Memorial Volunteer Services Program Orientation
WELCOME! 
AND THANK YOU!

For giving your passion, time and skills to our organization. We are honored you have chosen UCHealth, Memorial Hospital to give back to your community.
Topics To Be Reviewed

- Review Handbook (attached)
- UCHealth: Mission/Vision/Values
- Standards of Excellence
- MAIDET
- First Impressions
- Responsibilities
- Infection Prevention and (VIDEO)
- Safety & Security and (VIDEO)
- HIPAA & Patient Confidentiality
- Diversity (EMPATHY & USE YOUR WORDS VIDEO)
- Customer Service/Customer Hospitality and (VIDEO)
- Opportunities
- Obligations
- Policies & Procedures
- The 4 A’s and (HUMAN CONNECTION VIDEO)
- Suspension or Dismissal
- Expressing our Thanks
- Next Steps
- Important Numbers
- Test Submissions/Evaluations
Handbook Review

Review It.
Understand It.
You’ll Be Quizzed On It!
(Coming up!...)
UCHealth: Mission, Vision, Values

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

Vision: From health care to health.

Values: Patients First – Integrity – Excellence
5 Standards of Excellence

Communication
Quality
Team
Service
Personal (Volunteers)
Standards of Excellence

Communication

- I maintain a positive image and follow the UCHealth dress code. I wear my badge so it is easily read by patients, visitors and colleagues. Any time I am in uniform or wear my badge, I represent UCHealth in a positive light.

Even when not at the hospital.
Standards of Excellence

Quality

- I respect and protect the confidentiality of patients and colleagues.
- I keep the facility and my work area neat, clean, presentable, uncluttered and safe.

If you see it, help clean it.
Standards of Excellence

Team

- I listen to understand and respond in a compassionate manner.
- I thank others for their time and efforts.

Thank patients for allowing you to help them.
Standards of Excellence

Service

- I am here to serve my customers. This means prompt, friendly and quality service.
- I walk guests to their location and seek out those who look lost.

Always escort visitors/families and patients, never just point.
Standards of Excellence

Personal
(VOLUNTEERS AND PROGRAM STUDENTS)

- I take responsibility for my attitude and actions. I treat others with dignity and respect; rudeness is not acceptable.
- I consistently carry out my work duties to the best of my ability, skills and training, understanding that my work makes a difference in the care of our patients.
- I do the right thing because it is the right thing to do, whether anyone is watching or not.
- I take responsibility to use UCHealth resources appropriately.
Volunteer Services

You are often the first person that patients, visitors and staff see; first impressions do matter!

Is there a difference between Customer Service and HOSPITALITY? Absolutely!

Watch video below and see.

https://www.youtube.com/watch?v=TH2L_uNkt-Y&feature=youtu.be
Responsibility of all Program Participants

Program participants must agree to accept the responsibilities and obligations of their position/s.

- **You help** – Volunteers, you are here to help people; give it your best!
- **You recognize** – Volunteers, you recognize the value of the service you provide and it shows.
- **You inquire** – All program participants, inquire about things you do not understand, be proactive in your approach.
- **You are enthusiastic** – All program participants, be enthusiastic to learn and know all you can about your program duties and responsibilities.
- **YOU ARE UCHealth!** – All participants, know and represent the Mission, Vision and Values of UCHealth.
DO’s and DON’Ts

• **Do** - Make sure you receive, complete, and submit a Position Description (CORE) and Training Checklist for your volunteer or observation area.

• **Do** - Ask questions! Learn while you’re here!

• **Do** - Decline situations that put you or patients at risk, or make you feel uncomfortable.

• **Do** - Smile.

• **Do** - Make friends.

• **Do** - Know and understand the goal of your program…Helping People right!
DON’Ts (These are not negotiable)!

- **Don’t** - Report for your volunteer service or observation area if you are sick
- **Don’t** - Attempt to perform any duty you have not been trained to do
- **Don’t** - Request medical advice, treatment, drugs or supplies from staff
- **Don’t** - Eat or drink in a patient’s room - **EVER**
- **Don’t** - Eat or drink anything from a patient’s tray
- **Don’t** - Sit on a patient’s bed – it could cause pain
**DON’Ts**

- **Don’t** - Give any form of medical care, nursing care, first aid or CPR
- **Don’t** - Handle or give medications of any kind to patients
- **Don’t** - Handle or discard needles – call a staff member

Remember that you will always need medical staff permission to:
- Escort patients who are on IV medications
- Assist to lift a patient or change a patient’s position in bed
- Escort critically ill patients
- Raise or lower a bed
- Feed or give food/drink to a patient
MAIDET (No Video)
5 Fundamentals of Communication

- M = Manage Up - Speak highly of others you work with and the organization. We are all a TEAM.
- A = Acknowledge - Acknowledge the patient as a person.
  1. Use your words, actions and body language, show empathy, compassion
  2. Always use a patient’s preferred name, make eye contact, smile, help them relax
  3. Before entering a patient’s room: ALWAYS knock first, wait for a response and greet them warmly
- I = Introduce Yourself - State your name, department and duties.
- D = Duration - Give time expectations that can be met, don’t guess, ask a staff member if you are not sure.
- E = Explain - Keep patients informed regarding their care
- T = Thank - Thank the person for choosing UCHealth for their care and for allowing you to help care for them.
Quiz #1

- Please answer the questions for Quiz #1.
- You may ask for assistance from your family and discuss issues that are not clear. Send us questions if there is confusion; we are here to help make you successful.
Infection Prevention

Wash or sanitize your hands often!
Wash in-Wash out!

Watch the video below – Yuck!
https://www.youtube.com/watch?v=k1j8bh8_O_Q

- **NO** artificial nails if assisting with direct patient care
- Health Screening
- Drug Screen Required For Adults (18 yrs.+)
- Tuberculosis (TB) Testing
- Flu Shots - Mandatory during flu season

(*All screening above is provided free of charge to all Volunteer Services program participants at Memorial Hospital, Employee Health)
Infection Prevention

What is MRSA? *(Methicillin Resistant Staphylococcus Aureus)*?
Referred to as “staph”, it is a resistant bacteria commonly found of the skin of healthy people. Causes more than 60% of staph infections in hospitals.

Who is susceptible?
People with weak immune systems. This typically includes persons in hospitals, nursing homes & other healthcare centers. However, MRSA is becoming more common in healthy people, take precautions.
Infection Prevention

Can MRSA spread?

MRSA is usually spread by direct contact with an infected person, wound or sharing personal belongings like towels or razors or contaminated hands. People who carry MRSA but do not have signs of infection can spread the bacteria to others.

What can I do to protect myself and others?

Wash/sanitize your hands often!!

Carry and wear gloves!

Always follow PPE (Personal Protective Equipment) precautions posted on all patient doors, glove, gowns and masks if posted.
This is MRSA

20 year old college student experienced left first toe trauma and subsequently developed an MRSA soft tissue infection with an associated abscess requiring surgical I&D.
Precautions: Safety first!!

Always follow all precautions posted on patient room doors!

