

# University of Colorado Hospital

## Volunteer Services Handbook

**University of Colorado Hospital**  
Volunteer Services


12605 E 16<sup>th</sup> Ave, Mail Stop F771  
Aurora, CO 80045

720.848.1886

[uhealth.org](http://uhealth.org)

uhealth

## CONTENTS

|  |    |
|--|----|
|         | 1  |
| <b>Our Mission</b> .....   | 1  |
| <b>Our Vision</b> .....  | 1  |
| <b>Our Values</b> .....  | 1  |
| Hospital Overview .....  | 2  |
| Commitment .....   | 3  |
| Mission Statement .....  | 3  |
| Leadership .....   | 3  |
| The Starfish Story .....   | 4  |
| Your role .....  | 5  |
| Awards and Certificates .....  | 11 |
| Professional Appearance Policy .....   | 12 |
| Your role in providing the best healthcare experience possible.....                      | 13 |
| Service Recovery and Managing Complaints .....   | 14 |
| The Standards of Excellence.....   | 15 |
| Hospital accreditation for volunteers.....   | 17 |
| MAIDET.....  | 18 |
| Patient’s Bill of Rights.....  | 19 |
| Spiritual Care .....   | 19 |
| Organizational Ethics.....   | 20 |
| Diversity.....   | 20 |
| Sexual Harassment .....  | 22 |
| Health Insurance Portability Accountability Act (HIPAA) and Patient Confidentiality..... | 24 |
| EMTALA (Emergency Medical Treatment and Labor Act).....                                  | 25 |
| Infection Control .....  | 26 |
| Standard Precautions .....   | 27 |
| Blood borne pathogens and exposure to blood.....   | 28 |
| Precaution Signs .....   | 29 |
| Contact Precautions .....  | 29 |

|  |    |
|--|----|
| Airborne Precautions.....                    | 30 |
| Droplet Precautions.....                     | 31 |
| Safety and Emergency Procedures.....         | 32 |
| Hospital Codes.....                          | 33 |
| Code Red .....                               | 33 |
| Code Silver – Active Shooter .....           | 35 |
| CODE Gray .....                              | 37 |
| Code Pink.....                               | 38 |
| Code Yellow .....                            | 38 |
| Weather Plan.....                            | 39 |
| Transportation and Parking Information ..... | 39 |
| Parking.....                                 | 39 |
| Public Transportation: .....                 | 39 |
| Quick References.....                        | 42 |
| Annual Holiday Schedule.....                 | 42 |
| Quick Reference Phone List:.....             | 42 |



## **Our Mission**

We improve lives.  
In big ways through learning, healing and discovery.  
In small personal ways through human connection.  
But in all ways, we improve lives.

## **Our Vision**

From health care to health.

## **Our Values**

Patients first  
Integrity  
Excellence

## HOSPITAL OVERVIEW

The University of Colorado Hospital (formerly named Colorado General Hospital) was founded in Denver in 1921. Now located on the Anschutz medical campus, this 678 inpatient bed facility, is just a quick walk from the CU School of Medicine, the CU School of Nursing, and the schools for Dentistry, Pharmacy, Physician Assistants, and Physical Therapy. The list of medical pioneers who have made this hospital into one of the best academic hospitals in the United States is profound:

- Henry Swan, who did open heart operations with patients under hypothermia before the heart-lung machine had been perfected.
- Tom Starzl, who did the first successful liver transplant in the world.
- Henry Kempe, who described the “battered child syndrome” and transformed the public’s awareness of child abuse.
- Gordon Meiklejohn, who participated in the eradication of smallpox from the world.
- Scientists who were the first to conduct human cell cloning to study genetics and cancer, first to discover how the human cancer gene functions and first to set the international standard for classifying human chromosomes.
- Scientists in the present day who are using stem cells to heal broken spinal cords in mice and cure cancer in people and transplant surgeons who have continued the work of Starzl.

UCHealth University of Colorado Hospital is part of the **UCHealth** system and the only academic medical center in Colorado. It is a Level I Trauma Center, a center of excellence for stroke, and the only burn center in the state recognized by the American Burn Congress. In the 2017–2018 U.S. News and World Report hospital rankings, UCHealth University of Colorado Hospital ranked in the top 50 for 11 medical specialties and was rated the #15 overall adult hospital in the country. It is the #1 Hospital in Colorado and is currently applying for a 5<sup>th</sup> Magnet designation.

### **The University of Colorado Hospital buildings on the Anschutz Medical Campus include:**

- The Anschutz Inpatient Pavilion (AIP 1 and AIP 2), two inpatient towers.
- The Anschutz Outpatient Pavilion, clinics.
- The Anschutz Cancer Pavilion, renowned clinical services of the University of Colorado Cancer Center (with outcomes that far exceed state averages.)
- The UCHealth Eye Center, including University Laser Vision and what Ophthalmology Times recently named one of the 10 best ophthalmology practices in the country.
- The Center for Dependency, Addiction and Rehabilitation (CeDAR), the region's premier residential and treatment center for adults and families afflicted with alcoholism and substance dependencies.

## COMMITMENT

## MISSION STATEMENT

Volunteer Services improves lives by encouraging hope, healing, and learning through supportive services to patients, family members, and staff of UCHealth.

## LEADERSHIP

### **Jenny Ricklefs, Volunteer Manager**

Jenny joined Volunteer Services with UCHealth in March 2015. Jenny has worked with volunteer teams for most of her career. She believes in the value of helping volunteers find meaningful opportunities and is a volunteer herself. She currently volunteers (18 years) with Destination Imagination (DI), first as a team manager and now on their Board of Directors. She also volunteers feeding homeless in our community with AfterHours Denver. If you want to know about her career, check her out on LinkedIn.

Jenny spent her (wayward) youth, attending Wheat Ridge High School (Go Farmers!) She received her BA from Cornell College in IA and got her MS at St. Cloud State in MN where she quickly learned to love Norwegian lefse. She grew up spending summers in Door County, WI where you will still find her sailing, fishing, and reading novels on the beach of Lake Michigan every summer. She is married to a terrific fella named Dan and has two children, Conor and Claudia. She has two very special dogs named Charlie, a poodle bichon mix and Molly, a black pug with a stilly streak!

### **Melissa Strickland, Volunteer Coordinator**

Melissa started out as a volunteer at UCHealth in 2016. She loved it here so much that she officially joined the staff at the volunteer office in September 2017. Melissa has long volunteer history that includes Project CURE, the Maxfund Animal Shelter, The Wildlife Experience Museum, The Colorado Ballet, and the Denver Rescue Mission. She also frequently volunteers at food and wine festivals during the summer.

Melissa grew up in Colorado and received her BA from CSU Fort Collins. She makes up for never having lived outside of Colorado by travelling as often as she can. When she's not coordinating or volunteering, she's probably knitting something. She also enjoys camping and hiking in the mountains with her husband and her dog, and has been known to run a marathon once in a while.

### **L. Anne Malin, Volunteer 'Extraordinaire'**

Anne joined UCHealth as a volunteer in January of 2016. First working with the Birth Center on Baby Friendly research, Anne also began redesigning all of the training for new volunteers. This transitioned into developing the UCLIVE website and building the online applications and training for new volunteers. She began managing the Summer Teen Volunteer Program in 2017.

Growing up in Atlanta GA, Anne earned BS in Industrial Design from GA Tech, and an MBA from Emory University. Slowly moving westward, Anne lived in Shawnee KS for 18 years after moving to work as a Director of New Product Development for Sprint PCS. Anne has a variety of volunteer experience working with the Johnson Co Election Office in Kansas, Outdoor Challenge Activity Instructor and Day Camp Director for Girl Scouts Mid Continent Council, and as a Ski Patroller for the Snow Creek 'hill' in northwest Missouri. After following her two daughters, Marie and Emma, to Colorado, she joined Volunteer Services to make friends and use her skills to give back.

# THE STARFISH STORY

Inspired by Loren Eiseley

Once upon a time, there was a man who used to go to the ocean to do his writing. He had a habit of walking on the beach before he began his work.

One day, as he was walking along the shore, he looked down the beach and saw a human figure moving like a dancer. He smiled to himself at the thought of someone who would dance to the day, so he walked faster to catch up.

As he got closer, he noticed that the figure was that of a child, and that what he was doing was not dancing at all. The child was reaching down to the shore, picking up small objects, and throwing them into the ocean.

He came closer still and called out "Good morning! May I ask what it is that you are doing?"

The child paused, looked up, and replied "Throwing starfish into the ocean."

"I must ask, why are you throwing starfish into the ocean?" asked the somewhat startled man. To this, the child replied, "The sun is up and the tide is going out. If I don't throw them in, they'll die."

