UPMC Horizon & UPMC Jameson

Volunteer

Self Learning Orientation

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Our Mission

The mission of UPMC is to serve our community by providing outstanding patient care and to shape tomorrow's health system through clinical and technological innovation, research, and education.

Performance Management

Here at UPMC our values are very important to us because of our shared goal to create a cohesive, positive experience for all the lives we touch, including our staff. At the core of this experience are the values that define us as an organization and guide us as individuals. Each of us lives these values every day when we step into our various roles at UPMC. This is why we look at performance through the prism of our values — because **how we do things** is as important **as what we do**.

Our Values

These values and principles guide the health system in achieving its mission and vision:

QUALITY AND SAFETY

We create a safe environment where quality is our guiding principle.

DIGNITY & RESPECT

We treat all individuals with dignity and respect.

CARING & LISTENING

We listen to and care for our patients, our health plan members, our fellow employees, our physicians, and our community.

REPONSIBILITY & INTEGRITY

We perform our work with the highest levels of responsibility and integrity.

EXCELLENCE & INNOVATION

We think creatively and build excellence into everything we do.

Corporate Compliance

Corporate Compliance refers to following the federal, state and local laws that combat fraud, abuse and waste in health care. It is our goal that every **employee, physician, contract employee and agent** attains the highest standards for ethical conduct. Employees who have compliance questions or wish to report suspected misconduct are encouraged to use the standard chain of problem resolution. In other words, start with your supervisor. If an employee is uncomfortable reporting a problem to their supervisor, then they are encouraged to call the Compliance Office directly at **412-623-6923.** If the employee is uncomfortable speaking with either their supervisor or a member of the Compliance Office, then they can make an anonymous call to the UPMC Health System Compliance Help Line toll-free at **1-877-983-8442.**

AIDET Plus the Promise

AIDET Plus the Promise is a communication framework that helps us live our values in every interaction and create a better UPMC Experience for our patients, their families, and each other. It's not a script, but a set of key ideas to help you navigate any interaction. By telling our patients what they need to know in the moment, we can ease our patients' anxiety and help them feel like they are a part of their care, a combination that leads to improved clinical outcomes.

A   **Acknowledge..** Make eye contact, smile & acknowledge patient and families.

I   **Introduce..** My name is ____I've been a volunteer here at UPMC Horizon for __years.

D   **Duration..** Length of procedure/test. As volunteers we cannot answer that.

E   **Explanation..** Details of procedure/test. As volunteers we cannot do that.

T   **Thank You..** Thank you for choosing our hospital for your healthcare needs.

Promise.. *I know you're going to receive great care here.*

Manage up.. Saying positive things about staff shows our patients that they have a united team caring for them.

Remember that how you say something is just as important as what you say. Show the other person through non-verbal cues like body language that you're actively listening to them.

HEARD is to recognize the need for consistency from each of us when communicating with someone who is upset. **Heard** will help us address a situation when someone has been disappointed about either a service or treatment. We can use **Heard** as a means of making the situation right and letting people know we care.

The **HEARD** Model:

- **H**ear them out: Listen without interruption. Repeat back in summary what you heard to make sure you understood.

- **E**mpathize: Respond with words that demonstrate compassion or acknowledgement. It doesn't mean you agree, just that you understood.

- **A**pologize: Own the situation. Use language like" I'm sorry to hear that" or I'm sorry that you had a bad experience." Don't place the blame on others.

- **R**esolve: Take necessary steps to fix the issue to the best of your ability. Reach out to others for help. Manage up whenever possible. He/she is a great resource and may be able to guide you.

- **D**ecide: If you believe the situation is under control, thank the person for sharing their feedback. If you think more action is needed, contact either Joni or Marsha.

Service Recovery

C.A.R.E. is the service recovery actions we take when caring for a difficult customer.

The four parts of C.A.R.E. are in a logical order to help us think through our actions and our attitude as we interact with a customer from start to finish.

- **C** Connect: Establishing a favorable rapport and putting the customer at ease.

- **A** Actively Listen: Fully engaging in hearing responses and reading body language.

- **R** Respond: Clarifying what you heard and proposing next steps for agreement.

- **E** Empathize and Thank: Being aware of, and sensitive to, the expressed feelings, thoughts, and experiences of another person without actually having the feelings, thoughts, or experiences yourself.

Emergency Medical Treatment and Active Labor Act (EMTALA)

Requires that **ANYONE** who presents on hospital property seeking MEDICAL EXAMINATION and treatment **MUST** be given an appropriate medical examination by a qualified person to determine if an emergency medical condition exists and **NO ONE** should be turned away.

Health Insurance Portability and Accountability Act (HIPPA)

HIPPA is federal legislation covering three areas:

- **Insurance Portability**-gives individuals the ability to maintain health insurance coverage when they switch from one plan to another.

- **Administrative Simplification**-requires health care providers and insurance companies to standardize the processes they use to exchange electronic information

- **Privacy and Security**-Health care providers must use methods to ensure a patient's medical information remains private and secure.

Patients at UPMC have the right to every consideration of privacy concerning their

medical care, nature of illness, financial status or family affairs.

Patient information is only for healthcare workers and volunteers who have a need, reason and permission for access. Confidentiality should be maintained for all patient information whether written or verbal.

