

Volunteer Handbook

Your Guide to Grinnell Regional Medical Center

Welcome to Grinnell Regional Medical Center

On behalf of the staff and board of Grinnell Regional Medical Center, it is my pleasure to welcome you as part of the GRMC team. We appreciate your commitment of time and talents to help the medical center provide the very finest healthcare services to the people of our area.

Last year over 600 volunteers provided over 18,000 hours of unpaid services to Grinnell Regional Medical Center. This included such services as patient services, gift shop, surgery waiting, information desk, breakfast services and clerical services. Other volunteers serve on the auxiliary board, the arts advisory committee, do sewing and clerical projects, and participate in various fund raising efforts each year. Regardless of where and how much, volunteers are a part of the GRMC team.

We sincerely welcome you and hope you will enjoy your association with GRMC, our patients, families and staff. If you ever have questions or concerns, regarding your volunteer service, please don't hesitate to call. And finally, wear your volunteer jacket proudly, smile and enjoy yourself. Remember, you are the hospital's best ambassadors.

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Our mission is dedication to "Health Care for Life" through:

Genuine care and compassion for the health and well-being of patients, families, and the communities we are privileged to serve.

Responsiveness to balancing community needs with available resources.

Marvelous people making a difference through quality care and service excellence every day.

Commitment to promoting wellness, restoring health and enhancing the quality of life for all we serve.

Our Values

We value our patients and colleagues. We strive to treat those we serve as they wish to be treated, respecting individuality, confidentiality, and dignity. We value integrity, compassion, cooperative spirit, innovation, and service.

The Auxiliary Invites You

Just as an elegant quilt begins one stitch at a time, so does building a successful auxiliary. Grinnell Regional Medical Center places great value on its auxiliary, not only in terms of services and financial support, but also as good will ambassadors into the community. By joining the auxiliary, you help GRMC provide the finest of healthcare services to our area.

Like the comfort of a quilt, the auxiliary strives to comfort the patients of GRMC as well as aid the staff in caring for friends and families. Improvements with the GRMC Blueprint for Health plan will expand services, add technology and equipment, and enhance patient comforts and conveniences. What an exciting time for the staff and auxiliary of GRMC.

We invite you to be a part of the GRMC quilt. Your membership and continued support will be greatly appreciated and will enable the auxiliary to carry on its rich tradition of service and financial commitment to our medical center.

Volunteers Make A Difference

For many people, volunteer service is a special source of personal satisfaction. It is a way of meeting new people, exploring new careers, developing creativity and growing personally.

Volunteers give unhurried warmth, words of comfort, and a helping hand to both patients and their families. They provide an extra dimension of humanity, giving hope, and strength during difficult times.

At GRMC there is a cross section of volunteers – men, women, teenagers, homemakers and professional people. They all have the common desire to do something for others. Many of these volunteers could be working at jobs for which they're paid. Instead, they choose to give something back to their community: their time, their experience, and their expertise.

GRMC volunteers are talented, committed people of all ages with various backgrounds representing every part of the community.

A History of Grinnell Regional Medical Center

The history of Grinnell Regional Medical Center begins with the merger of two hospitals. As early as 1919, two progressive hospitals—St. Francis Hospital and Community Hospital—served the Grinnell area. By 1966, it was clear that operating two separate hospitals was inefficient for both institutions due to rising costs, staffing problems, and antiquated facilities and equipment. After much hard work by area residents, the support of the Chamber of Commerce, a special Mayor's Committee, the boards and trustees of both hospitals, and the Sisters of St. Francis, the hospitals merged in 1967 under the name Grinnell General Hospital.

In 1970 the new Grinnell General Hospital completed construction of a two-story patient care wing. In 1974, a second major construction project included the expansion of the surgery, radiology, laboratory, and emergency departments, as well as the addition of a physical therapy department. In 1983, GRMC completed another building project, creating additional space for surgery, the emergency room, physical and respiratory therapy, laboratory, and a new chapel.

Grinnell General Hospital celebrated its silver anniversary in 1993 by announcing a name change. Effective in January 1994, the hospital became Grinnell Regional Medical Center. The new name better reflects the expanded health care services offered at GRMC as well as the regional nature of the hospital.

