

St. Luke's The Woodlands Hospital Volunteer Program

Age Specific Competencies

Age Specific Competencies

- Every patient is an individual. Each has his or her own:
 - Likes and dislikes
 - Feelings, thoughts and beliefs
 - Limitations and abilities
 - Life experiences
- Everyone grows and develops in a similar way
- Ensure quality care:
 - Gets the individual care he or she needs and deserves
 - Becomes a partner in his or her own health care.
- Recognize roadblocks to communication. Assess every patient you deal with for possible:
 - Physical impairments (speech, hearing, sight, or physical disability).
 - Emotional stresses (possible depression, anxiety, or fear)
 - Learning difficulties
 - Language barriers
 - Cultural differences
- Meets the standards of The Joint Commission and DNV

Infants and Toddlers (birth to 3 years) are curious

- Involve child and parent(s) in care during feeding, diapering and bathing.
- Provide safe toys and opportunities for play.
- Encourage child to communicate – smile, talk softly to him or her, etc.
- Help parent(s) learn about proper child care.

Young Children (4 to 6 years) are active

- Involve parent(s) and child in care – and let child make some food choices.
- Use toys, games, etc. to teach child and reduce fear.
- Encourage child to ask questions, play with others and talk about feelings.
- Help parent(s) teach child safety.

Older Children (ages 7 to 12 years) are “doers”

- Allow child to make some care decisions.
- Build self-esteem – ask child to help you do a task, recognize his or her achievements, etc.
- Guide child in making lifestyle choices that are healthy and safe.
- Help parent(s) talk with child about peer pressure, sexuality, alcohol, tobacco and other drugs.

Adolescents (13 to 20 years) are in transition

- Treat more as an adult than a child. Avoid authoritarian approaches.
- Show respect – be considerate of how procedures, treatments, etc., may affect appearances and relationships.
- Guide teen in making positive lifestyle choices – for example, correct misinformation from teen’s peers.
- Encourage open communication between parent(s), teen and peers.

Young Adults (ages 21 to 39 years) build connections

- Support the person in making health-care decisions.
- Encourage healthy and safe habits at work and home.
- Recognize commitments to family, career and community (time, money, etc.)

Middle Adults (ages 40 to 64 years) seek personal growth

- Address worries about future – encourage talking about feelings, plans, etc.
- Recognize the person’s physical, mental, social abilities and contributions.
- Help with plans for a healthy, active retirement.

Older Adults (ages 65 to 79 years) enjoy new opportunities

- Encourage the person to talk about feelings of loss, grief and achievements.
- Provide information, materials, etc., to make medication use and home safer.
- Provide support for coping with any impairments. (Avoid making assumptions about loss of abilities).
- Encourage social activity with peers as a volunteer, etc.

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Adults ages 80 and older move to acceptance

- Encourage independence – provide physical, mental and social activities.
- Support end-of-life decisions – provide information, resources, etc.
- Assist the person in self-care – promote medication safety; provide safety grips, ramps, etc.

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Code Blue (Unresponsive Adult) Code Green (Unresponsive Child/Infant) Procedures

THIS IS FOR TRUE EMERGENCIES ONLY

What to do in the event you come across an unconscious and unresponsive adult/child:

- Immediately dial ext. 44444 and call either a code blue (adult) or code green (child/infant).
- Give your location and describe the situation.
- Stay with the patient.
- Once the code team arrives, stay back and let them work on the patient.
- A code is for true emergencies only, if someone is feeling faint, lightheaded, etc., ask them to have a seat and seek assistance from a staff member.

If you can dial ext. 44444, provide details of:

- Name
- Location (floor and area)
- Whether it is a code blue or code green
- Situation of the patient

Code Category Definitions:

- **Category I Code:** All possible means of support, including cardiac massage, mechanical ventilation and defibrillation will be used to support life.
- **Category II Code:** All possible measures except cardiac massage, intubation, mechanical ventilation and defibrillation will be initiated. The attending physician and the house staff will be notified STAT upon deterioration of vital signs, but no code will be called.
- **Category III Code:** Patients in this category will not be resuscitated by any method. All existing treatment orders will be cancelled. The attending physician and the house staff will be notified STAT upon cessation of vital signs, but no code will be called.

