

Volunteer Handbook

Safety First!

UM Upper Chesapeake Health
Volunteer Services Association

compassion | discovery | excellence | diversity | integrity





Table of Contents

INTRODUCTION:

Emergency Codes:

Initiate an EMERGENCY RESPONSE page 5

All Codes page 6-7

Our Vision page 8

Our Mission page 9

Working Toward Equity, Diversity, and Inclusion page 10

Thank You for Supporting Your Community Hospitals page 11

Volunteer Services Team page 12

UM Upper Chesapeake Health Leadership Team page 13

VOLUNTEER INFORMATION:

UM UCH Volunteer Dress Code page 15-16

Hand Hygiene page 17-21

Volunteer Safety and Security page 22-25

Interim Life Safety Measures (ILSM) page 26-27

Personal Protective Equipment page 28-29

Occupational Health Exposures page 30-32

Cough Etiquette & Glove Use page 33-35



Table of Contents (continued)

Transmission and Isolation Precautions	page 36-37
Harm Prevention Strategies:	
Infectious Waste	page 38
Body Mechanics to Prevent Injuries	page 39-40
Rapid Response & Codes:	
Rapid Response	page 41-42
Code YELLOW	page 43
CODE PINK – Infants and Children	page 44
Code RED	page 45-46
Fire Extinguisher Use	page 47-48
CODE SILVER – Active Shooter	page 49
Bomb Threat	page 50
Chemical Safety	page 51-52
HIPPA Privacy & Confidentiality	page 53-58
Tips for Good Interaction with People	page 59-61
THE JOINT COMMISSION STATEMENT	page 62
CONFIDENTIALITY AGREEMENT - Between Volunteers and UM UCH	page 63-66
Release and Waiver of COVID-19 Liability	page 67-68



Introduction Section

As the front cover of this handbook suggests – Safety First! We want all of our volunteers to enjoy their work and be safe. This section covers Emergency Codes, important for volunteers to understand as it is the hospital's “short hand” for announcing different types of emergencies. You will get a card to wear with your badge reminding you of the codes and what they mean as well as some important phone numbers to have when you are volunteering with us.

It's important that you know something about our Mission, Vision and Values as we UM Upper Chesapeake is a proud member of the University of Maryland Medical System. Our mission, vision and values help guide us in our business of caring for people in our community.

Finally, we would like to thank you for volunteering and put some faces to names for both our Volunteer Services team as well as the leaders of UM UCH.



How to start an Emergency Response

THE NUMBER TO CALL on any Hospital Telephone to initiate
EMERGENCY PROTOCOLS

**Dial 3333 on any landline
or call 443-643-3333**

*GIVE the operator your name & location
and tell the nature of the emergency you
are reporting!*



Observe and Report

For All Codes dial x 3333 on a landline – or 443-643-3333

Emergency Code	For ALL Codes dial 3333
Code Red	Alert to fire, smoke or excessive heat
Code Blue A	Adult – Cardiac Arrest (Respiratory Arrest)
Code Blue C	Child (<8 years old) – Cardiac Arrest (Respiratory Arrest)
Code Pink	Attempted/Actual Infant or Child Abduction
Code Green	Disruptive or Combative Person
Code Silver-Active Shooter	Hostile Person/Possible Weapon – Secure-Run-Hide-Fight-Return
Code Purple	Urgent Security Response needed
Code Yellow	Internal or External Disaster – Emergency Operations Implemented
OB Stat	Obstetrician assistance needed Immediately
Lockdown	External threat – Stay Safe INSIDE
Tornado Warning	Tornado Warning in effect – Seek Shelter away from windows and doors
Evacuation	Evacuation Order is in effect – Evacuate Immediately



For All Codes

- Remain calm; reassure patients and visitors of the code and follow team member directions
- Designated team members and security will report to code scenes
- Keep land lines open
- Hospital barrier doors will close; close all hallway doors
- Check the yellow Quick Reference Chart in your department for more information

Our Vision

We build upon our tradition of excellence in patient care and innovation, to be a national leader in the transformation of health care.

compassion | discovery | excellence | diversity | integrity



Our Mission

To purposefully advance the shared principles that are foundational to our work:



Compassionate, High-Quality Care

We are unrelenting in our dedication to compassionate, high-quality, patient- and family-centered care.

Commitment to Community

We are inherently entwined in the social fabric of our communities and demonstrate an unwavering commitment to the health and well-being of Marylanders.

Health Care Transformation

Leveraging our scale and geographical reach, we transform the way we deliver health care to bring more value to our patients and their communities.

Discovery-Based Medicine

Blazing new trails in medicine is inherent in us. We invest in and partner with those who are committed to the highest ideals of innovation, discovery-based medicine and health education.

compassion | discovery | excellence | diversity | integrity





Working Toward Equity, Diversity and Inclusion

The past few years have been a wake-up call to the inequities, injustices and systems in place that create barriers for many people based on race, ethnicity, background, beliefs, disability, gender, sexual orientation; and gender identity.

During this time, our nation began to acknowledge the injustices that many have long endured, and we saw the global pandemic's more severe impact the most vulnerable members of our society.

At University of Maryland Medical System (UMMS), we have been evaluating how we address equity, diversity and inclusion at all levels and locations of our organization.

We have developed a multi-year plan, backed by a \$40 million investment, that outlines our commitment to equity in care delivery, diversity in our workforce, meaningful investments in local communities, and expanded opportunities for minority-owned businesses.



Thank You for Supporting Your Community Hospitals

Thank you for supporting your local community medical campuses of University of Maryland Upper Chesapeake Health (UM UCH). Our volunteers work in many areas from inpatient to outpatient bringing warmth and encouragement to both our patients and team members. Whatever time commitment you make, please know you have an impact. Our goal is to match you to a volunteer opportunity that complements your interests and brings you satisfaction and joy.

Your safety, as well as patients and team member safety, are a top priority. In order to provide you the safest environment, you need to be aware and observant of safety issues that may be encountered on our campuses. This handbook outlines the important safety issues you need to understand, and it is a helpful resource for your annual education review as well.