Contact Precautions
Gloves & Gown Required
Se requieren guantes y bata

MANDATORY FOR EVERYONE:
  • Hand hygiene: Clean hands with soap and water or an alcohol-based hand rub upon entry and exit.
  • Gloves
  • Gown
  • Use dedicated equipment when available.

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

MANDATORY FOR EVERYONE:
  • Hand hygiene: Clean hands with soap and water or an alcohol-based hand rub upon entry and exit.
  • N95 respirator mask or PAPR.
  • Patients must be placed in a negative airflow pressure room.
  • Keep door closed.

Droplet Precautions
Mask Required
Se requiere máscara especial

MANDATORY FOR EVERYONE:
  • Hand hygiene: Clean hands with soap and water or an alcohol-based hand rub upon entry and exit.
  • Surgical mask required.
  • Patient transport.
    - Surgical mask: This patient must wear a surgical mask during transport.

uchealth
Precautions: Safety first!!

Always follow all precautions posted on patient room doors!

Special Precautions
Gloves, Gown & Special Equipment Required
Se requieren guantes, bata y equipo especial

MANDATORY FOR EVERYONE:

- **Hand hygiene** (hygiene de manos)
  - Clean hands with soap and water or an alcohol-based hand rub before entry.
    - Lávese las manos con agua y jabón o frótense las manos con un limpiador a base de alcohol antes de entrar.
  - Wash hands with soap and water upon exiting.
    - Lávese las manos con agua y jabón al salir.

- **Gloves**
  - Guantes

- **Gown**
  - Bata

- Use dedicated equipment when available.
  - Use equipo designado si hay disponibilidad.

- This room requires special cleaning by environmental services.
  - Servicios de limpieza (Environmental Services) debe hacer una limpieza especial en esta habitación.
  - Staff must wipe down all equipment with bleach wipes.
    - El personal debe usar toallitas con lejía para limpiar todo el equipo.

- Door may remain open.
  - La puerta puede permanecer abierta.
Infection Prevention

**DO NOT** come in to volunteer or observe if:

- You have any signs of illness
- A fever
- A cold, flu, cold sores, pink eye, or any other illness symptom

*Be familiar with the infection control issues relative to the areas where you volunteer or observe – our patients are very sick.*
Safety & Security

The Emergency Response Code Card must be carried in your name badge holder for emergency reference at all times. Be aware, become familiar with overhead pages.
Emergency Management Codes

- **Code Pink** – Infant or child missing or abducted
- **Code Blue** - Cardiac/Respiratory Arrest, Adult, Pediatric or Infant
- **Code Red** – Fire or Smoke
- **Code Silver** – Active Shooter/Violence
- **Code Gray** – Emergency Staff Assist
- **Code White** – Obstetrical Hemorrhage
- **Code Yellow** – Emergency/Disaster Response
- **Security Assist** – Security Response – Call 811, Workplace Violence
- **Tornado Warning** – Conditions favorable for tornado
- **Weather Plan** – Severe Weather Alert
What Should You Do?

Never risk your safety or the safety of others

CALL 8-1-1-1

for any in-house emergency
Fire: Code RED
What Does RACE Mean?

Fire Emergency Response

- **R**escue
- **A**larm
- **C**ontain
- **E**xtinguish

Watch video for what NOT to do!
http://www.dailymotion.com/video/x2u2mzy
Extinguisher (PASS)
What Does PASS Mean?

To operate an extinguisher:

1. Pull the pin
2. Aim nozzle at base of fire
3. Squeeze the handle
4. Sweep nozzle side to side

Class ABC is effective on these types of fires:

- trash, wood, paper
- flammable liquids
- electrical equipment
Safety & Security

For Emergencies:

• **Call 811 from a hospital phone**

  Or

• **Call 911 from cell for off-site locations**

Locate these books in your area:

✓ Emergency Quick Guide
✓ SDS Book (Safety Data Sheets)
✓ Locate the fire pulls and fire extinguishers in your program area
✓ Ask staff about department specific evacuation plans
Know Stroke Symptoms

Brain: FAST

- **F**acial droop or numbness
- **A**rm weakness or numbness
- **S**peech difficulty or trouble thinking
- **T**ime to get *help!*

Call 811 For Immediate MET Response
Know Heart Attack Symptoms

Heart: PASS

- Pain/pressure in the chest
- Arm, back, neck, jaw, stomach pain
- Shortness of breath or difficulty breathing
- Sweating, nausea, lightheadedness

Call 811 For Immediate MET Response
Hospitals are monitored by many regulatory agencies. One of these agencies is the Joint Commission.

- *If you are approached by a surveyor, be yourself!*
- Be helpful and answer questions with short answers. *Do not* elaborate.
Safety & Security (con’t)

Potential Types of Questions:

- Were you given a volunteer position/observation (CORE) description for your assigned area?
  Yes. I can retrieve a copy of it in the Volunteer Services Office at any time.

- Were you trained for your volunteer position/observation area?
  Yes. Explain your training/orientation process.
Safety & Security (con’t)

Potential Types of Questions (con’t):

Are you familiar with patient/staff/volunteer confidentiality?

Yes. That is HIPAA. I understand and know that I cannot at any time, release any information on patients, staff or volunteers.
Safety & Security – Remember!

Understand the safety and security procedures for your specific area.

- Ask questions! **DO NOT** assume if you are unsure.
- Complete your annual safety review and turn it in for your file.

- It is your responsibility to:
  1. Know what to do in an emergency; prevention is the best defense, ask if unsure.
  2. Protect yourself from germs, infections and injury, wash/sanitize often!
  3. Be prepared and know how to protect yourself and others at the moment an emergency occurs.
Safety & Security:
Remember: Keep Yourself Safe!

• What do you do when a patient or visitor’s behavior escalates, but, does not have a weapon?
  ✓ Dial 811, state **Code Gray**
  ✓ Give your location/room number
  ✓ Stay on the line with the operator. The operator will immediately notify the team who will respond. The team includes but is not limited to: Mental Health RN, Behavioral Health Technician, Mental Health Evaluator, Security Officers, Nursing House Supervisor and the Chaplain, if available.

• What do you do if you see an imminent threat of or act of violence in progress or a person, with a weapon?
  ✓ Dial 811
  ✓ Give your location/room number
  ✓ Describe the type of weapon in use. An overhead page will sound; Security will respond immediately.
Safety & Security:
Remember: Keep Yourself Safe!

• What do you do if there is an **Active Shooter** in your area?
  ✓ Dial 811, state “**Code Silver**”
  ✓ Give your location/room number
  ✓ Provide the number of suspects and a brief description

  ❏ **Run** -- **Hide** -- **Fight**

• What else can you do to prepare yourself and keep yourself safe?
  ✓ Be aware of the Workplace violence policy **before** an incident
  ✓ Report all abuse and violence to your immediate Supervisor/Manager and to Security
  ✓ Speak with one of our Chaplains if you are worried or have experienced abuse or violence during your volunteer shift
HIPAA = Patient Confidentiality

What is HIPAA?

