

CLINTON MEMORIAL HOSPITAL
GENERAL HOSPITAL POLICIES AND PROCEDURES

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CLINTON MEMORIAL HOSPITAL
GENERAL VOLUNTEER POLICIES AND PROCEDURES

PURPOSE

To serve as documented guidelines for the hospital volunteers.

VOLUNTEER CLASSIFICATION

- A. Volunteers are classified in two categories — department and community outreach. Desirably, they should possess the same attributes one looks for in an employee. Persons should be emotionally stable and physically able to do the work assigned, have a desire to serve, be willing to accept hospital ethics and supervision, be dependable and have the understanding of their family enabling them to devote the time necessary for volunteer work experience.
1. The department volunteer is one who assists in a service function within the hospital under staff direction and supervision. As a member of the hospital team, the volunteer is expected to follow rules and policies established by the institution.
 2. The community volunteer is one who assists in various projects outside the hospital or is involved in other community agencies.

INTERVIEW-ORIENTATION-TRAINING

An appointment for an interview is made with the Director of Volunteers. Volunteers are required to attend orientation and training classes which consist of lectures and practice sessions. Specific departmental duties are taught under the direct supervision of an employee or qualified volunteer in each respective area in the hospital. After the trainees become acquainted with the hospital and its policies and have had the required inservices, they are qualified to take on volunteer responsibilities.

AUXILIARY MEMBERSHIP

Adult volunteers are invited to become members of the hospital auxiliary. Annual dues are \$15 per year. Meetings are held the third Wednesday of each month at 7:00 p.m.

VOLUNTEER LIABILITY AND MEDICAL INSURANCE COVERAGE

- A. Incident/Accident: If a volunteer sustains an injury while on duty, the person should immediately report to the supervisor of the unit. An incident report will be initiated by the supervisor.
- B. Liability Insurance: Volunteers are provided with the same liability insurance as are the

employees. The hospital provides accidental medical expense insurance, liability coverage and death benefits for volunteers while they are on duty for the hospital. **Volunteers should report any injury or incident to the supervisor of the department who will initiate an incident report.**

ATTENDANCE, ABSENCES AND TARDINESS

- A. The volunteer assignment is to be considered the same as employment, with respect to attendance, absences and tardiness. Be prompt. Coming to work at the assigned time is essential. Tardiness causes delay, confusion and irritation. Only emergencies should be allowed to intervene with being on duty as scheduled unless the direct supervisor has been notified that you are planning to be off.
- B. Leave of Absence: A volunteer may have a leave for illness, family vacations, or care of children without loss of assignment. If an extended leave is granted, other than as mentioned above, it may be necessary to assign the volunteer to a new service or to a different time period upon return.
- C. Attendance Record: The recording of total hours worked each time is an important procedure. The statistical data assures each volunteer the proper recognition. The data obtained by the Volunteer Department serves as information for Hospital Administration, Board of Trustees, Michigan Association of Hospital Auxiliaries and community awareness regarding the volunteer program.
- D. Holidays: Volunteers are not expected to report on holidays, however, if family obligations permit, the hospital staff appreciates the assistance. Credit for double hours will be given for the hours worked.

VISITING OTHER AREAS

It is hospital policy that employees and volunteers do not leave the area to which they are assigned while on duty to visit other areas or patients.

PERSONAL BELONGINGS

Coats and boots may be left in the volunteer closet or in assigned work areas with the hospital employees. Purses, valuables and/or money may not be left in unattended areas. Lockers are available in a locked female lounge adjacent to the time clock.

PARKING

Volunteers may park in the visitor's parking lot off Sturgis Street. Please park in well lit areas and not in spaces designated for patients or employees.

TERMINATION OF SERVICES

- A. Contact the Director of Volunteers prior to terminating your services.

- B. Termination may be initiated by the hospital for a volunteer who consistently deviates from the policy; for failure to adequately perform assigned duties; betrays the confidence of a patient; or has excessive absenteeism or tardiness, which is disruptive to the morale of the volunteer group.

AWARDS

Volunteers giving more than 1,000 hours or 20 years of dedicated service will be recognized by the Hospital Administration at a special Recognition Dinner held during National Volunteer Week.

UNIFORMS

Volunteers are identified by their uniforms and name tags as part of the hospital team. The patients' bill of rights states, "The patient has the right to obtain information as to the existence of any professional relationships among individuals, by name, who are treating him." Therefore, volunteers are expected to wear uniforms and name tags. Volunteers in uniform represent the hospital and assume the responsibility of projecting a manner that is pleasant and helpful to patients, family members, hospital staff and visitors.

PERSONAL APPEARANCE

Neatness and careful grooming are very important. It is recommended that all jewelry, make-up and perfume be worn in moderation. One thing every volunteer should wear - a **SMILE!** It has infinite value for patients and others.

VOLUNTEER DRESS CODE

POLICY

Volunteers wear a distinctive and functional uniform for the purpose of being clearly identified by staff, physicians, visitors and patients.

PROCEDURE

This policy is explained at the orientation session under general information - dress code section.

Volunteers represent the hospital and must at all times be **NEAT AND CLEAN** in appearance. Lab coats are given to volunteers free of charge. Laundering of the uniform is the volunteer's responsibility. Upon termination of services the lab coat is to be returned to the Volunteer Services department.

WOMEN

Wear a lab coat over solid color slacks (not white) with a solid color blouse or shirt. A soft, low-heeled, enclosed comfortable shoe. Hose or socks are required. **NO** blue jeans, **NO** boots. Tennis shoes are acceptable.

MEN

Wear a volunteer jacket over a solid color shirt, solid color trousers. Shoes will be enclosed with a crepe sole. Socks must be worn. NO boots, NO blue jeans. Tennis shoes are acceptable.

JUNIOR GIRLS

Wear a lab coat over solid color slacks (not white) with a solid color blouse or shirt. A soft, low-heeled enclosed shoe with hose or socks. NO blue jeans, NO boots. Tennis shoes are acceptable.

JUNIOR BOYS

Wear a volunteer jacket over a solid color shirt and solid color trousers. Shoes will have a crepe sole. Socks must be worn. NO blue jeans, NO boots. Tennis shoes are acceptable.

A hospital emblem will be provided. It is to be SEWN on the UPPER LEFT-HAND SIDE of your smock or jacket.

Hair must be neat and simple and tied back away from the face when working in patient care areas.

An I.D. BADGE, given at the time of orientation, is to be worn at all times while on duty.

Perfume or cologne is not to be worn in direct patient contact areas.

Jewelry is to be very simple.

Do not chew gum in patient areas.

Do not smoke while on duty.

Our patients and public gain many of their first impressions of our hospital from their contacts with hospital employees and volunteers. It is important, therefore, that our volunteers contribute to our public image through their courteous attitude, proper dress and personal appearance. Certain departments, for reasons of hygiene, may have specific requirements for dress, which take precedence over the general dress code.