Information Security

Privacy is UPMC's obligation to limit access to information on a need-to-know basis to individuals or organizations so that they can perform a specific function for or on behalf of UPMC. This includes verbal, written, and electronic information.

A password is a unique combination of letters, numbers, and symbols that you use to verify your identity in a computer system. Your password is the electronic equivalent of your signature.

Passwords should meet the following requirements:

- must not contain all or part of the user's account name
- must be at least seven characters long

Must contain characters from three of the following four categories:

- uppercase characters
- lowercase characters
- numbers, 0-9
- non-alphanumeric characters (!, #, %, *,)

Protected Health Information (PHI)

Includes any health information about our patients and is considered confidential. You are only permitted to access and use patient information as it relates to your job. If you see or hear patient information in the course of doing your job, that you do not need to know, remember that this information is confidential.

Confidentiality goes beyond releasing information about patients. Ninety-nine percent of all incidents involving breach of patient confidentiality are innocent and most are the result of "shop talk"

It is natural for us to talk about our work at the hospital, but confidentiality is necessary,

even when you see an acquaintance in for tests or as an inpatient. **This information should not be repeated to your family, friends or family members of the patient without the patient's permission.**

If you notice someone you know listed as a patient on the census, it does not give you permission to visit or contact the person. Only when the patient or family member informs you that he/she is in the hospital may you visit without violating confidentiality.

It is the duty of every volunteer and staff member to remember their commitment to patients and not to breach confidentiality. Failure to abide by the hospital confidentiality policies will result in termination.

Volunteers

Dress Code

The first impression that our patients and visitors have of UPMC is our cheerful, friendly and helpful volunteers. You will be issued a red smock/vest and a photo identification badge. When you are wearing the red smock/vest you are representing UPMC.

Your uniform must be kept clean and neat. General good grooming and personal hygiene is essential.

Walking shoes or tennis shoes are the most comfortable. No open toed shoes. Summer sandals are permitted, depending on your service area.

Volgistics

Volgistics is the computer software that tracks your hours. Each volunteer has a pin number and it is important to sign in and out when volunteering. There are several reasons: 1) This information is used annually for service awards. 2) Should you be injured while volunteering, we have proof you were here. 3) In the event of a disaster, we have record of which volunteers are in the hospital.

Meals

Volunteers whose work assignment is at

least three (3) hours long and requires them to work though a meal time are entitled to one complimentary meal of up to $8.00 in the Cafeteria, only on the day that you volunteer. You should be wearing your red smock/vest and show your ID badge. A meal is defined as an entrée, side, beverage and dessert and should not be in lieu of multiple individual items such as candy bars, bags of chips, cans of pop, etc. If your meal goes over $8.00 you are responsible for paying the balance.

Specimen Transport

The hospital staff may ask you to take a specimen to the lab. Volunteers may only transport specimens that are small enough to fit inside the proper container designated for this purpose. These containers are located at the Information Desk or the Volunteer Sign-In room. **Larger specimens that will not fit inside these containers must be transported to the laboratory by hospital staff.**

Transporting Laboratory Specimens / Hillman Cancer Center Treatments (Shenango Valley)

- Volunteers will assure that the container for the specimen/chemo transport has been sanitized prior to taking the container to the Out-Patient Department/ Pharmacy.
- Volunteer will open the lid of the container and hospital staff must place properly packaged specimen/treatment inside the container.
- Volunteer will take the container to the Laboratory/Hillman Cancer Center where hospital staff must open the container and remove the specimen/treatment.
- Volunteers should not touch the inside of the container or the specimen/treatment at any time.
- Once the transport is complete, wipe the container with Clorox Peroxide wipes (wet time 1 minute). The container is now ready for the next use.

- Oncology spills: DO NOT attempt to clean, call: Pharmacy: 183-7175 or Oncology: 183-7570

Wheelchair Safety

One of the primary services the Volunteer Department offers is patient transport. We want to be sure that we transport patients in a safe manner throughout the hospital.

Here are some safety tips to keep in mind:

Prior to beginning the transport:

- Verify the patient's identification band.
- Always lock the wheels of the wheelchair when a patient is preparing to sit in the wheelchair, exit the wheelchair or when leaving the patient upon completion of the transport. **Do not leave the patient alone** until a healthcare provider assumes responsibility for the patient's care.
- Push the wheelchair from behind, except when going into or out of elevators.
- Always back a wheelchair into an elevator with the patient facing the front of the elevator door.
- When possible, back a wheelchair out of an elevator.
- Stay to the right of the corridors and be careful when approaching intersecting hallways or corners.
- After completing the transport, using gloves, wipe the chair with Clorox Hydrogen Peroxide wipes, making sure that it remains **"wet"** for 1 minute.

Injured while Volunteering

To prevent injuries while volunteering, it is your responsibility to know and consider your physical limitations and to decline tasks accordingly.

If you are injured while on duty, please:

1. Report the incident to the Director of Vol-

unteer Services immediately.

2. If evaluation and/or treatment are necessary, go directly to, or be taken to the Emergency Room.

If your injury requires you to take time off, a written note from your doctor must be presented authorizing your return.

