WELCOME ..................................................................................................................................................................... V

WELCOME TO OUR VOLUNTEER PROGRAM ............................................................................................................. V

SECTION 1: WHO WE ARE ........................................................................................................................................... 1

PURPOSE OF THE PINEAPPLE ........................................................................................................................................ 1
NOT-FOR-PROFIT .......................................................................................................................................................... 1
BAPTIST HEALTH SOUTH FLORIDA ................................................................................................................................ 2
  Mission Statement ............................................................................................................................................... 2
  Guiding Principle .............................................................................................................................................. 2
  Vision Statement ............................................................................................................................................... 2
  Service Goal .................................................................................................................................................... 2

SERVICE EXCELLENCE STANDARDS AND EXPECTATIONS ........................................................................................ 2
  STANDARD 1: Caring and Compassion .................................................................................................................... 2
  STANDARD 2: Teamwork ...................................................................................................................................... 3
  STANDARD 3: Privacy and Confidentiality ........................................................................................................... 4
  STANDARD 4: Effective Communication ............................................................................................................... 4
  STANDARD 5: Safety ........................................................................................................................................... 5
  STANDARD 6: Quality and Service Recovery ........................................................................................................ 6
  STANDARD 7: Cost Effectiveness .......................................................................................................................... 7
FIRST IMPRESSIONS .................................................................................................................................................. 8
SCRIPTING COMMUNICATIONS .................................................................................................................................. 8
GREAT EXPLANATIONS .............................................................................................................................................. 8
ABOUT OUR HOSPITAL ............................................................................................................................................... 9
  Doctors Hospital Mission Statement ...................................................................................................................... 9
  Doctors Hospital Guiding Principle ...................................................................................................................... 9
  Doctors Hospital Vision Statement ...................................................................................................................... 9
ABOUT OUR VOLUNTEER PROGRAM ...................................................................................................................... 10
VOLUNTEER SERVICES ............................................................................................................................................. 10
  Mission Statement .............................................................................................................................................. 10
  Vision Statement .................................................................................................................................................. 10
PASTORAL CARE SERVICES ...................................................................................................................................... 11

SECTION 2: GENERAL GUIDELINES ............................................................................................................................. 12

ACCEPTANCE – CLASSIFICATION & ASSIGNMENT OF VOLUNTEERS .................................................................... 12
  Getting Started ................................................................................................................................................... 12
  Orientation .......................................................................................................................................................... 13
  Attendance ......................................................................................................................................................... 13
  Scheduling ........................................................................................................................................................ 13
  Volunteer Placement ........................................................................................................................................ 13
  Limits ................................................................................................................................................................. 14
  Sign-In Procedure .......................................................................................................................................... 14
  Absence ............................................................................................................................................................ 14
  Leaves of Absence .......................................................................................................................................... 14
  Leaving Volunteer Service ................................................................................................................................. 15
  Excessive Absences ....................................................................................................................................... 15
  Appearance and Uniform Requirements ............................................................................................................ 15
  Cell Phone Usage .......................................................................................................................................... 16
  Relationship with the Staff ................................................................................................................................. 17
  Volunteer Benefits ......................................................................................................................................... 17
  Parking ............................................................................................................................................................. 18
  Computers ........................................................................................................................................................ 18
  Bill of Rights for the Volunteers ........................................................................................................................ 18
CULTURAL DIVERSITY ......................................................................................................................... 19

What is it? ........................................................................................................................................... 20
Why Learn About Cultural Diversity? ................................................................................................. 20
Cultural Factors to Be Aware Of: ........................................................................................................ 20
Culturally Sensitive Tips: .................................................................................................................... 21
How Can We Avoid Stereotyping? ...................................................................................................... 21
Communicating With a Patient of a Different Culture ..................................................................... 22
Cultural Awareness Tool .................................................................................................................... 22

AGE SPECIFIC ....................................................................................................................................... 26
Infants: 0 to 12 months .......................................................................................................................... 26
Toddler: 1 to 3 years ............................................................................................................................... 27
Preschool: 3 to 6 years ........................................................................................................................... 28
School Age: 6 to 12 years..................................................................................................................... 29
Adolescent: 12 to 21 years .................................................................................................................... 30
Adult: 21 to 65 years ............................................................................................................................. 31
Geriatric: 65 to death ............................................................................................................................. 32
Patients with a Reduced Ability to Speak, Understand, and/or Read English ............................... 33

SECTION 4: ORGANIZATIONAL ETHICS ............................................................................................................. 34

HIPAA AND CONFIDENTIALITY ........................................................................................................... 35

What is HIPAA? ..................................................................................................................................... 36
What Are Patients’ New HIPAA Rights? .............................................................................................. 36
What is Protected Health Information (PHI)? ...................................................................................... 36
How Do I Protect the Privacy of Those I Know? .................................................................................. 37
Visiting People You Know .................................................................................................................... 37
directory Script.................................................................................................................................. 37
Who can assist me with Privacy or Security Issues? .......................................................................... 37

SECTION 5: ENVIRONMENT OF CARE ..................................................................................................... 38

What is the Joint Commission? .............................................................................................................. 38

EMERGENCY CODES ............................................................................................................................ 39

Fire Safety ............................................................................................................................................... 42

What Do You Need To Do IN CASE OF A FIRE? .................................................................................. 42
Horizontal/Lateral Evacuation of Patients .......................................................................................... 43
Remember the Word .............................................................................................................................. 43
“PASS” .................................................................................................................................................. 43

FLORIDA RIGHT TO KNOW LAW ......................................................................................................... 43

Hazardous Materials .............................................................................................................................. 43
Material Safety Data Sheets (MSDS) .................................................................................................... 43
Hazardous Materials Safety (HAZ-MAT) ............................................................................................. 44
MRI Safety ............................................................................................................................................ 44
Radiation Safety .................................................................................................................................... 44
Smoke Free Environment ...................................................................................................................... 45

Violence in the Workplace .................................................................................................................. 45

What to Do in Case of a Confrontation ................................................................................................. 45
Verbal Warning Signs of Violence: ....................................................................................................... 45
Physical Signs Include: .......................................................................................................................... 46
What Are the Basic Rules for Violence Prevention? ............................................................................. 46
If Someone Shows Signs of Loosing Control ...................................................................................... 46

SECTION 6 INFECTION CONTROL ............................................................................................................. 47

Infection Control ................................................................................................................................... 47

The Purpose of Infection Control is to identify: ..................................................................................... 47
SECTION 7 RISK MANAGEMENT .................................................................................................................. 53

What Does Risk Management Do? .................................................................................................................. 53
Who Is the Risk Manager at Doctors Hospital? ............................................................................................... 53
What Is An Incident? ......................................................................................................................................... 53
Should a Visitor Incident occur: ....................................................................................................................... 54
Patient Safety ................................................................................................................................................... 54
7 Guiding Principles for Patient Safety ............................................................................................................. 54
What Can You Do To Prevent Patient Safety? .................................................................................................. 55
How to Verify Patient Identification? ................................................................................................................ 56
Universal Protocol ............................................................................................................................................... 56
What Can You Do To Improve Patient Safety? .................................................................................................. 57
Restraint Safety .................................................................................................................................................. 57
Fall Risk .............................................................................................................................................................. 57
Sentinel Event ................................................................................................................................................... 57
Suicide is one of the most frequent sentinel events in hospitals. ........................................................................ 60
Abuse ................................................................................................................................................................. 61
Domestic Violence ............................................................................................................................................. 62
Your Role in Risk Management .......................................................................................................................... 63

SECTION 8: QUALITY AND SERVICE RECOVERY ............................................................................................. 64

PERFORMANCE IMPROVEMENT .................................................................................................................... 64
What is performance improvement (PI)? ........................................................................................................... 64
Utilizing key words at key moments improves satisfaction. .............................................................................. 64
Your Role in Quality Assurance .......................................................................................................................... 65

SECTION 9 ERGONOMICS ................................................................................................................................. 66

ERGONOMICS ................................................................................................................................................... 66
Back Injury Prevention ............................................................................................................................................ 66
Did You Know? .................................................................................................................................................... 66
Safe Lifting Basics ................................................................................................................................................ 67

PROPER USE OF THE WHEELCHAIR .............................................................................................................. 69

SECTION 10: VOLUNTEER REMINDERS ............................................................................................................ 70

PLEASE DO THE FOLLOWINGS ........................................................................................................................ 70
Volunteer, please don’t ......................................................................................................................................... 71

SECTION 11 TEST ................................................................................................................................................. ERROR! BOOKMARK NOT DEFINED.
Welcome to Our Volunteer Program

“I am delighted to welcome you as a new member of our Hospital Volunteer “family”. Your talent and skills are important to us. It is because of you that we are able to give outstanding service and care to all who enter Doctors Hospital. I hope your time here will be truly enjoyable and rewarding! Thank you for volunteering and becoming a part of our team. Welcome!”

Julia Walton, Manager
Doctors Hospital Volunteer Services
5000 University Drive
Coral Gables, FL 33146
Phone: (786) 308-3595
Fax: (786) 308-3596
juliaw@baptisthealth.net
Purpose of the Pineapple

The pineapple became a symbol of hospitality in Europe during the Italian Renaissance period. American innkeepers later adopted the European custom of putting pineapples at their doors, and visitors to these inns found themselves in friendly and comfortable surroundings. Baptist Health South Florida has adopted the pineapple as its logo, a symbol of the hospitality and care we strive to provide to our patients and guests.

When Arthur Vining Davis donated the land and funds to build Baptist Hospital, the magnate specified that a pineapple fountain greet guests at the front door.

Not-For-Profit

Baptist Health South Florida’s not-for-profit status allows the organization to be tax exempt. The answers to commonly asked questions about the differences between for-profit and not-for-profit organizations are as follows:

What is the primary difference between a not-for-profit and a for-profit healthcare organization?
The primary difference is one of mission. While the mission of the for-profit hospital corporations is to create value (profit) for their shareholders or owners, Baptist Health’s mission is to provide the highest quality healthcare and create value for the communities we serve. No one really owns Baptist Health. There are no shareholders. Baptist Health (which includes all of our hospitals and facilities) is, in a very real sense, “owned” by the community. Which isn’t to say Baptist Health isn’t concerned about the bottom line.

What happens to the profits of the for-profit and not-for-profit healthcare organizations?
When for-profit healthcare companies earn a profit, they channel the earnings to their owners and shareholders in the form of dividends and increased value of their stock shares. The “profit” of Baptist Health (in accounting jargon, this is called “excess revenue over expense”) is the amount of money that is left over after all our expenses and financial commitments are met.

Since Baptist Health is a not-for-profit organization, what does it do with money that is left over after paying its expenses?
The excess funds of Baptist Health are channeled directly back into our hospitals and facilities. This money is used to provide care for those who cannot afford it, to provide community outreach and educational services worth approximately $2 million annually, and to build our reserves (savings) so that we can avoid the expense of borrowing money to fund special projects.
Baptist Health South Florida

Mission Statement

The mission of Baptist Health is to improve the health and well-being of individuals, and to promote the sanctity and preservation of life, in the communities we serve. Baptist Health is a faith-based organization guided by the spirit of Jesus Christ and the Judeo-Christian ethic. We are committed to maintaining the highest standards of clinical and service excellence, rooted in the utmost integrity and moral practice. Consistent with its spiritual foundation, Baptist Health is dedicated to providing high-quality, cost-effective, compassionate healthcare services to all, regardless of religion, creed, race or national origin, including, as permitted by its resources, charity care to those in need.

Guiding Principle

Through our compassionate healthcare services, we seek to reveal the healing presence of God.

Vision Statement

Baptist Health will be the preeminent healthcare provider in the communities we serve, the organization that people instinctively turn to for their healthcare needs. Baptist Health will offer a broad range of clinical services that are evidence-based and compassionately provided to ensure patient safety, superior clinical outcomes and the highest levels of satisfaction with a patient and family-centered focus. Baptist Health will be a national and international leader in healthcare innovation.

Service Goal

To provide consistently excellent care and services to patients, guests, co-workers, physicians and others.

Service Excellence Standards and Expectations

STANDARD 1: Caring and Compassion

Provides healthcare services with caring and compassion.

Guiding Philosophy:

We are committed to providing the highest-quality healthcare services with sensitivity and compassion. We actively seek new ways of exceeding the expectations of patients, guests, co-workers, physicians and others. People are never interruptions in our work — they are the reason for our work.
Expectations:

- Greets people by making eye contact, introducing himself/herself, smiling and speaking in a warm, friendly tone of voice.
- Consistently shows caring by listening, offering assistance, and giving information and explanations.
- Identifies an individual's needs and provides help by using available resources and services.
- Responds to requests by acting quickly, communicating status and following through until the request is completed.
- Is friendly and approachable through all means of communication (for example, body language, verbal and written communication).
- Notices a person's special needs and takes steps to meet them (for example, age-specific needs, disabilities, etc.).

**STANDARD 2: Teamwork**

Works as an organization-wide team member providing services with care and compassion.

**Guiding Philosophy:**

We recognize that each team member is skilled in his or her field. Only by combining our talents can we best serve our patients, guests, co-workers, physicians and others. We respect individuality, celebrate diversity and encourage teamwork.

Expectations:

- Comes to work on time and ready to work; avoids unplanned absences from work and gives as much notification as possible.
- Takes responsibility for the "common work" of the department (for example, answering phones, maintaining department supplies, and responding to requests).
- Is flexible in work schedule, assists other co-workers and willingly volunteers for additional assignments.
- Works with other departments to ensure the efficient delivery of care and services in a timely manner.
- Works to solve problems by discussing them with co-workers.
- Has a positive attitude, is open-minded and receptive to change.
- Maintains a professional appearance in clothing and personal grooming.
- Assists in creating a work environment where employees are treated with dignity and respect.
STANDARD 3: Privacy and Confidentiality

Maintains and protects privacy in every aspect of care and service.

Guiding Philosophy:

We establish and maintain a secure, respectful and trusting environment for patients, guests, co-workers, physicians and others. Information regarding individuals and the organization is kept confidential and treated as privileged.

Expectations:

- Follows the HIPAA privacy regulations and state privacy laws to ensure the flaw of health information for quality patient care and facility operations.
- Maintains physical privacy and personal dignity while providing care and services (for example, closing doors and curtains, providing additional gowns or blankets).
- Requests permission to enter patient areas or offices and waits for acknowledgment.
- Disposes of and secures all documentation containing privileged information appropriately (for example, shredding, filing).
- Always discusses patient, employee, and organizational confidential information in private (for example, avoids talking in elevator, cafeteria, hallways and other public areas).
- Maintains and secures all computer information (for example, uses screen savers or logs off applications when computer is unattended, keeps passwords confidential).
- Verifies identity of person before releasing information via telephone, fax, or e-mail for example, requests medical record number, Social Security number, employee number, birth date).
- Maintains confidentiality when giving out privileged information on the telephone (for example, never leaves private information on answering machines or discusses on speaker phone).
- Always posts private information in non-public areas (for example, schedules, procedures, policies).