ENFORCEMENT

Responsibility for enforcement of these guidelines lies within the department supervisor or Department of Volunteer Services. Repeated violations of proper dress and grooming will make the volunteer subject to disciplinary action.

CONFIDENTIALITY

Volunteers are bound by the same doctrine as employees. It is vital that a patient can come to our hospital with complete faith that facts of his personal life and medical care will remain in confidence. While a breach of confidence is grounds for employee and volunteer dismissal, the harm caused to patient and faith in the hospital may have broader effects within the community. The point is that it is preventable. **WHAT WE HEAR AND LEARN HERE, MUST REMAIN HERE!** There are no exceptions to this rule. You will be asked to sign a confidentiality statement at the time of your interview.

EMPLOYEE POLICIES

Volunteers are subject to all hospital policies in the same manner as employees except those that apply to salary related matters.

SMOKING

Clinton Memorial Hospital is a totally smoke-free facility. There are designated smoking areas outside the hospital. These are the only areas where smoking is allowed.

SUPERVISION

The volunteer works under the direct supervision of the staff person appointed to that service by that department head. Additionally, the Director of Volunteers supervises the overall program. Volunteers should feel free to bring their questions, suggestions and concerns to any supervisory personnel.

LIMITATIONS

Volunteers should stay within the limits of the specific responsibilities of their chosen service. A volunteer should respond to a request of a staff member if it is within the training which has been received. If not, explain why, and ask for assistance.

EDUCATION

Continuing education for volunteers will be encouraged in order to increase their knowledge, skills and level of commitment.

CLINTON MEMORIAL HOSPITAL* – MISSION STATEMENT

Clinton Memorial Hospital is a not-for-profit, community-governed healthcare organization, committed within its resources to improve the health status of the people of Clinton County and surrounding areas by:

- Serving as the primary access point for a full range of high quality, compassionate, personal and easily accessible healthcare services, including preventive medicine and health education, directly and through arrangements with other organizations;

- Providing access to these services as part of the integrated, multi-tiered Sparrow Health System.

*A division of Sparrow Health System

RIGHT TO KNOW

Clinton Memorial Hospital is covered by the Michigan Right to Know Law — which means Clinton Memorial must make available for employees and volunteers, in a readily accessible manner, Material Safety Data Sheets (MSDS) for those hazardous chemicals in their workplace.

Employees and volunteers cannot be discharged or discriminated against for exercising their rights, including the request for information on hazardous chemicals.

Employees and volunteers must be notified and given direction (by hospital posting) for locating Material Safety Data Sheets, which are located in the Emergency Room, which is available 24 hours a day, every day of the year.

VOLUNTEER ETHICS

CONFIDENTIALITY

1. Guard strictly all personal information the patients or staff may tell you.
2. Leave all information regarding patient's name or condition within the hospital.
3. Do not inquire about a diagnosis or facts of a case. If you learn them, keep them strictly confidential.
4. Keep confidential the many things you see, hear or learn within the hospital.
5. Never read a patient's chart.

SUPERVISION

1. Accept willingly the supervision of the staff member who is in charge.
2. Learn the names and titles of persons in the department and always maintain a strictly professional attitude toward them.
3. Do not ask the hospital staff for medical advice or medicine.
4. Only accept assignments or responsibilities for which you have been trained.

INTERACTION WITH PATIENTS

1. Refer all questions concerning a patient's health or costs to a staff member.

2. Respect the individual beliefs of all patients; refrain from advocating any religious, political or ethical attitudes to patients.
3. Do not give or receive any personal gifts or gratuities from patients or their families.
4. Do not get involved personally or make contact with patients or their families outside the hospital.
5. Do not offer options or opinions regarding symptoms, diagnosis or treatment of patients.

VOLUNTEER'S RELATIONSHIP TO THE PATIENT

1. Always introduce yourself to the patient. Learn the patient's name and how to pronounce it correctly. Learn as much as possible about the patient before assuming any responsibility. Is the patient blind, deaf, unable to be raised in bed, move by himself or able to walk safely alone?
2. Use a pleasing and reassuring voice. Listen carefully and watch alertly.
3. No matter what the condition of the patient - respect patient's privacy. Never enter a closed (screen, curtain, door) area without permission.
4. Keep you relationship with the patient on an impersonal, though friendly, basis. Don't discuss controversial subjects with patients.
5. Patients have many complaints, real and imagined. If a problem or complaint seems justified, it should be reported to the supervisor. However, never interfere with the work of a professional.

VOLUNTEER'S ATTITUDE AND BEHAVIOR

1. A volunteer should be cheerful and friendly. A volunteer needs to give of his/her time willingly, not under pressure or duress. Remember - a smile doesn't cost a thing and it is the nicest thing you have to share.
2. It is the responsibility of the volunteer to introduce himself to the staff and patients. You should walk and speak quietly. Always keep busy, there is plenty to do if you look for it. Time should not be spent visiting with other volunteers or the staff. Visiting with the **PATIENTS** is considered most important. Remember - **BE PUNCTUAL AND CONSISTENT**. Patients, fellow workers and staff are depending on you. Be sure, always, to call your floor or department if you are unable to be at the hospital at the appointed time.
3. Volunteers must remain objective and not become emotionally involved with the patient's problem. Never argue with the person being served. It is also important never to show favoritism, one patient over another. It is necessary to develop an understanding of the patients whom you serve, to know the reasons for their anxieties and thus better cope with them.

4. A volunteer should not criticize patients, fellow workers or staff. Careless criticism only leads to strained relationships. If you have a legitimate criticism or complaint, discuss it with the Director of Volunteer Services.
5. A volunteer should not discuss confidential information with anyone. If you hear personal information, it is confidential information. If you talk with a patient, help with hospital records or overhear hospital gossip, it is also confidential information.

