



2016 Annual
Retraining Modules
Include:

[Bloodborne Pathogens](#)[Compliance and Ethics
Review](#)[Emergency Preparedness](#)[EMTALA: Emergency
Medical Treatment and
Labor Act](#)[Environment of Care](#)[Infection Prevention](#)[Information Security
Awareness](#)[Keystone 10 Program](#)[Patient Safety](#)[Privacy Awareness](#)[Stroke Awareness](#)[Unconscious Biases](#)[Understanding the Elder
Justice Act](#)[Understanding Infant
Security](#)[Working as a Team](#)

BONUS INFORMATION

- Boundaries with patients and families
- UPMC Core Values—how we put patients and families first!
- Volunteer roles in

Condition D & X's

(External / Internal Disasters)

WHY DO WE HAVE AN ANNUAL TRAINING?

Annual retraining allows you to stay compliant with hospital and Joint Commission standards, as well as get a refresher in important topics to keep patients, families, staff, and you safe.

WHAT IS REQUIRED?

In order to remain in “active” volunteer status, you will be asked to:

- review all of the training modules, and complete adjoining test(s)/acknowledgement
- Turn in certificates to Volunteer Services

If you started at Children's after July 1, 2016, or you are a Teen Volunteer, you will not be required to complete the 2016 retraining.

IS THERE A DEADLINE?

If you do not complete the Annual Mandatory Training by December 11, 2016 and you are a current, **active CHP volunteer, your status will be changed to “Inactive” after January 1st**

HOW CAN I COMPLETE MY ANNUAL TRAINING?

We have options for you to complete your Annual Training...

Online / Email

You can now complete the retraining requirement online! You may access the training modules through the link below. Remember to review each module and complete the accompanying assessment or acknowledgement. You must achieve a score of 80 percent or higher to fulfill your requirement.

[CLICK HERE for 2016 Annual Mandatory Retraining Modules](#)

Once you complete the retraining, print and return all confirmation pages indicating your assessment score and/or acknowledgement to the Volunteer Services office or if you can scan copies, you can send by email to volunteercoordinator@chp.edu.

In The Volunteer Office

If you prefer to complete the online session in the Volunteer Office, we will provide sign-up dates/times that you can complete the Mandatory Training from one of our computer stations with the assistance of CHP staff or another CHP volunteer. Please contact us to set up a Retraining Session in the office between now and December 11 by calling 412-692-5185 or email volunteercoordinator@chp.edu.

Remember, if you do not complete the Annual Retraining — your status be changed to or remain **“Inactive”**.

Security Management

Public Safety can be reached at 412-692-5191

Rapid Response Teams

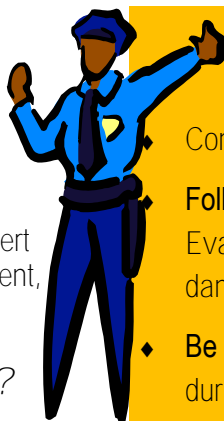
Rapid response teams are groups of specialty-trained individuals organized to provide immediate clinical assessment and action. A Condition A or Condition C can be initiated by any staff member or volunteer to alert key medical personnel to respond when a patient, parent, or visitor is in cardiac arrest or a crisis situation.

How do I Call a Condition A or Condition C?

- Dial 412-692-5151. State where you are located and give pertinent information to the operator, including if it is an adult. Stay with the individual until help arrives.

What is the Difference Between a Condition A and a Condition C?

- A Condition C is called when a patient is in a crisis situation. It initiates a rapid response of critical care staff.
- A Condition A is called when anyone (patient, guest, visitor, staff) is having a respiratory or cardiac arrest.



BRONZE ALERT

An active weapons situation

Contact Public Safety immediately.

Follow the three E's in this situation (Evade, Evacuate and last resort only if your life is in danger, Engage.)

- ◆ **Be aware the building may be "locked down"** during this time.

VISITOR CONDUCT CRISIS SITUATION

When a guest to the hospital is hostile:

- ◆ Contact Public Safety immediately.
- ◆ Level 1 (Yellow) is when a guest has used loud, profane or aggressive verbal language. Threats of violence have NOT been made.
- ◆ Level 2 (Red) is when there is a fear of physical threat

CONDITION PINK

A missing or abducted child

- ◆ When a child is not where they are supposed to be, a Condition Pink is called to have staff throughout the hospital search for the child.
- ◆ Units conduct a head count of all patients on the floor.
- ◆ Staff will be notified when the child has been found.
- ◆ As a volunteer, it is crucial when working with patients that the nurse knows where the child is at all times. If you are taking a child from the room, make sure that the nurse is aware and approves. If leaving the floor, make sure the patient is signed out of their unit in the patient

What is EMTALA?