STANDARD 4: Effective Communication

Communicates effectively with patients, guests, co-workers, physicians and others.

Guiding Philosophy:

Effective communication is essential to our success. We communicate in a professional manner in
person, on the telephone, electronically and in writing. We do this by providing timely, accurate, consistent information that satisfies the needs of patients, guests, co-workers, physicians and others.

Expectations:

- Writes legible, understandable and specific communications.
- Answers the telephone in an appropriate time, greets the caller, identifies him/herself and location, and offers assistance.
- Asks and waits for permission before putting the caller on hold, and revisits the caller to communicate the status of hold.
- Provides the caller with the correct extension before transferring a call. Offers the caller the opportunity to be transferred to voice mail or another person if the intended party is not available.
- Listens by giving people their undivided attention and checks to make sure they fully understand the person's request.
- Selects the best way to communicate and deliver information to the right people at the right time (for example, phone, mail, fax, in person).
- Keeps conversations positive and professional by using positive language and a pleasant tone of voice and volume.
- Provides translating services and communications equipment when needed.
- Except for emergencies, conducts personal phone calls and private business on personal time (for example, breaks, lunch time).
- Respects others by placing Baptist Health communication devices on silent/vibrate and explaining their use (for example, using cell phones in private settings, limiting personal calls on Baptist Health-providing communication equipment, explaining the purpose of Spectra Links).

STANDARD 5: Safety

Consistently promotes and provides safe care and services.

Guiding Philosophy:

Patient safety is everyone’s responsibility. We all create a safe and clean environment for patients, guests, co-workers, physicians and ourselves. Baptist Health relies upon reporting of errors, near misses and safety hazards in order to improve our care and services.
Expectations:

- Follows National Patient Safety Goals (for example, using patient identifiers, reading back telephone orders, not using abbreviations, washing hands, etc.).
- Intervenes to prevent harm to patients, self and others.
- Reports errors, near misses and safety hazards.
- Uses correct body mechanics when lifting or using equipment.
- Knows and follows emergency codes and procedures.
- Wears identification badge in an easily visible place at all times (for example, above waist, with face and name visible).
- Is alert to and approaches unauthorized people in their area (for example, those without an ID badge). Reports suspicious people, unsafe activities or hazards in areas surrounding the facility (for example, speeding or accidents, lights out in stairwell, vandalism).
- Uses equipment appropriately.
- Follows usage and maintenance guidelines, reports failures, broken equipment and hazards.
- Maintains work area and properly disposes of trash in common areas. Promptly calls Environmental Services for a large cleanup.
- Protects patient and employee belongings by making sure they are secured and reports problems.
- Follows the smoking policy and enforces it with others.
- Keeps all areas clear and safe by removing hazards and clutter. Reports, marks and follows up on all spills quickly (for example, hallways, patient rooms, walkways).
- Avoids using "patient only" designated areas (for example, drop-offs, waiting rooms, parking lots).

**STANDARD 6: Quality and Service Recovery**

Provides consistently high-quality care and services and is active in-service recovery.

**Guiding Philosophy:**

Problem solving is an important part of everyone's job. We identify, correct and address problems quickly and efficiently in order to exceed the expectations of patients, guests, co-workers, physicians and others.
Expectations:

- Is knowledgeable about and follows all quality and service standards.
- Anticipates potential quality and service problems and takes steps to avoid them.
- Follows service recovery policy by acknowledging and apologizing when problems occur, listening attentively, correcting the problem by taking action or informing the appropriate person who can correct the problem.
- Immediately reports potential and existing quality and service problems to the appropriate person (for example, direct supervisor, compliance officer).
- Provides suggestions and new ideas to improve the quality of care and services.
- Participates in process-improvement activities and takes part in creating solutions.

STANDARD 7: Cost Effectiveness

Performs work in a cost-effective manner while consistently providing high-quality care and services.

Guiding Philosophy:

Providing consistently high-quality care and services to patients, guests, co-workers, physicians and others is our number-one priority. Each of us also has the opportunity to help the organization succeed by performing our everyday duties in cost-effective ways.

Expectations:

- Clocks in and out on time in order to avoid unauthorized overtime.
- Uses supplies efficiently and avoids waste.
- Takes proper care of and maintains equipment in order to avoid extra repair and replacement costs.
- Protects organizational property by safeguarding against abuse and theft (for example, secures equipment, locks office/desk).
- Recycles materials, where appropriate.
- Provides cost-saving suggestions and ideas.
- Helps the organization meet its philanthropic goals by participating in community or Baptist Health Foundation events.
First Impressions
First impressions make a difference.

To sustain a strong service culture, it is important for us all to remember certain key behaviors that drive patient's perception of care. We only get one chance to make a positive first impression with our patients and guests. These are a few simple ways to keep your verbal and non-verbal behaviors in check:

- Maintain a clean and neat appearance
- Smile
- Use culturally-appropriate gestures
- Speak clearly
- Greet everyone that you encounter during the day

Scripting Communications
Utilizing key words at key moments improves satisfaction.

Remembering to say the right words at the right moment is very powerful. The goal for scripting is to consistently use key words at key moments that foster overall behaviors that build trust and patient satisfaction. It is not just what staff say that is important, but the ultimate message communicated through the words that are spoken and the body language displayed that makes scripted responses meaningful. Utilizing key words, or scripting, can be an important patient satisfaction tool that helps achieve positive results.

Great Explanations
Great Explanations are G.R.E.A.T.

A very important part of the workday requires that we give information and explanations to patients, guests and co-workers. The way we communicate this information can be a powerful tool to satisfy patients, guests and each other. G.R.E.A.T explanations are an opportunity to impact patient perceptions. A G.R.E.A.T. explanation includes a beginning, middle and an end:

Greet and introduce.
Review previous treatments, encounters or information.
Explain what’s going to happen next.
Ask if they have any questions.
Tell when they can expect you back.
About Our Hospital

Doctors Hospital opened as a not-for-profit hospital in Coral Gables in 1949, with 98 beds and 24 bassinets. Just four years later, it became clear that the hospital needed to grow, and an extensive expansion project began. Soon after the expansion, the Dr. John T. Macdonald Foundation, a not-for-profit corporation founded by local physicians, bought the hospital and further increased its capacity with a major three-story addition to 225 beds and 48 bassinets. Throughout the next 30 years, the foundation continued to expand Doctors Hospital to meet the community’s needs adding a renovated emergency department, a laboratory, cafeteria, medical records department and radiology. In 1992, HEALTHSOUTH Corporation bought Doctors Hospital and ran it as an acute care medical center, adding Florida’s first gamma knife in 1993. Today, the Doctors Hospital’s nationally recognized Sports Medicine program serves the Miami Dolphins, the Florida Marlins, and the Miami Heat, as well as collegiate teams from the University of Miami and Florida International University. In October 2003, Baptist Health South Florida acquired the now 281-bed facility. Now part of the Baptist Health family of healthcare providers, Doctors Hospital remains a full-service, state-of-the-art facility offering a wide variety of medical specialties.

Doctors Hospital Mission Statement

The mission of Baptist Health is to improve the health and well-being of individuals and promote the sanctity and preservation of life in the communities we serve. Baptist Health is a faith-based organization guided by the spirit of Jesus Christ and the Judeo-Christian ethic. We are committed to maintaining the highest standards of clinical and service excellence, rooted in the utmost integrity and moral practice.

Consistent with its spiritual foundation, Baptist Health is dedicated to providing high-quality, cost-effective, compassionate healthcare services to all, regardless of religion, creed, race or national origin, including, as permitted by its resources, charity care to those in need.

Doctors Hospital Guiding Principle

Through our compassionate healthcare services, we seek to reveal the healing presence of God.

Doctors Hospital Vision Statement

Baptist Health will be the pre-eminent healthcare provider in the communities we serve: the organization that people instinctively turn to for their healthcare needs. Baptist Health and its physicians will offer a broad range of services with superior clinical outcomes, and attain the highest levels of patient satisfaction through the high quality and compassionate treatment we provide.
About Our Volunteer Program

Doctors Hospital started its Volunteer Program in 1965 at the suggestion of Dr. Robert V. Edwards, who strongly believed that a Candy Striper Program would assist the Nursing Staff in providing those “extra touches” for the patient that only a Volunteer can give. Several young ladies from “Les Jeune Filles Service Club” at Palmetto Senior High School were the pioneers of Dr. Edwards’ initiative. Through the years, the Program was expanded to include adult women and men, as well as high school and college students.

Volunteers play a supplementary vita, yet role at Doctors Hospital. They may assist with such tasks as delivery of newspapers and mail supplies from the Central Service, they may help patients with meals or when being discharged. Always seeking for new ways to provide the highest quality service, Doctors Hospital continues to expand its Volunteer Program as warranted by the need of its staff. Volunteers currently assist in all Nursing Units, Emergency Department, Radiology, Social Services, Food Services, Central Services, Recovery Rooms, Operating Rooms, Physical Therapy, Sports Medicine, Gift Shop and the Gift Cart, ICU, ICU Waiting Rooms, among others. Our volunteers not only provide service but, most importantly, they aim to please.

Teamwork and a sense of commitment are essential ingredients in the functioning of a successful organization. Our Volunteers exemplify these qualities, as may be evidenced daily throughout the hospital. Wherever a Volunteer receives an assignment at Doctors Hospital, he/she is assured of being an integral part of the team.

Volunteer Services

Mission Statement

The Volunteer Services Department of Doctors Hospital strives to meet the needs of the hospital by providing volunteers who offer an extra dimension of care and service to patients, their families, and visitors, as well as enhancing the Services rendered by the paid staff.

Vision Statement

In support of Doctors Hospital mission and within the resources allotted, the Volunteer Services Department will:

- Develop and implement volunteer services and programs which increase the overall effectiveness of patient care, enhance customer satisfaction, and improve the financial position of the hospital.
- Strengthen and build the relationship between the hospital staff and volunteers.
- Develop and implement programs which create a supportive working environment for volunteers.
Pastoral Care Services

Baptist Health South Florida believes that an integral part of our healthcare mission is to provide emotional and spiritual support to our patients and their families. Doctors Hospital provides the services of a chaplain as needed to assist in caring for those coping with an illness or who are going through the grieving process. We will do our best to contact a church, synagogue or religious organization if requested to do so. We are committed to providing support, regardless of religious beliefs. All visits by a hospital chaplain are confidential.

To contact Pastoral Care Services, call ext. 83800. If you have an emergency need, call the hospital operator by dialing 0, or 786-308-3000 when calling from outside the hospital. The Pastoral Care Services office is located on the second floor near Elevator A.

A chapel is available for use by patients, visitors, and employees. It is located on the second floor near Elevator A. The chapel is a quiet and peaceful place for prayer and reflection. Chapel services are held every Thursday at 10 AM. Bibles and devotional material are usually available in the chapel. Bibles are regularly distributed to patient rooms and waiting areas.

The Volunteer Services Department has a team of Eucharistic Ministers, who are available to all Roman Catholic patients and their families. Any requests for sacraments should be directed to the hospital operator, or you may contact the nursing staff, Volunteer Services or Pastoral Care Services. Patients should be encouraged to provide their religious preference during the admitting process.

Baptist Health offers charity care to people who do not have the resources to pay their hospital bill. Assistance is granted when patients do not have private insurance, Medicare or Medicaid, and their income falls within specified guidelines. Contact Pastoral Care Services for more information if you believe that you may qualify for financial assistance.

A list of local churches/synagogues is available at the Information Desk and the Volunteer Office.
Acceptance – Classification & Assignment of Volunteers

Volunteers must be at least 14 years of age. Volunteers between the ages of 14 and 17 are enrolled as teen volunteers. Those 18 years of age or older are considered either college student volunteers or adult volunteers.

All volunteers will be recruited and assigned in accordance with Doctors Hospital equal opportunity, affirmative action, and labor relations policies without regard to sex, race, religion, national origin, age, physical disability, or marital status.
All adult and college volunteers must pass a criminal background check before beginning assignment. Court-ordered community hour program participants are not accepted at Doctors Hospital.

Volunteer assignments will be made in accordance with your interest, abilities, and vocational goals and in accordance with the needs of the Hospital, which will be the ultimate determining factor. All volunteer assignments will be made upon the request and agreement of the individual hospital departments.

Upon acceptance into the volunteer program, you must agree to accept and abide by the policies of Doctors Hospital and the Department of Volunteer Services and the department to which you are assigned. If, in the opinion of the Volunteer Services Manager and/or the supervisor of the department to which a volunteer is assigned, a volunteer displays conduct that is not in the best interest of Doctors Hospital and its patients, the volunteer may be counseled and asked to leave.

Getting Started

Before you are accepted into the program and given an assignment, you must:

- Interview with the Manager of Volunteer Services
- Complete the Application Form and the Self-Study Orientation Packet
- Complete a TB Skin Test (Administered by Employee Health Office, Monday-Tuesday, Wednesday and Friday between 7:00 AM and 3:00 PM)
- Have criminal background checked by Volunteer Services Department (for anyone 18 or older)
- Attend a general orientation session and department training
**Orientation**

Orientation training is required and necessary. Its purpose is to familiarize you with safety practices and regulations concerning fire and other emergencies, and provide you with a set of rules applicable to all employees and volunteers. You will be given printed orientation materials to prepare yourself for the orientation. During the orientation your knowledge will be tested.

**Attendance**

Volunteering requires a firm commitment. At Doctors Hospital, we ask each volunteer to agree to at least four hours a week of volunteer services. Please do not accept an assignment unless you have given serious thought to the demands it may place on you.

- Please do not commit yourself to a schedule without first considering your work, school and family obligations.
- When you have a regular schedule, you will have a better work experience.
- Call your work area or the Volunteer office if you will be out.
- Inform the Volunteer Office of any changes in your schedule.
- Notify the Volunteer Office if you will be absent for an extended period of time.
- Minimum 50 hours must be completed per semester for Service Learning Hours to be credited.
- **Return** your ID badge when you stop volunteering.

**Scheduling**

Adult and college volunteers are asked to serve a minimum of four hours per week. A minimum requirement is 50 hours of total service each semester for college students and 100 hours of service each calendar year for adult volunteers. Volunteers are not placed in areas where relatives are employed or are patients.

Repeated absences by volunteer will result in the volunteer being removed from their area of service. One month or more of inactivity will result in the volunteer being removed from the volunteer program. Volunteers must have completed at least 50 hours of service to be considered for re-admittance to the volunteer program.