The Volunteer Services department is a resource of support for you, so do not hesitate to contact our department for anything. The UM Harford Memorial Hospital Volunteer Office is open weekdays – 6:30 am - 3 pm. **443-843-5355**

The UM Upper Chesapeake Medical Center Volunteer Office is open weekdays 6:30 am – 5 pm. **443-643-1725**

Thank you for your service to our patients and the community. If we can help you in any way, or if you have any ideas to improve our program, please share!

UM UCH Volunteer Services Team



Volunteer Services Team



Martha Mallonee
Director, Volunteer
Services and
Community
Engagement
443-643-1730



Deb Bedard
Manager, Volunteer
Services
443-643-1732



Debbie Stout
Volunteer
Services
Coordinator
443-843-5355



Sandy Schissler
Volunteer
Services
Assistant
443-643-1725



UM Upper Chesapeake Health Leadership Team



Elizabeth Wise,
FACHE, MSN,
MBA
President/CEO



**Michelle
D'Alessandro,**
DPN, RN, NEA-BC
Chief Nursing Officer



Fermin Barrueto,
M.D., MBA Sr.
*Vice President,
Chief Clinical
Officer*



Colin Ward, DrPh,MHS
*Senior Vice President
Chief Operating Officer*



Faheem Younus, M.D.
FACP, FIDSA, CPE
*Vice President of Quality/
Chief Quality Officer*



Mark Shaver, MBA
*Senior Vice President,
Strategy, Physician
Services and Business
Development.*



Marco Priolo
*Vice President
Chief Financial
Officer*



Antonio DePaolo
*Vice President
Transformation &
Continuous
Improvement*



Toni Shivery,
MS, SPHR,
SHRM-SCP
*Vice President
Human
Resources*



Ken Ferrara,
MBA
*Vice President/
Executive
Director of the
UCH Foundation*



**Stephanie Dinsmore, MBA,
CPA**
*Vice President Physician
Services at Upper Chesapeake
Medical Center*



Volunteer Safety Information

This section offers some essential information and expectations for the volunteer such as how to dress when you are working with us, how important it is to practice hand hygiene, safety and security issues around the campus and within the areas you may find yourself working.

There is some detail on proper cough etiquette and glove use, avoiding isolation areas for patients and what to do if you find yourself seeing infectious waste like blood or other bodily fluids.

We also revisit the codes in more detail so you can understand what to do if you are involved in a code.



UM UCH Volunteer's Dress Code

- A neat, clean, professional appearance is required.
- For the easiest compliance, we will provide 2 branded shirts and ask that you wear with it with tan or black slacks and comfortable, clean, non absorbent, **closed toed** shoes
- Always wear your identification badge and the Emergency Code “badge buddy” when volunteering
- No jeans, sweat pants, shorts, flip flops or sandals
- Hair should be neat, clean, and pulled back from your face
- Avoid long necklaces, loose bracelets and long earrings due to the type of area where you work. These items can get caught in machinery, personal protective equipment, hospital blankets, or accidentally pulled by patients you are assisting.

