



2014 Annual Retraining Modules Include:

- ◆ Be A Champion—Dignity & Respect Campaign
- ◆ Bloodborne Pathogens
- ◆ Compliance & Ethics Review
- ◆ Emergency Preparedness
- ◆ Employee Privacy & Security Obligation
- ◆ EMTALA Overview
- ◆ Environment of Care
- ◆ Infection Prevention
- ◆ LGBTQI Training
- ◆ Patient & Family Centered Care
- ◆ Promoting Patient Safety
- ◆ Rapid Response Teams
- ◆ Safe Haven
- ◆ Team Effectiveness

BONUS INFORMATION

- **Boundaries** with patients and families
- **UPMC Core Values**—how we put patients and families first!
- Volunteer roles in **Condition D & X's**
(External / Internal Disasters)

WHY DO WE HAVE AN ANNUAL TRAINING?

Annual retraining allows you to stay compliant with hospital and Joint Commission standards, as well as get a refresher in important topics to keep patients, families, staff, and you safe.

WHAT IS REQUIRED?

In order to remain in “active” volunteer status, you will be asked to:

- review all 14 of the training modules,
- Take Retraining Test
- Complete and sign Acknowledgement Form.

If you started at Children’s after July 1, 2014, or you are a Teen Volunteer, you will not be required to complete the 2014 retraining.

IS THERE A DEADLINE?

If you do not complete the Annual Mandatory Training by **December 31, 2014** and you are a current, active CHP volunteer, your status will be changed to “Inactive” after January 1st

HOW CAN I COMPLETE MY ANNUAL TRAINING?

We have three options for you to complete your Annual Training...

In Office

The Annual Mandatory Training Modules will be provided in binders for you to read in the volunteer office. You can review the modules and complete the test before or after your regular volunteer shift or on a date/time that is convenient for you. We will offer assistance for those who need help reviewing and completing their test, between 8:30 a.m. – 4:30 p.m., Monday through Friday

Online / Email

You can now complete the retraining requirement online! We have established a dedicated webpage, that will give you a chance to download/view the 14 retraining presentation modules, complete the retraining test and acknowledgement form. Please visit the following link for the Annual Mandatory Retraining page, and follow the directions on the page.

Once you complete the retraining test and acknowledgement form, you will be instructed to send it to us by email to volunteercoordinator@chp.edu.

One Hour Interactive Sessions

During this session, we will review key information from the training modules, seek to provide guest speakers from Hospital staff, and conduct the required 12-page test in a group setting. If you are interested in attending one of these In-Person Training Sessions please let us know what would work best in the first two weeks of December (weekday, weeknight, and if you can only attend on a weekend).

If you do not complete the Training before the new year, you will need to check with the volunteer coordinator to make sure you complete this before you return to volunteering in the new year.

Security Management

Public Safety can be reached at **412-692-5191**.

Rapid Response Teams

Rapid response teams are groups of specialty-trained individuals organized to provide immediate clinical assessment and action. A **Condition A** or **Condition C** can be initiated by any staff member or volunteer to alert key medical personnel to respond when a patient, parent, visitor is in cardiac arrest or a crisis situation.

How do I Call a Condition A or Condition C?

- Dial **412-692-5151**. State where you are located and give pertinent information to the operator, including if it is an adult. Stay with the individual until help arrives.

What is the Difference Between a Condition A and a Condition C?

- A Condition C is called when a patient is in a crisis situation. It initiates a rapid response of critical care staff.
- A Condition A is called when anyone (patient, guest, visitor, staff) is having a respiratory or cardiac arrest.



BRONZE ALERT

An active weapons situation

- ◆ Contact Public Safety immediately.
- ◆ Follow the three E's in this situation (**Evade**, **Evacuate** and last resort only if your life is in danger, **Engage**.)
- ◆ Be aware the building may be "locked down" during this time.