Upon hearing this, the man commented, "But, young man, do you not realize that there are miles and miles of beach and there are starfish all along every mile? You can't possibly make a difference!"

At this, the child bent down, picked up yet another starfish, and threw it into the ocean. As it met the water, he said, "**I made a difference for that one.**"

**Everyone can make a difference.**



## YOUR ROLE

You will receive onboarding and general, in-person, hospital orientation through Volunteer Services. The training you receive will be the foundation for any volunteer role within the hospital. If EPIC training is needed, that will happen after you have completed the in-person training. Unit/location/role based training will occur on the unit and is facilitated by that unit. Most often you will receive a training checklist. Once the checklist is completed and initialed by you and the unit, you will return the checklist to Volunteer Services.

### Recording hours

It is your responsibility to ensure your hours of service are recorded. Each volunteer is given an identification number. Your volunteer ID number is printed on the back of your volunteer badge, along the upper edge. You will use that number to log-in to one of our volunteer kiosks. There is a kiosk in the Volunteer Services office, one at the AOP information desk, and one at CeDAR. If you are logging-in or out beyond the time the Volunteer Services office is open, ask for the Volunteer Services door code from either the manager or the coordinator.

When you begin your volunteer shift, log-in at the kiosk. At the end of your shift, please log-out. If you forget to log-in or out, send an email to the volunteer manager or coordinator as soon as possible so your hours can be entered manually. There are pink sheets located at each kiosk to write down your hours if for some reason you cannot log-in electronically.

Keeping track of your hours is important for liability, accountability, acknowledgement of services hours, and verification of services for references, school, and tax purposes. Additionally, it is important for us to know who is in the hospital in case of an emergency.

### Attendance

At UCHealth, we ask each volunteer to agree to provide a minimum of **100 hours within 1 year of service**. This is a firm commitment. Please do not accept an assignment unless you have given serious thought to the demands it may place on you. In return, Volunteer Services will support you in making sure your volunteer work is meaningful and satisfying. You are welcome to volunteer beyond your 100 hours. Volunteers are expected to be prompt for their assignments and to sign in and out each shift. For liability coverage, we must know when you arrive and leave campus. Report to your department supervisor, the charge nurse or designee when you arrive and when you leave. Monthly and cumulative total of hours of volunteers will be calculated by Volunteer Services. Keeping track of your time is necessary for hospital statistics, reports and recognition. You can generate a printable report of your hours through your volunteer account online (<https://uclive.vsyslive.com>.)



\*Your completed hours become the basis for Letters of Reference and a **minimum of 100 hours is required**. It is also strongly encouraged that you make an effort to get to know your placement team. Do you stand out? Do they know your name? Have you done something above and beyond? How are you making a difference for our staff and patients? Making those connections will add considerably to making your work meaningful for you and effective for staff and patients.

## **Absences**

Your presence during your scheduled volunteer time is important. We realize there are situations where it is necessary to be absent. Please do not report to duty if you are sick or otherwise unable to carry out your assignment. **If you must be absent for a day, send an email to your placement supervisor and the volunteer coordinator as soon as possible.** Put these email addresses in your cell phone. You will find them on the back of your volunteer position description and in your account online.

If you have frequent absences, you may be asked to discontinue volunteering or move to another area. Your placements count on you.

## **Vacations**

Volunteers tend to be very busy individuals. We know you will have vacations and other commitments from time to time. When you know you will be away on a trip or for another activity, please write it down on the vacation log or send an email to the coordinator of Volunteer Services.

## **Leave of absence**

For any extended leave of absence, it is requested that you notify Volunteer Services so scheduling changes can be made. Please return your badge and vest during these times.

## **Change of Information**

Please notify Volunteer Services if your address, telephone number, email address, or emergency information changes. This is the only way we are able to contact you.

## **Accidents**

In the event of any accident or injury sustained on the hospital premises, it is very important that you promptly inform the manager of Volunteer Services. Volunteers injured during a volunteer shift may need medical care. If the injury is critical, please go to the Emergency Department. If the injury is less critical, make an appointment with your own primary care provider for care and treatment. We do carry insurance to cover any additional costs that you may incur that your primary insurance will not cover.

## **Leaving Volunteer Service**

When the time comes for you to leave your volunteer role, please notify Volunteer Services as soon as possible. Just like a paid job, it is best to give your placement

supervisor at least 2 weeks' notice prior to leaving. Please be sure to return your identification badge and uniform before you leave on your last day of service. If adult uniform/badge is not returned you will be sent a bill for \$50 to cover the cost of the uniform/badge.

### **Annual requirements**

An annual review of your orientation is required each year. The Joint Commission mandates all volunteers review Universal precautions, safety and security, HIPAA and PHI, and codes, as well as the rules and regulations of the Volunteer Services program and knowledge of University of Colorado Hospital policies and procedures.

- Annual checklist
- HIPAA training
- Flu shot and new sticker on your badge

**You are responsible for contacting Volunteer Services after each year of service to update your Annual Checklist and HIPAA Certification.** You will receive an email indicating you need to update your HIPAA.

### **Changing your volunteer placement**

Volunteers may change their placement after they have completed 20 hours of Wayfinding and 60 hours in their current placement. To change placement please make an appointment with one of the staff.

### **Valuables**

Many volunteers come with their backpacks, purses and other items. These should be locked up during each volunteer shift. University of Colorado Hospital is not responsible for lost or stolen valuables. There are lockers in the Volunteer Services office. There are additional lockers down the hall. **Please supply your own lock the day of volunteering.** A standard combination locks work best.

### **Solicitation**

Volunteers may not promote personal causes, religious convictions, or political preferences while volunteering at University of Colorado Hospital. Distribution of literature relating to personal causes and convictions, as well as all forms of solicitation, is not allowed.

## Discipline and dismissal

In order to protect the rights and safety of patients, volunteers, employees and others, it is necessary that each person adhere to certain rules and regulations to conduct themselves in a professional manner. University of Colorado Hospital reserves the right to apply the necessary corrective action upon the violation of rules and regulations. This may include in-person discussions, a written warning and dismissal (with or without written warning.)

- Potential examples
  - Disregarding a patient's right to confidentiality.
  - Failure to comply with hospital policies, rules, regulations and procedures.
  - Alcohol or drug abuse or dependency, or any health problem which prevents the volunteer from functioning in an assignment.
  - Overstepping the role of a volunteer.
  - Rude or discourteous behavior toward a patient, visitor, team members, physician or another volunteer.
  - Unsatisfactory attitude, work or appearance.
  - Three consecutive absences without prior notification.

## Tobacco



Effective July 1, 2008 we were officially declared a Tobacco Free Campus. Smoking is prohibited in all areas of the hospital and surrounding grounds.

Smoking is not allowed in the laboratories, patient's rooms, treatment areas, elevators, restrooms, hallways, waiting areas, or parking lots. Volunteers should not smoke while on duty in any area and should not accompany patients outside so they can smoke.

## Benefits of Volunteering

- Help patients, families, visitors, and staff.
- Learn new skills.
- Prepare for an occupation or a career change.
- Meet new people and make new friends.
- Experience in the medical field and learn that hospitals are not like on TV.
- Make a difference in the lives of others and in your community.
- Complimentary meal credit (valued at \$7.00) will be given for each shift completed by a volunteer to be used before or after shift on the day the volunteer provides service. (Volunteers may not take their meal during their shift.) Volunteer is responsible for any cost over \$7.00.
- Free Health Screening.
- 20% discount in the gift shops on the 20<sup>th</sup> of each month.
- Free Hepatitis B Vaccine, only if needed for your volunteer role.
- Blood draw for vaccinations (to look at your immune system) and TB Test.
- Free Annual Flu Shot.
- Employment and college references after completing 100 hours.
- Awards and certificates for exemplary volunteer service.
- Celebration during National Volunteer Week in April.
- Access to University of Colorado Medical Library.



*Friendship & belonging* **fun**  
Personal benefit and growth Recognition  
*Work experience* *Learning new things*  
Sense of accomplishment **SKILLS & EXPERIENCE**  
*Giving something back* Unique Experiences

## UCHealth Volunteer Don'ts – Helpful Tips

Don't:

- Give medical advice, treatment, prescribe or perform activities that require a license.
- Attempt to perform any duty you have not been trained to do.
- Report for volunteer service if you are sick, especially if you have a fever, diarrhea, or a skin infection.
- Attempt to give any form of medical or nursing care, including first aid or CPR.
- Request medical advice, treatment, drugs or supplies from staff.
- Handle or give medications of any kind to patients.
- Handle any discarded needles.
- Take telephone treatment message or orders from physicians.
- Make entries or look in a patient's medical record on the computer.
- Empty bed pans.
- Give bed baths unless you are assisting medical personnel.
- Sit on a patient's bed.
- Lift a patient or change a patient's position in bed unless you are assisting medical personnel.
- Wear perfume or cologne.
- Raise or lower a bed without the nurses' permission.
- Escort patients on stretchers without medical personnel.
- Escort patients who are on IV medications without medical personnel.
- Escort critically ill patients without medical personnel.
- Feed or give food or drink to a patient without the nurse's permission and training.
- Eat or drink anything from a patient's tray.
- Enter or care for patients in an isolation room.
- Attempt to clean up spilled specimens.
- Handle or transport specimens or blood unless there is an emergency and/or the tube is down.

