WELCOME to Volunteer Services and CHI Memorial! Volunteers are highly valued at Memorial for sharing the precious gift of self.

We hope becoming a volunteer marks the beginning of a long and rewarding relationship with Memorial. As you contribute your personality and your skills in service to our patients, guests and your co-workers, we believe you will also benefit in many ways.

This handbook provides you with a resource of continuing information on Memorial and guidelines for our volunteers. You will find it helpful to review this information periodically.

Please let us know if we may enhance your experience at Memorial in any way. You may call 423-495-8610 to talk with us.

Jean Payne, Director
Volunteer Services
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VOLUNTEER SERVICES

The Volunteer Services Department provides support to all volunteers within CHI Memorial. Our volunteers include the Memorial Auxiliaries, Red Cross volunteers, Independent volunteers, and Student volunteers.

Volunteer Services is responsible for all volunteer activities throughout the health care system.

Volunteers serve in more than 80 positions throughout CHI Memorial, and our goal is to find a position that fits your talents and interests and serves the needs of Memorial. Our service opportunities include a variety of areas at CHI Memorial Hospital and CHI Memorial Hospital Hixson, CHI Memorial Georgia, Memorial Ooltewah Imaging Center, Memorial Rees Skillern Cancer Institute, the MaryEllen Locher Breast Centers, Community Health Center Hixson, Eastgate, Center for Health, and more.

Volunteer Services Staff

Jean Payne, Director of Volunteer Services
423-495-7879 office or 423-488-6078 cell

Betsey Runyan, Manager of Guest Services 423-994-3799 cell

Julie Touché Volunteer Coordinator 423-495-4148 office

The Volunteer Services Office is located on the ground floor across from Human Resources, near Employee Health and the Uniform Shop 423-495-8610
OUR MISSION

As CommonSpirit Health, we make the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all.

OUR CORE VALUES

REVERENCE:  
A profound spirit of awe and respect for all of creation, shaping our relationship to self, to one another, and to God, and acknowledging that we hold in trust all that has been given to us.

INTEGRITY:  
Moral wholeness, soundness, uprightness, honesty, and sincerity as the basis of trustworthiness.

COMPASSION:  
Feeling with others, being one with others in their sorrows and joy, rooted in the sense of solidarity as members of the human community.

EXCELLENCE:  
Outstanding achievement, merit, virtue, continually surpassing standards to achieve and maintain quality.
CHI MEMORIAL

The area’s only faith-based health care system, CHI Memorial is nationally recognized as one of the finest, leading edge medical organizations in the Southeast. CHI Memorial is licensed for 405 beds with two acute care hospitals known for innovative, responsive, and continually advancing resources for cardiac, cancer, orthopedic, surgical, and imaging services. Other Memorial facilities provide a wide range of high quality primary, preventive, and continuing care.

HISTORY

Memorial Hospital was built by the people of Chattanooga in the late 1940s because of a critical shortage of hospital beds. Led by H. Clay Evans Johnson, the Hamilton County Memorial Hospital Association raised three million dollars to build a quality, faith-based choice for health care. Baptists, Presbyterians and Lutherans were among religious healthcare organizations invited to consider the management proposal, but because of other projects, none of them could accept the offer. The Catholic Sisters of Charity of Nazareth, Kentucky, who had operated a hospital in Chattanooga in the 1890s, prayerfully accepted the challenge of operating the new hospital, which opened on January 2, 1952. Chattanooga native, Sister Bertrand, was Mother Superior of the Sisters of Charity of Nazareth at that time.

Over the next half century, the hospital established by these visionary women evolved into an integrated health care system, guided by religious faith and the core values of reverence, integrity, compassion, and excellence to set high standards in quality care. The foundation of faith and dedication to excellence was further strengthened in 1997 when the Sisters of Charity of Nazareth and Memorial joined Catholic Health Initiatives. CHI Memorial continues to honor its covenant with the community to provide the highest possible standards of compassionate care.

CHI Memorial Hospital Hixson was acquired in 1998 to provide convenient faith-based care to citizens north of the river.

CHI Memorial Hospital Georgia was acquired in December 2017 to provide convenient faith-based health care to citizens in the north Georgia area.
**SISTERS OF CHARITY OF NAZARETH**

Early in 1813, 19-year-old Catherine Spalding and two other young women accepted the invitation of Father Jean Baptiste Marie David to form a new Religious Congregation and begin teaching children on the Kentucky frontier. Conditions were harsh for the three women as they began their ministry. Their convent was a small cabin. They were soon joined by more women, and by 1820 were operating three schools. Challenges for the young women became monumental within a few years as a cholera epidemic swept the frontier community. The young sisters added nursing to their list of responsibilities, and then expanded again as they felt compelled to open an orphanage for children whose parents died in the epidemic. Catherine Spalding was elected the first Mother Superior of the community while she was still a teenager. Her natural leadership gave vision to the group, and she continued intermittently in the elected position of superior over 24 years.

