; if you need assistance, please contact the Manager of Admitting and Volunteer Services.

Sexual and Other Unlawful Harassment

Northern Nevada Medical Center promotes and strives to maintain a work environment that prohibits unwelcome, sexually motivated physical contact, sexually derogatory or offensive statements, verbal sexual advances, or requests for sexual favors. Sexual harassment, in all its forms, is strictly prohibited and all offenders, as determined by the Hospital, will be subject to serious corrective action, up to, and including, dismissal. Examples of what may be considered harassment (depending upon the circumstances) are:

- **Verbal Harassment** –derogatory comments or slurs. Unprofessional/inappropriate communications and/or flirtations with staff, patients, visitors or fellow volunteers to include “Sexual” and/or other “Unlawful Harassment” (see Sexual and other Unlawful Harassment).
- **Physical Harassment** – assault, impeding or blocking movement, any physical interference with normal work or movement when directed at an individual.
- **Visual forms of Harassment** – derogatory, sexually or racially explicit cartoons, drawings or posters.
- **Sexual Harassment** – unwanted sexual advances that condition of volunteering benefit upon an exchange or offering of sexual favors.

Violence in the Workplace

If, at any time during your volunteer service, you feel you are being harassed by another volunteer, patient, visitor, employee or physician, you are required to immediately report this to the Manager of Admitting and Volunteer Services or the Human Resources Department.

If you think someone is on the verge of losing control, please alert Security immediately. Stay calm and alert, look for an escape, listen but don't use defensive words or gestures while maintaining eye contact, be clear and concise by talking slowly and softly and avoid physical contact.

Tobacco-Free and Smoke-Free Environment

Northern Nevada Medical Center is committed to the promotion of health, wellness and safety for all persons. Therefore, it is our desire and intent to maintain a smoke-free and tobacco-free environment. This includes electronic cigarettes as well. Smoking is not allowed on hospital property including but not limited to: courtyards, walkways, benches, picnic tables, parking lots or anywhere on the hospital grounds. This includes personal or company vehicles on hospital property. Failure to comply with this policy will result in written counseling and may include dismissal.



Wheelchairs

Volunteers will be shown at New Hire Orientation how to properly utilize the hospital wheelchairs. Volunteers are responsible for following proper wheelchair procedures. General rules of our wheelchairs are as follows:

- **Safety** – Never assist the patient in or out of the wheelchair. There should be no lifting or guiding of the patient. If the patient cannot get in or out of the chair on his/her own (including leaning on you), a clinician is needed to help assist. Please inform the patient/visitor who you will be pushing in a wheelchair that unfortunately you are not able to help assist them in and out of the chair (or into their car for that matter) due to policies and procedures. This gives the individual you are pushing a better understanding of why you aren't able to assist them getting in and out of the chair (aside from lifting arm rests, moving leg rests, etc.).
- **Oversized Patients** – Volunteers are never to push or discharge a patient that is "oversized" (250 lbs. or more) in a wheelchair. This is for your own safety and liability. Always abide by this rule, even if you feel you are capable of doing the discharge. Notify the Manager of Admitting and Volunteer Services of employees who request this of you.
- **General Wheelchair** – When a patient enters/exits a general wheelchair, please inform them that you need to make both brakes secure and adjust the leg rests for safety reasons before entering/exiting the chair. You must know how to use the levers to adjust the legs and secure the brakes, along with ensuring the foot rests are upright. (See photo below.)
- **Dysfunctional Wheelchairs** – Report any wheelchair that is not working properly, such as brakes or any other parts that may be loose or not secure please notify the Volunteer staff. Please notify supervisor and remove from service.