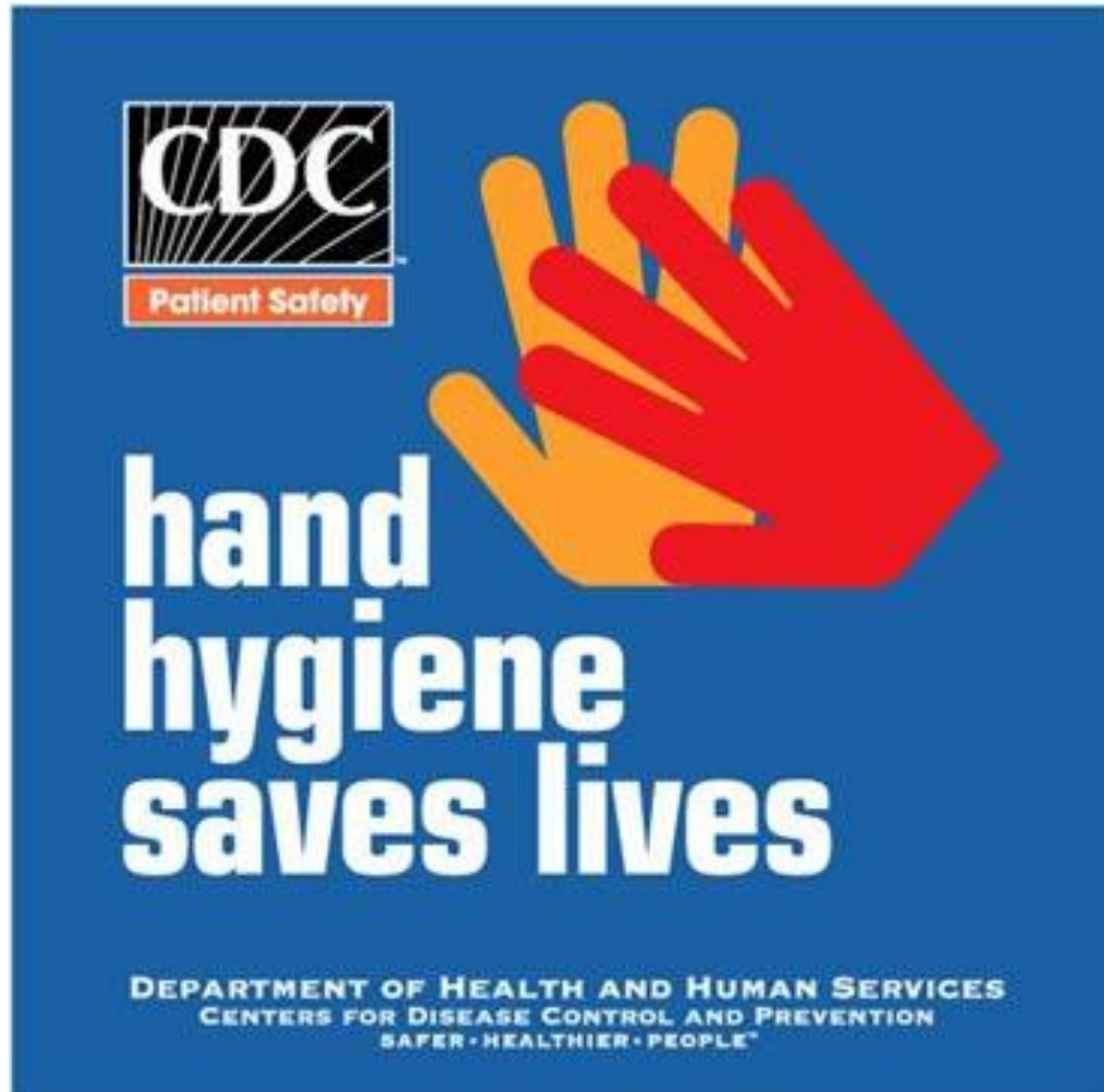


UM UCH Volunteer Dress Code

- Avoid perfume and cologne (strong fragrances in general) while volunteering. Many people have allergies to different scents.
- The supervisor of your work area may have other requirements for shoes, head protection, etc. to insure that you are comfortable, safe and do not ruin your clothes while volunteering. Please adhere to those requirements.
- If you have any questions or need guidance, please let us know.



The most basic and essential infection prevention practice!





- Required – Hand Washing

- Before entering and when leaving patient's environment
- Before wearing and after removing gloves, for both sterile and non-sterile activities
- After contact with objects in patient's environment

- Why?

- Germs can be spread by contaminated hands and cause outbreaks in patient environment that is already frequently contaminated
- Gloves may have microscopic tears
- Contaminated gloves could contaminate hands during removal



Hand Hygiene

- Alcohol based hand rub (preferred)
 - Dispense one pump of product and rub hands until dry
 - Rub on all the surfaces of your hands; wrist, palms, top, fingertips, and thumbs
- Soap and water required:
 - When hands are visibly soiled
 - Rub all surfaces of hands for 15 - 20 seconds with soap, then rinse
 - Dry hands first, then use same towel to turn off faucet



Hand Hygiene Technique

Soap & Water

- Turn on water and adjust temperature—avoid using “hot” water.
- Wet hands and wrists thoroughly, pointing fingers toward the bottom of the sink to ensure maximum hand coverage.
- Dispense soap onto hands by swiping hands under dispenser.
- Scrub each hand with the other, covering all surfaces of hands and fingers, and under nails, creating as much friction as possible; continue scrubbing for 15-20 seconds.
- Rinse hands thoroughly by holding them under running water with elbows higher than hands so water can flow off hands into the sink.
- Dry wrists and hands with paper towel, working from wrists to fingertips.
- Use paper towel to turn off faucets.
- Dispose of paper towel in waste receptacle.

Hand Sanitizer

- Assure hands are free of any visible debris.
- Apply only enough product to cover all surfaces of hands and fingers.
- Rub hands together-covering all surfaces of hands and fingers and allow to air dry.



Hand Hygiene: Fingernails and Artificial Nails

If you have either direct or indirect patient contact, including food services personnel, (i.e. handle patient care supplies):

- Natural nail tips must be kept to no longer than $\frac{1}{4}$ inch in length
- Hands must be clean and gloved when directed.
- Artificial nails may not be worn by those who have direct patient contact or handle sterile supplies.





Safety & Security

- ✓ Always wear your photo ID Badge.
- ✓ Ensure that others around you have a badge; visitors should have a sticker badge as well.
- ✓ Ask for Security to escort you to your car if you are uncomfortable walking to your vehicle, especially after dark.
- ✓ Keep the doors of your car locked with windows up.
- ✓ Keep valuables in your car out of sight.
- ✓ Keep yourself and other Team Members safe by being aware of your surroundings at all times. If you see something or someone suspicious, notify Security Services at 443-843-5314 at UM HMH, and 443-643-2444 at UM UCMC.



Help Keep Hallways and Fire Exits Clutter Free!





Oxygen Cylinder Storage



FULL = ≥ 2000 psi
Needle in **GREEN**



PARTIAL = > 500 psi < 2000 psi
Needle in **WHITE**



EMPTY = ≤ 500 psi
Needle in **RED**

It's very important that oxygen tanks be stored properly according to their "fill"

- **PARTIAL Tanks** (> 500 psi < 2000 psi) are stored in designated racks labeled "PARTIAL"
- **LOCATED ON THE TOP RACKS**
- **FULL Tanks** (≥ 2000 psi) are stored in designated racks labeled "FULL"
- **LOCATED ON THE BOTTOM RACKS**
- **EMPTY Tanks** (≤ 500 psi) are stored in designated racks labeled "EMPTY"
- **LOCATED IN THE SOILED UTILITY ROOM**



Security and Shuttle Bus Services

Prevention is Key!

Security strategic posts

- ✓ Main lobbies
- ✓ Emergency Department entrance

Regular Patrols / Video Surveillance throughout each campus

Emergency buttons are located throughout the parking areas. Look for the blue lights

Telephone numbers: UM UCMC – 443-643-2444 , UM HMH – 443-843-5314

(please put the numbers in your phone, but they are also on your emergency badge)

Shuttle Bus makes rounds at UM UCMC throughout the day from Westgate Lot to the front entrance of Ambulatory Care Center and the Main Hospital Entrance weekdays from 5:30 am – 9 pm



Interim Life Safety Measures (ILSM)

The Joint Commission tells us that when we have known disruptions to usual fire safety features, we must implement Interim Life Safety Measures (ILSM).

Construction activities that interfere with Life Safety, such as those that block hallways, change exit routes or interfere with fire safety systems, are considered such disruptions

It is important that everyone pay close attention to signage, emails from your supervisor, and any other ILSM communications.



Examples of ILSM Actions

Disruption:

Exit paths are temporarily changed

ILSM:

Know changes to escape routes (signage posted), make sure they stay clear.

Disruption:

Fire detection, suppression or alarm systems are shut down for needed work.

ILSM:

Rounds are made every two hours to look for possible fire safety issues, usually by Security, and control the storage of combustibles and ensure emergency exits are unobstructed.

Disruption: The end of a hall is blocked, making a temporary dead-end.