- HIPAA (Health Insurance Portability and Accountability Act) is a federal law (2003) that guarantees privacy and confidentiality of an individual's healthcare information and patient rights.

- Volunteer Services Program Participants are subject to the same standards and rules observed by all employees.

- **ALL** information acquired through your service must be held in the strictest confidence.

- **ANY** information pertaining directly to patients, doctors, volunteers or any staff member is considered confidential.
Patient Confidentiality

What you see and hear here, stays **HERE!** **No Exceptions!**

- Hospitals can be fined up to $250,000 per incident of released information.
- Civil law suits can be filed against staff and volunteers and their families.

*A breech in confidentiality of **ANY** kind is grounds for immediate dismissal from any Volunteer Services programs.*
Patient Confidentiality
What it Means

All PHI (patient health information), name, diagnosis, condition, address, discharge date, treatment, **MUST be kept CONFIDENTIAL**.

Remember **KITTY**
*Keep It Totally To Yourself!*

- Be aware of surroundings if and when it is necessary to discuss patient care and information with medical professionals.
- Conversations should not take place where patient information can be overheard by others, such as: hallways, cafeterias and elevators.
- All patient lists and information must be properly destroyed.
- This means shredding or putting them in confidential trash containers.
- Any paper with patient information cannot be used for scratch paper or taken out of the hospital.
Patient Confidentiality
What it Means (con’t)

- Keep patient information private at workstations (desks, counters and computers). Make sure it cannot be viewed by unauthorized people.
- The only patient information that can be released is room number, if the patient is listed on the census and asked for by name.
- If the patient opts out of being listed in the patient census, no information will be available.
- Patients who are not listed on the census will not receive flowers, mail or other deliveries.

If you have further questions contact the hospital Privacy Officer.
Patients Rights/Responsibilities

**RIGHTS**: What patients can expect from us.

**RESPONSIBILITIES**: What we can expect from them.

**Patients Rights and Responsibilities** are available to all patients and are posted throughout the hospital (near elevators and in main hallways).
Patients Have the Right to:

- **Interpreter services**: If patients need help in understanding, due to language, hearing or sight impairment, find the resources for them!
- Translator services are available by calling information at “0” or by calling 719-365-2690.

**Watch below videos for examples.**

- “Dr. Bond” Civil Rights Video – [Dr. Bond](#)
- TTY Phone – Instruction video for hearing impaired - [TTY Video](#)
Patients Have the Right to:

- **Know their caregivers:** Name, professional status and experience of the staff providing care or treatment. Wear your name tag and volunteer/student I.D. badge and uniform at all times!

- **Privacy:** Patients have the right to receive care and treatment that is respectful, recognizes personal dignity and provides for personal privacy to the extent possible during the course of their treatment.

- **Always:** Knock before entering a patient’s room and wait for a response.

- Offer to leave a patient’s room when a physician or other staff member arrives, unless you are asked to stay.
Diversity

Appreciate & value all individuals for their uniqueness

- Treat everyone as a person, not a customer. Be kind.
- Get to know patients and appreciate them for who they are as a person and the skills they have.
- Think before you speak –
  - Ask yourself, “Will or could this statement offend or hurt anyone?”
- Listen to what people are saying – it shows you care.
- Avoid generalizing - Do not use words, images and situations that suggest stereotypes (i.e. all or most members of a group are the same).
- Be careful with humor. If you think what you might say will offend someone, **DON’T SAY IT!**
Diversity

Think About Age Specific Communications

- Think about how age affects who we are and what we need.
- Consider their reaction to your statements. Be empathetic.
- Would you speak to a child in the same manner you would an adult? No! When dealing with children, sit down, eye to eye, don’t tower over them.
Quiz #2

- Please answer the questions for Quiz #2.
- You may ask for assistance from your family and discuss issues that are not clear. Send us questions if there is confusion; we are here to help make you successful.
Remember Customer Service/Hospitality

1) Smile. Make eye contact.

2) Greet and welcome each and every guest.

3) Seek out guest contact….don’t be shy.

4) Provide immediate service recovery.

5) Always display appropriate body language; be interested.

6) Create and preserve a great patient experience.

7) Thank every guest for allowing you to care for them today.

WATCH USE YOUR WORDS VIDEO BELOW

http://www.youtube.com/watch?v=pzjEzohHmaM
Walking In Our Hallways

- Smile and look at people, say good morning/afternoon/evening.
- Greet employees! **Use their names if you know them.**
- When someone seems lost, always offer to help.
- Escort people to their destinations if possible or take them to the **Information/Guest Services Desk.**
- Call Housekeeping/Environmental Services to clean up spills….take pride in our environment.
- Pick up litter and debris to prevent falls and accidents, wear gloves when doing so.
When Someone Enters Your Work Area

- Look up when a person enters your work area:
  1. Acknowledge them, greet them
  2. Give the visitor your full attention
- Keep the person informed if they must wait
- Thank the person for waiting
For Patient or Family Assistance
If You Cannot Help

Patient Representatives
Available: Monday – Friday, 8am-4:30pm
Call: 719-365-5621

Nursing House Supervisors
Available weekends and after hours
Call: 719-365-6832 (Central) or
719-364-6832 (North)
Volunteer Services Opportunities

Where can I volunteer.....just ask us.

- Guest Services Information Desk/Escort
  *4-5 shifts required for all volunteers
- Patient Floors
- Emergency Dept. (must be 17)
- Patient Care Carts*
- Surgical Waiting Area*
- Complimentary Therapies – Pet, Music and Art
- Pediatrics (including Family Ambassadors)*
  *Central only
Participant Obligations: Please Honor Your Commitments

- Short Term/Special Projects/Student Programs
- Volunteers: 3 – 6 months
  OR
- Adults – 100 hours
- Juniors – 50 hours

- Most volunteers come in for one, 3-4 hour shift per week. Student Programs have expected completion hours.
- Only work in the department or area where you are assigned.
- All schedule/area changes must be made through the Volunteer Services Office staff.
Volunteer Services: Policies & Procedures

Hours
- Hours are computer logged - Sign in and out
- Call our Hours Line at 719-365-8282

Breaks
- 15-20 minutes per shift

Absences
- Call your department AND the Volunteer Services Office at 719-365-5298

Substitutes
Required for these areas
- Guest Services/Information Desk
- Escorts
- Surgical Waiting
- Cuddler’s

Leave of Absence (LOA)
Up to 3 months

Letters of Reference
Are available if required hours are completed.
Policies & Procedures (con’t)

Name Badges
- Must be worn at **ALL** times for all programs…
- **YOU WILL BE SENT HOME WITHOUT IT**

Uniforms
- Volunteer polo shirt, smock or vest, dependent upon program - $15 (cash or check only)
- White, black or khaki pants
- **NO** leggings; **NO** jeans
- Closed toed shoes

Security
- Lockers available in the Volunteer Office M-F, 8am-5pm
- Don’t bring unnecessary personal items
- Security Escorts If Needed

Parking
- Anywhere in the parking garage where spot is available – no valet

Cell phones
- **No** cell phone use during your program shift
- Take a break if needed
Policies & Procedures (con’t)

UCHealth is a drug, alcohol and tobacco free facility, **no exceptions!**

**Institutional (Patient) Abuse**
- Not tolerated!
- Call integrity hotline or report to Volunteer Services office

**Sexual Harassment Of Any Kind**
- Not tolerated – Please report

**Bereavement**
- Do not enter rooms with aspen/maple leaf picture posted

**Corporate Compliance**
- Hotline: 1-800-403-2511

**Lost & Found**
- All valuables - go to security
- Lost on patient floor - stays in department for 1 week
- Items lost in common areas – take to Info/Guest Services Desk

**Gratuities**
- Unable to accept tips
- Refer any donations to the Volunteer Office or Foundation

**Media**
- Do not answer questions
- Refer to the Media Relations Specialist/Marketing
Remember the A’s

Accuracy/Dependability
Appearance
Accident or Injury
Attitude
1. Accuracy/Dependability

- What might appear to you as a small mistake or oversight may actually be harmful to the well being of a patient. Always ask questions if you are unsure.