VOLUNTEER'S RELATIONSHIP TO STAFF AND HOSPITAL

1. A volunteer should be punctual. You should come on the appointed day and time, regularly. If you cannot come, notify your department or floor supervisor. Get a substitute if possible. Report to your supervisor when you arrive. **BE DEPENDABLE.**
2. Accept your assignment without complaint and do the best job you can. If you are unfamiliar with the situation, tell your supervisor or charge nurse and she will usually be very willing to help you get acquainted with the new activity. It is possible she will be unusually busy and it will be up to you to do the best you can. **DO NOT** accept a responsibility that you have not been trained for.
3. It is absolutely necessary to comply with the rules of the hospital and the regulations connected with your job at all times. You may not agree with the regulation, but you have the responsibility of following the rules. If you are in doubt, **ALWAYS ASK.**
4. Try not to criticize the staff, facility, service, meals, etc., in your conversations with others. It is impossible for the casual observer to know the problems in operating the hospital and no one is more aware of the shortcomings than the administration.
5. Be cheerful and friendly with the staff, but not overly so. It is important to show respect for the professional staff and the hospital.
6. A volunteer **MUST** get permission from the nursing supervisor servicing the patient before suggesting any special activity to the patient such as shopping trips, home visits, etc. Permission should also be obtained before doing any purchasing or bringing of food or gifts. Never, under any circumstances, accept money or gifts from the patients. **NO MONEY SHOULD CHANGE HANDS UNLESS AUTHORIZED BY THE SUPERVISOR.**
7. Stay healthy - if you are ill - **STAY HOME.** Don't share your germs with patients, fellow workers or volunteers. Call as far in advance as possible, regarding your unhealthy condition.
8. Understand the older patient. This might be your grandmother or great grandmother. She was once an active, intelligent person capable of raising a family or pursuing a career. Many emotional problems result from old age itself and also from placement in a hospital, i.e., crying, whining, self-pity, complaining, withdrawal, etc. These patients feel frustrated and hopeless. Many patients have brain damage that causes drastic changes in their behavior.

VOLUNTEER DON'TS

1. Don't eat, drink, chew gum or smoke in the presence of patients or visitors in patient areas.
2. Don't express an opinion or give advice on a patient's condition or treatment.
3. Don't invite personal confidence of the patient. A listening ear is always best.
4. Don't solicit personal medical advice from the hospital staff.
5. Don't recommend medical personnel or discuss personal medical history.
6. Don't take the initiative in performing unauthorized service for patients (Example: lowering bed rails, unhooking traction, giving a drink of water, etc.).
7. Don't buy cigarettes or tobacco of any kind, soft drink, candy or any food for patients.
8. Don't go into unauthorized areas. (Example: isolation, surgery office, or any area marked "hospital personnel only").
9. Don't enter an isolation room. Isolation will be marked by an isolation sign.
10. Don't enter a patient's room before observing the following rules:
 - a. Whether a patient's door is closed or ajar, knock and wait briefly. If no answer, knock again and crack door if not ajar. Identify yourself by saying (Example: Volunteer with mail delivery or Junior volunteer with flower delivery, and proceed in, if so instructed).
 - b. If patient is asleep, mail delivery may be left quietly by bedside, but flower delivery or package delivery should be reported to the nursing unit.
11. Don't enter a patient's room when he is receiving medical attention or consulting with his physician. When the curtain is drawn around a patient's bed, always announce yourself and wait for a reply.
12. Don't report for duty with a cold, sore throat or fever.
13. Don't solicit merchandise for any club, organization or company.
14. Don't accept "tips" for service.
15. Don't enter patient rooms in Intensive Care areas. Report to nursing unit station first.
16. Don't act as a legal witness for patients' (wills, insurance, deeds, power of attorneys, etc.).

INFECTION CONTROL POLICIES

POLICIES AND PRACTICES

1. Personnel
 - a. Health
 - (1) Volunteers should be in good health and have periodic check-ups with their family physician.
 - (2) Volunteers should remain away from the hospital if they have any active infection or any communicable disease.
 - b. Education
 - (1) The importance of handwashing should be stressed, especially for volunteers involved in food handling and direct patient contact. All volunteers should be taught correct handwashing before assuming volunteer duties.
 - (2) Educational inservice program should contain the following:
 - (a) Volunteers should not enter the room of a patient on strict or protective isolation.
 - (b) Volunteers should check with the nurse on the unit for instructions concerning patients to other types of isolation.
A volunteer may transport a patient in isolation, if the volunteer has been trained and understanding the necessary precautions; or a nurse helps with the patient.
 - (d) Continuing educational programs should be given on handwashing, prevention of infection and some isolation techniques.
 - (e) Transportation of a specimen to laboratory:
 - Volunteers should make sure that all container lids are securely fastened.
 - When transporting a contaminated specimen, the volunteer should make sure it is labeled "isolation" and double bagged.
 - All specimens should be transported to lab without delay.

HANDWASHING POLICY

HANDWASHING

Many infections and diseases are carried by the hands. To avoid this, it is extremely important that you wash your hands often and in the proper manner.

Wash your hands

1. When coming on duty.
2. When your hands are obviously dirty.
3. Between handling of patients.
4. On leaving an isolation area.
5. After handling used dressings, sputum containers, soiled urinals, catheters and bedpans.
6. Before and after contact with a patient's face or mouth.
7. After using the toilet.
8. After blowing or wiping the nose.
9. Before eating.
10. On completion of duty.

Handwashing Procedure

1. Remove all jewelry.
2. Moisten hands well with running water.
3. Apply soap to well wet hands. Work up a lather using friction; be sure to get between fingers and around the nails.
4. Rub all surfaces for at least 30 seconds or more.
5. Rinse with the running water flowing off the hands.
6. Avoid touching the inner surface of the sink.
7. Dry hands thoroughly with paper towel; turn faucet off with paper towel and discard in wastebasket.

STANDARD PRECAUTIONS

Standard Precautions synthesize the major features of Universal Precautions (designed to reduce the risk of transmission of blood-borne pathogens) and Body Substance Isolation (designed to reduce the risk of transmission of pathogens from moist body substances). Standard Precautions apply to: (1) Blood; (2) all body fluids, secretions and excretions **except sweat**, regardless of whether or not they contain visible blood; (3) nonintact skin; and (4) mucous membranes. Standard Precautions are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection in hospitals. The following precautions apply to all volunteers to decrease the risk of transmission of microorganisms in the hospital:

1. **HANDWASHING** - wash hands after touching blood, body fluids, secretions, excretions and contaminated items, whether or not gloves are worn. Wash hands immediately after gloves are removed, between patient contacts and, when indicated, to avoid transfer of microorganisms to other patients or environments. It may be necessary to wash hands between tasks and procedures on the same patient to prevent cross-contamination of different body sites. A plain soap may be used.
2. **GLOVES** - wear clean, non-sterile gloves when touching blood, body fluids, secretions, excretions and contaminated items. Put on clean gloves before touching mucous membranes and nonintact skin. Change gloves between tasks and procedures on the same patient and after contact with material that may have a high concentration of microorganisms. Remove gloves promptly after use, before touching noncontaminated surfaces, and before going to another patient.
3. **PATIENT-CARE EQUIPMENT** - handle used patient-care equipment soiled with blood, body fluids, secretions and excretions in a manner that prevents skin and mucous membrane exposures, contamination of clothing and transfer of microorganisms to other patients and environments. Reusable equipment must be properly cleaned before being used on other patients. Single-use items must be discarded in appropriate container.
4. **ENVIRONMENTAL CONTROL** - environmental surfaces, including beds, bed rails, bedside equipment and other frequently-touched surfaces, are cleaned routinely.
5. **LINEN** - handle, transport and process used linen soiled with blood, body fluids, secretions, and excretions in a manner that prevents skin and mucous membrane exposures and contamination of clothing. Place linen in hamper at point of use. Hold linen away from body during transport to hamper.
6. **PERSONAL** - eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lens are prohibited in the work areas where there is reasonable likelihood of occupational exposure. Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops where blood or other potentially infectious materials are present.