Today, GRMC is an 81-bed hospital with nearly 50 physicians in 14 different specialties, including anesthesiology; ear, nose, and throat; emergency medicine; family practice; general surgery; internal medicine; neurology; orthopedic surgery; pain medicine; pathology; podiatry; psychiatry; radiology; and urology. With six affiliated family clinics in a six-county area, GRMC serves about 47,000 people. Affiliated clinics include New Sharon Memorial Clinic, Brooklyn Medical Clinic, Montezuma Medical Clinic, Lynnville Medical Clinic, Deer Creek Health Center (in Toledo), and Victor Health Center. In addition, Postels Community Health Park, located in downtown Grinnell, houses GRMC's integrated medicine and pain medicine clinics.

Since 1997 with the first capital campaign, Building on Excellence, and then the recent Blueprint for Health campaign, GRMC has renovated more than half of the medical center. Areas include medical and surgical patient wings, Kintzinger Women's Health Center, radiology, Candace Packard Lambie Intensive Care Unit, Mitchell Meditation Room, Warren H. Bower Surgery Center, and the development of the healing garden, Tomasek Conference Center, and the Ahrens Medical Arts Building.

More improvements are on the horizon. The capital campaign continues to raise funds for the renovation of the physical and occupational therapy department, laboratory, cardiopulmonary department, emergency department, cafeteria and kitchen area, and auxiliary gift shop. Ultimately, these renovations will improve the health and enhance the quality of life of GRMC's patients and constituents.

General Information

Orientation/Training: All new volunteers will attend a general orientation and inservice training before placement in any area of the hospital. Volunteers will be asked to attend an annual orientation update meeting.

Personal Appearance: Volunteers need to dress appropriately for each volunteer position. Volunteers are expected to be neat, clean, and well groomed. The appearance of a volunteer is an important part of public relations. Wear comfortable clothes and closed toed shoes. Strong perfumes are discouraged.

Courtesy: People are the foundation of Grinnell Regional Medical Center. Volunteers should treat all persons with respect and dignity; greet patients, visitors, staff, and other volunteers in a friendly and courteous manner.

Confidentiality: Volunteers have an obligation to respect each patient, employee and volunteer's right to privacy. Matters concerning a patient's care that comes to your attention must go no further. Always remember: What you see here, what you hear here, MUST stay here, when you leave here!

Action Newsletter: Volunteers and auxiliary members will receive a copy of this publication, published quarterly and devoted exclusively to GRMC volunteer activities.

GRMC Volunteer Room: Volunteer jackets, identification tags, schedules, hour cards, lockers and supplies for the various services will be found here. You'll find this area near the lab, next to the volunteer coordinator's office.

Lockers: Lockers are provided for your personal possessions. Please do not leave your purse or other valuables in the Volunteer Room.

Recording of Volunteer Hours: Each volunteer will have his/her own file card to record service hours.

Volunteer Uniform and Identification: Volunteers are required to wear the GRMC volunteer jacket and an identification tag while on duty. Soiled jackets may be placed on the laundry shelf.

Attendance/Personal Scheduling: Please be punctual for your duty. If you have been asked to obtain your own substitute, please do so. If you cannot find a substitute, please contact the department and the volunteer coordinator. For those services, not asking you to get your own substitute, a courtesy call to your department, in the event you cannot serve as scheduled, will be appreciated.

Time Away From Duty: Volunteers are encouraged to take some time away from their duty for meals, beverages, and restroom needs. Inform your staff supervisor that you'll be away from your duty for a while. In general, food in your duty area is discouraged; however, feel free to have a beverage.

Cafeteria Services: Volunteers, staff, and visitors are welcome to complimentary coffee, tea, hot chocolate and juice in the cafeteria.

Luncheon service is from 11:30 a.m. to 1:30 p.m. On the day you volunteer here, lunch will be provided at no charge.

Auxiliary Gift Shop: The Gift Shop offers a wide variety of gifts, greeting cards and candy. Hours are Monday-Friday, 9 a.m. - 8 p.m. and on Saturdays and Sundays, 1 - 4 p.m. All proceeds from gift shop sales are used toward the purchase of hospital equipment and healthcare career scholarships.

Harassment: GRMC does not condone harassment of any kind. Please contact the volunteer coordinator if you have any questions or concerns. Call 6222 the emergency number if you get into a situation.

Gifts and Tips Policy: Please do not accept tips or other forms of gratuities or borrow money or personal belongings from patients or their relatives.

Telephone Calls: When answering the phone for your department, you are encouraged to identify the department and yourself to the caller.