ILSM:

Pay attention to signage informing occupants of the temporary condition and help remind patients and visitors in that area of that condition.



Personal Protective Equipment (PPE)

- **Gloves** – Use when touching blood, body fluids and non-intact skin
- **Gowns** – Use when contact of clothing/exposed skin with blood/body fluids is anticipated
- **Mask and goggles or a face shield** – Use during activities likely to generate splashes or sprays of blood/body fluids
- **Removal of PPE must be in a manner that prevents self contamination.**





Keep Yourself Safe From Germs

Occupational Safety and Health Administration states that

- eating
- drinking
- applying cosmetics or lip balm
- handling contact lenses are prohibited in work areas where there is a likelihood of exposure to blood or other potentially infectious materials.

Be sure that you are following this directive in clinical areas, patient care areas, desks/counters and medication carts/areas.

IT'S THE LAW and it protects YOU!



What is An Occupational Exposure?

An occupational exposure occurs when blood or other potentially infectious materials comes in contact with the skin, eyes or mucous membranes.

In the event that you receive a needle stick, are cut by contaminated glass, or are exposed to blood or a potentially infectious body fluid, report immediately to the Occupational Health Nurse, your department Supervisor, and Volunteer Services at x5355 at HMH and x1725 at UCMC.

A “Report of Occupational Injury or Illness” MUST be filed and designated procedures must be followed as defined in the Exposure Control Plan.

Most exposures do NOT result in HIV infection. The risk of becoming infected with HIV after a needle stick or cut from an HIV positive source is about 1 in 300.



What Should I Do if I'm Exposed?

An occupational exposure is considered a medical emergency. You must contact OCCUPATIONAL HEALTH immediately (443-643-3428) so that evaluations of your exposure can occur and medical treatment (if applicable) can be provided.

- If it is after 4pm Monday – Friday or on a weekend, contact the Administrative Coordinator (AC on call) on your emergency badge

Wash the exposed area with soap and water for 3 minutes and let it bleed freely. If you are splashed in the eyes, mouth or nose, rinse the area thoroughly with water.



Standard Precautions

Required by Occupational Safety & Health Administration (OSHA)

Assumes that every person is potentially infected or colonized with an organism that could be transmitted in the health care setting. We call these Hospital Acquired Infections (HAI)

- Wear Personal Protective Equipment (PPE) appropriately
- Use of a safe eating/drinking area
- Be cautious of handling anything sharp such as needles (use red sharps box for disposal)





Rules for Glove Use

- **Gloves do not replace hand hygiene**
 - Hand sanitizer must be applied or hand washing completed:
 - Before gloves are put on
 - Immediately after gloves are removed
 - Whenever gloves are changed
- **Gloves are only to be used for a single task**
 - Gloves must always be changed between tasks
 - Example; gloves are to be changed and hand hygiene performed after sanitizing a bed before sanitizing a wheelchair
- **Gloves are to be removed and hand hygiene performed before exiting a patient room**
- If a glove is damaged in use, both gloves must be removed and hand hygiene performed before putting on new gloves
- Do not wash gloves



How to Put on and Take off Gloves

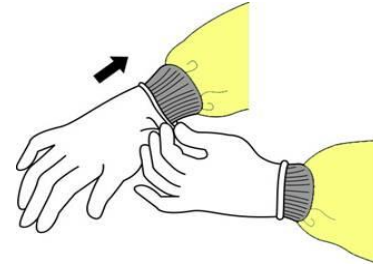
Put gloves on last

Select correct type and size

Use hand sanitizer

Insert hands into gloves

If wearing gown, extend gloves over gown cuffs



To remove gloves:

Grasp outside edge near wrist

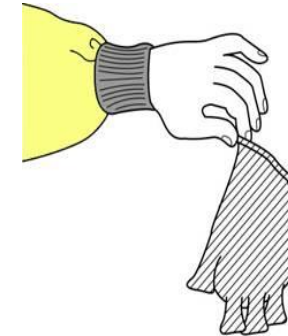
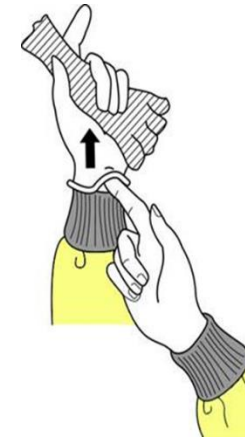
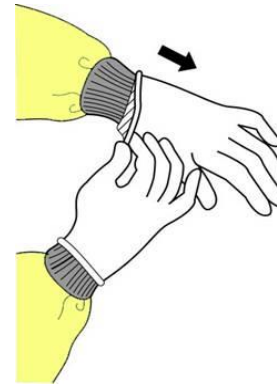
Peel away from hand, turning glove inside-out

Hold in opposite gloved hand

Slide ungloved finger under the wrist of the remaining glove

Peel off from inside, creating a bag for both gloves

Discard and use hand sanitizer





Cough Etiquette/Respiratory Hygiene

- Applies to everyone!
- ***Do not work or visit when sick!!***
- Cover mouth and nose when coughing or sneezing using either a tissue, an elbow, or by donning a mask to contain secretions, followed by hand hygiene





Transmission-based Precautions

Also known as “**Isolation**”

Based on known or suspected pathogen(s) harbored by patients

The following types of precautions are used at UM UCH:

- Contact
- Enhanced Contact
- Droplet and Contact
- Airborne
- Enhanced Droplet
- And combinations of the above

Observe signs on patient room doors and follow instructions!



Isolation Precautions

Please Read Every Sign on a Patient's Room!

Volunteers should NOT go into isolation rooms!

Contact Precautions

STOP

Visitors check with staff before entering
Everyone must follow precautions listed below

UPON ROOM ENTRY:

1 Clean hands

2 Wear gown and gloves

Use disposable/dedicated equipment

Disinfect reusable equipment with hospital approved disinfectant wearing clean gloves

UPON EXIT:

1 Remove gown and gloves

2 Clean hands

Staff must follow institution policy for patient transport

UNIVERSITY OF MARYLAND MEDICAL SYSTEM



Strategies in Prevention: Infectious Waste

Please alert an EVS team member to address any fluid spills you see, especially blood. They are the experts on proper waste clean up. Call extension UCMC x3919 or HMH x6131

- Blood or body fluids should be addressed promptly
- Red bags are used for infectious waste clean up
- Linens are collected in blue bags and double-bagged when heavily contaminated



Watch Your Back!