Teaching and health care ministries captured the vision of most in the growing group of religiously-committed women. During the Civil War, the Sisters of Charity of Nazareth received commendation from President Abraham Lincoln for the nursing care they provided to soldiers from both the North and the South. By 1889, the sisters were operating seven hospitals in three states including the hospital briefly operated in Chattanooga near the turn of the century.

The headquarters, or motherhouse, of the Sisters of Charity of Nazareth is located near Louisville, Kentucky. From that location, the order continues to sponsor educational and health care activities through the eastern half of the United States and in India and Belize. In 1984, the healthcare activities were consolidated into the Sisters of Charity of Nazareth Health System which included Memorial Hospital in Chattanooga; Sts. Mary and Elizabeth Hospital and Our Lady of Peace Hospital in Louisville (now combined into Caritas Medical Center); St. Joseph Hospital in Lexington; Flaget hospital and a home health agency in Bardstown, Kentucky; Marymount Hospital in London, Kentucky; and St. Vincent’s Infirmary Medical Center in Little Rock, Arkansas.

September 1, 1997 marked the beginning of a partnership between the SCN Health System and Catholic Health Initiatives to foster a more effective ministry of faith-based health care in the United States.

February 2, 2019. Catholic Health Initiatives (CHI) and Dignity Health came together as CommonSpirit Health, creating a new nonprofit Catholic health system focused on advancing health for all people and serving communities in 21 states. The name stems from a passage in First Corinthians: “. . . the Spirit is given for the common good.”
The CHI Memorial Auxiliary has been in continuous service since 1953. Throughout its history, the Auxiliary has provided personnel to assist hospital departments and given funding support for hospital projects. Today, the Auxiliary includes both men and women in its ranks, although in earlier years “Auxiliary” implied a women’s organization. Our Auxiliary has benefited from very committed members, some of whom have been actively involved for more than 50 years.

Several times a year, the Auxiliary sponsors special sales of jewelry, clothing, books, and other items. Income from these sales is contributed to our health care system projects to benefit patient services.

The Memorial Health Care Auxiliary also receives funding from its members through an annual Auxiliary Membership Contribution of $5. This contribution is usually made at the Annual Auxiliary Service Awards Banquet in June for the fiscal year beginning in July. Those interested in becoming Life Members can make a one-time membership contribution of $100 and receive a Lifetime pin. New Auxiliary members are invited to make their membership contribution during their orientation period and/or during the first quarter of the fiscal year depending on when their service begins. Membership contributions received are used to benefit patient services at CHI Memorial.

The CHI Memorial Auxiliary is governed by a board of officers and service chairpersons, which meet every other month. The board and the committee chair positions offer volunteers who appreciate leadership opportunities an avenue for deeper involvement in the organization. The board works collaboratively with the Foundation and CHI Memorial Executive Leaders selecting which health care system projects the Auxiliary will fund that best support the strategic plan to benefit patient services.

Auxiliaries wear a distinctive uniform and are also identified by their hospital name badges.
PRESIDENTS OF CHI MEMORIAL AUXILIARY

1953-1955: Mrs. John Woody
1955-1957: Mrs. William Keese, Jr.
1957-1959: Mrs. Harold A. Schwartz
1959-1961: Mrs. B. C. McCall
1961-1963: Mrs. James E. Rae
1963-1964: Mrs. Ted Webb
1964-1965: Mrs. Abe Menuskin
1965-1967: Mrs. Ralph Killebrew
1967-1969: Mrs. David L’Heureux
1969-1971: Mrs. Orville C. Gass (now Bettye Young)
1971-1973: Mrs. William Vincent
1973-1975: Mrs. Anastasia Gulas
1975-1977: Mrs. Mildred Hundt
1977-1979: Ruby Lyskey
1979-1981: Virginia Fehn
1981-1983: Wilma Ramsey
1983-1985: Kay Cronin
1985-1987: Bea Phipps
1987-1989: John Pinckney
1989-1991: Glenda Ballinger
1991-1993: Nell Thomas
1993-1995: Ed Mansfield
1995-1997: Clara Harris
1997-1999: Billie McEwen
1999 –2001: Jay Craven
2001 – 2003: Jean Bruewer
2003 – 2005: Harold Barrows
2005 – 2007: Juan Flores
2007 – 2009: Tony Giggy
2009 – 2011: Howard Gropper
2011 - 2013: Carol McCamish
2015 – 2017: Phyllis Parks
2017 – 2019: Howard Sheorn
2019 – 2021: Judy Hall

MEMORIAL HOSPITAL AUXILIARY BOARD OFFICERS  2017–2019

President Judy Hall
Corresponding Secretary Joyce Dick
Recording Secretary Susan Potts
Treasurer Barbara Kramer
Parliamentarian Howard Sheorn
BONUS BENEFITS OF VOLUNTEER SERVICE

We know you volunteer for the satisfaction of serving others. We offer you these additional benefits, however, as an expression of our gratitude for your service.