PERSONAL HYGIENE POLICIES

Volunteers are representatives of the hospital and shall observe good personal hygiene at all times. This shall include:

1. BODY AND HAIR

Keep the body clean by bathing regularly and using a deodorant. Keep the teeth and mouth clean. Hair should be clean and kept neatly styled. Long hair should be pulled back from the face and off the shoulders.

2. **FINGERNAILS AND HANDS**

Keep fingernails short and clean. Light colored and colorless nail polish is acceptable. Bright and dark polishes hide dirt under the nails.

Hands should be washed: after visiting the restrooms; between each patient, after smoking or using a toothpick; after coughing, sneezing or blowing the nose; after handling a patient's tray or other soiled dishes; after handling money.

3. **CLOTHES**

Wear clean, neatly pressed clothes. Freshly laundered underclothing is as important as outer garments. Be sure all seams and buttons are secure. Uniform should be laundered regularly and pressed, if necessary. Be sure to wear your name tag at all times while on duty.

4. **SHOES AND HOSE**

Shoes shall be comfortable and low-heeled for safety. Socks or hose must be worn. No open-toed sandals, please.

5. **JEWELRY**

Jewelry should be kept at a minimum. No dangle earrings or bracelets are to be worn with uniforms. A watch and wedding ring or friendship ring is acceptable.

6. **DRINKING**

If a volunteer arrives on the job with liquor on his/her breath, he/she will be asked to leave.

7. **GUM**

There is no gum chewing allowed.

WHEELCHAIR TRANSPORTATION POLICY

When transporting patients by wheelchair, care for their safety and comfort by following the guidelines listed below:

1. Always introduce yourself and be friendly, cooperative and cheerful.
2. Check the hand brakes, be sure they are locked when wheelchair is not in motion.
3. When assisting a patient in or out of a wheelchair, **BE SURE** to set the brakes.
4. See that the patient's arms are inside the armrests, not hanging over the side.

5. See that the patient's feet are securely placed on the footrests.
6. Ask the patient if he/she is ready before moving the wheelchair and explain where you are taking him/her.
7. Push vehicle slowly. SEE your way ahead.
8. Approach all corners, doorways cautiously...**COLLISION DANGER!**
9. Pull vehicle through swinging doors.
10. At elevator be sure floor is at level before proceeding. Always back a wheelchair onto the elevator so as to be facing forward when exiting.
11. Avoid short, quick stops that tend to throw the patient forward.
12. Never lift a patient out of a wheelchair. Call a nurse to move the patient.
13. Transport patient feet first on a stretcher. Have assistance at front. Use side rails or straps with stretcher transports.
14. Never block aisles or exits...even temporarily.
15. Never leave the patient unattended.
16. Stay with the patient until you have been dismissed by the area supervisor.

CMH DISASTER PLAN

ACTUAL:

Code Blue: *Cardiac/Respiratory Arrest*
Code Man: *Violence in the Workplace*
Code Orange: *Bomb Threat*
Code Pink: *Pediatric Abduction*
Code Red: *Actual Fire*
Tornado Watch/Warning
Code Green: *Emergency Response*

DRILLS:

Code Blue Drill: *Cardiac/Resp.Arrest Drill*
Code Man Drill: *Violence in Workplace Drill*
Code Orange Drill: *Bomb Threat Drill*
Code Pink Drill: *Pediatric Abduction Drill*
Code Red Drill: *Fire Drill*
Tornado Watch/Warning Drill
Code Green Drill: *Emergency Resp.Drill*

LEVELS:

Standby: Unconfirmed event
Level 1: Confirmed Event, Adequate staff present in facility
Level 2: Confirmed Event, Additional staff needed

All codes (except Code Pink) may be announced by staff from any phone
 LOCATION MUST BE IDENTIFIED

ALL CODES ARE PAGED THROUGHOUT THE HOSPITAL BY THE OPERATOR

EXPLANATION OF CODES

Codes will be announced verbally over the public address system. The location of the disaster will be announced at the same time – an all clear will be announced.

FIRE (CODE RED)

Instructions for Volunteers

1. Do not use the elevators.
2. If transporting a patient, proceed to the destination or return patient to unit, whichever is closest.
3. All carts on the floor at the time of the alarm are to proceed to the nearest appropriate room or visitor lounge. Do not block hallways.
4. If on an errand and in another department, remain there until the “all clear” signal.
5. In the event of a fire in the hospital, the gift shop will be closed. Information desk volunteers (or staff) will notify the gift shop volunteers so they can escort visitors out of the shop and close the door.
6. If a fire occurs in the gift shop area, get out of the room and close the door. Volunteers and customers should use the nearest exit. (Fire extinguisher is located across the hall on the east wall.)
7. Volunteers at the information desk will hold all traffic at the desk until the “all clear” signal.
8. Resume normal operations after the “all clear” signal has been sounded on the public address system.

FIRE DRILL (CODE RED DRILL)

General Procedures

The hospital is required by law to conduct fire drills periodically.

Instructions for Volunteers

1. Follow same procedure as you would for an actual fire (see Code 1).

CODE BLUE

General Procedures

A "Code Blue" announced over the public address system is a summons for the hospital's cardiac arrest team. The operator will indicate the area in which the cardiac arrest has occurred.

Instructions for Volunteers

1. If you are working in a "Code Blue" area, leave the hallway immediately.
2. All carts on the floor on which a "Code Blue" has occurred are to be pushed against a wall. **DO NOT BLOCK HALLWAYS.**

TORNADO WATCH

General Procedures

A tornado watch is implemented when there is severe weather in the area with the possibility of a tornado. Drapes are to be drawn in all patient areas including rooms.

Instructions for Volunteers

1. Remain alert for additional paging information while continuing normal operations.
2. Close blinds or draperies on windows in your area.

TORNADO WARNING TORNADO WARNING DRILL

General Procedures

A tornado warning indicates that a tornado has been sighted in the immediate area or is indicated on radar. Patients and employees should move or be moved away from windows to a protected area. Visitors should be advised to stay in the hospital. (Follow the same procedure for the Tornado Warning Drill - Code 6).

Instructions for Volunteers

1. Return to assigned area immediately to assist with implementing safety precautions, as directed by staff person in charge of department.
2. In nursing units, ambulatory patients are moved to corridors; patients on bed rest are moved away from windows, covered with blankets and the cubicle curtains are drawn.
3. In other departments, outpatients and visitors are directed to the nearest, safest area such as ground floors or inner corridors.

