



Wahiawa General Hospital

**Volunteer Services
Program
HANDBOOK**

128 Lehua Street
Wahiawa, Hawaii 96786
(808) 621-8411

Volunteer's Name

Supervisor's Name

Department Assigned to

Supervisor's Phone Number

TABLE OF CONTENTS

Mission Statement / Vision Statement	3
Volunteer Services Program Management	4
Services We Provide	5
Volunteer Listings	6-7
Volunteer Agreement: Confidentiality / Donated Services / Professionalism / Philosophy & Standards / Fulfilling Duties / Handbook / Service / Completion of Service, Termination	8
Customer Service Program - WOW	9
Volunteer Guidelines – General / For Certified Nurse Aid Volunteers (CNA) / Avoid the Following / What is expected from a Volunteer / Performance Evaluation / Attendance: Signing In & Out;	10
Tardiness, Poor Attendance Pattern / Termination / Dress Code & Appearance	11
Telephone Etiquette / Common Courtesies	12
NOT ALLOWED...For Patients / For Deliveries or Handling / Misc.	13
Volunteer Benefits / Body Mechanics	14
Electrical Safety	15
Hazardous Material and Waste / Incident Reporting /ILSM	16-17
Lockout/Tagout / Medical Equipment / Safety / Utility Systems	18
Types of Abuse	19
Spouse Abuse	19
Domestic Violence / Sexual Harassment	20
Workplace Violence	21
HIPAA / Infection Control: Hand Washing	22
Standard (universal) Precautions / Dental Plaque	23
Tuberculosis / Emergency Disaster Preparedness	24
Volunteer Service Program - Safety In Service: CODES	26
Know the nearest... / Non-Smoking Facility	27
RACE / PASS	28
Security / SPOT	29
ATTENTION	30
Volunteer Service Program – Reinforcement Test	31
Volunteer Service Program – Safety In Service	37



Rainbow Pair of Hands Mountain Ridges

- Rainbow & Ridges represent characteristics of Central Oahu.
- The Bands of the Rainbow represent the four levels of medical care – Critical, Acute, Skilled Nursing and Rehabilitation & Intermediate.
- The Hands represent personal caring, compassion, sensitivity, hope and comfort.

MISSION STATEMENT

Our mission is to meet the health care needs of the residents of Central Oahu and the North Shore by providing a continuum of health care services, which enables them to improve their health status. All of our services will be provided in a warm, comforting environment that is patient-centered and sensitive to the diverse cultural values that exist in our communities.

We also wish to involve increasingly the residents of our communities in their Hospital in a variety of ways, including as volunteers, board and committee members, advisors and donors so that the charitable and benevolent work of the Hospital continues to be an essential factor in community life.

VISION STATEMENT

Wahiawa General Hospital will be the healthcare provider of choice for Central Oahu and the North Shore by being:

- * **progressive** in service to its patients and local communities, and on the state level as a leader in health care issues;
- * **user-friendly** for both patients and physicians;
- * **new**, with modern-out-patient and specialty care oriented facility and adjacent physicians' office building relocated closer to the population growth;
- * **integrated** through a network of health care services, anchored by the Hospital and reaching out into the community in multiple locations and level of care;
- * **collaborative** with medical staff members, and other provider organizations and community institutions, such as schools and residential developments, to provide a continuum of services;
- * **computerized** with the latest information systems linking all elements of the network throughout the service area; and
- * **recognized** for the quality of care it provides to each and every patient.

VOLUNTEER SERVICES PROGRAM MANAGEMENT

Brian Cunningham
Chief Executive Officer

Rebecca Canon-Fratis
Administrator
Wahiawa Nursing & Rehabilitation Center

Tammy Kohrer
Chief Nursing Officer
Wahiawa General Hospital

David Toyama
Activities / Volunteer Services Coordinator
Located on 1st floor WNRC (Long Term Care)
808-621-4243

Type of Volunteer

Agency
(First to Work, Goodwill, Job Help, Community Service, etc.)

High Schools and Other Organizations
(Volunteering as a group)

Hospital Tours

Regular Volunteers

Student Volunteers

Hospital Auxiliary

Services We Provide

- ❖ **Acute Care for Medical & Surgical** (for seriously ill patients)
- ❖ **Auxillary** (Gift & Thrift Shop)
- ❖ **Emergency Room Services** – 24 hours
- ❖ **Facilities** (Maintenance)
- ❖ **Housekeeping**
- ❖ **Intensive & Critical Care Units (ICU/CCU)**
- ❖ **Health Information Management**
- ❖ **Surgery** (Inpatient & Outpatient)
- ❖ **Outpatient Services / Ancillary Services**
 - **Imaging**
 - **Dietary** (Cafeteria, Nutrition specialists, etc.)
 - **Laboratory**
 - **Rehabilitation Services** (Occupational, Physical, Speech)
 - **Respiratory Therapy**
 - **Pharmacy**
- ❖ **Patient Financial Services**
- ❖ **Purchasing**
- ❖ **Rehabilitation Services** (In-Patient)
- ❖ **Social Services & Discharge Planning**
- ❖ **Specialty Clinic**
- ❖ **Volunteer Program**
- ❖ **Wahiawa Nursing & Rehab Center**
 - **Activities Program**
 - **Clerical**
 - **Nursing Services**
 - **Social Services**
 - **Rehabilitation**

Volunteer Listings

Department	Responsible Party	Phone Number	Duties
Activities/Volunteer Department Wahiawa Nursing & Rehab Center (WNRC) Supervisor	David Toyama	808-621-4359 808-621-4243	<ul style="list-style-type: none"> ➤ Companions to the long term care residents. ➤ Assist in games and other fun activities for the elderly. ➤ Assist in transporting the elderly to the dining area. ➤ Photocopying & filing ➤ Computer use, if applicable ➤ Put folders together ➤ Run errands ➤ Other related activities.
Admissions Front Desk Receptionist	Darlene Raquino Gorgie Peters	808-621-8411	<ul style="list-style-type: none"> ➤ Assist with mail sorting / distribution ➤ Alphabetize forms ➤ Photocopying & filing ➤ Put together Admission & patient packets ➤ Organize reading material in the lobby ➤ Stuff envelopes ➤ Make phone calls ➤ Other related duties
Acute /SNF Med / Surg WNRC 1: WNRC 2: WNRC 3: Med / Surgery:	Rose Pe Benito Nancy Day	808-622-8569 808-621-4217 808-621-4137	<p>If Acute/SNF, duties will include the following in addition to the above clerical duties:</p> <ul style="list-style-type: none"> ➤ Stock rooms with supplies ➤ Return equipment to appropriate areas ➤ Organize stock rooms, utility rooms and pantry ➤ Run errands ➤ Respond to patient call lights ➤ Assist in transporting the WNRC residents to the dining area and back to their rooms. ➤ Photocopying & filing ➤ Answer & make phone calls if required ➤ Put folders together ➤ Other projects / duties as assigned
Diagnostic Imaging (also known as Imaging or Radiology) Manager	Jennifer Speirs	808-621-4233	<ul style="list-style-type: none"> ➤ Photocopying & filing ➤ Computer use, if applicable ➤ Make phone calls ➤ Put folders together ➤ Assist Radiology Technician as needed
Dietary and EVS Manager Dietitian	Lara Hackney Julie Curtis	808-621-4263 808-621-4203	<ul style="list-style-type: none"> ➤ Assist in the kitchen ➤ Prepare meal trays for patients ➤ Deliver trays ➤ Other duties as assigned ➤ Required to wear closed-toe footwear.
Employee Health/ Disaster Preparedness Infection Control	Manny Asejo Tate Tsukamoto	808-622-8136 808-622-8530	<ul style="list-style-type: none"> ➤ Photocopying & filing ➤ Computer use, if applicable ➤ Run errands ➤ Other projects as assigned
Facilities (also known as Maintenance)	Leigh Cruz	808-621-4235	<ul style="list-style-type: none"> ➤ Assist with repairs / cleaning the grounds / premises.