Lost and Found: Articles that are found on medical center property should be turned into the switchboard. Lost and found articles are stored in the Housekeeping Department.

Smoking Policy: Grinnell Regional Medical Center, as a provider of healthcare in this community, wishes to establish and maintain the most effective environment possible in which to deliver such health services. To that end, this policy regarding smoking has been adopted by the hospital and the governing board (9/94). It has been developed in consideration of the following points:

- 1) The safety of all patients, visitors, staff, and volunteers.
- 2) The effect of smoking on the health of all persons concerned from a medical perspective.
- 3) The individual rights of all persons concerned.

Therefore, smoking will not be permitted within the hospital. Designated smoking areas have been established outside the northeast entrance.

Concerns/Suggestions: Concerns and suggestions are ALWAYS welcome. Volunteers may contact their staff supervisor or the volunteer coordinator.

Knowledge of Complaint: When a volunteer receives a complaint from a patient or family member, take down the person's name, complaint, and a way (telephone number or address) to reach that individual to let them know the situation has been addressed. Report that information to the volunteer coordinator. The matter will be addressed without your name being mentioned.

Risk Management: The purpose of the Risk Management Program at GRMC is to improve the quality of patient care and when possible, reduce or eliminate the risk of injury to patients, visitors, volunteers, and employees. An example of a risk is a patient/visitor injury. Please contact risk management (ext. 2484).

Patient Rights: The patient's Bill of Rights includes the right to considerate and respectful care, confidential treatment, participate actively in decisions regarding medical care and to receive as much information about any proposed treatment in order to give informed consent or refusal, to name a few. Patient's rights are posted predominately throughout the hospital as well as in the patient handbook.

Grinnell Regional Medical Center Patient Rights and Responsibilities

Grinnell Regional Medical Center, including the governing body and medical staff, has adopted the following statement of patient rights for the patient or patient's representative (as allowed under state law):

The patient has the right to:

1. participate in the development and implementation of his or her plan of care and treatment including the inpatient or outpatient plan of care, discharge plan, and the pain management plan;
2. make informed decisions regarding his or her care including information, explanations, consequences, options needed, and as appropriate, their selection of post-hospital extended care providers (hospice, home health, or nursing homes);
3. be informed of his or her health status including being informed of his/her diagnosis and prognosis;
4. request or refuse treatment (this right does not include the right to demand treatment of services deemed medically unnecessary or inappropriate);
5. formulate advance directives and to have hospital staff and practitioners who provide care in the hospital comply with these directives (to the extent provided by state laws and regulations);
6. have a family member or representative of his or her own choice and his or her own physician notified promptly of his or her admission to the hospital;
7. personal privacy;
8. receive care in a safe environment;
9. be free from all forms of abuse or harassment;
10. confidentiality of his or her clinical records;
11. access information contained in his or her clinical records within a reasonable time frame except under limited circumstances according to state law;
12. be free from seclusion or restraints of any form that are not medically necessary or are used as a means of coercion, discipline, convenience, or retaliation by staff. The term "restraint" includes either a physical restraint (unless applied by a law enforcement officer not involved in the provision of health care) or a drug that is being used as a restraint. A restraint can only be used if needed to improve the patient's well being and less restrictive interventions have been determined to be ineffective. The use of a restraint must be selected only when other less restrictive measures have been found to be ineffective to protect the patient or others from harm;
13. be informed of his/her rights in a language or method of communication that he/she understands;
14. be informed of his/her rights as a patient in advance of, or when discontinuing the provision of care. The patient may appoint a representative to receive this information should he or she so desire;
15. be advised of the hospital grievance process, should he/she wish to communicate a concern regarding the quality of the care received or if he/she feels the discharge is premature including: whom to contact to file a grievance, a written notice of the grievance determination from the hospital that contains the name of the hospital contact person, the steps taken on his/her behalf to investigate the grievance, the results of the grievance and the grievance completion date;
16. leave the hospital even against the advice of his/her physician unless the patient is being held under court order;

17. be advised if hospital/personal physician proposes to engage in or perform human experimentation affecting his/her care or treatment. The patient has the right to refuse to participate in such research projects;
18. have unrestricted visiting hours if he/she is a Hospice patient; and
19. exercise these rights without regard of race, creed, gender, sexual orientation, national origin, diagnosis, religion, disability/handicap or source of payment.

8/04

Infection Control

What do we mean “Infection Control?”