- If you make a mistake, report it.
2. Appearance

Cleanliness and personal neatness are essential!

Please don’t make us send you home!

- Professional appearance, uniforms clean and neat at **ALL** times.
- Hair neat and clean. (Long hair must be pulled back and secured).
- No excessive/dangly jewelry.
- Perfume/cologne should not be worn.
- Eating/drinking are not permitted in patient care areas; use designated break areas only.
3. Accident or Injury

- If you are injured while volunteering/observing, report it immediately to the area supervisor **AND** to the Volunteer Services Office.

- An incident report must be completed by hospital staff in the area where the injury has occurred.
4. Attitude is Everything!

All program participants should be:
- Dependable
- Punctual
- Conscientious in carrying out their duties

Participants are asked:
- To conduct themselves with dignity and courtesy
- To maintain respect, kindness and consideration toward all patients, visitors, staff members and program peers

First Impressions Matter:
- You are an official representative of the UCHealth system
- Your actions, attitude and appearance will be a reflection to the public; smile, be welcoming and helpful

Watch the video below regarding the Human Connection.....you need to have it.
http://health.clevelandclinic.org/2013/03/empathy-exploring-human-connection-video/
Suspension or Dismissal

The following instances are reasons for suspension or dismissal from any Volunteer Services Program:

1) Breach of patient confidentiality - HIPAA.
2) Working/observing in a department without authorization (i.e. - inactive volunteer working without a working badge).
3) Unbecoming or inappropriate behavior.
4) Misuse, destruction or stealing of property, equipment or supplies.
5) Frequent or habitual absences without notification.
6) Unauthorized use of computers or other forms of information.
7) Failure to meet requirements for any Volunteer Services Programs - Health Screening, flu vaccine, safety exam, failure to submit pending required forms.
Expressing Our Thanks!!

1. National Volunteer Week
2. Individual thanks awarded for program participation
3. Pins and bars based on hours, per request

1. Cafeteria Discount - 10%
2. Free drink coupons during your shift
3. Fitness Center (18 yrs. of age and up)
4. Education classes
5. Mileage and uniforms are tax deductions
What Happens Next?

You are here ➔ Step #1: Submit all program paperwork based on individual program requirements
(Any missing volunteer program paperwork can be submitted at your interview)

✓ #2 - Schedule - Health Screening – 719-365-5560

✓ #3 - Set up - an interview with Vera for your program of interest. Call 719-365-5298 or email: Elvira.Gallegos@uchealth.org

✓ #4 - Purchase – Volunteer Services Program shirt $15, cash or check purchased at your program interview, come prepared.

✓ #5 - Train - in your specific program area if required.

✓ #6 – Submit – your signed volunteer position description (CORE). You may not start volunteering on your own until this is received.
Important Numbers

Volunteer Services (Central) – 719-365-5298
Volunteer Services (North) – 719-364-5298

- Bonnie Nixon – Volunteer Coordinator
  719-365-5298, bonnie.nixon@uchealth.org

- Beth Konikoff – Volunteer Coordinator
  719-365-5372, beth.konikoff@uchealth.org

- Vera Gallegos – Admin Support
  (call or email Vera to schedule your interview!)
  719-365-5298, elvira.gallegos@uchealth.org

Hours Line – 719-365-8282
Pediatrics: Important Numbers

For **ALL** Pediatric Volunteer Interviews and Training……

**Contact:**

- Brenda McCants – Program Manager, Pediatrics Volunteer Coordinator, 719-365-1631 or brenda.mccants@uchealth.org
Quiz #3

- Please answer the questions for Quiz #3.
- You may ask for assistance from your family and discuss issues that are not clear. Send us questions if there is confusion; we are here to help make you successful.
Parent/Guardian Review Page
REQUIRED for Applicants under 18 years of age.
Please print and sign.

I acknowledge by signing below, that I have reviewed the **Orientation PowerPoint** with my child. I understand it is the parent/guardian and child’s responsibility to review and become familiar with its contents. My child has received education and instruction on the topics listed below during the Orientation PowerPoint and has taken the attached, required quizzes.

(This form must be signed by the parent/guardian for the orientation to be considered complete.)

- **Civil Rights Video (Dr Bond)**
- **TTY Video**
- **Emergency Codes**
- **Stroke Emergency Assessment**
- **Customer Service Video**
- **HIPAA**

Volunteer Printed Name: __________________________________________________________
Volunteer Signature: ________________________ Date: _____________

Parent/Guardian Signature: ____________________________ Date: _____________

uchealth
Submit Orientation Evaluation (Attached)
THANK YOU!

Kindness in words creates confidence.
Kindness in thinking creates profoundness.
Kindness in giving creates love.

Lao Tzu
POSITIVE MOTIVATION.net
Memorial Hospital - Volunteer Services
Program Orientation Evaluation

Date: ___________________________________

Please rate the following:

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<th>Orientation Organization/Information</th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
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<th>Volunteer Process List</th>
<th>Excellent</th>
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What could we change or add to the orientation? Was there any information that you felt was not addressed or very clear?

________________________________________________________________________

Additional Comments:

________________________________________________________________________

Help us get to know our volunteer/student audience a little better…

Age:  □ 14-18  □ 19-24  □ 25-29  □ 30-34  □ 35-39  □ 40-44  □ 45-50  □ 50+

What is your reason for volunteering or observing? (Required for school, give back to community, resume building, etc.)

________________________________________________________________________

How did you hear about our program/s?

