

VOLUNTEER TRAINING MANUAL



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Volunteer Training Manual

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SECTION 1

Information for All Volunteers

At Inova, we hope that your volunteer service is a special source of personal satisfaction and growth as you support the many patient support service lines on our campuses. Our volunteer programs are designed so you can see the maximum benefit of your service. We are committed to helping you maximize your own talents so your volunteer experience continues to be both rewarding and instructive. We do this in several ways:

- Supporting you in developing your personal interests when possible
- Enabling you to meet new people and extend your network of professional interaction with individuals of varied interests and background, and
- Providing the environment in which to explore new careers in healthcare fields

INOVA'S MISSION, VISION AND VALUES

When you become a volunteer at Inova, you will be joining a highly engaged team of employees and volunteers whose mission to provide world-class healthcare – every time every touch – to each person in every community we have the privilege to serve. To help us reach that mission, our Inova Values are the standards that guide our actions every day.

Our Values are:

Patient Always: We work with compassion to ensure every action we take puts the patient and family first.

Our People: We create an environment of respect and growth, where contributions are recognized and rewarded.

One Team: We are stronger together as a unified healthcare system, enriched by our diversity and driven by a shared purpose.

Integrity: We consistently uphold the highest moral and ethical standards and honor our commitments.

Excellence: We act with courage, hold ourselves accountable, and achieve results at the highest level of performance in our field.

VOLUNTEER SERVICES Volunteer Services is the hospital department whose goals and responsibilities relate to the hospital's needs for volunteer help to support staff, thus assisting the latter to focus their attention on direct patient care and activities related to patients and their loved ones. The Volunteer Services department has several goals:

- To develop adequate and innovative support through volunteers in order to meet the needs of patients, hospital personnel and hospital guests.
- To promote a habit of volunteerism at the hospital and in the community.
- To offer community residents, through volunteering, an opportunity to learn about the hospital and its purposes, goals and needs.
- To design programs to recruit and retain volunteers, then use their time and talents in a way that rewards them and assists the hospital.

The department is headed by the manager of Volunteer Services, who oversees all volunteer programs and is ultimately responsible for all non-paid individuals performing a service on the hospital campus. That responsibility includes recruiting and retaining an adequate number of volunteers to augment the services of the hospital staff and working closely with the departments in which volunteers serve.

VOLUNTEER TRAINING All volunteers go through training as a new volunteer and annually thereafter. The material introduces policies and procedures that all hospital personnel must know, whether employees or volunteers. Much of the training content is driven by the requirements of The Joint Commission, abbreviated as TJC. This agency's standards regarding patient safety and care become the directives with which hospitals comply in order to receive government reimbursement for medical services provided to qualifying patients.

These topics include emergency alerts and procedures, responding to disasters, infection control, isolation precautions and patient safety, including the hospital's Safety Rules for volunteers. Training also stresses the Inova Health System's Mission, Vision, Values, customer-service policies and patient confidentiality rules, including compliance with standards established by HIPAA.

After successfully completing initial training, new volunteers are then trained for tasks specific to the service to which they have been assigned. That training may involve some additional classroom instruction, then on-the-job training by experienced volunteers or staff. During this period volunteers have the opportunity to practice their new skills while veteran volunteers and/or staff monitor and guide their performance.

ATTENDANCE AND COMMITMENT We ask all new adult and college student volunteers to commit to a minimum of one three- or four-hour shift a week for a minimum of six months. This commitment works out to about 75 hours. Of course, we hope they will continue beyond the introductory period. High school student volunteers may have different attendance and commitment requirements. Check with the volunteer manager at your location for specifics.

VOLUNTEER GROUPS Our volunteers provide their services through one of the following groups:

- **Adult and College Student Program**

Our adult and college student volunteers (age 18 and above) work in numerous service areas throughout the hospital and in several offsite locations.

Depending upon the placement, volunteers may be supervised by nurses, other clinical and/or non-clinical staff or a volunteer coordinator. While not an exhaustive list, the following service areas may be available to adult and college student volunteers, depending upon staffing needs:

- Animal-Assisted Care
- Cardiovascular Surgery Pre-op
- Emergency Department
- Family Centered Care
- Gift Shops
- Hospital Elder Life Program (HELP)
- Information Desk
- Infusion Clinic
- Medical Library
- Mended Hearts
- No One Dies Alone
- Office/clerical
- Patient Experience
- Patient Support Services
- Pediatrics
- Rehab
- Ronald McDonald Family Room
- Spiritual Care
- Surgical Waiting Desk
- Post-Anesthesia Care Unit Support
- Stroke Survivor Peer Visitor
- Treasure Trove
- Trauma Survivors' Network
- Unit Support

Offsite Services include the resale stores, the proceeds from which as well as those from the onsite gifts shops are donated to the hospital.

- **High School Student Program**

High school students are warmly welcomed at each of the Inova hospitals. Due to safety and liability risks, high school students are limited to the areas they may serve. Check with the manager at your hospital for the minimum age requirements and the service areas available

MEDIA RELEASE

I authorize the use of photographs, video or recording by Inova in any publication, website, program, presentation or other media without compensation to me, for the purpose of education, telemedicine, marketing (including online and social media marketing), development (fundraising), community affairs, public relations, news media or healthcare communications, or other stories that will be read, seen and/or heard by the public. I have the right to cease participating in any recording, filming or photography session.

VOLUNTEER AGREEMENT

I understand that nothing contained in my application is intended to create a promise of, or contract between IFMC and me for either employment or the providing of any benefit. If a volunteer relationship is established, I understand that my status as a volunteer will be at will and that I or IFMC has the right to terminate my status as a volunteer at any time, for any reason.

CONCLUSION

Whether you are a new or experienced volunteer, we look forward to working with you!

WELCOME TO INOVA!

Watch the video, "How to pronounce Inova."

SECTION 2

Volunteer Services Department Procedures

TIMEKEEPING Each volunteer must clock in and out using the Volgistics timekeeping system. Credit for the hours you donate is based on these entries. We must report these hours annually to the hospital administration. In addition, Inova Health System's Risk Management as well as The Joint Commission require accurate recording of hours:

- Clocking in and out covers you under the hospital's liability insurance while you are volunteering. This coverage applies only if you have clocked in properly and are working within the scope of your position description.
- Clocking in and out enables us to locate you in the event of an emergency.
- Clocking in and out tracks your service for the annual volunteer recognition awards.
- Clocking in and out provides documentation for tax-deduction purposes if you itemize your return.

Time data is essential to the Volunteer Services department in planning the volunteer support needed throughout the hospital. We use the data to alert us to increased need in an area, changes in the type or time of support required and any issues we must address with a particular shift or service area.

ON-CAMPUS VOLUNTEERS

Volunteers who serve at the hospital may use any of the Volgistics check-in stations to sign in and out. The computer station, called VicTouch, is a touch-screen-based Volunteer Information Center (abbreviated as "Vic"). Check with the volunteer manager at your location for the specific location of the VicTouch screens.

What do I do?

To sign in

- Enter your volunteer ID number, which is the number on the sticker on the back of your I.D. badge given to you on the day you attend training class.
- The next screen in the check-in sequence will ask you to confirm your name. If the screen displays the correct name, touch the **Yes**. If the name displayed is not yours, touch the **No** button and try again.
- Select the action you wish to take.
- Touch the **Sign-in** button on the VicTouch screen to start the check-in step.

- Choose the Assignment you are here to perform.
- Confirm the sign-in information.

At this point, you will need to confirm the information on the screen. This is important because the name, date, time and assignment indicated on this screen will be used to track your service.

If the screen displays the correct information, touch the **Yes** button. If the information displayed is not accurate, touch the **No** button and try again.

Once you confirm your selections, touch OK to complete the sign-in process. If you have any difficulty with the process or if information linked to your name and/or ID number is incorrect, please inform Volunteer Services.

To sign out

When you have completed your service, you will need to return to any VicTouch station to sign out. The system needs both a sign-in and sign-out time to record your hours properly, so remember to sign-out for accurate record keeping.

