



Volunteer Handbook

Welcome to Adventist Health Glendale

Thank you for your interest in seeking a volunteer opportunity at Adventist Health Glendale. We welcome enthusiastic individuals of all backgrounds and abilities and are committed to providing equal opportunity for all applicants who wish to volunteer at our hospital.

Contact Us

Volunteer Services Department
(818) 409-8057
ahglvolunteerservices@ah.org

Volunteer Services is located on the Main Floor of the East Tower.

The office is open from:

- 8 a.m. – 4:30 p.m. Monday/Wednesday/Friday.

Please email us to make an appointment if you would like to visit our office.

Please do not hesitate to contact the volunteer department if you have any questions or concerns.

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Adventist Health Glendale Mission and Values



Our Mission

Living God's love by inspiring health, wholeness and hope.

Our Values

- Be love: Love matters. Treat yourself with love and care so that you are free to love and care for others.
- Be trustworthy: Forgive freely and find common ground.
- Be a force for good: Be courageous. Take action. Whether it is through your position or your passion, work to impact your community for the better.
- Be a mission owner: Own your role, find your talent and know that your contribution is mission critical. Ask yourself, "How do I inspire health, wholeness and hope?"
- Be welcoming: Recognize all people are created equal and embrace them in hospitality as you would a cherished friend.
- Be curious: Seek to understand how things work and why. Innovate and be open to new ideas and approaches. Own your mistakes and learn from them.
- Be brilliant: Leverage your best talents and skills to shine. Make promises and keep them. Always expect the same from others.

Our Vision

Compelled by our mission to live God's love by inspiring health, wholeness and hope, we will transform the health experience of our communities by improving physical, mental and spiritual health; enhancing interactions; and making care more accessible and affordable

The Volunteer Department

Policies:

- AHGL volunteers work under the direction and supervision of paid staff and do not earn or collect a salary from the hospital, or department where they volunteer.
- Volunteers are not permitted to accept money from grateful patients or their families.
- AHGL also does not train volunteers for employment or paid positions within the medical center.
- If a volunteer applicant is interested in a paid position she or he should visit the job opportunity page on AHGL's website at: <https://www.ahsocialcareers.com/>
- All Volunteer assignments must be authorized by the Volunteer Department.
- Volunteers are assigned to specific departments by the Volunteer Department to perform tasks for which they have been authorized by a nurse manager, supervisor, or coordinator to perform.
- Volunteers are not permitted to perform any type of invasive procedures such as drawing blood or giving injections; and they are also prohibited from performing any task that requires a license or certification.
- Procedures that require a license or certification may only be performed by AHGL paid employees.

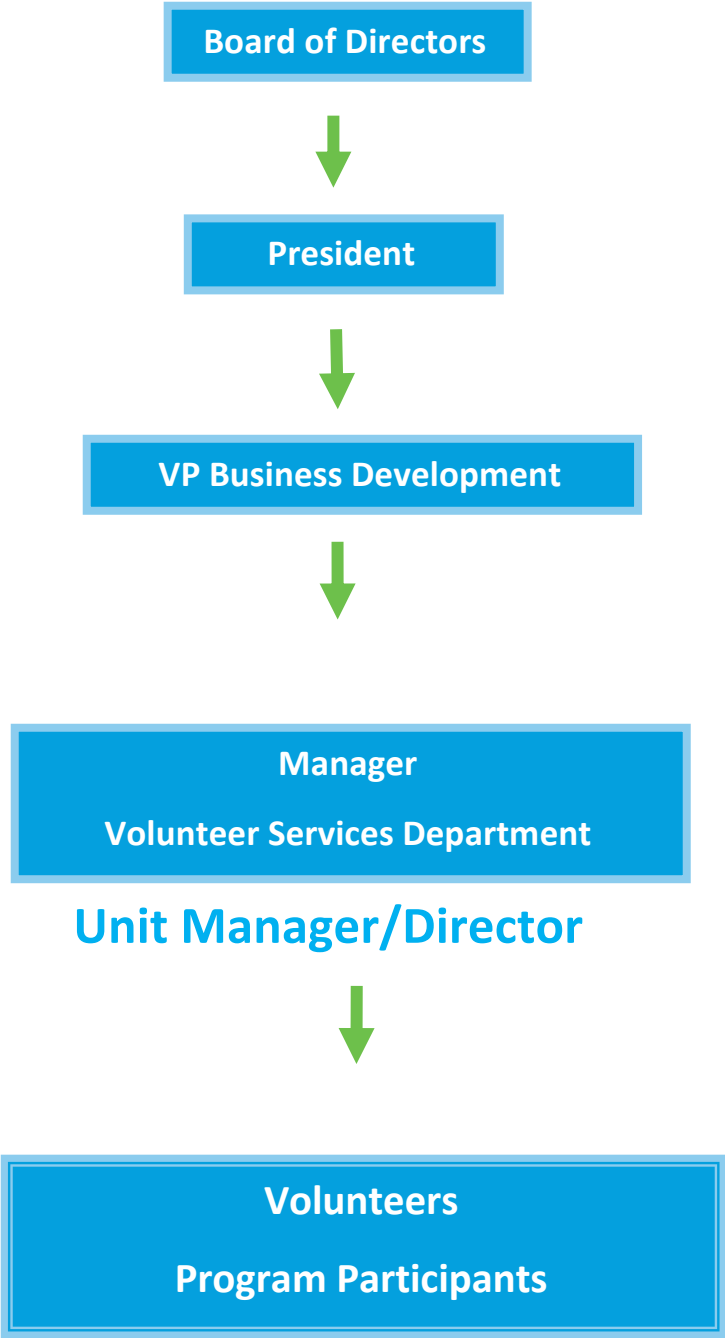
Volunteer Hours:

- Adult Volunteers are expected to commit to 100 hours in a continuous 12-month period. Adult Volunteers must volunteer a minimum of 4 hours a week with a maximum of 16 hours a week.
- College Volunteers are expected to commit to 100 hours of volunteering per academic year. College Students must volunteer a minimum of 4 hours a week with a maximum of 16 hours a week.
- High School Volunteers are expected to commit to 60 hours of volunteering per academic year. High School students must volunteer a minimum of 2 hours a week with a maximum of 8 hours per week.

Volunteer Benefits:

Volunteers will receive 1 meal or 1 snack per day depending upon hours worked. Volunteers will also receive free parking. Volunteers are recognized at events in appreciation of volunteer participation. Volunteers who complete 100 hours of service (and for every 250 hours thereafter) will receive special recognition during Volunteer Appreciation Week. Volunteering is a great opportunity for earning hours for school or community service

ORGANIZATIONAL CHART



VOLUNTEER HANDBOOK

GETTING STARTED

In order to become a new Volunteer, there are several steps that must be taken which are set forth by the hospital.

