



Volunteer Agreement

Introduction

Thank you for choosing Loma Linda University Health to volunteer your time. Included are the basics that you will need to begin your service.

After reading through this agreement, you'll be able to:

- Discuss expectations for professional behavior
- Describe where to park and how to enter the facilities
- Discuss the expected knowledge and skill
- Increase your awareness of safety and security
- Explain the importance of keeping patients' information secure and confidential
- List the current National Patient Safety Goals, to which you will be expected to be alert

If you have any questions, please speak with your immediate supervisor, or the Volunteer Services office at (909) 558-8022. We are delighted to help and want to do everything we can to make your experience as a volunteer a rewarding and successful one.

Volunteer Agreement Completion

Before the volunteer experience begins, you are required to read through this agreement and will be held responsible for the information. Please keep this agreement for further reference.

WHY I VOLUNTEER

It's not for money, not for fame,
It's not for any personal gain.
It's just for love of fellow man,
It's just to lend a helping hand.
It's just to give a tithe of self,
That's something you can't buy with wealth.

It's not for medals won with pride,
It's just for the feeling deep inside.
It's that reward within your heart,
It's feeling you have been a part,
Of helping others far and near,
That makes you a VOLUNTEER.

...Anonymous

Information in this orientation guide booklet has been obtained from
LLUMC B.L.U.E Book, LLUH Policies, and the Orientation Guide for Students and Instructors.



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Emergency Codes & Protocols

Emergency Codes are used to quickly alert staff to various emergency situations, with a minimum of misunderstanding to staff, while preventing stress or panic among visitors to the hospital facility. Emergency codes are often color coded, denoting different events. Call Security Control Center at ext. 44320 if you notice anything or anyone that is suspicious.

Emergency Codes

CODE **RED**: Fire
CODE **BLUE**: Adult Medical Emergency
CODE **WHITE**: Pediatric Medical Emergency
CODE **YELLOW**: Bomb Threat
CODE **GRAY**: Combative Person
CODE **SILVER**: Hostage/Armed Assailant
CODE **PINK**: Infant Abduction
CODE **PURPLE**: Child Abduction
CODE **GREEN**: Missing High-Risk Adult Patient
CODE **TRIAGE INTERNAL**: Internal Disaster
CODE **TRIAGE EXTERNAL**: External Disaster
CODE **ORANGE**: Hazardous Material Spill, Exposure, Decontamination

Important Phone Numbers

Emergencies – fire, disaster, threats of violence, etc.	Dial 911
Security Control Center – suspicious behavior and all other non-emergency needs	Dial 44320
Code Blue (patient is non-responsive)	Dial 77777
Code White (patient is non-responsive)	Dial 55555
Rapid Response Team (patient is responsive)	Dial 77888
Corporate Compliance/HIPAA – unethical behavior, confidentiality breaches	Dial 66452
Hospital Epidemiology – for questions/concerns about infection control	Dial 66115
Environmental Health & Safety	Dial 14018
Oxygen Safety	Dial 44493
Radiation Safety	Dial 44913
Utility/Electrical Safety	Dial 44318

NOTE: Gray-colored emergency phones should be used if the regular phone system fails. These gray phones have a 7-digit number access instead of the regular 5-digit number.



Professional Expectations

- **Attire:** Volunteers must wear the uniform tops provided by Volunteer Services. Volunteers can choose from a navy blue (for University Hospital) or purple (for Children's Hospital) polo shirt, jacket, or cobbler apron. Tan cotton slacks are to be purchased by the volunteer. All attire must be modest, clean and pressed, and shoes with closed toes and closed, low heels are required. No midriffs or underwear may be showing either at the waist of the garment or through the garment material, and deep necklines are not permitted. No trendy body piercing, such as tongue studs, or visible tattoos are acceptable. The use of band aids to cover tattoos is not acceptable. If volunteering on a patient care unit, long hair must be pulled back and secured.
- **Nails:** Natural fingernails should be kept short, i.e., not extending beyond the tips of the fingers. Artificial or acrylic nails of any kind are prohibited for those who are volunteering on patient care units, and those who have direct contact with materials that will routinely be used in direct contact with patients.
- **Identification:** The photo I.D. badge must be easily visible on the volunteer uniform. The badge must be worn at all times when volunteering. The photo I.D. badge must be returned to the Volunteer Services office if the volunteer terminates from volunteering.
- **Food/Drink:** No food or drinks will be permitted in your assigned departments or units. Please ask the person in charge of the department or unit where food and drink are allowed in that particular area.
- **Weapons:** Weapons, including personal protection weapons of any kind, are not allowed in any of our facilities.
- **Smoking:** Smoking, vaping, and tobacco use is prohibited in all areas on campus and in our facilities including entrances, balconies, porches, patios, parking lots, dayrooms, patient or public bathrooms, or beds.
- **Drug-free Workplace:** The illegal manufacturing, distribution, dispensation, purchase, possession, sale or use of drugs is prohibited. Failure to comply will result in immediate dismissal.
- **Discrimination:** We do not tolerate any discriminatory practices that violate applicable laws, including sexual harassment.
- **Cell Phone Use:** No regular cell phone, picture-taking cell phone, or video cell phone use is allowed anywhere within any facility. All cell phones must be turned completely off while inside any facility. NO photo-taking will be permitted.
- **Computer Use:** Use of institution computers is only permitted during, and for the care of, patients/clients, or for completing volunteer training requirements, and only with authorization. Personal or school use is not permitted. The use of personal computers is not permitted for any reason while volunteering.
- **Time Records:** All volunteers are required to record their hours using the Volunteer Services on-line volunteer management system. Hours should be recorded on the same day that the service is performed.
- **Absences:** Volunteers are asked to notify the supervisor in their assigned area if they are unable to fulfill their scheduled volunteer time slot. For the protection of patients, please do not volunteer if you are not feeling well and return only when you are free of any illness.
- **Volunteer Compliance:** Every volunteer is required to have a yearly TB screening, flu vaccine, yearly evaluation, and compliance training. Dates will be announced via email communication.
- **Documents and Forms:** All forms, documentation, or written materials of any kind are not to be copied, reproduced, scanned, or photographed by any methods, nor are they to be faxed, mailed or removed in any way from any of the facilities.