4. After patients and visitors are adequately sheltered, volunteers and staff seek shelter in a safe area away from flying glass (ground floor or inner corridors).
5. Do not use elevators.
6. Remain in sheltered area until "all clear" is announced on the public address system.

DISASTER PLAN

General Procedures

The hospital disaster plan is implemented when a disaster has occurred in this area, but the magnitude is unknown. Return to your workstation. (Follow the same procedure for both codes.)

Instructions for Volunteers for Disaster Plan (External Disaster) and Disaster Drill

Unless notified to the contrary by administration, all volunteers continue their normal duties and then report to Command Center, which is the White Conference Room on third floor.

1. Volunteers in patient care and information areas will stay at their assignments and follow departmental procedures.
2. All other volunteers on duty, as well as incoming volunteers, will report to the Command Center for assignments.
3. The gift shop will close.

PATIENT CARE AREA - OTHER DEPARTMENTS

Fire

1. Clear hallway of obstructions.
2. STAY OFF THE ELEVATOR.
3. If you are with a patient, stay there. Close the door and turn off the TV and air conditioner.
4. If you are in any other area of the hospital, follow the instructions of the person in charge of that area. (May help move patient on nursing unit).

Tornado

1. Clear the hallway of obstructions.
2. STAY OFF THE ELEVATOR.
3. Report to the nursing unit for instructions.
4. If you are on the first floor, go to the Gift Shop.

Disaster

1. Clear the hallway of obstructions.
2. STAY OFF THE ELEVATOR.
3. Report to the nursing unit for instructions.

Code Blue

1. Listen for the location.
2. If you are anywhere near the location, clear the hallway of obstructions.
3. Stay away from the area. Don't block life-saving equipment or personnel.
4. STAY OFF THE ELEVATOR for the next five (5) minutes.

Internal Disaster

1. Evacuate area, as appropriate.
2. Report to nursing unit for instructions (may help move patients).

Code Orange - Bomb Threat

Procedure:

1. **RECEIPT OF A BOMB THREAT:** If a bomb threat call is received by any employee or volunteer, immediately do the following:
 - a. Do not transfer the call.
 - b. Keep the caller on the line as long as possible, asking him/her to repeat the message.
 - c. Document as specifically as possible every word spoken by the person making the call.
 - d. If possible, notify another employee of the bomb threat call and location while you are attempting to keep the caller on the line.
 - e. Ask the caller the location of the bomb and time of detonation.
 - f. Pay particular attention to background noises, such as motors running, background music and other noise which may indicate where the call is being made.
 - g. Listen closely to the voice to determine sex, pitch (calm, excited, etc.) accents and speech impediments.
 - h. Note if the caller indicates knowledge of the hospital by his description of locations.
 - i. If another employee or volunteer has not already done so, notify operator who will notify:
 - (1) Plant Operations
 - (2) Nursing Supervisor
 - (3) St. Johns Police Department (SJPD)
 - (4) President of CMH/designee
 - (5) Departmental supervisor/manager of area where location of bomb is identified – if known.
 - j. Employee or volunteer receiving bomb threat call will notify his/her supervisor.
2. **IMMEDIATE RESPONSE TO A BOMB THREAT:**
 - a. Security/Maintenance will:
 - (1) Facilitate communication between SJPD officers and Administration.
 - (2) NOTE: If a suspicious object is discovered, the Michigan State Police (MSP) Bomb Squad will be requested by and through the SJPD.
 - (3) Determine whether or not evacuation is necessary and to what extent.
3. Volunteers are to assist in evacuating others as directed and vacate building as soon as possible.
 - a. **IF A SUSPECTED DEVICE IS FOUND:**
 - (1) DO NOT TOUCH IT. Notify Operator immediately.
 - (a) Plant Operations will notify SJPD immediately.
 - (b) Operator will notify Administration/Nursing Supervisor in charge.

- (2) Evacuation needs will be evaluated/implemented by the Administration/Nursing Supervisor. Evacuate immediate location of bomb, floors above and below.
 - (3) Pending the arrival of the SJPB/Bomb squad at the scene, Plant Operations will:
 - (a) Open windows, where possible, in the room.
 - (b) Close the door and place mattresses against it.
 - (c) Secure the danger area and establish a perimeter around the area.
 - (4) If removal of the device occurs, Plant Operations will empty corridors, stairwells, lobbies, as appropriate, along the route of exit. The vehicle route from the building to the street will be cleared by SJPD.
- 4. ALL CLEAR:**
- a. Termination of the threat response will be determined by the President/designee or by the Nursing Supervisor after consultation with the responding police department(s).
 - b. Documentation of all bomb threat incidents and responses will be forwarded to the Safety Committee for review.

Code Man – Violence in the Workplace

POLICY STATEMENT:

1. Hospital ID MUST be worn at all times in order to insure a safe environment. Individuals without proper ID will be questioned.
2. The hospital-wide code for ASSISTANCE will be “CODE MAN” paged once. The person paging the “Code MAN” will announce the area where the code is occurring.
3. Upon hearing the code paged, the switchboard operator will be responsible for paging “Code Man” four additional times and for dialing (9)911 for the St. Johns Police Department. The operator will include location of the code when paging.
4. Once a “Code Man” has been paged, employees will be responsible for securing all confidential areas within the hospital.
5. A Threat Management Team consisting of the Nursing Supervisor and a member of the maintenance department along with available members of the Safety Committee will respond to the designated area. On shifts where there is no one available from the maintenance department, the Nursing Supervisor and Charge Nurse from the Med/Surg area will respond.
6. An actual threat or incident must be reported to the employee’s direct supervisor, or the Nursing Supervisor, whichever is available. A Violent Incident Report form will be completed and forwarded to the Personnel Manager. The Personnel Manager will complete additional forms as needed and will notify the Risk Manager and Hospital Administration. (Any outside communication must come from Administration.)
7. After an incident has occurred, the Leadership Group will be notified in memo form by Administration/Personnel to ensure that correct details are relayed for employee safety.
8. The patient, visitor or employee involved may be evaluated by the Emergency Room Physician and if deemed necessary, by a Mental Health Professional.
9. No hospital records will be released without a court order.