			➤ Other related duties
Housekeeping	Katrina Badis	808-621-4226	➤ Assist in cleaning various areas of the hospital. ➤ Other related duties
Human Resources Employment	Bert Shimabukuro Alyssa Kaya	808-621- 4272 808-621-4252	➤ Putting New Hire packets together ➤ Run errands ➤ Other projects as assigned
Laboratory	Pam Cruz	808-621-4232	➤ Photocopying & filing ➤ Computer use, if applicable ➤ Answer phone calls if required ➤ Run errands ➤ Other projects as assigned
Mammography	Jennifer Speirs	808-621-4177 808-621-4178	➤ Photocopying & filing ➤ Computer use, if applicable ➤ Make phone calls ➤ Put folders together ➤ Assist Radiology Technician as needed
Nursing Education Clinical Educator	Candice Devalerio	808-621-4397	➤ Photocopying & filing ➤ Computer use, if applicable ➤ Answer phone calls if required
Patient Educator	Emelyn Corpuz	808-621-4241	➤ Run errands ➤ Other projects as assigned
Nursing Station WNRC 1: WNRC 2: Med / Surg		808-621-4244 808-621-4257 808-621-4241	➤ Photocopying & filing ➤ Computer use, if applicable ➤ Answer phone calls if required ➤ Run errands ➤ Other projects as assigned
Patient Accounting	Evan Canio	808-621-4217	➤ Photocopying & filing ➤ Make & answer phone calls ➤ Run errands ➤ Other projects as assigned
Purchasing Manager	Kevin Gatiuan	808-621-4245	➤ Assist with stockroom activities ➤ Other projects as assigned
Rehabilitation Services Manager	Shannon Oxton	808-622-8585	➤ Photocopying & filing ➤ Computer use, if applicable ➤ Answer phone calls if required ➤ Run errands ➤ Other projects as assigned
Specialty Clinic	Audrey Tady Tate Tsukamoto	808-621-4120 808-622-8530	➤ Photocopying & filing ➤ Answer phone & taking messages ➤ Run errands ➤ Other projects as assigned
Activities/Volunteer Services Coordinator	David Toyama	808-621-4243	➤ Photocopying & filing ➤ Computer use, if applicable ➤ Put folders together ➤ Run errands

VOLUNTEER AGREEMENT

AS A VOLUNTEER FOR WAHIAWA GENERAL HOSPITAL, I HAVE AGREED TO THE FOLLOWING:

CONFIDENTIALITY

I shall hold all information that may obtain directly or indirectly concerning patients, doctors, or employees, in a highly confidential manner. I will not access or disclose confidential or protected health information from or about a patient without proper authorization from the patient.

DONATED SERVICES

My services are donated to Wahiawa General Hospital without contemplation of compensation or future employment, and given for humanitarian, religious, or charitable reasons.

PROFESSIONALISM

I shall be punctual, conscientious, professional, courteous, and considerate of others. I shall dress appropriately and wear my name badge throughout my shift. I shall present a positive attitude and always be willing to help in any capacity asked of me.

PHILOSOPHY & STANDARDS

I shall at all times uphold the philosophy and standards of Wahiawa General Hospital.

FULFILLING DUTIES

I shall make my best effort to complete all assignments given to me.

HANDBOOK

I understand that upon receipt of this handbook, I agree that it is my responsibility to read and understand the contents thereof. If I have any questions or concerns, I will ask the volunteer coordinators for clarification.

SERVICE

I understand that I will volunteer for a minimum of 4 months (8 hours per week).

For Students and Those Volunteering with Multiple schedules (work or schooling)

I understand that I will volunteer for a minimum of 5 hours per week with hours to be discussed with Volunteer Coordinator.

COMPLETION OF SERVICE

At the end of my volunteer service, I shall notify the volunteer services coordinator one week prior to the end of my services. I will return all hospital property including uniform and identification badge at the end of my last day of volunteering.

TERMINATION

I understand that the Volunteer Services Program reserves the right to terminate my volunteer status for any of the following reasons included but not limited to as a result of any of the following:

- a) failure to comply with the Hospital's rule and regulations;
- b) unsatisfactory attitude, work, or appearance;
- c) absences without notification;
- d) poor attendance pattern
- e) violation of the hospital Drug and Alcohol Free Workplace policy;
- f) any other circumstances which, in judgment of the Volunteer Coordinator would make my continued service as a volunteer contrary to the best interests of Wahiawa General Hospital.

Customer Service Program

Wahiawa's Outstanding Ways

LIVE THE "GOLDEN RULE"

Do unto others as you would have them do unto you.



COMMUNICATE

with Everyone in a respectful manner



GUARANTEE CUSTOMER SATISFACTION

Go above and beyond the call of duty.



SMILE

and politely greet EVERYONE when possible.



TELEPHONE ETIQUETTE

Always practice proper telephone etiquette.



ESCORT CUSTOMERS

to appropriate service areas when possible.



BE CULTURALLY CONSIDERATE

Use the appropriate language in the presence of patients and customers.



VOLUNTEER GUIDELINES

GENERAL

1. The first thing you should do even before you sign in – is to SMILE!
2. Be prepared to have your BEST POSITIVE ATTITUDE available when reporting for duty.
3. Always respect patients' rights and treat all information as CONFIDENTIAL.
Following proper hand hygiene practices: Always WASH your HANDS when necessary.
4. REPORT to your supervisor upon starting your duty and INFORM them when you are leaving at the end of your duty.
5. Always OFFER ASSISTANCE to staff as well as patients, families, physicians, and visitors.
6. Always practice good CUSTOMER SERVICE. Make it a part of you.
7. KEEP BUSY. Let us know if you have time for other duties.
8. Be COURTEOUS and RESPECTFUL of both people and property.
9. Always let your supervisor know where you are going.
10. If transporting patient, always CHECK IDENTIFICATION BAND to be sure you are transporting the correct patient.

AVOID THE FOLLOWING:

1. If a patient asks for your assistance, please acknowledge their request and let them know you will get a nurse right away.
2. NEVER TAKE A DOCTOR'S ORDER. Get a nurse to assist the physician.

WHAT IS EXPECTED FROM A VOLUNTEER?

- ❖ You are expected to **dress appropriately** and in good taste.
- ❖ You are expected to **wear your name badge** throughout your shift.
- ❖ You are expected to **provide outstanding customer service** at all times.
- ❖ You are expected to apply yourself and be **willing to work hard.**
- ❖ You are expected to **be punctual** when reporting to work.
- ❖ You are expected to **call your supervisor** when you are unable to report to work.
- ❖ You are expected to report to **work** according to your **agreed schedule.**
- ❖ You are expected to **offer your service** to other areas of the hospital if your assigned department no longer needs your services during your shift.

PERFORMANCE EVALUATION

While volunteering, you will be evaluated on the following performance areas:

- ✓ Assignment Performance
- ✓ Customer Service
- ✓ Appearance
- ✓ Attitude
- ✓ Attendance
- ✓ Overall Impression

Your evaluation is a reflection of how you perform in your assignments. Take advantage of the opportunities presented and make the most of it.

ATTENDANCE

Attendance is extremely important for both employees and volunteers. The various departments, staff, and patients depend on the volunteers who are assigned to them. Therefore, it is courteous and considerate, as well as proper to call in any absences or tardiness.

SIGNING IN & OUT

You are expected to sign in and out in the Volunteer Time Record Book located at the front desk or desk outside of volunteer office.

- Find the appropriate date of timesheet to sign in.
- SIGN IN rounding off to the nearest 15 minutes (i.e. 8:35 should be rounded to 8:30; 12:10 should be rounded to 12:15, etc.)
- Report to your department and work your scheduled shift.
- SIGN OUT rounding off to the nearest 15 minutes.