VISITOR CONDUCT CRISIS SITUATION

When a guest to the hospital is hostile:

- ◆ Contact Public Safety immediately.
- ◆ Level 1 (Yellow) is when a guest has used loud, profane or aggressive verbal language. Threats of violence have NOT been made.
- ◆ Level 2 (Red) is when there is a fear of physical threat

CONDITION PINK

A missing or abducted child

- ◆ When a child is not where they are supposed to be, a Condition Pink is called to have staff throughout the hospital search for the child.
- ◆ Units conduct a head count of all patients on the floor.
- ◆ Staff will be notified when the child has been found.
- ◆ As a volunteer, it is crucial when working with patients that the nurse knows where the child is at all times. If you are taking a child from the room, make sure that the nurse is aware and approves. If leaving the floor, make sure the patient is signed out of their unit in the patient

What is a Condition HELP?

Condition HELP is initiated by a parent or family member when they have serious concerns about a clinical change in the patient that they feel is not being addressed by their care team. It empowers families to actively participate as a member of their child's care team.

Family members call 412-692-3456 to activate a Condition HELP. Volunteers should not call Condition Help as it is designated as a response team for families to initiate.

INTERNAL / EXTERNAL DISASTERS

Internal Disasters (Condition X)

- ◆ Internal disasters could include fire, structural collapse, urgent hospital evacuation, etc.
- ◆ If you identify a Condition X, immediately contact your supervisor.
- ◆ Your supervisor will give you instructions.

External Disasters (Condition D)

- ◆ External disasters could include a school bus accident, explosion, fire, terrorist attack, etc.
- ◆ The Volunteer Office may contact you for assistance with supporting the hospital in extreme situations.
- ◆ If you are at CHP, your supervisor will give you instructions for the situation.

UPDATE

WHERE DO VOLUNTEERS REPORT DURING CONDITION X or D?

- Come to volunteer office to check in.
- wait for further instruction from volunteer coordinator, manager or child life staff in charge of disaster plan.
- If evening or weekend, enter through front door with keypad but head toward back of office near manager office. (ED staff maybe using the front part of the volunteer office). I
- f there is an announcement to evacuate, please meet the child life, volunteer, and family resource center staff at the corner of 45th and Penn Ave near the Catholic cemetery entrance.

What is EMTALA?

EMTALA is the Emergency Medical Treatment and Active Labor Act. It is a federal law that requires Children's to provide appropriate medical attention to anyone seeking medical examination and treatment while on the hospital campus.

What is your role as a volunteer in following EMTALA?

- ◆ Always direct anyone requiring immediate medical treatment to be seen by a medical professional, whether by activating a rapid response team or escorting the individual to the Emergency Department.
- ◆ Do not discuss potential co-pays or costs of service or redirect to another facility. The most important thing is that the individual receives the examination and immediate care he or she needs as quickly as possible.

Infection Prevention

Standard Precautions and Transmission-Based Precautions

Anyone might have an infection, including an infant or child, but he or she may not know it. Using standard precautions means treating each patient as if he or she has an infection. Always use safe work practices when there may be contact with blood or bodily fluids.

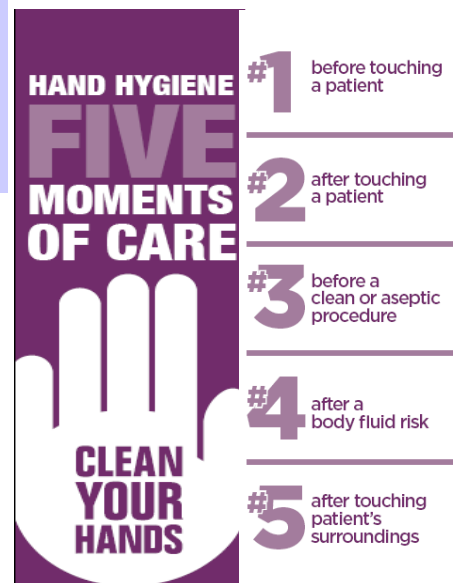
- ◆ All volunteers must maintain exemplary hand hygiene practices. Remember to always perform hand sanitizer before and after every patient interaction and when entering or exiting a patient area, regardless of whether or not you touch the patient.
- ◆ All toys should be cleaned with a sanitizing wipe after being used and returned to the play area. Please wear gloves when using the sanitizing wipes.
- ◆ Everytime you remove your gloves, you must wash your hands with soap and water as soon as possible.
- ◆ Choose your protective equipment according the isolation sign on a patient's door. Even if you see others not using protective equipment or you receive instructions from your supervisor or staff, you **MUST** follow the precautions on the sign before entering a room.