Harassment/Sexual Harassment

UPMC Horizon expects that our work environment is free from sexual harassment or harassment based on race, color, religion, sex, sexual orientation, national origin, age, or disability. Such harassment is forbidden and violates UPMC policy as well as state, federal and local laws.

Harassment

Harassment is verbal or physical conduct that demeans or shows hostility or hatred toward an individual because of his or her race, color, religion, sex, sexual orientation, national origin, age, or disability, or because of a relationship with relatives, friends or associates.

Sexual Harassment

- Pressure for sexual activity.

- Sexual graffiti or visuals, innuendos, jokes or comments.

- Disparaging remarks to a person about his/her gender or body.

- Unwelcome patting, hugging or touching a person's body, hair or clothing.

- Quid pro quo – which means "this for that". An employee's job security, pay raise, and/or promotion are a benefit if a sexual favor is provided to a person who holds a higher position.

UPMC believes that prevention is the most effective tool in eliminating sexual harassment in the workplace and will NOT tolerate or condone instances of sexual harassment.

Patient Safety

Keeping patients safe is one of the most important responsibilities we have as care providers. We must demonstrate compassion by listening to the needs of the patient and caring for their personal safety.

UPMC is working hard to empower our healthcare professionals to speak up when there is a concern of immediate patient safety. We have adopted the safe phrase, "**I need clarity."** A short phrase that means "I have an immediate concern for this patient's safety."

The response to the phrase is always to stop the activity and review concerns.

National Patient Safety Goals

National Patient Safety Goals is to help healthcare organizations address specific areas of concern in regards to patient safety.

- Identify patients correctly

- Improve the effectiveness of communication among caregivers

- Use medications safely

- Reduce the likely hood of patient harm associated with the use of anticoagulant therapy

- Reconcile medications

- Identify patients at risk for suicide

- Hand hygiene

- Preventing MDROIs (multidrug-resistant organisms in acute care)

- Preventing CLABSI (Central line associated blood stream infections)

- Preventing CAUTI (catheter associated urinary tract infection)

- Preventing SSI (surgical site infection)

- Reduce harm associated with clinical alarm systems

- Universal protocol for preventing wrong site, wrong procedure

Fall Risk Assessment and Intervention

It is UPMC's policy to make reasonable efforts to identify patients who are at risk to fall so that appropriate preventative

measures can be implemented to minimize the risk of harm from a patient fall and/or injury. **Universal assessment** questions are asked upon **admission**, reassessment - every 24 hours and in the following circumstances:

- Transfer from inpatient unit to inpatient unit

- Post op/post procedure

- After receiving sedation or general anesthesia

- When there is a change in patient's condition

- After a fall

Catch a Falling Star

UPMC has instituted a patient safety program to reduce the incidence of patient falls within the hospital setting. Patients who may be at risk of falling will be identified by Yellow Fall Risk Arm Band, Yellow Posey Slipper Socks and a STAR placed in the following locations:

- Outside the door of the patient's room
- On the nametag above the bed
- On the patient's chart beside their name

When transporting patients to and from departments, notify staff members that the patient is a "falling star" and is at risk prior to leaving the department.

Sentinel Event

An adverse unexpected occurrence involving death or serious physical or psychological injury, or risk thereof, and may include loss of patient life, limb, or function.

A Sentinel Event occurs if it meets one of the following criteria:

- Suicide of a patient in a care setting where the patient receives around-the-clock care

- Infant abduction or discharge to the wrong family

- Rape

- Hemolytic transfusion reaction involving administration of blood or blood products having major blood group incompatibilities

- Surgery on wrong patient or wrong body part

Such events are called **"sentinel"** because they signal the need for immediate investigation and response.

Patient Rights and Organizational Ethics

Active participation in care decisions is not a patient's privilege it is a fundamental right. If however, patients are not given the information needed to evaluate their options, they cannot exercise this right.

As healthcare givers, we must understand these rights so that all activities involving the patient are conducted with concern for him/her and above all, the recognition of his/her dignity as a human being. Standards have been set which promote consideration and respect of individual values and preferences and includes the decision to discontinue treatment. Important activities related to these standards include advising patients of their responsibilities in the care process and making sure they fully understand the benefits and risks associated with planned procedures.

All hospital employees and medical staff are responsible for ensuring that the patient, parent and/or guardian are involved in all aspects of care. Patients must be involved in at least the following areas:

- making care decisions; giving informed consent;

- resolving dilemmas about care decisions;

- formulating advance directives;

- withholding resuscitative services;

- forgoing or withdrawing life-sustaining treatment and planning care at the end of life.

Cultural & Spiritual Diversity

Cultural beliefs are as diversified as individual personalities. UPMC honors the rights of patients to receive holistic care including their psychosocial and spiritual needs. UPMC recognizes the rights of patients to exercise cultural beliefs and will provide optimum care for the dying patient. We are committed to foster an inclusive environment that respects everyone regardless of their race, gender, physical ability, age, ethnicity, or other characteristics.

Here are some important points to remember:

- Be open about cultural/spiritual differences
- Do not tell ethnic or sexual jokes.
- Be aware that cultural background can influence the way people communicate through body language, listening, expressing opinions, working style and speaking.