1. MEAL CARD
   a. May be used each day you volunteer
   b. This card is redeemable for $6.27 in Memorial’s Cafeteria
   c. Excellent opportunity to meet and network with other volunteers

2. UNIFORMS
   a. Auxiliaries receive one free basic uniform at start of service and an additional free uniform as needed.
   b. Students pay $15 for the polo shirt uniform

3. LIFELINE PERSONAL RESPONSE SYSTEM
   a. Discount of 50% off monthly subscription rate for volunteers and immediate family members
   b. Installation fee waived

4. FREE FLU SHOT
   a. For your protection and to help prevent the spread of infection, flu shots are provided and required for all volunteers and staff.
   b. If you are unable to receive the vaccine, you will be required to suspend your volunteer service during the flu season.

5. SOCIAL/NETWORKING OPPORTUNITIES
   a. Auxiliary Annual Banquet
   b. Annual Holiday Reception
   c. Special events sponsored by the Auxiliary

6. EDUCATIONAL / GROWTH OPPORTUNITIES
   a. General orientation and Departmental orientation
   b. Annual In-service Training
   c. Opportunities to learn new skills

7. PUBLICATIONS AVAILABLE
   a. Memorial’s bi-weekly magazine, “TouchPOINTS”
   b. Auxiliary quarterly newsletter, “Cheerio Chats”
   c. Memorial’s bi-monthly newsletter “Our Voice”
   d. Memorial Foundation’s monthly “e-News”. To join, go to www.memorial.org\foundation and add your email address.

8. FREE FITNESS CENTER MEMBERSHIP
   a. For our volunteers 18 years of age and older, after completing 40 hours of service you are eligible to use the employee fitness center on the Glenwood
campus, adjacent to Cardiac rehab on the second floor of the Guerry Heart & Vascular Center.

b. Volunteers must schedule and complete orientation with a Fitness Center Staff Member before joining.

c. Reciprocal agreement with Siskin Fitness Center, obtain pass to access facility.

9. PARKING

a. Volunteers may park in any open spot on campus (handicapped spots also if a handicapped decal is visible) and may use valet parking services.

b. A few exceptions apply: 1) gated physician parking, 2) administration & board lot near entrance B, 3) lots reserved for valet parking.

10. PLAZA UNIFORM SHOP & GIFT SHOP DISCOUNTS

a. The Gift Shop offers a 20% discount for volunteers.

b. The Plaza Uniform Shop offers a 10% discount for volunteers.
MEMORIAL CUSTOMER SERVICE GUIDELINES

Definition of Customer: Our customers include every person we come into contact with during our volunteer time, whether patient, patient’s family member, visitor, or co-worker who comes to us for assistance. We are the customers of our co-workers as we seek their assistance in completing our service assignments.

Our Goals

1. Meet or exceed the customer’s expectation.
2. Respond promptly to the customer.
3. Respond warmly and cheerfully to the customer.
4. Contribute to the neat appearance of the hospital by picking up trash and/or cleaning up spills when you find them.
5. Follow Memorial Hospital telephone courtesy guidelines:
   a. Answer phone calls within 3 rings.
   b. Smile. Identify facility, department, and self.
   c. Return to caller placed on hold every 30 seconds with update.
   d. Transfer caller properly to the correct extension on the first try.
   e. Check for correctness of extension, if necessary, before transfer, and give the caller the number in case the call becomes disconnected.

Meeting & Greeting Guests

1. Smile and make eye contact with guests.
2. Welcome to Memorial.
3. Ask, “May I help you?”
4. Serve immediately whenever possible.
5. Escort guest to their destination whenever possible.
6. Make sure guest is taken care of before you leave and ask if they need anything else.
7. Thank guest for using Memorial.

Handling Guest Complaints

1. Listen for facts and ask open-ended questions.
2. Listen for emotions. Acknowledge the negative emotions.
3. Be Attentive
4. Maintain eye contact with guest and nod periodically.
5. Use a calm voice --- it can help calm an upset guest.
6. Repeat key facts back to guest at appropriate points.
7. Summarize to the guest what you understand to be the problem.
8. Determine what actions the guest wishes to occur.
9. Assist guest to resolve problem or contact appropriate leader who can aid resolution.