It means preventing illnesses acquired at our medical center called nosocomial illnesses. These may include: urinary tract infections, post-operative infections, respiratory infections, and bloodstream infections.

Why is infection control important?

Because it's vital to patients' well being, and yours, too!

- Infections can lengthen a patient's stay; increase healthcare costs; cause inconvenience, pain, and even death.
- You are exposed to many germs that can make you sick. You could also spread illness to your family and friends.

It's up to you to help prevent infections in patients, visitors, healthcare volunteers, and staff.

Why do infections occur in healthcare facilities?

1. Many sick people are treated in close quarters. That means:
 - a) Many microorganisms (bacteria, fungi, viruses, and parasites) that can cause harm are present.
 - b) Frequent contacts are made between people who have or can spread illness and people who are vulnerable to infection.
 - c) Large amounts of contaminated wastes, equipment, and supplies must be handled and processed.
2. Some procedures that save lives may increase risk of infection.
For example:
 - a) Catheterization (inserting a tube into the body to drain or deliver fluids) opens a pathway through which bacteria can enter.
 - b) Inhalation therapy uses moisture, which may encourage the growth of harmful bacteria.
 - c) Antibiotics have caused the development of some drug-resistant bacteria that are harder to destroy.
 - d) Surgery requires cutting the skin - one of the body's most important defenses against infection.

Infection Control Policy for Volunteers

As a means of protecting the health of our patients, staff, and volunteers, certain groups of volunteers will be required to comply with the following employee health policies administered by the employee health nurse (or designee), at no cost to the volunteer, prior to beginning work as a volunteer.

Health History

Health history and latex sensitivity questionnaires need to be completed and returned to the volunteer coordinator.

Volunteer Health Program

A. Volunteers - Regular On Site

All Volunteers will have a health history on file and demonstrate immunity to rubella. Each volunteer who provides at least 10 hours of service in a direct patient contact role (e.g., a "job shadow" student who is partnered with a clinical staff member) shall also undergo Mantoux skin testing as done with traditional employees prior to the start of patient contact duties. Most regular volunteers are exempt from the Mantoux skin testing program even though occasional patient contact may occur. However, these volunteers may need skin testing in the event of any suspected TB exposure. Handwashing will be done in accord with Universal and Standard Precautions. Volunteers will not report to work when ill. Infection Control inservice education will be provided annually and as needed.

B. Volunteers - Offsite

Volunteers who provide no services at any GRMC workplace do not require any Employee Health screening or vaccination.

C. Volunteers - Special Circumstances

Persons working as community service volunteers (e.g., through the criminal justice system, county court system) shall undergo limited pre-placement training and screening based on the location and duration of service. These community service volunteers will be given a copy of the brochure used for vendors for safety training purposes. The supervising person will document that the training brochure has been received by the community service volunteer. Pre-placement health screening by Employee Health will be performed as follows:

1. No patient area service and < 20 hours service

If no patient care area service is anticipated and the person is scheduled for less than 20 hours of service, only brief information needs to be obtained prior to or at the start of the service. PPD (TB) skin testing or vaccination is not ordinarily needed for such persons.

2. Patient Area service and/or > 20 hours service

If patient care area service is anticipated and/or the person is scheduled for at least 20 hours of service, the pre-placement screening usually performed for volunteers shall be used for these persons. Vaccination for Hepatitis B, Measles, Influenza, or Varicella will usually not be offered for such persons but may be considered on a case-by-case basis depending on the circumstances of the situation.

Rubella Testing

It is important that all persons working in a health institution are immune to rubella. A laboratory test may be done to determine immunity. If immunity is lacking, the volunteer will be vaccinated by the employee health nurse.

Influenza Vaccine

Influenza vaccine will be offered to volunteers who meet annual criteria in the fall. Persons on Medicare may receive the flu vaccine from the employee health nurse.

Handwashing

Hand washing is the single most important procedure for preventing the spread of infection.

- Hand washing also keeps you from transferring contamination to other areas of your body and to patients or the environment.
- If infectious material gets on your hands, the sooner you wash it off, the less chance you have of becoming infected.