________________________________________________________________________
ORIENTATION: QUIZ #1

UCHealth Standards of Excellence/MAIDET/Mission/Vision/Values

1. What are the Uchealth Values?
   A. Patients First, Honesty, Excellence
   B. Patients First, Integrity, Excellence
   C. We Improve Lives
   D. From Health Care to Health

2. Which is not a standard of excellence?
   A. Service
   B. Quality
   C. Responsibility
   D. Communication

3. “Taking responsibility for my attitude and actions” represents which standard of excellence?
   A. Team
   B. Communication
   C. Service
   D. Personal

4. What does the “I” stand for in MAIDET?
   A. Interest
   B. Interpret
   C. Impose
   D. Introduce

5. What is not a component of MAIDET?
   A. Manage Up
   B. Smile
   C. Acknowledge
   D. Thank

6. What is the vision statement for Uchealth?
   A. Feel Good, Look Good
   B. Patients First – Integrity – Excellence
   C. From Health Care to Health
   D. We Improve Lives
7. **The core (volunteer position description) must be signed and returned to the Volunteer Office.**

   A. True
   B. False

8. **Volunteers may eat any leftover food from a patient's food tray.**

   A. True
   B. False

9. **Being a member of a health care team means that you:**

   A. Listen
   B. Support
   C. Appreciate
   D. All of the above

10. **Do the right thing because it is the right thing to do, not because someone is watching.**

    A. True
    B. False

11. **Name 5 things that volunteers should NOT do:**

    1. ___________________________________________________________________
    2. ___________________________________________________________________
    3. ___________________________________________________________________
    4. ___________________________________________________________________
    5. ___________________________________________________________________

12. **Name 5 things that volunteers **should** do:**

    1. ___________________________________________________________________
    2. ___________________________________________________________________
    3. ___________________________________________________________________
    4. ___________________________________________________________________
    5. ___________________________________________________________________

13. **What is the Name of the first video you are required to view?**

    ________________________________________________________________
INFECTION PREVENTION/SAFETY & SECURITY/CODES/HIPAA/PATIENT RIGHTS/DIVERSITY

1. The best prevention against spreading disease and germs in a hospital is through hand washing.
   A. True
   B. False

2. According to HIPAA, if you accidentally overhear something about a case (such as in a hallway or cafeteria), you can talk about it since you were an accidental listener and not involved in the case.
   A. True
   B. False

3. Dial 9-1-1 for external emergencies; Dial 8-1-1 for internal emergencies.
   A. True
   B. False

4. If there is a Code Gray, you should dial 9-1-1.
   A. True
   B. False

5. You are at the Main Lobby Information Desk. A patient’s wife runs in and asks you to help bring her husband into the hospital from the car. No one else is around. What should you do?
   A. Call 8-1-1 and stay at the desk
   B. Call 9-1-1 and stay at the desk
   C. Leave the desk and help the woman, then call 9-1-1
   D. Call 8-1-1, then leave the desk and help the woman

6. HIPAA requirements state that as long you do not mention patient names, you can talk about cases.
   A. True
   B. False

7. MRSA cannot spread which is good because it is only likely to impact the elderly or sick.
   A. True
   B. False
8. Volunteers (and everyone) should wash their hands just when entering a patient’s room.

   A. True
   B. False

9. You can still volunteer if you don’t feel well as long as you take a pain reliever, decongestant and wear a mask.

   A. True
   B. False

10. RACE refers to a fire emergency, reminding us what to do what? It stands for:

    A. Rescuing – Alarm – Contain – Extinguish
    B. Running – Alarm – Control – Exit
    C. Rescuing – Awareness – Control – Exit
    D. Running – Alarm – Controlling – Extinguish

11. PASS also refers to a fire emergency and how to use a fire extinguisher. It stands for:

    A. Point – Aim – Squeeze – Sweep
    B. Pull – Aim – Sweep – Secure
    C. Pull – Aim – Squeeze – Sweep
    D. Point – Alarm – Sweep – Secure

12. If a patient does not speak English but a family member does, it is OK for them to translate and communicate the medical information being presented to the patient.

    A. True
    B. False

13. Humor is a great way to avoid offending a person because everybody loves to laugh at jokes.

    A. True
    B. False

14. Diversity means what to you:

    A. Respect people’s differences
    B. Value uniqueness
    C. Treat people as individuals
    D. All of the above
15. If you see someone you know, can you inquire as to why they are a patient?

   A. Yes, it’s the polite thing to do
   B. Yes, they are my friend
   C. No, it is a HIPAA violation
   D. No, it’s none of my business

16. What is the best way to communicate with a patient or companion that uses American Sign Language or speaks a foreign language?

   A. Obtain a qualified interpreter for either face to face or for over the phone interpretation
   B. Start writing notes back and forth to the person
   C. Yell loud enough so they can understand what is being said

17. What is HIPAA?

   A. A law designed to improve the efficiency and effectiveness of the nation’s health care system
   B. A law to protect employee’s information
   C. A law to protect patient confidentiality
   D. All of the above
Orientation: Quiz #3

Customer Service/Maidet/Policies & Procedures/4A's/Next Steps

1. Customer Service and customer hospitality differ because of:
   A. Attitude
   B. Execution
   C. Consistency
   D. Timing

2. Ask questions when you are unsure about something because:
   A. It may be harmful to a patient
   B. It may be harmful to you
   C. It may be harmful to the staff
   D. All of the above

3. Volunteers are considered a part of the hospital staff.
   A. True
   B. False

4. If you get hurt during a shift as a volunteer:
   A. Just go home and let it heal
   B. Report it to your supervisor
   C. Wait a few days and see how you feel
   D. Sue the hospital for negligence

5. Volunteers are often the first representative of UCHealth that patients and families see, therefore, uniforms should be clean, with black, white or khaki pants. No jeans of any kind at any time.
   A. True
   B. False

6. Habitual or frequent absences can lead to a volunteer’s dismissal.
   A. True
   B. False

7. Cell phones can be kept on your person as long as they are on vibrate mode.
   A. True
   B. False
8. If you cannot log into the computer, there is a paper log to record your hours outside the Volunteer Services office. Staff will input the hours manually for you or you can call the hours line.

   A. True
   B. False

9. If you are unable to make a shift, you should:

   A. Call your department
   B. Call the Volunteer Services department
   C. Call your department and the Volunteer Services department
   D. Call your friends

10. When walking through the halls, it is best to:

    A. Be focused, head down and get where you are going
    B. Make eye contact and smile at people – whether or not you know them
    C. Offer to help anyone who seems lost
    D. B & C only

11. MAIDET is a good internal checklist for communication. It stands for: Manage Up – Acknowledge – Introduce – Duration – Explain – Thank. Define each term in your own words.

    1. _______________________________________________________________
    2. _______________________________________________________________
    3. _______________________________________________________________
    4. _______________________________________________________________
    5. _______________________________________________________________
1. What is your objective for participating in the Volunteer Services program at Memorial Hospital? Please explain below.

__________________________________________________________________________________

__________________________________________________________________________________

2. What is your availability, days and times? Are you dependable? Explain below.

__________________________________________________________________________________

__________________________________________________________________________________

3. What are your expectations as a participant? What motivates you?

__________________________________________________________________________________

__________________________________________________________________________________

4. Describe your strengths using three words:

__________________________________________________________________________________

__________________________________________________________________________________

5. What special interests/skills do you have?

__________________________________________________________________________________

__________________________________________________________________________________

6. Are you interested in specific area/s? If yes, please list them below. If you do not have a preference, please check the “Where Needed” line.