Please see [Position Description and Training Checklist](#) for any duties that are specific to your area.

We encourage all volunteers to ask questions and decline situations that would put themselves or patients at risk, or they feel uncomfortable doing.

## AWARDS AND CERTIFICATES

Each year, during National Volunteer Services Week in April, you will be thanked/honored for the care you have provided at UCHealth. Several special awards and certificates are available to volunteers who exemplify exceptional service and commitment to the volunteer program. Listed below are awards you may receive once you have reached a particular milestone in your volunteer path.

### **Award Pins**

- 300 Hour pin: awarded after completion of 300 service hours to the hospital. Sixteen to twenty of these hours must be in providing Wayfinding to the hospital and a minimum of fifty hours in current placement.
- Additional Pins are awarded at 500, 750, 1000, 1500, 2000, 2500, 3000 on up. These pins may be added to your volunteer vest or your lanyard.

### **Certificate of Completion**

- You may print out an official record of your hours when you finish your volunteer work (at least 100 hours.) It will serve as a record of your hours and certificate for service. (The Summer Teen Program is exempted from the 100-hour commitment.)

### **Exemplary Certificates of Completion and Letters of Recommendation**

- Letters of recommendation are at the discretion of your individual placement supervisor and may only be requested after completing 100 hours of service. You will want to get to know the team you are volunteering with. The Volunteer Services Manager will personally write a letter of recommendation for any volunteer completing **400 or more** volunteer service hours. You will also receive an Exemplary Certificate for this level of dedication and care for our patients and staff. Please allow 3-4 weeks for it to be completed.

## PROFESSIONAL APPEARANCE POLICY

All volunteers are expected to follow the personal appearance/dress code policy. A volunteer dress code is required in order to maintain a standard that clearly identifies the volunteer status of the person and ensures appropriate representation of the hospital to patients, families and visitors. Volunteers are held to the same standards as employees. As a volunteer, you shall present yourself in a manner and dress that is professional.

### Uniforms and ID Badges

- Volunteer uniforms and ID badges must be worn while on duty. No changes may be made to the ID badge.
- The ID badge must be worn above the waist and must be clearly visible to patients, staff and visitors.

### Clothing – Always dress in business casual. You are representing the hospital.

- Clothing should be clean, wrinkle-free and in good repair.
- Dark slacks (black, gray, or navy blue) or khaki pants are to be worn.
- Please wear a solid colored shirt. Tube tops, halter tops and low cut tops are not permitted. The midriff and navel cannot be exposed. No tee-shirts, sleeveless shirts or shirts with writing on them.
- Denim clothing of any color (jeans, jackets, shirts, skirts, and dresses) is not permitted. **NO JEANS**, including skinny jeans.
- Shorts, short skirts, athletic wear and leggings are not permitted.
- Skirt lengths cannot be over two inches above the knee. Skirts to the knee or floor are appropriate.
- Hats cannot be worn while volunteering.

### Footwear

- Comfortable shoes are essential for volunteers who run errands or are on their feet most of the time. Tennis shoes are fine.
- Sandals, platforms or open-toed shoes are **NOT** permitted.
- For safety reasons, adequate foot protection that encloses the entire foot, and heels 1½ inches or less is required in all work areas.

### Hygiene

- Personal hygiene must be maintained at all times.
- Cologne/perfume or scented lotions cannot be worn. If laundry soap or dryer sheet with a strong smell is used at your home, use an unscented soap for your hospital clothing.
- No porous nails such as acrylic may be worn while volunteering in areas with patient contact.

**If you would like to read the entire Professional Appearance Policy, please stop by the Volunteer Services office. The Policy is available on the Source at any time.**

# YOUR ROLE IN PROVIDING THE BEST HEALTHCARE EXPERIENCE POSSIBLE

## In General

- Your appearance should be neat, well-groomed, and appropriate for business.
- Wear your University of Colorado Hospital ID badge at all times.
- Be kind and respectful. Do not discuss patient/employee information outside the designated areas.

## Walking in Hallways

- Look up. Smile and look other people in the eyes, greet them if appropriate.
- Do not walk in the halls while you are on your phone.
- Stop and offer assistance if someone seems lost.
- Call Environmental Services (8-8351) to clean up spills or messes.
- Walk on the right side of the hallways.

## On the Elevators

- Use staff elevators when going to and from your volunteer placement. Your badges will allow you to go to upper floors.
- Allow people to exit before entering the elevator.
- Move aside for stretchers, wheelchairs, and equipment.
- Offer to push floor buttons if you are nearest the control panel.
- Hold the elevator for others.
- If an elevator is full, please get off and allow patients and visitors first.

## When Someone Enters Your Area

- Look up when a person enters your work area and smile. As soon as possible, stop what you are doing, and give the visitor your full attention. Be friendly and helpful.
- Keep the person informed to the best of your abilities. Thank the person for waiting.

## How to Introduce Yourself

Patients have a right to know who they are talking with. Volunteers need to introduce themselves in a consistent, friendly manner. The following is a **sample introduction**:

Smile. "Hello, my name is \_\_\_\_\_ and I am a volunteer. Please let me know how I may help you."



## SERVICE RECOVERY AND MANAGING COMPLAINTS

In an effort to provide better customer service, UCHHealth has developed training on service recovery. Service recovery happens when customer service breaks down. It is an opportunity to resolve complaints or disappointments for the patients, family members and other visitors and maintain customer loyalty. Service recovery is everyone's responsibility.

The acronym, **HART**, is the model that the hospital is following to manage complaints and to initiate service recovery. It may be the last chance to resolve a patient upset and show them that they are valued.

- **H – Hear – Know Me** by listening **empathetically** to my (the patient/visitor's) story.
  - Look at the patient, family member or visitor and make eye contact
  - Let the patient speak, without interrupting.
  - Lower your voice. Speak slowly.
  - Lead loud patients to a private area to avoid distracting others.
- **A – Apologize – Guide Me** by empathetically responding to me with an apology.
  - Acknowledge thought and feelings. Show empathy and understanding.
  - Avoid agreeing, disagreeing, or blaming anyone or anything.
  - Ask questions to get information. Repeat to clarify or confirm.
  - Apologize again, using different words. It can soothe, satisfy and empower.
- **R – Respond – Educate Me** by helping me understand what will happen next and the “why” behind that plan/action.
  - Suggest solutions and give options.
  - Solicit their suggestions and preferences.
  - State the solution or action.
- **T – Thank – Support Me** by validating and valuing me through your staff's gratitude.
  - They help us provide better service.
  - Tell them we care about them and their situations
  - Take action. Follow through. Implement the action or change.

### Patient Representatives

- If a patient is not pleased with his/her care, the **Patient Representatives** may be contacted at **720-848-4222** or dial “**0**” for the operator. Please do not hesitate to offer this and provide this. We want the best for our patients each and every time.

## PATIENT EXPERIENCE PILLARS

We asked our patients, families, community members and staff what they need from UCHealth. The findings from this research align into four Experience Pillars. By delivering on these pillars, we can create an extraordinary experience for our staff, patients and community. \_

### What are the Pillars?

- UCHealth partnered with IBM Watson and Monigle to explore and identify basic human needs of individuals within the healthcare industry.
- Research conducted with over 2,000 participants identified four foundational physical and emotional needs common to both the patient and employee experience.
- Participants included patients, family members, and staff of UCHealth as well as members of the communities served by UCHealth that have not interacted with UCHealth.

Findings: Both patients and staff need the following:

**KNOW Me.** – Me personally. My context. My goals.

- “Know me is embodied when I make efforts to see this patient as a person, understanding their why. I must stay open minded and be without judgement.”

**GUIDE Me.** – Be responsive and reliable. Remove barriers. Honestly provide feedback.

- “Guide me is embodied when I promote healing and manage expectations.”

**EDUCATE Me.** – Help me understand ‘why’ at every step, bring out the best of me.

- “Educate me is embodied when I anticipate needs, create a safe space, set realistic expectations.”