Remember, in most cases, a guest with a complaint is not upset or angry at you. He or
she is upset about a situation. However, if at any time you feel threatened or need help, you should politely excuse yourself from the situation and contact your supervisor for assistance.

Assisting Lost Guests and Giving Directions

1. Address everyone you pass with hello or good morning.
2. Smile and make eye contact.
3. If guest appears confused or lost, ask “Do you need help?”
4. Listen clearly for destination.
5. If you are uncertain, seek associate in nearby department who knows how to find destination.
6. Escort guests to destination, especially if directions are complex or guest continues to be confused.
7. Walk at guest’s pace.
8. If needed, offer wheelchair.
9. Ask guest, “Is there anything else we can do for you?”
10. Use resources available to clarify directions.
    a. Hospital maps are available at all reception desks.
    b. Directional signs are located at key corridor intersections.
    c. Pointsmap; online wayfinding app
    d. Directional tear away sheets at the reception desks

Public/Professional Conversation

1. Use “please” and “thank you” in all conversations.
2. Never discuss patients or their families in public areas such as hallways, elevators, break areas, or cafeterias.
3. Never discuss negative or sensitive issues regarding volunteers, staff, hospital, etc., in public areas. If questioned in public, always move to a private area.
4. To protect confidentiality, never use patient names in public area.
5. Include the patient/family/guest in conversations whenever possible.
6. Show interest and concern and give eye contact.
7. Use clear, concise language and make sure the patient/family/guest understands.
UNIFORMS AND PROFESSIONAL CONDUCT

I. PERSONAL HYGIENE – Proper body cleanliness and good personal hygiene is expected.

II. PERSONAL CONDUCT
   A. Gum chewing should not take place during a volunteer assignment.
   B. Patient information of any kind is not to be discussed outside the context of the patient care setting. Confidentiality is to be maintained at all times. Please refer to the Volunteer Handbook on confidentiality and HIPAA.
   C. A considerate and courteous manner must be shown to all members of the medical staff, hospital personnel, visitors, fellow volunteers and patients at all times. The same standards apply to telephone communications.
   D. Cell phone usage is discouraged during your scheduled volunteer shift.

III. DRESS GUIDELINES

Auxiliary Volunteer Uniforms

Women:
1. Female Auxiliary volunteers may choose to wear a teal smock/jacket, vest, polo/twill shirt that is issued at the time of the orientation. The hospital provides the first uniform and will issue another one if needed. The volunteer can either wear white, black, or khaki slacks or pants, or a white, black or khaki skirt. No blue jeans-material pants, leggings, capri pants or skirts can be worn.
2. A white or black top or sweater may be worn under the smock/jacket if desired, and smocks/jackets must be buttoned all the way.
3. A white or black top or sweater must be worn under the vest and the vest must be buttoned all the way.

Men:
1. Male Auxiliary volunteers may choose to wear a teal jacket or polo/twill shirt that is issued at the time of their orientation. The hospital provides the first uniform and will issue another one if needed. The men should wear a collared shirt with the jacket (tie is preferable).
2. Golf Cart Guest Services drivers are allowed to wear nice walking shorts in these same colors in warm weather. No jeans of any color are allowed.
3. Dress slacks in white, black or khaki should be worn with jacket or polo/twill shirt.

American Red Cross Uniforms

1. Women must wear blue-gray pantsuit; red, white or navy sweater is optional.
2. Men must wear blue-gray jacket with white shirt, tie, and slacks or Red Cross golf shirt. Complete American Red Cross (ARC) uniform guidelines may be obtained from the ARC volunteer office.
Independent Volunteer Uniforms

Street clothes with hospital name badge.

Student Volunteer Uniforms

1. Memorial student volunteers will wear knit golf shirt, purchased through the volunteer office, khaki slacks, socks and clean comfortable closed-toe shoes. No shorts or jeans are allowed. All shirts must be tucked in at the waist. Students volunteering through a school program are allowed to wear their approved school uniform.

2. Red Cross student volunteers will wear white golf shirt with ARC emblem and khaki slacks as issued by the Red Cross.

IV. ADDITIONAL GUIDELINES FOR ALL VOLUNTEERS

A. The hospital name badge with picture I.D. is required to be visible and worn at all times. Pins are to be worn on the left side of the uniform.

B. Shoes should be comfortable and clean. Heels should be low. Shoes must be closed-toe; no sandals allowed. Shoes may be any color.

C. The jewelry worn with the uniform should be conservative in nature such as not to interfere with patient care.

D. Volunteers will follow hospital policy as it pertains to personal grooming.

E. All volunteers should limit the amount of perfume/cologne worn. Volunteers with direct patient contact should not wear perfume or cologne. Any odors, even pleasant ones can have ill effects on sick people.

F. Have uniform clean and freshly pressed each time you wear it; check for lost or loose buttons; and wear your uniform proudly.