Parking and Entrances

All volunteers are required to register their vehicles with the Online Parking Management System.

The LLUH Online Parking Management system can be accessed from any computer or mobile device. Please use the following link to access the parking website: luhparking.aimsparking.com. Select "Outside/Non-LLUH Personnel" to create a new account, or choose the "Login" option to sign in to your existing account. To register you will need: your volunteer ID badge, your license plate number, the make, model, and color of your vehicle, and your home email address. Detailed instructions on how to register your vehicle(s) can be found in the Resource Library on your volunteer dashboard.

If you need assistance or access to a computer, please visit Volunteer Services. Our office hours are: Monday – Thursday, 8AM – 5PM and Friday, 8AM – 2PM. We are closed weekends and holidays.

While you are going through the onboarding process, you are welcome to park in P3, the patient and visitor parking structure located on the corner of Barton Road and Campus Street.

Once you are an "Active" volunteer, please register your vehicle and park in P1 or P2, the employee parking structures across the street from the Emergency Department on Campus Street. There are 20 reserved spaces available on the south side of smaller structure labeled "Volunteers Only". If those spaces are filled, you are able to park in any (non-gated) area of the smaller structure, or in the larger parking structure on floors 4-7. **Your vehicle must be registered or you will be cited.**

**Parking citations are \$100.00 and will not be waived for any reason
PLEASE ALLOW EXTRA TIME TO FIND PARKING.**

- *Overflow Parking* – is available on the corner of Shepardson and Benton. This is a gated lot and you must have a volunteer badge and be registered to utilize this lot. The shuttle runs from the Shepardson Lot to University Court. You will then need to walk through the University or up Anderson Street to the Medical Center. Shuttle operates Monday – Friday, from 6:30AM to 7:00PM.
- *Disabled Volunteers* – If you have a disabled parking permit, you are permitted to park in designated spaces.

PARKING for LOMA LINDA UNIVERSITY MEDICAL CENTER - EAST CAMPUS

Volunteers are required to use staff parking between 6:00am and 6:00pm. After hours, volunteers and staff may use the patient parking.

Entrance:

Enter the East Campus Hospital building through the:

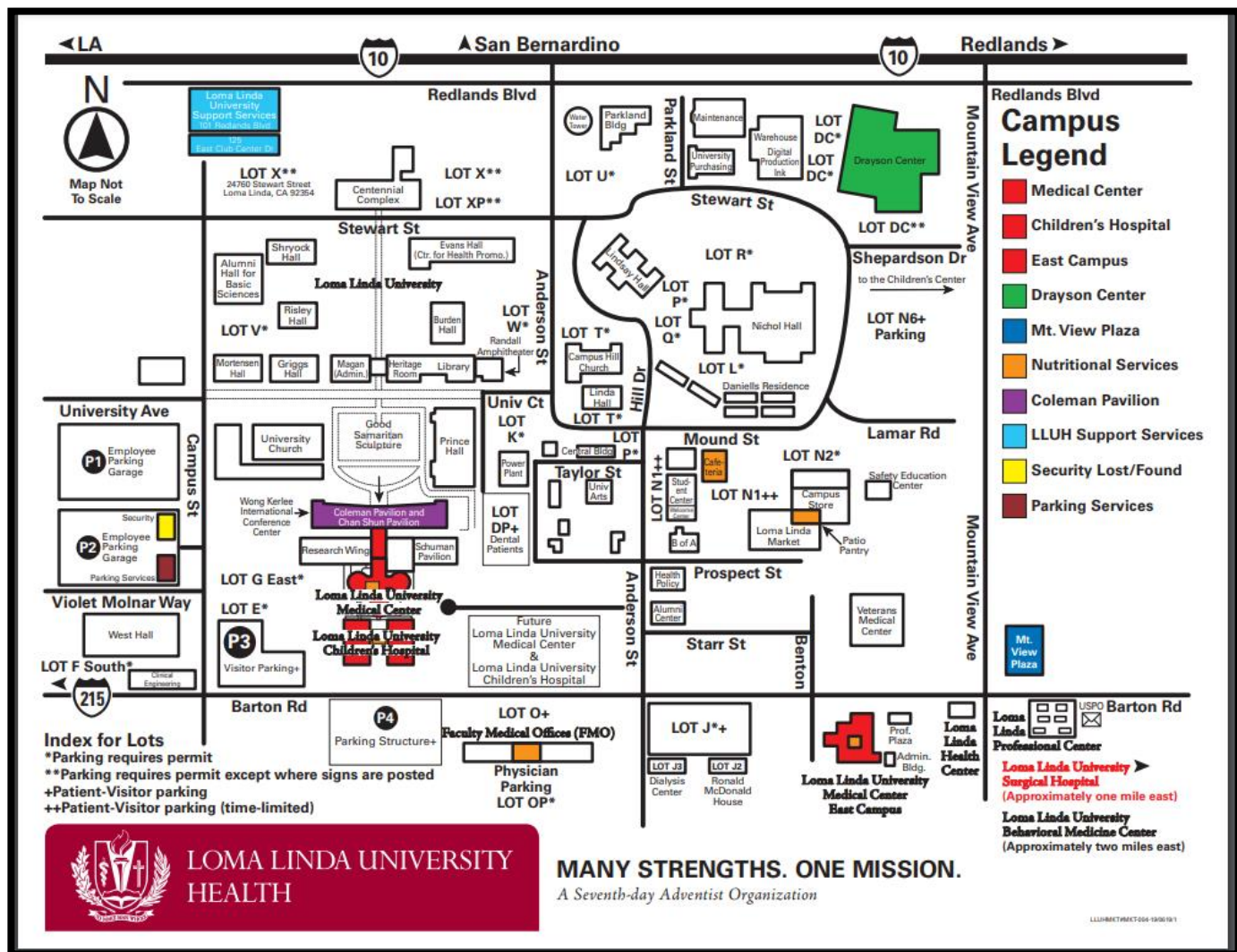
Main front entrance from 6:30 am to 8:00 pm

Urgent Care entrance from 8:00 pm to 6:30 am

PARKING for LOMA LINDA UNIVERSITY SURGICAL HOSPITAL

- Check east side lot first. If full then,
- Far west side of parking lot adjacent to the water detention pond or,
- Extreme northwest and north sections

All parking questions should be directed to the Department of Parking & Traffic, located at 11206 Campus St Loma Linda, CA 92354 or by phone to (909) 651-3025 or Ext. 53025 (in-house phones), or located on the web at parking.llu.edu (LLUMC students or employees only). If the Parking & Traffic Department has questions about your clearance, ask them to contact Volunteer Services at Ext. 88022. Avoid specially designated or assigned spots, and make note of any posted time limits.





Basic Life Support (BLS)

If immediate medical attention is needed during an emergency, please find a house phone and dial extension 77777 for non-responsive adult patients, or extension 55555 for non-responsive pediatric patients. If the patient is conscious/responsive, call Rapid Response Team at extension 77888. When the operator answers, give your name and location to him or her. At the Behavioral Medicine Center, dial 911 for any emergency.

Illness & Injury

If you become ill or injured, or you are exposed to a hazardous material of any kind while you are here, you must do the following:

If the injury involves a needle stick, you must immediately wash the site, and then go to the LLUMC Emergency Department (ED) for follow up. Please be sure to tell the ED staff that you are a volunteer.

In addition, please notify your supervisor and the Volunteer Services office. The hospital does not assume responsibility for any accidents or injuries while on volunteer duty. Your personal health insurance is the primary responder in case of an accident or injury.

As a volunteer you are not covered under LLUMC's worker's compensation program.

Exposure Prevention

Hazardous Materials

Hazardous chemical or biological materials can be solids, liquids or gases, and can be found in many areas throughout our facilities.

If you are exposed to a hazardous material, follow these steps, in this order, to reduce the severity of injury:

- 1) Consult the label to identify the material.
- 2) Decontaminate the affected body part with *running water* for at least 15 minutes. Do not soak the site in a container of water!
- 3) Then follow the instructions in the 'Illness & Injury' section above.

Hazardous material spills should be carefully dealt with. Notify those in the immediate area if you see, or come across, a hazardous material spill.