**SUPPORT Me.** – Be empathetic. Motivate me. Catch me when I fall.

- “Support me means ‘have my back’, ‘value my efforts’, ‘streamlined information’.” Being attentive and actively listening. Hear me and validate me.

# THE STANDARDS OF EXCELLENCE

The Standards of Excellence are key expectations for all staff, providers, contractors and volunteers. These are the criteria by which we measure work performance and should be kept in mind when visiting patients, learning the volunteer role, and making decisions. Review these and refer back to them. These standards help to ensure we provide the best experience possible for our patients.

## Service

- I am here to serve my customers. This means prompt, friendly and quality service.
- I am here to serve my customers. This means prompt, friendly and quality service.
- I promptly respond to patient requests, phone calls and customer needs.
- I communicate in a respectful and professional manner. Nonverbal communication is as important as what I say.
- I anticipate patients' and others' needs, working to prevent problems and remove barriers.
- I communicate frequently about how long a patient, visitor, or colleague may expect to wait. I provide regular updates.
- I walk guests to their location and seek out those who look lost

## Quality

- I seek to understand and improve core measures, quality metrics, best practices, patient satisfaction measures and employee engagement measures.
- I respect the confidentiality of patients and colleagues.
- I report concerns and take appropriate actions to eliminate patient, visitor and/or employee safety hazards.
- I identify opportunities and solutions for service and safety improvements in my work area and assume accountability for our success
- I keep the facility and my work area neat, clean, presentable, uncluttered and safe.
- I will take appropriate action when public areas do not meet these standards.

## Team

- I listen to understand and respond in a compassionate manner.
- I encourage my colleagues and offer words of praise for excellent work.

## Personal

- I partner with my colleagues to manage the workflow of my team and willing pitch in to help others.
- I help new or less experienced colleagues feel welcome.
- I thank others for their time and efforts.
- I take responsibility for my attitude and actions. I treat others with dignity and respect; rudeness is not acceptable.
- I am supportive and flexible when change occurs.
- I consistently carry out my work duties to the best of my ability, skills and training, understanding that my work makes a difference in the care of our patients.
- I deal with conflict in a constructive manner and welcome personal feedback to improve performance and relationships.
- I look for opportunities to further my learning.
- I do the right thing because it is the right thing to do, whether anyone is watching or not.
- I take responsibility to use UCHealth resources appropriately.
- I take steps to maintain personal health and wellness.

## Communication

- I maintain a positive image and follow the UCHealth dress code. I wear my badge so it is easily ready by patients, visitors and colleagues. Any time I am in uniform or have my badge on, I represent UCHealth in a positive light.
- I show respect to all members of the UCHealth team: volunteers, employees, managers, medical staff, students and others. Before I speak, I consider who might be listening and what is appropriate in that situation.
- I keep current on organizational information

## HOSPITAL ACCREDITATION FOR VOLUNTEERS

All of the agencies that certify or accredit our operations can come to visit. Sometimes we know when they are coming; most often we do not. Visits are frequently unannounced as it shows a more accurate picture of an organization's day-to-day performance.

**Joint Commission** <http://www.jointcommission.org>

This is nation's largest and oldest health care accreditation body. They do a rigorous inspection every 3 years. They may ask volunteers questions to be sure we have been properly trained.

- **You are not expected to memorize information**, instead know that you may access information when you need it, in an emergency or if asked. You will have a small yellow card to insert into your badge with key information you may refer to at any time. If approached by a surveyor, remember: **be clear, succinct, and confident** – make eye contact with your visitor **ask for clarification** of questions if needed. If you are asked a question related to something that is outside the scope of your position, **direct the surveyor to the appropriate type of employee**. If you do not know the answer to a question, please let the surveyor know and tell them you know you can find out the answer from your Volunteer Services manager.
  
- **At all times, double check that you:**
  - Wear your **ID badge at all times**.
  - Know what **RACE** means and how to evacuate the area in case of fire.
  - Know where **fire extinguishers** are located and how to use them.
  - Know where the **fire alarm pull stations are**.
  - Know our **codes and how to respond**.
  - **Keep hallways/exits clear of obstruction** – no blocked exits, fire extinguishers, or utility/gas panels.
  - **Do not discuss** patients in open areas, or in front of other employees who may not need to know the information.
  - Ensure that **patient information** is NOT visible to other patients/visitors,
  - Computers should be left logged-off or locked and papers should never be left available to the public.
  - Follow proper **hand hygiene practices** and know where the hand sanitizer is located and when to use soap & water instead of sanitizer.
  - Do not prop doors open.

# MAIDET

Working together to create an excellent Patient Experience: **Every Person, Every Time!**

Please practice and learn MAIDET. This acronym represents a simple process that ensures patients and their families experience positive communication and excellent service. It is a thoughtful, standardized approach to communicating with everyone we interact with every day.

## What does MAIDET accomplish?

- Reduces patient and family anxiety.
- Increases communication.
- Ensures patients are informed about their tests, procedures, and care.
- Receives excellent care.

## M – Manage Up

- Speak highly of others in our organization.
- Physicians, Nurses, Staff, Departments (including Housekeeping, Food and Nutrition, etc.)
- During transfers to another's care or unit.

## A – Acknowledge

- Acknowledge the patient as a person.
- Use your words and actions.

## I – Introduce

- Introduce yourself and others in the room.
- Make it personal – who are you and what is your role?

## D – Duration

- Give a time expectation that you know will be met.
- Under promise, over deliver.

## E – Explain

- Keep patients informed regarding their care.
- Consider over explaining.

## T – Thank

- Thank the person for choosing UCH for their care.
- Thank them for letting you help them.
- Thank them for spending time with you.

## PATIENT'S BILL OF RIGHTS

UCHealth University of Colorado policies and procedures can be accessed from one of the on-site hospital computers. Click on Internet Explorer, you will be connected to the hospital's intranet, the [Source](#). Select policies and procedures. If needed, a hospital staff person can help you with this.

### Patient Rights and Responsibilities

**Definitions:** What patients can expect from us (**Rights**) and what we can expect from them (**Responsibilities**.) Patient Rights and Responsibilities are available to all patients and posted throughout the hospital (near elevators) and in main hallways.

#### Patients have the right to:

- **Basic communication:** If they need help in understanding, due to language, hearing or sight impairment (translator services available by calling information at "0"). All of the hospital units know how to arrange for translator services as well.
- **To know:** the name and professional status and experience of the staff providing care of treatment
  - Wear your name tag and volunteer uniform at all times.
  - Always introduce yourself and your role.
- **To privacy:** They have the right to receive care and treatment that is respectful, recognizes personal dignity, and provides for personal privacy to the extent possible, during the course of treatment.
  - Knock before entering a patient's room.
  - Offer to leave a patient's room when a physician or other staff member arrives, unless you are asked to remain.

### SPIRITUAL CARE

A chaplain is available 24 hours a day, seven days a week, and is available to spend time with patients, family members, and staff members for aid with bereavement, crisis intervention, prayer and scripture readings as well as other spiritual support services. A chaplain can be reached by calling 720-848-4063 between the hours of 8:00am and 4:30pm, or by dialing 0 to reach the operator from a hospital phone.

# ORGANIZATIONAL ETHICS

## Rules and Ethics

As a volunteer, you are becoming part of our hospital team. Like our employees, you are subject to the same rules and regulations that apply to all hospital staff. You will receive a Code of Conduct form to sign during your application or orientation.

## DIVERSITY

In the hospital, diversity refers to the differences we recognize in ourselves and others. Patients, volunteers, and staff have the right to care and interactions that are respectful and sensitive to their cultural/religious beliefs. Without diversity, everyone would look, act, talk, eat, and think the same. Valuing diversity transforms our differences into our strengths.

### **Embracing Diversity means:**

- Understanding the benefit of having many perspectives
- Respecting and appreciating varying world views associated with differences in race, ethnicity, language, gender, gender identity, age, socioeconomic class, national origin, mental and physical impairment, sexual orientation, education and religion
- Acknowledging any other characteristic that makes us wonderfully different from each other

### **Practicing Inclusion means:**

- Ensuring that all people, regardless of their differences, are heard, respected, appreciated and included as part of the culture of our institution
- Providing patients from all backgrounds with equal access to high quality care delivered with a respectful attitude toward different points of view
- Ensuring a thriving work environment for staff where they are respected, acknowledged, and appreciated, regardless of their differences.