It is the responsibility of all management staff to monitor the appearance and conduct of the volunteers in their respective areas based upon the guideline set forth and to take whatever corrective steps are appropriate should the situation require such action.

ALL VOLUNTEERS ARE REQUIRED TO WEAR THEIR HOSPITAL NAME BADGE WITH PICTURE ID
WORK HOURS

- Specific hours are determined by Volunteer Services and/or supervisor in area. Shifts vary in hours, with the standard shifts being at least four hours in length.

- Notification of changes in volunteer schedule should be made to volunteer supervisor.

- Periodic absences for travel or illness are expected. However, you must communicate any absence with your departments staff point person as soon as you know of your expected absence.

- Attempts you make to exchange hours with other volunteer colleagues when you must be gone will be appreciated.
SIGNING IN AND OUT

VOLTRAK SIGN IN COMPUTER LOCATIONS:

1. Glenwood Campus
   a. Adjacent to Surgery Services Entrance B lobby, next to hospital gift shop
   b. Outpatient Entrance F area across from Clinical Development Unit (CDU)
   c. Guerry Heart & Vascular Entrance A, near Gift Shop on the first floor

2. Memorial Hospital Hixson—Main entrance next to the Information Desk.

COMPUTER PROCEDURES:

A. Please read any messages on screen.
B. If screen is blank, touch/rub center of screen with finger, or move the mouse to “wake it up.”
C. Touch, or use the mouse to click on “Sign In” or “Sign Out” above number keypad.
D. Touch or use the mouse to click on numbers of your access code on keypad.
E. Touch or use the mouse to click on “Finished.”

COMPUTER ISSUES:

A. Problems
   a. Screen “Frozen”
   b. Message indicates you did not sign in or are already signed out

B. Solutions
   a. Please call Extension 8610 (423-495-8610).
   c. Use manual form to log sign-in and/or sign-out times.

OTHER VOLUNTEER SITES

If you volunteer at a site where a computer kiosk is not available, you will be shown where the volunteer sign-in sheet is located.
PATIENT CONFIDENTIALITY

All patients treated at the hospital have the right to privacy. The right to privacy includes all information about the patient and about treatments. Therefore, volunteers and associates must treat everything they SEE, HEAR, or READ within the hospital as confidential.

The most subtle violation of patient confidentiality occurs when a volunteer or associate sees a friend or acquaintance being treated, then reports that fact outside the hospital to other friends (including church pastors) without first getting permission from the patient.

The only time information may be given about a patient is when someone inquires by telephone or at a guest reception desk.

The following information may be stated:
1. Verification that patient is at Memorial
2. Verification of the patient’s room number
3. If asked, the date patient was admitted
4. Verification that patient was discharged

What You Cannot Give Out:
1. Discharge date CANNOT be given out.
2. Patient’s destination after discharge CANNOT be given out
3. No other information can ever be given about a patient, even to clergy or other healthcare professionals.

Violations of confidentiality rules result in severe disciplinary action.
EMERGENCY CODES & VOLUNTEER RESPONSIBILITIES


C. Code Blue: Cardio-pulmonary arrest – Adult – Volunteers have no direct responsibility unless you are the person who discovers the individual in need. If so, call extension 555, and state location of emergency.

D. Code 5: Cardio-pulmonary arrest - Pediatric - Volunteers have no direct responsibility unless you are the person who discovers the child in need. If so, call extension 555 and state location of emergency.

E. Code Orange: Hazardous Material or Chemical Spill, Radiation Event - Volunteers have no direct responsibility.

F. Code Grey: Security needed - Volunteers have no direct responsibilities.

G. Code Grey B: Bomb Threat - Do not mention meaning of code to anyone. Volunteers have no other responsibilities.

H. Code Ella: Missing Person - Volunteers have no direct responsibilities unless you witness a person being abducted or if you have seen the missing person that has been identified. If so, call extension 555 and state location of emergency.

I. Code Pink: Abducted Infant or Child - See instructions after H.

J. Code Black Standby: Severe Weather/Tornado Alert - Volunteers have no direct responsibilities unless directed.

K. Code Black Active: Severe Weather Alert in Effect

L. Code Intruder: Intruder Alert

M. Code Triage Standby: Internal/External Disaster Pending

N. Code Triage Activate: Internal/External Disaster in Effect

O. Code Evacuation: Evacuation of area or facility, as directed.

P. Code Lockdown: Facility Lockdown

Q. Rapid Response Team: Call 655-HELP (3677)

In the event of any emergency, call EXTENSION 555 and state the location of the emergency.