What Do You Do if You Have an Exposure?

If you have a body fluid exposure, please report it immediately.

- ◆ Alert your supervisor immediately and also the Volunteer Services Department staff.
- ◆ If it occurs daytime (7:30 a.m. to 4 p.m.) Monday through Friday, go to Employee Health on Floor 1 of the Administrative Office Building.
- ◆ If it occurs after Employee Health hours or on the weekend, go to the Emergency Department.
- ◆ Be sure to inform treatment staff that you are a volunteer.



Fire Safety Management

- ◆ Children's uses the code **Condition F** to announce fire emergencies in the hospital. Fire alarms will be announced in the "fire zone" only (the floor affected, the floor above, and the floor below).
- ◆ Children's follows the "defend in place" principle when a fire emergency occurs. Stay where you are and provide reassurance to patients and families. Evacuation of the hospital occurs only if instruction is given by the fire department.
- ◆ Familiarize yourself with fire extinguishers, fire alarms, and stairwells located in your volunteer area so you are prepared to use them if needed.

In the event of a fire, remember:

R.A.C.E.

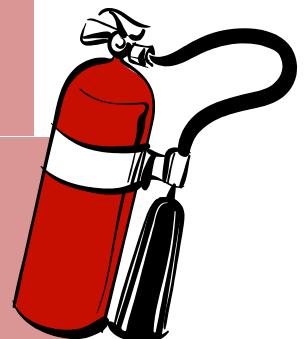
(for the order of steps to follow in a fire)

- R**escue everyone from immediate danger.
- A**larm should be pulled and call **692-5191**.
- C**ontain the fire/smoke by closing doors.
- E**xtinguish the fire if it is safe to do so.

P.A.S.S.

(to operate the fire extinguisher)

- P**ull - Pull tab on fire extinguisher.
- A**im - Aim nozzle at the base of the fire.
- S**queeze - Squeeze the lever below the handle.
- S**weep back and forth across the base of the fire.



Social Media and Volunteering at Children's



Children's prohibits staff members and representatives (i.e. volunteers) from disclosing patient information on the internet regardless of whether the information specifically identifies a patient. Your relationship with a patient or family member who you meet during your volunteer experience must remain exclusively at the hospital and not carry into any social media or contact outside of the hospital.

This includes:

- ◆ Statements about patients or their families, even if consent is given.
- ◆ Links or other references to public websites that include information about patients or their families.
- ◆ Photos of patients or their families.
- ◆ Do not post information about patients on Facebook, Twitter, or any other social networking site. (This includes names, descriptions, news stories, or photos)
- ◆ It is strongly recommended that you do not invite patients or their family members to become "friends" on Facebook or "follow" you on Twitter. Do not provide your information for patients or family members to "friend" or "follow" you.
- ◆ Volunteers are held to the same standards as employees as it relates to patient privacy.

Why Are Boundaries Important for You and for Patients and Families?

Volunteers create a therapeutic (healing, restorative) relationship with patients and the patient's family members and loved ones. It is natural to develop a relationship with a patient or family member during your volunteer experience. However, it is important to maintain your professional volunteer role and create appropriate boundaries both for you and for the patient/family. Maintaining appropriate boundaries allows for patients and families to have consistent, reliable interactions with all of our volunteers. It also promotes self-care for our volunteers so that they are able to give fully to all patients and families they support.

It is NOT up to the patient or family to know where the boundary lines should be drawn.