EMTALA is the Emergency Medical Treatment and Active Labor Act. **It is a federal law that requires Children's to provide appropriate medical attention to anyone seeking medical examination and treatment while on the hospital campus.**

What is your role as a volunteer in following EMTALA?

- ◆ Always direct anyone requiring immediate medical treatment to be seen by a medical professional, whether by activating a rapid response team or escorting the individual to the Emergency Department.
- ◆ Do not discuss potential co-pays or costs of service or redirect to another facility. The most important thing is that the individual receives the examination and immediate care he or she needs as quickly as possible.

INTERNAL / EXTERNAL DISASTERS

Internal Disasters (Condition X)

- ◆ Internal disasters could include fire, structural collapse, urgent hospital evacuation, etc.
- ◆ If you identify a Condition X, immediately contact your supervisor.
- ◆ Your supervisor will give you instructions.

External Disasters (Condition D)

- ◆ External disasters could include a school bus accident, explosion, fire, terrorist attack, etc.
- ◆ The Volunteer Office may contact you for assistance with supporting the hospital in extreme situations.
- ◆ If you are at CHP, your supervisor will give you instructions for the situation.

UPDATE

WHAT DO VOLUNTEERS DO DURING CONDITION X or D?

When a hospital-wide emergency alert is announced, all areas (clinical, non-clinical and administrative offices) should delegate and clearly announce an “Emergency Leader”.

- This individual is responsible for tracking all CHP staff communications and should be considered the source of the most up to date information at all times
- This individual should direct the staff in any procedures outlined in our plans or recommended by the incident command team via CHP email
- On all patient care units, the “Emergency Leader” will be the Nursing Clinical Leader. All staff working on the unit at the time should introduce themselves to the Emergency Leader and make themselves available to assist if needed.

Follow “preparedness basics”

- Limit talking and background noise in your area. This promotes situational awareness and allows you to detect danger and hear emergency instructions clearly
- Keep hospital phone lines open. Limit any non-urgent calls to Public Safety or the Operators until the alert has been cleared
- Partner with patients and families in a calm and reassuring manner. For Friday, communicate clearly that THIS IS A DRILL and that CHP staff routinely practices for unexpected emergencies to ensure we are always prepared to keep everyone safe

Things for VOLUNTEERS to be aware of in these scenarios

- For a Decon alert: ALL ACUTE CARE UNIT PCTs should immediately report to the Volunteer Office on the 1st floor and rapidly identify the Decon Team Leader
- Child Life specialists are to report to volunteer office – therefore it is important to note that if you are in the building during a Condition D, to stay on your floor/unit, and instructions from that area’s Emergency Leader (not a CLS if they are your supervisor).
- Like Volunteers, Child Life assistants are instructed to stay on units and report to the clinical leader as they will become your “emergency leader”
- *****This is a DECON drill so there will be high traffic in the lower part of the volunteer office. Please stay clear of that area and again – please report/sign-in at the Sibling Center.**

Infection Prevention

Standard Precautions and Transmission-Based Precautions

Anyone might have an infection, including an infant or child, but he or she may not know it. Using standard precautions means treating each patient as if he or she has an infection. Always use safe work practices when there may be contact with blood or bodily fluids.

- ◆ All volunteers must maintain exemplary hand hygiene practices. Remember to always perform hand sanitizer before and after every patient interaction and when entering or exiting a patient area, regardless of whether or not you touch the patient.
- ◆ All toys should be cleaned with a sanitizing wipe after being used and returned to the play area. Please wear gloves when using the sanitizing wipes.
- ◆ Everytime you remove your gloves, you must wash your hands with soap and water as soon as possible.
- ◆ Choose your protective equipment according the isolation sign on a patient's door. Even if you see others not using protective equipment or you receive instructions from your supervisor or staff, you **MUST** follow the precautions on the sign before entering a room.



What Do You Do if You Have an Exposure?

If you have a body fluid exposure, please report it immediately.

- ◆ Alert your supervisor immediately and also the Volunteer Services Department staff.
- ◆ If it occurs daytime (7:30 a.m. to 4 p.m.) Monday through Friday, go to Employee Health on Floor 1 of the Administrative Office Building.
- ◆ If it occurs after Employee Health hours or on the weekend, go to the Emergency Department.
- ◆ Be sure to inform treatment staff that you are a volunteer.



Fire Safety Management

- ◆ **Children's uses the code** Condition F to announce fire emergencies in the hospital. **Fire alarms will be announced in the "fire zone" only (the floor affected, the floor above, and the floor below).**
- ◆ **Children's follows the "defend in place" principle when a fire emergency occurs.** Stay where you are and provide reassurance to patients and families. Evacuation of the hospital occurs only if instruction is given by the fire department.
- ◆ Familiarize yourself with fire extinguishers, fire alarms, and stairwells located in your volunteer area so you are prepared to use them if needed.

In the event of a fire, remember:

R.A.C.E.