To be effective:

1. Lather hands with soap and water. Use non-abrasive soap (liquid, granules or foam) for most routine hand washing. Antimicrobial hand washing products kill microorganisms or inhibit their growth and are sometimes required.
2. Vigorously rub together all surfaces of lathered hands for 10 to 15 seconds. Friction helps remove dirt and microorganisms. Wash around and under rings, under fingernails, and include wrists. Keep splashes to a minimum and try not to touch the sink itself.
3. Rinse hands thoroughly under a stream of water. Running water carries away dirt and debris. Point fingers down so water and contaminants don't drip toward elbows.
4. Dry hands completely with a clean, dry paper towel. Discard in a waste container.

More Hand washing Tips

Consider the entire sink contaminated (including the faucet controls). To avoid further contaminating your hands: Avoid splashing or touching the sink. Use a dry paper towel to turn the faucet off. Discard the used towel.

When In Doubt, Wash

You may be at risk when performing routine activities. The best rule of thumb is: when in doubt, wash your hands. You should always wash your hands:

On arrival for volunteer duty.

When hands are obviously soiled.

Before leaving the bathroom.

Before serving food.

Before and after eating.

Before leaving the hospital.

After any personal care (combing hair, applying makeup, smoking, etc.)

Universal Precautions

What are Universal Precautions?

They're work practices and protective barriers that help prevent the spread of infectious diseases at our Medical Center.

They are your best protection against communicable diseases such as AIDS, and hepatitis B etc., and are required for use at ALL times, since it's not always possible to tell who is infected.

What steps do you need to take to protect yourself?

1. **Wear gloves** any time contact with blood or other infectious body fluids may occur. Change your gloves if they're torn, and after contact with each patient. Do not reuse disposable gloves. Wash your hands after you have removed the gloves.
2. **Wash thoroughly, with soap and water**, your hands and other skin surfaces immediately after:
 - direct contact with blood or other body fluids (whether or not gloves, mask, etc., were worn)
 - removing gloves, gown or other protective clothing.
 - between patients
 - after handling potentially contaminated items.
3. **Wear appropriate protective equipment** such as a facemask, gown and eye protection when splashes or sprays of blood, other body fluids, secretions or excretions are possible.
4. **Cover open wounds** and broken skin. Also, refrain from all direct patient care and from handling patient-care equipment if you have weeping dermatitis or sores with a discharge.
5. **Use resuscitation bags, mouthpieces or other devices** for mouth-to-mouth breathing.

Transmission-Based Precautions

What are Transmission-Based Precautions? They're work practices that help prevent the spread of certain contagious illnesses. Transmission-based precautions include three sets of Precautions based on the three different ways diseases can spread: through the air; by droplet; by contact.

1. **Airborne Precautions** are required for patients known or suspected to be infected by airborne germs.
 - Patients infected with airborne germs (TB, Chickenpox, or Measles etc.) require the use of a special room (Rm. 115 & ICU 5) that has special ventilation.
 - Patient's door must be kept closed.
 - Everyone must use a special face mask (requires training and certification).
 - Patients must wear a standard surgical-type facemask when leaving their room.
2. **Droplet Precautions** are required for patients known or suspected to be infected by germs that travel in droplets (scarlet fever, mumps, etc.). These droplets usually travel only about three feet from the patient.
 - Staff must wear a standard surgical-type facemask when entering the room and going within 3-5 feet of the patient.
 - Patients must wear a standard surgical-type facemask when leaving their room.
 - Glove and gown use may be required.

- Special room ventilation is not needed and the door may remain open.
3. **Contact Precautions** are required for patients known or suspected to be infected by germs that travel by direct contact (skin infections: drug-resistant bacteria, lice, etc.)
 - Special room ventilation is not needed.
 - Everyone must wear isolation-type gown and gloves when entering the room
 - If the patient also has a respiratory infection, all persons entering the room must wear a standard surgical-type facemask when going within 3-5 feet of the patient.
 - When transportation of patient is necessary, use care to prevent transmission to people, surfaces, or equipment.

When a patient requires Contact Precautions (red sign), Droplet Precautions (green sign), or Airborne Precautions (blue sign), a special sign is posted on or next to the door to the room. Volunteers should not enter such rooms.

Tuberculosis

Tuberculosis—Old Enemy, New Battle Tuberculosis (TB) remains a concern for us today. That’s why it’s crucial for everyone who works in healthcare to understand TB, know how to take precautions, and avoid undue alarm. TB skin tests are given to some volunteers.

TB falls into two categories:

1. **TB INFECTION** (“latent” TB) This means the person carries the TB germs, but:
 - does not look or feel sick
 - cannot infect others

A skin test will reveal evidence of TB germs in the person’s system. Preventive treatment is recommended for some people.