The process for signing out is similar to signing in. Enter your ID number, touch **Continue**, and confirm your identity. Touch the **Sign-out** button on the screen to initiate the check-out procedure. When you finish, you must touch **OK**; to complete the sign-out process.

To switch assignments on the same day

If you are leaving one assignment and going on to another on the same day, you will need to return to the VicTouch screen.

- Enter your ID number, touch **Continue**, then touch **Switch assignments**.
- Choose the name of the Assignment you will be performing next, and complete the sign-in process.

When you finish your activity for the day, follow the steps to sign out.

OFF-CAMPUS RESALE STORE VOLUNTEERS

If you volunteer in a resale store, you will sign in and out by accessing VicTouch from the designated store computer. Since these computers do not have touch-screens, you negotiate through the timekeeping process by using the computer mouse. The screens you see, however, will be the same as those viewed on the touch-screens.

TIMEKEEPING FOR OFF-CAMPUS LOCATIONS OR ACTIVITIES

Some of our volunteers serve in departments or programs located away from the hospital. Some other volunteers participate in activities from home. If you are one of these individuals, you will track your time differently. You will get to the time-tracking

system from any computer by way of an Internet connection. This feature is called VicNet, which is the Web-Based component of the Volgistics volunteer database system.

What do I do?

Here's how to enter your hours from home on your own computer or to update information in your own record. Note: These instructions apply only to Fairfax and Loudoun.

1. Go to <https://www.volgistics.com/ex/portal.dll?FROM=2207> (Fairfax) or <https://www.volgistics.com/ex2/vicnet.dll?from=11683> (Loudoun)
2. Then skip to step # 3

OR

1. Go to <http://www.inova.org/get-involved/volunteer/inova-fairfax-hospital/index.jsp>
Click on the link "Log in to VicNet."
2. Click on "Need a password?" and then enter your email address.
3. A link will be sent to you to create a password.
4. After you log in, you'll then see your own personal file.
5. Select "Post Your Hours," then enter the hours you worked today. Click Save.
6. Look at the other tabs available to you, some of which have information you may update yourself.

Please enter your hours within 24 hours of serving your shift. If you are unable to enter the hours on time, please email Volunteer Services, and a member of the staff can put the correct times in for you.

You are also able to update some of your personal data, like address, phone number, email address or the name and contact information for your Emergency Contact. Here's a hint: Click on the Save button every time you enter new information; otherwise, the change doesn't "take."

EARNING CREDIT FOR YOUR TIME You normally accumulate credit for hours from the start through the completion of your assigned shift. The Volgistics system records actual time not estimates or rounding. If you work hours other than a standard shift, you get credit for hours between the time you sign in and the time you sign out provided you are engaged in performing your official duties for the full time.

For example, if you arrive an hour before your shift begins and use the time to search throughout the hospital for carts and wheelchairs to return them to service, then you earn credit for that earlier hour. In other words, if you arrive early and perform your essential duties, then you should sign in as soon as you begin your tasks. The same also applies when you are requested to perform beyond your normal shift hours.

On the other hand, you may not claim credit for hours that are non-productive periods before or after your shift, for example, waiting for your shift to start, eating meals before or after, visiting friends, shopping in the gift stores and the like. In these cases, you may sign in **ONLY** when you are ready to begin your volunteer duties.

EXTRA SERVICE HOURS If you are able to contribute extra hours or need to make a permanent change in your schedule, please contact Volunteer Services via email to make arrangements.

ABSENCES Your colleagues on your shift rely on you, as does the staff throughout the hospital. As a volunteer you are part of a team that helps the hospital provide our patients and visitors with the best possible care and service. It is a courtesy expected of all volunteers that you inform the appropriate individuals when unable to work. If you miss your shift, WE MISS YOU!

Volunteer Services has procedures to address both brief and extended absences.

Brief Absences A single shift, a week or two, any length of time short of a month—these are considered brief absences.

What do I do?

- Call your shift supervisor as soon as you know you must miss your shift, may be late or must leave early. Notification via email is acceptable if you provide more than 48 hours notice. Your supervisor's contact details will be included in the email confirming your assignment and schedule.

Please do not call or email the Volunteer Services office. It is important that you call your supervisor because you may work a shift during hours the office is closed, when no one is available to pass your message along to your supervisor.

Extended Absences Illness or unforeseen commitments may require a longer leave, and you may need a leave of absence (LOA). The needs of the department in which you are serving dictate whether it is possible to “save your place.” So when you return, you may not be assigned the shift you worked previously because the department requires support at a different time. Finally, the system will deactivate the badge of any volunteer who does not report for one month and does not communicate with us. Check with the volunteer manager for specifics on the extended absence policy at your location.

Incident Weather You are not expected to report for duty when weather conditions are severe. We warmly welcome any trained volunteers who can safely arrive on weather emergency days. Under the circumstances and based on hospital need, you may be asked to serve in an area different from your normal assignment.

Holiday Observances The hospital observes the following annual holidays:

New Year's Day	Labor Day
Martin Luther King, Jr. Day	Thanksgiving Day
Memorial Day	Christmas Day
Independence Day	

If a holiday falls on a Saturday, we normally observe it on the preceding Friday; if it falls on a Sunday, we observe it on the next Monday. This custom may vary depending upon the regional or national observance.

What do I do?

- Volunteers are not expected to serve a shift that falls on one of the above listed holidays. If you are available to come in on a holiday, check with your supervisor.

Safety & Security

IDENTIFICATION BADGE

For security reasons, all hospital personnel, including volunteers, must wear their picture identification badges whenever they are on hospital property. Badges are issued and controlled by the Safety & Security department. Your badge allows you into areas not otherwise available to non-personnel and thus allows you to perform your duties as requested. Your badge is also programmed so you can enter hospital parking facilities and use them without charge. Finally, should you leave the program, Safety & Security deactivates your badge, eliminating your ability to park for free or to enter proprietary areas of the hospital.

What do I do?

- Keep your badge in a safe place.
- If you find a badge, turn it in to Volunteer Services or Safety & Security.
- **Do not loan your badge to anyone.** It is a serious security violation and condition for dismissal to allow someone else to use your badge.
- Inform Volunteer Services immediately if you lose your badge. We will help you get a replacement.
- Let us know if you will not be working your shift for an extended period of time. You may vacation out of town for the winter, for example, or attend school and work your shift only over school breaks or summer. You'll need to return your I.D. badge to Volunteer Services prior to your extended leave from the program. You'll be issued a new badge when you're available to return.
- If you leave the program, please return your badge to Volunteer Services. We are required to turn badges over to Safety & Security.
- Come to Volunteer Services if you discover that your badge is not functioning properly.
- **Do not wear your badge if you will not be on duty during a visit here.**

PERSONAL PROPERTY

Vehicles

PARKING One way the hospital demonstrates its gratitude to volunteers is to provide complimentary parking in the visitor garages and surface lots. Your ID badge is required to take advantage of free volunteer parking.

What do I do?

- Make sure you bring your badge with you.
- Your badge is programmed to provide access to your hospital's parking areas.

SECURITY The hospital does not accept responsibility for vehicles parked on its premises or for the contents of those vehicles. Although Safety and Security department officers patrol the parking facilities, these should be considered public areas that carry a risk of theft or damage.

What do I do?

- **ALWAYS** lock your vehicle.
- Remove valuables and place out of sight any items you wish protected.

Personal Belongings

As you become more comfortable with your volunteer duties, the hospital may begin to feel like home to you. We certainly want you to feel at ease and welcome here. Still, the hospital is a busy, public facility. Our Safety and Security department tries to ensure that only people with hospital business are on the premises, but the hospital's size and activities make that goal impossible to achieve fully.

What do I do?

- Leave large sums of money, credit cards, electronics or valuable personal items at home. In fact, we discourage your bringing even purses and backpacks into the building with you. Instead, we suggest you bring only essential items into the hospital—your I.D., some cash for the day, perhaps—and lock everything else in your vehicle out of sight.
- If you must bring “luggage” with you, store purses, backpacks, tote bags, etc., out of sight in cabinets, cupboards or other places designated by your service area and **ONLY** while you are on duty.
- Do not bring purses, coats or other personal items to hospital departments to which you may be assigned unless your supervisor or a staff person has pointed out an acceptable **SAFE** place for your belongings.