Application

All Volunteers are required to submit a volunteer application. High School students will need to submit a letter of recommendation from either a high school teacher or counselor. Once the application is submitted and reviewed, applicants will receive an email from the Volunteer Supervisor with next steps.

Placement Interview

Volunteer applicants will be interviewed by the Volunteer Services Manager. During the placement interview process, the desire or need to volunteer will be discussed, along with any experience or qualifications the applicant may have. This discussion will help us to determine an appropriate assignment and schedule for the applicant.

Background Check & Drug Test

Volunteers 18 years old and older must submit authorization for a background check, which is provided by Adventist Health Glendale (AHGL). All applicants will need to pass a drug test. (Occupational Medicine)

Immunizations

Applicants who have passed the interview stage of the applications process must provide proof of immunizations. Volunteers must show proof of a Tdap or Tetanus shot within the last ten years.

TB Test

All volunteers are required to complete a two-step tuberculosis (TB) skin test. The first step is given after the placement interview and the second test will be given during Orientation. Applicants who have received a negative TB skin test in the past year will only need to provide proof of immunization for one additional TB prior to the start of Volunteering. If a TB test turns out positive, the applicant will need to receive a chest x-ray. Volunteers may not start volunteering until they have received TB clearance. TB tests are FREE if administered by the hospital's Employee Health Department.

Flu Shot

All Volunteers are required to submit proof that they have received an annual flu shot. Flu shots are FREE if administered by the hospital's Employee Health Department during flu season (September – April). If an applicant is allergic to the flu shot, a doctor's note on official letterhead must be submitted along with their application. Volunteers who are allergic to flu vaccine must wear masks during flu season. Volunteer who decline the flu shot will also be required to wear a mask while on AHGL campus.

MMR and Varicella

All volunteers must show proof of 1st and 2nd MMR and Varicella vaccinations from childhood prior to volunteering. If applicant does not have access to childhood records, applicant must submit proof of 1 MMR and Varicella immunization as an adult. Blood titers indicating immunity to MMR and Varicella are also accepted if the volunteer does not have the official dates of vaccination.

Orientation

All Volunteers must attend an Orientation session held once a month in order to begin Volunteering. The Orientation will cover AHGL policies and procedures and expectations, as well as a tour of the hospital. Volunteers must bring their immunization records to the Volunteer Office prior to Orientation. Employee Health must approve Volunteer health histories in order to receive their hospital badge.

VOLUNTEER HANDBOOK DEVELOPMENT POLICIES

All Volunteers must renew their annual flu and tb immunizations each year in order to continue volunteering. All Volunteers will also be required to complete Health Stream Education Modules once each year to review AHGL policies and any additional updates to the Volunteer program. Failure to comply with the annual requirements will result in termination from the Volunteer program. Volunteers are responsible for updating their personal contact information and Emergency contacts if information changes.

Verification of Volunteer Hours

Written verification of Volunteer Hours will only be provided upon completing the required number of hours.

Placement Restrictions

In order to protect the professionalism of AHGL, there are certain restrictions on where Volunteers may be placed.

Relatives:

Volunteers may not be placed in a Department:

- Where a relative is employed including family, in-laws and/or step-family members.
- Where a relative directly or indirectly supervises the Volunteer
- Where a placement would violate internal control between Departments
- Any other relationship that the Department Head considers detrimental to the operation of the Department and the hospital (e.g. with a significant other)

AHGL Employees Only:

AHGL Employees may not Volunteer in the same department where they are employed and must be placed in a Department with a different Department Manager/Supervisor than their job.

Teens:

Teen Volunteers may not visit, observe or volunteer in the Emergency Department, Surgery and Critical Care.

Illness/Significant Loss:

Placement restrictions may be placed on Volunteers with independent circumstances such as an illness or significant loss regarding where they may Volunteer or when they can begin Volunteering.

Such circumstances may include:

- Volunteering in a department where the Volunteer themselves is a recurring patient
- Volunteers with recent health problems that require time away from the hospital and/or patients
- A minimum of 3 months post-discharge from the hospital before Volunteering
- A minimum of 1 year must pass for Volunteers who have had a significant grief loss experience before working with patients at AHGL
- At least one year of cancer remission is required for Volunteers who have had a cancer diagnosis.

Volunteer Orientation

New Volunteers must attend a mandatory orientation as part of the onboarding process. Orientations will be held once a month during the week. Orientations will review Volunteer expectations, hospital policies and procedures and include badge receivals and a hospital tour. All Applicants are required to have their completed immunization forms ready and approved **before** orientation in order to receive a badge and start volunteering. Any Volunteers who are not able to begin volunteering within 3 months of orientation will need to schedule a new interview and participate in a second orientation.

Uniform and Appearance

Volunteer badges given by Volunteer Services are part of the uniform and must be worn and visible at ALL times when volunteering. If a Volunteer forgets their badge, a temporary badge from Volunteer Services must be requested before starting their shift.

Volunteers must wear proper uniforms during all Volunteer shifts. Uniforms are comprised of an official AHGL shirt and black slacks with no rips or tears. No jeans or shorts are allowed at any time in any area. *Scrubs are only acceptable if required in the Volunteer's assigned area. Volunteers must check in with their department supervisor and obtain explicit approval before wearing scrubs.

Clothing must be clean, well-fitting and wrinkle-free. Under garments must be worn at all times. Unacceptable clothing includes: tight fitting garments, shorts, skirts, sweat pants, capri pants, leggings, athletic wear, denim, sheer or crochet type fabrics, caps and backless, sleeveless, spaghetti strap, halter, or tube tops.

Closed-toed shoes must be worn while volunteering. No backless shoes. Socks must be worn at all times. Shoes must be tied. Flip-Flops, beach shoes, deck shoes, high heels and slippers are unacceptable.

Clean hair, nails and clothing are very important in the health care setting. Volunteers should avoid wearing heavy, colorful makeup and wear light, "natural" makeup. All Volunteers should wear deodorant and avoid excessive use of perfume, cologne and after-shave lotion. Long hair must be tied back and secured. Facial hair must be neat, clean and trimmed. Artificial nails are not to be worn in

patient care areas. Polish should not be chipped and should not have any nail “jewelry”. Nail length is not to interfere with the job or pose a hazard to the patient or another employee. Small sized jewelry is acceptable. Elaborate or large jewelry is not appropriate. Nose or other facial jewelry is not acceptable. Visible body piercings are not to be worn while on duty, except for the ears. Visible tattoos should also be covered while volunteering.

No gum chewing is allowed while volunteering. Volunteers must be professional and appropriate at all times.