TARDINESS

If you are running late, it is your responsibility to notify your supervisor immediately and inform them of your estimated reporting time of when to expect you.

POOR ATTENDANCE PATTERN

If you have been consistently calling in absent or tardy, this will be good reason for your supervisor and/or volunteer coordinator to counsel you. An action plan will be discussed to prevent further attendance issues. Your attendance will be documented in your file for future reference.

TERMINATION

If you do not call in and report your absence and do not show up for volunteer duty for a week, attempts will be made to contact you by phone. If unsuccessful, a letter will be mailed to you explaining your current situation and the actions planned.

DRESS CODE & APPEARANCE

- *All volunteers are expected to dress appropriately and professionally.*
- *Volunteers should be neat in appearance and good hygiene should be evident.*
- *Hair should be neat and clean.*
- *Jewelry should be kept to a minimum.*
- *Avoid using strong perfumes, colognes, or after shave.*
- *Chewing gum while on duty is not allowed.*
- *Volunteer name badges are to be worn at all times during the scheduled shift.*
- *Some departments may require specific garments to be worn such as Housekeeping and Facilities. Therefore, those departments will determine the appropriate dress code for the volunteer.*
- *Volunteers not complying with the dress code will be counseled and sent home.*

Acceptable for Women

Unacceptable

- | | |
|--|---|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Dresses <input checked="" type="checkbox"/> Slacks/Pants <input checked="" type="checkbox"/> Appropriate Jeans <input checked="" type="checkbox"/> Blouses/Shirts without advertisements or cartoons <input checked="" type="checkbox"/> Sandals (preferably with backstraps) <input checked="" type="checkbox"/> Covered Shoes <input checked="" type="checkbox"/> Athletic Shoes <input checked="" type="checkbox"/> Appropriate undergarments must be worn | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> NO spaghetti Straps (unless worn with jacket) <input checked="" type="checkbox"/> NO strapless garments (unless worn with jacket) <input checked="" type="checkbox"/> NO Slippers (rubber slippers, flip flops) <input checked="" type="checkbox"/> NO Jeans with holes or tears <input checked="" type="checkbox"/> NO calf-length pants (capris, etc.) <input checked="" type="checkbox"/> NO Shorts <input checked="" type="checkbox"/> NO Skorts (Skirt / shorts) <input checked="" type="checkbox"/> NO Mini-Skirts <input checked="" type="checkbox"/> NO T-shirts with advertisements or cartoons <input checked="" type="checkbox"/> NO Overalls |
|--|---|

Acceptable for Men

Unacceptable

- | | |
|---|--|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Slacks/Pants <input checked="" type="checkbox"/> Appropriate Jeans <input checked="" type="checkbox"/> Collared Shirt <input checked="" type="checkbox"/> Aloha Shirt <input checked="" type="checkbox"/> Covered Shoes <input checked="" type="checkbox"/> Athletic Shoes | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> NO Slippers <input checked="" type="checkbox"/> NO Jeans with holes or tears <input checked="" type="checkbox"/> NO Shorts <input checked="" type="checkbox"/> NO T-shirts with advertisements or cartoons <input checked="" type="checkbox"/> NO Overalls |
|---|--|

If you have a question regarding the dress code, please see the volunteer coordinator.

TELEPHONE ETIQUETTE



SMILE



Greet caller (Aloha, Good Morning or Good Afternoon)



Identify the Department they have reached (Human Resources Department)



Identify yourself (This is Malia.)



Offer assistance (How may I help you?)

IMPORTANT!



Always have a pen and paper ready to start writing as soon as you hear them.



Listen carefully.



Be courteous and friendly.

Common Courtesies

Always use the following courtesy phrases and words throughout the day...

Please...

Thank you...

May I...

You're welcome...

NOT ALLOWED...

*For your safety and the safety of others, Volunteers are **NOT ALLOWED** to do any of the following:*

**For
Patients**

- ...assist patients to the bathroom
- ...give or collect bedpans or urinals from the patients.
- ...administer drugs or perform any treatments normally done by professional staff
- ...lift or move patients.
- ...enter any room identified with an "Isolation" sign.
- ...write in patient's charts.

**For
Deliveries
or
Handling**

- ...pick up or deliver medication.
- ...pick up or deliver specimen.
- ...handle any potentially contaminated items.

Misc.

- ...accept or request tips or gratuities from patients.



VOLUNTEER BENEFITS...

Only during your scheduled work shift.

You **MUST** wear your name badge to receive benefits.

- ☺ FREE dispensed beverage from the Cafeteria during scheduled work shift.
- ☺ “Employee” discount in the Cafeteria. Meal ticket provided for volunteering five hours or more during lunch time.
- ☺ Eligible to participate in educational training offered to employees (e.g. CPR).
- ☺ Free annual TB test and flu shot available.
- ☺ Invited to the Annual Volunteer Recognition Luncheon
- ☺ FREE Parking
- ☺ Limited general liability insurance coverage

MANDATORY IN-SERVICE TRAINING...

BODY MECHANICS

***The Arms**

The final group of muscles to discuss is those in the arms. The biceps and triceps are the most powerful muscles in the arms.

Conscientious use of the arms when lifting, pushing, and pulling can greatly reduce the stress and strain put on the back and legs.

As we have seen, muscles must work together for the body to move. By understanding how the body’s mechanical framework is designed to function, we can know which muscle groups are best suited for any given task and can use them in the appropriate way. Otherwise we risk injury, and sometimes permanent damage, by putting too much stress on muscles, tendons, and bones.

***Gravity**

To complete our understanding of body mechanics, we need to know how our bodies are affected by gravity.

To keep an upright stance, humans must constantly work to maintain their balance. Using proper body mechanics will keep the bones and muscles of the body properly aligned and help us maintain balance with a minimum amount of effort.

There are three principles of gravity that affect body mechanics. These are:

- Center of Gravity
- Line of Gravity
- Base of Support

Center of Gravity – This is the point in a body where weight is equally distributed on all sides. In most people this point is located in the pelvis about level with the second sacral vertebra.

Line of Gravity – The line of gravity is an imaginary line that passes through the center of gravity splitting the body into equal halves. In most people this line runs behind the ear, through the center of gravity, through the knee and just in front for the ankle. When your body’s posture corresponds to this line, your body is in balance. Sometimes this is called the plumb line.

***Lifting**

It has been estimated that eight out of ten people will suffer lower back pain, primarily due to poor body mechanics. Few things can injure your body as quickly or severely as lifting too much weight or lifting incorrectly. Such activity can cause hernias, ruptured discs and permanent back injury.

Use your knowledge of body mechanics to lift properly, without damaging your back.

If you need to lift an object off the ground, widen your stance and squat down to lower your center of gravity. Keep your back straight and tighten your abdominal muscles. Grasp the object and bring it as close to you as possible.

Then, use the power of the quadriceps and gluteus muscles to extend your legs to lift. Never lift with the back muscles. They are being used to keep your body erect and support your spine. Using these muscles to lift will over-stress the back and can lead to disc injury, and other serious problems.

Consider this: bending at the waist just 20 degrees to pick up a 44 pound object will increase the pressure on the lower back by 120 percent. Also, picking up a weight at arm's length multiplies the weight's stress on the body 7 to 10 times due to leverage.

For this reason, even if the object seems light, always use the legs and gluteus muscles to lower and raise yourself and the object. Keep the back straight and the object close to your body.

***General Body Mechanics**

There are some general rules of good body mechanics that should always be kept in mind.