In this world of global communities, we now interact with multitudes of people different from ourselves. Everyone has his/her own unique experiences to offer. By valuing the experiences of others we can better serve our customers.

Safety Management

In the healthcare environment, people's lives depend on your safety awareness and compliance. You must be prepared to act with total safety in mind. Most injuries in the health care industry are associated with sprains and strains, especially injuries to the back. Other injuries such as needle-sticks have the potential for serious illness.

Horizon Safety Officer: Karen Calhoun, RN

Jameson Safety Officer: Joshua Ottaviani

The Safety Officer is responsible to act immediately when a hazardous condition exists, which may result in personal injury to individuals or damage to equipment or buildings.

Proper Identification: All volunteers and employees are required to wear a name badge while on duty.

Suspicious Activities: There is a Security Officer on duty. It is the responsibility of all volunteers and employees to report any suspicious activities to the Security Officer immediately by dialing:

Shenango Valley: 724-301-8626
Jameson: 724-301-5230
Greenville: 724-718-5615

Most accidents can be avoided through adherence to some fundamental, common sense safety rules:

- Report all potentially hazardous or unsafe conditions or acts to the Safety Officer <u>immediately</u>.

- All foreign materials on floors should be removed or reported to Environmental Services department to prevent injury to others.

- All defective or damaged equipment should be reported to the Maintenance or Biomedical department <u>immediately</u>.

- Walk, <u>DO NOT </u>run! Keep to the right, using special caution at intersecting corridors.

- Know the Hospital's Fire Safety Plan and the location of fire alarms and extinguishers and how to use them.

If doors have glass inserts, be sure that the other side is clear before opening the door. If the other side is not clear, open the door slowly using the handle or push plate.

Report all injuries, however slight, to the supervisor and get first aid immediately.

Body Mechanics

- Don't lift heavy objects-ask for help.
- When lifting, hold the objects close to your body.
- Bend your knees when lifting to reduce strain on your back.
- Push rather than pull an object.

Stroke

A stroke occurs when blood vessels in the brain, called arteries, are blocked or burst. The consequences of stroke can be long-term disability and even death. Obstruction or damage to the arteries in the brain may prevent it from getting the necessary blood supply. This can cause brain cells to die, inflicting permanent damage. Depending on which part of the brain is damaged, an individual's ability to speak, see, and move may become impaired. That's why it is important to act immediately the moment you suspect a stroke. Both stroke survival and recovery are possible with the right care at the right time.

Signs to watch for are:

B   Loss of balance, headache or dizziness

E   Blurred vision

F   Facial drooping

A   Arms, weakness, can't raise one

S   Speech, trouble speaking, confused

T   Time-call 911 **Immediately**

You must **BE FAST** to spot a stroke.

Restraints

It is the goal of UPMC to be restraint free. If restraints must be used the least restrictive device should be chosen.

Restraints are used as a last resort and **ONLY** with a physician order.

• Restraints should not be used unless other less restrictive alternatives have been tried or considered.

• The least restrictive, effective intervention should be selected and terminated as soon as it is reasonable to do so.

A restraint is any manual, 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.

• A chemical restraint is a drug or medication used to manage the patient's behavior

or restrict the patient's freedom of movement.

• It is not a standard treatment or dosage for the patient's condition.

Mechanical restraint devices listed from least restrictive to most restricted:

• Full side rails
• Mitts (only when secured/tied)
• Geri-chair with tray
• Soft limb

Age Specific Information

Age-specific competencies are skills that enable staff and volunteers to help care for individuals at every stage of life. Volunteers and staff members should be sensitive to these growth stages and treat patients accordingly. We must all remember that every patient has different physical impairments, learning abilities, cultural differences, emotional stress and language barriers.

• Geriatrics   66+ years old
• Adult   18-65 years old
• Adolescent   13-17 years old
• School Age   6-12 years old
• Pre School   3-5 years old
• Toddler   1-2 years old
• Infant   Birth to 1 year old

Elder Justice Act

The Elder Justice Act (EJA) is designed to "detect, prevent and prosecute elder abuse, neglect and exploitation". Elder abuse is defined as the occurrence of one or more of the following acts to a person 60 years of age or older:

• Abandonment – desertion of the elder by a caretaker.
• Abuse – infliction of physical injury, unreasonable confinement, intimidation with resulting injury, willful deprivation by caretaker of good or services necessary to maintain physical or mental health, sexual harassment, rape, or abuse as defined in the Protection from Abuse Act.
• Exploitation – conduct by a caretaker or other person against an elder or the elder's resources without the informed consent of the elder or consent obtained

through misrepresentation, coercion or threats of force that results in monetary, personal or other benefit to the perpetrator or personal loss to the elder.
- Neglect - failure to provide for oneself or failure of caretaker to provide goods or services essential for physical or mental health.

One requirement of EJA, is a responsibility for individual employees to report suspected crimes against residents of long term care facilities and others who receive care from the facility.