Additional Procedures and Requirements

Signing In and Hours of Credit

All Volunteers must sign in and sign out every time you Volunteer at AHGL. Sign in iPads are located throughout the hospital. Use your AHGL ID badge to sign in and out. When you arrive in the area of your assignment, check in with the person in charge of the department. During volunteer hours, always inform the person in charge if you are leaving the area for any reason. When you have completed your shift, inform your supervisor that you are going off duty. Make sure that you do not sign out until you are ready to leave. Complete and accurate attendance records are essential for security purposes and are necessary for the protection of the volunteers in case of emergency, as AHGL is liable for everyone on hospital grounds. Signing in and out also tracks your volunteer hours. You will not receive any credit for hours that are not logged in the AHGL computer system.

Parking

Volunteer badges will allow access into designated parking structures. Volunteers will be allowed to park in the structure and receive a validation at the end of their shift.

Cell Phones and Electronic Devices

Cell phones and electronic devices may not be used while volunteering. Volunteers may only use personal electronics during break times and in non-public and non-work areas of the hospital. Family members may call the Volunteer Department office if there is an emergency. AHGL prohibits the use of cell phone features including camera, video and audio in order to protect patient privacy. Headphones, earphones or ear buds are never to be worn in the hospital. Volunteers who break this policy will receive a warning. If a Volunteer receives three warnings, they will be terminated from the volunteer program.

Meal Breaks

Meals and snacks may not be eaten except in designated areas, like the Terrace Cafeteria, Anniversary Garden and the Volunteer Resource Room. Food is prohibited in patient care areas, lobbies and other work areas. Volunteers receive vouchers to use in the Cafeteria. Volunteers who work 4 hours receive a snack voucher. Volunteers who work 8 hours receive a meal voucher.

Attendance Policy

If you are sick, do not come to the hospital to volunteer because you can infect someone else. If you are scheduled, please call your supervisor to let them know you won't be there for your shift. They are relying on you, so please do not be a no-show, no call. Make sure to give as much notice as possible if arrangements need to be made to bring in another Volunteer in your absence. If you are going to be

late, please call the department and let them know. If you have 3 unexcused absences, you will be terminated from the program.

You must inform your department, and the Volunteer Office ahead of time if you need a leave of absence. If you will be taking the summer off or if our records indicate you have not been volunteering for more than 90 days, Volunteers will be inactivated and are required to re-apply. You must turn in your ID badge in to the Volunteer Services office before your leave.

****ALL Volunteers must return their hospital badge and uniform when finished with their service.**

Reasons for Termination

Volunteers may be terminated for the following reasons:

- 3 unexcused absences
- Not fulfilling weekly time requirement
- Not completing total time commitment
- 3 month absence without taking a "Leave of Absence"
- Falsifying health records
- Outdated health records (Annual TB and annual flu)
- Not notifying department when sick or late
- Not showing up on scheduled days, or showing up on unscheduled days
- Falsifying hours
- Failing to comply with uniform codes after two warnings have been given.
- Accepting tips from patients or visitors
- HIPAA violation
- Working in a department where a Volunteer is not trained for or does not have badge clearance

If a Volunteer is terminated, they must turn in their ID badge and uniform to the Volunteer Office in person.

Transfers

Volunteers who wish to transfer to another Department must speak to their supervisor and the Manager of Volunteer Services. It is expected that the Volunteer spend at least three months in their current position before transferring because of the specific training required for each Department.

Grievance Procedure

Volunteers should take all suggestions and complaints to their immediate supervisor first. If the Volunteer remains unhappy with the resolution, they may speak to the manager of their Department or the Manager of Volunteer Services, who has the final say over any unresolved issues.

Disability of Workman's Compensation

Volunteers who receive disability or workman's compensation benefits MUST bring a written statement from their physician on official letterhead to the Volunteer Department stating their work status and specific restrictions.

Acceptance of Tips

Volunteers may never accept tips from patients or visitors. Accepting tips is a violation of AHGL hospital policy. Volunteers who are caught in violation of this policy will be terminated from the program.

Standards and Patient Experience

AIDET

Acknowledge

Identify

Duration

Explain

Thank You

AIDET is a communication technique that reminds us of the fundamental elements patients and family members need to decrease their anxiety and build trust with us as caregivers. AIDET improves compliance for better outcomes because patients will cooperate more readily with their plan of care as a result of that trust. AIDET ensures that we are providing clear communication – which creates a safe environment to receive care. AIDET helps us build loyalty so we can be a trusted and preferred healthcare provider of choice.

Communication

AIDET is at the heart of providing an environment in which excellent patient care can be provided. Be aware of who your customers are. Visitors are our guests and expect to be treated with respect and courtesy, and to receive assistance in an efficient and appropriate manner. Practice AIDET when interacting with patients, their families, visitors, employees and other Volunteers.

Acknowledge the patient. Greet them and offer assistance, help them solve their problems, and welcome them to come to you again if they need anything else. For patient care interactions, use the following:

- Offer a greeting when passing, such as, “Good morning” or “Good Afternoon”.
- Connect with the patient and family members by addressing them as Mr./Ms., or by the name that they prefer.
- Smile, make eye contact and greet everyone in a pleasant manner.
- Allow patients and visitors to go first when getting in/out of elevators, doorways and in the hallways.
- Listen with compassion and understanding.
- Nod when listening to show you are engaged.
- Answer their questions professionally and with competence.

Introduce yourself and your role to patients, visitors, and other hospital staff.

- Tell them that you are there to provide assistance, and let them know what you can do for them.

- Offer to help visitors get to their destination, or provide directions.

Duration

Wait times may cause stress for patients and their families. As a volunteer you are not authorized to share information regarding the amount of time a patient may have to wait for results of a test, or to be seen by a doctor.

- Communicate with the patient/family the amount of time you can spend with them and that you will check back with them within 10 minutes or so to see how they are doing and if they need any further assistance.
- If you are escorting a patient or visitor you may offer an approximate amount of time it may take to get where they need to go.

Explain how a process works to patients who need help.

It is important that we spend as much time as needed to answer any customer questions or concerns. Sometimes you may be tasked with responsibilities that include explaining how a process will work. In other areas you may need to describe a different type of process or provide information, such as our medical center's surroundings, of which many visitors may be unfamiliar. Make it a personal effort to clearly explain or describe how to find what they need if you are not able to escort them.

- Ask and anticipate patient and/or family needs, questions or concerns.
- Respond to patient and/or family questions and requests with immediacy.

Thank patients, families, visitors, hospital staff and other Volunteers for their time.

- Always ask if there is anything else you can do for the patient, employee, visitor, before you end the conversation or interaction.
- Exit courteously and/or with an explanation of what will come next (or when you will be back to check on them).
- Say 'thank you' anytime anyone does something nice for you such as holding a door or elevator door open for you, answering a question for you, letting you pass in the hallway, giving you a compliment or for sharing information with you needed to complete your volunteer task or project.
- Respond courteously to anyone who says words of thanks to you.