Mass Casualties

INITIATION OF PLAN

1. Supervisor is notified of an anticipated influx of casualties. Information will be relayed to the Emergency Room Physician, who will make the decision to implement the Disaster Plan based on the number and severity of the casualties and the status of the Emergency Room. The Supervisor will dial 79 and page "CODE GREEN, Level___, NOW IN EFFECT" and the switchboard operator will continue paging five (5) more times.
2. The switchboard will"
 - a. Notify the CEO/designee and the Vice President of Patient Services.
 - b. Notify On-Call Staff and Physicians.
 - c. Notify Department Managers not in-house in the sequence listed: Plant Operations, Material Management, Surgery, Laboratory, Cardiopulmonary, Pharmacy, Communications, Clergy, Registration, Environmental Services, Food & Nutrition Services, Medical Records, Human Resources, Information Services. If addition staff is needed, contact manager of Accounting, SJPA, Rehab and volunteer phone tree.
 - d. Notify all active Staff Physicians.
 - e. Relay calls concerning Disaster to the Command Center.
3. A Command Center for distribution of staff will be established in the White Conference Room on 3rd floor and will be staffed by the CEO/designee and staff available. The role of the Command Center will be to assign and track personnel and to coordinate inter-/intra-hospital communication.

STAFF DISTRIBUTION

1. In-house Physicians report directly to ER Physician in Triage.
2. Staff report according to "STAFF 7 SITE RESPONSIBILITIES" (following table) and "DEPARTMENT-SPECIFIC DISASTER PLAN."
3. Department directors/designee will begin calling their staff immediately.
4. All volunteers and students will report to the Command Center for assignment.

PATIENT CARE AREAS

1. Triage of all disaster victims will occur in the Admitting Area by the Emergency Room Physician or designee. Patients will enter the facility through the north parking lot entrance.
 - a. Patients classified as critical/serious will be treated in the Emergency Room.
 - b. Patients classified as minor-observation will be treated in the outpatient surgical area (2 East).
 - c. Patients awaiting discharge, visitors and outpatients will be located in the Cafeteria.
 - d. No treatment will be given in the Triage area.
 - e. All patients will be identified with a number and a goldenrod Outpatient Record filled out by a Triage Clerk. This record will stay with the patient.
 - f. Outpatient Records and clipboards are kept in Disaster Closet.

HOSPITAL SECURITY

1. Plant Operations will be responsible for the precautionary policing and securing of all hospital entrances to prevent access by unauthorized persons.
2. Command Center may authorize the help of the police and fire departments.
3. Under any disaster condition, Plant Operations may order any or all of the following security or control measures to be carried out:

- a. Closing of the entrances to all but the casualties and seriously ill.
- b. Necessary traffic control or direction within the hospital grounds.
- c. Control of family and friends so that they do not gain access to the hospital treatment and service areas. Send to SW parking lot.
- d. Posting of directions or other necessary signs.

VISITORS AND OUTPATIENTS

1. Visitors are to remain in patient's rooms.
2. Appointments should be re-scheduled at a later day for outpatients awaiting examinations unless otherwise directed by the Command Center.

TRANSFER OR DISCHARGE OF IN-HOUSE PATIENTS

1. Each patient care area will assess their patients for transfers or discharge.
2. Ambulatory patients suitable for immediate discharge will go to the Cafeteria and await transportation.
3. Ward Clerk/designee will compile list of available beds.
4. A copy of the Patient Registration (face sheet) must accompany patients transferred to other facilities.

OPERATING ROOMS

1. Two (2) operating rooms are available
2. Surgical patients undergoing procedures at the time of the disaster will be completed.
3. Notify Command Center of status of surgeries.
4. No elective surgery will be started until after the disaster is canceled.
5. It will be anticipated due to limited staff and space that some patients requiring surgery will be transferred to surrounding area hospitals.

RIOTS

- A. Move patients away from windows.
- B. In case of fire, follow fire code procedure.
- C. Evacuate patients from first floor.
- D. Move staff from Plant Operations into hospital
- E. Close blinds and drapes. Keep lights low. Stay away from windows.
- F. If hospital is under gunfire put patients on mattresses on floor.
- G. Prepare to receive casualties. Injured police officers and military personnel are to be sent directly to 2 West. Injured rioters will be treated on the first floor. Under no circumstances are rioters to be permitted above first floor, injured or not. If first floor is overrun by rioters, hospital staff will retreat to upper floors, abandoning any injured rioters.
- H. Elevators and stairways should be placed under tight control.

TOXIC EXTERNAL ATMOSPHERE

Procedure:

1. Contact Plant Operations Department and Administration or designee to inform them that hospital was notified of an External Toxic Atmosphere threat.
 - a. Switchboard operator contact Nursing Supervisor, Nursing Administration and Infection Control. Operator will make public address announcement requesting that no one leave the building or open outside doors/windows.
 - b. Plant Operations Director or designee will be responsible for directing the shutdown of air handling equipment upon administrative approval.

- c. Nursing Supervisor will be responsible for directing incoming patients (i.e., Emergency and/or others to alternate treatment facilities).
 - d. Plant Operations/designee will be responsible for locking exterior building entrance doors.
2. Plant Operations Director or designee will initiate shutdown for all air handlers and exhaust fans. Air handler shut-down priority list:
- a. Air handler on kitchen roof will be shut down due to 100% make up air requirements.
 - b. The remaining air handler systems are VAV, Reheat, Recirculation with some levels of make-up air. These units will be evaluated for closing of outside air dampers. Keeping these units running will help to maintain positive internal building pressure. If outside air cannot be controlled, then each unit will be shut down as determined.
 - c. Exhaust fan shutdowns will also be evaluated and shutdown appropriately as determined.

CODE PINK

Pediatric Abduction

- 1. Volunteers need to be alert to their surroundings.
 - a. Monitor exits closest to your workstation.
 - b. Question anyone attempting to leave the building with young children, shopping or duffel bags, and or boxes.
 - c. Notify your supervisor if you notice a suspicious person(s).

**CLINTON MEMORIAL HOSPITAL
DISASTER PLAN
VOLUNTEER PHONE TREE**

In the event of a disaster, the following phone tree will be used to obtain the necessary volunteers to help in any capacity at Clinton Memorial Hospital. The first person on the list will be called by Clinton Memorial personnel to come to the hospital. In turn, the first person calls the second person on the list, the second person calls the third person, etc. In the event that the first person is not home or does not answer the phone, the second person on the list would be called and the procedure continues until every person on the list is called.

| | <u>PHONE</u> | <u>CELL</u> |
|---------------------------|---------------------|---------------------|
| Cindy Knight | 989-224-6106 | 517-202-2697 |
| Mary Ann Ellickson | 989-224-8288 | 517-331-1709 |
| Corky Paradise | 989-224-2611 | ~~~ |
| Nancy Moore | 989-224-6205 | 517-712-9414 |
| Sue Detloff | 989-224-3503 | 517-285-3992 |
| Carol Keys | 989-224-7401 | ~~~ |

GIFT SHOP

Fire and/or Explosion in Gift Shop

1. Evacuate the area, closing the door as you leave.
2. Pull handle on nearest fire call box. KNOW WHERE THESE ARE LOCATED.
3. Notify switchboard to notify maintenance.
4. Wait for assistance or take nearest fire extinguisher to fire and attempt to extinguish it.