If you need to miss an extended period of time, up to two months, please ask us about a leave of absence.

**Volunteer Placement**

Volunteers serve in over 20 different areas of the hospital. Running errands for departments, transporting discharged patients, helping with filing, greeting visitors, answering phones, helping
with mailing projects, delivering newspapers and participating in special project are some of duties that volunteers can perform. Volunteers may not perform any clinical tasks, even if they are trained or licensed to do so. Placements are available in clinical areas, patient care areas as well as in non-clinical areas.

**Limits**

The limitations of your duties as a volunteer will be defined by your job description, and you must stay within its boundaries unless specifically ordered by your supervisor.

**Sign-In Procedure**

When you arrive at the hospital, the first place you stop is the Volunteer Office to sign in.

**All Volunteers must sign in!**

- Sign in with your number, name, work area and time when you arrive. Enter time in 15 minutes increments.
- Sign the time you leave WHEN YOU LEAVE.
- Your service hours are recorded on a regular basis.
- There are two sign-in books. One at the Volunteer Services Office for week days, and the other one is at the Information Desk for evenings (after 5:00 PM), weekends and holidays.

Remember, if you don’t sign in, you will not receive credit for your service hours. It is also important that you sign out so that your hours may be recorded correctly. Monthly and cumulative totals of hours of volunteer service will be calculated by the Department of Volunteer Services.

**Absence**

Please do not report for duty if you are sick or otherwise unable to carry out your assignment. Please give a week notification to Volunteer Services for any other absences.

**Leaves of Absence**

Leaves of absence may be granted to volunteers by the Volunteer Services Manager. If you intend to be absent for four weeks or more, please contact the Department of Volunteer Services to request
a leave of absence. If you go on a leave of absence, please call the Department of Volunteer Services at 789-308-3595 to discuss your schedule and assignment before you return.

**Leaving Volunteer Service**

When the time comes for you to leave volunteer service, please notify the Department of Volunteer Services at least a week in advance. Please, be sure to return your identification badge on your last day of service. If you would like a letter of reference or other verification of your volunteer service, we will be happy to supply one for you.

**Excessive Absences**

Volunteers, who do not report to their scheduled assignment for *two consecutive weeks* without notice, will be taken off the schedule. Volunteers, who do not report to their scheduled assignment for *four consecutive weeks* will be considered to have resigned from the volunteer program and his or her file will be removed and their status will be changed to inactive unless they have been granted a leave of absence.

Volunteers, who have been placed on inactive status, should not report to their assignment until they have been reactivated by the Department of Volunteer Services. We cannot guarantee that a volunteer will be reassigned to the same time and department after having been placed on inactive status.

**Appearance and Uniform Requirements**

Volunteers are required to be in uniform when they are on duty. A volunteer polo shirt will be provided by the Department of Volunteer Services. However, you will be responsible for completing the rest of the uniform. Sweaters or jackets are not allowed to be worn over the volunteer polo shirt. If it is necessary, the volunteer jacket (hoodie) may be purchased from us as part of the uniform.

Requirements for appearance:

1. Uniform:

   - Volunteer polo shirt, tucked in, khaki slacks
   - Comfortable, closed-toe shoes and socks
   - Adult women may wear the pink smock
   - Neat appearance, good personal hygiene, minimum, conservative jewelry, no perfumes
   - Nails should be clean and short
2. Hair:

- Clean and neatly groomed.
- No extreme hair styles.
- Beards, mustaches, and sideburns are to be neat and well trimmed.
- The hair must be pulled away from the face and secured.

3. Fingernails:

- Nails should be clean and short
- Nail polish, if worn, may not be chipped, cracked, or peeling.
- Nail ornaments are considered enhancements and may not be worn.

4. Jewelry:

- Jewelry should remain conservative and understated, i.e. no extreme dangling jewelry.
- Finger rings should be discreet and limited to two on each hand (wedding band and engagement rings count as one).
- Earrings will not exceed 1” in length and ½” in diameter.

5. ID (identification) Badges:

- Hospital identification badges must be worn at all times while on duty.
- Badges are to be worn above the waist, picture side facing out.
- Identification badges must be returned at the end of the rotation to Volunteer Services.

**Cell Phone Usage**

Personal cell phones are not to be carried when on duty. If cell phones are brought to the Hospital, they should be left in the lockers.

If a volunteer needs to be reached for emergencies during their shift, the Volunteer Services phone number may be used for contact.
If a volunteer needs to make any emergency or necessary calls, they may use any hospital phones.
**Relationship with the Staff**

Each volunteer is a member of the Department of Volunteer Services and works under the general supervision of the Department's Manager and staff. Departmental staff member is responsible for orienting volunteers to the department, assigning their duties, pointing out any special restrictions or precautions, and for providing on-site supervision. Volunteer should report to their supervisor each time they arrive at the department or leave for the day. Volunteers should send an e-mail to the Volunteer Services Department when they cannot report for duty as assigned. Department supervisor and the Department of Volunteer Services at once if a volunteer becomes ill or are injured while on duty. If medical evaluation or treatment is necessary, it will be provided by the Employee Health Service or the Emergency Department, as appropriate.

Volunteers do not replace paid staff. Each volunteer assignment is designed to supplement and enhance staff functions in order to make each patient's stay at Doctors Hospital as pleasant and comfortable as possible.

Do not request medical advice, treatment, drugs or supplies from the staff of the Hospital. If you become ill or are injured while on duty, notify your departmental supervisor and the Department of Volunteer Services at once. If medical evaluation or treatment is necessary, it will be provided by the Employee Health Service or the Emergency Department, as appropriate.

Volunteers should not attempt to provide any form of professional or medical services to patients. If a patient needs medical or nursing attention, inform the staff of the department at once.

**Volunteer Benefits**

All volunteers receive a complimentary meal using their ID badge before or after their volunteer shift. Meals cannot be “saved” from day to day. If you do not use your meal on one day, it will not hold over until your next shift. This is only a benefit for volunteers to use on the day they are volunteering.

**Cafeteria Hours:**

- 6:30am - 10:30am  **Breakfast**
- 10:30am - 11:00am  **Closed**
- 11:00am - 2:00pm  **Lunch**
- 2:00pm - 4:00pm  **Snack**
- 4:00pm - 4:30pm  **Closed**
- 4:30pm - 6:30pm  **Dinner (on weekends from 5:00pm to 6:00pm)**
- 6:00pm - Midnight  **Hot Soup, Snack, Cold Sandwich**

- Complimentary coffee/ tea in the cafeteria between the hours of 7–10 a.m. and 2–4 p.m.
- Flu Shot and PPD Testing annually
• Annual chest x-ray upon written permission of personal physician or following a Positive PPD, and presentation at the Employee Health office

• Annual Awards

• Discount tickets for community activities (i.e. movies, stores)

**Parking**

First and second floor of the parking garage is off limits to all employees and volunteers. Preferred parking for volunteers is on the 5th and 6th floors of the parking garage. Free valet parking is available if you cannot park in the garage.

**Computers**

When given an assignment on a hospital computer:

• Restrict your activities to the job assigned. **DO NOT** use the computer for any other purpose.

• **DO NOT** access the Internet on a hospital computer and “explore” things on your own.

• If you need help, **ASK** for it.

**Bill of Rights for the Volunteers**

*As a volunteer at Doctors Hospital, you have:*

• the right to be treated as a co-worker

• the right to a suitable assignment and to receive the proper training for the job

• the right to a safe, orderly place to work

• the right to freely make constructive suggestions

• the right to a variety of experiences

• the right to be respected for your efforts

• the right to be recognized through awards, expression of appreciation and proper treatment as part of the team.
South Florida contains people with many different cultures, each with its own cultural traits and health profiles, which presents a challenge to our hospitals. Both our patient care staff and the patient bring their individual learned patterns of language and beyond our own limited set of values to achieve quality.

_Brian Keeley CEO Baptist Health South Florida_

The Joint Commission standards require that healthcare organizations include cultural diversity and sensitivity training as part of employee/student orientation. Population-specific education must be completed annually.

Population specific care is care that is given the most appropriate manner at the most appropriate time. This means that it is appropriate to the culture of that individual patient. Our patients are often part of specific populations such as the young, elderly, and patients with a reduced ability to speak, understand, and/or read English. This is beyond the scope of what we traditionally think of as culture, which is usually race, country of origin, native language, social class, religion, heritage, and acculturation. Culture actually includes the not so obvious, such as age, gender, sexual orientation, and mental or physical abilities.

**Cultural variations include the following:**

- Race
- Country of Origin
- Native Language
- Social Class
- Religion
- Mental or Physical Abilities
- Heritage
- Acculturation
- Age
- Gender

By learning how to provide care in a manner that is sensitive to our diverse cultural needs, we can minimize the care discrepancies between specific groups and ensure that every patient receives the care, treatment, and services they deserve.

**Cultural Diversity**
What is it?

- Different characteristics that make one individual different from other.
- Unique physical characteristics that are noticeable immediately when meeting someone new.
- Determine how each individual thinks, believes, and behaves.
- All the influences that shape the way we approach work and daily living.

Why Learn About Cultural Diversity?

Caring for patients and working with individuals from many different cultures is an important part of the healthcare system today. Learning about different cultures benefits everyone. You can:

- Help patients receive effective care. Taking patient’s cultural views into account helps maintain their right to be treated with respect. They also respond to better care.
- Produce a better working relationship with staff.
- Improve job performance.

Cultural Factors to Be Aware Of:

Country of Origin

Most people who live in the US have roots in other countries. How long a person has lived here may affect his or her views in many areas of his/her life.

Preferred Language

People who are encouraged to talk or read in their own language may feel more at ease and understand better.

Communication Style

Nonverbal and verbal styles may differ. Tone of voice, touch, etc. will vary in cultures.

Views of Health

Some people may see illness as:

- Having a supernatural cause, such as punishment.
- Needing a certain traditional cure, such as an herbal remedy or a specific diet.

Family and community relationships
A patient may expect certain people to be involved in his or her care and allowed to visit.

**Religion**

A patient’s religion may affect his/her consent to treatment, schedule of care, birth and death practices.

**Food References**

Religious, healing, and cultural practices can affect what food a person may eat or avoid.

**Culturally Sensitive Tips:**

**Think before you speak:**
Be sensitive to others. If you do accidentally offend someone, apologize immediately. To avoid embarrassing you, some people may deny that they felt offended. Even so, your apology will have been heard and silently appreciated.

**Listen more:**
Being heard increases a person’s self-esteem and confidence. Listening encourages people to be less defensive and to talk through concerns or problems.

**Avoid generalized language:**
Refrain from using words, images, and situations that suggest that all or most members of a particular group are the same. We aren’t.

**A word about humor:**
Be careful. Sometimes people are so relaxed in their conversations that they forget to consider how off-the-wall comments or jokes might hurt others.

**Even if you don’t intend to hurt others:**
Be aware of the role perception plays. If you think something you said or did may have been taken the wrong way, do some “perception checking.” Ask if your behavior was interpreted in a way you didn’t intend, and then clear up any misunderstanding.

**At the same time recognize other people’s intentions when they speak:**
Don’t be hypersensitive to a thoughtless remark and don’t take things too seriously.

**How Can We Avoid Stereotyping?**

While recognizing that there are many similarities among people from the same culture, it is important for health care providers to remember that each individual has a unique personal history, belief system, communication style, and health status. What may be true about some or most individuals from a particular region or country may not be true of all individuals from that region or country.

Some differences to look for include:
People from rural areas may have been living a more traditional lifestyle than people who have emigrated to the U.S. from urban areas.

Economic status and education can vary greatly among people from the same country.

People from the same country may have migrated to the U.S. for very different reasons, including seeking economic opportunity, escaping religious or ethnic persecution, fleeing civil strife, or joining relatives in America.

There are important intra-region and intra-group variations among people from the same country, and cultural variations may be marked among generations.

**Communicating With a Patient of a Different Culture**

The key to adherence is effective communication between provider and patient.

There are four activities that can contribute greatly to this communication:

1. Asking nonjudgmental questions that help us understand the patient's perspective on the illness, its causes, and its possible treatments;

2. Listening carefully to the patient's replies, trying to pick up clues to the patient's understanding as well as his or her ability to adhere to a recommended treatment;

3. Involving the patient in active problem-solving.

**Here Are Some Examples of What To Ask:**

- Tell me about your family.
- Tell me about your traditions & rituals
- When a person is sick do you think that person can make themselves well?
- What do you think makes a person sick?
- Do you know anyone who has been to a folk healer or used folk medicine?
- What does being healthy mean to you?
- How do you keep yourself healthy?
- What do you do differently from your ancestors to stay healthy?
- What do you do when you are sick?
- Where do you get your health information?