Code Silver (Active Shooter) Procedures

What to do in the event of an active shooter:

- If you can safely call Security (63911) do so
- If busy call 911. Security will call 911 when they are notified
- If you cannot talk, leave the phone line open to the 911 operator so he/she can hear the situation
- If possible, describe the shooter or hostage taker
- If you are in an area with a panic button, press it immediately

If you can call Security or 911, provide details of:

- Your name and location
- Number of hostile persons
- Devices the offender may be holding
- Injuries: number, and, if known, severity
- Physical description of offender including clothing

What to do if a shooter is nearby:

- Lock the door
- Silence your cell phone and/or pager
- Turn off any source of sound and remain quiet
- Hide behind large items
- Stay clear of windows
- Lie flat on the floor under a desk or against the wall

Coping with an active shooter:

- Be aware of environment and any possible dangers
- Take note of nearest exits
- If you are in an office, stay there and secure the door
- If you are in a hallway, move into a room and secure the door
- If you are in a patient room, stay there and secure the door

What to do if a Code Silver is called:

- Security will initiate lockdown procedures for perimeter doors
- All visitors in the area of the Code Silver should remain in patient's room
- Visitors in common areas (waiting areas, lobbies) should exit the building
- All non-essential personnel away from the code should exit the building

Dr. Halo (Infant Abduction) Procedures

What to do in the event of an infant abduction:

- Stand and walk to the area nearest the exit door.
- No one is to come in or out an exit door during Dr. Halo (even if it is a drill).
- If there is no exit door left that needs to be blocked, stay in your assigned area unless otherwise instructed by a staff member.
- If you volunteer in the Family Birthing Center, do not let anyone inside or out of the unit.
- Follow these procedures even if it is a drill.

If you can dial ext. 3333, provide details of:

- Location (floor and area)
- Number of abductors
- Physical description of abductor/abductors including clothing
- Route the abductor took when leaving your area

Coping with an infant abduction:

- Be aware of environment and any possible dangers
- Be aware of suspicious looking persons
- Take note of possible exits
- If you can, move to the nearest exit door until you here the “all clear” over the intercom

Dr. Pyro (Fire or Smoke) Procedures

A fire only takes two minutes to double in size.

If you hear “Paging Dr. Pyro” over the intercom, listen carefully for directions on which floor the fire is located or if it is a fire drill.

- If the intercom indicates that the fire is in your area, follow the instructions listed below.
- If the intercom indicates it is a drill, disregard only if they inform you to, otherwise follow the instructions for evacuating as if it is a real fire.

Anyone who comes upon a smoke or fire situation – or suspects a fire emergency – should use the RACE acronym:

- **Rescue** anyone in immediate danger
- **Alert** authorities by pulling the closest fire alarm and dialing ext. 33333 to inform the operator about:
 - The location of the fire
 - The type and extent of the fire
 - Your name and extension
- **Confine** the fire by closing all doors.
- **Extinguish** the fire if you can do safely.

These guidelines do not always have to be followed in this order. If the fire/smoke is coming from an area such as a closet, confine the fire/smoke first to gain extra time in rescuing those that may be in immediate danger.

If you can dial ext. 3333, provide details of:

- Location (floor and area)
- The type and extent of the fire
- Your name and extension

Extinguishing a fire:

If you are comfortable with using a fire extinguisher and can do so safely, use the PASS acronym to extinguish the fire:

- **P**ull the pin
- **A**im at the base of the fire
- **S**queeze the trigger on the fire extinguisher
- **S**weep the foam across the fire

Coping with a fire emergency:

- Know area fire doors and keep closed.
- Know vertical (leaving the floor) and horizontal (same floor) evacuation procedures.
 - Vertical evacuation involves evacuating all people from the floor that the fire is on.
 - Horizontal evacuation involves evacuating all people to the opposite side of the floor.
- In the event of a fire, all volunteers should evacuate to the front of the hospital in the parking lot directly in front of the main entrance.

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Emergency Preparedness Plan

The Emergency Preparedness Plan will be implemented during weather (ice, flooding, hurricanes, tornadoes, etc.), community disasters, chemical spills and power outages.

In the event that a level 4 condition is called, all volunteers should notify the Manager of Volunteer Services if they plan on evacuating during a level 2 or 1 condition level or if they will be available during the recovery process.