2. **TB DISEASE** (“active” TB) In this case, signs of illness are usually present. The person may:
 - cough (for 3 weeks or more)
 - feel weak
 - have a fever
 - have weight loss
 - lose his or her appetite
 - experience night sweats
 - cough up blood, or have chest pain when coughing.

The person can infect others unless he or she is taking medicine to cure TB as directed by a physician.

TB germs are spread through the air.

This happens when a person with infectious TB of the lungs or throat talks, coughs, sneezes, sings, or yells. You cannot get TB from any kind of contact with environmental surfaces.

TB transmission can be prevented in healthcare settings.

1. **Quick Identification:** Every patient is carefully screened at admission for active TB.
2. **Prompt Treatment:** The only way to cure TB is to complete a full course of drug therapy. Treatment takes time. People commonly need to take TB drugs every day for 6-12 months.

Job Related Injuries

Volunteers are protected while volunteering at GRMC for personal accident (injury on the job) and personal liability. Volunteers also must be “signed in” with recorded hours for this coverage to be valid.

1. Volunteers must report any of the following accidents/incidents:
 - a. needle stick/sharps accidents
 - b. minor cuts, abrasions, and bruises
 - c. lacerations
 - d. muscle strains
 - e. physical attack by patient, visitor, or staff person
 - f. severe pain or discomfort, which may or may not be related to job duties
 - g. episodes of loss of consciousness or seizures
 - h. fall
 - i. any other illness or injury you believe is related to or will interfere with your volunteer service.
2. The volunteer will report the incident to their supervisor, the nursing supervisor, or the employee health nurse, if indicated.
3. Emergency first aid treatment will be provided to volunteers at no charge.
4. If the injured volunteer requires further medical treatment, they will be advised to seek medical treatment from the hospital physician or the facility will make arrangements to transfer the volunteer to a designated medical center.
5. Treatment guidelines will be implemented as follows:
 - a. all skin breaks will be cleaned and dressed appropriately.
 - b. tetanus history will be obtained and immunization provided, as indicated.
 - c. complaints of bruising or muscle pulls will be evaluated for pain, range of motion, and discoloration at the site.
 - d. loss of consciousness or episodes of pain or discomfort may necessitate referral to the emergency room for evaluation.
 - e. a probable fracture will be referred to a non-emergency / emergency treatment center after initial evaluation of the apparent injury.
 - f. the medical director may offer further evaluation of any of the above situations as deemed necessary by the nursing supervisor or the employee health nurse.
 - g. volunteers that initially refuse further treatment must, if they seek medical care afterwards, notify their supervisor of such treatment.
6. Incident reports will be completed for all on-the-job incidents.

Fire Safety

1. What do you do if you discover a fire?

- R — Rescue all people from the immediate area of danger.
- A — Activate the alarm.
- C — Contain the fire/close the doors.
- E — Extinguish or Evacuate

The self-addressable fire alarm system will announce “Red Alert” and the location of the fire. (Off Campus Sites Call 911)

2. During a drill the red flag is dropped in front of you:

Activate the nearest fire alarm.

3. If you can extinguish the fire: locate nearest fire extinguisher:

- P — Pull the pin.
- A — Aim the hose.
- S — Squeeze the handle.
- S — Sweep at the base of the fire.

4. Please familiarize yourself with the following:

- a. The location of fire pull stations and fire extinguishers in your area.
- b. The importance of closing doors. The medical center inter-structure is capable of containing a fire.

5. If a RED ALERT is announced:

- a. Calm patients and visitors in your area and prepare to respond as needed.

Electrical Safety

Any electrical equipment brought into the facility by patients, employees, visitors or vendors needs to be electrically tested by facilities management call ext. 2341.

- 1. Make sure you inspect all electrical equipment before use. Look for any frayed or worn cords or plugs. All plugs need a third prong. Adapters changing a three-prong plug to a two-prong plug should not be used.
- 2. Report any damaged electrical equipment to facilities management.
- 3. Before touching a patient, be sure the floor is dry, your hands are dry and the patient’s bed is free of wetness or moisture.
- 4. Avoid static electricity shocks to patients by grounding yourself to the bed’s metal frame or the metal sink before touching the patient. Avoid touching a patient and a piece of electrical equipment at the same time.
- 5. During a power outage the emergency generator will provide power to the red outlets throughout the medical center.

