



# **UPMC Horizon & UPMC Jameson Self-Learning Orientation**



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## SENIOR LEADERSHIP TEAM



Elizabeth Piccione, MD  
President

John Davis  
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Zachary Lenhart  
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Chief Financial Officer  
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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.

### **RESPONSIBILITY & 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 at UPMC Horizon for \_\_\_\_years.

**D Duration..** Length of procedure/test/task.

**E Explanation..** Details of procedure/test/task.

**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:

- **Hear them out:** Listen without interruption. Repeat back in summary what you heard to make sure you understood.
- **Empathize:** Respond with words that demonstrate compassion or acknowledgement. It doesn't mean you agree, just that you understood.
- **Apologize:** 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.
- **Resolve:** 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.
- **Decide:** If you believe the situation is under control, thank the person for sharing their feedback. If you think more action is needed, contact your Supervisor.

## **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.

### **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 likelihood 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

## **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 & Jameson Safety Officer: Tom Krug**

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, contracted staff, 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, contracted staff, and employees to report any suspicious activities to the Security Officer immediately by dialing:

**Shenango: 724-657-3224**

**Jameson: 724-658-9001**

**Greenville: 724-588-2100**

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 immediately.
- 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 immediately.
- Walk, DO NOT 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.

## **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.

## **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 goods 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 than 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 yourself. 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 products 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. 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 handle
- 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.

## **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

In the event of an evacuation of the hospital, staff should meet at their department's designated meeting area.

**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**

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

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

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

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



# PARKING

All hospital staff, students, contractors, and volunteers are required to park in designated staff parking lots. Upon beginning assignment or employment, staff will register for parking electronically or through the Human Resources Department. A parking hang tag will be provided for assigned lot. All hang tags must be displayed on the rear-view mirror for every vehicle parked on campus. Staff are not permitted to park in any patient areas unless an approved accommodation is obtained. Parking accommodations can be requested by contacting Work Partners at 1-800-633-1197. A written parking violation will be issued to staff members by Security for any vehicle in violation of this policy.

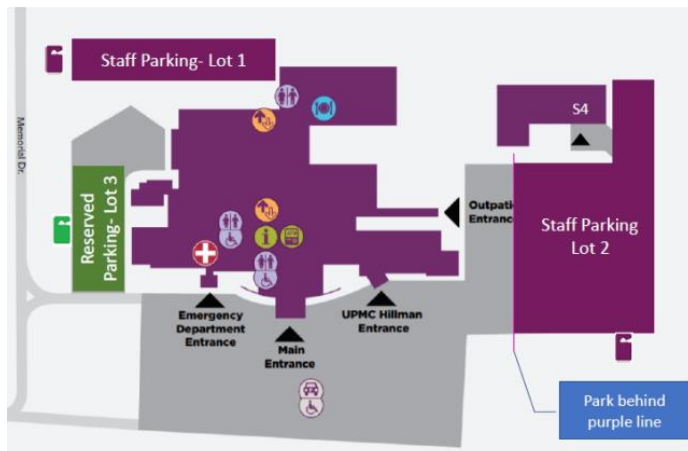
## UPMC Jameson



## UPMC Horizon- Greenville



## UPMC Horizon- Shenango



## **CLEAN AIR/SMOKE & TOBACCO FREE CAMPUS**

UPMC is committed to improving and protecting the health and well-being of its patients, visitors, volunteers, physicians and employees. As part of its effort to meet this responsibility, UPMC recognizes the evidence that smoking, secondhand smoke and the use of tobacco are health hazards and will prohibit smoking and tobacco use on its campuses. Tobacco use includes, but is not limited to, chewable tobacco products, snuff and smoking by inhaling, exhaling, burning or carrying any lighted cigarette, cigar, pipe or other such device which contains tobacco or any other smoke or vapor producing products such as e-cigarettes. All staff, students, volunteers, and contracted staff are prohibited from smoking or using tobacco for the duration of their shift.