Changing Your Personal Information

During the course of your volunteer “career,” you may move, change phone numbers, get a new email address—in short, go through any of the normal life changes most people experience.

What do I do?

- Report any changes promptly to your shift supervisor or department.
- If your location utilizes VicNet, you may go to your online record, and update your personal information there. (See p. 2-3, which has instructions for reaching your data.)
- Email your Volunteer Services Department

Gratuities/Donations

Occasionally, patients or their families will offer you a gratuity (tip) to show their appreciation for your service. Although volunteers should generally not accept tips, patients and visitors are sometimes quite insistent. Gratuities go into the Inova Foundation funds, which in turn support hospital programs. Some patients or families also ask about the procedure for making a donation to the chaplaincy or the hospital.

What do I do?

- Try to decline tips graciously, but do not make the situation uncomfortable.
- Give any tips you receive to the shift supervisor.
- Anyone asking about making donations should be referred to the Volunteer Services department. We can then gather the information needed to send donors an acknowledgment or direct them to the Inova Foundation, which solicits and accepts gifts to the hospital.

Requests, Complaints, Problems, Suggestions

Volunteer Services is committed to making ours the volunteer program of choice in our area. We want you to feel rewarded and valued for the time you give our patients and staff.

If in the course of volunteering, you have a complaint or problem, we want to know about it. We can fix only what we know needs repair. And if you have suggestions or requests that you believe would improve the program or our service to the hospital, we welcome your ideas.

What do I do?

- Email Volunteer Services. Office staff may be able to help you immediately and are committed to assisting you. If staff cannot help you, they will convey your situation to the manager, who will respond to you promptly.
- Make an appointment with the volunteer manager if you feel the situation is serious and needs some time for discussion. An appointment ensures you that, barring an emergency, the manager is prepared to dedicate to you the time and attention to assist you.

SECTION 3

Inova Health System and Our Hospital Policies and Procedures

This section covers the policies and procedures that all hospital personnel—whether staff or volunteer—are required to know and observe. Many of these requirements originate with laws or standards with which the hospital must comply. Others have been instituted by the Inova Health System or our hospital to help ensure that our patients receive the highest quality care. Each volunteer position description requires your familiarity with the procedures below. You will receive additional, on-the-job training when you begin in your own assigned area. That training will cover issues and procedures particular to and required in your specific service.

Job Standards

1.0 Emergency Alerts and Patient Safety

Inova uses **Plain Language Alerts**. Plain Language Alerts describe an incident in words that anyone can understand and includes a location for the emergency and what actions to take.

Alerts are broken into three types:

- **Facility Alert**– involves buildings, technology, environment of care and external events
- **Security Alert** – involves potential and real security threats
- **Medical Alert**– involves a patient’s medical emergency

Facility Alerts	Security Alerts	Medical Alerts
Fire Alarm	Hostile Person(s) with Weapon	Trauma Full Activation
System Wide Network Outage	Bomb Threat or Suspicious Package (not overhead paged)	Trauma Modified Activation
Emergency Operations Plan now in effect	Temporarily Restricted Access	Trauma - CPR Inbound
Evacuation	Elopement	MSET Alert
Technology Interruption + (type)	Missing Infant/Child	Rapid Response
Utility Interruption + (type)	Security Assistance Requested	STEMI Alert
Severe Weather		Stroke Alert
		Vascular Alert
		Delivery Alert
		Neuro Alert
		Hemorrhage Alert

An announcement would sound like this:

Alert Type + Descriptor + Location + Action

For example:

“**Security Alert** + Temporary Restricted Access + **North Tower** + Please avoid the area”

“**Facility Alert** + Power Outage + **Hospital wide** + Plug critical equipment into life safety circuits”

“**Medical Alert** + Stroke Alert + **Emergency Department** + Five minutes by ground”

1.01 Fire Emergency

Fire safety in the hospital depends primarily on each individual’s taking an active part in fire prevention. In case a fire does occur, everyone involved must continue to consider safety a priority. That means that the person who discovers the fire handles it correctly, the alarm system works properly, and all hospital personnel—telephone operators, other employees and volunteers—as well as the responding fire rescue team react as practiced.

The hospital uses an overhead announcement to alert staff and volunteers that a fire has been discovered OR that the unit mentioned is conducting a fire drill. Listen closely to the overhead announcement to determine the location of the fire or fire drill is. Continue with your assigned tasks in your area, unless you hear otherwise from staff. When the fire alert or drill is over, you will hear the announcement “**Fire Alarm or Fire Drill, canceled.**”

1.02 R-A-C-E

The hospital uses the acronym **R-A-C-E** to help everyone remember the correct response to a fire or suspected fire—or a fire drill. We feel it is so important for you to know this procedure that Safety and Security includes a special card with the R-A-C-E code when it issues your identification badge.

R – Rescue anyone in immediate danger.

A – Announce the fire by pulling the lever on an alarm AND calling extension 4911.

C – Close doors to contain the fire and smoke.

E – Extinguish the fire if you can do so safely.

What do I do?

- Be thoroughly familiar with the alert and the procedures to be followed when a fire is discovered or announced. In most cases, your primary responsibility in a fire, as in other emergency situations, is to remain calm and follow the directions of hospital staff.
- Staff on the floor is responsible for making sure that patients and visitors are in rooms; closing doors to contain the fire and smoke; putting out the fire if it is safe to do so; and preparing for relocation if necessary.
- Volunteers on the unit should assemble at the nurses' station and assist as directed.
 - Reassure patients and visitors who might be in your area in an effort to prevent panic.
 - If possible, close doors and windows in the fire area to cut off the fire's oxygen source.
 - Prevent patients or visitors from going to the fire area.
 - Do not use hospital telephones during the fire alert except for emergencies or to take care of patients' essential needs.
 - Do not use elevators during fire alerts. During an actual fire or fire drill, you may be on an elevator that does not stop at a selected floor. Get off the elevator wherever it stops, and await the announcement "Fire Alarm or Fire Drill, canceled."
 - Take the necessary steps to protect cash, checks or valuable papers if you are in a position to do so. If possible, put such items in safes or cabinets.
- If you discover a fire, remain calm and follow the R-A-C-E steps.
- Report ALL FIRES IMMEDIATELY, even though they may appear insignificant or controllable. Inova policy states that no employee or volunteer has the authority to assume that a fire is too small to warrant notifying the fire department.

REMEMBER: Do nothing that endangers your life or the lives of others.

1.03 Other Hospital Alerts

The hospital uses plain language alerts announced throughout the hospital via phone to alert staff and volunteers to other emergencies.

- **Trauma Full Activation** Alerts the Emergency Department that a patient will arrive shortly who is experiencing life-threatening trauma.

- **Trauma Modified Activation** Alerts the Emergency Department that a patient will arrive shortly experiencing trauma that is not life-threatening.

What do I do?

Trauma Full Activation and Trauma Modified Activation are generally informative and do not require you or most other staff to act.

- **Stroke Alert** Alerts the Emergency Department and stroke team that an inpatient (patient already admitted to the hospital) or that a patient will arrive shortly experiencing stroke symptoms.

What do I do?

Listen for the location, step back against the wall to stay out of the way if your area is involved, and do not block stairwells or hallways.

- B.E. FAST is the acronym used to identify stroke symptoms.
- ***Balance***
- ***Eyes***
- ***Face***
- ***Arm***
- ***Speech***
- ***Time to Call***

Watch the video, “Stroke Heroes Act FAST” and “Learn the Warning Signs of Stroke – B.E. F.A.S.T.” to learn more.

- **Missing Infant/Child** Indicates a newborn, infant, child or adolescent cannot be located. It may be called for a visitor or patient.

What do I do?