**Cultural Awareness Tool**
<table>
<thead>
<tr>
<th>Culture Group And Language</th>
<th>Belief Practices</th>
<th>Nutritional Preferences</th>
<th>Communication Awareness</th>
<th>Patient Care/ Handling of Death</th>
</tr>
</thead>
<tbody>
<tr>
<td>American English</td>
<td>Christian and Jewish beliefs are prominent. Many others exist in smaller numbers. Family oriented.</td>
<td>Beef, chicken, potatoes, vegetables, fast foods, ethnic foods.</td>
<td>Talkative, shake hands, not much touching during conversation. Prefer to gather information for decision-making. Some hugging and kissing.</td>
<td>Family members and friends visit in small groups. Expect high-quality care.</td>
</tr>
<tr>
<td>Canadian English, French and Inuit(Eskimo)</td>
<td>Protestant, Catholic and Jewish. 80% of the population lives within 1,000 miles of the United States border.</td>
<td>Comparable to American diet. French influence in Montreal and Quebec.</td>
<td>Prefer no touching or kissing. Take things at face value.</td>
<td>Follow nurses’ instructions. Take physicians at their word. Willing to wait for treatment.</td>
</tr>
<tr>
<td>And Language</td>
<td>Cuban Spanish</td>
<td>Cayman English, with some changes in accents and verbs.</td>
<td>Argentinean Spanish</td>
<td></td>
</tr>
<tr>
<td>--------------</td>
<td>---------------</td>
<td>--------------------------------------------------------</td>
<td>---------------------</td>
<td></td>
</tr>
<tr>
<td><strong>And Language</strong></td>
<td><strong>Cuban Spanish</strong></td>
<td><strong>Cayman English, with some changes in accents and verbs.</strong></td>
<td><strong>Argentinean Spanish</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Death</strong></td>
<td>Catholic with Protestant minority. Santeria, which can include animal sacrifice.</td>
<td>Church requires visiting the sick; the extended family supports the immediate family. It is an insult to the patient if there is not a large family/friend presence.</td>
<td>Educated, yet reluctant to get medical attention or accept new medical advancements. Believe in natural and holistic remedies, herbal teas, pure aloe, natural oils, and politics. Family gets involved with the caring for the ill family member.</td>
<td></td>
</tr>
<tr>
<td><strong>Death</strong></td>
<td>Cuban bread, café con leche, Cuban coffee; roast port, black beans and rice; plantains, yucca, chicken and rice.</td>
<td>Fish, turtle, beef, goat and conch; rice beans and plantains; fried food very rich in fat; cooked or fried in coconut oil or milk.</td>
<td>Emphasis on meat, especially beef and homemade pastas, pastries, and local wines.</td>
<td></td>
</tr>
<tr>
<td><strong>Death</strong></td>
<td>Some may have a tendency to be loud when having a discussion. Use their hands for emphasis and credibility and prefer strong eye contact.</td>
<td>Like to be acknowledged. Good eye contact. Prefer no touching or kissing. Very talkative and known for their friendliness.</td>
<td>Talkative, very expressive, direct and to the point. Extroverted. Good eye contact. Like personal and physical contact such as holding hands, hugging and kissing.</td>
<td></td>
</tr>
<tr>
<td>Culture Group And Language</td>
<td>Belief Practices</td>
<td>Nutritional Preferences</td>
<td>Communication Awareness</td>
<td>Patient Care/ Handling of Death</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>------------------</td>
<td>-------------------------</td>
<td>-------------------------</td>
<td>---------------------------------</td>
</tr>
<tr>
<td>Ecuadorian Spanish, Quechua-Indian</td>
<td>Primarily Catholic. Increase in Protestant, Baptist and Jehovah Witness. Very respectful toward religious leaders. Small percentage of population is wealthy with much political control. Family size is usually large.</td>
<td>Diet high in fruits and proteins; starches; rice potatoes and com. Food is prepared fresh daily, usually with salsa. Coastal diet; rice and fish (ceviche). Drink beer and soda.</td>
<td>Extremely polite. Reserved. Respectful. Especially helpful.</td>
<td>Prefer pampering ill family members; stay overnight with patient. Not stoic when it comes to pain. Very private and modest. Embarrassed if they do not look their best. Extremely protective of family; often parents live with grown children.</td>
</tr>
<tr>
<td>Chinese Many dialects Spoken; one written language</td>
<td>Religions: Taoism, Buddhism, Islam, and Christianity. Harmonious relationship with nature and others; loyalty to family, friends and government. Accommodating, not confrontational. Modesty, self-control, self-reliance, and self-restrain. Hierarchical structure for interpersonal and family.</td>
<td>Belief of “yin” (cold) and “yang” (hot) when they are sick. No food with “yin” after surgery (e.g. cold desserts, salad) Often lactose intolerant. Diet consisting of vegetables and rice.</td>
<td>Quiet, polite and unassertive. Suppress feelings of anxiety, fear, depression and pain. Eye contact and touching sometimes seen as offensive or impolite. Emphasize loyalty and tradition. Self expression and individualism are discouraged.</td>
<td>Women uncomfortable with exams by male physicians. May not adhere to fixed schedule. May fear medical institutions. Use a combination of herbal and Western medicine at the same time.</td>
</tr>
</tbody>
</table>
Age Specific

Volunteers are often in contact with persons of various age groups. Therefore, it is important that you understand the specific behavior of each age group.

**Infants: 0 to 12 months**

<table>
<thead>
<tr>
<th>Developmental Stage</th>
<th>Potential Behaviors/Modes of Expression</th>
<th>Predominate Fears</th>
<th>Potential Source of Comfort</th>
</tr>
</thead>
<tbody>
<tr>
<td>❖ Develops trust when needs are met consistently and effectively</td>
<td>❖ Crying</td>
<td>❖ Separation from parents and primary caregivers</td>
<td>❖ Presence of primary caregiver or parent</td>
</tr>
<tr>
<td>❖ Develops mistrust when they are not</td>
<td>❖ Whimpering</td>
<td>❖ Fear of strangers</td>
<td>❖ Holding</td>
</tr>
<tr>
<td>❖ Is totally dependent on others for all needs</td>
<td>❖ Facial expressions</td>
<td></td>
<td>❖ Rocking</td>
</tr>
<tr>
<td>❖ Gratification and stimulation are achieved through the mouth</td>
<td>❖ Lack of responsiveness to caregivers, feelings</td>
<td></td>
<td>❖ Favorite toy or object</td>
</tr>
<tr>
<td>❖ Forms a meaningful relationship with the primary caregivers</td>
<td>❖ Changes in level of alertness</td>
<td></td>
<td>❖ Sucking</td>
</tr>
<tr>
<td>❖ Develops stranger anxiety around 8 months</td>
<td>❖ Sleep disturbance</td>
<td></td>
<td>❖ Self-comforting</td>
</tr>
<tr>
<td></td>
<td>❖ Clinging to primary caregiver</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>❖ Withdrawal, unusual stillness</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The volunteer should:

- Recognize the need for a safe and clean environment
- Recognize and implement safety controls; no small objects should be left within the infant’s reach
- Be adaptable in communications and sensitive to the age
- Recognize the need for a quiet environment
# Toddler: 1 to 3 years

<table>
<thead>
<tr>
<th>Developmental Stage</th>
<th>Potential Behaviors/Modes of Expression</th>
<th>Predominate Fears</th>
<th>Potential Sources of Comfort</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autonomy versus shame and doubt</td>
<td>Crying (whimpering to screaming)</td>
<td>Fear of separation from parents, primary caregiver</td>
<td></td>
</tr>
<tr>
<td>Develops autonomy through exploring</td>
<td>Withdrawal</td>
<td>Fear of immobility, restraint</td>
<td>Presence of parent or primary caregiver</td>
</tr>
<tr>
<td>Develops shame and doubt if consistently criticized for expressing autonomy or lack of control</td>
<td>Refusal of everything</td>
<td>Fears of intrusion</td>
<td>Holding</td>
</tr>
<tr>
<td>Is egocentric</td>
<td>Hides face</td>
<td>Has a literal interpretation of concepts</td>
<td>Rocking</td>
</tr>
<tr>
<td>Says NO to everything</td>
<td>Anxious facial expressions</td>
<td></td>
<td>Favorite toy or object</td>
</tr>
<tr>
<td>Separation anxiety develops around 8 to 24 months</td>
<td>Flaring arms and legs; holds body rigid if in pain</td>
<td></td>
<td>Sucking</td>
</tr>
<tr>
<td>Tolerates minimal separation from parents and primary caregivers</td>
<td>Touches hurt body part</td>
<td></td>
<td>Self comforting</td>
</tr>
<tr>
<td>Displays increasing curiosity</td>
<td>Rejection of everyone except parents and primary caregiver</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Language skills improve</td>
<td>Lack of eating</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Begins stage of “original thinking”</td>
<td>Lack of responsiveness</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**The Volunteer should:**

- Recognize the need for a safe and clean environment
- Recognize and implement safety controls; no small objects left within infants’ reach
- Make sure special toys, blankets are not lost within the hospital
- Be adaptable in communications and sensitive to the age
- Recognize the need for a quiet environment
## Preschool: 3 to 6 years

<table>
<thead>
<tr>
<th>Developmental Stage</th>
<th>Potential Behaviors/Modes of Expression</th>
<th>Predominate Fears</th>
<th>Potential Source of Comfort</th>
</tr>
</thead>
<tbody>
<tr>
<td>❖ Is in a continuous stage of magical thinking; has difficulty distinguishing fantasy from reality</td>
<td>❖ Crying, screaming, shrieking</td>
<td>❖ Fears separation from family, home environment</td>
<td>❖ Presence of family, consistent care-givers</td>
</tr>
<tr>
<td>❖ Demonstrates animism—the belief that unreal objects are real</td>
<td>❖ Withdrawal</td>
<td>❖ Associates pain with punishment</td>
<td>❖ Familiar books and toys</td>
</tr>
<tr>
<td>❖ Begins to master play and movement and control of bowel and bladder</td>
<td>❖ Concerned with how pain affects him/her</td>
<td>❖ Fears body mutilation</td>
<td>❖ Play activities, games, distractions</td>
</tr>
<tr>
<td>❖ Develops a conscience</td>
<td>❖ Regression (loss of bladder/bowel control)</td>
<td>❖ Fears darkness and the unknown</td>
<td>❖ Consistent care-givers (staff) for painful or frightening procedures</td>
</tr>
<tr>
<td>❖ Learns to share</td>
<td>❖ Anxiousness. Asks what you are doing and why?</td>
<td>❖ Fantasizes</td>
<td>❖ Fantasy</td>
</tr>
<tr>
<td>❖ Becomes more of an individual</td>
<td>❖ Fearful of intervention</td>
<td>❖ Remembers and fears pain</td>
<td>❖ Mobility—going to the playroom</td>
</tr>
<tr>
<td>❖ Develops longer separation from parent, primary care giver</td>
<td>❖ Able to describe location of pain and intensity</td>
<td></td>
<td>❖ Simple explanations</td>
</tr>
<tr>
<td>❖ Becomes more verbal, but limited in thought processes</td>
<td></td>
<td></td>
<td>❖ Simple routines</td>
</tr>
<tr>
<td>❖ Child feels responsible for causing an illness</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### The Volunteer should:
- Recognize the need for a quiet environment
- Recognize the need for a safe environment
- Recognize and implement safety controls; no small objects left in the patient’s reach
- Be adaptable in communications and sensitive to the age
**School Age: 6 to 12 years**

**Developmental Stage**
- Seeks acceptance and approval from peers
- Responds to positive interaction
- Vacillates between dependence and independence
- Logical thought and deductive reasoning
- Self-control, body image and changes, sexuality and role development very important.

**Potential Behaviors/Modes of Expression**
- Withdrawal
- Anger, aggressiveness
- Dependence
- Regression
- Rejection
- Able to describe pain
- Depression

**Predominate Fears**
- Fear of feeling
- Separation from peers
- Fear of rejection of peer group
- Fear of mutilation
- Fear of loss of self-control
- Fear of visible disabilities
- Has a poor understanding of body functions

**Potential Source of Comfort**
- Relationships with peers
- Ability to engage in tasks
- Presence of supportive, understanding adult
- Explanations at a child’s level of understanding
- Participation in own care

---

**The Volunteer should:**
- Involve child in choices when possible
- Recognize the need for a clean environment
- Provide for privacy; knock before entering the room
- Be adaptable in communications and sensitive to the age
### Adolescent: 12 to 21 years

<table>
<thead>
<tr>
<th>Developmental Stage</th>
<th>Potential Behaviors/Modes of Expression</th>
<th>Predominate Fears</th>
<th>Potential Sources of Comfort</th>
</tr>
</thead>
<tbody>
<tr>
<td>❖ Seeks acceptance and approval from peers</td>
<td>❖ Withdrawal</td>
<td>❖ Rejection</td>
<td>❖ Presence of primary care givers or parent</td>
</tr>
<tr>
<td>❖ Responds to positive interaction</td>
<td>❖ Anger, aggressiveness</td>
<td>❖ Inferiority</td>
<td>❖ Relationships with peers and friends</td>
</tr>
<tr>
<td>❖ Vacillates between dependence and independence</td>
<td>❖ Dependence</td>
<td>❖ Loss of control</td>
<td>❖ Consistent care givers</td>
</tr>
<tr>
<td>❖ Logical thought and deductive reasoning</td>
<td>❖ Regression</td>
<td>❖ Pain</td>
<td>❖ Consistent roommates</td>
</tr>
<tr>
<td>❖ Self-control, body image and changes, sexuality and role development very important</td>
<td>❖ Rejection</td>
<td>❖ Separation from peers</td>
<td>❖ Interest, hobbies incorporated in daily schedule</td>
</tr>
<tr>
<td></td>
<td>❖ Able to describe pain</td>
<td>❖ Concerns re: Future (e.g. relationships, sexual competency, fertility)</td>
<td>❖ May prefer siblings to parents at times</td>
</tr>
<tr>
<td></td>
<td>❖ Depression</td>
<td></td>
<td>❖ Need to have control over situation</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>❖ Requires solitude</td>
</tr>
</tbody>
</table>

**The Volunteer should:**

- Involve patient in choices when possible; demonstrate flexibility and tolerance
- Recognize the need for a quiet environment
- Provide for privacy; knock before entering the room
- Be adaptable in communication and sensitive to the age
### Adult: 21 to 65 years

<table>
<thead>
<tr>
<th>Developmental Stage</th>
<th>Potential Behaviors/Modes of Expression</th>
<th>Predominate Fears</th>
<th>Potential Sources of Comfort:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Achieving independence</td>
<td>Full-time employment</td>
<td>Loss of Independence</td>
<td>Explaining procedures</td>
</tr>
<tr>
<td>Developing long-term relationships</td>
<td>Desire to complete tasks without assistance</td>
<td>Loss of Control</td>
<td>Involving patient/significant other in care decisions</td>
</tr>
<tr>
<td>Self-actualization</td>
<td>Presence of significant other instead of parents</td>
<td>Loss of Privacy</td>
<td>Provide privacy</td>
</tr>
</tbody>
</table>

#### The Volunteer should:
- Involve patient in choices when possible; demonstrate flexibility and tolerance
- Recognize the need for a quiet environment
- Provide for privacy; knock before entering the room
- Be adaptable in communication and sensitive to age
Geriatric: 65 to death

<table>
<thead>
<tr>
<th>Developmental Stage</th>
<th>Potential Behaviors/Modes of Expression</th>
<th>Predominate Fears</th>
<th>Potential Sources of Comfort</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>v Accepting life with serenity</td>
<td>v Change</td>
<td>v Presence of family or other support</td>
</tr>
<tr>
<td></td>
<td>v Adjusting to new limitations, decreased physical strength and overall health</td>
<td>v Loss of support</td>
<td>v Involvement in decisions</td>
</tr>
<tr>
<td></td>
<td>v Adjusting to new pattern of social and civic responsibilities</td>
<td>v Loss of control</td>
<td></td>
</tr>
<tr>
<td></td>
<td>v Adjusting to reorganized family patterns</td>
<td>v Loss of independence</td>
<td></td>
</tr>
<tr>
<td></td>
<td>v Adjusting to death of a spouse or other loved one</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>v Establishing affiliates with one’s age group</td>
<td>v Short-term memory span may decrease</td>
<td></td>
</tr>
<tr>
<td></td>
<td>v Maintaining satisfactory living arrangements</td>
<td>v Sleep disturbances may occur</td>
<td></td>
</tr>
<tr>
<td></td>
<td>v Accepting death with serenity and assisting others to accept death</td>
<td>v There may be a loss of interest in life</td>
<td></td>
</tr>
</tbody>
</table>

Potential Sources of Comfort:

- Presence of family or other support
- Involvement in decisions

The Volunteer Should:

- Involve patient in choices whenever possible; demonstrate flexibility and tolerance
- Recognize the need for a quiet environment
- Provide privacy; knock before entering a room
- Recognize that the sense of taste declines possibly resulting in the loss of appetite
- Be adaptable in communications and sensitive to the age
- Always face elderly patients when speaking to them
Patients with a Reduced Ability to Speak, Understand, and/or Read English

If your patient is illiterate or speaks a foreign language, giving them written materials will only increase their confusion.