AIDET Phone Etiquette

Often the first impression patients and visitors get from AHGL is through the telephone so it is critical to make sure that experience is positive. Make sure you identify yourself and the department when answering the phone. Make certain you write down the message and deliver it promptly. Practice AIDET phone etiquette during all phone interactions:

- Before answering the phone, discontinue conversations or activities that may be heard by the caller. Make sure there are no distractions during the phone conversations.
- Answer the phone as soon as possible within 4 rings.
- Identify your department, give your name, and offer assistance such as, "How may I help you?"

Courtesy

Always be courteous whenever patients, family members and visitors are present. This includes the cafeteria, patient and visitor waiting areas, hallways, elevators, treatment areas and patient rooms.

- Speak in moderate tones; be aware of the level of your voice (speaking loudly or yelling) in the hallways or elevators.
- Avoid lying down, sleeping, removing shoes, using hospital linen, eating, laughing or speaking loudly or disruptively.
- Avoid boisterous behavior in areas within earshot of patients and visitors.
- Maintain appropriate conversations, being respectful of patient and employee confidentiality. Conflicts or disagreements of a work-related or personal nature should be discussed where patients, their families or visitors are not present.
- In order to provide a safe environment of care, speak only English or the language of the patient/visitor you are helping. Arrange for interpretation services when needed.
- Personal cell phones or listening devices may only be used during break times and only in designated break areas.

Respect

Respect privacy and dignity.

- Knock on a patient's door before entering and ask permission to enter.
- Ask permission before examining a patient and provide explanation of the examination or procedure.
- Do not make disparaging remarks about other departments or staff in front of patients or visitors.
- Respect individual and cultural differences.

Professionalism

Maintain professionalism in the presence of patients, their families, visitors or co-workers.

- Show pride by maintaining professional appearance while on duty.
- Adhere to organizational appearance standards.
- Wear name badge appropriately.
- Demonstrate an ongoing responsibility and commitment through good attendance and by being on time to work.
- Demonstrate pride in AHGL by keeping areas clean and safe.
- When within hearing of any patients, family members, visitors or staff members, keep comments about patients, co-workers, physicians or any part of AHGL positive and appropriate.

Teamwork

Recognize that each person has an area of expertise and that his or her contribution is valuable.

Working with Patients

Conversations

Volunteers should be mindful that conversations should always be positive and noncontroversial. Volunteers may not give advice or offer opinions even when patients share highly personal information. Instead, Volunteers should listen with compassion and nod along to show they are listening.

Never discuss your own medical issues with patients or visitors. Volunteers should also never discuss other patients outside their room. Not only would talking about other patients violate AHGL policy, but the patients may overhear, even if they appear asleep or unconscious.

Entering rooms

Volunteers may enter patient rooms except for ones marked “DO NOT DISTURB” or if there is a precaution sign on the door. Volunteers should knock before entering, softly address the patient and listen for an answer.

- Do not enter a room where a nurse is giving treatment, or a doctor is present. If a doctor enters the room during a visit, the Volunteer should leave immediately.
- Volunteers may **never** sit on the patient’s bed or place any belongings on the bed.

Volunteers May NEVER:

- Provide food or drinks to patients (Unless directed to do so by nurse/nurse manager)
- Feed patients
- Exchange food items on a patient’s tray
- Handle narcotics
- Give any type of medication to patients
- Sit on or lean on a patient’s bed
- Put belongings on a patient’s bed
- Bathe patients
- Handle bedpans or urinals
- Operate patient equipment that requires technical knowledge
- Change diapers
- Turn or remove patients from the bed
- Raise or lower a patient’s bed without approval from the patient’s nurse
- Change bed linens
- Obtain patient signatures for treatment or medication
- Accept or chart an order or medical instruction for patients
- Disclose ANY confidential information

If a patient asks a Volunteer to do something that the Volunteer is not trained for or instructed to do, make sure to tell the patient that while you’d love to help, Volunteers are not permitted to perform those duties.

Transport

When directed to do so, a Volunteer who has received wheelchair usage training may transport patients by wheelchair as long as they do not have IV’s or other attached medical equipment. Volunteers may only transport patients by bed or gurney if they are assisting a nurse or a designated hospital employee. Volunteers may never transport patients by bed or gurney on their own at any time.

Make sure you verify that the patient you are about to transport is the right person by always confirming the patient’s room number. When entering the patient’s room, ask the patient his/her name and check the name on the patient’s ID band against the name on the chart.

When you arrive at a destination, never leave the patient unattended. Do not leave until a staff member has acknowledged receipt of the patient and has taken responsibility for him/her. For discharges, never leave a patient until someone has arrived to pick him/her up.

Wheelchairs

Wheelchairs come in different styles; there is one type with large wheels useful for people to propel themselves and there is the type which has to be pushed by someone. All chairs have front wheels, which swivel, brakes, and should always have footrests. It is not difficult to handle a wheelchair. They roll easily and anyone who is able to walk with ease and has normal strength can handle a wheelchair.

It is of vital importance that the brakes be set before anyone sits down in the chair. They roll easily and could roll out from beneath the person trying to sit. Use of the brakes is the most important part of learning to operate a wheelchair.

Footrests are used to keep the patient comfortable and to keep their feet out of the way. Footrests are removable if you are working in crowded spaces or have to fold the chair for car transport.

There are a number of techniques used in helping patients:

- Have a patient place arms in lap when being transported.
- Push wheelchair from behind, stay close, and put your weight into pushing.
- Avoid slippery surfaces when propelling chair.
- Open doors then back wheelchair through.
- Always take the wheelchair in and out of the elevators correctly and carefully (back the patient on and off).
- Use caution at corners and doorways

Early Heart Attack and Care (EHAC)



Take the EHAC Pledge™

I understand that heart attacks have beginnings that may include chest discomfort, shortness of breath, sweating, shoulder and/or arm pain, and weakness. These may occur hours or weeks before the actual heart attack. I solemnly pledge that if it happens to me or anyone I know, I will call 9-1-1 or activate our Emergency Medical Services.

Name _____ Date _____

Visit us at dha.acc.org for more information about heart disease and prevention.



Stay Calm! Save a Life

If you miss the early signs and someone collapses, call 9-1-1 and begin Hands-Only CPR. It takes just minutes to learn, but you could be adding years to someone's life. If an AED is available, deploy it as soon as possible. AED's provide easy to follow verbal instructions in order to help someone.