Pesticides

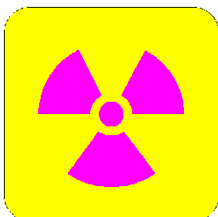
Pesticides are hazardous materials designed to disinfect or sterilize an item or surface before it is reused and include:

- Disinfectants
- Germicides
- Sterilants
- Insecticides

If you are exposed to a pesticide, follow the same three steps outlined above to reduce the severity of injury.

Radiation

The "Radiation Safety Program" is designed to allow the safe use of radiation and radioactive materials in the research and healthcare environments. The Office of Radiation Safety has instituted policies, procedures, controls and services designed to keep exposure to radiation "**As Low As Reasonably Achievable (ALARA)**". If **ALARA** is practiced, exposures to staff, patients and visitors will be minimized. Radiation exposures are kept ALARA using the following program components:



Time: Reduce the time spent near a source of radiation
Distance: Increase the distance between you and the source of radiation
Shielding: Get something between you and the radiation source.

Please be alert to any signs or symbols indicating a source of radiation – see symbol at left.



Bloodborne Pathogens

Bloodborne pathogens can make you very sick, but must actually get inside your body in order to make you sick. They may enter your body through:

- An accidental injury caused by a sharp object contaminated by bloodborne pathogens
- Open cuts, nicks and abrasions
- Mucous membranes of your mouth, eyes and nose

These pathogens live in blood, saliva, semen, and vaginal secretions. In laboratories, pathogens can also be found in unfixed cells, body tissue and organ cultures. It is very important to protect yourself from all types of bloodborne pathogens, especially:

- Hepatitis B Virus (HBV)
- Hepatitis C Virus (HCV)
- Human Immunodeficiency Virus (HIV)

Minimize your risk of exposure by:

1. Getting vaccinated against Hepatitis B before injury occurs
2. Using “needle-less” IV devices whenever possible
3. Using personal protective equipment (PPE) such as goggles, gloves, masks, face shields, and gowns
4. Being alert to biohazard labels or signs and using good housekeeping practices
5. Avoiding eating, drinking, applying cosmetics, or handling contact lenses in areas with risk of bloodborne pathogen exposure
6. Placing needles in sharps containers without recapping, bending or breaking
7. Handling contaminated equipment with care

If you are exposed to blood or other body fluids:

- **Wash** the wound(s) with soap and water or irrigate mucous membranes with water or saline.
- **Report** the incident immediately to the person in charge in your area, your instructor, or your research coordinator.
- **Fill out** the “Report of Accident/Illness” form, if you are an employee, before going for medical treatment.
- **Go** to the Emergency Department for medical treatment.

Tuberculosis

Mycobacterium tuberculosis is the germ that causes tuberculosis (TB). TB can damage a person’s lungs or other parts of the body and causes serious illness.

People with *TB infection* cannot spread TB to others – the germs are in an “inactive sleeping” state. Typically this would be identified by a positive tuberculin skin test; however, the person would not have any signs and symptoms of tuberculosis. Persons with active *TB disease* can spread TB to others during the time they have untreated germs in their lungs or throat and they cough, sneeze, or speak and send these germs into the air. As soon as patients with active TB disease are identified, they are placed in rooms with special ventilation and designated for airborne precautions (see below). Please be alert to patient care rooms with posted precautions.

Standard and Transmission-based Precautions

Standard Precautions apply to all patients all the time. **Transmission-based Precautions** apply to patients with communicable diseases that need more than Standard Precautions to ensure the disease is not spread to others. A precautions sign stating the type of protection necessary for entry into the room will be placed on the door to the patient room. Signage includes:

♦ **Airborne Precautions:** Used with patients with disease microorganisms that are spread by air currents and that may be inhaled by a susceptible person. *Personal Protective Equipment (PPE): Wear an **N-95 respirator/mask** when entering a patient room.*

♦ **Droplet Precautions:** Used with patients with disease microorganisms that are transmitted during coughing, sneezing, talking or during certain procedures such as suctioning and bronchoscopy, or by microorganisms that may come in contact with a person’s eyes or mucous membranes. *PPE: Wear a **mask** when entering a patient room.*



♦ **Contact Precautions:** Used with patients known or suspected to be infected or colonized with certain microorganisms that are spread primarily on your hands or by your hands. *PPE: Wear **gloves** when entering a patient room. During patient care, change gloves after having contact with infective material. Remove gloves, wash hands immediately, and reapply gloves if patient care continues. Wear a **gown** when entering a patient's room.*

Combinations of Precautions: May be necessary for communicable diseases that are spread by multiple combinations of above or may be a developing disease that method of spread has not been determined. *PPE: Wear PPE as designated by signage.*

Hand Hygiene Requirements

Washing with water is required when hands are dirty or contaminated with blood or body fluids. In most other situations, alcohol-based hand cleaners are better than washing when hands are free of blood or body fluids.