* Asking someone who has reduced literacy whether they understand what you just gave them to read may make them too embarrassed to admit their difficulty.*

Another issue is the problem experienced by clinicians for whom English is a second language. Another staff member in the unit should help them communicate more clearly.

Patients should be encouraged to say:
"I don't understand what you're saying, Doctor. Can you explain?"

Providing an adequate understanding of a patient's illness can often be invaluable in reducing a patient's fear and anxiety. The patient’s understanding of his/her plan of care is instrumental in bringing about a more positive outcome for the patient. As healthcare workers it is important to consider the patient’s individual needs, including her/his specific population when communicating with our patients

Using an Interpreter

It is an inappropriate responsibility for families to take on the role of interpreter and may actually place the provider in violation of the Civil Rights Act of 1964 and the August 30, 2000 Office for Civil Rights (OCR) Policy Guidance.

The rationale for using professional interpreters is clear. Professional interpreters have been trained to provide accurate, sensitive two-way communication and uncover areas of uncertainty or discomfort. Family members are often too emotionally involved to tell the patient's story fully and objectively, or lack the technical knowledge to convey the provider's message accurately. Although it may seem natural to look at the interpreter when you are speaking, you want the patient to feel that you are speaking to her/him, so you should look directly at her/him, just as you would if you were able to speak her/his language.

It is best to speak in a normal tone of voice, and at a normal pace, rather than pausing between words.

Because of differences in grammar and syntax, the interpreter may have to wait until the end of your sentence before beginning to interpret. Remember to pause after one or two sentences to allow the interpreter to speak.

When you need further information, or need to clarify what the patient has said, clearly tell the interpreter what you want asked of the patient. Although you may ask the interpreter to add his or her opinion of what the patient really meant, try to get as close as possible to the patient's actual words and intent.
We establish and maintain a secure, respectful and trusting environment for patients, guests, coworkers and others. Patient and organizational information is kept confidential and respected as privileged information.

**Doctors Hospital abides by a code of ethical conduct, which addresses ethical behavior in patient care, education, public health, social service, and business functions.**

The code takes into account the needs and values of our hospital, its physicians and employees, those of individual patients, their families, and the community as a whole.

Doctors Hospital provides a mechanism to address ethical concerns of issues pertaining to patient care.

**General Guidelines:**

- Know the laws and regulatory requirements that apply to your job.
- Follow the compliance standards and procedures that apply to your job.
- When in doubt, ask your supervisor or the Compliance Office.
- Report suspected wrongful conduct in good faith and as soon as possible.
- Keep accurate records.
- Be loyal to the system and avoid conflicts of interest.
- Use the hospital facilities and equipment only for hospital business.
- Do not accept gifts of more than nominal value.
- Do not accept cash or cash equivalents from patients, families, and visitors.
- Maintain the confidentiality of patient and business information and records.

**Ethical and Legal Compliance Program**

The Corporate Compliance should be completed annually.

**How Do I Report Concerns?**

You are encouraged and expected to report your patient safety concerns through the chain of command, all the way to the CEO if necessary. You may report concerns without fear of discipline...
or retaliatory action. A confidential Baptist Health Compliance Hotline (888-492-9329) is available to foster resolution of concerns. If you observe a situation that is a concern which you believe is not being adequately addressed, you may report this to The Joint Commission Organization at 800-994-6610. No disciplinary action will be taken if an employee reports safety or quality of care concerns to the Joint Commission.

**What Do I Do if I Suspect a Physician to be Impaired?**

All individuals working in the entity who have a reasonable suspicion that a physician may be impaired are required to report the physician's behavior immediately to their supervisor or manager. An incident report must be filed and will include a factual description of the incident(s) that led to the belief that the physician may be impaired. If deemed appropriate, the entity will refer all impaired physicians to the Physician Resource Network (PRN) at 800-888-8776.

**Safe Patient Handling**

The mission of the Safe Patient Handling Program is to provide a safe environment for our patients as well as our staff when performing patient handling and movement tasks. Safe patient handling reduces patient falls, assists in the prevention of skin breakdown, and reduces staff injuries.

Patient Mobility Equipment is available and should be used per BHSF policy 682.01 in all patient care areas which require manual handling of patients. Patient mobility assessment is the foundation for selecting the appropriate device when moving patients. Equipment includes total lifts, standing aids and friction reducing devices for bed mobility. Transfer Mobility Coaches act as resources on each unit. Safe Patient Handling resources are also available on the BHSF intranet.

**HIPAA and Confidentiality**

*Safeguarding this information and the patient’s right to privacy, is an ethical, and legal obligation (HIPAA) for those who work in a hospital.*

In the provision of quality care, discussions regarding patient care and treatment are necessary; however, discretion is very important. It is the responsibility of all employees, staff, students and volunteers to refrain from discussing patients in inappropriate places (i.e. elevators, hallways and cafeteria). Patient information should not be discussed with anyone in the hospital unless it pertains directly to his or her job, and then the discussion should take place away from public areas.

Maintaining patient confidentiality requires a conscious effort by every employee and student. Confidential information may include information regarding the patient’s identity, medical and
emotional condition, and financial situation. To protect confidentiality, medical information should be accessible only to those who “need to know” in order to deliver effective care.

**What is HIPAA?**

The Standards for privacy of Individually Identifiable Health Information (“Privacy Rule”) establishes, for the first time, a set of national standards for the protection of certain health information. HIPAA is the common name for the “Health Insurance Portability and Accountability Act” a federal law that has improved many things within health care and health insurance.

HIPAA protects our patients’ personal Medical Records. The Standards for Privacy of Individually Identifiable Health Information (“Privacy Rule”) establishes, for the first time, a set of national standards for the protection of certain health information. HIPAA protects your health insurance coverage when you change jobs –the “Insurance Portability” part. HIPAA also protects our patients’ personal Medical records –the “Accountability” part.

**What Are Patients’ New HIPAA Rights?**

- The right to get a copy of Baptist Health’s Notice of Privacy Practices.
- The right to request to see and copy their medical records.
- The right to request restrictions on the use and disclosure of medical information.
- The right to request to receive confidential information at an alternative address or phone number.
- The right to request an amendment of their health information.
- The right to request an accounting of disclosures of their medical records for non-routine purposes (other than treatment, payment, and healthcare operations.)
- The right to file a privacy complaint.
- The right for an opportunity to be included or excluded from the facility telephone switchboard directory. (Name, location within the facility, and religious affiliation, or all three.)

**What is Protected Health Information (PHI)?**

PHI refers patients’ personal and confidential health information past, present or future. This is what HIPAA protects.
**How Do I Protect the Privacy of Those I Know?**

- Take special care to protect the privacy of acquaintances who are patients.
- Do NOT discuss their health care services with anyone who is not directly involved in their care.
- Do NOT ask why they are a patient, or their reasons for accessing (seeking) health services.
- Ask if there is anything you can do for them.
- Do NOT ask about their private health information unless it is for patient care purposes.
- Never leave sensitive or confidential information in a trash bin. Destroy all papers that contain PHI. ALWAYS follow the proper paper disposal procedure. For example use secure bags, shredders, and locked ‘shred-it’ bins. Locked, shredder disposal bins are located throughout BHSF.

**Visiting People You Know…**

- It is not permitted to visit acquaintances or relatives who are in the hospital if you learned that they are a patient as a result of your position at BHSF.
- If a patient has opted out of the directory, and has not invited you to visit, you may not.
- You may visit friends/relatives who notify you of their hospitalization and invite you to visit.

**Directory Script**

We always list our patient’s name and location in our telephone switchboard directory to allow for family and friends to call, visit, or send flowers. Under the federal privacy law, a patient may choose not to be listed. This means that we will not be able to direct patient telephone calls, inquiries or flower deliveries, nor let their family or friends know that they are here. The following categories describe ways that we may use and to disclose health information that identifies the patient. (“Health Information”).

a) For Treatment  
b) For Payment  
c) For Healthcare Operations

**Who can assist me with Privacy or Security Issues?**

When it comes to patient privacy, you are never alone! If you are located at one of the hospitals or a BOS site, please contact the Patient & Guest Services Department at each location for assistance with any privacy concerns. The Privacy Office can also be contacted directly at the HIPAA Hotline at 786.596.8850.
This section will prepare you to safely respond to emergency situations at work and in your personal life as well. Environment of care refers to the situation in which you work and in which we care for patients. You need to know how to respond and what procedures to follow in various unexpected events/emergencies in order to ensure safety for all.

What is the Joint Commission?

The Joint Commission, formerly the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), is a private sector United States-based not-for-profit organization. The Joint Commission operates voluntary accreditation programs for hospitals and other health care organizations.

The mission of The Joint Commission is to continuously improve the safety and quality of care provided to the public through the provision of health care accreditation and related services that support performance improvement in health care organizations.

The unannounced full survey is a key component of The Joint Commission accreditation process. "Unannounced" means the organization does not receive an advance notice of its survey date. The Joint Commission began conducting unannounced surveys on January 1, 2006. Surveys will occur 18 to 39 months after the organization's previous unannounced survey.

Preparing for a Joint Commission survey can be challenging process for any healthcare provider. At a minimum, a hospital must be completely familiar with the current standards, examine current processes, policies and procedures relative to the standards and prepare to improve any areas that are not currently in compliance. The hospital must be in compliance with the standards for at least four months prior to the initial survey. The hospital should also be in compliance with applicable standards during the entire period of accreditation, which means that surveyors will look for a full three years of implementation for several standards-related issues.

If you as a volunteer have concerns about the safety or quality of care provided in our organization, you may report these concerns to the Joint Commission at www.jointcommission.org.

There are things you can do now to help prepare for the next survey.

- Be informed. Know what your duties are within your department. Watch for information regarding the upcoming visits in the form of signs and mailings.
- If asked questions, don’t panic just talk about what you know.
- Review your volunteer orientation material. It is available on the internet or you may get hard copy from volunteer services office.
- Particular topics of interest to the surveyor will be your place and role within the overall organization and safety issues (fire safety, risk management, emergency codes and etc.).
Emergency Codes

For any type of emergencies

PRESS # AND THEN DIAL 7777

CODE BLACK: Signals that the hospital has received a bomb threat. Report with location.

CODE RED: Signals a fire has been discovered and to immediately follow hospital fire safety procedures. Report with location.

CODE BLUE: Signals an actual or potential cardiopulmonary arrest in an adult. Report with location.


CODE STORK: Missing infant under 28 days old. Report with description (age, sex, and hair color).

CODE ADAM: Missing child over 28 days old. Report with description (age, sex, and hair color).

CODE GREEN: Signals a staff member needs assistance with a combative person. Report with location.

CODE ORANGE: Signals impending childbirth without an obstetrician present. Report with location.

CODE WHITE: Signals a hazardous material has been spilled or leaked. Report with location.

**CODE 9:** Signals illness or injury to a visitor or employee has occurred within the hospital. Report with location.

**CODE 250:** Signals illness or injury to a visitor or employee has occurred outside on hospital grounds. Report with location.

**CODE DELTA: INTERNAL:** Signals the hospital is putting its internal disaster plan in effect to meet its responsibilities for the care of emergency casualties.

**CODE DELTA: EXTERNAL:** Signals the hospital is putting its external disaster plan in effect to meet its responsibilities for the care of emergency casualties.

**CODE HELP:** It is an emergency response system a patient and family can use to bring a team of medical professionals to the patient’s room for immediate medical assistance.

**CODE SILVER:** Signals active threat or active shooter on premises. Report with location.

**CODE GREY:** Utility failure. Report with location.
Fire Safety

Fire safety is everybody’s responsibility. Every employee/volunteer needs to know how to prevent fires, move patients from danger, sound the alarm and extinguish small fires effectively.

All employees/volunteers can help to prevent fires by following some basic rules of safety, such as:

- obey and enforce smoking rules
- never smoke around oxygen or flammable liquids
- don’t use equipment that has frayed or cracked wires
- don’t overload electrical outlets
- be aware of the locations of fire exits and fire extinguishers

What Do You Need To Do In Case Of A Fire?

Remember the word “RACE”

R – Rescue anyone in immediate danger from the fire. Move patients horizontally first. If a whole floor is in danger, move to the next lower floor. Never use elevators to evacuate. Evacuate ambulatory patients first to reduce confusion and congestion.

A – Alarm your co-workers by dialing #7777 or activating the fire alarm box. Report a “Code Red” and give the exact location.

C – Contain the fire by closing all doors and windows. Shut off air-conditioning and fans, if possible.

E – Extinguish a small fire, if possible, with an ABC fire extinguisher or smother it with a blanket.

Only fight small fires contained in a small area. A multipurpose fire extinguisher (Type ABC) can be used on all three types of fires: solid material, electrical and flammable liquids.

In case of fire, remain calm – it is important to prevent panic. This will be easier if you know the fire emergency plan, know the location of fire equipment, alarms and exits and participate fully in fire drills. Fire alarm boxes are located at each fire exit and all nurse stations. Take the time to look around your work area for the location of fire pulls and extinguishers. If you are discharging a patient at the time of a fire and have not left the floor, please bring the patient back to the nurse.
Horizontal/Lateral Evacuation of Patients

During a Code Red it may be necessary to evacuate patients due to smoke or the possible spread of the fire. In most cases, patients should be left in their rooms with the doors closed. Evacuation is only used in extreme cases. When it becomes necessary to evacuate patients, we will use the horizontal/lateral evacuation which means patients are moved from the area they are in to a different area on the same floor. For example, we can move the patients from 3-South to 3-West. By doing this, the patients are moved to a different smoke compartment without using stairwells. The elevators will not work during a Code Red. When Code Red alarm is activated, doors that separate smoke compartments close automatically.

Remember the Word
“PASS”
if you need to use a fire extinguisher

P – Pull the pin from the handle
A – Aim the nozzle to the base of the fire
S – Squeeze the handle to operate
S – Sweep along the base of the fire

Florida Right to Know Law

Hazardous Materials

The Florida Right to Know Law protects workers who handle chemicals. If you work with hazardous materials, your employer is required to provide a four-part hazard program which includes employee training, a written program, Material Safety Data Sheets, and a warning about your level of risk for exposures to hazardous substances. If you have questions about safe work practices, talk to your manager or educator.