Discover Accredited CPCs

Hospitals work hard to achieve ACC Chest Pain Center (CPC) Accreditation. In addition to adopting new processes to improve the quality of healthcare, these hospitals also educate their communities on Early Heart Attack Care.

Why? Your hospital is dedicated to saving lives and they know that by sharing the early recognition and response message beyond the hospital doors will help to save more hearts.

How can you help share the message?

Discover your local ACC Accredited Chest Pain Center:

Visit: <https://cvquality.acc.org/accreditation/map>

Download the free EHAC educational materials:

Visit: <https://dha.acc.org/ehac-training-your-community.html>



ACC Accreditation Services

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WAS DID YOU KNOW?



- Like other diseases, heart attacks have early signs & symptoms
- THESE "BEGINNINGS" MAY OCCUR IN 50% OF PATIENTS
- If recognized, people can be treated before heart damage occurs



Learn Early Heart Attack Care

- Review the signs and symptoms
- Take the EHAC Pledge and promise to spring into action



Prevent a Heart Attack

- Learn the risk factors
- Understand the difference between men and women
- Is it a heart attack? Learn the atypical symptoms



Save a Life

- If someone collapses, call 9-1-1
- Perform Hands-Only CPR
- Find and deploy an AED (Automated External Defibrillator)



Discover Accredited CPCs

In your area, a hospital has adopted the life-saving processes to deliver the highest level of cardiovascular care to your community. Learn about their dedication to saving hearts.



What is EHAC?

Early Heart Attack Care (or EHAC) education teaches you to recognize the early signs and symptoms of a heart attack. Why? We want you to become an active bystander so you can save a life - even if it's yours.

- About 750,000 people in the U.S. have heart attacks each year. Of those, about 116,000 die.
- Many of these patients experienced early symptoms.

Learn the EARLY SIGNS & SYMPTOMS

Someone might have one or more of these common symptoms. When they start, they can be mild or come and go. Over time, the symptoms and pain become more intense. *Stay alert and always pay attention to chest pressure.*



**SURVIVE. CALL 9-1-1
DON'T DRIVE.**

DID YOU KNOW?

Most heart damage can occur within the first two hours of a heart attack. EHAC encourages you to know the subtle signs of a heart attack and act on them - **BEFORE HEART DAMAGE OCCURS**

What are the RISK FACTORS?

These are the general risk factors. Discuss your risk with your doctor.

- Chest pain, pressure, burning, aching or tightness - it may come and go
- A family history of cardiovascular disease
- High blood pressure
- Overweight or obese
- Sedentary lifestyle
- Using tobacco products
- Metabolic disease, diabetes or other illnesses
- For women it can also include birth control pills, a history of pre-eclampsia, gestational diabetes or having a low birth weight baby

What is the difference? MEN vs WOMEN

Some heart attack symptoms can be different between men and women. Why does it matter? Women may be less likely to seek immediate medical care which can cause more damage to the heart.

- Men normally feel pain and numbness in the left arm or side of chest, but in women, these symptoms may appear on the right side.
- Women may feel completely exhausted, drained, dizzy or nauseous.
- Women may feel upper back pain that travels up into their jaw.
- Women may think their stomach pain is the flu, heartburn or an ulcer.

What are ATYPICAL PRESENTATIONS?

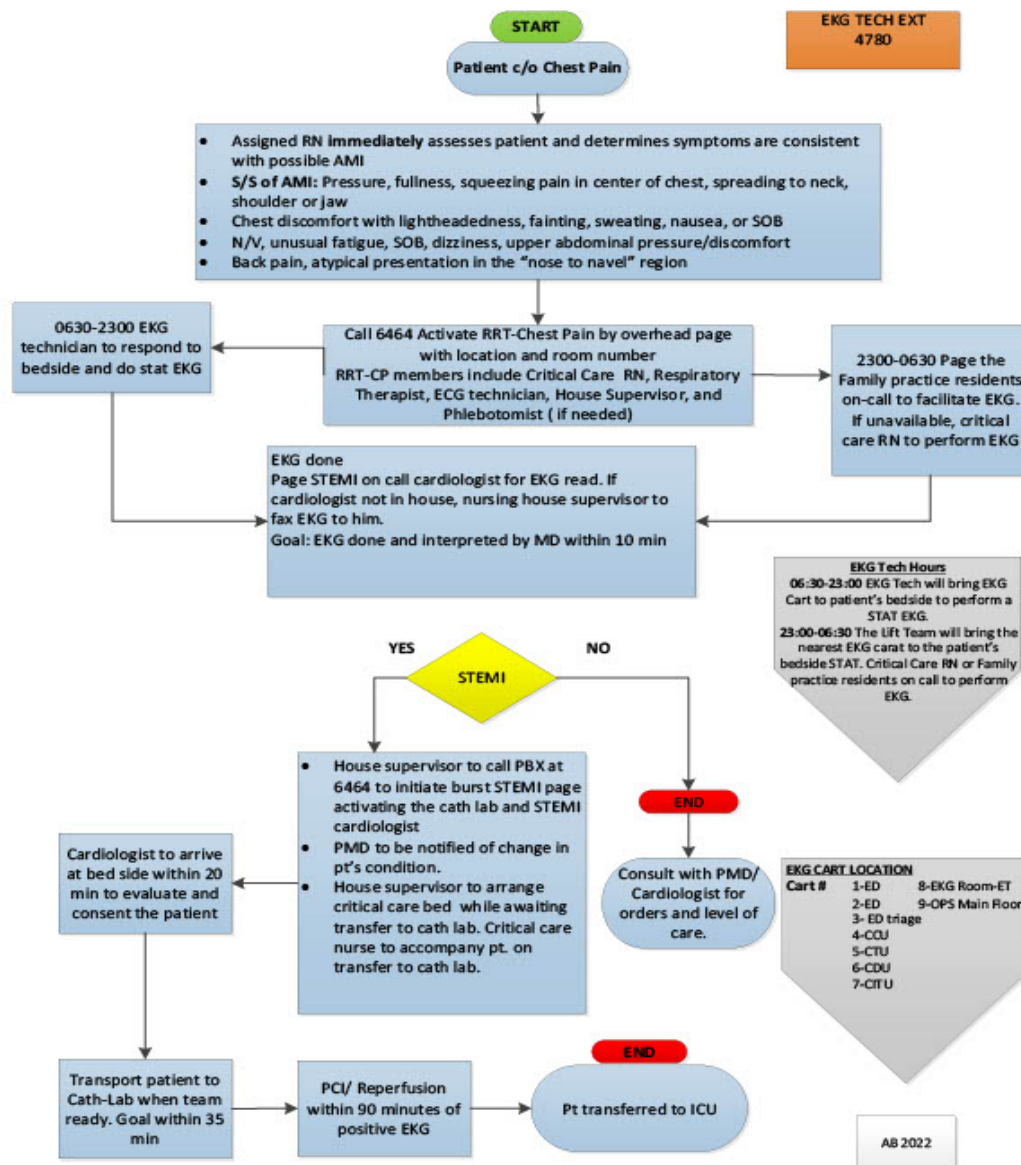
In an atypical presentation, the signs and symptoms are different. How? The patient may not complain about pain or pressure in the chest. Be alert for the following:

- A sharp or "knife-like" pain that occurs with coughing or breathing.
- Pain that spreads above the jawbone or into the lower body.
- Difficult or labored breathing.