Hazardous Communication

1. Any employee or volunteer has the right to know safety data information regarding any chemical the medical center uses.
 2. The medical center will provide Material Safety Data Sheets (MSDS) that contain the following information:
 - a. Hazard Ingredient/Identify Information
 - b. Physical/Chemical Characteristics
 - c. Health Hazard Data
 - d. Precautions for Safe Handling and Use
 3. Each department has Material Safety Data Sheets (MSDS) in their departmental Safety Manual (a large blue binder) showing the information about chemicals in your area.
 4. If a hazardous spill is discovered:
 - a. Contain the spill and keep everyone back from the area. Minor spills may be confined and cleaned up by individual departments. Contact an employee in that area.
 - b. Minor spill - Call the switchboard "0" and have them page Housekeeping or Facilities Management and provide them with the location of the spill.
 - c. Major spills should be reported immediately call the emergency # 6222.
- The following people will be notified:
- ext. 2300 -Administrator On Duty
 - ext. 2340 -Safety/Security
 - ext. 2484 -Risk Management
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Security

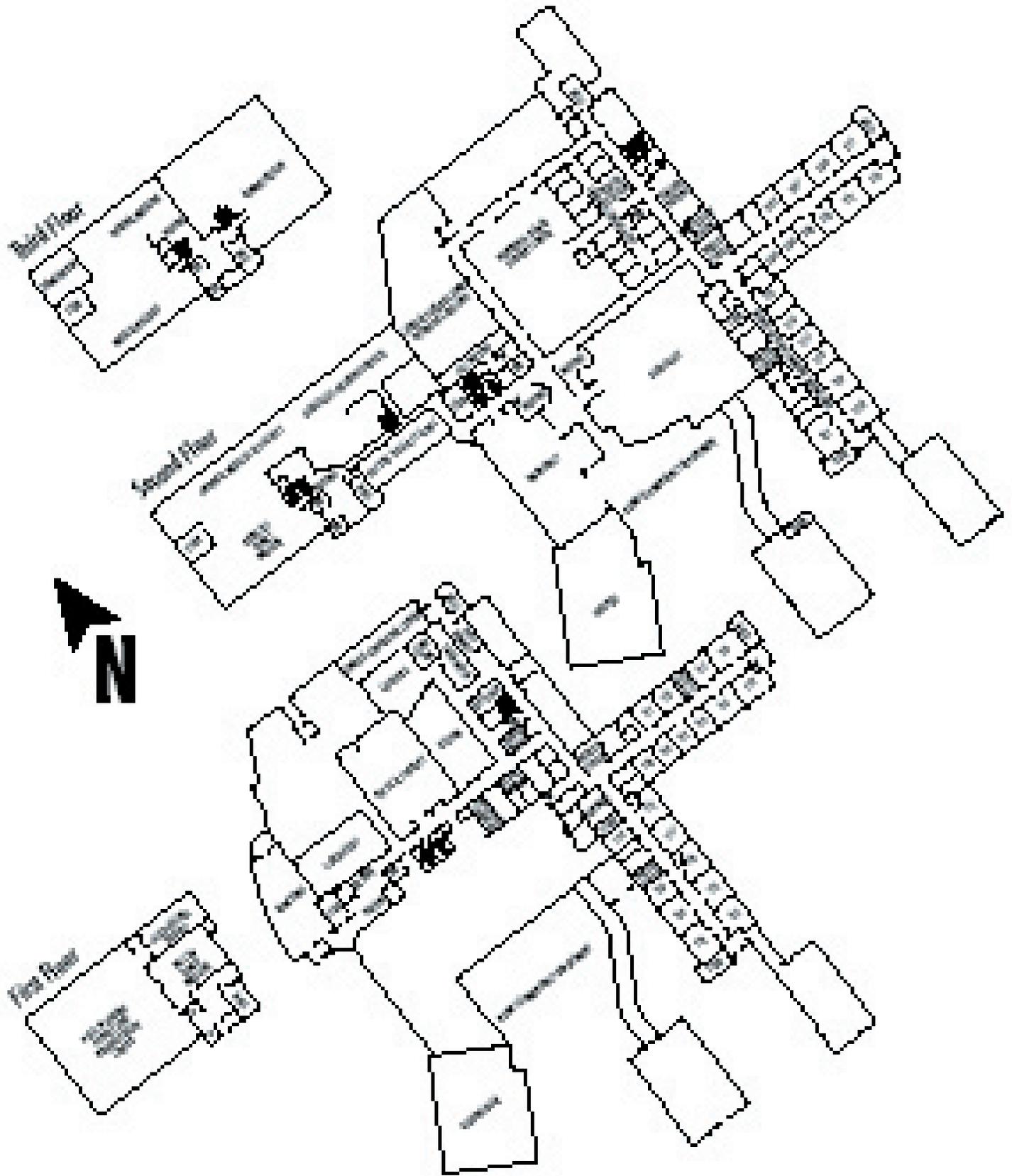
1. Understand that security at the medical center is everyone's responsibility and requires involvement. Please do not ever put yourself in jeopardy. Call the emergency number 6222 if you have a questionable situation.
2. If you are ever put in a compromising situation and feel you may need assistance call the emergency number 6222.
3. The medical center requires all employees and volunteers to wear proper uniforms and ID badges as instructed.
4. Volunteers may park in patient/visitor parking or staff only parking areas.