Fire Elsewhere in Hospital

1. Evacuate the area, closing the door as you leave. (Turn off air conditioner if on.)
2. Escort customers out of the building through the main entrance.

Tornado Warning

1. Stay in the shop. It is one of the safest places in the hospital.
2. Ask customers to remain there or in the hallway or lobby away from windows.
3. Leave door open.
4. Turn off the air conditioner.

External Disaster

1. Evacuate the area, closing the door as you leave.
2. Escort customers out of the building through the lobby.
3. Report to nursing unit for instructions (may help to move patients).

Internal Disaster

1. Evaluate area, as appropriate.
2. Report to nursing unit for instructions (may help to move patients).

Power Failure

1. **Important** - Turn off the air conditioner and overhead lights.

GENERAL SAFETY RULES FOR VOLUNTEERS

1. Never stand on a chair, get a stool or a ladder, avoid overreaching.
2. When walking or moving equipment, carts, etc., walk slowly around corners and through doors.
3. Don't push a cart through a door until you know the way is clear. Approach all corners and doorways cautiously.
4. Don't load things that are top heavy or so you can't see over the top.

5. Don't leave equipment near a corner so people rounding the corner quickly fall over it.
6. Pick up little things underfoot right away, clean up water spills, don't leave them for someone else.
7. Close desk and cabinet drawers right away.
8. When using stairs, take one step at a time and use the handrail.
9. Report all faulty equipment, unsafe conditions and unsafe acts.

CONDUCT AND DISCIPLINE POLICY

Since it is the policy of the hospital to observe the principles of good social and business practice and to expect adherence to such principles by all employees, the following excerpts of the Hospital Conduct and Discipline Policy are for your information. Volunteers, as members of the hospital team, are expected to work with doctors, nurses and other hospital staff members within the framework of professionalism.

"Conduct by volunteers which is contrary to the best interests of the hospital or fellow employees will be subject to equitable and prudent corrective measures."

The following items are representative, but not inclusive of all acts of misconduct which should result in immediate suspension and/or discharge.

1. Misrepresentation regarding hospital records.
2. Revealing confidential information.
3. Unethical, insubordinate or abusive conduct to patients, visitors, other employees or supervisors.
4. Willfully engaging or provoking physical violence on hospital property.
5. Intentional time sheet violation.
6. Intoxication on the job.
7. Theft of hospital, patient or visitor property.
8. Possession of weapons on the hospital property.
9. Failure to return from an approved leave of absence.
10. Three (3) unexcused absences.

The following items represent acts of misconduct that would be subject to a review of the individual situation and should require some form of action by the volunteer's supervisor.

1. Smoking in non-specified outdoor areas.
2. Leaving the work area without justifiable reason and without permission of the immediate supervisor or his/her representative.
3. Abuse of lunch break or break periods.
4. Violation of safety rules and regulations.
5. Unsatisfactory work performance.
6. Gambling on hospital premises.
7. Intentional destruction of hospital property.
8. Personal business affecting work.
9. Soliciting on the hospital premises without permission.
10. Sleeping or horseplay during volunteer work hours.
11. Violation of any other hospital or department policies and rules.

LEAVE OF ABSENCE POLICY FOR VOLUNTEERS

Policy

It shall be the policy of the Volunteer Services Department to grant a leave of absence to volunteers for a period of time not to exceed six (6) months.

1. Written notification by the volunteer shall be received in the Volunteer Services Department stating start date of leave and approximate duration.
2. Leaves will be granted for reasons such as:
 - a. Personal illness
 - b. Illness in family
 - c. Temporary employment
 - d. Temporary change of residence
3. At the end of the leave, the volunteer will advise the Volunteer Services Department if they are ready to return.
4. The spot vacated by the volunteer will be filled by another available volunteer.

5. There will be no assurance that when the volunteer returns from a leave the spot he/she vacated will be available to him/her.
6. If at the end of the leave the volunteer decides that he/she is not ready to come back to work, the volunteer will be terminated.
7. All records will be pulled and placed in an "inactive" file for reference in the event the volunteer decides to return at a later time.

UNDERSTANDING AND COMMUNICATING WITH PATIENTS

As volunteers, much of one's success in working with patient depends on a positive and friendly approach. This is not difficult if one remembers that patients are people and should receive the same courtesy as a guest in one's home. Volunteers will profit a great deal if they accept patients as they are, recognize the challenge and strive to understand their moods.

To aid in understanding patients, an outline of factors that commonly worry patients during their hospital stay has been developed. Volunteers should find the information helpful, particularly if they have not been hospitalized or had any previous hospital experience.

Feeling alone and helpless

1. Away from home and confined to a strange bed.
2. Have to wear strange bed clothes.
3. Not in control of situation and must submit to nurses, doctors, etc.
4. Not much privacy.
5. Impersonal attitude on part of everyone.

Questions about illness

1. What is the name, nature, duration of the illness?
2. How long will I be here and/or will I have an operation?
3. Why do they ask so many repetitive questions (taking history)?

Worries about family, finances, position

1. How will the family get along without me?
2. Who will support the family while I am not working?
3. Suppose I become an invalid for life or handicapped so that I need to change my occupation?

Sense of guilt

1. Why did this have to happen to me?

2. Have I waited too long?
3. Is God punishing me for some sin I have committed?

Fear about diagnosis

1. Refusal to accept doctor's diagnosis.
2. I don't want to see a psychiatrist; I'm not crazy!
3. Disease might be cancer, leukemia, Hodgkin's Disease.
4. Will the doctor tell me the truth?

VISITING AND LISTENING TIPS

No matter what unit or service volunteers work in the hospital, they find themselves engaged in "visiting" or "listening" to patients. These short visits give patients the opportunity to express their thoughts and feelings to someone, which is of great importance not only to themselves, but also to the busy staff.

Since volunteers do not have professional responsibilities to perform for the patients, they have more time than anyone else in the hospital family to explore their interests. They do not need to be an authority on any subject. By simple questions and comments they can initiate a conversation whether it be with a businessperson, professional or technical person.

Avoid talking "down" to patients - they are real people. Some may be bright and responsive, some quiet and sincere, some depressed and irritable. Volunteers should be essentially positive and cheerful in their approach, but don't overwhelm patients by showing too much concern.

The art of "listening" to patients is as important as "visiting" with them. Many will want to just talk to someone. If they unburden themselves, accept their confidences in the spirit in which they are given. This in itself is a compliment. This experience can be satisfying to the volunteer as well as the understanding and appreciation for their fellow people and the situations that face them.

Here are a few procedures and attitudes which might be helpful and which can be adapted to your situation and needs.