Where Needed: ______________________________________________________________________

First Choice: ______________________________________________________________________

Second Choice: ____________________________________________________________________
**Background Check Disclosure and Authorization Form**

**PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION**

Rev. March 9, 2015 CA

______________________ ("the Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include, but is not limited to information about your character, general reputation, personal characteristics and/or mode of living, employment history, work experience, work habits, work performance, workers compensation claims, criminal history records, sexual offender's lists, warrant records, motor vehicle records, military records, educational verification, license verification, credit history, civil records, government exclusion lists, FBI finger printing, and drug testing or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. You also may request a written Summary of Your Rights Under the Fair Credit Reporting Act, a copy of which is attached to this form. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by American DataBank, J 1 0 Sixteenth St., 8th Fl., Denver, CO 80202, 1-800-200-0853, or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the company to obtain from any individual or entity all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by American DataBank, 110 Sixteenth St., 8th Fl., Denver, CO 80202, 1-800-200-0853, www.americandatabank.com, or another outside organization acting on behalf of the Company.

**Last Name** ___________________ **First Name** ___________________ **Middle** ____________

**Social Security#** ___________________ **Date of Birth** ______________

**Driver's License #** ___________________ **State of Driver's License** _________

**Present Address** ___________________ **City/State/Zip** ___________________

**Signature:** ___________________ **Date:** ___________________

*This information will be used for background screening purposes only and won't be used as hiring criteria.

New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the company by contacting the consumer reporting agency identified above directly. For consumers applying for work in New York, by Signing this authorization form I acknowledge receiving a copy of Article 23-A of the New York Correction Law.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

California applicants or employees only: By signing above, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative Consumer report or consumer credit report at no charge if one is obtained by the company whenever you have a right to receive such a copy under California law.

American DataBank, 110 16th St 8th Floor, Denver, CO 80202,

Toll Free: 1-800-200-0853, Confidential Fax: 1-800-717-5787

American1 DataBank's privacy policy call befoul1 at www.americandatabank.com/pr1vacy3olic.aspx

**A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 2052.

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address, and phone number of the agency that provided the information.

- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.
In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need - usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore

- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FeRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

**TYPE OF BUSINESS AND CONTACT:**

- Consumer reporting agencies, creditors and others not listed below:
  - Federal Trade Commission: Consumer Response Center - FCRA
    - Washington, DC 20580
    - 877-382-4357
  - National banks, federal branches/agencies of foreign banks (word "National" or initials "NA" appear in or after bank's name)
    - Office of the Comptroller of the Currency, Compliance Management, Mail Stop 6-6
      - Washington, DC 20219
      - 800-613-6743
  - Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)
    - Federal Reserve Board, Division of Consumer & Community Affairs
      - Washington, DC 20551
      - 202-452-3693
  - Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)
    - Office of Thrift Supervision, Consumer Complaints
      - Washington, DC 20552
      - 800-842-6929
  - Federal credit unions (words "Federal Credit Union" appear in institution's name)
    - National Credit Union Administration
      - 1775 Duke Street
      - Alexandria, VA 22314
      - 703-519-4600
  - State-chartered banks that are not members of the Federal Reserve System
    - Federal Deposit Insurance Corporation Consumer Response Center,
      - 2345 Grand Avenue, Suite 100
      - Kansas City, Missouri 64108-2638
      - 877-275-3342
  - Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission
    - Department of Transportation, Office of Financial Management
      - Washington, DC 20590
      - 202-366-1306

- Activities subject to the Packers and Stockyards Act, 1921
  - Department of Agriculture, Office of Deputy Administrator - GIPSA
    - Washington, DC 20250
    - 202-720-7051
We very much appreciate your participation in our volunteer Community at UCHealth, Memorial Hospital, in Colorado Springs. We will make every effort to ensure that your experience here will be rewarding. Please read and sign below.

- I hereby acknowledge that during my volunteer orientation, I have reviewed my responsibility to abide by the policies of UCHealth, Memorial Hospital and the Volunteer Services Department as stated in the Volunteer Handbook (attached). I have reviewed, read and understand the volunteer orientation and handbook.

- **CONFIDENTIALITY AND HIPAA** - I acknowledge and understand that medical information is of a highly personal and confidential nature. This information must be respected at all times and not discussed in any manner with unauthorized parties. I understand that I am expected to comply with the HIPAA (Health Insurance Portability and Accountability Act of 1996), as well as other applicable laws and adhere to University of Colorado Health’s Corporate Compliance Plan. I understand that intentional or unintentional violation of HIPAA information for patients/visitors, employees and volunteers with unauthorized parties or removing information from the Health System may result in disciplinary action, up to and including, volunteer termination by the Health System; this may include legal action and/or possible imprisonment; I am HIPAA WISE!!

- My uniform will be clean and neat. I will wear my name badge at all times.

- I acknowledge by signing below that I have reviewed the Orientation PowerPoint and understand it is my responsibility to read and become familiar with its contents. I have received education and instruction on the topics listed below at my volunteer orientation.

**Civil Rights Video, Emergency Codes, MAIDET Video, TTY Video and Stroke Emergency Assessment**

- I will show respect for the patients, staff and volunteers. My behavior will be appropriate and I will follow the health system standards. I realize any inappropriate action on my part may result in immediate dismissal from the program.
- I will not violate the no-smoking/drug/alcohol policy of the University of Colorado Health system.
- I understand fully the use of any of these substances while in the program is prohibited and will result in immediate dismissal per health system policy.
- I will take any problems, criticisms or suggestions to the Volunteer Coordinators or the Director, in Volunteer Services.
- When I leave the volunteer program I will **RETURN MY NAME BADGE** to the Volunteer Services Office.
- I will not bring my family or friends to the hospital while I am on duty as a volunteer in my assigned volunteer area.

Volunteer Printed Name: __________________________________________________________

______________________________                                  ______________
Volunteer Signature                                      Date

______________________________                                  ______________
Parent/Guardian Signature (17 years old and under)          Date
INFORMATION RELEASE FORM

Submit completed form to:
UCH, Memorial Hospital
Volunteer Services Department
1400 E. Boulder Street, Suite 2164
Colorado Springs, CO 80909

Please Print or Type

PERSONAL INFORMATION

Name: ____________________________________________
  Last                      First                      Middle

Last 4 numbers of SSN: ____________________________

Home Address: ________________________________________________________________
  Street Address & Apt. No. or P.O. Box   City           State          Zip Code

Phone Number(s): ________________________________________________________________
  Home Phone                     Cell Phone

E-mail Address: ________________________________________________________________

NOTICE:
University of Colorado Health, (Memorial Hospital, Colorado Springs) may release, upon request, a volunteer’s picture, name, home address, phone number(s) and e-mail to fellow volunteers and other members of the hospital staff for volunteer recognition or Marketing for stories of interest. Please note that UCHealth never releases the student’s Social Security number to any other entities without written permission.