### **Eliminating Health Disparities means:**

- Working with community partners, families and staff to honor diversity and inclusive practices in order to advance the goal of better health outcomes for all
- Understanding exactly who our patients are and what is important to them, by asking—not assuming—so we can provide the best possible care
- Listening to and trusting patients and families from all backgrounds, integrating their perspectives into the clinical care plan to produce better health outcomes

We ask volunteers to work toward developing Cultural Competency. Get to know the patients and co-workers so you can be aware and honor their needs. Appreciate people for who they are, and as needed, please respond to special needs.

Examples may include:

- Rituals
- Gender roles
- Eye contact and communication style
- Authority and decision making
- Alternative therapies
- Prayer practices
- Beliefs about organ/tissue donation
- Food preferences

- Visitors
- other medical care preferences

## **Remember:**

You are UCHealth.

You are what people see when they arrive here.

Yours are the eyes they look into when they are frightened and lonely.

Yours is the voice people hear when they ride the elevators, when they try to sleep, or when they try to forget their problems.

You are what they hear on their way to the appointments that could affect their destinies.

Yours are the comments people hear when you think they can't.

Yours is the intelligence and caring that people hope they'll find here.

If you are noisy, so is UCHealth.

If you are rude, so is UCHealth. And if you are wonderful, so is this UCHealth.

No visitors or patients can ever know the real you – unless you let them see you. All they know is what they see and hear and experience.

And so we have a stake in you.

We are judged by your performance. We are the care you give. We are the attention you pay, the courtesies you extend.

You are UCHealth.

*Adapted from Einstein Hospital  
Philadelphia, Pennsylvania*



## SEXUAL HARASSMENT

You have the right to volunteer in an environment free of sexual harassment. Sexual harassment is outlawed in any U.S. work environment. UCHealth has a Zero Tolerance Policy that protects patients, volunteers and employees. Sexual harassment is considered to be grounds for volunteer dismissal.

### What Is Sexual Harassment?

- Sexual harassment is **any unwelcome** activity of a sexual nature.
- Sexual harassment may include, but not limited to:
  - Demands for sexual favors as a condition of volunteering.
  - Sexually oriented “jokes” or “kidding.”
  - Direct or subtle pressure for sexual favors.
  - Intentional physical contact such as holding, pinching, patting or brushing up against another person’s body.
  - Conduct which unreasonably interferes with a volunteer’s work performance, or creates an intimidating, hostile, or offensive work environment.

### When Does Sexual Harassment Occur?

Sexual harassment can occur in a variety of circumstances, such as:

- The victim as well as the harasser may be male or female. Does not have to be of the opposite sex.
- The harasser can be the victim’s supervisor, and agent of the employer, a supervisor in another area, a co-worker, or a non-employee.
- The victim does not have to be the person harassed, but could be anyone affected by the offensive conduct.
- Sexual harassment may occur without economic injury to or discharge of the victim.
- The harasser’s conduct is unwelcome, regardless of the harasser’s intent.

### How Do You Know If Your Behavior Is Offensive?

Before you say or do something that might be offensive to another person stop and think how the comment will be received. If there is a possibility it may be disrespectful or offensive do not say it, even if you mean it as a joke.

### What If You Are Harassed?

1. Tell the harasser calmly and in private that his/her behavior is offensive.
  - This approach works best when you are addressing the problem for the first time and the offense is not severe.
2. Let the harasser know what behavior you will not accept.

3. Let your department supervisor and Volunteer Services know about the harassment immediately.
4. When reporting the harassment be prepared to tell all of the facts surrounding the incident...Who, What, When, Where and How.
5. Do not be afraid to report the harassment or participate in an investigation. You are protected by law and UCH policy. You will not be adversely affected if you make a claim.

### **Example of Possible Sexual Harassment**

- **Visual:** Staring, Looking a person up and down, Poster/flyers or Magazines.
- **Verbal:** Comments, Whistling, Jokes.
- **Written:** Unwanted love letter, card, or poems.
- **Physical:** Unwanted massages, touching, blocking, hugging, or patting.



## HEALTH INSURANCE PORTABILITY ACCOUNTABILITY ACT (HIPAA) AND PATIENT CONFIDENTIALITY

On April 14, 2003, a new law took effect at all hospitals and healthcare facilities – **Health Insurance Portability Accountability Act (HIPAA)**. This act sets national standards to protect personal health information and patient's rights.

How does this affect you as a volunteer?

- All patient information (name, diagnosis, condition, address, discharge date, and treatment) must be kept confidential. The patient confidentiality acronym is **“KITTY” – Keep It Totally To Yourself.**
- When it is necessary to discuss patient care and information with medical professionals, it is important to be aware of the surroundings. Conversations should not take place where patient information can be overheard by others such as the hallways, cafeteria, or elevators.
- All patient lists and information must be properly destroyed. This means shredding them or putting them in confidential trash containers. Any paper with patient information cannot be used for scratch paper or be taken out of the hospital.
- Patient information must be kept private at workstations (desks, counters, and computers) to ensure that it cannot be viewed by unauthorized people. If you walk away from your computer, you must lock it each and every time.
- The only patient information that can be released is the room number and only after the patient is asked for by name. If the patient opts out of being listed in the patient census, no information will be available.
- A patient who is not listed on the patient census will not receive flowers, mail or other deliveries from the information desk and gift shop.

If you have any questions about this information, please contact Jenny Ricklefs at 720-848-4068 or the hospital Privacy Officer at 720-848-6215.

## EMTALA (EMERGENCY MEDICAL TREATMENT AND LABOR ACT)

Hospitals have three main obligations under the 1986 federal law, **EMTALA**:

- Any individual who comes and requests examination or treatment of a medical condition must receive a medical screening examination to determine whether an emergency medical condition exists. This cannot be delayed to inquire about methods of payment or insurance coverage. Emergency departments also must post signs that notify patients and visitors of their rights to a medical screening examination and stabilizing treatment.
- If an emergency medical condition exists, treatment must be provided until it is resolved or stabilized. If the hospital does not have the capability to stabilize the emergency medical condition, an "appropriate" transfer to another hospital must be done in accordance with the EMTALA provisions.
- Hospitals with specialized capabilities are obligated to accept transfers from hospitals who lack the capability to treat unstable emergency medical conditions.

What does this mean for you? If you are approached and asked "Where is the Emergency Room?"

First ask the person if they need to be seen. If they do need to be seen, it is hospital policy that **we must immediately escort them to the Emergency Department.**

If you cannot escort the person at that time you must find another employee or volunteer that can escort them for you. Do not leave the patient until you know they are on their way.

Trying to give someone directions in a large unfamiliar facility when the person is confused and in pain is not appropriate or acceptable.

Do not put anyone's health in jeopardy, escort them.

This is good customer service, an act of kindness and it shows that we care.

Put yourself in the patient's shoes, how would you feel?

It's the right thing to do!

## INFECTION CONTROL

All members of the Hospital Staff, including volunteers, must participate in controlling the spread of infection. It is the responsibility of each volunteer to be aware of the Hospital Infection Control Plan. Procedures for the control of infection are designed to minimize the spread of infection from:

- Patient to patient
- Patients to personnel (including volunteers)
- Personnel to patients

**Patient Rooms** – A foam dispenser is located outside by each door. **YOU MUST FOAM UP BEFORE ENTERING A ROOM AND YOU MUST FOAM UP COMING OUT OF A PATIENT ROOM.**

### Hand Washing

Hand washing is the single most important procedure for preventing the spread of infection. When performed correctly, hand washing removes microorganisms present on the hands following patient contact or contact with contaminated surfaces. Due to the high potential for contamination with pathogenic organisms inherent in any health care delivery environment, all volunteers should wash hands frequently during the course of the day.



In cases of C-diff, thorough hand washing with soap and water is the only effective way of eradicating this spore.

Hand washing must be performed when any of the following indications are encountered:

- At the start of the volunteer shift.
- Always after removing gloves.
- Between contacts with different patients.
- Whenever hands become dirty.
- Before and after eating, drinking, smoking, or applying make-up or lip balm
- After coughing, sneezing, and/or blowing your nose.
- After using the bathroom.
- After completion of the volunteer shift prior to leaving the health care delivery environment.

**To be effective, hand washing should be performed according to the following procedure:**

1. Antimicrobial Soap or Foam will be used in all patient care areas for hand sanitizing or washing.
2. Administrative and support departments are not required to use antimicrobial soap for routine hand washing.
3. Steps for effective hand washing:
  - a. Turn water on – adjust to your comfort level.
  - b. Wet hands under running water.
  - c. Keep hands lower than elbows, apply soap or antiseptic.