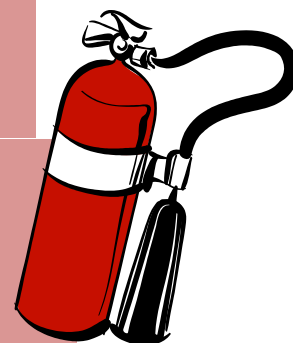
(for the order of steps to follow in a fire)

Rescue everyone from immediate danger.
Alarm should be pulled and call 692-5191.
Contain the fire/smoke by closing doors.
Extinguish the fire if it is safe to do so.

P.A.S.S.

(to operate the fire extinguisher)

Pull - Pull tab on fire extinguisher.
Aim - Aim nozzle at the base of the fire.
Squeeze - Squeeze the lever below the handle.
Sweep back and forth across the base of the fire.



Social Media and Volunteering at Children's



Children's prohibits staff members and representatives (i.e. volunteers) from disclosing patient information on the internet regardless of whether the information specifically identifies a patient. Your relationship with a patient or family member who you meet during your volunteer experience must remain exclusively at the hospital and not carry into any social media or contact outside of the hospital.

This includes:

- ◆ Statements about patients or their families, even if consent is given.
- ◆ Links or other references to public websites that include information about patients or their families.
- ◆ Photos of patients or their families.
- ◆ Do not post information about patients on Facebook, Twitter, or any other social networking site. (This includes names, descriptions, news stories, or photos)
- ◆ **It is strongly recommended that you do not invite patients or their family members to become "friends" on Facebook or "follow" you on Twitter. Do not provide your information for patients or family members to "friend" or "follow" you.**
- ◆ Volunteers are held to the same standards as employees as it relates to patient privacy.

Why Are Boundaries Important for You and for Patients and Families?

Volunteers create a therapeutic (healing, restorative) relationship with patients and the patient's family members and loved ones. It is natural to develop a relationship with a patient or family member during your volunteer experience. However, it is important to maintain your professional volunteer role and create appropriate boundaries both for you and for the patient/family. Maintaining appropriate boundaries allows for patients and families to have consistent, reliable interactions with all of our volunteers. It also promotes self-care for our volunteers so that they are able to give fully to all patients and families they support.

It is NOT up to the patient or family to know where the boundary lines should be drawn.

By creating a one-way relationship you are:

- ◆ Empathetic
- ◆ Compassionate
- ◆ An advocate
- ◆ Patient-centered



Important Boundary Ground Rules:

- ◆ Function within volunteer assignment descriptions and only complete tasks which you have been trained to complete.
- ◆ Come to the hospital only for your assigned volunteer shift unless otherwise approved or requested by a Volunteer Coordinator. Do not make special trips to the hospital on your own to visit a patient or family or use your volunteer identification to access the hospital during non-volunteer hours.
- ◆ Maintain patient confidentiality, both in the hospital and in the community.
- ◆ Refrain from seeking medical information about the patients, other than what is essential to perform your volunteer assignment.
- ◆ Do not accept personal gifts or give gifts to any patient or family members.
- ◆ Do not bring food or provide money to patients or family members.
- ◆ Do not personally provide transportation to the patients or families.
- ◆ Do not give patients and families personal contact information such as your home or cell phone numbers, email address, home address, etc. Likewise, do not accept patient or family members' personal contact information.

What Is Your Role Protecting Patient Health Information?

- ◆ Dispose of any patient information in appropriate PHI receptacles.
- ◆ Keep all PHI covered at all times, even in hallways or on elevators.
- ◆ Do not discuss any patient information with other volunteers or staff members without a legitimate health care reason to do so (curiosity does not count).
- ◆ If you do need to discuss patient information to perform a volunteer task, do so in a back-of-house or private area, away from others.

UPMC CORE VALUES

How we put our patients and families first!

QUALITY & SAFETY

DIGNITY & RESPECT

CARING & LISTENING

RESPONSIBILITY & INTEGRITY

Before you throw something away...



DOCUMENTATION CONTAINING PHI IS NEVER TO BE THROWN INTO A REGULAR TRASH CAN.

Rather, documentation containing PHI is to be shredded or put into a PHI receptacle for eventual shredding or proper disposal.

HIPAA, PRIVACY, and CONFIDENTIALITY REVIEW

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is federal legislation that requires health care providers to protect the privacy and security of patient information.

Protected Health Information (PHI) includes any known information about a patient, including demographic information such as:

- ◆ Name, date of birth (DOB), age
- ◆ Specific health information - diagnosis, history, medications
- ◆ Social security number (SSN) or medical insurance number
- ◆ Pictures or video of a patient containing identifying information

Consequences of violating HIPAA include: (1) disciplinary action, up to and including termination, (2) civil monetary penalties up to \$1.5 million and (3) imprisonment up to 10 years plus a maximum fine of \$250,000 for criminal penalties.