Basic Instructions for wheelchair usage:

1. Before entering room - take note of any precautionary signage.
2. Do not enter a room that has any form of isolation signage.
3. Always knock on the patient's door to gain permission for entry and introduce yourself and your purpose.
4. Always "gel in" before entering a patient's room as well as "gel out" when leaving a patient's room.
5. Stop at the Nurses' Station and make notification that you are assisting with discharged patients.
6. Elevators – when entering the elevator with a patient in a wheelchair, you must back into the elevator so that the patient is facing forward towards the doors. Wave your hand or arm by the door to eliminate the possibility of the door closing on you or the patient. Never try to hold open a closing door, as this could result in injury.
7. Patient's ride home – Vehicle needs to be pulled up to the hospital entrance. If they are not able to pull their vehicle up to an entrance, call the Nurses' Station where you picked up the patient and have them arrange for the patient to be discharged safely. If a patient being discharged drove himself/herself to the hospital, you are not permitted to push him/her to their vehicle. The patient must be able to walk to their vehicle safely. If the patient is not able to do so, the volunteer should take the patient back to the nurses' station and advise them of the situation.
8. Never take wheelchairs out into the parking lot or on the sidewalks to discharge a patient. The one exception would be potential "parking lot" injury (see EMTALA Training) where two volunteers may enter the parking lot with a wheelchair. If requested by hospital staff to take a patient into the parking lot, the volunteer must politely respond that they are not allowed to do this.



Accidents/Injuries

Volunteers are covered by hospital liability insurance for accidents related to volunteering while on duty. Volunteers must report injuries incurred while on duty to the Manager of Admitting and Volunteer Services or Human Resources within 24 hours, as an incident/event report will need to be filled out by either the Manager of Admitting and Volunteer Services or an employee that saw it happen (or in the department you work). If the Manager of Admitting and Volunteer Services is not available, the House Supervisor should be notified. In addition, volunteers may help prevent injuries by utilizing appropriate safety practices in addition to appropriate body ergonomics. Volunteers should be aware of proper posture at the front desk (i.e., paying careful attentions to position of head, neck, spine, arms and wrists). Volunteers should further alternate between different postures on a regular basis, avoiding awkward resting of elbows, forearms or wrists on hard surfaces.

Emergency Codes

It is your responsibility to know the general emergency codes and required response.

Code	Response
Code Blue/Pediatric	Cardiopulmonary Arrest (anyone can call)
Code Triage	Disaster (Stand by and Activate) – Called by Administration
Code Red	Fire (anyone can call)
Code Orange	HazMat (stay away from area)
Code Gray	Security (need of assistance/anyone can call/only trained staff can provide intervention)
Code Purple	Elopement (anyone can call)
Code Pink	Child Abduction (anyone can call)
Code 250	250 Yard Rule (team will respond)
Rapid Response	Change in Patient Condition (anyone can call)
Code Yellow	Fall Prevention (anyone can call)
Code Green	Staffing Issues (designated staff responds)
Code Eastwood	Weapon Threat (move away from area or stay in your department)
Code Silver	Active Assailant (move away from area or stay in your department)
Stroke alert	Activation of Stroke Team

Fire Safety (Code Red)

Most fires start small and if not managed, get progressively out of control. Fire prevention is the first line of defense. The second line of defense is to control the fire from spreading. Buildings may be built of steel and concrete but their contents are not. The facility is designed to contain fires within fire compartments, which have special fire doors. The intent of the fire doors is to prevent the spread of fire from one fire compartment to another. Never prop open a fire door. This compartmentalization allows for horizontal evacuation prior to vertical evacuation if necessary.

R.A.C.E.E.

Rescue the patient and all those in the affected area.

Alarm - pull the nearest fire alarm pull-station and dial 555 to report the fire and the location.

Contain the fire close the door(s) in the affected area.

Extinguish the fire using the appropriate extinguisher using PASS technique.

Evacuate - leave the facility in an orderly fashion.



P.A.S.S.

Pull the locking pin.

Aim the extinguisher at the base of the flames.

Squeeze the handle levers.

Sweep the extinguisher from side to side.

Fire Prevention Instructions

1. Be aware of how to turn the room oxygen off and who is permitted to turn off the main oxygen valve on the unit. Oxygen should be turned off when fire is in our immediate area.
2. Ensure that visitors and patients SEE and OBEY caution signs when oxygen is use.
3. If you observe any condition that appears to be hazardous, report it promptly to a supervisor.
4. Learn the evacuation route for your area.
5. Keep evacuation exits free from obstructions.
6. Keep smoke/fire doors free of obstructions.