Material Safety Data Sheets (MSDS)

All manufacturers and vendors supplying the hospital with substances deemed toxic by state and regulatory agencies must provide the hospital with an MSDS for each substance.

The MSDS is a document containing standardized information about the properties and hazards of listed toxic substances. A substance’s chemical name, trade name, manufacturer, physical properties, health hazards, and storing requirements are some of the information listed on the MSDS.

The MSDS also advises you on the health effects in case of exposure, first aid treatment for injury or exposure, emergency procedures, and safe clean-up procedures for spills.
All containers with hazardous chemicals must be properly labeled. If you discover a spill, report it immediately. The supervisor in your assigned area will obtain the Material Safety Data Sheet for hazardous substances. You may also access to MSDS calling 1-800-451-8346. When you call, state the name of the product and provide the fax number 786-308-3596 for documents to be faxed.

**Hazardous Materials Safety (HAZ-MAT)**

Hazardous materials can be found everywhere; whether they are in the chemicals you use at home or work or the hazardous substances that can be used in acts of terrorism. The effects can range from mild discomfort to disability and death.

**RECOGNIZE** - Be aware of your surroundings and recognize when a hazard might be present. Unusual odors, vapors, spilled liquids or powders in the area or on a person can be clues that a hazard exists.

**AVOID** - Avoid contact with the substance or exposed person. Don't become a victim yourself. If you are contaminated, you become part of the problem instead of becoming part of the response.

**ISOLATE** - If a possible hazard exists evacuate the area and keep others from entering the area. If faced with a contaminated person, attempt to keep others from being exposed. If possible keep the victim outside.

**NOTIFY** - Call the operator and advise them of the situation. The operator will announce the appropriate emergency code and dispatch trained response personnel. Every BHSF hospital has trained personnel and protective equipment for internal response, and Baptist Hospital is a designated HAZ-MAT receiving facility.

**MRI Safety**

The MRI magnet is ALWAYS ON, even when the scanner is not in use. The magnetic field cannot be seen, makes no sound and offers no warning sign that it is present. Whether you are transporting a patient to MRI, cleaning the MRI room or having an MRI yourself, NEVER ENTER THE MRI SCAN ROOM unless the MRI technologist tells you that it is safe to do so. Be aware of safety procedures and observe all warning signs.

All metal objects must be kept away from the MRI scan room. Items such as stretchers, oxygen tanks, IV poles, life support equipment, crash carts, fire extinguishers, floor polishers, buckets, patients’ charts, clipboards, ID badges, credit cards, cell phones, beepers, pens, scissors, jewelry, hair clips, etc., cannot be taken into the MRI scan room. Any metal object can become a dangerous projectile in the vicinity of the MRI magnet and can injure patients and/or employees.

**Radiation Safety**

Follow these simple guidelines to avoid or minimize radiation exposure from X-ray machines of other radioactive material:

1. Yellow “Caution, Radiation Materials” signs indicate that the room/area is a place where radioactive materials are used or stored. Do not go into these areas without authorization
2. If your duties require that you enter these areas, follow these three principles: **TIME**, **DISTANCE** and **SHIELDING**. Minimize the amount of **TIME** you spend in the area to reduce or avoid significant radiation exposure. Maintain a **DISTANCE** of about 3 – 6 feet from radiation sources. Wear appropriate protection or stand behind an appropriate barrier to ensure **SHIELDING**.

3. Do not smoke, eat, or drink in areas labeled with the yellow “Caution, Radiation Material” signs.

**Smoke Free Environment**

All Baptist Health facilities are smoke free, which means that no smoking is permitted inside the buildings. Employees/patients wishing to smoke should do so in designated outside smoking areas.

**Violence in the Workplace**

Employees and volunteers may implement the violent person code procedure when a visitor or employee demonstrates aggressive behavior, which causes one to reasonably believe that he/she or another person is in immediate danger of serious bodily harm.

**What to Do in Case of a Confrontation**

- Dial the emergency line to initiate a code and notify the Operator, giving the exact location. Emergency line is #7777.
- The operator will call Security via radio and alert them of the situation.
- The Security Supervisor and/or designee will physically respond to all violent situations.
- The Security Officer will attempt to use reasonable verbal efforts to resolve the situation.
- The Security officer will attempt to use an appropriate amount of force against an aggressor when it appears they may be seriously injured and all reasonable verbal efforts have been exhausted.
- If the use of force and/or restraints is required to control the aggressor, the Police Department will be called and a report filed. Pressing charges is the option of the victim.
- An Incident Report Form will be completed by the Security Officer in all cases and forwarded to the Risk Management.

**Verbal Warning Signs of Violence:**

- Talking about weapons.
- An angry or threatening tone of voice.
- Shouting, screaming, cursing.
• Making threats or sexual comments.
• Challenging rules or authority.
• Making unreasonable demands.
• Expressing irrational thinking.

**Physical Signs Include:**

• Having a weapon.
• Nervous pacing, restlessness.
• Clenching fists or jaw, tightly gripping.
• Angry looks or staring.
• Violent gestures, pounding on or breaking objects.
• Acting drunk or under the influence of other drugs, staggering slurred speech, etc.

**What Are the Basic Rules for Violence Prevention?**

• Be aware of your surroundings: spot trouble before it starts.
• Report every incident.
• Trust your feelings.
• Always follow proper security procedures.
• Do not try to be a “hero”.

**If Someone Shows Signs of Loosing Control**

• Alert security and other staff.
• Stay calm. Stay alert.
• Keep a safe distance from the person.
• Leave yourself an escape path.
• Listen to the person, be supportive.
• Talk slowly and softly.
Infection Control

It’s everyone’s business

All members of the Hospital Staff, including volunteers, must cooperate in controlling the spread of infection. Procedures for the control of infection are designed to minimize the spread of infection from patient to patient, patient to personnel (including volunteers), and personnel to patients.

The Purpose of Infection Control is to identify:

- How infections are spread
- How to protect patients and visitors
- How to protect yourself as a health care worker

What Is An Infection?

An infection is a condition resulting from the presence and invasion of the body by microorganisms (bacteria, virus, and fungus).

Infections are transmitted or spread by these types of contact:

- Direct Contact
- Indirect
- Droplet
- Vehicle (e.g. instruments)
- Airborne
- Vector (e.g. insect)

Hand washing

Hand hygiene is the single most important procedure for preventing nosocomial infections. Good hand hygiene practices shall be followed by all personnel.
Indications for Hand washing and Hand Antisepsis

- When hands are visibly dirty or contaminated with proteinaceous material or are visibly soiled with blood or other body fluids, wash hands with soap and water followed by an alcohol based product.
- If hands are not visibly soiled, use an alcohol-based hand rub for routinely decontaminating hands in all other clinical situations.
- Decontaminate hands before having direct contact with patients
- Decontaminate hands after contact with a patient’s intact skin.
- Decontaminate hands after contact with body fluids or excretions.
- Decontaminate hands after contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient.
- Decontaminate hands after removing gloves.
- Before eating and after using a restroom, wash hands with non-antimicrobial soap and water or with antimicrobial soap and water.

Hand-hygiene Technique

A. When decontaminating hands with an alcohol-based hand rub:

- Apply product to palm of one hand
- Rub hands together, covering all surfaces of hands and fingers until hands are dry.
- Follow the manufacturer’s recommendations regarding the volume of product to use.

B. When washing hands with soap and water:

- Wet hands first with water.
- Apply product to palm of one hand
- Rub hands together vigorously for at least 15 seconds. (A good technique to use is if you sing "Happy Birthday" to yourself while you are soaping your hands, you will be washing your hands for at least 15 seconds)
- Cover all surfaces of the hands and fingers.
- Rinse hands with water and dry thoroughly with a disposable towel.
- Use towel to turn off the faucet if no knee or elbow control is available.
- Avoid hot water; repeated exposure to hot water may increase risk of dermatitis.

Fingernail Policy:

Fingernails should be short, clean, and healthy, with natural nail tips less than ¼ inch long. Nail polish, if worn, may not be chipped, cracked, or peeling.
Health Requirements

- Any student with draining lesions (including fever blisters) should refrain from duty until the condition has cleared.
- Students are to excuse themselves from the hospital for symptoms of respiratory or gastrointestinal infection, or other infectious disease until the condition resolves.
- We require that all students be in good physical health. Problems must be disclosed during the interview or as they develop.

Blood and/or body fluid exposure

a. Exposure is defined as:
   - A needle stick or cut from a contaminated needle or other instrument.
   - Blood or body fluid splashed into eyes or mouth.
   - Prolonged skin exposure to large amounts of blood especially when the exposed skin is chapped, abraded, or afflicted with dermatitis.

b. Any student sustaining exposure as defined above is to receive first-aid immediately, report the incident to his/her supervisor and to the director of Volunteer Services or designee, complete an incident report, and be evaluated by Employee Health Services.

4. PPD (tuberculin) skin tests are done initially and annually thereafter. Individuals with a positive response will be appropriately counseled.

Specimen Handling Guidelines

The handling of human specimens, including blood and body fluids, requires that certain precautions be used to minimize the potential for exposure. The following information provides guidelines for those precautions needed to protect you and others from exposure to blood and/or body fluids.

It is the policy of Doctors Hospital to consider ALL body fluids as potentially infectious in accordance to Standard Precautions. Standard Precautions require the use of barriers whenever there is a potential for contact with blood and/or body fluids. All body fluids/tissue are handled as potentially infectious.

Use of barrier (protective apparel) precautions is intended to prevent skin and mucous membrane exposure to blood and/or other body fluids. When contact with blood or other body substances (of any source/patient) is anticipated, potential personal protective apparel must be worn. Examples of protective barriers are gloves, masks, gowns, face shields, etc...
Standard/Universal Precautions

CONSIDER ALL PATIENTS TO BE POTENTIALLY INFECTIOUS.

Use appropriate barrier precautions/personal protective equipment (PPE), such as: gloves, gown, mask and goggles, as indicated below:

- When touching blood, body fluids, mucous membranes, or non-intact skin of all patients.
- When handling items or touching surfaces contaminated with blood or body fluids.
- During procedures that are likely to cause splashes of blood or other body fluids (to protect the mucous membranes of the eyes, nose, and mouth).

**Do’s to Prevent Spreading Infection**
- Wash hands
- Complete/update immunization record
- Discard instruments in the right container
- Be tested for Tuberculosis annually
- Use Personal Protection Equipment (PPE)
- Practice good personal hygiene

**Don’ts to Prevent Spreading Infection**
- Do not report for your shift if you are sick, especially if you have a fever, diarrhea, or a skin infection.
- Do not eat or drink in a patient’s room.
- Do not drink or eat anything from a patient’s tray.
- Do not enter an isolation room.
- Do not attempt to clean up spilled specimens.

Students should not routinely engage in tasks that require contact with items or surfaces visibly soiled with blood or other body fluids. Should a situation arise in which contact could occur, gloves are available in all patient care areas. When gloves are worn for contact with blood or other body fluids, they are to be removed after contact and discarded, and the hands are to be washed.

**Entering Patient Rooms**

Always knock before entering a room. Identify yourself as a student and explain why you are there.

**Isolation**
Baptist Health has adopted the Centers for Disease Control (CDC) Guidelines for Isolation Precautions. It is broken into **two tiers**, as follows:

**Tier One**, known as **Standard Precautions**, applies to all patients. Gloves are to be worn when having direct contact with any patient's body substance (for example, blood, urine, feces, drainage, sputum) and hands are to be washed before and after patient contact and after removal of gloves.

**Tier Two**, known as **Transmission-Based Precautions**, applies to patients infected with a communicable disease. Refer to interdepartmental policy for assistance in completing the **STOP sign** that is placed on the front of the patient's chart. It instructs those entering about what is needed to protect them from potential exposure.

![STOP](image)

To indicate that the room is under isolation, the stop sign is placed on the patient’s door. Students should never enter a patient’s room that bears an isolation sign.

**Tuberculosis**

Tuberculosis or TB is an airborne disease transmitted through sneezing, coughing and sharing contaminated air space. Miami-Dade County has a high but decreasing rate of tuberculosis. Confirmation of exposure to TB is made through a tuberculin skin test (P.P.D.).

Assessment of tuberculin status is required for each student at Baptist Health and can be obtained for free at the Employee Health Office. A positive P.P.D. means that you have been exposed to TB. It cannot detect whether or not the disease is active. People can carry inactive TB, have no symptoms, and not be infectious to others. That’s why if your P.P.D. is positive or you have symptoms, a chest X-ray is performed. The chest X-ray will determine whether or not active TB is present.

Many people have a positive skin test indicating that they have been infected with TB. Five to 10 percent of these people will develop the illness sometime in their life.

**Hepatitis B**

Hepatitis B is a blood borne disease transmitted in the work setting by being stuck or cut with infected needles or sharp objects, or by exposure to blood and other potentially infected body fluids through splashes or spills on non-intact skin or mucous membranes (mouth, nose, eyes, etc.). Hepatitis B is also transmitted in personal settings through unprotected sex with an infected person and/or sharing infected needles. Some individuals infected with HBV will have flu-like symptoms approximately 6 months after being exposed. These symptoms include loss of appetite, tiredness, nausea, vomiting, abdominal pain, and jaundice (skin/eyes turn yellow). Skin rashes and joint pain can also occur.

The urine is frequently dark and the stool light. Some people may have no symptoms at all. This infection can result in damage to the liver, cancer, and death.
**H.I.V. = Human Immunodeficiency Virus**  
**A.I.D.S. = Acquired Immune Deficiency Syndrome**

- H.I.V. causes the disease called A.I.D.S.
- Primarily transmitted/spread by sexual contact:
  - Parenteral exposure to blood (needle-stick/IV drug abuse)
  - Other exposure to blood
  - Infected pregnant women to the infant
- Body Fluids with highest concentration of HIV:
  - Blood
  - Semen & vaginal secretions
  - Breast milk
  - Body cavity fluids
- Prevention of spread of H.I.V./A.I.D.S.:
  - Safe-sex practices or abstinence
  - Practice strict Standard/Universal Precautions

**OSHA Standard Precautions for Blood Borne Pathogens**

The Occupational Safety & Health Administration has basic OSHA standard precautions that are meant to keep the work environment safe. You may know the standard precautions by another name -- universal precautions or bloodborne pathogen precautions. OSHA recently changed the name, but the standards put forth are the same.

OSHA requires all health care institutions to have a plan to prevent transmission of blood borne pathogens such as HIV, HBV, and HCV. This plan is called the “Exposure Control Plan (ECP).” It describes job-specific procedures and policies to prevent exposure to these illnesses. All employees and students with patient contact are required to review it annually and pay attention to any changes that may have occurred.