Emergency Preparedness

1. Understand and familiarize yourself with the following pages announced by the Switchboard Operator:
 - a. **“TORNADO WATCH”**- This means conditions are right for development of a tornado warning. Hospital staff will begin drawing drapes, locating emergency supplies, draw water and prepare to move patients to safe areas. Please help staff in whatever way you can.
 - b. **“TORNADO WARNING”**- Tornado has been sighted in our area. Move to designated safe area. Stay clear of glass windows. Please help with directing visitors to designated safe area. Maps, located in the hallways throughout the medical center, indicate in yellow the tornado safe areas. Also assist in maintaining a calm atmosphere.
 - c. **“Red Alert”** – This means a fire has been detected in the medical center. Hospital staff will prepare to evacuate patients and guests.
 - d. **“Code Triage”** – This means an incident has occurred and the medical center staff will prepare to receive multiple victims.
 - e. **“Code Strong Nursery”** – This code alerts staff that a possible infant abduction has occurred. Medical center staff will secure the building.
 - f. **“All Clear”** – The switchboard will announce all clear once a tornado watch, tornado warning, or red alert has ended.
 2. **OFF CAMPUS SIGHTS:** The employee or volunteer taking the emergency call is responsible for notifying all personnel at that location.
 3. Familiarize yourself with the designated safe areas where you are working.
 4. Familiarize yourself with exit routes where you are working.
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General Safety Information

1. All volunteers must participate in fire and emergency drills.
2. If you are injured while volunteering, the incident must be reported to your supervisor or the volunteer coordinator.
3. Departments are surveyed every two years for safety and infection control hazards.
4. The Safety Committee compiles all information regarding: work injuries, patient visitor incidents, security incidents, utilities, infection control, emergencies and looks for trends for intervention to improve. The committee reports to all department heads and the board of directors quarterly.



Overhead Announcement Explanations

Announcement	Meaning
Code Blue	Unconscious person discovered.
Red Alert	Fire
Disaster Alert	Internal/External Disaster Has Occurred
Code Strong	Employee/Volunteer in Need of Assistance
Code Strong-Nursery	Possible Infant Abduction
Search Alert	Bomb Threat - Search Department
Tornado Watch	Conditions are Right for a Tornado
Tornado Warning	Tornado Spotted- Go to Safe Areas
All Clear	Tornado Watch/Warning Has Ended
Initiate Computer Log Off	Follow Log Off Procedures Immediately
By-Pass Phone Alert	Plug in By-Pass Phones
Limit Telephone Activity	Use Phones In these Locations only: Cafeteria, Mini Conference Room, Tomasek Conference Center AMAB Doctors Lounge, and the Administrative Conference Room.
Attention Hospital Personal, we are under curtailment starting at ___ through ___	GRMC is running our emergency equipment branch generator (during hot weather).

In-house Emergency Number 6222

This number is found on the back of your name badge.

Other Phone Numbers

Kerri Olson, Volunteer Coordinator	236-2588
Gift Shop	236-2522
Employee Health Nurse	236-2553
Facilities Management	236-2341
Housekeeping	236-2479
Human Resources	236-2596
Infection Control	236-2339
Resource Nurse (Admitting Area)	236-2922
Risk Management	236-2484
Safety/Security	236-2993
Surgery Waiting Area	236-6235