Process to Seek Assistance for Cardiac Emergencies



Process for Patient who Becomes a STEMI in a Non-Telemetry In-Patient Bed



VOLUNTEER HANDBOOK

PRIVACY POLICIES

Confidential Information

HIPAA The Health Insurance Portability and Accountability Act (HIPAA) is a federal law that requires Volunteers to:

- Protect the privacy of patient information
- Secure patient health information in physical and electronic form
- Adhere to the “minimum necessary” standard for use and disclosure (i.e., sharing) of patient health information

HITECH

The Health Information Technology for Economic and Clinical Health Act

HITECH requires Adventist Health to report breaches of patient privacy to the Secretary of the Department of Health and Human Services.

Many states have additional laws establishing obligations and penalties relating to the security and privacy of patient information. For example, California law requires licensed healthcare facilities to report breaches to the California Department of Public Health (CDPH) and to the affected patient(s) within 15 business days of discovery.

Adventist Health privacy policies apply to ALL written, verbal, and electronic information.

Patient privacy and confidentiality are important to Adventist Health because:

- Patient confidentiality is essential to the development of trust between providers and patients.
- Patients have a legal right to control who sees, accesses or hears their protected health information (PHI).
- Patients must be able to expect that information about their health is kept private, unless there is a compelling reason that it should not be (i.e., for treatment, payment or healthcare operations).
- Without patient privacy, patients would be hesitant to reveal sensitive information about themselves.
- Volunteers, Providers, Contractors, Vendor Representatives and other Adventist Health workforce members can be held personally liable for violating patient privacy laws. This includes fines and penalties (e.g., jail time).

This means that communications with or about patients need to be kept private and limited to those people who need to know the information for treatment, payment, or healthcare operations purposes

How the Laws Apply to Volunteers

Patient information that you see, hear, or read during the course of performing your duties, cannot be shared with anyone unless the sharing of information is necessary to fulfill a job-related purpose and the recipient has a job-related need to know. This includes your co-workers, other patients, visitors, your family and friends, or anyone else who may ask you about information. Protecting patient information is a responsibility that the entire workforce shares, including volunteers, regardless of whether you are directly involved in the care of patients.

Social Media

Do not share any patient information on social media that is acquired through your work at Adventist Health, even if the information is public.

- Posting patient information without appropriate authorization from the patient is a violation of a patient's right to privacy and confidentiality.
- Even if you do not include the name or other identifying information in your communication, it still may be identifiable to others.

Protected Health Information (PHI)

PHI includes:

- Names
- Dates relating to a patient:
 - birthdates
 - dates of medical treatment
 - admission and discharge dates
 - dates of death
- Other:
 - telephone numbers:
 - addresses (including city, county, or zip code)
 - fax numbers and other contact information
 - Social Security numbers
 - Medical records numbers
 - Photographs
 - Finger and voice prints
 - Any other unique identifying number
 - Bills
 - Claims
 - Prescriptions
 - Data
 - Lab results
 - Medical opinions
 - Appointment histories

Ways to Protect PHI

- Be aware of your surroundings.
- Keep information confidential.
- Do not share patient information with unauthorized individuals, even if the information is de-identified.
- Do not view information out of curiosity or concern.
- Do not post patient information of any kind on social media.

- Lock computer screens when left unattended.
- Verify patient identifiers prior to mailing patient information to ensure that it gets to the right person at the right place.
- Do not leave patient information on answering machines.
- Dispose of PHI only in appropriate shred bins, not regular trash cans.

Patient Rights

We must all work to honor and protect the privacy of our patients and to protect the confidentiality and integrity of our patient's protected health information. It is professional practice, but it is also federal and state law.

Consequences of Noncompliance

Adventist Health has a workforce sanction policy for members of our workforce who violate patient privacy and privacy/security policies.

Potential civil and criminal penalties for violating HIPAA privacy or security rules, may include large fines and up to 10 years in prison.

These penalties can be levied against you, as well as Adventist Health.

Reporting Violations

Volunteers must strive to act ethically, comply with all laws and regulations, and immediately report any violations or suspected violations. If you have any questions, suspect, or want to report a violation of this Policy, contact your local compliance officer; the Corporate Compliance Executive or the Office of General Counsel (OGC) in Roseville at 1-916-406-2000; or anonymously report to the Compliance Hotline at 1-888-366-3833.

Hospital Safety

Handwashing

Hand washing and clean hands are the most significant means of preventing the spread of infection from one person to another. Proper hand hygiene can reduce the number of nosocomial infections (a nosocomial infection is an infection that was not present in the patient at the time of admission but was acquired during their hospital stay).

Removing germs through hand washing or by using a hospital approved foam or hand gel is vital protection against many types of infection. Always perform hand hygiene before and after you have contact with a patient or anything a patient has touched. Wearing gloves does not replace hand hygiene. In order to provide a safe hospital environment, hand hygiene must be practiced faithfully by all hospital personnel, including volunteers, without exception as follows:

- When you arrive at AHGL.
- Before and after touching a patient or a patient's belongings.

- Before you eat, apply cosmetics, handle contact lenses, or smoke. Eating, drinking, applying makeup (including lip balm) and handling of contact lenses is prohibited in areas where exposure to blood or other body fluids is likely.
- After using the restroom.
- After coughing or sneezing.
- After handling possibly contaminated articles such as blood tubes, culture plates, and trash.
- After removing personal protective equipment such as gloves, gowns, etc.
- Before you leave the hospital.

Infection Control

If you are feeling ill, or have symptoms of respiratory or gastrointestinal infections, such as coughing, sneezing, heavy nasal discharge, diarrhea, flu symptoms, or a rash, please stay home.

If you or another member of your household has a communicable disease such as measles, mumps, chicken pox, German measles, shingles, hepatitis, mononucleosis, salmonella, tuberculosis or a disease that you are not sure is communicable, please inform the Director of Volunteer Resources, and/or the Employee Health Nurse and please stay home.

Infection Control is everybody's business! All employees and volunteers play a vital role in the Infection Control Program in preventing and controlling the spread of infections in the hospital setting. This is accomplished through education and training, good work practices such as good hand washing, and following policies for universal/standard precautions and other isolation/precaution policies.