If any student gets in contact with any type of bodily fluid, it must be cleaned and reported immediately.
What Does Risk Management Do?

Risk Management Is Responsible For:

- The identification of practices, systems, or processes which have the potential for putting patients and/or visitors at risk of injury
- The elimination and/or reduction of risks that have the potential for causing injury
- The implementation of the Risk Management Program to accomplish the above

Who Is the Risk Manager at Doctors Hospital?

Lauranne Quinn, LHRM  
Phone: 786-308-1182

What Is An Incident?

An “incident” is any occurrence that is unexpected and which results in or could have resulted in, an injury to a patient, visitor or employee.

PATIENT INCIDENTS

- Falls
- Medication errors or variances
- Unusual outcomes as a result of a procedures/treatments
- Equipment-related injuries or serious malfunctions

VISITOR INCIDENTS

A Visitor is any person on the premises of the hospital who is not a patient or employee.
**Should a Visitor Incident occur:**

Dial #7777 to activate Code 9 (if the incident has occurred within the hospital) or Code 250 (if the incident has occurred outside on hospital grounds). Encourage the visitor to go to the Emergency Department. Any refusal should be documented.

**If An Attorney Contacts You Or If You Receive Legal Papers:**

Immediately contact the Risk Management Department (ext. 83180). Never speak with an attorney regarding a patient or hospital matters.

**Patient Safety**

Effective July 1, 2001 the Joint Commission on Accreditation of Healthcare Organizations, the evaluator of nearly 5,000 hospitals, created Patient Safety Standards. These standards require hospitals to make specific efforts to prevent medical errors, and to tell patients when they have been harmed during their treatment. The standards are being implemented, and the objectives are being met by Doctors Hospital.

For more information, visit www.thejointcommision.org

**7 Guiding Principles for Patient Safety**

1) **Safety First** – Our first obligation is to protect the patients who have entrusted their lives to our care. Safety is the foundation of quality.

2) **Teamwork** – Together we can create a barrier to errors and system failures. Every person’s voice needs to be heard if they become aware of a potential safety risk, regardless of their role in the organization. (This includes patients, families, employees, and physicians.) Remember, you may be the only one who sees a risk.

3) **Standardization** – Standardizing patient safety practices at our various facilities is a benefit to the communities we serve. When we accomplish this, physicians and clinical staff don’t have to remember a different way of doing things when they work at different locations. Consistency reduces the risk of error.

4) **Fail Safe Approaches** – We know that to err is human. We strive to incorporate double checks, redundant systems and error prevention practices, and technology into our procedures.

5) **National Patient Safety Goals** – Certain patient safety best practices have been identified which, if implemented effectively, will prevent errors and injury to patients. We have adopted these best practices and rely upon our entire staff to implement them faithfully.

6) **Reporting Errors, and Equipment or System Failures** – Reporting errors is expected whether a patient is harmed or not. We recognize that errors usually occur due to
breakdowns in systems and processes. In order to learn from each error and prevent another event, employees are required to submit incident reports. They may submit incident reports without fear of disciplinary action for making errors, except for intentionally unsafe behavior. (See Baptist Health Patient Safety Policy 250.01 for details).

7) Patient Safety is Everyone’s Job – From CEO to volunteer, ensuring safe care for our patients is part of everyone’s responsibilities.

What Can You Do To Promote Patient Safety?

- Wear your name tag in a clearly visible place at all times.

- Introduce yourself to the patient and the patient’s family, giving your name and department, in a clear and courteous voice.

- Wash your hands frequently when dealing with patients or their environment.

- Report anything you see that appears unusual or unsafe as quickly as possible.

- When you hear an alarm coming from a patient’s room or piece of patient care equipment, find the patient’s nurse and report the sounding alarm.

- Know what your responsibilities are in the event of a fire or disaster.

- Take responsibility for protecting confidential patient information.

- Work within your scope of practice and job description.

- Know your responsibility and be accountable.

- Follow your chain of command.

- Report anything that appears unusual or unsafe.

- If you don’t know – Ask! Ask! Ask! Ask!

- Speak Up for Patient Safety.

- Verify the identification of the patient.

- Use preferred terms rather than abbreviations.

- Use Universal Protocol
How to Verify Patient Identification?

Follow the procedure for verifying patient identification:

1. **Ask** Your patients to tell you their name and date of birth.

2. **Match** Patient’s verbal information with the patient name and date of birth on ID band.

3. **Verify** Patient name and date of birth with the order, requisition or screen.

**Universal Protocol**

Universal Protocol is intended to prevent any wrong site/side or procedure being done on patients. This should be used prior to all invasive procedures, both in the operating room and nursing unit whenever an invasive procedure is performed. Conduct and document the "Time Out" process using these elements to verify accuracy.

- ✔ Correct patient?
- ✔ Correct site?
- ✔ Correct side as marked?
- ✔ Correct position of patient?
- ✔ Equipment available?
- ✔ Correct procedure - as read aloud from the consent form?
- ✔ Correct prosthesis or implant available?
What Can You Do To Improve Patient Safety?

Lots of things! You can Watch, Listen, Ask, Act, and absolutely Report!

**Watch:** Really look at all situations. Is there an incident waiting to happen? Be aware of your surroundings and who is around you.

**Listen:** When a patient or family member asks-Why? Stop and take note.

**Ask:** There are no stupid questions; but there are preventable mistakes. If you do not know or are unsure, ask. Whether it's the nurse, physician or co-worker, be knowledgeable and informed.

**Act:** Don’t be afraid to point out your observation or ask questions. You could be preventing someone from getting hurt.

**Restraint Safety**

Restraint is any manual method, physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his/her arms, legs, body, or head freely; or a drug or medication when it is used as a restriction to manage the patient's behavior or restrict the patient's freedom of movement and is not a standard treatment or dosage for the patient's condition.

Our Baptist Health philosophy is to strive for a restraint free environment by continuously improving our practice to protect patients and respect their rights, privacy, and dignity. The patient has the right to be free from restraints of any form that are not medically necessary, or are used as a means of coercion, discipline, convenience, or retaliation by staff.

**Report Errors:** Only by reporting your errors, the problems you find, and even the close calls or things you’re afraid could happen, will problems be identified and changes be made in the organization.

**Fall Risk**

To promote patient safety, Doctors Hospital has a falling star sign (blue or/and red) placed on patients’ doors that are considered fall risk. Many patients fall when trying to get out of bed following surgery, a procedure, or certain medications. Patients may forget to ask for help or think they can ambulate safely by themselves. Sometimes, patients will not wait for help because of urinary urgency or diarrhea.

Studies have shown that the following conditions or situations place patients at the greatest risk for falling:

- Having more than one medical program
- Needing to use the furniture or other devices such as a cane to get around.
- Having an IV
- Being unsteady while standing
It is the responsibility of all hospital staff to help reduce falls by:

- Answering call lights promptly
- Reporting hazardous conditions (wet floor) promptly

**IMPORTANT REMINDER:** Students are not allowed to assist fall risk patients to get out of their bed or walk around.

*Another safety net to help you protect our patients is CODE HELP*

- Code HELP gives patients and families a means to speak up in the case of an emergency or when they cannot get the attention of a clinician in an emergency situation.
- Code HELP provides a clinician with, the ability to better monitor and safeguard patients under their care.
- Code HELP is a Communication Partnership between Patient and Clinical staff.

**Why Is “Code HELP” Needed?**

- Empowers patients and families to speak up regarding their concerns.
- Improves patient safety by engaging the patient and family in care.
- Improves communication and creates care partnerships between patients, families, nurses, and physicians.

**When Should Patients and Families Call Code HELP?**

- Noticeable clinical change occurs when healthcare team is not present.
  - Bleeding, trouble breathing, allergic reaction, or sudden loss of consciousness.
- Patient or family member feels that something is just not right, and no one is responding to their concerns.
- Breakdown in how care is being managed and / or perceived miscommunication of plan of care and no one is responding to their concerns.

**IMPORTANT REMINDER:**
Volunteers are not allowed to assist fall risk patients to get out of their bad or walk around.
# 2010 National Patient Safety Goals

<table>
<thead>
<tr>
<th>GOAL</th>
<th>REQUIREMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Improve the accuracy of patient identification.</strong></td>
<td>- <strong>Use at least two patient identifiers when providing care, treatment or services.</strong>&lt;br&gt;- <strong>Engage the patient and/or family in the patient’s care</strong>&lt;br&gt;  - Reliably identify the patient as the person for whom care, treatment or service is intended.&lt;br&gt;  - Use at least two patient identifiers (name and date of birth) to compare orders, requisitions, computer screens or other documentation before providing care, treatment or services.&lt;br&gt;  - Always label specimen containers (blood, urine, etc) and confirm the accuracy of the labeling with the patient’s involvement.&lt;br&gt;  - Two individuals, using at least two identifiers, are needed to verify patient identification when blood or blood components are transfused.</td>
</tr>
<tr>
<td><strong>Improve the effectiveness of communication among caregivers.</strong></td>
<td><strong>Define, evaluate and if appropriate take action to improve the processes for managing critical result critical result reporting of tests and procedures including timeliness of reporting.</strong></td>
</tr>
<tr>
<td><strong>Improve the safety of using medications.</strong></td>
<td>- <strong>Label all medications, medication containers (for example, syringes, medicine cups, basins) or other solutions on and off the sterile field.</strong>&lt;br&gt;- <strong>Follow BHSF anti-coagulation therapy protocols and procedures.</strong></td>
</tr>
<tr>
<td><strong>Reduce the risk of health care associated infections.</strong></td>
<td>- <strong>Comply with the Center for Disease Control (CDC) hand hygiene guidelines.</strong>&lt;br&gt;- <strong>Implement evidence-based practices to prevent infections due to multiple drug-resistant organisms.</strong>&lt;br&gt;- <strong>Implement evidence-based practices to prevent central line-associated bloodstream infections.</strong>&lt;br&gt;- <strong>Implement evidence-based practices to prevent surgical site infections.</strong></td>
</tr>
<tr>
<td><strong>Accurately and completely reconcile medications across patient care settings.</strong></td>
<td>- <strong>Compare patient’s current medications with those ordered for the patient to avoid contraindications, errors or omissions.</strong>&lt;br&gt;- <strong>Communicate a complete list of a patient’s medications to the next provider of service when a patient is referred to another provider, transferred to another unit or discharged.</strong></td>
</tr>
<tr>
<td><strong>The organization identifies safety risks inherent to its patient populations.</strong></td>
<td><strong>The organization identifies patients at risk for suicide (applicable to patients being treated for emotional or behavioral disorders in general hospitals).</strong></td>
</tr>
<tr>
<td><strong>Encourage patient’s active involvement in their own care as a patient safety strategy.</strong></td>
<td>- <strong>Devise and communicate the means for patients and their families to report concerns about safety and encourage them to do so.</strong>&lt;br&gt;- <strong>Educate patients about hand hygiene and respiratory precautions as well as patient involvement in preventing adverse events in surgery.</strong></td>
</tr>
<tr>
<td><strong>Universal Protocol</strong></td>
<td>- <strong>Implement a process to identify the correct patient, procedure and site.</strong>&lt;br&gt;- <strong>Identify items which must be available for the procedures.</strong>&lt;br&gt;- <strong>Procedure site is marked by a licensed independent practitioner who will be present during the procedure.</strong>&lt;br&gt;- <strong>A time-out is performed before starting the procedures including all members of the procedure team.</strong>&lt;br&gt;- <strong>NOTE: Due to increased national compliance and a re-write of the TJC</strong></td>
</tr>
</tbody>
</table>
**Sentinel Event**

A sentinel event is an unexpected occurrence involving death, or serious physical or psychological injury, or the risk thereof. Serious injury includes loss of limb or function. Patient suicide, infant abduction or discharge to the wrong family, rape by another patient or staff, or surgery on the wrong patient or body part are considered sentinel events.

The Joint Commission calls certain types of serious incidents sentinel events. TJC requires that for sentinel events an in-depth investigation, or Root Cause Analysis, be conducted. In Florida, certain serious incidents require the completion of a Code 15 Report. These reports are completed by Risk Management and sent to the Agency for Healthcare Administration (AHCA).

If you feel that a Sentinel Event, or a “near miss”, has occurred, please notify Administration, the Risk Manager, or a supervisor IMMEDIATELY.

Some examples of sentinel events:

- Child abduction or discharge to wrong family
- Rape of a patient
- Suicide of a patient in a 24-hour care facility
- Wrong blood or blood product transfusion
- Surgery on a wrong body part or wrong patient

**Suicide is one of the most frequent sentinel events in hospitals.**

**Watch for warning signs:**

- Expressions of hopelessness and/or helplessness
- Daring and risk-taking behavior
- Personality changes, depression, lack of interest
- Giving away prized possessions
- Comments such as:
  - "You'd be better off without me"
  - "Maybe I won't be around anymore"
- Be especially watchful of the patient's behavior and immediately report anything suspicious
The following actions are initiated for patients on Suicide Precautions:

- The patient is restricted to the room/unit whenever possible - restricting access to windows, doors, and stairwells.
- All items that the patient could use to hurt himself/herself are removed from the patient's reach.
- The patient's room is checked and assessed for any harmful objects such as knives, manicure sets, box-cutters, drapery pull cords, razor blades, shoelaces, neckties, and suspenders/braces. Dietary is notified of the need for plastic utensils/paper tray items.
- The patient's family is educated on safety risks.
- Someone stays with the suicidal patient at all times.

Abuse

Identifying Abuse

All patients must be assessed for their physical, psychological, and social needs during the admission process and at regular intervals as needed. Included in this assessment is the identification of possible victims of abuse.

Abuse includes emotional and/or physical abuse in the following situations: child abuse, abuse of vulnerable adults, and domestic abuse. It may appear as physical assault, rape or other sexual molestation, neglect, exploitation, or emotional intimidation.

Reporting Requirements:

- The abuse hotline (1-899-96-ABUSE) must be notified of any abuse involving children or vulnerable adults.
- In the event of a rape of a competent adult, the police are only called if the victim gives permission.
- The police department is notified in the following circumstances: sexual abuse of a minor or disabled person, assault or injury due to gun, knife, or weapon, or other life threatening wounds indicating violence.
- Notify Social Work Services and Risk Management for all cases of actual or suspected abuse.
Signs of Child Abuse

Possible signs of abuse include repeated or unexplained injuries, neglected appearance, disruptive behavior, passive or withdrawn behavior, and extremely critical/isolated parents.