- Where the suspected crime results in serious bodily injury, the individual shall report the suspicion immediately, but **not later that 2 hours after forming the suspicion**.
- Where serious bodily injury does not result from the suspected crime, the suspicion must be reported **not later than 24 hours after forming the suspicion.**

NEWBORN PROTECTION/SAFE HAVEN

The intent of this policy is to provide hospital personnel with guidelines consistent with Pennsylvania law regarding the provision of services to parents who express, either orally or through conduct, the intent to have the hospital accept their newborn. A newborn is defined as a child less than 28 days of age reasonably determined by a physician. UPMC hospitals accept all newborns that are voluntarily relinquished by a parent. The parent relinquishing the newborn will not be reported to law enforcement officials unless the medical assessment of the newborn reveals evidence of abuse or criminal misconduct.

Infant Security

UPMC strives to provide a safe and secure environment for all infant patients. The security of infant patients is the responsibility of ALL staff. All personnel are to display their UPMC photo ID badge. Staff members who are allowed to care for babies have a stork imprinted on their hospital ID badge.

All personnel should be alert to any unusual behavior they encounter from individuals such as:

- Repeated visiting or requests "just to see"
- When is feeding time?
- When are the babies taken to the mothers?
- Where are the emergency exits?

UPMC uses infant security "tags". The tags will generate an alarm when:
- Infants are removed or leave the safe area.
- When a tag has been tampered with
- When the tag or any component of the system becomes defective.
- Used with other security measures.

The **HUGS System** that UPMC Horizon uses has audio and/or visual indicators to alert staff that there is an infant security issue.
- Some tag events activate just the blue strobe light (check tag tightness, tag loose, improperly applied strap, loiter events).
- Other tag events activate the strobes AND the overhead announcement (tamper, exit alarms, supervision time out).

Abduction Response Plan
- All units, regardless of location, must participate in Infant Security by always remaining vigilant and knowing what to do during an infant security event.
- All units must first check their respective areas and the immediate vicinity paying particular attention to elevators, stairwells and exits.
- Staff members should be positioned in an area where they can keep watch for suspicious activities and be prepared to report those observations to the emergency number.
- All staff members should assist in any way possible by canvassing both inside and outside the campus.
- Units should notify the Command Center when the search has been completed.

Domestic Violence

Violence within the home is a problem that has afflicted families for ages. It is perpetrated by men and women, husbands and wives, rich and poor, and members of every race and religion. When parents or other

partners physically or mentally abuse one another, it has disastrous effects on the family. **_For this reason, it is the policy of UPMC to screen all patients for potential violence, abuse, or neglect and to provide appropriate intervention._**

Utility Safety

Knowing what to do when a utility system fails can mean the difference between life and death in some areas of the hospital environment. Only by knowing the proper procedures to follow in the event of a failure, can you be assured of providing a safe environment for patient care as well as personal safety.

Elevators

In the event of a failure to an elevator in which you are riding, there are some basic procedures to follow:

- Use the emergency phone within the elevator to call for help. (If there is no phone, there should be an emergency horn or buzzer).

- Never attempt to exit on your own or assist another to exit.

- Wait for maintenance to arrive for help; they are trained to know what to do.

Loss of Electricity

Emergency power is provided by motor/ generator sets. The following procedures should be supplemented within your department with department specific procedures:

- Use clinical intervention as appropriate for patient care.

- Emergency power is available at all "RED" wall receptacles. Please use these for equipment necessary for patient care. (e.g., ventilators, I.V. pumps)

- Report all failures to maintenance immediately following securing patient care.

- Emergency power should be provided in approximately 3 - 8 seconds after loss of normal power.

- Lighting is provided in all corridors and all emergency/critical care areas. (Also certain other areas).

Loss of Water

- Conserve water use to patient needs only.

- Bottled water will be delivered to all business units.

Loss of Telephone Services

- Use the emergency telephone system by plugging your phone cord into the phone jack port located on your fax machine.

- Limit telephone communication to critical needs only.

Hazardous Materials Management

Hazardous materials can be defined as those materials that by their nature pose a potential threat to the health and safety of persons coming into contact with them. Each hazardous chemical has a Safety Data Sheet (SDS) which we receive from the company that makes the product.

Safety Data Sheets (SDS) give you all the critical information you need about how to use, transport and store chemicals in order to protect ourself. They also contain information about what to do in case of emergencies and overexposure.

Life Safety

UPMC has developed the Life Safety Management Program to protect patients, personnel, visitors, and property from fire and the products of combustion, and to provide the safe use of buildings and grounds.

Fires can be devastating to life and property. Knowing what to do in the case of a fire is extremely important in the hospital environment. Not only your own lives, but the lives of patients and visitors rely on quick and responsible actions.

Fire Safety

The hospital will protect patients, visitors, personnel and property from fire and prod-

ucts of combustion. This is essential in providing safe patient care as part of the hospital's mission. To ensure that all persons are protected, a system of equipment has been installed and the equipment is included in a systematic program of inspection, testing and maintenance.

It is the responsibility of UPMC staff and volunteers to prevent fires and be prepared to act quickly and correctly should a fire occur. Volunteers should learn the departmental fire plans for their assigned areas. The voice-paging operator will announce a code to alert the staff to a fire emergency. Never shout "FIRE". Remain calm and reassure patients and visitors.

If you discover a fire, follow the **RACE** acronym:

R   Rescue people in immediate danger.

A   Pull Alarm (call the operator and confirm location).