- Always try to push or pull an object. Avoid lifting when you can.
- When pushing, extend your arms out and shift your weight forward with your back straight so that your body weight helps push.
- When pulling towards you, lean back with your back straight, to make your body weight work for you. Keep your legs in a wide stance, one behind the other and your arms to pull the object to you.
- When you need to lift a heavy object, ask for help whenever possible. Do not try to lift or move too much weight by yourself.
- When carrying an object, keep it close to your body, near your center of gravity. This transfers more of the weight to the large muscles in your legs.
- Always avoid twisting your torso. Instead, pivot on the balls of the feet.

Remember, when you use the principles of good body mechanics, you work better, and perform at your highest level. Because you are working with the body's natural design, you will be able to prevent injury and stay healthy.

ELECTRICAL SAFETY

Safety means looking at plugs and using them correctly. Keep electrical equipment safe. If electrical equipment is broken, electricity can leak out. The leaking electricity can cause a fire, if it is around flammable material. It can also give somebody a shock. If you receive a shock when using electrical equipment, immediately turn it off. Take it out of service so it can be repaired.

DO:

- Use only electrical equipment with three pins on the plug.
- Look at plugs for loose or broken pins or for any melted areas.
- Unplug equipment by handling the plug itself and not the cord.

DO NOT:

- Use plugs with broken pins or with only two pins.
- Pull on an electrical cord to unplug equipment. Pulling can damage the cord.
- Use cheaters. Cheaters are adaptors that convert three-pin plugs into two-pin plugs.

Rules about electrical equipment to protect you, fellow employees, patients, and visitors from harm:

DO take electrical equipment out of service and report it if the equipment:

- Smell "hot"
- Has smoke coming out of it
- Is not working properly
- Has had a liquid fall into it

DO NOT:

- Use electrical equipment in wet areas.
- Touch electrical equipment with wet hands.
- Plug too many appliances into a wall outlet. The overload may cause overheating of the wires and result in a fire.

Safety when using electrical equipment is everyone's responsibility.

- The human body is a good conductor of electricity. People can be harmed by defects of the wall outlet, the electrical cord, or the equipment.
- Electricity follows a path. A break at any point in the path can cause fire or injury. Rolling equipment over equipment cords can damage the cord.
- Use only equipment that has electrical plugs with three pins. The third pin is a safety feature that conducts stray electricity from the equipment to the pin.
- Take electrical equipment that is not in good working order out of service and report the problem.

HAZARDOUS MATERIAL AND WASTE

***Chemical Safety Is Everyone's Responsibility**

Healthcare worker **MUST**:

1. Know what hazard you face in the environment.
2. Know how to protect yourself, co-workers, patients, and visitors from these hazards.
3. Read labels and Safety Data Sheets (SDS) and follow instructions and warnings.
4. Follow safety procedures in the environment.

Clinical affiliates **MUST** implement a written hazard communication program including:

1. Listing hazardous chemicals in the workplace.
2. Labeling on-site chemical containers.
3. Making chemical information available to healthcare workers in the form of labels and MSDS.

Chemical manufacturers **MUST**:

1. Determine the physical and chemical hazards of their products and the possible health effects.
2. Label chemical containers.
3. Provide MSDS that detail information about hazardous chemicals.

***Chemical Information**

There are three things you should know about a chemical before you use it. They are:

1. Proper use
2. Precautions
3. Treatment

Useful information about the chemicals you work with is available for your benefit. This data has been researched by the chemical manufacturers and can be found on containers labels and Safety Data Sheets (SDS). It is the manufacturer's responsibility to research the product and the chemicals it contains, provide a SDS for the product, and provide a warning label.

Common chemical hazards in a healthcare facility may include:

- Acids and bases;
- Natural rubber latex (proteins);
- Resins and adhesives;
- Soaps and detergents;
- Solvents;
- Cadmium / lead;
- Ethylene oxides;
- Formaldehyde;
- Glutaraldehyde;

- Mercury;
- Phenol; and
- Xylene.

*Labels

The manufacturer labels every container of hazardous chemical. The format will differ from company to company, but the labels **MUST** contain similar types of information. The label may use words or symbols to tell you:

1. the name of the chemical,
2. the name, address, emergency phone numbers of the company that made or imported the chemical,
3. the physical hazards,
4. important storage or handling instructions,
5. health hazards,
6. basic protective equipment, clothing and procedures that are recommended when working with the chemical.

All chemical containers **MUST** be labeled. If you pour a chemical from a container into a smaller one, the smaller container **MUST** still be labeled. All container labels **MUST** contain at least the name of the chemical, a list of any physical or health hazards, specific personal protective equipment to be worn when working with the chemical or cleaning up a spill, engineering controls, and any important storage or handling instructions. If the chemical is a disinfectant, the date it was poured or mixed and the contact time (the time the chemical must remain on the surface to afford effective cleaning and disinfecting) **MUST** also included on the label.

INCIDENT REPORTING

*ACCIDENT / INJURY – PATIENT OR VISITOR

Includes all patient or visitor accidents whether resulting in injury or not. All injuries, however minor, must be reported. Incident reports will not be left in patient's chart and should be given to your supervisor. Forms – Incident/Accident Report WGH-GEN-128 Quality Assurance Incident Investigation

Procedure

1. When an incident occurs, notify the Department Manager / designee or the Nursing Supervisor immediately.
2. Initiate Incident/Accident Report and Quality Assurance Incident Investigation forms. Give full details of the incident and ensure that all appropriate sections are completed. List only the facts.
3. If the involved party is a visitor, suggest that they be seen in ER for first aid treatment. The ER staff will direct injured party to the physician of choice for follow-up and will ensure that the incident Report and Quality Assurance Incident Investigation forms are completed. If injured visitor refuses treatment, document this under “Other” on the Incident Report.
4. If involved party is an in-patient, notify the attending physician if injured or in situations where a test(s) or treatment(s) is required. If the doctor does not see the patient right away but was notified, route the completed forms to the Unit Manager. Physician should document findings in the Progress Notes after examination. Initiate Nursing Care Plan and charting to track injury/treatments.
5. Route all Incident Reports forms to Department Manager/designee or Nursing Supervisor, as applicable.
6. You agree to participate in investigations that you were a witness too.

INTERIM LIFE SAFETY MEASURES (ILSM)

All volunteers need to be aware that during periods of construction they should:

- Be aware that construction hazards exist.
- Pay attention to warning signs and follow directions.
- Use alternate routes not close to construction areas.
 - Do not trespass or violate physical barriers such as fencing or saw-horse barricades.
- Report all violations of posted rules to the manager or Safety Officer.

LOCKOUT / TAGOUT

***Purpose**

The purpose of Lockout/Tagout is to prevent injuries to employees from unexpected injuries to employees from unexpected energizing, start up or release of stored energy in machines with which they are working.

This will be accomplished by requiring employers to establish a program and utilize procedures for affixing appropriate lockout/tagout devices (such as electrical switch boxes). This program will also address other ways to disable machines that employees are working on.

MEDICAL EQUIPMENT

***Safety First**

- Any incident with a medical device, that may have caused or contributed to;
 - Death
 - Serious injury
 - Serious illnessof any person, should be reported immediately, to Bio-Med, the Safety Officer, and Risk Management.
- Equipment Problems- any equipment problems failures or user errors should be reported to Bio-Med.
- Medical equipment users should follow proper emergency procedures, according to their department policy, when equipment fails.
- Any medical equipment put in storage should be reported to the Bio-Med department and tagged as “defective.” It must be inspected by Bio-Med before reuse.
- New Medical Equipment – all new medical equipment should go to the facilities department for inspection by bio-med. Purchasing will be notified of all medical equipment hazard notices and recalls.
- Any use of new medical equipment must be in-serviced on the equipment’s capabilities, limitations, and special applications before its use. All the in-servicing must be done by using department’s manager or the Department of Education.
- Medical equipment user/operator instructions and operator manual must be kept in each area where the equipment is used.

SAFETY

Security Smart refers to wide behavior(s) that decrease the opportunity for crime.