Signs of Vulnerable Adult Abuse

Possible signs of abuse include bruises, broken bones, burns, welts, head injuries, physical neglect, contractures, pressure ulcers, and conflicting accounts of how injury occurred.

Exploitation

Exploitation means a person who stands of trust and confidence with a vulnerable adult and knowingly, by deception or intimidation, obtains or uses, to obtain or use an adult’s funds, assets or property with the intent to temporarily or permanently deprive a vulnerable adult of its use.

Domestic Violence

Domestic violence and emotional abuse are behaviors used by one person to control the other.

Examples of abuse include:

- name-calling or putdowns
- keeping a partner from contacting their family or friends
- withholding money
- stopping a partner from getting or keeping a job
- actual or threatened physical harm
- sexual assault
- stalking
- intimidation

Violence can be criminal and includes physical assault (hitting, pushing, shoving, etc.), sexual abuse (unwanted or forced sexual activity), and stalking. Although emotional, psychological and financial abuse are not criminal behaviors, they are forms of abuse and can lead to criminal violence.

The violence takes many forms and can happen all the time or once in a while. An important step to help yourself or someone you know in preventing or stopping violence is recognizing the warning signs of violence.
The five forms of domestic abuse are physical, sexual, psychological, emotional, and economic:

**Sexual Abuse/Molestation**

Obscene phone calls, exhibitionism, voyeurism, or inappropriate touching actions. It also includes the use of children for sexual gratification and/or financial benefit. Possible signs of abuse include trauma to genitals or rectum, sexually transmitted disease, difficulty walking or sitting, pregnancy, inappropriate sexual behavior, and emotional symptoms.

**Physical Assault**

Injuries resulting from violent behavior.

**Sexual Battery/Battery (Rape)**

Any forced sexual contact that is against the victim’s will. Rape is a medical, emotional, and legal crisis, which requires special care in the collection, maintenance, and reporting of evidence that may be used in cases that go to court.

Unfortunately, abuse may occur while the patient is under our care. Any employee or volunteer who has knowledge of, or witnesses an act that is the basis of an allegation of abuse or sexual misconduct must notify the CEO, Social Work, and Risk Management immediately.

Baptist Health has numerous policies relating to abuse and you are encouraged to review them. Also, self-studies, containing more in-depth information are available from Education Services.

**Your Role in Risk Management**

All employees and students have a basic responsibility to help keep the hospital safe for all. All hospital staff can at least report equipment sounding to the nurse on the floor for patient safety.

**LEARN** about hospital safety and security programs. Know safety rules that apply to your job. Memorize fire safety plans

**REPORT** any hazards you find to your supervisor or other responsible person. Reporting a hazard promptly is the first step to correcting it.

**BE ALERT** for anything that could harm a patient, visitor, or employee/volunteer. This includes physical hazards (such as slippery floor) and malfunctioning equipment.

**BE HONEST!** Don’t try to protect somebody or cover up for another employee/volunteer or yourself. Potentially dangerous situations will be corrected quicker if all the facts are reported right away.
Performance Improvement

What is performance improvement (PI)?

PI is a way to manage all the aspects of Baptist Health so that we have the highest quality outcomes. We do this by continuously improving our products and services to meet or exceed the needs of our “customers,” thereby ensuring our continued success as an organization.

Performance Improvement focuses on:

- Clinical and non-clinical outcomes.
- Customer (internal and external) satisfaction, physician satisfaction, and employee satisfaction.
- Our business operational goals.

We use the systematic improvement process of Plan, Do, Check, Act (PDCA) to do the following:

- **Plan** the process change through analysis.
- **Do** carry out the process change.
- **Check** to monitor the effects of the change.
- **Act** to assess what was learned and decide what to do next.

Utilizing key words at key moments improves satisfaction.

Remembering to say the **right words** at the **right moment** is very **powerful**. The goal for scripting is to consistently use key words at key moments that foster overall behaviors that build trust and patient satisfaction.

It is not just what staff says that is important, but the ultimate message communicated through the words that are spoken and the body language displayed that makes scripted responses meaningful.

Utilizing key words, or scripting, can be an important patient satisfaction tool that helps achieve positive results.
Your Role in Quality Assurance

Your Responsibility to PATIENTS

- Make them feel comfortable, cared for and protected, and treat them with respect.
- Maintain a professional attitude at all times.
- Go out of your way to be kind, courteous, and friendly.
- Explain the reasons behind the rules patients must follow, and how they benefit the patient and the hospital.
- Report any problems involving quality assurance to the appropriate person.

Your responsibility to VISITORS

- Show your understanding and concern. Offer to help by giving any information you can. Explain rules politely, but firmly.
- Understand how visitors may feel. They’re concerned about a friend or relative and may be fearful, impatient, or angry. They may not know about or understand hospital rules and procedures.

Your responsibility to EMPLOYEES

- Work as a team. After your duties are completed, take the initiative to ask others if you may assist them.
- Take time to encourage others; everyone needs praise.
- Understand and help each other. Set an example by being cooperative, pleasant, prompt, courteous, and helpful.

Your responsibility to YOURSELF

- Know your job assignments and work in the scope of your job description.
- Take responsibility for your assignments, follow through and exceed expectations. Doing a good job helps you feel better. You’ll be happier knowing that you’ve done your best to provide quality care for all patients.
- Take pride in all you do, people notice.
Ergonomics

Ergonomics is adapting equipment, procedures, and surroundings to people. Regular exercise and stretching is a good way to prevent back injury because strong abdominal muscles help support your back.

Back Injury Prevention

There are four main reasons to educate people on their backs and proper body mechanics:
1. Eighty percent of all Americans will have at least one backache during their lifetime.
2. Backaches are the second most common reason people visit a doctor (The #1 reason is a cold).
3. Back injuries are the leading cause of worker disability.

Did You Know?

Most back injuries are the result of repeated stress, i.e., sitting, lifting and reaching, NOT A SINGLE INCIDENT!!! If proper body mechanics are not employed and practiced early on, then years and years of abuse slowly wear down the back until one day you experience pain. Again, it is important to realize that improper sitting can be more stressful than lifting a heavy box.

How?

1. More time and repetition is spent on daily activities other than heavy lifting. How many times a day do you sit and stand from a chair versus lifting a box?
2. When lifting something heavy, we instinctively prepare ourselves to lift, “bend knees, protect back, and hold in abdominals.” Do you go through this sequence when a paper clip falls on the floor? Usually not.
3. When something is obviously too heavy, people often do not risk injury. However, when the back begins to ache when lifting groceries, we rarely listen to the early warnings and then we may continue to stress the back until bedridden.
Safe Lifting Basics

Before you lift:

- Lift a corner of the load to decide if you can safely lift and carry it.
- If in doubt, use a dolly, hand truck, or forklift or get help.
- Plan a straight, flat route; remove anything in your way.
- Loosen muscles with gentle bends and stretches.
- Wear gloves and sturdy shoes with non-skid soles.
- Avoid loose clothing you could trip over.
- Head rests on neck, neck on shoulders, shoulders on hips and so on. Remember to keep the shoulders on top of hips at all times.
- Placed apart the legs on a stable surface. Wider is better. By opening up the base of support when lifting, you are able to control the body as a whole.

When you lift:

- Stand close to the load.
- Squat, with knees bent and back straight.
- Grip firmly.
- Bring the load close to your body.

When you carry:

- Carry the load waist-high.
- Take small steps.
- Move your feet to change direction. Don’t twist.

When you unload:

- Lower the load slowly, knees bent.
- Place the load on the edge of the surface and slide it back.
- Push up slowly with your leg.
Techniques for Special Lifting Situations

With another person:

- Work with someone who’s your height.
- Decide who will direct the move.
- Lift and raise together, knees bent and back straight.
- Move smoothly together, with load level.
- Unload together, knees bent.

Awkwardly shaped object:

- Squat next to it, feet spread.
- Grip the top outside corner and bottom inside corner.
- Lift slowly, knees bent and back straight.

Hard-to-get-at location:

- Stand as close as possible to the object.
- Bend forward slightly at hips; push buttocks out behind.
- Bend knees, with back straight and stomach muscles tight.
- Grip object firmly. Let legs, stomach, and buttocks’ muscles lift, not your back.

From high places:

- Stand on sturdy platform. Don't stretch.
- Push up on the load to judge weight and stability.
- Divide load into smaller segments.
- Grip firmly and get solid footing.
- Slide load down, letting arms and legs, not your back, do the work.
- Get help if necessary.
Proper Use of the Wheelchair

First check the wheelchair to insure it is in good working order. Fold the chair by lifting upward on the seat. Expand by pressing downward on the sides. All wheelchairs are equipped with footrests and hand brakes.

When approaching a patient for transporting:

- Introduce yourself and be friendly, cooperative and cheerful.
- Check the arm bracelet for identification.
- Check the hand brakes to see that they are locked.
- Check the foot rests to see that they are raised.
- Assist the patient into the chair. Never try to transport a patient who is too heavy or otherwise too difficult for you to handle. Hospital personnel or transporters should be called upon, as they have proper training to manage such cases.
- Lower the foot rests and have the patient place their feet on the rest. Assist the patient, if needed.
- Ask the patient if he/she is ready before moving the wheelchair and explain where you are taking him/her.
- Release the brakes and push.
- Walk slowly and avoid quick stops, being aware of any discomfort the patient might be experiencing.
- KEEP TO THE RIGHT AT ALL TIMES.
- When letting the patient out of the chair, put on the brakes pull up the foot rests and assist the patient out of the chair.

Use of the elevators when transporting a patient in a wheelchair

1. When awaiting the elevator, keep well back from the door in case someone comes out quickly.
2. Let doctors, hospital personnel and visitors enter the elevator first. All emergency cases have priority.
3. Flip the emergency stop switch on the inside of the elevator PRIOR to entering the elevator with a wheelchair.
4. Turn off the emergency switch and push the desired floor button.
5. Upon arriving at the floor, allow others to exit, and then switch on the emergency stop button.
6. Turn the wheelchair around in the elevator and back the chair out of the elevator. You will be exiting the elevator first so you can check if anyone is coming.
7. Wheel out and turn the elevator back on.
Please Do the Followings

✓ Please notify the Volunteer Department when your phone number or address changes.

✓ Remember to sign in before your shift and sign out after your shift.

✓ If you will be absent for an extended period of time, please notify the Volunteer Office.

✓ All absences must be reported as soon as possible by calling the Volunteer Office at (786)308-3595 or the area you work in. Call when you know of a forthcoming circumstance which would prevent you from coming in.

✓ Park your car in designated hospital parking areas when volunteering. The parking garage is preferred over Valet parking.

✓ If you are injured or become ill while on duty, report to the person in charge of the area in which you work, Volunteer Services or Nursing Administration.

✓ Wear the complete uniform when on duty.

✓ Punctuality is important for all volunteers.

✓ **Read the bulletin board in the Volunteer Office regularly. Important notices pertinent to you are posted there.**

✓ If you wish to change departments, please consult with the Manager of Volunteer Services prior to the change.

✓ All announcements, articles or pictures must receive prior approval of Human Resources before being used for publicity purposes.

✓ You must remain in the department assigned to you. If, at times, your department has nothing for you to do, you should report to the Volunteer Office for a temporary assignment.

✓ While on duty in the hospital, refrain from any profanity. Remember to speak in a normal tone of voice.

✓ Check at the Nursing Station before entering any room.

✓ Always tap lightly on a door before entering. If a patient is having a treatment or a doctor or nurse is working with a patient, please leave immediately.
✓ Always wash your hands after coming in contact with patients, using the restroom, before and after eating and after handling a specimen.

✓ Remember: If a patient wants to talk, take the time to listen. ALWAYS BE A GOOD LISTENER. Many are lonely, so this is a very important part of your job.

✓ Always identify a patient by his/her identification bracelet.

✓ Always check at the Nursing Station if a patient requests food, drink or other assistance.

✓ Deliver and collect meal trays and assist with filling out menus.

✓ Assist in maintaining cleanliness of unit and patient rooms.

✓ Dispose of items used during patient procedures.

✓ Perform miscellaneous errands.

✓ Report all complaints or suggestions from a patient to the nurse in charge of the patient or to the Manager of Volunteer Services.

✓ Be courteous, pleasant, alert, helpful, and ready to accept suggestions and criticism graciously.

✓ Check with your supervisor after you finish an assignment to determine where you are needed. If you are not needed in your work area, consult with the Volunteer Office for temporary assignment.

✓ Should feel confident that you are a part of the hospital team, which is concerned, with the well being of our patients.

✓ Remember, volunteers are thought of as vital, supplementary roles, but not as replacements for the staff.

Volunteer, Please don’t...

✗ Do not eat or drink anything in a patient’s room.

✗ Do not eat or drink anything from a patient’s tray.

✗ Personal visits to any patients are not permitted, except at designated visiting hours when you are off duty.

✗ Please do not seek medical advice from a doctor or nurse while on duty.

✗ Never ask questions about a patient’s physical appearance or medical status.

✗ Never discuss any patient or hospital business with anyone when you leave the hospital. What you see and hear in the hospital stays here. Abuse of a patient confidentiality and privacy is cause for dismissal.

✗ Do not lift patients.

✗ Do not handle medications, IV’s, catheters, or other technical equipment.
Do not promise patients anything that cannot be carried through.
Do not read a patient’s chart.
Do not accept tips or gifts for service rendered to patients, their families and/or visitors.
Do not enter a room that has a stop sign for isolation under any circumstances.
Volunteers should not do anything for the patient without first consulting with the nurse, (i.e., buying food or candy).
Do not enter the Medicine Room.
Do not leave premises during volunteering hours.
Falsification of records may lead you to lose your position as a volunteer at Doctors Hospital.
Do not visit other volunteers at their assignment while on or off duty.
Do not park in an unauthorized parking area.
Possession or use of narcotics or alcohol is not permitted on hospital property.
Smoking is not permitted anywhere in the hospital.
Solicitation of any kind is prohibited in the hospital.
Commission of any act of violence or indecency is not permitted on hospital property.
Never give advice or discuss a patient’s doctor with the patient.
Never attempt to assist a patient without first getting permission from his/her nurse.
Don’t discuss hospital business with anyone outside of the hospital.
Don’t witness permits or legal documents.
Don’t empty bedpans and urinals.
Don’t handle medications.
Don’t carry any food or drinking items to patient care areas.
Don’t park in an unauthorized parking area.
Don’t leave hospital grounds during your shift without notifying your direct supervisor.
Don’t use your personal cell phone for either to talk or to text.
Don’t report to duty if you are ill, especially if you have a fever, diarrhea, or a skin infection.
THANK YOU FOR TAKING THE TIME TO READ THE GENERAL ORIENTATION HANDBOOK

PLEASE REMEMBER TO COMPLETE THE ON-LINE TEST