- d. Rub hands together, using friction to clean between fingers, palms, back of hands, wrists, forearms, and under fingernails.
- e. For routine hand washing this procedure should last between 10-15 seconds (enough time to sing "Twinkle, Twinkle, Little Star.")
- f. Keeping fingers lower than wrists, rinse under running water. Let water run from wrists, over hands and off ends of fingers. Do not touch the faucet handles with clean hands.
- g. Dry hands with paper towels, and then discard them.
- h. Using a clean, dry paper towel, turn off faucet (if applicable).
- i. Use paper towel to open bathroom door.

## STANDARD PRECAUTIONS

Standard Precautions are work practices that help prevent contact with patients' blood and other body fluids. All patient blood and body fluids are treated as if they are infectious. Volunteers should not handle body fluids, secretions and excretions (sweat, vomit, urine, feces, sputum, semen, vaginal secretions, and saliva, regardless of whether they contain visible blood without protection. Wear gloves if there is any chance for you to come in contact with anything wet. Use eyewear, masks, and gowns when there is the potential for splash into eyes or mucous membranes.

**IF IT'S WET AND NOT YOURS, DON'T TOUCH IT OR LET IT TOUCH YOU!!**

### Needles and Regulated Waste

Used needles are to be disposed in Sharps Containers. Waste that is contaminated with blood or body substances is considered infectious and should be disposed of into the trash cans/boxes lined with Red Plastic Biohazard Bags.



**REMEMBER: Volunteers should NEVER touch needles!!**

**Note:** Blood and body substances are cleaned up by using fresh 1:10 bleach solution. Volunteers are not expected to clean areas containing infectious waste.

### Linen

All linen is considered potentially contaminated and shall be placed into clear while plastic leak-proof bags and secured.

## BLOOD BORNE PATHOGENS AND EXPOSURE TO BLOOD

Volunteers should not be exposed to blood! Volunteers should not be performing activities that expose them to blood or bodily fluids.

Blood borne pathogens are infectious microorganisms present in blood that can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV), the virus that causes AIDS. Workers exposed to blood borne pathogens are at risk for serious or life-threatening illnesses. Healthcare personnel are at risk for occupational exposure. Exposures occur through needle sticks or cuts from other sharp instruments contaminated with an infected patient's blood or through contact of the eye, nose, mouth, or skin with a patient's blood. Important factors that influence the overall risk for occupational exposures to blood borne pathogens include the number of infected individuals in the patient population and the type and number of blood contacts. Most exposures do not result in infection. Following a specific exposure, the risk of infection may vary with factors such as these:

- The pathogen involved
- The type of exposure
- The amount of blood involved in the exposure
- The amount of virus in the patient's blood at the time of exposure

UCHealth University of Colorado Hospital has in place a system for reporting exposures in order to quickly evaluate the risk of infection, and inform about treatments available to help prevent infection, monitor for side effects of treatments, and determine if infection occurs. This may involve testing blood and that of the source patient and offering appropriate post-exposure treatment.

### **What should I do if I am exposed to the blood of a patient?**

1. Immediately following an exposure to blood:
  - Wash needle sticks and cuts with soap and water
  - Flush splashes to the nose, mouth, or skin with water
  - Irrigate eyes with clean water, saline, or sterile irrigates

No scientific evidence shows that using antiseptics or squeezing the wound will reduce the risk of transmission of a blood borne pathogen. Using a caustic agent such as bleach is not recommended.

2. **Report the exposure** to the department you are in and to the department (e.g., Employee Health, Infection Control) responsible for managing exposures. Prompt reporting is essential because, in some cases, post-exposure treatment may be recommended and it should be started as soon as possible. Discuss the possible risks of acquiring HBV, HCV, and HIV and the need for post-exposure treatment with the provider managing your exposure. You should have already received hepatitis B vaccine, which is extremely safe and effective in preventing HBV infection.

## PRECAUTION SIGNS

Volunteers may not go into rooms with precautions. The following are explanations of the signage you will see when a room has a precaution notice on the door.

### CONTACT PRECAUTIONS

**When this sign is present on a patient's door, a volunteer may NOT enter the patient's room unless they have received special training.**

This applies to patients with any of the following conditions and/or disease:



**Contact Precautions**  
Gloves & Gown Required  
*Se requieren guantes y bata*

**MANDATORY FOR EVERYONE:**

- **Hand hygiene:** Clean hands with soap and water or an alcohol-based hand rub upon entry and exit.  
*Higiene de las manos: lávese las manos con agua y jabón o con un desinfectante a base de alcohol al entrar y salir.*
- **Gloves**  
*Guantes*
- **Gown**  
*Bata*
- **Use dedicated equipment when available.**  
*Utilice equipo designado si está disponible.*
- **Door may remain open.**  
*La puerta puede permanecer abierta.*

Alcohol-based hand rub

Gloves

Gown

- MRSA (methicillin resistant staphylococcus aureus)
- VRE (Vancomycin resistant enterococcus)
- MDRO gram negatives (multi-drug resistant organisms)
- Clostridium difficile
- Highly contagious Skin infections such as Diphtheria, Impetigo, Pediculosis (head/body lice), Scabies, Zoster (varicella Zoster, Chicken Pox, Herpes Zoster, Shingles)
- Acute viral conjunctivitis
- Adenovirus pneumonia or gastroenteritis
- Hepatitis A in incontinent patients
- Human metapneumovirus
- Parainfluenza virus in infants, young children and immunocompromised adults.
- RSV (Respiratory Syncytial Virus)
- Rotavirus, SARS/MERS



## AIRBORNE PRECAUTIONS

**When this sign is present on a patient's door, a volunteer may NOT enter the patient's room.**

This applies to patients with any of the following conditions and/or disease:

- Measles (Rubeola)
- SARS (Severe Acute Respiratory Syndrome)
- Smallpox (Variola)
- Pulmonary or Laryngeal Mycobacterium Tuberculosis
- Zoster (Varicella Zoster, Chicken Pox, Herpes Zoster, Shingles)



**Airborne Precautions**  
Closed Door & Special Mask Required  
*Se requiere máscara especial y la puerta cerrada*

**MANDATORY FOR EVERYONE:**

- **Hand hygiene:** Clean hands with soap and water or an alcohol-based hand rub upon entry and exit.  
*Higiene de las manos: lávese las manos con agua y jabón o con un desinfectante a base de alcohol al entrar y al salir.*
- **N95 respirator mask or PAPR.**  
*Respirador N95 con mascarilla de filtrado o PAPR.*
- **Patients must be placed in a negative airflow pressure room.**  
*Los pacientes deben estar en una habitación bajo presión de aire negativa.*
- **Keep door closed.**  
*Mantenga la puerta cerrada.*
- **Patient transport.**  
- **Surgical mask:** This patient must wear a surgical mask during transport.  
*Máscara quirúrgica: el paciente debe usar máscara quirúrgica durante el transporte.*

Alcohol-based hand rub

N95 respirator mask

Surgical mask

## DROPLET PRECAUTIONS

**When this sign is present on a patient's door, a volunteer may NOT enter the patient's room.**

This applies to patients with a serious bacterial respiratory infections including:

- *Neisseria meningitidis* (meningococcus), including meningitis, sepsis and pneumonia
- Diphtheria (pharyngeal)
- *Hemophilus influenzae* type B epiglottitis, meningitis
- *Mycoplasma pneumoniae*
- Pertussis (whooping cough,)
- Pneumonic plague,
- Group A Streptococcal pneumonia and/or major skin/wound infections in adults and children; Group A streptococcal pharyngitis or scarlet fever in infants and young children

Or serious viral infections including:

- Adenovirus in infants and young children
- Influenza
- Mumps
- Parvovirus B19
- Rhinovirus
- Rubella
- SARS/MERS (Severe Acute Respiratory Syndrome/Middle Eastern Respiratory Syndrome,)
- Viral hemorrhagic fever

**Droplet Precautions**  
Mask Required  
*Se requiere máscara especial*

**MANDATORY FOR EVERYONE:**

- **Hand hygiene:** Clean hands with soap and water or an alcohol-based hand rub upon entry and exit.  
*Higiene de las manos: lávese las manos con agua y jabón o con un desinfectante a base de alcohol al entrar y al salir.*
- **Surgical mask required.**  
*Se requiere máscara quirúrgica.*
- **Patient transport.**  
- **Surgical mask:** This patient must wear a surgical mask during transport.  
*Máscara quirúrgica: el paciente debe usar máscara quirúrgica durante el transporte.*
- **Door may remain open.**  
*La puerta puede permanecer abierta.*

Alcohol-based hand rub

Surgical mask

## SAFETY AND EMERGENCY PROCEDURES

You, the volunteer, have the primary responsibility for safety and knowing the hazards in your volunteer area.

### Emergency Number

- For fire, bomb threat, hazardous materials spill, hostage situations, workplace violence, and infant abduction, call **911**.
- For non-emergency police and escort, call **8-7777**.
- Medical emergencies that occur anywhere in the hospital call **8-555**.