Conversation Starters

1. First of all, introduce yourself: "I am Sue Jones, a volunteer." If the patient seems ready to talk, encourage him/her. If the patient is withdrawn or cannot answer, tell him/her in an unhurried voice about your trip to the hospital and the things you saw on the way, or talk about your pets, your children or about school. Remember that it will take time for some patients to warm up to a new face.
2. Don't greet patients with "How are you?" Begin a conversation with something like "How are you feeling today?" or "How's your day going?" or you can comment about the beautiful flowers in the room or talk about where they came from.
3. Speak as slowly and enunciate clearly, and stand or sit where you can be seen easily.

4. Maintain a warm, friendly voice when speaking to a patient, and look directly at a patient when speaking to him/her. Establishing eye contact will let the patient know that your concern is with him/her at the moment. Be understanding, sympathetic, and encouraging and try to foster a desire in the patient to get well.
5. Be careful not to hit or jar the bed. Watch out for traction weights and TVs.
6. Don't be offended by abusive talk or insulting remarks. Illness can sometimes cause patients to misidentify people or say things that they really don't mean.
7. Always be natural and treat the patient as you would a friend.
8. Learn to listen well and often. Sometimes just sitting and listening is the best treatment possible for the patient.
9. "I think I've been here long enough," or "Well, I'd better be going" are good ways to take leave. This allows the patient to agree or disagree.

Relating to a Patient

1. Accept the patient at his/her present level. Relate to the here and now.
2. Listen, understand, respect, be patient, use lots of eye contact, reinforce his improvements and positive elements, compliment, be non-judgmental.
3. Assume the initiative - "You seem unhappy today, would you like to talk about it?"
4. Allow the patient time to react to your approach and the time to respond.
5. Be careful when discussing the past and the future.
6. Keep conversations low - especially in a semi-private room.
7. Help patient to relieve worry, pressure by diverting attention to other topics.
8. Establish trust by being truthful, consistent, firm, reliable, accepting and understanding.
9. Remember that all behaviors have a meaning.
10. Crying and silence can be pleas for affection, support, help and hope, as well as outlets for anger and tension.
11. Physical contact is very important and supportive for many.
12. Don't underestimate the patient or treat him/her as a child.
13. Avoid use of cliché phrases: "Just relax...I'd be worried too, if...Don't worry about it...I know

just how you feel..."

14. A patient's gratefulness may not always be outwardly expressed.
15. It is not necessary to interpret the patient's hostility as a personal affront to you.
16. Don't offer choices when they don't exist or make promises you can't keep.
17. The hospital always respects the individual beliefs of all patients and their families.

CHARACTERISTICS AFFECTING VOLUNTEERING

To be successful in the helping process, I must remember that I should have:

1. An awareness to my own attitudes, feelings and prejudices so that they do not interfere as I work as a volunteer.
2. An understanding that people may react to situations with feeling rather than intellect.
3. An appreciation that people are different in physical and emotional makeup, family background, education and life's experience. They are alike in their basic needs to be loved, have security, be adequate, to achieve and to be recognized.
4. An insight that people form attitudes based on how they see a situation. They may read meanings into situations that are not there. They may hear only what they want to hear. They may interpret a situation from their own experiences that I cannot understand.
5. A realization that people want to control their own lives and make their own decisions. Suggestions are seldom welcomed unless the climate has been set or the individual has sought it, and then the individual always has the right to reject other people's ideas.
6. A recognition that behavior may have meaning only to the individual and may not appear to be sensible or logical.
7. An appreciation that each person has personal needs and may react in a manner that attempts to meet them.
8. An understanding that a person's response may have little to do with me as a person. He or she may be reflecting worries and concerns that have no bearing on the current problem presented.
9. An acceptance of people as they are and where they are in their development.
10. An understanding and ability to assure a person that I recognize his/her problems and that I appreciate his/her efforts.

BED MAKING

DEFINITION: Making up a bed.

PURPOSE: To provide a clean and comfortable bed for a patient.
To present a finished appearance to the unit.

SUPPLIES: Mattress pad
Fitted sheet
Rubber sheet
Draw sheet
Top sheet
Bedsread
Pillow case

PROCEDURE:

1. Collect clean linen and arrange in order of use on chair close to the bed.
2. Push mattress to head of the bed.
3. Place mattress pad on mattress.
4. Place fitted sheet over mattress pad.
5. Place rubber sheet in center of bed.
6. Place draw sheet over rubber sheet and tuck in both sides under mattress.
7. Place top of sheet wrong side up on bed. Put large hem of sheet even with top of mattress.
8. Place bedsread right side up over sheet, even with head of mattress and covering lower edge of sheet, facing doorway.
9. Tuck sheet and bedsread under mattress at foot.
10. Make a mitered corner by folding the sheet and spread in such a way that 45 degree is made and the corner of the mattress is sharply outlined.
11. Open pillow cover and insert pillow. Corners of pillow are to fit well into corner of cover.
12. Place pillow at head of the bed with seam of cover facing head of bed and closed side of pillowcase facing doorway.
13. Make sure covers are tight and neat looking before leaving the room.

POLICY ON VOLUNTEER BECOMING AN EMPLOYEE

Policy

If a volunteer wishes employment at the hospital or learns of an open position through the department where they are assigned, or through the employee bulletin board announcements, or through the personnel office, they are to APPLY THROUGH THE NORMAL APPLICATION PROCEDURE IN THE PERSONNEL OFFICE. Volunteering DOES NOT guarantee a future paid position.

Procedure

1. The Volunteer Department should be notified if recommendation is desired.
2. The Volunteer Department should be notified if the volunteer is to be employed in order to update the volunteer records.
3. The Volunteer Department shall be responsible for replacement of the vacated volunteer position.

POLICY ON TRANSFER/TERMINATION OF VOLUNTEERS

Statement of Policy

A volunteer shall be transferred or terminated by the Director of Volunteer Services if his/her performance on the job does not meet the standards and regulations of the hospital.

Purpose

To assure that the quality of patient care is not jeopardized. To assure compliance with all acceptable behavioral, safety, personnel or other departmental policies and procedures.

Procedure

- A. A complaint shall be made in writing to the Department of Volunteer Services and must stipulate:
 1. Name of volunteer
 2. Date, time, place incident occurred
 3. Specifics of incident
 4. Other persons involved or witnesses
 5. Signature of person filing complaint
- B. The Director of Volunteer Services shall meet with the volunteer and discuss the incident to:
 1. Verify the facts
 2. Assess the gravity

3. Determine action to be taken (i.e. warning, transfer or termination)
- C. When there is evidence of a misunderstanding, the Director of Volunteer Services shall arrange for a meeting between the volunteer and complainant for clarification.
 - D. The Director of Volunteer Services shall communicate the proposed action to the volunteer and shall include a written summary of the incident in the volunteer's personal file.