Here are a few suggestions to keep you safe:

- Don’t carry unnecessary money or valuables to work.
- Secure all valuables when you arrive at work.
- Lock items such as desks and doors at the end of the day.
- Report all suspicious persons and suspected acts of theft to the Security department.
- Do not leave valuable items in your car in open view.
- Park in designated employee parking areas.
- Lock your car at all times. Use alarms and steering wheel lock devices.
- Do not label your keys with identifying markings.
- Remind co-workers, patients, volunteers, and visitors to keep all valuables secure.
- Get an escort to your car after dark.

UTILITY SYSTEMS

***Medical Gases**

Medical gas failure alarms can be found in critical areas such as OR and ICU. Our facility is equipped with an emergency connection for oxygen in the event bulk storage is not available. Vacuum pumps and medical air compressors both have backups in case of failure. Only those staff members specifically authorized and trained should shut off medical gas zone valves.

**TYPES OF ABUSE: We are required by law to report any signs of abuse on a patient/resident
Signs or reports of abuse should be relayed to your supervisor.**

CHILD ABUSE

*What is Child Abuse?

The federal Child Abuse and Prevention Treatment Act (CAPTA) defines child abuse and neglect as; at a minimum, any recent act or failure to act on the part of a parent or caretaker, which results in death, serious physical or emotional harm, sexual abuse or exploitation, or an act or failure to act which presents an imminent risk of serious harm.

A child is someone who is less than 18 years old, or (except in the case of sexual abuse) the age defined by the Child Protection Act of the state in which the child resides.

More than 1% of all children suffer from child abuse or neglect, equivalent to 5 children in a school with 500 students.

*Four types of Child Abuse are:

1. Physical Abuse
2. Neglect
3. Sexual abuse
4. Emotional abuse

ELDER ABUSE

*What is Elder Abuse?

Elder abuse is the physical, emotional, or financial mistreatment, neglect or exploitation of a person 60 years of age or older by another person of the self neglect or an individual in this age range.

There are three situations in which elder abuse occurs:

1. Domestic elder abuse
2. Institutional elder abuse
3. Self-neglect or self-abuse

Domestic elder abuse

Domestic elder abuse is abuse of an older person by someone who has a special relationship with the elder such as a spouse, child, friend, or caregiver. The abuse occurs in the older person's home or in the home of the caregiver.

Institutional elder abuse

Institutional elder abuse is abuse of an older person that occurs in a residential facility for older persons such as a nursing home, foster home, group home, or boarding house. In institutions, the persons who are the abusers have been hired to provide care and protection for elders.

Self-neglect

Self-neglect (also known as self-abuse) is the behavior of an elderly person that threatens his or her own health or safety. It occurs when the older person refuses or fails to provide himself/herself with enough food or water, clothing, shelter, safety, personal hygiene and/or medication. Self-neglect usually occurs when an elder lives alone.

SPOUSE ABUSE

*What is Spouse Abuse?

Spouse abuse, also known as domestic violence, is a pattern of threatening or violent behavior used to establish power and control over an intimate partner. It involves emotional, financial, physical, sexual, and social abuse of a person. Spouse abuse happens in all types of intimate relationships: between married couples, between unmarried couples, between homosexual couples, and between couples living together or apart. People of different race, income, and education are potential abusers or victims of spouse abuse. In a relationship where

spouse abuse prevails, one person is forced to change their behavior because of abuse or the perceived threat of abuse.

The Cycle of Spouse Abuse

The cycle of abuse is common in many cases of spouse abuse. It results in the battered person living in a state of fear with the belief that there is no escape.

The three (3) phases of the cycle are:

1. Tension-building phase
2. Crisis phase
3. Honeymoon phase

Phase 1: Tension-building phase

The tension-building phase is characterized by stress. The abuser shows signs of increasing irritation with the victim, often finding fault in everything she does, and the victim becomes fearful and tries to find ways to appease the abuser.

Phase 2: Crisis phase

The crisis phase is characterized by violence. The abuser's anger reaches a critical point and is released in the form of verbal or physical violence. The abuser may shout and scream at the victim, threaten her, and damage the victim's property. Physical assaults, such as, punching, kicking, or slapping hard enough to bruise, break bones, and draw blood may also occur. The police or neighbors may be called, or the violence may be unknown to people outside. The victim may be made to feel she provoked the escalation from phase 1 onto phase 2.

Phase 3: Honeymoon phase

The honeymoon phase is characterized by a return to calmer behavior. The abuser is sorry, promises to get help and never do this again, and may offer affection to the victim.

DOMESTIC ABUSE

*What is Domestic Violence?

When a spouse or intimate partner is victimized by another in a pattern of physical violence, psychological abuse, and/or non-consensual sexual behavior, that person is caught in an abusive cycle called Domestic Violence.

Domestic violence includes violence against men and women which can include violence in gay and lesbian relationships. The core of the problem consists of a pattern or coercive behavior practiced by a competent adult or adolescent to establish control over another competent adult or adolescent. Behaviors of violence, abuse or non-consensual sex may occur sporadically or continually over time, singly and in combination. Incidents build upon previous incidents, increasing the underlying threat and expectation of violence for all concerned.

There are three basic forms of abuse, including physical, psychological, and sexual. Forms of physical violence include pushing, shoving, slapping, punching, kicking, binding, holding, choking, and assault with weapons.

Psychological abuse includes intimidation, degradation, coercion, false accusations, humiliation, ridicule, and threats of physical harm. Sexual abuse may involve unprotected, non-consensual, or painful sexual acts.

SEXUAL HARASSMENT

*What is sexual harassment?

Sexual harassment is uninvited and unwelcome verbal or physical conduct directed at an employee because of his or her sex. It is a form of sex discrimination and it is illegal.

Sexual harassment in the workplace often takes the form of unwanted sexual favors or verbal or physical conduct of a sexual nature which:

- Either reveal or implies and effect on employment

- Unreasonably interfere with work performance
- Creates an intimidating, hostile, or offensive work environment

Unwelcome verbal or physical conduct that interferes with work performance is an example of sexual harassment.

Types of Harassment

The four types of harassment are:

- Gender – related behavior
- Seductive behavior
- Acts of bribery
- Coercion

About 90% of all sexual harassment cases filed with the EEOC are by women and about 10% by men.

WORKPLACE VIOLENCE

What is Workplace Violence

Workplace violence ranges from ranges from offensive or threatening language to homicide. NIOSH defines workplace violence acts (including physical assaults and threats of assaults) directed toward persons at work or on duty.

Examples of violence include the following:

- Threats: Expressions of intent to cause harm, including verbal threats, threatening body language, and written threats.
- Physical assaults: Attacks ranging from slapping and beating to rape, homicide, and the use of weapons, such as, firearms, bombs, or knives.

Who is at risk?

Although anyone working in a hospital may become a victim of violence, nurses and aides who have the most direct contact with patients are at higher risk. Other hospital personnel at increased risk of violence include emergency response personnel, hospital safety officers, and all healthcare providers.

Where may violence occur?

Violence may occur anywhere in the hospital, but it is most frequent in the following areas:

- Psychiatric wards
- Emergency rooms
- Waiting rooms
- Geriatric units

What are the effects of violence

The effects of violence can range in intensity and include the following:

- Minor physical injuries
- Serious physical injuries
- Temporary and permanent physical disability
- Psychological trauma
- Death

Violence may also have negative organizational outcomes such as low worker morale, increased job stress, increased worker turnover, and reduced trust of management and coworkers, and a hostile working environment.

What are the risk factors for violence?

The risk factors for violence vary from hospital to hospital depending on location, size, and type of care.