By creating a one-way relationship you are:

- ◆ Empathetic
- ◆ Compassionate
- ◆ An advocate
- ◆ Patient-centered



Important Boundary Ground Rules:

- ◆ Function within volunteer assignment descriptions and only complete tasks which you have been trained to complete.
- ◆ Come to the hospital only for your assigned volunteer shift unless otherwise approved or requested by a Volunteer Coordinator. Do not make special trips to the hospital on your own to visit a patient or family or use your volunteer identification to access the hospital during non-volunteer hours.
- ◆ Maintain patient confidentiality, both in the hospital and in the community.
- ◆ Refrain from seeking medical information about the patients, other than what is essential to perform your volunteer assignment.
- ◆ Do not accept personal gifts or give gifts to any patient or family members.
- ◆ Do not bring food or provide money to patients or family members.
- ◆ Do not personally provide transportation to the patients or families.
- ◆ Do not give patients and families personal contact information such as your home or cell phone numbers, email address, home address, etc. Likewise, do not accept patient or family members' personal contact information.

What Is Your Role Protecting Patient Health Information?

- ◆ Dispose of any patient information in appropriate PHI receptacles.
- ◆ Keep all PHI covered at all times, even in hallways or on elevators.
- ◆ Do not discuss any patient information with other volunteers or staff members without a legitimate health care reason to do so (curiosity does not count).
- ◆ If you do need to discuss patient information to perform a volunteer task, do so in a back-of-house or private area, away from others.

UPMC CORE VALUES

How we put our patients and families first!

QUALITY & SAFETY

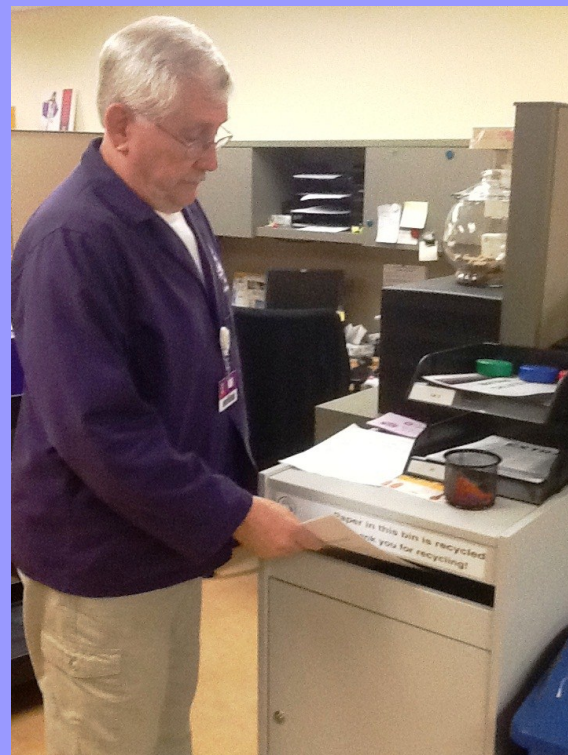
DIGNITY & RESPECT

CARING & LISTENING

RESPONSIBILITY & INTEGRITY

EXCELLENCE & INNOVATION

Before you throw something away...



DOCUMENTATION CONTAINING PHI IS NEVER TO BE THROWN INTO A REGULAR TRASH CAN.

Rather, documentation containing PHI is to be shredded or put into a PHI receptacle for eventual shredding or proper disposal.

HOSPITAL BED COUNT INCREASED TO 315!

UNITS BREAKDOWN

1st Floor	NEW — Observation Unit 10 Rooms / 10 beds (This is where the old Volunteer Office used to be!)
4th Floor	CICU 12 Rooms / 12 Beds
5th Floor	PICU 36 Rooms / 36 Beds
6th Floor	6A 21 Rooms / 24 Beds (Ortho/Trauma) 6B 21 Rooms / 23 Beds (Ped & Thoracic Surgery) 6E (Epilepsy) 8 Rooms / 8 Beds
7th Floor	7A (Cardiac) 21 Rooms / 24 Beds 7B (Transplant + ICARE) 21 Rooms / 23 Beds 7C (General Medical) 26 Rooms / 26 Beds
8th Floor	8A (NICU) 21 Rooms / 24 Beds 8B (GI, Renal/Palm and Sleep) 8C (NICU) 28 Rooms / 31 Beds
9th Floor	9A (Adolescent, Hemo/Endo, Oncology overflow) 21 Rooms / 24 Beds 9B (BMT/Hem-Onc) 19 Rooms / 19 Beds