Satellite campuses & offices—Call 911
**FIRE SAFETY**

Code for fire alarm: CODE RED
1. Announced repeatedly on public address system
2. Includes detailed identification of area of fire
3. For example: CODE RED, Ground Floor, Visitor Lobby
4. Alarm sounded in most areas of hospital

Code for completion of alarm: CODE RED ALL CLEAR

General responsibilities during fire alarm
1. Do not use elevators.
2. Stay out of the area where fire is reported.
3. Use stairways cautiously, being alert for smoke and heat.
4. Keep halls clear, windows and doors closed, phone lines open.
5. Direct patients and visitors into a room.
6. Smoke contains toxic gasses that can kill within minutes. Use a wet cloth over mouth and nose to help decrease amount of smoke inhaled.
7. If you see or smell smoke coming from behind a door, feel the door for heat before opening.

Actions to follow if you find a fire: **R.A.C.E.**
1. **R** - Remove patients or other persons in immediate danger to another wing or area protected by smoke/fire doors.
2. **A** - Activate the alarm by pulling the nearest box handle down.
3. **C** - Contain/Confine the fire, Close all doors (Call Extension #555 to report location of fire.)
4. **E** - Extinguish the fire
   a. Know location of fire extinguishers
   b. Know type of fire extinguisher (most are Multi-purpose, dry chemical)
   c. Use the fire extinguisher: **P.A.S.S.**
      P - Pull the pin separating the handles
      A - Aim the nozzle at base of fire
      S - Squeeze the handles together, discharging chemical
      S - Use sweeping motion to discharge chemical across base of fire
   d. Use Stop, Drop, Roll if you were to catch on fire.

Evacuation
1. Evacuation takes place only if announced on public address system.
2. Two types of evacuation
   a. Horizontal: Persons are evacuated one or more smoke zones away from fire. (Smoke zones are created by automatic fire doors which close in hallways during alarm.)
   b. Vertical: Persons are evacuated down to ground level and out of the building.
GENERAL SAFETY GUIDELINES

A. Spills
   1. Take responsibility for clean up, even if you did not create.
   2. Block spill with barrier to prevent accident.
   3. Locate towels to complete clean up.
   4. Dispose of towels in linen hamper (paper towels in wastebasket).

B. Electrical Safety
   1. Never stretch extension cords across corridors or other travel paths.
   2. Use only approved extension cords.
   3. Do not use portable heaters of any type (violates national life safety codes for health care institutions).
   4. Do not use electric or flame producing Christmas decorations.
   5. Do not use any cords with insulation that is cracked, torn, or rubbed off.
   7. To remove a plug from the outlet, pull on the plug, not the cord.

C. Wheelchair Operation
   1. Always set wheel locks before patient enters or exits chair.
   2. Always raise foot supports before patient enters or exits chair.
   3. Move at safe speed.
   4. Check cross halls utilizing directional mirrors before pushing patient into intersection.
   5. Stop safely before elevator doors or walls to avoid injury to patient’s feet.
   7. Never leave a patient that is in a wheelchair unattended.

D. Occurrence Reporting
   1. Definition – An occurrence is any happening that is not consistent with the routine operations and activities of the hospital or department. Injury does not have to occur! The potential for injury or property damage is sufficient provision for an opportunity to improve quality.
   2. Volunteer Responsibility – Report unsafe conditions and unusual occurrences to clinical staff in the area, Supervisor in your work area, Security staff, Employee Health or to the Volunteer Services Director, as appropriate.
   3. IMPORTANT NOTE: If you are involved in or witness any type incident or accident, be sure it is reported immediately. Even if there appears to be no injury or parties involved decline treatment and want to leave the premises, obtain as much identifying information as possible and report to Security or other appropriate staff.

E. Material Safety Data Sheet (Hazardous Materials)
   1. Definition – MSDS is a fact sheet that is available for all chemicals.
   2. Volunteer Responsibility – All volunteers should know the procedure to obtain
a MSDS for any chemical. CALL 1-800-451-8346; give the name of the chemical and the fax number nearest your location. The MSDS information will be faxed.

SAFETY HOTLINE

SAFETY HOTLINE
495-CALL-(2255)

Do you have a safety concern or idea?
Do you know of a safety hazard?
Share your thoughts!
Call the SAFETY HOTLINE
and leave a message on the answering machine.
INFECTION CONTROL GUIDELINES

Definition of Infection Control: The process of preventing the spread of infection from one person to another.

A. Most important element of infection control: proper hand washing

1. Techniques of routine proper hand washing—Use alcohol based, waterless antibacterial hand sanitizer placed in patient care and other frequented areas in hospital

2. Techniques of proper hand washing when blood, dirt or bodily fluids present
   a. Use very warm water
   b. Use plenty of soap, making good lather
   c. Do friction scrub of all areas of hand and fingers, 30 second minimum
   d. Rinse under equally warm water
   e. Let water run while getting towel
   f. Turn off water faucets with towel to prevent recontamination of hands

3. Frequency of hand washing: Wash each time you have exposure to a patient, after using the restroom, before and after meals.