- Listen to the description that is part of the announcement.
- Continue with your assigned tasks in your area, but be mindful that staff have designated roles; you may notice staff activity surrounding exists and stairways.
- Be aware and alert in your area for an individual(s) who meets that description.
- Call Security (x4911) if you see someone who seems to match the description.

- **Bomb Threat or Suspicious Package (not overhead paged)** Indicates the hospital has received a bomb threat.

What do I do?

- Follow directions from your supervisor.
- If you are on the phone and the caller relays a bomb threat, refer to the bomb threat checklist by the phone and do your best to keep the caller talking.
 - Remain calm.
 - Be polite.
 - Write the exact words of the threat.
 - Ask as many questions as possible such as:
 - Where is the bomb located?
 - When will it go off?
 - What does it look like?
 - What will make it explode?
 - Why are you doing this?
- **Hostile Person(s) with Weapon** Indicates there is a hostile person with a weapon at our campus or one of the off-site buildings.

What do I do?

- Regardless of your proximity of the alert, follow the **Run, Hide, Fight** instructions.
- If you are in the immediate area of the alert:
 - Assess your options as quickly as possible.
 - If you can, get out of the immediate area.
 - If you are not able to get out, find a safe place to hide that is concealed. If there are more than 2 of you, spread out.
 - Lock the door, barricade it (if possible), and turn out the lights.
- If you are not in the immediate area, do not go into the paged alert's location.
 - Calmly remain in a secure area with a lockable door that can be barricaded.
 - Do not leave your area until the overhead "all clear" is given.
- Be aware that first responders are not focused on helping people out. They are there to find the perpetrator.

- Comply with law enforcement orders.
 - Do not touch law enforcement officials or make quick movements.
 - Law enforcement weapons may be pointed at you until you are determined not to be a threat.
 - When evacuating, place hands in the air showing police your open palms.
 - *Watch the video, “Active Shooter Training for Hospital Staff” to learn more.*
- **Temporary Restricted Access** Indicates there is temporary restricted access.

What do I do?

- Follow directions from your supervisor.
 - Be aware that an overhead announcement will be made for a campus-wide temporary restricted access alert. Typically, for a unit-specific temporary restricted access alert, no announcement will be made.
 - All visitors and patients entering the facility will be questioned regarding their business on the property.
 - If you are in the immediate area of the alert, for your safety, the unit leader may advise you to wait to leave until the temporary restricted access is lifted.
- **M-SET** Pronounced “emset” and standing for Medical-Surgical Emergency Team, announces a patient is in cardiac arrest, unconscious, bleeding severely or in acute respiratory distress. M-SET staff responds to that alert, and other staff and volunteers in the area of the emergency patient should give the team the room it needs to reach and treat the patient.

What do I do?

- LISTEN for the location, step back against the wall to stay out of the way if your area is involved, and DO NOT BLOCK stairwells or hallways
- **“Emergency Operations Plan now in effect.”** Announces a disaster situation or drill, either external, such as a multi-vehicle accident that results in mass casualties, or internal, such as an equipment fire or explosion.

This announcement informs staff and volunteers that the hospital is now operating under its established plan for coping with a significant crisis. The disaster plan contains the hospital’s provisions for emergency expansion of its facilities, mobilization of staff and other resources, effective communications and efficient patient care when mass casualties of any origin are expected or possible.

- As part of the plan, Volunteer Services has identified a volunteer disaster team; the department will maintain contact with this team's members and with the hospital's Disaster Control Center, a specially trained group that manages the many activities related to handling a disaster.

What do I do?

- If you ARE NOT on duty in the hospital during a disaster alert,
 - DO NOT report to OR telephone the Emergency Department.
 - DO NOT report to or telephone other areas of the hospital to volunteer your services. While we understand that you may want to help, appearing at or calling the hospital during a disaster alert overburdens hospital personnel and communications systems critical for managing the event.
 - Wait for a call from Volunteer Services asking whether you are available to help and giving you instructions for entering the hospital.
 - Make sure you have your badge if called to work because Security personnel will be checking badges at the entrance (see Note below). Also consider wearing comfortable clothing and bringing some extra personal items (toothbrush, toiletries, for example) you might need in case you remain at the hospital for an extended time.
- If you ARE on duty when a disaster alert takes place,
 - Follow directions from your shift supervisor, who will work with Volunteer Services and the Disaster Support Center to give volunteer assignments. Under the circumstances, you may be asked to work in an area different from your normal service location.

Note: During a disaster alert, the hospital may operate in lockdown mode. Staff, volunteers and visitors already inside the hospital will remain there. Staff and volunteers arriving to work may enter ONLY through the Support Services Building entrance and ONLY with a badge. All other entrances will be locked.

- **Elopement** Patients at risk of “elopement” have been identified by clinical staff as individuals who may try to leave the hospital, become disoriented in the hospital or otherwise be “absent without leave.” Patients who have been identified as elopement risks are issued hospital gowns with a GREEN pattern instead of the usual BLUE pattern.

The security alert, Elopement is the emergency announcement that informs hospital staff and volunteers that a patient is missing from a unit or other hospital location. Elopement alerts are not limited to patients in green gowns but may be called for any patient or visitor whose whereabouts is unclear.

What do I do?

- Listen to the patient description that is part of the announcement.
- Look around your area for an individual who meets that description.
- Call Security (x4911) if you see someone who seems to match the description.

NOTE: DO NOT APPROACH THE PATIENT YOURSELF, since the patient's response to you is unpredictable.

- Volunteers are **NOT** permitted to transport, discharge or remove from nursing supervision patients who are at risk of elopement. Such patients must be accompanied and/or supervised by staff at all times.
- Speak with a nurse if you are called to assist a patient who has been identified (note gown color) as at-risk. Remind the nurse that volunteers are not allowed to assist with these vulnerable patients.
- Do not assume that a patient has been “cleared” for volunteer help simply because a nurse has called for assistance.
- Report any incidents involving patients at risk of elopement to your supervisor or Volunteer Services.

1.04 Accidents

The hospital places particular emphasis on preventing accidents. In a facility of this size and with so many people involved—staff, patients and visitors—accidents are bound to occur occasionally.

1.04.1 Preventing accidents Your first responsibility in relation to accidents is to help the hospital prevent an occurrence.

What do I do?

- Never hurry a patient. Always take your time, especially if you're transporting someone by wheelchair. Our tendency is to move quickly if we know that our shift is busy. Moving too fast is not the answer, however, since an accident might result. Even if no accident occurs, you could distress a patient or family member who interprets your speed as evidence that you don't care, are unhappy with your assignment or are too rushed to be careful.
- Become safety conscious and practice safe work habits. For example, be alert when approaching corridor intersections or when entering or leaving elevators. Note the mirrors mounted at these intersections, designed to help prevent

collisions.

- Never perform a function unless you have been **specifically** trained to do it. If you realize you have just done so, report it immediately to your shift supervisor AND to Volunteer Services.

This requirement is not to punish or embarrass you. Rather, it is to inform the director so if your action resulted in danger or injury to a patient, the director has the details needed to address the problem.

- If you see a situation or condition that could pose a danger, you should alert your supervisor, who will inform hospital personnel so they can take appropriate action.
- Follow C-U-S. This is an initiative to promote patient safety in each interaction with a patient. CUS means I'm Concerned, I'm Uncomfortable, Stop for Safety. Speak with your supervisor to learn how it applies in your assignment.

1.04.2 Reporting accidents All accidents—to patients, visitors, volunteers or staff—must be reported to the appropriate hospital personnel.

What do I do?

- If you witness or are involved in an accident (whether injury occurs or not), report it immediately to your supervisor and to Volunteer Services.
- If you have been injured yourself, you must report the accident immediately to your supervisor and/or the Volunteer Services Department.
- If indicated, and at your own discretion, you should obtain medical treatment for your injuries. As a volunteer, you are responsible for the cost of your own medical treatment or medical coverage.
- Inova's comprehensive professional liability insurance provides protection to you as an active volunteer, when signed in for your agreed-upon shift and working within the scope of your volunteer duties. If you are involved with a patient or visitor injury while volunteering, notify your supervisor immediately.