Condition Levels:

- **Level 4** – An advisory that conditions exist that could increase the probability of an emergency to occur.
- **Level 3** – The probability of an emergency situation occurring has increased. The Manager of Volunteer Services will touch base with volunteers on and off duty as to their role if the condition level changes.
- **Level 2** – The Emergency Operation Center will open in the Facilities Department to prepare for the emergency situation that could have significant potential to effect normal routine operations. The EOC will direct staff on the actions that need to be taken.
- **Level 1** – The emergency or disaster conditions are imminent. Volunteers are to remain in their assigned areas and follow the directions of staff in that department. If not needed, report to the staffing pool in the Swan Café.
- **Condition Clear** – The emergency situation has passed.

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HIPAA Guidelines

HIPAA

- Health Information Portability and Accountability Act – A Federal law governing the way private health information is handled.
- What does it mean? PATIENT CONFIDENTIALITY
- What are your responsibilities?
 - Respect the patient's privacy
 - Curb human nature: curiosity and sharing
 - Know St. Luke's policies

What must be Kept Confidential?

- Names of the individual, relatives, employers or household members.
- Geographic identifiers of the individual.
- Zip code.
- All elements of dates (except year) directly related to an individual.
- All chart or health identifiable information.
- All information that can be identified to a specific patient.

When is Disclosure Appropriate?

- Treatment – providing and coordinating care.
- Payment – getting reimbursement for providing care.
- Operations related to healthcare – activities such as quality improvement, patient satisfaction, training, case management and credentialing.

Health Information

- If you have access to confidential information to perform your function, it must not be shared with others unless they have a need to know.
- Do not discuss patients or their status in public areas where anyone “not needing to know” can hear.
- Do not give out information over the phone about a patient or their condition. Refer callers to a staff member.
- You must dispose of confidential information, such as the census, at the end of your shift in an approved confidential shred bin. **DO NOT** throw away confidential information in a trash can.

Security

- IDs and passwords.
- Policies govern how we transmit information over the computer.
- St. Luke's Episcopal Health System Privacy Officer
- Security begins with you:
 - Dispose of all confidential information properly after your shift.
 - Never leave information out where visitors can see it.

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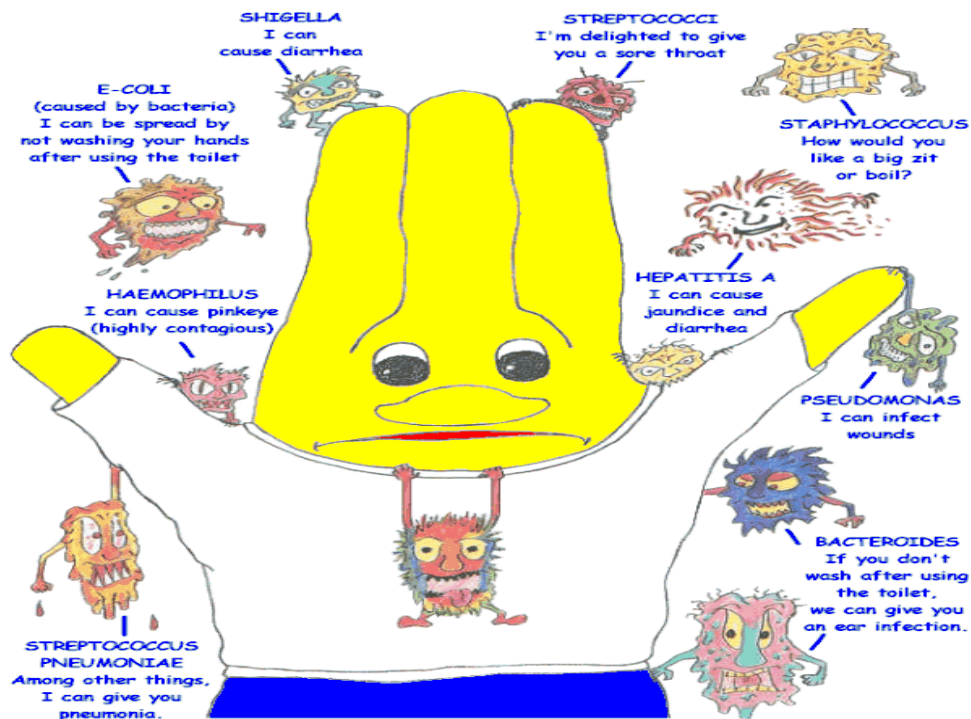
Infection Control

Nosocomial Infections

- A nosocomial infection is an infection that is acquired during the patient's stay at the hospital.