Common risk factors for hospital violence include the following:

- Working directly with volatile people, especially, if they are under the influence of drugs or alcohol or have a history of violence or certain psychotic diagnoses
- Working when understaffed-especially during meal times and visiting hours
- Transporting patients
- Long waits for service
- Overcrowded, uncomfortable waiting rooms
- Working alone
- Poor environmental design
- Inadequate security
- Lack of staff training and policies for preventing and managing crisis with potentially volatile patients
- Drug and alcohol abuse
- Access to firearms
- Unrestricted movement of the public
- Unrestricted movement of the public
- Poorly lit corridor, rooms, parking lots, and other areas

HIPAA: Please complete the HIPAA Module provided by your Activities Manager

*What is HIPAA?

- Health Insurance Portability and Accountability Act (HIPAA) of 1996
- Title I: Protects health insurance coverage for individual when they change or lose their jobs
- Title II: Requires the establishment of national standards for electronic health care transactions and national identifiers for providers, health insurance plans, and employers.

*HIPAA Privacy Rule

- Establishes regulations for the use and disclosure of Protected Health Information (PHI).
- PHI is any information held by a covered entity which concerns health status, provision of health care, or payment for health care that can be linked to an individual.
- Includes any part of an individual's medical record or payment history.

INFECTION CONTROL

Infection Control Policies:

- Policy No.: **IC-006** => **Hand Hygiene** – Affect; All departments
- Policy No.: **IC-003** => **Care of the Patient with Multi Drug Resistant Organisms**, including Guidelines for Discontinuing Isolation - Affects; All departments
- Policy No.: **IC-050** => **Guidelines of Isolation Procedures** - Affects; All departments

Infection Control / Blood Borne Pathogens*

Hand Washing

Hand washing is considered the most important single procedure for preventing nosocomial (Hospital acquired) infections. Hand washing is a basic form of sanitation and a required part of all infection control measures.

Always Wash Your Hands:

- between patient contacts
- before and after contact with wounds
- before manipulating invasive devices
- after touching excretions and secretions
- following glove removal
- after using the toilet

NOTE: If you use hand lotion, you should have your own container. "Shared use" bottles should not be used as they easily become contaminated. Use only water-based products. Using lanolin or oil-based lotions before donning gloves will seriously weaken the gloves. This increases the risk that germs will pass through the glove. Just because a product washes off with water does not mean it is water-based.

When in doubt, wash your hands!

- A. When decontaminating hands with an alcohol-based hand rub, apply product to palm of one hand and rub hands together, covering all surfaces of hands and fingers, until hands are dry. Follow the manufacturer's recommendations regarding the volume of product to use.
- B. When washing hands with soap and water, wet hands first with water, apply an amount of product recommended by the manufacturer to hands, and rub hands together vigorously for at least 20 seconds, covering all surfaces of the hands and fingers. Rinse hands with water and dry thoroughly with a disposable towel. Use towel to turn off the faucet. Avoid using hot water, because repeated exposure to hot water may increase the risk of dermatitis.
- C. Liquid, bar, leaflet, or powdered forms of plain soap are acceptable when washing hands with a non-antimicrobial soap and water. When bar soap is used, soap racks that facilitate drainage and small bars of soap should be used. Multiple-use cloth towels of the hanging or roll type are not recommended for use in health-care settings.

*When Do I Wear Gloves?

Gloves **MUST** be worn when there is a possibility of contact with blood and/or body fluids or contact with contaminated items. Remove and/or change gloves after use or task and whenever gloves become soiled or damaged. Turn the glove inside out when de-gloving and dispose of them in the proper receptacle.

Always wash your hands thoroughly with soap and water after removing gloves. Never wear multiple layers of gloves in order to "peel off" layers between tasks. Never go from patient to patient even with only casual or minimal contact wearing the same pair of gloves. Always wear the right gloves for the task. Wear heavy work gloves for cleaning. Wear gloves that fit properly. Never wear latex gloves when caring for a patient with a latex allergy. Wear synthetic glove such as vinyl.

Standard (universal) Precautions

Universal Precautions were renamed to Standard Precautions in 1998 (HICPAC Guidelines). They are scheduled to protect the patient and the healthcare workers from exposure to potentially infectious agents through the use of barriers (e.g. gloves, protective eyewear, masks) and practice (e.g. hand washing, proper cleaning of equipment, no recapping of needles). Patients are also protected, as Standard Precautions reduce the risk of cross contamination from one infected patient to another, when the caregiver consistently uses appropriate barriers and washes his/her hands.

All healthcare workers are required to follow Standard Precautions. We **MUST** treat all human blood and body fluids as if they are infected with HIV, HBV, or any other pathogen.

Standard Precautions are not an option. OSHA and MIOSHA monitor hospital for compliance with this regulation. Not only must personnel be observing these precautions, the hospital **MUST** have a mechanism in place for discipline for those found to be noncompliant.

Dental Plaque – A biofilm that causes VAP infection

The oral cavity is a proven source of Hospital-Acquired Pneumonia (HAP), including Ventilator-Associated Pneumonia (VAP). Bacteria that cause hospital acquired respiratory disease colonize in the oropharyngeal area, including dental plaque. These pathogens can be aspirated into the lungs and cause infection. Non-vent patients with dysphagia, stroke, COPD, and malignancy are also at risk for HAP.

Three Risk Factors for VAP

- Colonization of dental plaque
- Bacterial colonization of the oropharyngeal area
- Aspiration of subglottic secretions

Tuberculosis

What is Tuberculosis?

Tuberculosis (TB) is a disease that affects the lungs and/or other parts of the body. It is the largest single cause of death among people diagnosed with AIDS. Tuberculosis is curable, but it involves taking medication for a very long time.

About 90% of people infected with TB may not show signs of the disease even though the germ is present in their bodies. This condition is referred to as LATENT TB. These people are most at risk of developing ACTIVE TB within 2 years of the exposure. TB may also develop if they have (or develop) another disease that affect the immune system, such as AIDS.

Symptoms of TB Include:

- Chest pains
- Prolonged productive cough
- Coughing up blood
- Fever and chills
- Night sweats
- Weight loss
- Feeling run down or easily tired

Tuberculosis can be cured with medication.

EMERGENCY/DISASTER PREPAREDNESS

Joint Commission suggests that an effective 'emergency management' plan include four key 26 principles:

- Mitigation – Make plans ahead of time to lessen the severity and impact of an emergency
- Preparation – Build needed organizational capacities, including supplies and equipment, agreements with vendors, staff orientation and training, planning processes, and organization-wide drills.
- Response – Define actions staff would take when confronted by an emergency, such as reporting to prearranged locations. Plan for a warning and notification process, priority-setting and liaison with other organizations.
- Recovery- Take steps to restore essential services and resume normal operations – plan for staff support and community response.

By including these four management points, your institution is prepared for any disaster, both man-made and natural.

*What Constitutes a 'Disaster'?

According to the World Health Organization, a disaster is a 'sudden ecological phenomenon of sufficient magnitude to require external assistance.' The American College of Emergency Physicians describes a disaster a little differently, stating that a disaster has occurred 'when the destructive effects of natural or man-made forces overwhelm the ability of a given area or community to meet the demand of healthcare.' While there may be different definitions, a disaster by any other name is still a disaster.

Nurses and other professionals working in the healthcare environment **MUST** be prepared to handle disasters and other significant events occurring inside or outside their walls.

An external disaster may disaster may disrupt numerous organizations, infrastructure and the resources of a community to a magnitude that they are unable to return to normal operations following the event without additional assistance from state or federal agencies.

An internal disaster may disrupt only the affected organization and may have little or no significant impact on the community at large. It would be the responsibility of the organization to request additional assistance from the local community or resolve the event with their own resources. A mutual aid agreement between area facilities would be beneficial in these situations.

*Disaster Psychology: The psychological impact of a disaster on rescuers and victims, and how to provide “psychological first aid.”