1.04.3 Patient Safety Rules

The Inova Health System and The Joint Commission are committed to patient safety. Safety Rules are critical requirements for patient safety associated with an activity or procedure.

Volunteers, like staff, must follow the Safety Rules 100% of the time, must comply exactly with the Safety Rule and must meet the Safety Rule requirement before any other consideration.

Although clinical staff must follow several Safety Rules, only two apply to all volunteers.

What do I do?

Safety Rule #1: Identity

- Before an action or procedure involving a patient, you must confirm the patient's identity using the ASK and VERIFY process:
 - **ASK** the patient to state his or her name and date of birth in month/day/year format
 - **VERIFY** his or her name, date of birth in month/day/year format, and medical-record number
- Note: A patient's room number is never used as part of the verification process.

Keep in mind that you cannot simply rely on a patient's affirmative response when you ask his or her identity. For example, patients who have limited English proficiency or patients with impaired hearing may automatically agree when you ask, "Are you Mr./Mrs./Ms. X?" The patient may be saying yes simply to be helpful or to avoid the embarrassment of admitting that s/he cannot hear or understand the question.

You must use your own instincts, and if you suspect that the patient doesn't understand you, you may not use "Ask" as your first step. "Verify" becomes your first identification step, and "Confirm with a nurse" is then your second identifier. **If you cannot get confirmation from a nurse, you may not proceed with the activity.**

Safety Rule #2: Procedure

- Before continuing, you must be sure you are doing the correct procedure.

2.0 Infection Control

Watch the video, “Why Don’t We Do It In Our Sleeves“ for an introduction to this section on infection control.

The possibility of spreading harmful organisms within a hospital puts patients and volunteers at risk. According to hospital policy, you should consider all patients potentially infectious and thus exercise **standard precautions**.

“Foam In – Foam Out” is a phrase used to remind all staff, visitors and volunteers to use the hand sanitizing foam before entering and leaving a patient care area – even if a room is empty – or any task you do regularly.

To reduce HACs (Hospital Acquired Conditions), Inova uses “secret shoppers” to monitor hand hygiene compliance.

What do I do?

- Rub the sanitizer on the front and back of your hands, including between your fingers. Let your hands air dry.
- Wash your hands with soap and water after 8 uses of the sanitizer foam.

2.01 Wearing gloves

- The need for glove use is specific to your assignment, so ask your supervisor if gloves are used in your area. A few examples of when gloves are authorized for a volunteer is when handling linens or wiping down a wheelchair.
- Gloves are available in the volunteer areas, on all nursing units and in patient rooms.

PLEASE NOTE: You are not permitted to wear gloves throughout the hospital or from one assignment to another.

- Dispose of gloves properly and immediately after each contact requiring them. Grasp the wrist edge of the gloves and peel them off inside out so you’re holding only the surface that touched your own hands. They are not considered medical waste, so drop them into a regular trash container.
- Wash your hands, or use sanitizer foam, after **all** tasks you complete on a routine basis, including in and out of patient rooms and after all contact with patients. Ask your supervisor how this applies in your area.

2.02 Hand Washing

Proper hand washing is the single most important way to minimize risk and prevent the spread of infection and disease.

What do I do?

- Wash your hands before and after every patient contact, before and after using the restroom, before and after any routine task, and any other time they are soiled. Use the following procedure before undertaking a task and when completing it:
 1. Using warm water and soap, lather for **20 seconds**.
 2. Remember to scrub between fingers and under fingernails.
 3. Rinse hands well, then *leave water running*.
 4. Pat dry hands with paper towels.
 5. Turn off faucets with the towel you have just used for drying.
 6. Use that same towel to touch the door handle when leaving the restroom.
 7. Then discard the towel in a proper receptacle.

2.03. Isolation Precautions

By its nature a hospital is a particularly fertile environment in which diseases can spread rapidly unless everyone takes essential precautions. Infectious diseases are spread in a variety of ways—by air, by droplet or by contact. Examples of diseases spread by **airborne transmission** are tuberculosis and measles. Diseases transmitted by **droplet**, that is, by sneezing or coughing, include seasonal flu, meningitis and whooping cough. In contrast, chickenpox and shingles are spread by **contact**. Some patients, such as those with cancer, infants and the elderly, are especially vulnerable to infection. Cancer patients are often in isolation because their white blood count is too low to fight off infection. Their condition is termed “**neutropenic**.”

Color-Coding and Infection Control Procedures

The hospital uses a color-coding system of signs to alert staff, volunteers and visitors about the types of measures required when interacting with an isolation patient. In truth, the color designations are irrelevant to most volunteers. If you see a sign, you simply do not enter the room—even if a staff member gives you permission—unless you have received special training.

What do I do?

- Look for the signs, and do NOT enter if any of these signs are posted outside a patient’s room.
- **Do not transport a patient under any type of isolation precautions.** Nursing staff must request Patient Transport for these patients.

Annual Patient-Safety Education Topics

The Joint Commission requires that each year all hospital personnel formally review several topics related to patient safety—and safety in general—in an effort to ensure that everyone remains aware of these issues at all times. Clinical staff annual education covers many more areas of patient safety, and all employees also review Patient Confidentiality in great detail and the Inova Health System Code of Ethics and Compliance policies.

The topics everyone, including volunteers, must review are

1. Emergency Alerts
2. Fire Procedures
3. Infection Control
4. HIPAA Confidentiality
5. Handling Hazardous Materials
6. Electrical Safety
7. Workplace Violence
8. Protecting Your Back
9. Disaster Plan & Preparedness

Although part of the Annual Education, we will not discuss topics 1, 2 and 3 here, since these subjects have already been addressed earlier in this manual. Topic 4, HIPAA, is covered at length later in this manual under System Standards. Thus, below you will find details of topics 5 through 9.

1.0 Hazardous Materials and Inova's Waste Management Program

1.01 Hazardous Chemicals

The work of a hospital requires using hazardous chemicals and similar substances, both for clinical as well as general operational purposes. Hazardous chemicals present a physical, chemical or health threat even under normal use or a foreseeable emergency.

1.01.1 Safety Data Sheets One way we protect hospital personnel from the dangers that hazardous chemicals pose is for each department to maintain an inventory of the problematic chemicals its own staff uses or may encounter. This inventory is made up of Safety Data Sheets (SDS) for each hazardous chemical. These sheets provide details about each type of hazard and/or required handling related to each chemical used in the department:

- fire/explosion hazard
- health hazard
- spill or leak procedures
- special protection
- special precautions

SDS for Volunteer Services are on a clipboard in the department's main office. Ask for the location in your service area.

1.01.2 Regulations Governing Hazardous Materials Strict regulations cover other aspects of these substances:

- Manufacturers must label hazardous chemicals.
- The manufacturer's original directions and warnings must remain on the containers.
- Chemicals must be stored safely and according to rigid guidelines.
- Departments are responsible for disposing of chemicals and cleaning up any spills.

1.02 Spills & Other Soil

Volunteers DO NOT clean up spills.

What do I do?

- Report a spill to your supervisor, call or point out the problem to the department involved or call Environmental Services.

1.03 Waste Management

The hospital has very clear definitions of waste materials as well as specific rules for handling each variety.

What constitutes waste:

- Wet, soiled linen
- Broken glass
- Medical waste
- Sharps
- Ordinary trash

What goes where?

- Wet, soiled linen → • Blue plastic bag
- Broken glass → • Double brown paper bag
- Ordinary trash → • Clear plastic bag

DO NOT TOUCH UNDER ANY CIRCUMSTANCES:

- Medical waste → • Red plastic bag
- Sharps → • Sharps disposal container

THE MOST IMPORTANT POINT TO REMEMBER: WEAR GLOVES IF YOU MUST HANDLE ANY WASTE ITEM VOLUNTEERS ARE PERMITTED TO TOUCH.