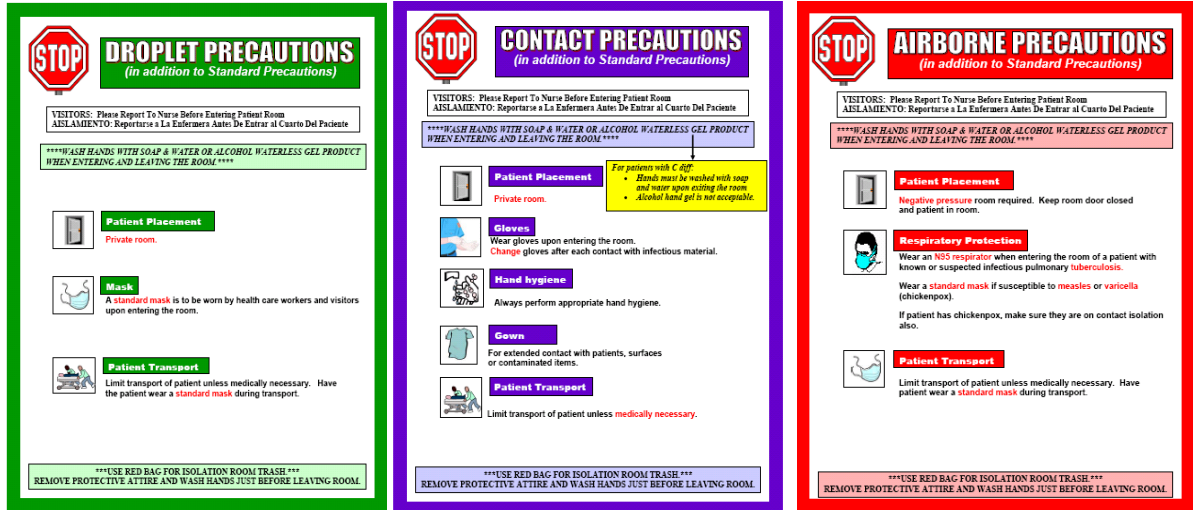
Hand Hygiene

- Hand Hygiene is the # 1 way to prevent the spread of infections!
- Hand Washing Procedures
 - Wet hands and apply liquid or soap.
 - Rub hands vigorously together and scrub all surfaces.
 - Continue for 10-15 seconds.
 - If in doubt, sing the "Happy Birthday" song (about 15 seconds).
 - Rinse well – dry hands.
- Hand Sanitizer
 - Use hand sanitizer as an alternative to washing hands with soap and water.
 - These are located conveniently throughout the hospital and on the units.
 - Since the sanitizer is an alcohol based agent, Isagel, you must wash your hands with soap and water after 8 – 10 uses.



Patients in Isolation

- Volunteers do not enter patient rooms that are identified as one of the 3 types of isolation.



Volunteer Health and Wellness

- Annual TB skin test required in the spring.
- Complimentary flu shots given in the fall as long as there is no shortage of the vaccine.
- If you have run fever in the last 24-hours before you are to report to volunteer, stay home and rest.
- If you take a medical leave of absence or have any type of surgery, a clearance from your physician is required by Employee Health before you can return to volunteering.

Patient Care Areas

- Absolutely **NO** food, drinks, or community hand lotions in patient care areas.
- These areas include:
 - Nursing station
 - Work stations
 - Isolation
 - Medication carts
 - Hallway
- Make sure not to wear strong perfumes or cologne in patient care areas.

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Volunteer Program*

National Patient Safety Goals

- Improve accuracy of patient identification
 - Use 2 patient identifiers when transporting a patient.
(Ex. arm band and verbal question)
- Improve the effectiveness of communication among caregivers
 - **Volunteers do not** give clinical updates.
- Reduce the risk of health care acquired infections
 - Hand hygiene, do not report to volunteer if you have had a fever in the last 24 hours or feel ill.
- Reduce the risk of patient harm resulting from falls
 - **Volunteers do not** transport or discharge patients that are fall risks. Report observations of unstable patients to nurse.
- Improve the safety of using medications
 - **Volunteers do not** label or dispense medications.
- Accurately and completely reconcile medications across the continuum of care
 - When discharging a patient, volunteers may ask if they have all of their belongings, including their medications.
- Identify safety risks inherent in patient population
 - Volunteers should report any persons identified as at risk for suicide.