HHEM Hawaii Healthcare Emergency Management/ ARC- American Red Cross / ESF-8 Disaster Behavioral Health Assets:

In disasters, the Local Emergency Operation Center (LEOC) (HHEM EOC), The ARC, and State Emergency Operation Center (SEOC) will activate disaster behavioral assets to support both first responders and civilians.

In the event of a disaster situation, all volunteers on site should report to the Personnel Pool located outside the Activities room in WNRC for further instructions unless they are asked to shelter in place.

Possible Psychological Symptoms

- Irritability, anger
- Self-condemnation, blaming others
- Isolation, withdrawal
- Fear of recurrence
- Feeling overwhelmed, stunned, or numb
- Feeling helpless/powerless
- Mood swings
- Sadness, depression, grief
- Denial
- Concentration/memory problems
- Relationship conflicts/marital problem

Preventive Steps in Reducing Stress

- Get enough sleep.
- Exercise.
- Eat a well-balanced diet.
- Find a good balance between work, play, and rest.
- Remember it is ok to receive as well as give.
Your identity is more extensive than that of a helper.
- Connect with others.
- Use spiritual resources.

VOLUNTEER SERVICE PROGRAM SAFETY IN SERVICE

CODES

CODE BLACK		Severe Weather
CODE BLUE		Medical Emergency
CODE GRAY		Security
CODE GREEN		Bomb Threat
CODE ORANGE		Hazmat
CODE RED		Fire
CODE PINK		Abduction
CODE VIOLET		ER Birth
CODE TRIAGE		Disaster Plan
CODE SILVER		Active Shooter

Wherever you are, KNOW the nearest ...

Exits

Fire Alarms

Fire Extinguishers



Wahiawa General Hospital
is a
NON-SMOKING FACILITY

Smoking is only allowed outside of
the facility in the designated areas.

CODE RED (FIRE)

Remove people from harm

Activate Alarm

Call x 500 - indicate location of fire Pull Alarm

Contain Fire

Immediately Close Doors & Clear halls

Extinguish Fire if possible

Fire Extinguisher

Pull the pin

Aim nozzle

Squeeze trigger

Sweep along base of fire



Security

- ❖ It's everyone's responsibility to keep this a safe place to work in.
- ❖ All healthcare workers (including volunteers) are required to wear I.D. Badges.
- ❖ Immediately report anything suspicious.
- ❖ Keep your valuables in a safe and secure area.

What so you do if you witness a patient/resident getting abused?

- S** TOP the abuse
- P** ROTECT the patient/resident from further harm
- O** UST (remove) the offender
- T** ELL your supervisor or manager

ATTENTION!

I.D. CODE

- Please obtain your I.D. code from your department manager. If you experience problems using that code, please inform your manager. Please do not ask the Admissions Staff for your I.D. code as they do not have the master listing.
- Always reset the machine for the next user by pressing the ID Button.

RESPECT THE MACHINE

- Not trained? Please do not ask the Admissions Staff for training.
- High-Tech Machine. This equipment is high technology. Sensors are located throughout the machine to help do the thinking and troubleshooting for you.
- Follow Instructions. Carefully read and follow the prompts on the monitor.
- Close the Cover. Always close the cover when photocopying. This reduces the waste of toner.

STOP! BEFORE YOU PHOTOCOPY, USE THIS CHECKLIST

- √ Did you remove the STAPLES?
- √ Did you remove the PAPERCLIPS?
- √ Are there STICKERS on the original document? If so, do not place document in the automatic feeder. Lift cover and place document directly on glass and close cover.
- √ Did you REMOVE ALL COPIES from sorter?
- √ Did you retrieve your ORIGINAL DOCUMENT?
- √ Did you RESET the machine by pressing the ID Button?

Your cooperation will help us maintain this machine and keep it in top working condition.

MAHALO!
Administration



Wahiawa General Hospital
Volunteer Service Program
REINFORCEMENT TEST

NAME: _____ DATE: _____

*Instructions: This is an “Open-Book” Test. The purpose of this test is to reinforce the information learned as well as familiarize you with your handbook.
Please circle the best answer or fill in the blanks.*

VOLUNTEER AGREEMENT

1. The minimum service requirement for a regular volunteer:
 - a. 1 year
 - b. 6 months
 - c. minimum of 8 hours a week / for a minimum of 4 months
 - d. 7 days a week

2. Upon completion of volunteer services, I need to notify the Volunteer Coordinator at least...
 - a. one week prior to end date.
 - b. two weeks prior to end date.
 - c. one month prior to end date.
 - d. no notification necessary.

CUSTOMER SERVICE

1. Which is **not** one of the WOW Standards?
 - a. SMILE!
 - b. Be culturally considerate
 - c. Spiritually insensitive
 - d. Live the “Golden Rule”
 - e. Escort customers

ATTENDANCE

1. Which is the correct order to Signing In & Out?
 1. **Report to your department & work shift**
 2. **SIGN OUT**
 3. **Find the appropriate date of timesheet to sign in**
 4. **SIGN IN**
 - a. 3, 2, 4, 1
 - b. 4, 2, 1, 3
 - c. 2, 3, 1, 4
 - d. 3, 4, 1, 2

2. Which is **NOT** part of the attendance requirements?
 - a. It is your responsibility to notify your supervisor immediately and inform them of your estimated reporting time of when to expect you.
 - b. If you have been consistently calling in absent or tardy, this will be good reason for your supervisor and/or volunteer coordinator to counsel you.
 - c. You are allowed to call whenever you want to if you will not be able to do your scheduled shift.
 - d. If you do not call in and report your absence and do not show up for volunteer duty for a week, attempts will be made to contact you by phone.

DRESS CODE & APPEARANCE

1. *All volunteers are expected to dress appropriately and professionally.* What is the acceptable attire for women?
 - a. Rubber slippers / flip flops
 - b. Mini skirts, shorts, skorts (Skirt / shorts), overalls
 - c. Slack/Pants, dresses, sandals, covered shoes
 - d. T-shirts with advertisements or cartoons
2. *All volunteers are expected to dress appropriately and professionally.* What is **NOT** the acceptable attire for men?
 - a. Collared Shirt
 - b. Aloha Shirt
 - c. Athletic Shoes
 - d. T-shirts with advertisements or cartoons

HOUSE RULES

BODY MECHANICS

1. Conscientious use of the arms when lifting, pushing, and pulling can greatly reduce the stress and strain put on the back and legs.
 True
 False
2. The three principles of gravity that affect body mechanics are: (1) Center of Gravity (2) Line of Gravity, and (3) Base of support
 True
 False
3. Bending forward at the waist just 20 degrees increases the pressure on the lumbar region by 90%
 True
 False
4. When carrying an object, keep it close to your body, near your center of gravity. This transfers more of the weight to the large muscles in your legs.
 True
 False

ELECTRICAL SAFETY

5. Rolling equipment over electrical cords can damage the cord. If electrical cords are damaged electricity can leak out. The leaking electricity can cause a fire. Is this statement true or false?

- True
- False

6. It is NOT against policy to use cheaters (adapters) that convert three-pin plugs into two-pin plugs in the hospital or long term care setting. Is this statement true or false?

- True
- False

HAZARDOUS MATERIALS AND WASTE

7. OSHA created the Hazard Communication and Hazardous Waste Operations and Emergency Response Standards that give you the right to know about chemical hazards in your workplace.

- True
- False

8. Common chemical hazards in a healthcare facility may include acids and bases, natural rubber latex (proteins), resins and adhesives, soaps and detergents, solvents, cadmium/lead, ethylene oxide, formaldehyde, glutaraldehyde, mercury, phenol, and xylene.

- True
- False

INCIDENT REPORTING

9. An “incident” is an out of ordinary event, injury, or unexpected occurrence, not consistent with routine care and treatment. All incidents involving employees, volunteers, patients, or visitors must be immediately reported to your manager/supervisor or the house supervisor.