2.0 Electrical Safety

While the following regulations related to electrical devices are aimed especially at patient safety, they are equally important to the hospital's overall protection:

- Pull the plug, not the cord.
- Check cords for fraying.
- Do not use extension cords in patient-care areas.
- Do not stretch cords across walkways.
- Never use "cheaters" (adapters that let you insert a 3-prong plug into a 2-prong outlet).
- Report patient injuries immediately, as required by the Safe Medical Devices Act.
- Tell a supervisor if electrical equipment malfunctions. Then take it out of service and label it properly.

Medication Safety

In some service assignments, volunteers have access to where medications are stored. While in those areas, volunteers are not authorized to handle medications in any way.

What do I do?

- If you encounter any unusual situations involving medications, you must report it to an employee supervisor immediately.

3.0 Workplace Violence

3.01 Predictors of Possible Violence

No one needs to be told that we all live under a good deal of stress. Here at the hospital, we may experience more than the normal levels, first, because of the area in which we live: the Washington D.C. metropolitan region is heavily populated and fast-paced, which leads to traffic congestion, road rage, and anxiety and frustration at many turns. In addition, we work in a setting that includes sick people, who may also be frightened, lonely, poor or desperate for any number of reasons. Their families and other visitors are experiencing the full range of emotions connected with having a loved one in the hospital and, perhaps, seriously ill. Add to that atmosphere the fact that our roles are to cure and comfort all these people—or to help support our coworkers charged with those responsibilities.

3.02 Circumstances with Potential for Violent Responses

Keeping in mind that most people we encounter each day at the hospital may be experiencing emotional extremes, we can also be mindful of situations or behaviors that warn us of the possibility of violent responses:

- Stressful life events: illness, injury, death
- Poor coping skills
- Lack of support: family out of area, few or no friends
- Substance abuse
- Criminal record
- Fascination with weapons

3.03 Behaviors Pointing to Possible Violence

Individuals might actually telegraph that violence could follow by demonstrating the following behavior:

- Obviously tense or angry
- Screaming, profanity
- Pacing, clenching and unclenching of hands
- Refusing to follow directions
- Increased confusion and/or disorientation
- Aggressive, clearly frustrated
- Paranoid, defensive
- Threatening
- Argumentative, demanding, defiant
- Boasting of prior acts of violence
- If an agitated person suddenly becomes quiet, if you sense an uneasy stillness, the person is likely an immediate danger to you or others!

3.04 Methods for “Cooling the Temperature”

To help de-escalate the situation, you have several strategies at your disposal:

- Stay calm and alert
- Keep a safe distance; avoid touching the individual
- Acknowledge the anger; be supportive
- Show respect; listen; do not judge
- Speak slowly and softly
- Give choices, a possible way out for the person
- Have an escape plan for yourself
- Guide the person to the closest hospital employee for additional assistance

After the incident is over, be sure to report it in detail to your supervisor or a staff member from the area in which the experience occurred.

4.0 Protecting Your Back from Injury

Back pain and strain are common occurrences in the workplace, especially in the healthcare environment, which involves moving individuals—sometimes large and heavy people—who are often unable to assist in the process, maneuvering heavy equipment and sitting, standing or bending in awkward positions or tight spaces. You can often protect yourself from pain or injury by following some simple guidelines.

4.01 Lifting

Note: Volunteers are not permitted to lift patients with the exception of young infants/children.

- Face the object
- Lift with your arms and legs, NOT your back
- Avoid twisting while lifting
- Keep the load close to you; don't reach and lift
- Keep your feet apart to maintain better balance

4.02 Standing

- Stand with your feet shoulder-width apart or place one foot slightly in front of the other
- Keep your knees relaxed and stomach muscles flat

4.03 Pushing Objects (Example – A person in a wheelchair)

- Bend your knees slightly
- Lean in toward the object you're pushing, but keep your back straight
- Use your legs and the weight of your body to move the object
- Pushing is better for and easier on your back than pulling

4.04 Pulling Objects

- Keep your knees bent
- Step backwards and pull the object with you
- Don't twist and pull at the same time
- Let your body weight pull the load

4.05 Bending

- Keep your feet shoulder-width apart
- Move your whole body as one unit
- Bend at your hips and knees, not your waist
- Keep your spine straight; don't round your back.

4.06 Sitting

- Support your back
- Maintain the normal curves in your back
- Keep both feet flat on the floor
- Knees should be higher than hips

5.0 Disaster Plan & Emergency Preparedness

5.01 System Disaster Response

The Inova Health System has a system-wide Emergency Preparedness Task Force. In addition, each hospital has a Disaster Committee that is responsible for conducting drills and monitoring that hospital's readiness to respond to a disaster. The Disaster Committee has several specific roles:

- Supervising the Disaster Support Center, which is each hospital's focal point for communication and information,

- Overseeing communication with area fire and rescue operations,
- Working with the Disaster Command Center, which coordinates the system-wide response to disaster situations.

5.02 Hospital Disaster Plan

As discussed earlier in Section 3, Emergency Alerts and Patient Safety, in case of a disaster or disaster drill, you will hear the announcement “Emergency Operations Plan now in effect.” An External Disaster occurs outside the hospital and suggests that we can expect mass casualties. Examples are accidents involving many vehicles or major building fires. Internal disasters could be a fire, explosion, chemical leak or the like inside the hospital.

Only an administrator or the physician in charge of the Emergency Department is authorized to invoke the Disaster Plan. The announcement mobilizes the Disaster Committee to staff the Command Center and each department to begin operating according to the hospital’s and its own disaster plan.

All hospital personnel, including volunteers, are considered essential in a disaster. The Volunteer Services Department must report to the Command Center the number of staff and volunteers available in the hospital who can assist and the number of wheelchairs and carts at our disposal. If needed, we then begin calling volunteers not on duty to determine their availability.

6.0 HIPAA (the Health Insurance Portability and Accountability Act) Regulations and Confidentiality

HIPAA includes a number of provisions affecting healthcare and insurance coverage, but perhaps the most important regulations relate to the Privacy Rule. The Privacy Rule protects and enhances patients’ rights, including those related to accessing their health information, and creates a national framework that governs protection of patients’ health privacy rights. HIPAA increases the responsibility of all hospital personnel, including volunteers, to protect patient privacy beyond the confidentiality we have always required. HIPAA gives patients the right to tell us with whom we may share their health information and how we use that data; we, in turn, are obligated by law to honor their decisions.

Like all hospital personnel, volunteers must know and practice the HIPAA regulations, which are important for several reasons:

- They give our patients confidence that we will protect their privacy, thus allowing them to share information freely with their doctors to receive better health care.
- Complying with the rule—and informing patients that we do—helps protect the hospital’s reputation and provides good customer service.
- Training in HIPAA regulations clearly explains what you can and cannot do with patients’ information and protects you from the consequences of misusing patient information.

- Because it is the law, violations can result in sanctions from Inova as well as civil and criminal penalties in some cases.

HOW DOES COMPLYING WITH HIPAA AFFECT MY ACTIVITIES?

- DO NOT discuss patient health or treatment information with anyone other than hospital personnel directly responsible for that patient's care.
- DO NOT assume that a friend or family member visiting the patient is entitled to any information regarding that patient. Thus, you may not speak to the patient about such issues if anyone else is present.
- DO NOT presume to discuss a patient's illness or condition with him or her in an effort to be friendly or sympathetic. Although you may have experience with a similar health problem, you may not share your story. You must respect the patient's privacy and restrict your comments to general, cheerful topics.

Do not offer opinions on personal affairs, medical treatment, medications, physicians, departments or referrals. You may feel you are being helpful, but such advice is outside your area of expertise and responsibility. Even if you have experience with such information, sharing it is not your role as a volunteer.

- DO NOT read patients' charts or any other patient information you might have access to as a result of your service in the hospital. For example, you may not open a chart or read information on specimens you are carrying from one location to another. In short, you may look only at patient information required to perform your assigned task—and no more.
- DO NOT give a patient's location in the hospital, even if someone asks for the patient by name, since you do not know the patient's DNA status (see below).
- COMPLY WITH PATIENTS' DNA REQUEST. Some patients have specifically stated that they want their hospital stay and location kept confidential, that is, they have specified Do Not Announce, or DNA, status.