USING PROPER BODY MECHANICS AND MOVING TECHNIQUES CAN KEEP YOUR BACK HEALTHY AND HELP PREVENT INJURIES.

PRACTICE HEALTHY BODY MECHANICS:

Using good posture when you stand, sit and walk helps maintain the natural “S” curve of your back.

SITTING - Keep your feet rested on the floor with hips and knees bent at a 90 degree angle.

REACHING - Keep feet shoulder width apart, get close to the item you are reaching for, and DO NOT TWIST at the waist to reach the object – MOVE your entire body through the reach.

LIFTING - Size up the load before lifting, keep your back straight and lift by bending and straightening at your knees and hips. Keep the load close to your body. If possible get help, or use a cart or a lifting device when moving an object. When lifting a patient, get help to avoid patient and self injury.

AVOID INJURY – Volunteers should never be asked to lift a patient.



Watch Your Back! (continued)

- If standing or sitting for prolonged periods of time change position and/or shift weight every 10-15 minutes.
- It is better to push something than to pull it.
- Stress and poor diet can contribute to back problems; eat healthy and get some exercise.
- Keep your work environment free of hazards and clutter.
- Help each other to limit injury to you, your co-workers and, of course, the patients we serve!



Rapid Response Team (RRT)

- Team arrives within 5 minutes of being called
- Assess and recommend treatment
- The Rapid Response Team responds to ALL areas on campus including parking lots

The Rapid Response Team are nurses, respiratory therapists and doctors from the ICU or ED who come to assist during a Rapid Response

ANYONE can call a Rapid Response

Dial 3333

Patients and Families can activate RRT

Patients and families

DO NOT need permission from the care team to activate a Rapid Response.

Dial 3339



Rapid Response Checklist

- ✓ Does patient need directions to ED; arrived at an incorrect entrance~ Escort patient to ED; walking or wheelchair or call ED to see if someone can come get patient
- ✓ Does patient need a wheelchair because they cannot walk~ Escort patient to ED in wheelchair if you can, or call ED and ask if someone to come get patient
- ✓ Is patient bleeding large amounts; puddles on the floor~ **Call x3333 Rapid Response**
- ✓ Is patient having difficulty breathing and cannot complete sentences~ **Call x3333 Rapid Response**
- ✓ Patient is having active chest pain and appears to be uncomfortable~ **Call x3333 Rapid Response**
- ✓ Any patient with signs of a STROKE; slurred speech, weakness on one side of body, drooping of smile, etc.~ **Call x3333 Rapid Response**



EMERGENCY PREPAREDNESS – What is Code Yellow?

Code Yellow - a code that is called to alert team members to start preparing for normal operations to be impaired due to a pending emergency or an internal or external disaster, such as:

Mass casualty/patient surge

Malware attack/computer virus

Power outage/generator failure

Anything that seriously impacts normal

Blizzard/inclement weather

hospital operations

EOP (Emergency Operations Plan) – An EOP provides the structure and processes the organization utilizes to respond to, and initially recover from an event. It follows the four phases of Mitigation, Preparedness, Response, and Recovery.

Fun Fact: The initial COVID Response was the longest Code Yellow EVER recorded.



Code Pink – Dial 3333 landline (443-643-3333)

Code PINK is an **actual** or **attempted** infant or child abduction.

Suspicious Behavior:

- Person(s) is/are physically carrying an infant instead of using a bassinet.
- Person(s) is/are attempting to leave the facility with an infant on foot, rather than by wheelchair.
- Person(s) is/are carrying large packages (i.e. gym bag), particularly if they are "cradling" or "talking" to it.

Please respond immediately to the nearest exit or hallway. BE ALERT for any suspicious person(s) carrying *any package* – not just an infant or child!

Notify Security Services IMMEDIATELY (UCMC x3401, HMH x5022), if you observe any such behavior.

If the person is attempting to leave the building, try to prevent them from leaving if safe to do so. Ask for ID, don't follow them outside the building and note as many physical descriptions as possible.



Never Delay in Reporting a Fire or Seeing Smoke!

SEE FIRE --- INITIATE Code Red

SEE SMOKE --- INITIATE Code Red

SMELL SMOKE?

- Attempt to locate the origin of the smell.
- If you investigate and think the smoke is from a fire, call 3333 and activate the pull alarm.
- Notify the department supervisor if you can not locate the smell or do not think it is related to a fire.

By knowing what to do and responding effectively, you enhance our Fire Protection Plan and provide a safe environment for everyone



Fire Emergency Response

R

Rescue

A

Alarm

C

Contain

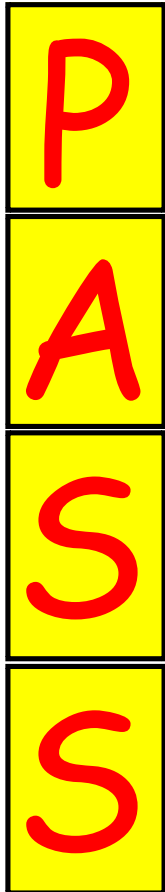
E

Extinguish





Fire Extinguisher Use



Pull the pin

Pull hard enough to break the seal
Do this before you approach the fire



Aim at the base of the fire,
if fire is in the open. Aim into a container.
Aim into openings of electrical equipment.



Squeeze the handle to discharge
First discharge 6' to 10' from the fire.
Squeeze on and off, as needed.



Sweep side to side
As needed to get at all of the fire.