Hand hygiene should be performed:

- before and after direct contact with patients, blood or body fluids, mucous membranes, non-intact skin, and objects that are likely to be contaminated
- before invasive procedures, e.g., IV insertion, bronchoscopy
- before eating or drinking, after using the rest room, after coughing or sneezing
- when caring for patients who are immunosuppressed
- when caring for patients with multiple drug-resistant organisms
- after handling garbage
- after removing gloves

Respiratory Etiquette

- You will be expected to cover your nose and mouth with a tissue every time you cough or sneeze. Throw the used tissue in a waste basket.
- If you don't have a tissue, sneeze or cough into your sleeve.
- After coughing or sneezing, always clean your hands with soap and water or an alcohol-based hand cleaner.

Environmental Factors

Electrical Safety

Macro shock – An electrical current that can pass over or through the body and cause muscle contractions, burns, open wounds, or cardiac arrest.

Micro shock – A small amount of electrical current that can pass internally through or near the heart. It gives no warning, cannot be felt, and will leave no physical evidence, even if the result is death. Patients at risk have peripheral and/or central IV lines.

Outlets are color coded to indicate the type of electricity support that is available. **IVORY/WHITE** outlet plates indicate normal power electricity. **RED** outlet plates indicate emergency power and should only be used for life support, life safety, or mission critical equipment. **ORANGE** outlet plates indicate constant power or UPS (uninterrupted power source) for computers, etc.

Disasters

A facility administrator has the authority to declare an emergency or disaster condition. Special procedures will be followed to mobilize our resources and all departments will be notified.

Your role when a disaster strikes:

- Ensure your own safety (duck/cover/hold, evacuate, etc., as needed).
- Survey your immediate surroundings and report any hazards.
- Assist persons near you who need help.
- Assist with evacuation efforts if needed.
- Contact your supervisor to find out where to report, or if you should continue your current volunteer assignment.
- Stay in your area until released or reassigned by your supervisor.
- Perform duties as directed.
- Wear your identification at all times.
- Use pay telephones or personal cell phones if personal calls are necessary, leaving in-house telephone lines free for emergency calls.



Fire Safety

Our basic fire response plan is called “R.A.C.E.” or “the RACE Fire Plan.” The four main steps you must take when you discover a fire are:

- R - Rescue** Remove anyone who is in immediate danger, including yourself. Tuck towels or sheets under the door and around the sides to help keep the smoke from spreading.
- A - Alarm** Pull the nearest fire alarm to get the Fire Department to respond and alert others in the building. Then, use a phone (away from the fire) and dial 911 to report the fire to the Security Control Center. Tell them information about the fire and where it is located.
- C - Contain** Close the rest of the doors in the area to keep the fire and smoke confined.
- E - Extinguish** If it is safe to do so, fight the fire with an extinguisher. Use the correct extinguisher for the class of fire and follow the PASS (Pull, Aim, Squeeze, Sweep) method for using the extinguisher. Fire extinguishers that are labeled “ABC” (dry chemical) are multi-purpose and are good for all three classes of fire – **Class A**, Combustibles; **Class B**, Liquids; **Class C**, Electrical.

Interim Life Safety Measures (ILSM)

Interim Life Safety Measures are actions that are required when Life Safety Code deficiencies exist (or during construction activities), and are intended to maintain fire safety. If there is a deficiency with a building’s design such as blocked exit hallways, inoperative fire alarm system, sprinkler system shut-down, or inoperative fire separations, etc., ILSM are put into place.

Slips, Trips and Falls

Slips are the most common cause of falls. Help prevent slipping by:

- being careful when walking on wet and slippery surfaces
- watching for “Wet Floor” signs and avoiding the area
- keeping dry materials, such as powder, sawdust, etc., off the floor
- taking smaller steps, planting your feet firmly, and holding onto something like a railing

Trips can be prevented by:

- walking in well-lit areas
- paying attention to the walking surface, especially in uneven areas
- avoiding areas not meant for walking, such as flowerbeds
- eliminating tripping hazards such as open file drawers, boxes or other containers, equipment cables and clutter

Falls are generally defined as falling from one level to another, and can be avoided by:

- using equipment (step stools, ladders) that is in good condition, and checking for sturdiness
- being sure that what you’re standing on can hold your weight
- making sure that the step stool/ladder rests firmly on the floor or ground
- using stairs that are well lit, stepping carefully, and using the handrails, or using elevators

Workplace Violence

Signs of stress that could turn into violence include depression, frequent absences, talking in a louder-than-normal voice, being startled easily, increased irritability, impatience, loss of concentration or memory problems. If you think someone may be potentially violent, notify the person in charge of your area immediately. Dial 911 if violence occurs.