### Electrical

- Use three-prong grounding plug in patient areas of hospital.
- Do not use space heaters or fans in hospital areas.
- To remove an electrical plug, grip plug and pull straight out.
- Red outlets are for emergency use (uninterrupted power source) and are connected to the generator (respirators, ER, OR, ICU, patient rooms.)

### Chemicals

- Know the hazards in your area.
- **MSDS** (Material Safety Data Sheets) are located on the Source.

### Spills

- Do not clean up spills unless:
  - You know what it is.
  - You know how to clean it up.
- Call Environmental Services at **8-8351**.

## HOSPITAL CODES

### **Code Red – Fire Emergency**

#### CODE RED

In the event it is necessary to alert staff about a fire alarm, the operator will announce on overheard-page, “Attention please, **CODE RED: location, CODE RED: location.**” Fire alarm instructions should be followed immediately. Fire doors will close automatically. When the fire alarm is clear, the operator will announce “**Attention please, CODE RED, all clear, CODE RED, all clear.**”

The Hospital is divided into “fire-safe” areas separated by fire and smoke doors and walls. The building is monitored by a fire alarm system that includes smoke and heat detectors, as well as manual pull stations near all the exits. A fire sprinkler system, monitored by the fire alarm system, is an added safety feature in the Hospital.

The Hospital uses a network of Safety Coordinators who act as emergency coordinators for each of the fire-safe areas. When the alarm system is activated, the Safety Coordinator in the area will coordinate the situation until emergency personnel arrive.

You should always know two ways of exiting from any area to which you are assigned. Fire Evacuation Procedure maps are posted in hallways throughout the hospital. Each map illustrates two ways to exit the area. Study the map in each area to which you are assigned and practice exiting the area.

In case an emergency evacuation is necessary, move in a direction away from the fire or other hazard. Keep to the right of the hallways. **Do not use elevators during a fire alarm unless you are instructed to do so by emergency personnel.**

## If I see the fire, what do I do? R-A-C-E

# R-A-C-E

### **R** = Rescue Patients

- First Priority-Move patients to safety
- Check door for heat
- Stay close to ground to avoid toxic gases

### **A** = Activate Alarm

- Know location of fire alarms
- Pull alarm as you rescue patients
- Fire alert displays on computers and over PA system



### **C** = Confine the blaze

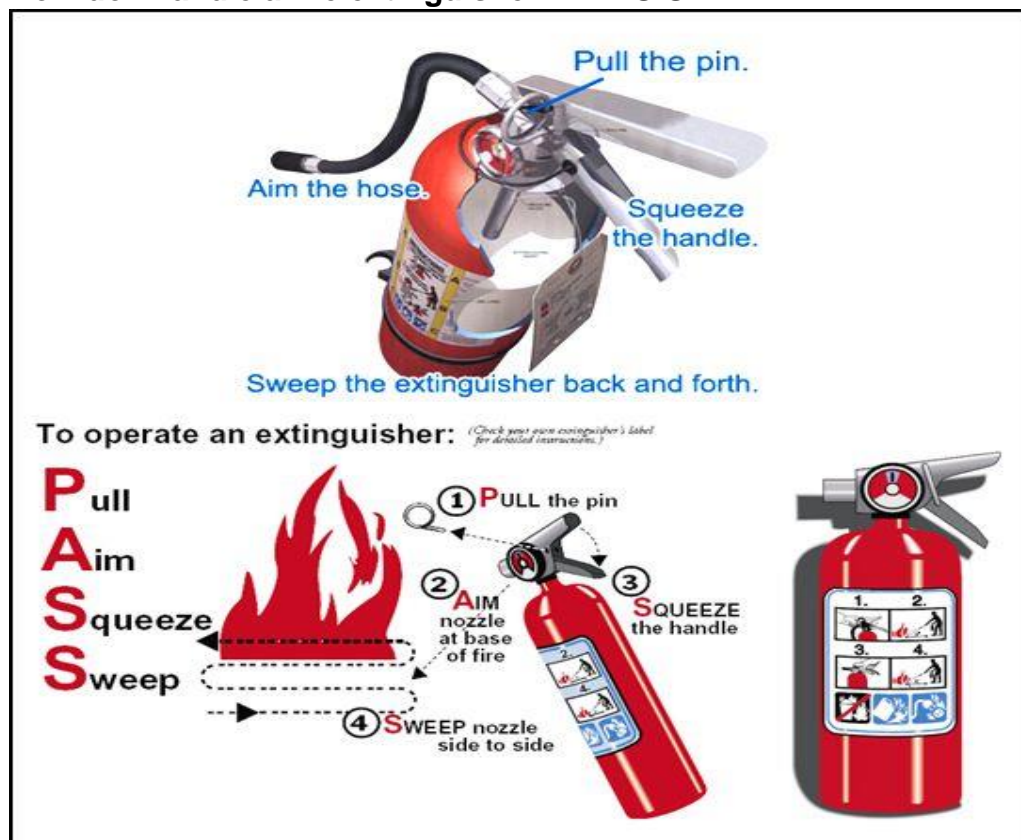
- Close all doors
- Avoid elevators in evacuation
- Use stairs to evacuate



### **E** = Extinguish if possible

- Know location of nearest fire extinguishers
- Use towel or blanket to extinguish small fire, as in a wastebasket

## How do I handle a fire extinguisher? P-A-S-S



## Code Silver – Active Shooter



### CODE SILVER – ACTIVE SHOOTER

- Combative or Disruptive Person with a Weapon (Code Silver) Policy effective 11/2009.
- Accountability: All Hospital Personnel.
- Purpose: To minimize the risk to all patients, visitors and staff and to describe staff response to a situation in when an individual is actively engaged in the harming of or attempting to harm others with a deadly weapon.

### Code Silver Policy – Definitions

- **Brandishing:** Using, holding, or flashing a weapon with intent to cause fear or in a manner which threatens the safety or health of one or more individuals.
- **Active Shooting:** Individual discharging a firearm in an attempt to intimidate or harm people or damage property with malicious intent.
- **Safe Zone:** A locked area such as a Care Team Lounge or Medication Supply Room.

**Should you ever find yourself in an Active Shooter situation: Run. Hide. Fight.**

**What would you do if you saw someone come around the corner with a raised gun in hand?**

**Run** away if you can.

**Hide** in the nearest Safe Room, preferably (designated by a magnetic 'S' hanging on a door frame). If you can't get to a safe room, any locked room is better than none. If you have absolutely no time to run, or risk being seen, then try to hide under a desk and remain quiet.

**Fight** as a last resort. Use anything at your disposal. Many folks carry trauma shears, pens, a chair, it doesn't matter. Your life is on the line, so give it your all.

**What would you do if you heard a "Code Silver" announced overhead?**

A Code Silver means there is an active shooter in the hospital but, not necessarily on your floor. Close all patient curtains, doors, fire doors, etc. (Out of sight, out of mind). Watch for any suspicious individuals. Have a plan—everybody should know where they are going to run and hide, if necessary.

**What is the emergency number to contact security for the hospital?**

911, from any Cisco or House phone, is the number you use if you need security emergently to your location. Using an in-house phone calls our security, who can dispatch both security with weapons to your location as well as Campus Police - quicker than Aurora Police may be able to get there. But by all means, if you are locked inside of a room, and all you have is your cell phone, call 911 from your cell.

**What is the probability that something like this might happen here?**

Probably the most important thing to understand is that while hospital shootings do occur, hospital staff themselves are infrequent victims. A study conducted by doctors out of Johns Hopkins University found that staff were targets only 3-5% of the time. Most shootings are very specific and targeted (family quarrels, putting a loved one “out of their misery”, etc.). An individual with a gun is a determined individual. A determined individual with a specific target will do everything they can to get to that target, which means that if you are in the way you stand a good chance of becoming a victim yourself. Not only do we want you to stay safe so that you can go home to your loved ones, you also cannot help anybody if you, too, are injured or dead.

Run. Hide. Fight.



## Code Gray

### CODE GRAY – Verbal or Physical Aggression

- At University of Colorado Hospital within the inpatient care environment calling a Code Gray will activate the behavioral health emergency response team (BERT) in order to de-escalate patient and/or visitor crisis situations and minimize patient, visitor and employee exposure to potentially violent and aggressive situations
- Code Gray should be initiated when initial de-escalation approaches have been implemented and are not adequately controlling the situation or when the situation requires additional personnel to ensure the safety of patients, visitors and caregivers
- Appropriate response to behavioral health emergencies will create an environment of safety and reinforce a zero-tolerance approach to threats of violence.
- Anyone can deploy the BERT at any time.
- To deploy the BERT a caregiver will call **811** from a hospital or Cisco phone and state “**Code Gray**” then indicate the appropriate tier that they wish to call and include the location of the incident.
- Members of the BERT will receive a page with this information then respond to the incident.