TYPES OF FIRE EXTINGUISHERS

TYPES OF FIRES

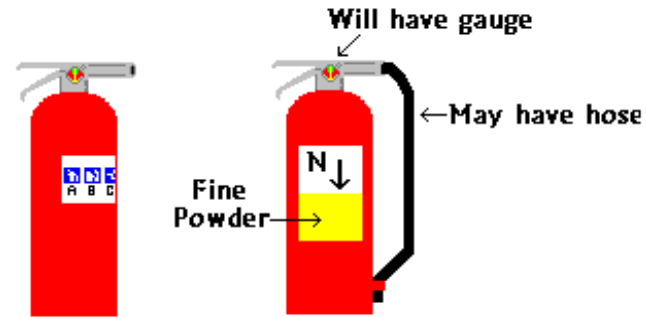
CLASS A - Wood, paper, cloth, trash, plastics

CLASS B - Oil, gas, grease, flammable liquids

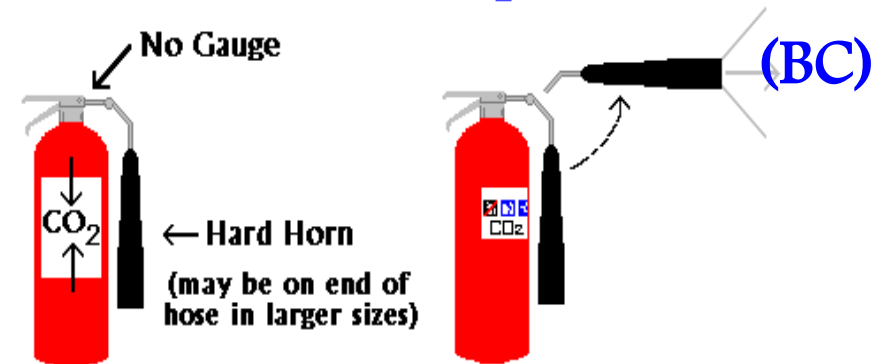
CLASS C - Electrical, energized electrical equipment

Most fire extinguishers will have a label telling you what kind of fire the extinguisher is for.

Dry Chemical Extinguisher (ABC)



Carbon Dioxide Extinguisher (BC)





Code Silver – Active Shooter



HOW TO RESPOND

WHEN LAW ENFORCEMENT ARRIVES ON THE SCENE

1. HOW YOU SHOULD REACT WHEN ENFORCEMENT ARRIVES:

- | | |
|--|---|
| <ul style="list-style-type: none"> • Remain calm and follow officers instructions • Immediately raise hands and spread fingers • Keep hands visible at all times • Avoid making quick movements toward officers such as attempting to hold on to them for safety | <ul style="list-style-type: none"> • Avoid pointing and/or yelling • Do not stop to ask officers for help or directions • When evacuating, just proceed in the direction from which officers are entering the premises |
|--|---|

2. INFORMATION YOU SHOULD PROVIDE TO LAW ENFORCEMENT OR 911 OPERATOR IF KNOWN:

- | | |
|--|---|
| <ul style="list-style-type: none"> • Location of the active shooter | <ul style="list-style-type: none"> • Number and type of weapons held by the shooter(s) |
| <ul style="list-style-type: none"> • Number of shooters, if more than one | <ul style="list-style-type: none"> • Number of potential victims at the location |
| <ul style="list-style-type: none"> • Physical description of shooter(s) | |



Bomb Threat

The BOMB THREAT PLAN advises Team Members of the steps to take in the event of a bomb threat. As a review, these are the steps you would take if you receive a BOMB Threat over the telephone:

1. Try to keep the caller on the phone as long as possible, and
2. Ask questions to gather information, such as “where exactly is the bomb located”:
3. Write down as much information as you can remember about the caller as well as specific information regarding the bomb;
4. Dial, or have a co-worker dial, 3333 immediately to report the situation.



Chemical Safety

While it is unlikely that volunteers would handle chemicals, this safety information is helpful for any chemicals that might be in your household.



OSHA Hazard Communication

GHS is the classification and labeling of chemicals. Prior to 2015, depending on what country the chemical was manufactured in, that country decided if the chemical was hazardous or not, or what PPE was required, and the first aid measures if there was an exposure. OSHA stepped in and created GHS so chemical information would be the same, world-wide.

A label must include the following information:

- Product identifier
- Pictogram(s)
- Signal Word
- Hazard Statement
- Precautionary Statement(s)
- Name, address, and telephone number of the manufacturer

The product identifier on the label should match that used on the safety data sheets that are located on the units where the chemicals are being used.

2  **1** Sulfuric Acid **2** 

3 Danger! May be harmful if swallowed. Causes severe skin burns and eye damage. **4** Fatal if inhaled. Harmful to aquatic life.

Do not breathe dust/fume/gas/mist/vapors/spray. Wear protective gloves/protective clothing/eye protection/face protection. Wear respiratory protection.

5 IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing. Immediately call a POISON CENTER or doctor/physician.

In case of fire Use water spray, alcohol-resistant foam, dry chemical or carbon dioxide.

See Material Safety Data Sheet for further details regarding safe use of this product.

6 Sigma-Aldrich 3050 Spruce Street SAINT LOUIS MO 63103 USA Telephone : +18003255832

1 Product Identifier	4 Hazard Statements
2 Pictograms	5 Precautionary Statements
3 Signal word, "Danger!"	6 Supplier Information



Control / Minimize Exposure to Chemicals (Even at Home)

- ✓ Know the risks in the department you are assigned. At home, understand what products should not be used together.
- ✓ Ask your supervisor if you don't know.
- ✓ Keep your work area clean.
- ✓ Practice safe work habits.
- ✓ Use Personal Protective Equipment (PPE), if needed. Use gloves for liquids and masks for aerosols. Protect your clothes using a gown.
- ✓ Don't eat, drink, or apply cosmetics around hazardous products.
- ✓ YOU need to know what to do for a spill of any chemical used in your department (or home)
- ✓ Each department with hazardous materials is responsible to keep spill kits readily accessible and fully stocked.



Privacy, Tips on Interacting with People and Confidentiality

This final section reviews privacy and confidentiality – critical to anyone assisting in the health care space. HIPAA stands for Health Insurance Portability and Accountability Act established in 1996. We also provide some tips on patient and visitor interaction. Hospitals are stressful places. You meet people who are worried, upset, sick and/or in pain. They are often not at their best. It's important that you be patient and kind. Help as much as you can and know the team members in your work area who can take it to the next level if you are unable to help.