Code Pink and Code Purple

LLUMC has a program in place to prevent infant and child abduction. One of the requirements is that identification be worn at all times by employees, students and research affiliates. Your role will be to call Security Control Center at ext. 44320 if you notice anything or anyone that is suspicious.

Code Pink overhead announcement – an infant (less than 12 months old) is reported as missing.

Code Purple overhead announcement – a child (more than 12 months old) is suspected or confirmed as missing.



HIPAA

HIPAA stands for **Health Insurance Portability and Accountability Act** of 1996, also referred to as the Kennedy-Kassebaum Act. This statute called for the Department of Health and Human Services (DHHS) to adopt standards for **electronic data interchange** (EDI) and codes sets, uniform health care identifiers, and standards for the protection of privacy and security of patient data.

HIPAA has 3 main objectives:

1. Insurance portability
2. Fraud enforcement (accountability)
3. Administrative simplification (reduction of healthcare costs)

Essentially, anyone who receives health care can apply their patient rights under HIPAA. Applying these patient rights will help control how an institution can use or share information called **Protected Health Information** or **PHI**.

PHI is any health information that:

- directly or indirectly identifies a patient
- pertains to the past, present and future condition of the patient
- is transmitted verbally, in writing, or electronically

Examples of PHI is:

- | | | |
|--|---------------------------|---|
| • name of patient and relatives | • birth date | • full face photos or comparable images |
| • certificates/license numbers | • marital status | • electronic mail addresses, URLs |
| • vehicle identifiers and serial numbers | • address | |
| • insurance/medical record numbers | • finger and voice prints | |
| • telephone and fax numbers | • social security numbers | |

Education and Employment Records are not considered PHI and so are not covered under HIPAA regulations.

The Privacy Patient Rights

Right to Access – patients have the right to access, inspect and obtain a copy of PHI contained in their medical or billing record.

Right to Amend – patients have the right to request an amendment or change to the PHI contained in their medical or billing record.

Right to Disclosures – patients have a right to request a list of when and to whom their confidential information was released (called an accounting of disclosures).

Right to Request Restrictions – patients have the right to:

- A) Request restrictions on how we use or share their PHI with others for treatment, payment and health care operations.
- B) Request restrictions on how much information should be shared with others in the facility directory of patient locator.
- C) Request a restriction on the information shared with family or friends involved in the patient's care.

*We are not required to agree to a restriction, so **DO NOT agree to a restriction!***

Right to Request Alternative Communication – patients have the right to request that we send communications of PHI through an alternative means or to alternative locations. The Privacy Rule requires that we accommodate requests that are reasonable.

Right to File a Complaint – if the patient feels that his or her privacy rights were violated, he or she has the right to file a complaint with the organization and the Secretary of the Department of Health and Human Services.

Right to Receive Notice – the patient has the right to receive a notice of the privacy practices of the organization. The notice must include how the organization uses and discloses the information, how to obtain records, and how to file a complaint.



Minimum Necessary

This means that one should request only the (least amount) specific information needed to complete the task.

Organized Health Care Arrangement (OHCA) is more than one entity that participates together in the sharing of PHI, uniform method of HIPAA compliance and monitoring processes, and uniform agreement of restrictions.

When PHI is requested, determine if it is being shared within the OHCA for:

- Treatment purposes
- Payment purposes
- Health care operations*

If “Yes” to any of the above, then patient authorization is NOT needed.

If “No” to any of the above, then patient authorization IS required. You must forward the request for PHI to the **Health Information Management (HIM)** Department.

* *Health Care Operations, or **Treatment/Payment/Operations (TPO)**, includes:*

- ☒ *quality assessment and improvement activities*
- ☒ *population-based activities related to improvement activities*
- ☒ *protocol development*
(research done for Quality Improvement purposes is the only research considered TPO)
- ☒ *case management and care coordination*
- ☒ *contacting health care providers and patients with information about treatment alternatives*
- ☒ *review of competence/qualifications of health care professionals*
- ☒ *practitioner and provider performance evaluation*
- ☒ *conducting training programs*
- ☒ *other activities relating to health benefit contracts*
- ☒ *medical review, internal legal and auditing functions*
- ☒ *business planning and development*
- ☒ *administrative activities*
- ☒ *activities relating to the sale, transfer, merger or consolidation of the covered entity*
- ☒ *fundraising for the benefit of the covered entity (conditions apply)*

Breaches in Privacy

Both individuals and organizations can be held liable for breaches in privacy. Intentionally releasing information would be punishable by a fine of up to \$50,000 and one year in jail. Someone trying to sell information could face a \$250,000 fine and 10 years in prison. Civil penalties of up to \$100 for each unintentional violation, and up to a \$25,000 limit per identical violation could apply.