During a Fire Alarm

1. Do not use elevators
2. Do not pass through fire doors
3. Listen to the page for the affected area and be prepared to assist or take action if the affected area is below, above or adjacent to your work area.

250 Yard Rule (Code 250)

“Comes to the Emergency Department” – means (1) an individual presents at a hospital’s dedicated emergency department and request examination or treatment for a medical condition or (2) the individual can present elsewhere on hospital property in an attempt to gain access to the hospital for emergency care.

Hospital property means the entire main hospital campus, including the parking lot, sidewalk, and driveway. This Code 250 definition also applies to the Hospital Front Lobby.

Generally, a hospital campus is defined in regulations as the physical area immediately adjacent to the hospital’s main buildings, other areas and structures that are not strictly contiguous to the main building but are located within 250 yards of the main buildings, and any other areas determined by the CMS regional office to be part of the hospital campus.

When a Code 250 is called, a rapid response team will report to the site and provide a medical screening evaluation, emergency resuscitation or first aid measures as appropriate and transport the patient to the Emergency Department.

Infant/Child Abduction (Code Pink)

1. All staff members are responsible for sealing off the building, exits, elevators, fire doors and stairwells.
2. No one is allowed to leave the building until the code is cancelled.
3. Follow procedure as directed by the house supervisor or department supervisor.

Reporting a Code

Dial in-house emergency access extension 555 to report all codes. It is a direct line to the operator. Be prepared to provide the following information:

1. Type of code
2. Location of code
3. Your name and location



Infection Control/Hand Hygiene

Hand washing is the most important way of preventing the spread of germs and bacteria. It is extremely important that hands are washed after using the restroom, before and after eating. It is also recommended that all volunteers wash their hands upon arrival at the hospital to begin a shift, as well as immediately following a shift and before leaving the hospital. It is also best practice to wash your hands periodically throughout your shift. This is for the benefit of your own health, as well as the health of patients, staff, visitors and all others with whom you may come into contact. You are required to “gel in” before entering a patient’s room, as well as and “gel out” upon exiting the patient’s room. You do not want to bring any germs/infections in to the patient or with you when you exit the room. This is something that is watched for by everyone and can be a cause for counseling if not done. This is a compliance issue that must be followed.

Please know that Infection Control also involves knowledge and adherence to patient “Precautionary Signage.” Volunteers should never enter a patient’s room where signage warns of precautionary measures such as isolation, airborne, etc. When in doubt, please check with the Nursing Station to clarify safe entry.

Volunteers who have accidentally entered “precautionary” rooms are asked to clean their hands immediately in the patient’s room before leaving the room. Volunteers should then make notification to the Charge Nurse before leaving the floor to receive further safety information and clearance. After making notification to the Charge Nurse, and receiving permission to leave the floor, volunteers should notify the Manager of Admitting and Volunteer Services or Human Resources. If volunteer cannot make contact with the Manager of Admitting and Volunteer Services, he/she needs to contact the House Supervisor and make notification.

Infection Control is everyone’s responsibility and volunteers who are suffering from contagious illnesses should not volunteer until they are well, or if the volunteer requires medical treatment by a physician, a physician’s release is needed. If you are ever concerned about a potential contact or infection control measure, please speak with your Manager of Admitting and Volunteer Services or Director of Infection Control.

Volunteers who are ill should not volunteer until they are well.

Patient Rights and Responsibilities

Each and every patient has been granted rights and responsibilities under the American Hospital Association Bill of Rights. Each staff member must know these patients’ rights and responsibilities in order to abide by them.