The Joint Commission is a principle oversight group for hospitals in the US and every few years, hospitals get a thorough review from the Joint Commission. You may wonder the value of what you bring to a hospital unit in your volunteer work. You provide a critical service of helping us stay compliant with a myriad of safety considerations whether you are checking on expired goods, insuring proper storage of items and providing important supplies in the arms reach of a health care provider.

You will be asked to sign a confidentiality agreement as part of our commitment to volunteering. It is included at the end of this handbook in full. You can keep this copy just so you can remind yourself what you have agreed to.



CONFIDENTIAL

Patient Choice:

- At the time of admission, patients are provided with information about HIPAA -the Notice of Privacy Practices.
- Patients may chose to be CONFIDENTIAL - these patients will not be listed in the Hospital Patient Directory and we MUST keep their presence in the hospital CONFIDENTIAL.
- Patients electing to be confidential will have their name replaced with asterisks **** in the Patient Directory. **Do not offer/suggest patient maybe here but is “confidential”.**
- Most patients admitted to UM UCH are not listed as confidential. Only those patients that wish to be confidential are listed as such.
- HIPAA covers: all printed, electronic and spoken information regarding a patient’s medical record.



Protected Health Information – Privacy, Confidentiality

Protected Health Information or PHI.

- PHI is any information, whether spoken, electronic or written, that relates to the past, present, or future physical or mental health, or condition of an individual, as well as the provision or payment related to that health care.
- PHI is health information created or received by a covered entity*, regardless of form, that could be used directly or indirectly to identify the individual.
- Covered entities include hospitals, care providers, designated family members, third party payers, such as insurance companies, and anyone who processes health information.



Privacy/Confidential Safeguards

Safeguards protect the privacy and confidentiality of our patients

- Ensure that information is kept out of public view/access.
- Maintain the confidentiality of your computer access codes - log off computers when you are no longer able to secure the computer information and NEVER share passwords.
- Routine audits of electronic medical record access are done to ensure that patient privacy is protected.
- Team Members that do not maintain patient confidentiality and/or do not adhere to UM UCH HIPAA policies and procedures are subject to the disciplinary process and possible termination.



Privacy/Confidential: Security in Your Work Area

- If using a computer as part of your job, always log out when leaving a computer workstation unattended, and at end of shift.
- Use unique passwords and change them frequently. Never share a password.
- Secure your handbag in a locker, if provided, or other space that's not left unattended
- When using your badge to access areas, do not let people without an ID badge or sticker slip in behind you.



Patient Privacy Actions:

- ✓ Don't take photographs in the hospital that could potentially capture a patient or their data
- ✓ Don't access a patient's medical record without a patient care related reason
- ✓ Don't include patient related information via text or social media
- ✓ Don't send patient information without it being encrypted and secure
- ✓ Don't discuss patient information in public places where others can hear or with anyone outside the patient care team (the care team could include, Security, Billing, Case Management, Nursing and Physicians)
- ✓ Never access family or friends' records even if they say it's okay- Medical Records can assist with releasing records to you or the Patient Portal
- ✓ Always be on the look out for ways we can protect PHI-if you see something, report it!



Tips for Good Interaction with Guests, Visitors and Patients

MAINTAIN PRIVACY AND CONFIDENTIALITY: Knock as we enter a patient's room; protect personal information by being careful of what we say and where we say it.

TAKE THE INITIATIVE: Find someone who can help if the customer's need is not part of our regular job.

TREAT VISITORS AND ADULT PATIENTS AS ADULTS: Use words and voice tone that convey respect and consideration.

LISTEN AND ACT: Respond to complaints without blaming others or making excuses. Direct customers with concerns or complaints to the Guest Services Department.

SPEAK QUIETLY: Remember that noise annoys and shows a lack of concern and consideration for others.

APPLY TELEPHONE SKILLS: Remember that the Hospital's reputation is "on the line" when we are on the phone; sound pleasant and be helpful; actively listen by repeating back to them what you think they said.

LOOK THE PART: Build confidence in the customer's perception of our ability through appropriate dress and demeanor.



Tips for Good Interaction with Patients in the Hospital

HANDLE WITH CARE: Imagine that we are on the receiving end of a message or an action and give it the care and time we would want.

BREAK THE ICE: Make eye contact, smile, say hello, introduce ourselves, call the person by name or use ma'am or sir, and extend a few words of concern.

NOTICE WHEN SOMEONE LOOKS CONFUSED: Stop and lend a hand.

MAINTAIN DIGNITY: Give choices whenever possible; close curtains to assure privacy; treat the customer as if he/she were our family member or our friend.

TAKE TIME FOR COURTESY AND CONSIDERATION: Use kind words and polite gestures that make them feel special.

KEEP PEOPLE INFORMED: Explain what we are doing and what they can expect; reduce their anxiety by communicating what is happening.

ANTICIPATE NEEDS: Act on their behalf without waiting to be asked such as, "Would you like water?"

RESPOND QUICKLY: Remember that time passes very slowly for those who are worried or upset; keep in mind that delays are frustrating for those who need assistance or information.



Volunteers Can Understand Both Sides!

Clinicians and hospital staff

- Know how the hospital works and how to get things done
- Know who hospital staff are and what they do
- Are busy and under a lot of stress
- Want to provide high-quality and safe care

Patients and family

- Are strangers in this environment
- Do not understand the system or culture
- Know about their body and life situation better than hospital staff
- Do not know who different staff are and what they do
- May want family or friends to support them
- Are often in pain or uncomfortable, vulnerable, or afraid
- Are worried and want to do what they can for the patient (family members)
- Aware that hospital staff are busy and may not want to bother you
- Trust hospital staff to provide safe and high-quality care



All Health Care Facilities are Accredited (and Monitored) by The Joint Commission



The Joint Commission standards deal with quality of care issues and the safety of the environment in which the care is provided.