Sometimes that request comes from law-enforcement officers to protect patients who have been the victims of violence or abuse. Other DNA patients may be well-known figures who want privacy from media or others who might publicize their condition and/or location.

- VOLUNTEERS MAY NOT REVEAL THE NAMES OR LOCATIONS OF DNA PATIENTS UNDER ANY CIRCUMSTANCES. THIS RULE INCLUDES THE FACT THAT YOU MAY NOT PERFORM ACTIVITIES THAT WOULD RESULT IN REVEALING THE PATIENT'S STATUS. For example, if we accept flowers for a patient who has requested DNA status, we are revealing to the florist, the floral delivery driver and the sender that the patient is here in the hospital. That action violates the law.

Since the DNA provision is part of HIPAA law, violating a patient's DNA status request can result in prosecution, fines or other penalties to the hospital AND TO THE VOLUNTEER INVOLVED. Only designated hospital employees may release patient information; these staff members can access hospital systems that indicate whether patients have opted for DNA status.

- DO NOT give a patient's name to the Chaplaincy Program even if you believe you know the patient's visitation preferences. For example, you've just learned that a person who attends your church, mosque or temple is a patient. Although you may know your acquaintance's religious affiliation, you may not assume that she or he would like a chaplain's visit.
- DO NOT use the daily patient census to see whether someone you know has been admitted. According to the HIPAA Privacy Rule, you are not entitled to that information unless you need it to do your job.

THIS RULE APPLIES EQUALLY TO THE HEALTH INFORMATION OF OTHER VOLUNTEERS. Even if a patient is your friend, you are not permitted to use your access to look up his/her room number NOR to share with others that the individual has been admitted or where s/he is located.

- DO NOT talk about patients with your friends or family; leave all patient information in the hospital when you leave.
- Speak quietly to patients' visitors in waiting rooms, especially if others are present.
- DO NOT discuss patients by name in elevators, hallways or other public areas where their private information could be overheard.
- Remind a fellow volunteer of the rules if you see her or him do something that violates patient privacy.
- Report any patient complaints about their privacy to your supervisor, who will ask the Chief Privacy Officer to review the situation.
- Contact the Chief Privacy Officer yourself, at 703-205-2337, if you are not comfortable discussing the situation with your supervisor, if the Volunteer Services director is not available or if you have other concerns.

Confidentiality

HIPAA thoroughly addresses the privacy of patients' information, but other areas of hospital operations are covered by a requirement for confidentiality. For example, while at the hospital, volunteers may overhear conversations that reveal sensitive business information, such as expansion or reduction plans, increases or decreases in business, merger or acquisition proposals, lawsuits involving Inova, changes in senior management or the like.

What do I do?

- Do not discuss any confidential business information with anyone outside Inova OR with people inside Inova who are not authorized to have access to such information.
- Treat Information Systems passwords, email and voice-mail access as highly confidential. **DO NOT SHARE WITH ANYONE ANY PASSWORDS YOU ARE GIVEN TO DO YOUR ASSIGNED TASKS.** Violating this rule could result in dismissal, whether you are paid staff or a volunteer.

HIPAA AGREEMENT AND CONFIDENTIALITY

I understand that HIPAAA includes the Privacy Rule which protects and enhances patients' rights, including those related to accessing their health information. I also understand that Inova business and hospital operations topics are covered under Inova's confidentiality policy. I understand that violation of HIPAA and confidentiality policies in any way may be subject to disciplinary action up to and including termination.

VOLUNTEER DRESS CODE AND CUSTOMER SERVICE

A designated uniform makes it easy for patients, staff and visitors to identify volunteers and distinguish them from other personnel. A neat, professional appearance, which includes the uniform, also helps ensure that volunteers appropriately reflect the hospital's professional appearance standards.

Each volunteer must wear the complete and correct uniform when reporting for duty:

1. Inova security badge, provided by the hospital, clipped to the left jacket lapel or on lanyard. Volunteers, whether offsite or on campus, may not work without a badge. Anyone arriving without a badge should be referred to VSD or her/his supervisor.
2. Uniform polo or jacket—obtained from Volunteer Services at the new volunteer training class.
3. Round iron-on volunteer patch on left sleeve, 1 inch below the shoulder seam.
4. Neat and professional appearance. No hooded sweatshirts under jacket or polo.
5. Any solid-color pants, except scrubs, denim jeans of any color, sweatpants, yoga pants, leggings worn as pants, and shorts. Acceptable colors include khaki, black, gray, brown or navy. Women may wear skirts of the same description but no miniskirts or short dresses. No bold or multi-colored apparel.
6. Sturdy, fully enclosed (no openings or ports) shoes with rubber soles— no sandals, open-toed shoes, Croc™-styles, flip-flops, heels or boots (including Ugg® boots).
7. Socks or nylons must be worn with shoes.

8. Members of religious groups with clothing mandates may incorporate that dress into the uniform according to their beliefs as long as safety, health or sanitation requirements are satisfied.

OTHER ASPECTS OF APPEARANCE

Hair and Skin – Must be neat and “conservative.” No radical haircuts or colors, no visible tattoos and no extreme or theatrical makeup.

Jewelry – Should be limited and simple—small, “non-dangling” earrings; discreet watches; and few rings. No facial or tongue studs or other visible adornment resulting from body piercing, except earrings as described.

Fragrances – No perfume, cologne or after-shave lotion. Patients are often more sensitive to scents than healthy individuals are and have negative reactions.

Non-Inova Attire - Except for Auxiliary or hospital identifiers, volunteers may not wear any specialty pins, insignia, lanyards or clothing which identify and promote other organizations or causes.

Note: The supervisor or coordinator of the service area has the responsibility to bar a volunteer from serving if s/he is not in proper uniform.

What do I do?

- Be on time and prepared to work.
- Introduce yourself as a volunteer to patients, families and visitors using your first name.
- Leave quietly if you enter a room and find the patient is sleeping.
- Help keep your work area uncluttered and attractive. Professional appearance extends to the workplace itself.
- Limit personal/business phone calls and texting to emergencies only. Turn your phones off while you’re working your shift.
- Smartphones are not permitted while you are working unless used for the purpose of assisting a patient, family member or visitor. For example, using your phone to locate the bus schedule for a visitor would be an appropriate use of your phone. Your assignment deserves your total attention, even when you are not with a patient. When you *are* with a patient, use of a smartphone is simply rude. For HIPAA reasons, use of camera phone and/or video is strictly prohibited.
- Leave laptops and all other electronic devices at home.
- Make an effort to assist visitors to locate elevators, patient rooms, departments, the cafeteria, and the like. Visitors are usually unfamiliar with the hospital and may even be intimidated by its size and layout.
- Keep in mind the **“two-turn concept”** when giving directions: If you need to explain to a visitor more than two steps to get to a location, take the visitor to a

spot en route where only two turns remain to reach the destination.

For example, a visitor needs to reach an elevator by making a right, then a left down a hallway, then take the elevator to the desired floor. Treat the visitor as a special guest by walking her/him to a location two turns or fewer away from the goal. If the visitor still seems confused, guide him/her to the destination.

- Do not argue or make excuses if a patient, family member or visitor complains about something. Simply say, "I'm sorry you've had difficulty. I'll report that to the proper person." Then do so. Tell the nurse about comments regarding direct patient care.
- Limit your conversation with staff while you're on duty to hospital business. This professional courtesy helps staff focus on the needs of patients and visitors.
- Do not use the time with a patient by talking to acquaintances you meet along your route.
- Know that you do not need to like all the patients—or staff—you encounter, but you do need your interaction to be polite and professional.
- Be mindful of Inova's "No Pass Zone," which applies to all volunteers.
 - When passing a patient's room and the call light is ringing/flashing, volunteers are empowered to pause, knock on the door, foam in, and kindly acknowledge the light and ask if there's anything you may help with. If the request is clinical in nature, let the patient know you'll notify his/her nurse and then do so. In many cases, the light is rung for a non-clinical request such as a need for additional toiletries or to adjust the volume on the television, in which case you may assist.
 - The "No Pass Zone" initiative:
 - Shortens response time to call bells
 - Improves safety
 - Increases patient perception of the timeliness of delivery of care

Use of Personal Electronics

Electronic devices for personal use, including but not limited to cellular phones, Bluetooth devices, laptops, tablets, iPods, mp3 players, are prohibited while on duty. These devices are to be placed on silent or vibration mode and be put away. Refrain from being on your phone even while off duty and still in uniform.