B. Body Substance Isolation

1. The process of keeping a barrier between you and body fluids of patient

2. Used whenever a threat of exposure to body fluids exists

3. Minimum standard of BSI: exam gloves found everywhere in hospital

4. Full protection according to BSI standards includes gloves, gown, cap, mask, and goggles.

C. Infection Control Guidelines for Volunteers

1. Avoid entry into rooms of patients in isolation
   a. Placard on door will identify type of isolation
   b. BSI protections will be near door

2. Unless otherwise approved, do not strip bedding or decontaminate patient beds/gurneys to avoid exposure to needle sticks

D. Clean Up of Body Fluid Spills

1. Block spill with some barrier to prevent accident

2. Request that Environmental Services or a nursing associate clean up spill
   a. Spill area must be disinfected with appropriate bleach solution
   b. All materials used in clean up must be disposed in biohazard bags.
INFECTION CONTROL – FLU SHOTS

For your protection and to help prevent the spread of infection from one person to another throughout CHI Memorial, flu shots are required of all staff, including volunteers. (Employee Health Phone Number – 495-4415)

Each year more than 40,000 people die from flu and pneumonia, which are vaccine-preventable illnesses. As volunteers in a health care facility, we have an ethical obligation to protect ourselves, those we love, and those we serve by being immunized each year.

A. Facts About The Flu Shot
   1. Influenza (the flu) is a contagious respiratory illness caused by influenza viruses. It can cause mild to severe illness and at times lead to death.
   2. Getting vaccinated each year can help prevent the flu.
   3. Flu shots will be offered free at CHI Memorial for volunteers during the flu season.
   4. You cannot catch the flu or get sick from taking a flu shot.
   5. If you are not vaccinated and get the flu, you could be contagious to others even before you have symptoms.

B. Why CHI Memorial Requires Flu Shots
   1. The flu shot is the best way to prevent transmission of the flu to our patients, co-workers, and those you love.
   2. Statistics show healthcare facilities with high staff vaccination rates reduce their patients’ death rates from the flu by 40%.

C. If You Cannot Take the Flu Vaccine
   1. Some people may have allergies or reactions to the flu vaccine or a religious belief against vaccination.
   2. If you are unable to receive the vaccine, you will need to suspend your volunteer service for the duration of the flu season as determined by the Infection Control Committee.
**Hand-Washing and Hand Care Guidelines**

In a radical departure from the traditional emphasis on sinks and water, the CDC proposed *hand-hygiene recommendations* call for the use of waterless alcohol products for virtually all hand washing encounters.

*Hand washing is the single most important means of preventing the spread of infection.*

1. For *routine hand washing* use an *ALCOHOL* based waterless hand cleanser. This cleanser is located in almost all departments, in the nursing stations, and in the hallways.

2. Use a sink with running water and soap if hands are visibly soiled with residue, dirt, or blood/body fluids.

3. Only lotions provided by the hospital may be used.

4. False fingernails will not be worn while on duty.

   *Gloves are not a substitute for hand washing. After removing gloves you must wash your hands.*

1. Never wear gloves from patient to patient. Do not leave the patient’s room or area with gloves on.

2. Do not use gloves to touch inanimate objects such as wheelchairs, and stretchers, unless they are soiled with blood or body fluids or while cleaning equipment.

3. Gloves are for the patient’s protection as well as yours. This is why gloves should be worn for *one patient* (and sometimes changed between procedures on the same patient), and removed and hands washed between patients.
JOINT COMMISSION

CHI Memorial is accredited by the Joint Commission, an independent not-for-profit organization that evaluates and accredits health care organizations and programs. Hospitals participating in this evaluation program are usually visited every three years, and all those involved in the institution’s operation, whether paid associate or volunteer, must be competent in their job functions and knowledgeable about all life safety issues. The Joint Commission surveyors are quite likely to ask volunteers to name the actions required by a fire alarm (R.A.C.E.), to know the mission and core values of the hospital, or to describe methods of infection control.

History of the Joint Commission

The Joint Commission was formed more than 50 years ago to establish standards of quality for hospitals. Hospitals were given the option to voluntarily request evaluation by a group of surveyors on a periodic basis.

The Joint Commission has become the premier accrediting organization for healthcare. Hospitals with outstanding survey records benefit from greater public approval and usually from higher volumes of patients admitted. Reflective of the expanded concept of healthcare is the modification of the group’s name to Joint Commission on the Accreditation of Health Organizations (JCAHO).