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Patient Rights

THE RIGHT TO PRIVACY & CONFIDENTIALITY OF INFORMATION

- Security
- Pastoral Counseling

THE RIGHT TO BE INFORMED

- Diagnosis and health status
- Proposed treatments or procedures
- Opportunity to withhold consent
- Refuse treatment
- Assistance with speech, hearing, language or cognitive impairments

THE RIGHT TO INVOLVEMENT IN CARE & DECISION DILEMMAS

- Ethics consult may be requested
- The hospital will address:
 - Advance Directives
 - Volunteers may sign as a witness on an advance directive if they have no relation to the patient and do not stand to have any financial gain from the expiration of the patient.
 - Volunteers are not required to be a witness to an advance directive, this is strictly voluntary.
 - Forgoing or withdrawing life-sustaining treatment
 - Care at the end of life
- The family participates in these care decisions

THE RIGHT TO PRESENT A COMPLAINT

- Resolution
- Without fear of discrimination, &/or reprisal

THE RIGHT TO PAIN MANAGEMENT

- Patients have the right to have their healthcare team respect and manage pain effectively
- Pain is assessed through open communication and use of a pain scale
- Patient is included in pain management plan

THE RIGHT TO CONSIDERATE CARE

- Respect for personal dignity
- Respect for culture, psychosocial, and spiritual values and beliefs

ST. LUKE'S THE WOODLANDS HOSPITAL
Volunteer Services

GENERAL GUIDELINES FOR PATIENT TRANSPORT – 2010

2009 National Patient Safety Goal – “Two Patient Identifiers”

Before transporting a patient who is still considered a patient (in-patient or out-patient):

- Introduce yourself to the patient.
- Ask the patient to state their name and date of birth.
- Then ask the patient to allow you to check the information against their armband.
- If the patient should ask why, state that this is a patient safety requirement.

This **DOES NOT** apply to patient discharge transport.

GENERAL TRANSPORT GUIDELINES

- A volunteer will transport only low acuity patients via wheelchairs.
- Be familiar with the mechanical components of a wheelchair before you transport a patient.
- Always introduce yourself, “Good Morning, I am *(state your name)*, a volunteer, and I will be transporting you to the first floor for your family member to pick you up or to the procedure area.”
- As you leave the floor with your patient, let the staff at the nurses’ station know what room is now vacant.
- A volunteer will transport an in-patient only at the request of a clinical staff member.
- If the patient requires physical assistance to get in or out of a wheelchair, this needs to be done by a clinical staff member.
- If the wheelchair comes from a patient area, return to that area after the patient transport is completed.
- Always wash your hands between patient transports using the waterless gel or soap and water.
- If a wheelchair is in need of repair, it should be removed from use immediately.
- Use approved cleaning wipes to wipe down a wheelchair after a patient transport (arm rest & seat). When using these wipes always wear gloves. This is a commercial grade cleanser.

LOW ACUITY is defined as a patient who is:

- Alert, awake and responsive to communication
- Has no special devices attached which include, but are not limited to oxygen, heart monitors, and IVs.
- Not a “fall risk.” The patient will have a yellow armband identifying they are a “fall risk” as well as a yellow sign posted outside of their room.

Incoming Patient Transport

- Volunteers do not transport patients coming into the Emergency Department

Transporting to MAC I (the professional building)

- Volunteers cannot transport patients to the professional building.
- Wheelchairs are not available to go out to the parking lot to pick up a patient.
- If a visitor going to MAC I needs a wheelchair, their escort can check it out from the Guest Relations Desk.
- The family member needs to push the patient in the wheelchair. The volunteer can escort them to their destination and bring the wheelchair back to Guest Relations.
- There can be special situations – a person arrives alone and is having difficulty walking. We do not want someone to fall. Provide a wheelchair and transport them to their physician’s office.