Please mark the box that pertains below:

☐ I hereby give my written consent to the University of Colorado Health to obtain information (interviews, photographs, video or audio recordings) as indicated in this document/consent:
  ▪ I understand that interviews, photographs, video or audio recordings be used for the purposes of news media, print or electronic publication or advertising.
  ▪ I understand that interviews, photographs, video or audio recordings may be seen by the general public, in addition to members of the UCH staff, or other healthcare providers, students, educators or scientists.
  ▪ I understand that if the interviews, photographs, video or audio recordings are released to the public domain, which may include electronic publications, there is no effective method to withdraw that information.
  ▪ I further acknowledge that the applicable media source is the “owner” of such interviews, photographs, video or audio recordings and is responsible for the distribution, storage and destruction of such recordings.
  ▪ I hereby release University of Colorado Health (Memorial Hospital, Colorado Springs) its officers, trustees, affiliates, agents, physicians and employees from any and all claims, against any and all liability imposed or claims, including attorney’s fees and other legal expense, arising directly or indirectly from the gathering and release of personal health information in the form of interviews, photographs, video or audio recordings.

☐ Do not release any of my volunteer information for any of the purposes stated above.

Participant: ____________________________________________
  Signature ____________________________________________ Date __________

Parent/Guardian: ____________________________________________
  Signature (17 years old and under) ____________________________ Date __________
TUBERCULOSIS (TB) TEST AND HEALTH SCREEN PROCESS

- All participants are required to complete a TB Quantiferon TB Gold blood test/Health Screen before they will be assigned to an area.

- Participants may complete the TB test and health screening at the Employee Health Clinic listed below. (APPOINTMENTS ARE REQUIRED, WALK-INS ARE NO LONGER ACCEPTED)

- At time of the TB test and health screen, all participants under the age of 18 must have a parent or legal guardian present and signature witnessed by an Employee Health nurse.

  Printers Park Medical
  Employee Health
  175 S Union Blvd. #315
  719-365-5560
  Mon - Fri. 7:30 am – 4 pm
  PLEASE CALL FOR APPOINTMENT
  (NO WALK-INS PLEASE)

Please Note: The following are required for your health screen at UCHealth, Memorial Hospital Employee Health. (*TB and Flu vaccine are free of charge to all participants.*

Health Screening by appointment only; please call 719-365-5560 to schedule. Please allow at least one hour for the appointment.

- Flu Shot Verification
- MMR Verification
- TB Test Verification (*Everyone gets the QTF Blood Draw test*)
- Copy of Immunization Records
- Valid Driver License or Identification
- Urine Sample for Drug Screen (*18 and older*)

At this time there will not be any annual TB tests required. UCHealth, Memorial Hospital is considered to be a “low risk” facility for transmitting Tuberculosis (TB); if our risk changes to “moderate or severe” this policy will change and all volunteers will be required to complete an annual TB test.

The purpose of the TB test is to see whether or not you have been exposed to tuberculosis and not necessarily that you have contracted the disease.
**Additional TB Information**

**Q: What is tuberculosis?**
A: Tuberculosis (commonly referred to as “TB”) is a disease caused by a bacterial germ called Mycobacterium tuberculosis. The most common form of TB is lung infection, but TB can affect other parts of the body such as the kidneys, spine and brain.

**Q: How is TB spread?**
A: TB is spread by people who have active TB disease of the lungs or throat. The bacteria are spread through the air when an infected person coughs or sneezes. Persons most likely to be infected are those in close contact with someone who is contagious over a prolonged period of time. TB germs can remain airborne for several hours, depending on the environment (such as air circulation, confinement, air temperature). TB infection is typically detectable 8-10 weeks after being exposed to the bacteria. **Note: Most people exposed to TB bacteria do not become infected.**

**Q: What happens after you get exposed to TB?**
A: Not everyone exposed to TB develops an infection, and not all infected people become sick—a condition known as latent TB Infection. People who have latent TB infection carry the TB bacteria in their bodies but show no symptoms of disease due to the bacteria's inactivity. Rarely, persons exposed to TB who are infected will get active TB disease, whereby the infection causes you to become ill with symptoms.

**Q: What is active TB disease?**
A: Persons with active TB disease have the more severe form of TB infection and are ill with symptoms. Active TB can affect many parts of the body, but particularly the lungs, kidneys, spine and brain. General symptoms can include nausea, muscle weakness, weight loss, fever and night sweats. The symptoms of TB in the lungs are coughing, chest pain and blood in the sputum. Some people develop active TB disease soon after becoming infected, before their immune system can fight the TB bacteria. Others develop the disease long after becoming infected when their immune system is otherwise vulnerable—such as in people infected with HIV, diabetes, cancer treatment or other medical conditions.

**Q: Is active TB disease treatable?**
A: Yes, active TB disease is highly treatable if prescribed medication regimens are followed. The El Paso County Department of Health and Environment works in close coordination with infected individuals and their medical providers to ensure that medication schedules and follow-up care are strictly followed.

**Q: What is latent TB infection?**
A: People who have latent TB infection carry the TB bacteria in their bodies but show no symptoms of the disease due to the bacteria's inactivity. These people cannot spread TB to others. Latent TB infection is diagnosed by a TB skin test (more information below). Many people who have latent TB infection never develop the active TB disease that makes them sick. For some people, particularly those who have weak immune systems, active TB disease may develop later on.

**Q: If someone has latent TB do they need to be treated?**
A: Medication is available to treat latent TB infection. The decision to begin treatment for latent TB is based largely on the patient’s risk of developing TB disease. Those at increased risk for developing TB disease include patients with HIV infection, people recently exposed to someone with TB disease, infants and children younger than 4 years of age, and people with certain medical conditions that weaken the immune system. Medical providers and TB prevention programs at your health department can provide recommendations whether a person with latent TB infection should be treated.

**Q: What should people do if they have been in contact with someone with a latent TB infection?**
A: Persons with latent TB infections cannot spread the bacteria to others. Those exposed to someone with latent TB infection do not need to be tested. However, anyone who has been exposed to an individual with active TB disease or someone showing symptoms of TB should contact their physician or EPCDHE to schedule testing.

**Q: How common is TB?**
A: TB, though once a major health concern in the United States, is readily curable with treatment. Nationally, the number of new active TB cases has been decreasing since 1992. During 2005, a preliminary total of 14,093 TB cases (4.8 cases per 100,000 population) were reported in the United States.

**Q: How can people learn more about TB?** - A: There are available educational resources regarding TB [www.cdc.gov/nchstp/tb/default.htm](http://www.cdc.gov/nchstp/tb/default.htm)
Name Badge Request Form/Badge Office – 719-365-6501

Hours: Memorial Admin Bldg., 2420 E. Pikes Peak
Monday - 8:00 am – 3:30 pm
Central Hospital - Tuesday-Friday 8:00 am – 3:30 pm
(Closed from 1:00 pm – 1:30 pm each day for lunch)

Reason for Request:

_____ New Participant/Volunteer

☐ Adult  ☐ Learning Link  ☐ Junior  ☐ Chaplain  ☐ Pet Therapy
☐ Ronald McDonald Family Room  ☐ Student Observer

_____ Name Change

_____ Replacement Badge (no charge)

**PLEASE RETURN THE BADGE TO VOLUNTEER SERVICES WHEN YOU LEAVE THE PROGRAM.**

| Badge First Name: |  |
| Badge Last Name:  |  |
| Position Title:   |  |
| Department Name:  | VOLUNTEER SERVICES |

Bonnie R. Nixon or Beth A. Konikoff
Department Manager’s Signature

I acknowledge and agree to the following:

- The above information is accurate.
- This is my official Security Access card, which authorizes me to enter certain designated secured areas of the hospital.
- I will not allow anyone else to use my card.
- Each day I will need this card to access hospital areas.
- In the event I discontinue the volunteer program at Memorial Hospital, I will turn this badge into the Volunteer Services office.