Infringements upon the patient’s rights may lead to legal action. The Patient Rights are listed below:

1. The right to have access to care regardless of ability to pay.
2. The right to be treated with respect and dignity.
3. The right to privacy and confidentiality.
4. The right to know the identity of their caregivers and the person who is responsible for coordinating their care.
5. The right to information regarding their diagnosis, treatment, alternatives, prognosis in order to be able to give
6. Informed consent.
7. The right to refuse treatment as permitted by law.
8. The right to express complaints.
9. The right to formulate advanced directives and have them executed as permitted by law.
10. The right to express religious, cultural beliefs and practices.
11. The right to have an explanation of the bill and charges.
12. The right to know the hospital rules and regulations. 12. The right to have access to community resources for continuity of care and have full information available for the continuity of care.



13. Patient has the right to effective pain management.
14. Patient has the right to a safe environment.

HIPAA Regulations: The Health Insurance Portability & Accountability Act

Congress passed the bill in April 2001. It requires that all facilities maintain confidentiality and privacy for every patient, and only those with a need to know should have access to their medical records.

1. Improved efficiency in healthcare delivery by standardizing electronic data interchange.
2. Protection of confidentiality and security of health data through setting and enforcing standards

UHS has developed policies and procedures for compliance with HIPAA that are global; however, each facility will also have specific procedures that address the issues of confidentiality and security of patient information such as:

1. Computer workstation security
2. Dissemination of information within NNMC and to outside entities
3. Disposal of hard copy information
4. Storage of hard copy and computer media

General Safety Guidelines

As part of minimizing or preventing potential safety hazards, the following guidelines are established.

1. Never block aisles or exits with boxes, chairs, etc., even temporarily.
2. Positively NO RUNNING! Traffic passes to the right.
3. Approach corners and corridor intersections cautiously, using the overhead mirrors to avoid collisions.
4. Push vehicles, carts, stretchers, etc., SLOWLY. See your way ahead.
5. Push vehicles, carts, stretchers, etc., from the end (not the sides) to avoid smashing your fingers. Keep patient hands inside the bed rails.
6. Transport patient feet first. Have assistant guide the feet. Never leave a patient unattended
7. Discard disposable items in the proper containers.
8. DO NOT eat or drink in the work area.
9. Wipe up spills immediately. Use lids.
10. Observe Tobacco Free policy.
11. Be alert to potential safety hazards and report them to your supervisor.
12. Never wedge a door open using a door wedge, wash cloth or other object.

It is everyone's responsibility to maintain a safe work environment for our patients, visitors and co-workers. In case of emergency, take prompt action and activate the Emergency Code System as needed.



Ergonomics

Proper body mechanics and good posture play a very important role in the management and prevention of low back injury. Most prolonged back pain is due to mechanical forces on your spine and associated tissues. Good posture minimizes these factors by holding your spine in proper alignment, thus giving your body a solid foundation from which to work. Back problems are rarely the result of one incident or injury but are caused from life-long habits. Your back is weak; you need to protect it by keeping it in the natural curve at all times. Use your legs and maintain the natural curve to your spine. Lift correctly and safely.

Common Causes of Poor Posture or Back Strain

1. Poor lifting technique
2. Pregnancy
3. Out of shape
4. Attempting to lift excessive weight
5. Moving your body incorrectly

Effects of Poor Posture

1. Increased risk of pressure on the nerves due to degeneration of spinal structures.
2. Poor mechanical leverage for muscles and structures when lifting or doing heavy work.
3. Abnormal curves in your low back leading to compensating abnormal curves in your neck and visa versa.

Good Posture

1. Good posture is the alignment of each segment of the spinal column into natural curves that are the correct size for you. Since both an excessive arch and a decreased arch in your back can cause low back pain, it is important to prevent both. Your head should be centered between your shoulders, shoulders should be over your hips, and hips and pelvis should be held at mid-point (not tipped forward or backward).

Tips for Safe Lifting

1. When reaching down, support your upper body with one arm.
2. Always stay close to the load without leaning forward.
3. Push rather than pull whenever possible.
4. When bending, kneel on one knee. Bend your knees and hips, not your back.
5. When leaning forward, move your whole body, not just arms.
6. Never reach above shoulder level, use a step or ladder.