Flu Season Every year AHGL employees and volunteers are vaccinated for the flu. Students, Interns, and Volunteers are included in this requirement as well.

Pathogens

There are four types of pathogens (disease-causing germs) of major concern in the hospital environment that if left unchecked pose a threat to our patients and to us:

1. Blood-borne pathogens
2. Droplet pathogens
3. Contact pathogens
4. Airborne pathogens

Bloodborne Pathogens

Blood-borne pathogens include such microorganisms (germs) as the AIDS virus (HIV), the hepatitis B virus, and the hepatitis C virus (HCV). They are transmitted via the blood and other potentially infectious materials (OPIM) such as semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids where it is difficult or impossible to differentiate between fluids.

Since we are not always able to identify patients infected with blood-borne diseases, the blood and body fluids, excretions, secretions (except sweat), non-intact skin and mucous membranes of all patients will be treated as though they are infected, whether or not they are. **This is known as Standard/Universal Precautions.**

Droplet Pathogens

Droplet pathogens (disease-causing germs) are transmitted by large particle droplets that can be generated by the patient during coughing, sneezing, talking, or the performance of procedures that cause coughing (cough inducing).

Contact Pathogens

Contact pathogens (germs) are transmitted by direct or indirect contact with the patient, patient care items or the patient environment.

Examples of a Contact Pathogen include MSRA (methicillin-resistant Staphylococcus aureus), VRE (vancomycin-resistant Enterococcus) and Clostridium difficile diarrhea.

Airborne Pathogens

These pathogens are spread by very small particles called “droplet nuclei” that remain in and infect the air. They can be carried by air currents over long distances.

Examples of an Airborne Pathogen include Tuberculosis (TB), measles, and varicella (chickenpox or shingles).

PPE Protection

Personal Protective Equipment or PPE’s such as gloves, masks, goggles and sterile gowns, help to protect you from the spread of infection by imposing a barrier between you and a potentially infectious substance.

All hospital staff, including volunteers should:

- Wear gloves when it is likely that hands will be in contact with wet body substances (blood, urine, feces, wound drainage, oral secretions, sputum, vomitus). Change gloves and wash hands between each patient contact.
- Wear a personal protective gown when it is likely that clothing will be soiled with body substance.
- Wear masks and/or eye protection if there is a chance that body substances might be splashed or inhaled in to the mouth, nose, or eyes.
- Wash hands for 15 seconds after patient contact paying particular attention to the area around fingernails and between fingers.

Volunteers MUST reporting to nursing station before entering patient rooms and wash hands.

Volunteer Safety

Rules help protect patients, visitors, employees and volunteers from known or anticipated hazards. The best rule is to use good common sense and judgment while at the hospital in order to prevent incidents. However, some specific rules are needed to draw attention to the various hazards that may be encountered while volunteering.

- Know how to do your assignment properly and safely. Any suggestions as to better and safer methods should be given to your supervisor.
- Wear special protective items such as gloves, face shields or goggles, conductive shoes, etc. where there is a potential exposure to blood or bodily fluids. Wash hands immediately after removing gloves.

- Practice good housekeeping by having a place for everything and keeping everything in its place when not being used.
- Keep equipment, tools, materials and work areas clean and orderly.
- Walk. Do not run.
- Use handrails on stairs.
- Be cautious when approaching swinging doors, corners or congested areas.

Most back injuries result from improper lifting. Back injuries can affect more than job performance. There may be an impact on every part of a person’s life –physical, social, and psychological. So it makes sense to learn about and use techniques that can protect your back. To use good body mechanics for lifting you should:

- Size up the load before you lift. If it looks heavy, it probably is!
- Plan your route and make sure it is clear of obstacles.
- Get a firm footing. Spread your feet to shoulder width apart for a wide base of support and to improve balance, pointing your toes outward. This allows your body to compensate for any shifts in weight.
- Bend your knees to allow the stronger leg muscles to participate in lifting, more than the weaker back muscles.
- Do not bend at the waist.
- Maintain a curve in your lower back to keep the spine in an optimal (neutral) position. Don’t “round” your back.
- Keep the load close to your body. This improves balance and requires less muscle force for the lift. It also decreases the stress to your spine.
- Never twist and lift. Turn with your feet first, rather than with your back. By twisting the spine, you place an enormous stress on your lower back. Twisting injuries are a leading cause of herniated discs.

Emergency Codes

CODE RED	Fire. 3 chimes throughout the Hospital – 3 loud buzzing sounds – overhead page announcing, “Code Red”. See following pages on how to proceed.
CODE BLUE	Cardiopulmonary Arrest, Medical Emergency CPR Needed. 3 loud buzzing sounds – overhead page announcing, “Code Blue”. Stay out of the way.
CODE WHITE	Infant Medical Emergency. 3 loud buzzing sounds – overhead page announcing, “Code White”. Stay out of the way.
CODE PINK	Infant Abduction. 3 loud buzzing sounds – overhead page announcing, “Code Pink”. Respond quickly by going to the closest outside door and standing in front of it to not let anyone through that might be carrying a baby. Take note of any individual walking out with an infant. Try to engage them in a conversation in order to prevent them from leaving the premises. Do not physically stop the

person. Take a mental or written description of the individual and phone in description to Security at extension 3166 or “0” if they walk out the door.

CODE PURPLE

Child Abduction. Same as “Code Pink”.

CODE TRIAGE

Disaster. 3 loud buzzing sounds – overhead page announcing, “Code Triage”. This means a disaster has occurred. See below on how to proceed.

CODE YELLOW

Bomb Threat. 3 loud buzzing sounds – overhead page announcing, “Code Yellow in (area suspected)”. Stay away from the mentioned area! If you suspect a bomb, call ext. 3333

CODE GRAY

Physical help needed. Combative/disruptive person. 3 loud buzzing sounds – overhead page announcing, “Code Gray in Room ____ or in the lobby/ER” (can be anywhere in the hospital). Code Gray designates that a patient or visitor is out of control and staff is needed for assistance. No need for you to respond.

CODE SILVER

A person with a weapon in on site or there is a hostage situation. 3 loud buzzing sounds – overhead page announcing, “Code Silver in ____”. Unless otherwise instructed, volunteers should stay in his/her areas.

CODE ORANGE

Hazardous Materials. 3 loud buzzing sounds – overhead page announcing, “Code Orange in ____”. Stay away from the mentioned area! If you discover the spill call ext. 3333.

CODE SILENT

Cardiac arrest in ER. 3 loud buzzing sounds – overhead page announcing, “Code Silent ER”. Unless otherwise instructed, stay in your area.