Transportation Information – Guest Relations Volunteers

- For a discharge transport, take a wheelchair to the nurses’ station on that floor.
- Go to the patient room and prepare the chair for the patient to transfer to independently. If they need physical assistance, this needs to be done by the clinical staff or patient family member who is with them.
- Transport only to the covered area just outside the entrances, not to a car in the parking lot. Our three entrances are main lobby, west entrance (near MAC I) and north entrance (near the ED).
 - Exception: When a person brought themselves to the hospital, parked their car and do not have a family member or friend to assist in bringing the car to the front.
- If the patient needs assistance getting into the car, this must be done by the family member.
- Volunteers can transport a mother who is in labor to the Family Birthing Center.
- You may transport hospitals guests, even if they are not a patient, without a family member to locations in the hospital (i.e. surgery waiting, ICU waiting, Swan Café, etc.).

VOLUNTEER RESPONSIBILITIES IF PATIENT BECOMES ILL DURING TRANSPORT

- If you are in the elevator, get off at the next floor.
- If the patient is just feeling nauseous or not well, go to the nearest nurses' station.
- If the patient is unconscious, follow the guidelines for calling a CODE.

Wheelchair Management & Safety

1. Wheelchair Components and Features

- **Toggle Lock** – forward or backward movement of the lever engages the lock, and the opposite movement of the lever disengages the lock. Push the lever until the lock is firmly “clicked” against the tire on both sides of the wheelchair. Both locks should always be engaged before any transfer occurs.
- **Removable armrest** – secured with a pin-hole lock.
- **Swing away/removable leg rest** – Disengaging a locking mechanism allows the front rigging to be pivoted outward, and lifting the leg rest removes the front rigging from the chair frame.
- **Elevating leg rest** – the entire front rigging can be elevated and maintained at different heights. Pushing the lever allows the leg rest to be raised or lowered. Be careful to protect the person’s leg when it is lowered, because the weight of the leg will cause it to descend rapidly if the person cannot control its descent.
- **Footrest/Footplate** – prevents the foot from sliding off. Flip up/down.
- **Folding wheelchairs** – the wheelchairs are equipped with an “anti-theft bar and cannot be folded.

2. Transporting patients in a wheelchair

- **Elevators** – turn the wheelchair and pull patient into elevator with you so patient is facing the doors.
- **Ramps** – ascend ramps forward and descend ramps backward with your body acting as a brace.
- **Swinging doors** – turn around and pull patient backward through door. Use your body to open and hold door open until wheelchair clears.
- **Destination** – lock wheelchair & let someone know the patient has arrived.

Final Thoughts:

- If you have any questions or concerns...ASK!
- With any complication, or unusual occurrence, seek clinical assistance immediately.
- Let Unit Secretary or Nurse know when patient is leaving from or returning to room.
- If wheelchair is non-functioning or in need of repair – don't use it. Let someone know so it can be tagged and taken out of service
- Whenever possible, return wheelchair to area of origin.

Volunteer Guidelines Communication/Visitation with Patients

- Knock softly before entering a patient's room.
- If a patient is sleeping, return later.
- If a physician or other medical professional is with the patient, return later.
- Introduce yourself and briefly state your reason for being there. Example: "Hello, I'm _____, a volunteer. State purpose of visit. (i.e. – delivering an e-Greeting, flowers or checking to see if there is anything I can do for you).
- When delivering flowers, e-Greetings or patient mail; sometimes a patient may need assistance opening the mail or reading the message. Let them know you have time and would be glad to do that for them.
- A warm smile and friendly attitude are very important. Learn to recognize the nonverbal messages in body posture, eye contact, voice pitch, etc. Recognize when you should return later, or not at all.
- Religion and politics are not appropriate topics.
- If someone asks for a physician referral, we do not recommend specific physicians. The Guest Relations Center volunteers have a card for contacting our Physician Referral line.
- Be aware of where the following are located on the Patient Floor:
 - Storage for blankets, pillows and linens
 - Coffee, juice or other nourishments
 - Nourishment items are for patients only (check with the nurse first)
- If a patient says to you, "I don't want to complain or I don't want to get anyone in trouble," assure her that St. Luke's is interested in his/her perceptions of their care in order to make appropriate changes. Remain neutral in your responses. Report to the charge nurse on the floor.
- NEVER share patient information with other patients.
- NEVER offer medical advice. If they have medical questions, let the patient's nurse know that the patient has some questions.

- NEVER feed a patient. You can assist in opening packages and getting the meal tray setup. But if the patient is unable to feed themselves, contact nursing staff.