Summary – Your Role With HIPAA

- ❶ Share PHI within the OHCA for:
 - Treatment – forward requests to clinicians with treatment relationship with patient, HIM dept.
 - Payment – forward requests to billing offices, patient business offices, HIM dept.
 - Health care operations – forward requests to managers, business offices, decision support
- ❷ Do not share PHI with departments within the OHCA for non-TPO purposes. Forward all PHI requests for non-TPO purposes to the HIM Department.
- ❸ For research, forward requests for PHI to the Institutional Review Board (IRB) Administrator for approval.

Bottom Line

You shouldn't be passing any information to anyone except as the information is used for your job. Respect the patient's right to privacy, and do everything possible to maintain the confidentiality of their information. As a volunteer, you are **not** permitted to access your own record, or a patient record. For more information on HIPAA, please contact the Volunteer Services office.

NOTE: For volunteers at the Behavioral Medicine Center, please obtain more information on the confidentiality policy specific to the facility, from the facility.



Computer/Workstation Rules of Behavior

This section of the Orientation Guide is especially important for those of you who will receive access to our institution computers or workstations while volunteering. Please read the following carefully.

Emails

I understand that:

1. Personal email accounts (e.g., Yahoo, AOL, Hotmail) must not be used to conduct LLUMC (or other LL entity) business transactions that include protected health information (PHI).
2. Emails (and attached files in emails such as Word, Excel documents) to individuals/parties outside of LLUMC/LLU's Outlook system must not contain protected health information (PHI). If there is an approved business need to send protected health information (PHI) via email outside of Outlook, I must contact IS and obtain approved encryption methodology.

Workstation security

I understand that:

1. Only organization owned/approved equipment and devices must be used to access PHI contained within information systems/networks unless remote access from a personal computer has been granted through IS.
2. Unless approved in writing by a VP/Department Head/Chair, PHI must not be captured or stored on any portable device or removable media. Portable devices or removable media include, but are not limited to: Blackberry devices, Camcorders, Cellular Telephones, Compact Discs (CDs), Digital Versatile Disc or Digital Video Disc (DVDs), Data Enabled Cell phones, Digital Cameras, Flash Memory Cards, Floppy Diskettes, Jaz or Zip Drives, Laptop Computers, Magnetic Tape, Novelty Storage Devices (e.g., Watch or pen for example), Optical Drives, Personal Digital Assistants (PDAs), Personal Electronic Devices (PEDs), Portable Media Players (MP3), Storage Elements (SAN Disk), USB Drives (Stick, Thumb, Flash, Pen) and/or similar devices..
3. The accessing or downloading of PHI through USB ports or via any other mechanism or unauthorized manner and the storage on any medium of PHI obtained in such a manner is strictly prohibited.
4. PHI must not be stored on a computer's hard drive unless files are encrypted via an IS approved methodology. Files with PHI must be saved to a secure server i.e., network drive, secure network storage device.
5. *For employees/physicians approved to work at home or to use personal equipment.* Individually owned computers or electronic devices must be equipped with standard security protections software, as specified by the IS department. Confidential data residing on individually owned computers and electronic devices must have the same data integrity, privacy and security standards as organization owned machines. The *Information Security Minimum Standards* is available on the VIP page at the Information Systems/Information Security website or the IS Help Desk can be contacted for assistance.

Reporting

I understand that I must:

1. Report any potential or actual violations or risks to the confidentiality, integrity and security of PHI **immediately** to the IS Department (for computer incidents), the Security Department (for loss or theft) or to the Compliance Department (for policy violations or potential breaches due to process or safeguard concerns).

Related Policies

I understand that I must:

1. Adhere to all policies governing Computer Systems Security (to include password usage) and Use of Computer Internet Services as well as related policies governing the privacy and security of PHI. Additionally, I understand and agree that any breach of confidentiality or security due to failure to abide by the terms herein or as stated in organization policy or applicable law shall be grounds for disciplinary action, which may include immediate termination.



2021 National Patient Safety Goals

Here is a listing of current patient safety goals that have been identified by the Joint Commission as a priority, and the corresponding safety practices that must be used.

2021 Hospital National Patient Safety Goals

The purpose of the National Patient Safety Goals is to improve patient safety. The goals focus on problems in health care safety and how to solve them.

Identify patients correctly
NPSG.01.01.01 Use at least two ways to identify patients. For example, use the patient's name *and* date of birth. This is done to make sure that each patient gets the correct medicine and treatment.

Improve staff communication
NPSG.02.03.01 Get important test results to the right staff person on time.

Use medicines safely
NPSG.03.04.01 Before a procedure, label medicines that are not labeled. For example, medicines in syringes, cups and basins. Do this in the area where medicines and supplies are set up.
NPSG.03.05.01 Take extra care with patients who take medicines to thin their blood.
NPSG.03.06.01 Record and pass along correct information about a patient's medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Give the patient written information about the medicines they need to take. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.