C   Contain fire and smoke by closing all doors.

E   Extinguish and evacuate (use good judgement).

Fire Extinguishers

Fire extinguishers are effective only when used properly. Remember the acronym **PASS** for the steps in using an extinguisher.

P   Pull the pin

A   Aim the nozzle at the **base** of the fire

S   Squeeze the handles

S   Sweep the nozzle from side to side

Fire Extinguisher Codes

Fire extinguishers come in many varieties – water, carbon dioxide, dry chemical or powder, and liquefied gas. Fire extinguishers are coded to reflect the type of fire they can put out: **Type A (green label):** Wood, paper cloth & rubbish, **Type B (red label):** Flammable gas/liquids, **Type C (blue label):** Electrical fires. Newer extinguishers have picture codes showing the type of fires they can be used on.

Which Fire Extinguisher to Use:

TYPE A-B-C

- Wood, paper, cloth, rubbish
- Flammable gas/liquids
- Electrical fires

TYPE B-C

- Flammable gas/liquids
- Electrical fires

TYPE K

- Flammable gas/liquids
  (for use in kitchen areas, grease fires)

Medical Equipment Management

A comprehensive equipment management program will be followed for all portable and fixed equipment used for the diagnosis, treatment, monitoring and care of patients. All patient care equipment will be evaluated for risk and preventive maintenance inspections will be done according to Equipment Frequency testing policy.

Medical equipment/devices that malfunction during patient use are to be removed from service, red tagged and **Biomedical Engineering** notified. If the device has memory and/or recording strips, these items should be preserved.

Radiation Safety

All radioactive materials are stored in lead containers and used primarily for diagnostic purposes.

Monitoring devices are located in various areas throughout Imaging Services to determine radiation exposure to the general public.

MRI Safety

Magnetic Resonance Imaging (MRI) utilizes a very strong magnet. Only non-ferrous objects are allowed in the MRI area. Signs are posted in the restricted area. The magnetic field is **always** active. It is **never** turned off.

Patients must be thoroughly screened prior to having an MRI. Such questions are asked:

- Do you have any metal **on** your body?
- Do you have any metal **in** your body, such as a metal prosthesis or shrapnel?
- Do you have a pacemaker?
- Have you ever welded?

Bloodborne Pathogens

Bloodborne pathogens are microorganisms present in human blood/body fluids and other potentially infectious materials that can cause disease in humans. Bloodborne pathogens can be transmitted through:

- Contact between mucous membranes and infected body fluids
- Sharing Needles
- Sexual contact
- Accidental punctures & cuts with contaminated sharps.

Infectious Waste is materials contaminated with blood or other infectious material and MUST be handled carefully and disposed of in RED infectious waste containers which are lined with RED biohazard bags. **Exception:** All linen, regardless of the degree of soiling, are returned to the laundry and not discarded. NEVER place linen in the RED biohazard bags.

Infection Control

Two Levels of Precautions

1) Standard Precautions

Standard Precautions are the minimum infection prevention practices that apply to all patient care, regardless of suspected or confirmed infection status of the patient, in any setting where healthcare is delivered. These practices are designed to both protect Healthcare Workers and prevent them from spreading infections among patients. Standard Precautions include: **1)** hand hygiene, **2)**

use of personal protective equipment (e.g., gloves, gowns, masks), **3)** safe injection practices, **4)** safe handling of potentially contaminated equipment or surfaces in the patient environment, and **5)** respiratory hygiene/cough etiquette.

Disease-causing organisms can be transmitted in a variety of ways. The five (5) main routes of transmission are:

Contact: This is the most common way that nosocomial (facility-acquired) infections spread. Transmission can occur by direct contact which involves contact between the infected person and one who is susceptible or indirect contact that entails a susceptible person touching an object that has been contaminated by an infectious person.

Droplet: Transmission occurs when droplets from the infected person come in contact with the conjunctiva, oral or nasal cavity. This can occur during talking, sneezing or coughing.

Airborne: Small droplets are expelled from the infected person and remain in the air or on dust particles for a period of time, to later be inhaled by a susceptible person.

Common Vehicle: The microorganism is carried by contaminated food, water, or equipment.

Vector borne: This refers to the spread of infection by vectors such as mosquitoes, flies, and rodents.

2) Transmission-Based Precautions

Special measures must be taken to prevent the spread of infection when a patient is known to be or carries a high risk of being infected. The Transmission-Based Precautions are **added** to the Standard Precautions; in other words, **standard precautions are essential to follow in the care of all patients.**

A. Contact Precautions

Contact precautions are taken to reduce the spread of infection through:

Direct Contact

- Skin of infected person
- Skin of susceptible person

Indirect Contact

- Inanimate objects, i.e., bedside commode, bed rails, IV poles

B. Droplet Precautions

Apply to patients known or suspected to be infected with a pathogen that can be transmitted by droplet route; these include, but are not limited to:

- Respiratory viruses (e.g., influenza, parainfluenza virus, adenovirus, respiratory syncytial virus, human metapneumovirus)
- Bordetella pertussis
- For first 24 hours of antibiotic therapy: Neisseria meningitides, group A streptococcus

C. Airborne Precautions

Apply to patients known or suspected to be infected with a pathogen that can be transmitted by airborne route; these include, but are not limited to:

- Tuberculosis
- Measles
- Chickenpox (until lesions are crusted over)
- Localized (in immunocompromised patient) or disseminated herpes zoster (until lesions are crusted over)

Place the patient immediately in an airborne infection isolation room (AIIR). Use Proper PPE.