- True
- False

10. Incidents reports are placed in the patient’s chart.

- True
- False

ILSM

11. Interim Life Safety Measures (ILSM) are safety measures for allvolunteers during times of Construction.

- True
- False

LOCKOUT / TAGOUT

12. The purpose of Lockout/Tagout is to prevent injuries to employees form unexpected energizing, start up or release of stored energy in machines with which they are working.

- True
- False

MEDICAL EQUIPMENT

13. Any incident with a medical device that may have caused or contributed to: death, serious injury, or serious illness of any person, should be reported immediately to Bio Med, the Safety Officer, and Risk Management.

- True
- False

SAFETY

14. Security Smart refers to wise behavior(s) that decrease the opportunity for crime.

- True
- False

UTILITY SYSTEMS

15. Only those staff members specifically authorized and trained should shut off medical gas zone valves.

- True
- False

CHILD ABUSE

16. The four types of child abuse are: (1) physical abuse (2) neglect (3) sexual abuse and, (4) emotional abuse

- True
- False

ELDER ABUSE

17. The three situations in which elder abuse occurs are: (1) domestic elder abuse (2) Institutional elder abuse, and (3) self-neglect or self-abuse

- True
- False

SPOUSE ABUSE

18. The three phases in the cycle of spouse abuse are: (1) tension-building phase (2) crisis phase, and (3) honeymoon phase

- True
- False

19. When a spouse or intimate partner is victimized by another in a pattern of physical violence, psychological abuse, and or non-consensual sexual behavior, that person is caught in an abusive cycle called "Domestic Violence."

- True
- False

SEXUAL HARASSMENT

20. Sexual Harassment is uninvited and unwelcome verbal or physical conduct directed at an employee because of his or her sex. It is a form of sex discrimination and it is illegal.

- True
- False

21. All of the following are types of Sexual harassment EXCEPT

- a. Gender – related behavior
- b. Seductive behavior
- c. Compulsive behavior
- d. Acts of bribery or coercion

WORKPLACE VIOLENCE

22. Workplace violence ranges from offensive or threatening language to homicide.

- True
- False

23. Violence may occur anywhere in the hospital. Which one of the following is NOT a place where workplace violence most frequently occurs?

- a. Psychiatric wards
- b. Emergency rooms
- c. Geriatric units
- d. Operating rooms

24. The effects of violence can range in intensity and include the following: minor physical injuries, serious physical injuries, temporary and permanent disability, psychological trauma, and death. Is this statement true or false?

- True
- False

25. Violence can have negative organizational outcomes such as low worker moral, increased job stress, increased worker turnover, reduced trust of management and co-workers, and a hostile working environment. Is this statement true or false?

- True
- False

HIPAA

26. The Health Insurance Portability and Accountability Act (HIPAA) of 1996 (Title I) establishes regulations for the use and disclosure of Protected Health Information (PHI).

- True
- False

27. The Health Insurance Portability and Accountability Act (HIPAA) of 1996 (Title II) requires the establishment of national Standards for electronic health care transactions and national identifiers for providers, health insurance plans, and employers.

- True
- False

INFECTION CONTROL

28. The purpose of Wahiawa General Hospital's (WGH) Hand Hygiene Policy IC-006 is to provide guidelines for effective hand hygiene, in order to prevent the transmission of bacteria, germs, and infections.

- True
- False

29. According to WGH Policy employees are required to wash their hands before each patient encounter and before applying sterile gloves. It is not necessary to wash your hands after removing gloves.

- True
- False

30. All healthcare workers are required to follow Standard (Universal) Precautions. We MUST treat all Human blood and body fluids as if they are infected with HIV, HBV, or any other pathogen.

- True
- False

31. Dental Plaque biofilm: Normal oral flora and their glue-like properties attach exogenous pathogens to the surface of the teeth, forming multi organism biofilm. This biofilm can fragment and travel in oral secretions. If aspirated, it may lead to infection (pneumonia).

- True
- False

32. Symptoms of Tuberculosis (TB) may include: chest pain, prolonged and productive cough, coughing up of blood, fever, and chills, night sweats, weight loss, and feeling run down or easily tired.

- True
- False

EMERGENCY / DISASTER PREPAREDNESS

33. The four key principles of an effective 'emergency management' plan according to the Joint Commission are:

- a. Mitigation, preparation, response, and recovery
- b. Preparation, prevention, response, and recovery
- c. Prevention, mitigation, preparation, and recovery
- d. Prevention, preparation, reaction, and mitigation

34. A disaster has occurred 'when the destructive effects of natural or man-made forces overwhelm the ability of a given area or Community to meet the demand for healthcare.'

- True
- False

35. Which of the following steps may help in reducing responder stress?

- a. Adequate sleep
- b. Eating a well-balanced diet
- c. Balance between work, play, and stress
- d. All of the above

VOLUNTEER SERVICE PROGRAM - SAFETY IN-SERVICE

1. What are Code Black / Code Blue?
 - a. Active Shooter / ER Birth
 - b. Severe Weather / Medical Emergency
 - c. Security Assist / Hazmat
 - d. Bomb Threat / Abduction

2. What are Code Gray / Code Green?
 - a. Fire /Active Shooter
 - b. Security Assist / Bomb Threat
 - c. Medical Emergency / Fire
 - d. Disaster Plan / Severe Weather

3. What are Code Orange / Code Red?
 - a. Security Assist / Fire
 - b. Abduction / Hazmat
 - c. Severe Weather / Medical Emergency
 - d. Hazmat / Fire

4. What are Code Pink / Code Violet?
 - a. Bomb Threat / Active Shooter
 - b. Medical Emergency / ER Birth
 - c. Abduction / ER Birth
 - d. Disaster Plan / Hazmat

5. What are Code Triage / Code Silver?
 - a. ER Birth / Fire
 - b. Disaster Plan / Active Shooter
 - c. Hazmat / Active Shooter
 - d. Severe Weather / Hazmat

6. Always know the location of your **exits, fire alarm pull stations, and fire extinguisher.**
 True
 False

7. Wahiawa General Hospital is a “non-smoking facility.”
 True
 False

8. What should you remember during a **CODE RED**?
 - a. R-U-N
 - b. Y-E-L-L
 - c. H-I-D-E
 - d. R-A-C-E

+

9. What does **RACE** stand for?
 - a. Run away from fire/ Allow patient to immediately exit/ Care for the elderly/ Exit quickly
 - b. Remove people from harm/ Activate Alarm-Call ext. 500/ Contain Fire/ Extinguish Fire
 - c. Remove yourself from the scene/ All exit should be clear/ Clean up the mess/ Exit fast
 - d. Release the fumes/ Allow smoke to escape/ Calm yourself/ Elderly exits first

10. What word helps you to remember how to operate a Fire Extinguisher?
 - a. PULL
 - b. SWEEP
 - c. PASS
 - d. SQUEEZE

11. What does PASS stand for?
 - a. Put out the fire/ All clear signal/ Save yourself/ Save others
 - b. Please keep calm/ Allow air in the room/ Sweep the floor/ Secure belongings
 - c. Pair up with someone/ After all clear signal/ Sound the alarm/ Secure everyone
 - d. Pull the pin/ Aim nozzle/ Squeeze trigger/ Sweep along base of fire

12. If someone looks suspicious, ignore it and don't tell anyone about it.
 True
 False

13. What does **SPOT** stand for?
 - a. Stop the abuse/ Protect the patient/resident from further harm/ Oust the offender/ Tell your supervisor or manager
 - b. Stop the person/ Pass to the nurse/ Offer assistance/ Take their name and number
 - c. Secure the facility/ Put a tag on the person/ Outsiders are reported/ Take your break
 - d. See the nurses station/ Pull the alarm/ Overly protect the patients/ Tell the supervisor