#### Tier 1

- To be implemented when a patient and/or visitor uses loud, profane or aggressive language **without** threats of violence

#### Tier 2

- Caregiver has been threatened **with** physical violence
- Caregiver feels physically or psychologically threatened
- Caregiver articulates that they are afraid of patient and/or visitor and/or is afraid to enter the patient’s room alone



## Code Pink – Infant Abduction

### CODE PINK

- In the event of an infant abduction or missing child, the operator will make the following announcement three times on the public address system: **“Attention all staff, Code Pink Alert - location.”**
- Check with your department to determine specific department responsibilities, duties and actions.
- Go to your nearest exit and look for individuals carrying babies or small children. Observe physical description (Height, weight, clothing, etc.) Observe the direction being traveled, but don't intervene.
- Notify police or staff.
- At the termination of an internal disaster, the operator will make the following announcement three times on the public address system: **“Attention all staff, Code Pink is terminated.”**

## Code Yellow – External Disaster

### CODE YELLOW

- An external disaster is a disaster that involves an influx of patients that would, under normal operating circumstances, overwhelm patient services and/or staffing. Examples are plane crashes, tornadoes and mass casualties.
- In the event of an external disaster, the operator will make the following announcement three times on the public address system: **“Attention all staff, Code Yellow plan is in effect.”**
- During an external disaster, volunteer should limit the use of elevators and telephones.
- The Emergency Department, Critical Care, and Operating Room staff may have additional responsibilities; consult your department for specific plans.
- At the termination of an external disaster, the operator will make the following announcement three times on the public address system: **“Attention all staff, Code Yellow terminated.”**

# Weather Plan

## WEATHER PLAN

- In the event of a severe weather situation, the operator will make the following announcement three times on the public address system: **“Attention all staff, Weather Plan is in effect – type of weather.”**
- Follow instructions in your department on where to go or what to do for that type of weather.
- In the event of a tornado, stay away from windows. Additional evacuation areas are available in the basement level.
- If inclement weather is expected prior to your scheduled volunteer shift, please call the weather information line for further instructions: 303-352-0860

## TRANSPORTATION AND PARKING INFORMATION

### PARKING:

- Volunteers must park in the Capri Parking Lot located at the SW side of the intersection of Colfax and Ursula St. This is a paved lot that has a security gate. Volunteers need to register their badge in order to access the lot. Volunteers will receive information on how to register at orientation.
- On weekends and after hours, volunteers may park in the employee parking garage located off of Quentin St on the west side of the hospital.
- If no parking is available, please feel free to use the Valet Services at no charge. No tip is required but is appreciated.

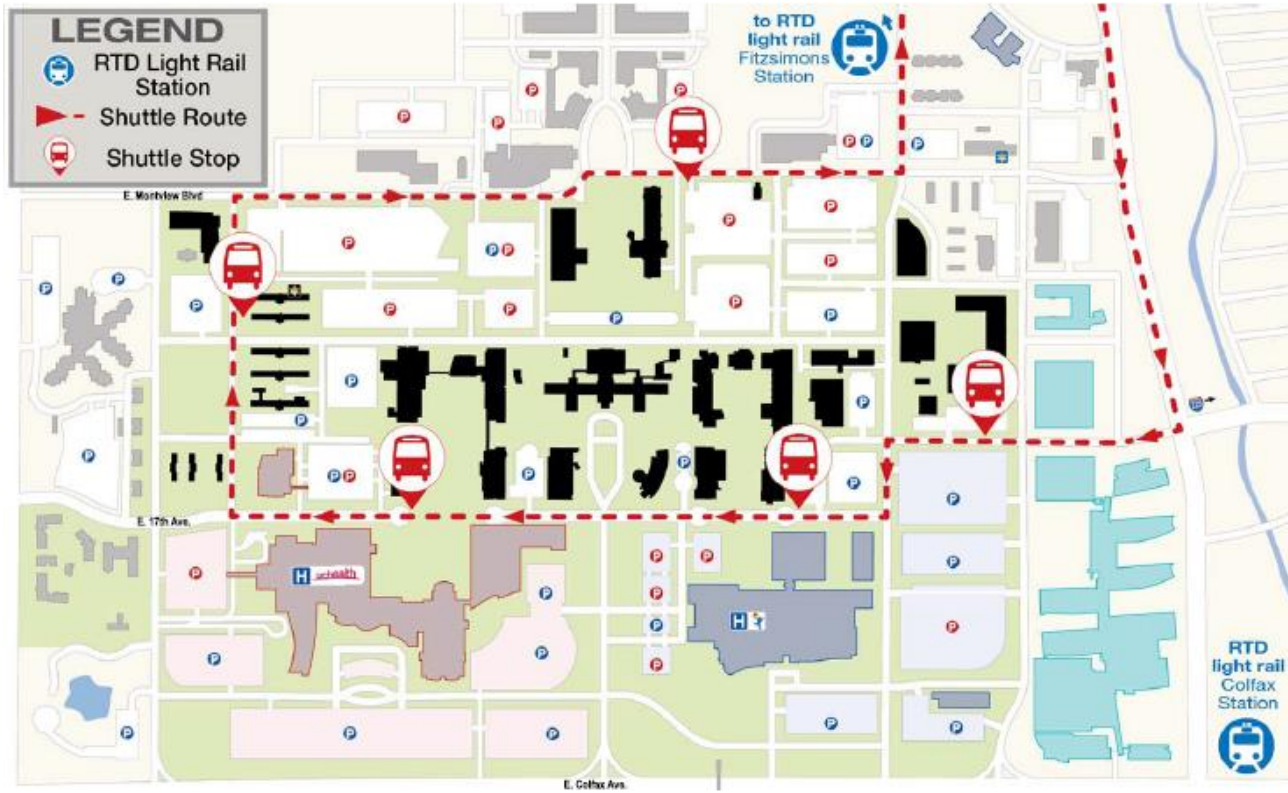
### PUBLIC TRANSPORTATION:

**RTD Light rail** –The RTD R line runs with two stops near the CU Anschutz Medical Campus. The Colfax Station, to the east at Colfax Ave and I-225, and the Fitzsimmons Station, north of campus at Fitzsimmons Pkwy and Ursula Street. A free campus shuttle bus provides transportation from the Fitzsimmons Station to several stops around campus on a 3-mile loop. The shuttle bus runs from 5:30 am to 8 pm seven days a week. It will run every 15 minutes on the weekends and more frequently during business hours, M-F. The campus shuttle is free.

# Capri Parking Map

Shuttle Route





Using the shuttle from the light rail station

## QUICK REFERENCES

### ANNUAL HOLIDAY SCHEDULE

| <b>Holiday</b>           | <b>Day Observed On</b>  |
|--------------------------|-------------------------|
| New Year's Day           | Jan 1 2020              |
| Martin Luther King Day   | Monday, Jan 20, 2020    |
| Memorial Day             | Monday, May 25, 2020    |
| Independence Day         | Saturday, July 4, 2020  |
| Labor Day                | Monday, Sept 7, 2020    |
| Thanksgiving Day         | Thursday, Nov 26, 2020  |
| Thanksgiving – Day After | Friday, Nov 27, 2020    |
| Christmas Eve            | Tuesday, Dec 24, 2020   |
| Christmas Day            | Wednesday, Dec 25, 2020 |

### QUICK REFERENCE PHONE LIST:

|  |                                     |
|--|-------------------------------------|
| Administrator On-Call (Operator)           | 720.848.0000                        |
| Employee Health Office                     | 720.848.6849                        |
| Engineering Services/Housekeeping          | 720.848.8351                        |
| Hospital Emergency Line                    | 720.848.9111                        |
| Hospital Manager                           | 720.848.4296 Pager 303.266.9180     |
| Infection Control                          | 720.848.7987                        |
| Information Services – Help Desk           | 720.848.4000                        |
| Safety Office                              | 720.848.8351                        |
| UCH Security - Emergencies                 | 911                                 |
| UCH Security – Non Emergency               | 87777 (Land Line Only)              |
| AIP & AIP Medical Emergency                | 85555 (Land Line Only)              |
| UCH Weather Line                           | 303.352.0860                        |
| <br>                                       |                                     |
| Jenny Ricklefs – Volunteer Manager         | 720.848.4068 Emergency 720-280-3815 |
| Melissa Strickland – Volunteer Coordinator | 720.848.4070                        |