Personal Protective Equipment

Personal Protective Equipment (PPE) use involves specialized clothing or equipment worn by facility staff for protection against infectious materials. The selection of PPE is based on the nature of the patient interaction and potential for exposure to blood, body fluids or infectious agents.

Gloves

Wear gloves when there is potential contact with blood (e.g., during phlebotomy), body fluids, mucous membranes, non-intact skin or contaminated equipment.

- Wear gloves that fit appropriately (select gloves according to hand size)
- Do not wear the same pair of gloves for the care of more than one patient
- Do not wash gloves for the purpose of reuse
- Perform hand hygiene before and immediately after removing gloves

Gowns

Wear a gown to protect skin and clothing during procedures or activities where contact with blood or body fluids is anticipated.

- Do not wear the same gown for the care of more than one patient
- Remove gown and perform hand hygiene before leaving the patient's environment (e.g., exam room)

Facemasks (Procedure or Surgical Masks)

Wear a facemask:

- When there is potential contact with respiratory secretions and sprays of blood or body fluids
- When placing a catheter or injecting material into the spinal canal or subdural space

Goggles/Face Shields

Wear eye protection for potential splash or spray of blood, respiratory secretions, or other body fluids.

- Personal eyeglasses and contact lenses are not considered adequate eye protection
- May use goggles with facemasks, or face shield alone, to protect the mouth, nose and eyes

Respirators

If available, wear N95-or higher respirators

for potential exposure to infectious agents transmitted via the airborne route.

All healthcare personnel that use N95-or higher respirator are **fit tested at least annually** and according to OSHA requirements.

Equipment

Equipment that has been soiled with blood, body fluids, secretions, or excretions should be handled in a manner that prevents contact with skin, mucous membrane, clothing, or equipment that is to be used with another patient.

Linen

Linen that has been soiled with blood, body fluids, secretions, and excretions should not come in contact with the skin, mucous membrane, clothing, or equipment of other people.

- Handle all contaminated linens with minimum agitation to avoid contamination of air, surfaces, and persons

- Do not sort or rinse soiled linens in patient-care areas

- Use leak-resistant containment for linens contaminated with blood or body substances; ensure that there is not leakage during transport

- Employees who have contact with contaminated laundry should wear appropriate PPE.

- Wash/Sanitize hands after handling laundry or linens.

Isolation

UPMC has a system for designating the rooms of patients who have certain infectious or contagious diseases. Their rooms are clearly marked with a sign. Volunteers must take care to look for any posted isolation signs outside patient rooms. **Volunteers are not permitted to enter rooms marked with isolation signs.** If you should enter by mistake, notify a nurse immediately.

Hand Hygiene

Using proper infection control practices is essential for your safety and to protect our patients. Hand hygiene is the **single most** important strategy to reduce the risk of transmitting organisms from one person to another or from one site to another on the same patient. Cleaning hands promptly and thoroughly between patient contact and after contact with blood, body fluids, secretions, excretions, equipment and potentially contaminated surfaces is an important strategy for preventing healthcare associated and occupational infections.

Handwashing Procedure

- Use running water; moisten hands well and apply soap.

- Lather well and rub hands together for a minimum of (15) seconds. Remember that friction removes the surface organisms, which then wash away in the lather.

- Clean under and around fingernails.

- Rinse hands well; all soap or foam should be removed to avoid skin irritation.

- Dry hands with paper towel and use the paper towel to turn off the faucets and open the door.

Healthcare workers are taught when to wear gloves, but attention is needed when gloves are **NOT** required for non-patient care interactions such as answering the telephone, using a computer or pushing elevator buttons. Do not wear gloves outside of patient rooms in the hallway.

You are not gaining extra protection by wearing gloves. By inappropriate use of gloves there is more potential for transmission of germs and patients may perceive their environment as unclean.

Once gloves become contaminated they can transmit infectious materials to yourself, patients and the environment.

Per UPMC policy gloves do NOT need to be worn unless touching blood, body fluids, or contaminated items.

GLOVES DO NOT REPLACE THE NEED FOR HAND HYGIENE.

Emergency Management

In order to create a safe environment for staff and customers, we need to be well prepared to deal with any and all possible emergency situations.

Hospitals must be prepared to respond to a variety of emergency situations. Some emergencies are internal and require specific types of response. Other emergencies are external and may disrupt the hospital in its ability to care for patients within the facility or those that may arrive due to the emergency. An efficient and effective plan of response aids in preparing for such emergencies and reduces the response time. UPMC has developed a plan to manage the consequences of natural disasters or other emergencies through a set of emergency "Codes" with specific responses to specific types of emergencies. Each "Code" will activate an appropriate response to the emergency as needed.

External Disasters are events that occur outside of the facility but can cause an impact to UPMC, such as mass casualty incidents.

- Motor vehicle accidents
- Civil disturbance
- Industrial emergencies
- Terrorist attack

Internal Disasters are classified as incidents that occur in or affect the interior of a hospital or facility complex.