Practice Correct Body Mechanics

1. Keep head high, chin tucked in and back arched.
2. Keep weight close to the body and stand upright.
3. Use a diagonal lift to get the weight in close.
4. Maintain a wide, balanced base of support.
5. Team work for heavy loads.
6. Pivot with your feet, do not twist.
7. Carry the load in the front.
8. Interrupt or change stressful positions frequently.



Overhead Lifting

1. Make the loads lighter
2. Give yourself a wide base of support
3. Always use a ladder or a step stool, not a box or a chair

Communication Services

Northern Nevada Medical Center recognizes the right and need of patients to be informed of and to participate in their treatment and takes steps to ensure individuals with limited or non-English speaking abilities receive effective communication and participation concerning aspects of their care, treatment, services and financial obligations.

Adequate access to interpreters is provided for patients and, as needed, for persons with impaired hearing or speaking. Northern Nevada Medical Center provides access to language and signing interpretation without patient cost when a language or communication barrier exists. Please contact the house supervisor or department manager if you need access to an interpreter.

Terminology/Abbreviations

For your information, the following is an “at a glance” listing of medical terminology. You are not expected to know or memorize these, but they can be helpful to have these as a reference for you.

- *Acute – Short, severe illness*
- *Ambulatory – Able to walk about (patient not confined to bed)*
- *Antiseptic – Killing or controlling the growth of germs*
- *ASC-Day surgery*
- *BP – Blood pressure*
- *Cardiac – Pertaining to the heart*
- *CAT Scan – Computerized Axial Tomography*
- *CNA – Certified Nursing Assistant*
- *Coma – State of unconsciousness caused by disease or injury or medicine*
- *EEG – Electroencephalogram (brain waves)*
- *EKG – Electrocardiogram (heart)*
- *ER – Emergency Room*
- *ED – Emergency Department*
- *Endoscopy – inserting a scope into the stomach*
- *Geriatric – Pertaining to the treatment of the aged*
- *Gurney – Stretcher, cart or bed on wheels*
- *ICU – Intensive Care Unit*
- *I & O – Intake and output of fluids by a patient*
- *IV – Intravenous (within a vein)*
- *MRI – Magnetic Resonance Imaging*
- *NPO – Nothing by mouth*
- *OR – Operating room*
- *Oncology – Pertaining to diagnosis and treatment of cancer*
- *OT – Occupational therapy (focus is on daily living activities)*
- *Outpatient – Patient who receives treatment, but is not admitted*
- *PACU – Post-Anesthesia Care Unit (commonly called, “Recovery”)*
- *Pathology – Study of tissues and organs of the body*
- *Pediatrics (PEDS) – Pertaining to diseases of children*
- *PICC Line – Peripherally-Inserted Central Catheter*
- *PT – Physical Therapy (focus is on recovering muscle and joint function)*



- *Post-Op – Post-operative (after surgery)*
- *Pre-Op – Pre-operative (before surgery)*
- *Radiology/Imaging and X-ray are synonymous*
- *RN – Registered Nurse*
- *STAT – Immediately*
- *STEMI – ST Elevated Myocardial Infarction (severe heart attack)*
- *Vital Signs – Temperature, pulse, respiration and blood pressure*



ATTESTATION STATEMENT

I acknowledge that I have read and received a copy of the Volunteer Handbook. I am aware that it is my responsibility to review this Handbook and to be aware of and understand all of its provisions. I understand that I should consult the Manager of Admitting and Volunteer Services regarding any questions not answered in this Handbook. I am aware that the information and policies and described here are subject to change at any time and that revisions to this Handbook may occur without prior notice and without consideration. I understand that the revised information may supersede, modify or eliminate existing policies.

Furthermore, I acknowledge that this Handbook is not a contract and is not a guarantee by the Facility of the conditions and benefits which are described by it. The information contained in this booklet is designed to serve only as a reference to the Facility policies and procedures. I acknowledge that this Handbook is not a contract modifying the nature of my volunteering with the facility, and I agree to abide by the policies and procedure discussed within.

Volunteer Signature

Date