When an individual has concerns about patient care and safety in the health care facility, that the facility has not addressed, **he or she is encouraged to talk to the nurse manager on the unit.**

IF not resolved, contact the PATIENT ADVOCATE:

UM Upper Chesapeake Medical Center – 443-643-2400

UM Harford Memorial Hospital – 443-843-5618



Confidentiality Agreement Between Volunteers and UM UCH

All Volunteers must agree to the following confidentiality considerations:

I understand that, as part of my job, I will learn information about University of Maryland patients, team members, and/or business. I understand that all protected health information and some team member and business information is considered confidential in nature and I have an obligation to protect this information from inappropriate disclosure. In addition, I must comply with the UM UCH Disclosure of Protected Health Information and Minimum Necessary Use or Disclosure of Protected Health Information policies.



Confidentiality Agreement Between Volunteers and UM UCH

THEREFORE, I agree to the following:

- I accept personal responsibility to protect confidential information from inappropriate disclosure without regard to the method by which it was accessed, even if it was obtained inadvertently.
- I understand that this information may concern, but is not limited to, patients, team members, operations, medical staff and business practices. I will not seek protected health information unless I have a need to know the information in order to perform my assigned job functions, and directed to do so by my supervisor.
- If I am unsure of the confidential nature of any information, I will contact my supervisor or the Privacy Officer for clarification.
- I will protect the privacy and confidentiality of all UM Upper Chesapeake Health patients during and after my employment/volunteer affiliation. This includes but is not limited to electronic, social media, written, and verbal forms of communication.



Confidentiality Agreement Between Volunteers and UM UCH

Protecting the privacy and confidentiality applies to any individual who I come into contact with whether an acquaintance, friend, colleague, neighbor, or relative of mine. I understand that Upper Chesapeake Health may routinely monitor and audit access to protected health information for appropriateness of access.

- I will maintain the confidentiality of any unique information system Password/PIN(s) that I may be assigned.
- I will not share my unique Password/PIN(s) with any other person(s).
- I will contact the Privacy Officer immediately if I suspect that knowledge of my unique Password/PIN(s) has been gained by someone else. I understand that the purpose of this notification is to protect confidentiality by having my unique Password/PIN(s) changed.



Confidentiality Agreement Between Volunteers and UM UCH

- I understand that I am responsible for all activity logged under my Password/PIN.
- I will sign off the computer when I leave the terminal/PC, and I understand that I must log off before another user may use the equipment.
- I understand that any breach of confidentiality may result in irreparable harm to both the patient and UM Upper Chesapeake Health. I will use the E-mail system in ways consistent with UM UCH policy.
- I understand that if I breach confidentiality, UM Upper Chesapeake Health may initiate disciplinary action up to and including immediate termination of employment/volunteer affiliation.

Signature of Volunteer

Date

Print Name



Release and Waiver of Liability

I have chosen to volunteer my services for the University of Maryland Medical System Corporation or one of its member hospitals during the COVID-19 pandemic (collectively “UMMS”). This Release and Waiver of Liability form must be agreed to and signed, as a condition of my ability to provide volunteer services.

I acknowledge that UMMS has put in place preventative measures to limit the spread of COVID-19, however, UMMS cannot guarantee I will not become infected with COVID-19. Additionally, I acknowledge that COVID-19 is highly contagious through person to person contact. I acknowledge that my service to UMMS is completely voluntary, and I assume full responsibility for my own welfare and safety while providing volunteer services on behalf of UMMS.

I acknowledge it is my responsibility to consult a physician prior to, and regarding my volunteer services at UMMS. I represent and warrant that I am in proper physical health and that I have no medical condition which would put me at an increased risk of serious, potentially fatal, complications, from COVID-19. I understand that UMMS relies on my representation of health adequate to volunteer for the organization.

I acknowledge that, while providing services to UMMS, I may be exposed to COVID-19, - which may result in infection, serious illness or, death. I understand that the long term effects of a COVID-19 infection/illness are not fully understood and that should I become infected with COVID 19 I may experience long term effects some of which may be serious. I understand that should I become exposed to or infected with COVID 19 I may unintentionally expose other to the virus, including family, friends and acquaintances. I am fully aware of and accept the potential risks and hazards of agreeing to volunteer at UMMS during the COVID-19 pandemic. I voluntarily and knowingly assume full responsibility for any and all risks associated with COVID 19, which I might incur as a result of volunteering. If I experience any dizziness, unusual pain, fever, cough, difficulty breathing or shortness of breath, chills, muscle pain, sore throat, new loss of taste or smell, gastrointestinal symptoms, or any other discomfort while volunteering, I agree to stop serving as a volunteer until my doctor has evaluated my condition and confirmed that I do not have COVID-19.



Release and Waiver of Liability (Continued)

I acknowledge that the risk of becoming exposed to or infected by COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, employees of UMMS, other volunteers, and other individuals present in UMMS.

In further consideration of being permitted to volunteer, I for myself, my heirs, executors, administrators, agents, and other personal representatives, voluntarily, expressly, irrevocably and unconditionally waive and release forever any and all manner of suits, actions, causes of action, damages and claims, known and unknown pertaining to my actual or potential exposure to or infection with COVID 19 , that I may have against UMMS and its parents, subsidiaries, and affiliates and any of their respective present and former officers, directors, employees, owners, shareholders, agents, attorneys, and assigns; arising from or in connection with my participation in the Volunteer Program. Without limiting the generality of the foregoing in any way, I specifically understand that I am releasing and holding harmless UMMS and its member hospitals and related health care entity's respective directors, officers, employees, agents and assigns from financial liability for any economic harm, injury, bodily harm, emotional harm, or illness should I contract or be exposed to COVID 19 as a result of my participation in the Volunteer Program. The laws of the State of Maryland shall apply to this document.

I HAVE READ THE ABOVE RELEASE AND WAIVER OF LIBALITY AND UNDERSTAND ITS CONTENTS. I VOLUNTARILY SIGN THIS DOCUMENT WITH THE INTENT TO BE LEGALLY BOUND BY THE TERMS AND CONTITIONS STATED ABOVE.

Printed _____ Name Email _____

Address _____

Home Phone _____ Work Phone _____

Signature _____ Date _____