Use alarms safely
NPSG.06.01.01 Make improvements to ensure that alarms on medical equipment are heard and responded to on time.

Prevent infection
NPSG.07.01.01 Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning. Use the goals to improve hand cleaning.

Identify patient safety risks
NPSG.15.01.01 Reduce the risk for suicide.

Prevent mistakes in surgery
UP.01.01.01 Make sure that the correct surgery is done on the correct patient and at the correct place on the patient's body.
UP.01.02.01 Mark the correct place on the patient's body where the surgery is to be done.
UP.01.03.01 Pause before the surgery to make sure that a mistake is not being made.

The Joint Commission

This is an easy-to-read document. It has been created for the public. The exact language of the goals can be found at www.jointcommission.org.



Department of Volunteer Services **Child/Elder Adult/Dependent Adult Abuse Concerns and Guidelines for Volunteers**

Any situation in which adults and children, dependent adults and elder adults interact with others may be subject to issues concerning abuse. Nursing and medical staff at all Loma Linda University facilities are trained to be advocates for the children and adults who are patients here. They are required to act upon situations which threaten or appear to threaten the physical or mental safety of our patients.

All professionals caring for children, dependent adults and elder adults are required by State and Federal law and hospital policy to report any allegations of endangerment to appropriate authorities. Abuse can and does occur everywhere. As a volunteer, your responsibility is to help in providing a caring environment for our patients. If you believe that you have seen or suspect the abuse of a child, dependent adult or elder adult we would ask that you report this to your supervisor immediately.

DEFINITION: **An elder adult** is a person 65 years or older.

DEFINITION: **A dependent adult** is a person between 18 and 65 who has a physical/mental handicap and is under the care/supervision of another adult/care giver.

As volunteers, it is also very important that your behavior not be erroneously interpreted as harmful to a patient's physical or mental safety. The following guidelines are for your protection:

- * Come to the hospital only when you are assigned to volunteer.
- * Always sign in upon arrival and sign out when you leave.
- * Report to your assigned area and supervisor. Your supervisor should know where you are at all times.
- * Always wear your ID badge and uniform.
- * When assigned to work independently in an area or room with a patient, be certain that you and the patient are visible to staff and/or parents at all times. Avoid drawing shades or curtains, or closing doors, unless directed to do so by the staff.
- * Note: Consider your actions within the framework of the patient's age and gender, your age and gender, and the circumstances.
- * Physical contact with patients should be approached cautiously - touching a child on the head or shoulders is not likely to be mistaken as inappropriate behavior; however, assisting a patient with bathing, changing clothes, or with toilet needs, could be misinterpreted. These are not volunteer responsibilities – these are nursing staff responsibilities. **As a volunteer, your responsibilities are psychosocial only.**
- * Respect the patient's privacy - stay out of the room if the patient's curtain is drawn or if the patient is undressed.
- * Visiting patients on your own time is not allowed.
- * Treat patients as equally as possible. Avoid showing favoritism.

Our patients need YOU - your concern for them is precisely why we wish to protect you from inadvertently placing yourself in a compromising situation. The enjoyment and satisfaction you receive from volunteering is as important to us as it is to you, and we wish to help you continue helping others.

If you have any concerns or questions now or in the future, please feel free to stop by the Volunteer Services office, room 1802, or call (909) 558-8022.



Reasons for Suspension or Dismissal from the Volunteer Services Program

1. Negligence or inconsiderate treatment in the care of patients.
2. Failure to perform assigned duties.
3. Divulging confidential information.
4. Falsifying records, reports or information of any nature.
5. Theft, misappropriation, or unauthorized possession, or use of property belonging to the hospital, to any patient, visitor, volunteer or employee.
6. Possession of intoxicating beverages on the premises or reporting to work under the influence of intoxicants.
7. Illegal use of narcotics or drugs or use of marijuana while volunteering.
8. Possession of a weapon on the premises.
9. Soliciting tips or services from patients or any other persons while on the premises.
10. Unauthorized vending and sale of service to patients and unauthorized distribution of literature on the premises at any time.
11. Rude, discourteous or uncivil behavior; fighting.
12. Habitual absence or lateness.
13. Entering unauthorized areas at any time.
14. Interfering with work performance of another volunteer or employee; threatening, intimidating or coercing another volunteer or employee.
15. Willfully or carelessly damaging, defacing or mishandling of equipment or property of a patient, visitor, another volunteer or employee.
16. Willful or careless violation of safety, fire prevention and security regulations.
17. Smoking anywhere on the Loma Linda University Health campus.
18. Removing any patient from the premises without written permission from the patient's physician and/or charge nurse.
19. Volunteer Services reserves the right to dismiss any volunteer in the event they engage in activities or demonstrate an overall demeanor that is inconsistent with the goals of Loma Linda University Health.
20. Volunteer Services may immediately disengage a volunteer at any time, with or without notice to the volunteer.