- Structural collapse of a building
- Utility loss (telephone, electric, water)
- Explosions
- Fires
- Floods
- Chemical spills

It is important to prepare a **Family Emergency Plan,** so that your family will be cared for and kept informed in the event of an emergency.

Questions you should ask when developing a plan.

- What are your community warning signals?

- What disaster plans are used at your child's school, daycare, eldercare?

- Ask about animal care after a disaster.

- Who will care for your child/elderly family members if you remain at work?

- Determine who will pick up and watch children if they have to leave school.

- Ask an out-of-state friend to be your "family contact". After a disaster, making phone calls may be difficult or impossible. Family members should call this person & tell them where they are.

In the event of an evacuation of the hospital, volunteers should meet at:

Jameson: Walgreens parking lot across from hospital

Shenango Valley: Parking lot at **Valley Baptist Church**, 500 Sharon-New Castle Rd, Farrell, PA

Greenville: Parking lot **behind MERP** across from hospital

Bomb Threats are often used by disgruntled persons as a way of interrupting normal business operations.

If you see a suspicious package, make sure to turn off all two way radios, cell phones and pagers to avoid accidental detonation. Contact building security or call 911 if a suspicious package is found.

If you receive a bomb threat over the phone:

- Remain calm

- Ask a co-worker to contact security immediately.

- DO NOT HANG UP, even if the caller does.

- Try to gather as much information from and about the caller as possible (voice/speech accents, nasal, foul language and any background noises).

Plain Language Codes and Conditions
(updated 8/2/21)

At UPMC, there are four categories of plain language code alerts: Security, Medical, Facility and Clear.

Plain Language is by design able to be understood by employees, visitors and patients.

Attached is the listings for UPMC Horizon/ UPMC Jameson. Remember to provide important information to the operator:

- Type & Time of Condition

- Room of Condition

- Area/Floor of Condition

- Information (ex. Patient description- Missing person)

- Name of caller reporting the Condition

Emergency Numbers:

- **Jameson: 111**

- **Shenango Valley: 5511**

- **Greenville: 5555**

NOTES

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UPMC Horizon and UPMC Jameson
Plain Language Codes and Conditions

UPMC Horizon and UPMC Jameson have transitioned to plain language codes.
At UPMC, there are three categories of plain language code alerts: Facility, Medical, and Security.
To learn more, search "Plain Language" on Infonet.
Remember to provide important information to the operator:

Type & Time of Condition
Room of Condition
Area/Floor of Condition
Information (ex. Patient description – Missing person)
Name of caller reporting the Condition

Jameson Emergency Number: 111
Horizon Shenango Emergency Number: 5511
Horizon Greenville Emergency Number: 5555

Facility Alert	
Code	**Overhead Page**
All Clear Facility Alert	Facility Alert + *Location* + All Clear
Decontamination	Decontamination + *Location* + Avoid the Area
Emergency Operations Plan	Activate Emergency Operations Plan + *Location*
Evacuation / Relocation	Evacuation Underway + *Location*
Fire Alarm	Fire Alarm + *Location*
Hazardous Material Spill/Release	HAZMAT Incident + *Location* + Avoid the Area
Mass Casualty Incident	Mass Casualty Incident + *Location*
Severe Weather (Tornado Watch/Warning)	Severe Weather Event + *Instructions*
Utility / Technology Interruption internal flooding, power outage, IT	Utility / Technology Interruption + *TYPE* (Nature of interruption) + *Location*

Medical Alert	
Code	**Overhead Page**
Medical Emergency	Medical Emergency + *Location*
Outside Medical Emergency	Outside Medical Emergency + *Location*
Rapid Response	Rapid Response Team + *Location*
Rapid Response: Obstetrical obstetrical emergency	Rapid Response Team + Obstetrical + *Location*
Rapid Response: Patient Fall	Rapid Response Team + Fall Huddle + *Location*
Rapid Response: Patient Help patient safety hotline "Condition Help"	Rapid Response Team + Patient Help + *Location*
Rapid Response: Sepsis Alert patient with sepsis symptoms	Rapid Response Team + Sepsis Alert + *Location*
Rapid Response: STEMI Alert patient with chest pain who may need intervention	Rapid Response Team + STEMI Alert + *Location*
Rapid Response: Stroke Alert assistance with stroke symptoms	Rapid Response Team + Stroke Alert + *Location*

Security Alert	
Code	**Overhead Page**
All Clear Security Alert	Security Alert + *Location* + All Clear
Armed Subject / Active Shooter	Armed Subject + *Location* + "Run, Hide, Fight"
Bomb Threat	Bomb Threat + *Location* + *Instructions*
Controlled / Limited Access	Limited Access + *Location*
Combative Patient / Disruptive Event	Disruptive Event + *Location*
Hostage Situation	Hostage Situation + *Location* + Avoid the Area
Infant Abduction newborn to 1 year old Child Abduction 1 to 18 years old	[Infant][Child] Abduction + *Location* + *Instructions*
Missing Person 18 years or older	Missing Person + *Location* + *Instructions*
Suspicious Package	Suspicious Package + Location + *Instructions*