What Do I Do?

- If you need to make or receive an emergency call or text, please do so in a “behind the scenes” area of the hospital, not in a public or patient care area, even if you are not on duty but in uniform. Ask your supervisor where an appropriate location would be.

Camera Use and Social Media

Patient privacy (HIPAA) and the policies governing Inova proprietary information strictly prohibit the use of cameras and/or video while on Inova property. Engaging in social networking sites as it relates to your volunteer role is also prohibited. Violation of this policy in any way may be subject to disciplinary action up to and including termination.

RESPECTING CULTURAL DIVERSITY

Service Excellence, specifically the Customer Service Standard “Respectful,” includes clear provisions regarding diversity that apply to all hospital personnel, including volunteers.

Inova Health System and our hospital recognize the many differences among people as an asset to our hospital. The various cultures, religions, ethnic backgrounds, races and other characteristics that distinguish human beings and give them their unique identities are a normal part of the environment of our community—both the larger metropolitan area and the hospital organization itself.

The topics covered below offer suggestions for becoming comfortable with diverse populations and communicating to others different from yourself that you respect those individuals, whether they are patients, visitors, staff or other volunteers.

Learn About Differences

Rather than something to fear, mistrust or dismiss, cultural background and life experiences create fascinating differences among people. It’s the variety that gives individuals their “spice.” As long as your questions convey respect and a genuine interest, then observing, asking and studying about the differences among us can go a long way toward making diversity work.

Look For Common Values

People of all backgrounds share a great deal more than we realize. Sometimes it is difficult to recognize our common qualities and goals because language differences make it challenging to communicate our similarities. We can get caught up in the communication process and fail to see all the ways we are alike. Take the time to share your thoughts, interests and experiences with people who are different from you—and listen to them, too. You may be both surprised and rewarded by the connections you make.

Avoid Stereotypical Thinking

Stereotypes are inflexible ideas about a category of people. They are often wrong, and they almost always interfere with our ability to see people as real individuals, not just members of a group. Put stereotypical thoughts aside so you can accurately interpret people's needs, qualifications and intentions.

Know Your Own Culture

Liking your own culture is a good thing, but assuming that everyone shares it is not. Our own culture is like the air we breathe—we rarely notice that it is there until it is missing. That is why we may feel disoriented and “outside” when we visit a culture different from our own. If we are unaware of our own culture and how it affects our thoughts and behavior, we are likely to fall into the trap of assuming that all people think and act the same way we do and for the same reasons as ourselves. Become aware of your own culture's values, and remember that cultures are not the same. With that knowledge you can avoid projecting your values onto other people.

Communicate Respect

Respect lies at the core of good relationships, a realization that is especially true in our increasingly diverse environment. When we communicate respect, even in small ways, we are often rewarded with more effective communication, tighter teamwork and closer cooperation.

Empathize, Don't Patronize

When we patronize, we look down on people while pretending that we respect them. You know when someone is condescending to you, and they, too, sense when you are patronizing them. On the other hand, when we empathize with people, we connect as equals, feeling something of their discomfort, challenges and concerns. Stay alert to the difference between patronizing and empathizing, then work to understand the diverse needs and points of view around you.

Watch the Cleveland Clinic video, “Empathy: The Human Connection to Patient Care.”

Be Your Best Self

1.0 Living in a diverse environment does not mean giving up being you. It does mean that you have the opportunity to practice your best skills of courtesy, compassion, and communication.

Trust Your Instincts

Instincts do work when relating to people who are different from you. Don't let a fear of differences paralyze your natural ability to understand and relate to others effectively.

Practice Personal Correctness

“Political correctness” has acquired a negative connotation, when, in fact, it simply means courtesy to others—including people different from us. Essentially, it's another

way of phrasing the Golden Rule: “Do unto others as you would have them do unto you.” Its application to diversity is clear: treat people different from us the way we would like to be treated under the same circumstances.

Expect the Best

When we expect the best in any situation, we have more confidence, are more relaxed and thus function and communicate more effectively. Relax and enjoy the variety that diversity and cultural differences bring to all our lives!

Verbal Interpreting Services

To serve our diverse population, Inova offers live interpreters and a language line service, all free of charge for patients and families requiring verbal interpreting services. Keep in mind, only certified medical interpreters may translate, so while you may be fluent in another language, you must keep your conversation to cheerful, non-health-related topics.

Fun Fact: Requested languages at IFMC outside of English are 1) Spanish; 2) Vietnamese; 3) Arabic; 4) Korean; 5) Farsi/Persian

What Do I Do?

If a patient, visitor or family member requests an interpreter, notify an Inova employee.

Rights of Individuals who are Deaf or Hard of Hearing

In order to provide effective communication with persons who are deaf or hard of hearing, hospital STAFF must advise the patient, relative, or a close friend or companion of appropriate auxiliary aids and services available to the person needing that support. All services are free of charge, and are available to patients and/or the patient’s companion.

What do I do?

- Immediately alert a staff member if the deaf or hard-of-hearing individual asks about services available to help communication; staff can answer questions and provide the assistance required. To explain that you are guiding the individual to a staff member to assist him/her, you should write the message.
- When conversing with a deaf or hard of hearing individual, keep the following tips in mind.
 - Deaf people view themselves not as “disabled” but as members of a distinct cultural community with its own language and values.
 - Most deaf people communicate with hearing people through a combination of methods such as signing, writing, speech and lip reading.
 - Speak normally. Try not to exaggerate mouth movements. Slow down a little and separate your words.
 - Exaggerated mouth movement or shouting will not improve the deaf person’s ability to understand you.
 - Not all people who are deaf or hard of hearing can read lips.
 - Be sure the deaf person can see your face.

- Facial expression is half of communication. Eye contact is very important in the deaf culture.
- Deaf people use their eyes to receive information.

Glossary of Common Hospital Terms

ASC – ambulatory surgery center	ICU – intensive care unit
Cambridge Court – Inova System Ofc	IFH – Inova Fairfax Hospital
Cath Lab – catheterization laboratory	IFMC – Inova Fairfax Medical Campus
CATS – Comprehensive Addiction Treatment Services	ILH – Inova Loudoun Hospital
CCU – coronary care unit	IMVH – Inova Mount Vernon Hospital
CPOU – chest pain observation unit	IFOH – Inova Fair Oaks Hospital
CT scan (also CAT scan) – computed tomography	IHVI – Inova Heart and Vascular Institute
CUS – I’m C oncerned, I’m U ncomfortable, S top for Safety	IMC – intermediate care
CVOR – cardiovascular operating room	ISCI – Inova Schar Cancer Institute
DNA – do not announce	IWH – Inova Women’s Hospital
ECC – Education Conference Center	IV therapy – intravenous therapy
ECT – electroconvulsive therapy (shock therapy)	MRI – magnetic resonance imaging
ED – Emergency Department	NICU – neonatal intensive care unit
EEG – electroencephalogram	OB/GYN – obstetrics/gynecology
EKG (ECG) - electrocardiogram	OR – operating room
EP Lab – electrophysiology laboratory	Original building – first hospital structure, served by green elevators
Epic – Inova’s electronic medical record	Peds (“peeds”) - pediatrics
EVS – Environmental Services	PACU – post-anesthesia care unit
GE Lab – gastroenterology laboratory	PICU – pediatric intensive care unit
IAH – Inova Alexandria Hospital	RACE – R escue, A nnounce, C lose, E xtinguish
ICH – Inova Children’s Hospital	TJC – The Joint Commission
ICPH – Inova Center for Personalized Health	WCC – Women’s and Children’s Center