The Joint Commission Survey

A survey team composed of a doctor, a nurse, and a hospital administrator may visit participating hospitals for two or more days every three years. Although specific characteristics of a survey can vary, the inspection is basically concerned with life safety standards and quality of services offered.

Health organizations which meet all the standards receive a score. Very high scores receive extra commendation from the accrediting group. If standards are found to be deficient, the institution is informed and given a specific period of time to correct the deficiencies.
EMERGENCY MEDICAL TREATMENT AND LABOR ACT ("EMTALA")

Critical information for all associates and volunteers to learn, know, and remember.

- This law provides that all patients who come to any Memorial facility seeking Emergency Medical Treatment must be seen regardless of ability to pay or regardless of the type of insurance they may have.

- A Memorial facility includes the hospital buildings, parking lots, decks, sidewalks and physician buildings.

- Any Associate or Volunteer should always assist anyone seeking Emergency Medical Treatment to the Emergency Department (ED). This means finding a wheelchair and taking the person to the ED, directing them by vehicle to the ED or calling an ambulance if necessary. Do not ask them to move their vehicle because you think they may be parking in the wrong place, such as in employee parking. Do not discourage anyone from seeking treatment.

- If someone asks if we take a certain insurance plan, explain that we will see everyone regardless of insurance or ability to pay.

- This is a Federal Law with fines and penalties if not followed.

- Call Memorial’s Corporate Responsibility Department at 495-8364 for any questions or concerns.
**SAFETY PROGRAM**

**Safety First Goal**

Zero preventable events that harm patients.
Zero preventable events that harm staff.
Zero preventable events that harm physicians.

**Why is this important?**

- Our hospital saves thousands of lives every year, yet patients are also harmed or dies from human errors
- Most of our errors are related to breakdowns in thinking, teamwork and communication
- We are reluctant to speak-up or ask clarifying questions
- Culture surveys show that about 50% of staff are afraid to speak up to those in authority about things that may harm patients

**Avoiding Errors**

We can avoid most errors by practicing low-risk behaviors.

Culture affects how we behave, and our behaviors determine outcomes.

Most near-misses and significant events are due to system or process problems.

**Do you know how many mistakes you made in the past hour?**

Everyone makes errors – even experienced, professional people; these can be reduced.

We work in high-risk situations that increase the chance we will make an error.

**Team Member Checking**

Something I do to help myself.
Take advantage of working together – “two heads are better than one!”
Identify potential problems; seek advice from a team member.
Review your own work.
Request a “check.”

Ask a team member to review your plan!

Adapted from: Excellence in Human Performance, The Institute of Nuclear Power Operations, 1997
The Memorial Team

Patient Care is a Team event.
We cannot manage patient care alone.
Everyone is on the team.
Everyone can contribute to safe patient care and prevention of error.
EVERYONE!

Look Out for Each Other

Offer to check the work of others.
Point out work conditions (hazards) that your team member might not have noticed.
Point out those unintended, skill-based slips and lapses.

We are better together…

Section Two B: Technique
~ Clear, Concise Communication ~

How to Communicate Clearly

Why should we do this?
• To ensure that we hear things correctly.
• To ensure that we understand things correctly.
• To prevent wrong assumptions and misunderstandings that could cause us to make wrong decisions.

Repeat-backs and Read-backs

Repeat Backs: Use when communicating routine but important information.
• Sender communicates information to a receiver.
• Receiver repeats back the information to the sender.
• Sender acknowledges the accuracy of the repeat-back.
If not correct, repeats/clarifies the communication.
“That's correct.”

Read Backs: 
• Sender communicates information to a receiver.
• Receiver writes down the information and reads it back as written to the sender.
• Sender acknowledges the accuracy of the read-back. If not correct, repeats/clarifies the communication.
“That's correct.”
Why Have a Questioning Attitude?

We should always have a Questioning Attitude about us. If something doesn’t seem right, or unsafe conditions are identified, we should STOP until we are sure that we can proceed safely.

Stop & Resolve

If you are uncertain about what you are about to do...
If you have questions...
If someone raises a concern or question...
STOP
- Review your plan
- Resolve the concern
- Reassess

Get the right people involved and be diligent in the use of error prevention techniques!

Let’s Review

Can you support the use of “Are we on the right track?” expressed by anyone as your safety phrase? We need to stop and resolve before we proceed.

Are We on the Right Track?

The Right Track also includes following Memorial’s standards of conduct
Let’s help each other by following the rules
Policies are our ticket to safety
Our ticket to safety will always get us to the right place
Know the policies that affect you
Ask for help
If you don’t know, “Call your friends”

Reflection

Think about what you do every day
Please provide me with a safe, clean environment
Please treat me with dignity and respect
Be nice to me and my care givers
Please help me
Please heal me
Please do no harm
My life is in your hands
Take care of you so you can take care of me