CODE TRIAGE EXTERNAL

An internal or external disaster where the hospital may be receiving numerous injured individuals as a result of a train accident, school bus accident, earthquake, wildfire, flood, biological event, civil unrest, etc.) Report to your area supervisor or designated meeting area and await instructions on how to be of assistance. If you are at home –don’t tie up the phone lines! Initiate your family disaster plan, stay calm and help others to do so. Watch TV or listen to the radio announcements from the hospital. All available personnel, including volunteers will report to the Command Center for instructions on how to be of assistance in the event of a true disaster.

CODE TRIAGE INTERNAL

An internal or external disaster (i.e., bomb threat, earthquake, power outage, chemical leak, riot, etc.) Dial 6464 to report location of the disaster. All available personnel, including volunteers will report to the Command Center for instructions on how to be of assistance in the event of a true disaster.

Fire Safety

Remember **RACE**:

R – Rescue and Remove all patients from the immediate area

A – Activate the nearest fire alarm. Call ext. 6464 to give necessary information (location, nature and extent of fire)

C – Contain/Confine the fire by closing the doors

E – Evacuate everyone to a safe area

Remain calm, do not panic and act quickly.

How to Use a Fire Extinguisher (PASS)

While holding the fire extinguisher upright:

Pull pin

Aim at the base of the fire

Squeeze lever

Sweep side to side

Fire Extinguishers

- Trash, wood, paper – use a pressured water extinguisher (**silver**)
- Liquids, grease – smother or use dry chemical extinguisher (**red**)
- Electrical equipment – use multi-purpose dry chemical extinguisher

Look for the appropriate symbols (A, B, C) on your extinguisher

What Causes Fires

It is the responsibility of every employee and volunteer to be constantly aware of conditions that can lead to or cause a fire and/or explosion. When fire strikes, the actions taken during the first few minutes can make the difference. Fire is a chemical reaction involving rapid oxidation or burning of a fuel. It needs three elements to occur: FUEL, OXYGEN, AND HEAT

- FUEL- Fuel can be any combustible material - solid, liquid or gas. Most solids and liquids become a vapor or gas before they will burn.
- OXYGEN - The air we breathe is about 21 percent oxygen. Fire only needs an atmosphere with at least 16% oxygen.
- HEAT- Heat is the energy necessary to increase the temperature of the fuel to a point where sufficient vapors are given off for ignition to occur.
- CHEMICAL REACTION - A chain reaction can occur when the three elements of fire are present in the proper conditions and proportions. Fire occurs when this rapid oxidation, or burning takes place. Take any one of these factors away, and the fire cannot occur or will be extinguished if it was already burning. All fires, including suspected and/or non-locatable or smoke must be reported immediately without any need for authorization from your supervisor or anyone else.

Prevent Fires: Make it a habit to watch for fire hazards.

Important Points

When first starting out in your department, find out the following:

- Where is your Fire Manual located?
- Where is the nearest fire extinguisher and fire alarm?
- Where are your fire doors?
- Where is your emergency evacuation route?

Leave 18 inches of space between an item and the sprinkler head.

To put out a wastebasket fire, try to smother it by covering the basket. If that doesn't work, use the nearest fire extinguisher.

In case of an emergency, dial x6464 immediately!!

Fire Evacuation Routes/Procedures

Fire doors, corridors and stairs must always remain clear, unobstructed and free from storage to allow safe evacuation during an emergency. There are always two different exit routes out of your work area or floor. Evacuation Routes, corridors and stairwells are clearly marked by "EXIT" signs. Do not use elevators during a fire. Use the stairs. In patient care areas, it is preferable to "defend-in-place" by closing doors unless the fire or smoke is directly threatening patients. Once you close the door, DO NOT re-enter the room. If evacuation is necessary, evacuate laterally by clearing the hallways by pushing everything to one side. If you must leave the floor, try to go vertically down a few floors, but stay in the building. Use your shirt as a filter and hold your breath as much as possible. Follow instructions from supervisor. Make sure to reassure patients and visitors. Await further instructions.

If your clothing catches on fire, remember to STOP, DROP, and ROLL. Stop whatever you are doing, drop to the floor and roll to smother the flames. If someone else's clothing is on fire, wrap them in a rug or blanket to smother the flames. Don't try to remove any fabric that gets stuck to a burn. Cover is with a loose, clean cloth and get immediate medical help.

Evacuation and Patient Priorities

After removing all persons from immediate danger, evacuate in the following order:

- 1) Ambulatory patients and guests
- 2) Wheelchair or minimally disabled
- 3) Non-ambulatory bedridden. Use Parasyde evacuation devices if non-ambulatory patients must be dragged down the stairs (available on every nursing unit).
- 4) Medical records –only if it is safe to do so

Disaster Plan Policy

At an AH Location

In the event a Location of Adventist Health (AH) is disrupted due to a disaster, each Location has a disaster plan in place. Refer to your Location's Disaster Plan for more information.

In the Community

In the event a disaster occurs in the community of an AH Location, which may involve people rendered ill or injured and in need for immediate medical care, refer to your Location's Disaster Plan. One of AH's purpose is always to be ready to meet the needs of its' community in the event of a disaster. Each employee is part of an organized plan to help the Location Disaster Plan address

such emergencies. Check with your supervisor regarding your duties in the Location Disaster Plan. If you can safely report to work, it is important that you report for your regularly scheduled shift during a disaster or be ready to report if able for Disaster Duty if not regularly scheduled. Disaster practice drills are held periodically to test each Location's readiness.

Workplace Protocols

Abuse Recognition and Reporting

Every Volunteer has the obligation to look for, recognize, and report any suspected or actual abuse of patients. The abuse may be child abuse, elder abuse, domestic violence, or assault.

The following conditions may alert you to the fact that abuse may be occurring:

- There is no explanation for the injury, or the explanation does not seem believable
- There has been a delay in seeking medical treatment
- The patient has a previous history of injuries or the injuries are in different stages of healing
- The patient's behavior changes or is inappropriate when in the presence of family or significant others
- Other family members do not allow the patient to speak for him or herself.

If you suspect or have knowledge of abuse to a patient, please contact your supervisor.

Health Requirements

- I. PPD tuberculosis (TB) skin test done within 3 months of application date. If history of positive PPD: Copy of chest x-ray results done within 3 years of actual start date.
- II. Proof of appropriate immunizations (i.e., MMR-Measles, mumps, and rubella)
- III. Varicella titer (only if you have had Chicken Pox) or immunization if you desire to work with children.
- IV. TDAP Vaccination within 10 years of start.
- V. 10 Panel Urine Drug Screen (Negative) within 3 months of start.
- VI. Influenza Vaccine Seasonal (October 01-March 31)
- VII. Covid-19 Vaccination + Booster (Copy of card required)

Campus Map