Participant Signature

For Office Use Only - Fax to 365-2347

| Badge Number: |  |
| Group: | Volunteer Services |
| Issue Date: |  |
| Facility: |  |
| Activation Date: |  |
| Entered By: |  |
Health History

This information is kept confidential at all times. Should you have a medical emergency while participating in any Volunteer Services program this form allows us to pull your information and release it to the Emergency Department for emergent care.

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone:</th>
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</thead>
<tbody>
<tr>
<td>DOB:</td>
<td>Physician:</td>
</tr>
</tbody>
</table>

Are you currently being treated for an illness or injury? If yes, please explain:

What medications are you currently taking? Please list all below.

Do you have a history of a serious illness or health concern that could affect you during your participation in the program? (i.e. diabetes, seizure, cancer or heart disease)? Please list:

Have you ever been treated for a problem with alcohol or drugs? Yes or No: If yes explain.

Any known allergies?
Volunteer Recommendation Form

To be filled out by Applicant: This form should be completed by two references, one personal and one professional reference. If you do not have a work reference, please submit two personal or volunteer references. Please, no spouse, parents, children or siblings as your reference. Your application form will not be processed until we have these reference letters.

I, __________________________, give permission for the person below to provide a reference for me for the purpose of volunteering at UCHealth, Memorial Hospital.

Volunteer Applicant’s Signature: ______________________________________________________

Parent/Guardian Signature (if under 18 yrs. of age): ________________________________

To be completed by reference: PLEASE PRINT

Person giving reference (full name) __________________________________________________

Reference address and Phone Number: _____________________________________________

How long have you known the applicant? How do you know the applicant/relationship? ______________

______________________________________________________________________________

Would you recommend that this applicant work in a hospital environment? ________________

______________________________________________________________________________

Describe applicant’s reliability: Does he/she arrive on time? Do they follow through with commitments? ________________

______________________________________________________________________________

Please describe how the person works with others: ______________________________________

______________________________________________________________________________

Is there any reason you can give why the applicant should not volunteer in a hospital setting? ______

______________________________________________________________________________

Is there any other information that you would like to share with us? ________________________

Reference Signature: ______________________________________________________________

Date: ________________________________

Please return to: UCHealth, Memorial Hospital, Volunteer Services, 1400 E. Boulder, Colorado Springs, CO, 80909
Volunteer Recommendation Form

To be filled out by Applicant: This form should be completed by two references, one personal and one professional reference. If you do not have a work reference, please submit two personal or volunteer references. Please, no spouse, parents, children or siblings as your reference. Your application form will not be processed until we have these reference letters.

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Volunteer Applicant’s Signature: __________________________________________________________
Parent/Guardian Signature (if under 18 yrs. Of age): ________________________________

To be completed by reference: PLEASE PRINT

Person giving reference (full name) ____________________________________________________________

Reference address and Phone Number: ________________________________________________________

How long have you known the applicant? How do you know the applicant/relationship? ____________

Would you recommend that this applicant work in a hospital environment? _______________________

Describe applicant’s reliability: Does he/she arrive on time? Do they follow through with commitments?

Please describe how the person works with others: ________________________________________________

Is there any reason you can give why the applicant should not volunteer in a hospital setting? ______

Is there any other information that you would like to share with us? ________________________________

Reference Signature: _______________________________________________________________________
Date: __________________________________________________________________________

Please return to: UCHealth, Memorial Hospital, Volunteer Services, 1400 E. Boulder, Colorado Springs, CO, 80909
Memorial, Colorado Springs Volunteer Services Program Handbook

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

VISION
From health care to health

VALUES
Patients first – Integrity - Excellence
Welcome from Volunteer Services

Welcome to UCH, Memorial, Colorado Springs, Volunteer Services Programs. We are excited that you have chosen our organization to share your time and talents with and we hope you find your experience with us as rewarding as we do having you as part of our team.

Our program participants give many hours of service assisting patients, families, visitors and staff and we will work closely with you to ensure your success.

Our participants are often the first encounter that patients and visitors have with our organization; your smiles, assistance and special brand of caring all represent the positive image we want to convey to our community, make eye contact and beam!

Remember to always be helpful and courteous. The feelings that you impart, whether at the information desk, escorting patients, or other types of assistance, create an impression which is lasting.

Should you have any questions or concerns, please call or stop by the Volunteer Services office. We are here to help you be successful and to enjoy your experience.

Thank you

Nathan Mesnikoff Director, Volunteer Services
Bonnie Nixon Volunteer Coordinator
Beth Konikoff Volunteer Coordinator
Vera Gallegos Administrative Support
High Priority Volunteer Opportunities

- Guest Services/Escort Desk: Excellent customer service area, greeting/escorting and directing visitors and patients to their location. Ability to push wheelchairs and walk long distance is required.
- Patient Care Floors
- Patient Comfort Carts
- Surgical Waiting/Greeter Service Desk: Providing hospitality to family members who’s loved ones are patients in surgery.
- Pediatrics
- Pediatric Family Ambassador

Other Available Volunteer Departments

- Complimentary Therapy (Pet, Massage, Music, Healing Touch)
- Knitting
- Emergency Department
- Birth Center
- Mother-Baby
- Book Cart
- Oncology Services
- Outpatient Surgery
- NICU Baby Cuddling
- Pharmacy
- Rehab-Inpatient/Outpatient
- Gift Shop
- Special/Short Term Projects
- Ronald McDonald Family Room
VOLUNTEER SERVICES PROGRAMS

VOLUNTEERS – UCHealth, Memorial, Colorado Springs offers many volunteer opportunities. Volunteers are an essential part of our organization by supporting the staff and helping the hospital achieve its mission of service to the community with the best customer service. Volunteer shifts are usually three to four hours in length, one day, each week with other options/flexibility available. Junior volunteers are a caring and dedicated group of teens, ages 14 through 18, still in high school, who contribute their free time after school, on weekends and in the summer. Their dedication to helping others by volunteering in our facility also gives them the opportunity to serve in a healthcare environment.

Becoming a volunteer is an experience with many rewards including building self-esteem, learning the importance of being dependable, feeling good about helping others, gaining knowledge of healthcare, acquiring work experience, and at times cultivating friendships.

LEARNING LINK CO-CURRICULAR CAREER OBSERVATION PROGRAM – This program is for college students, sophomore – seniors, interested in observing in the hospital environment exploring different career fields in healthcare. We are excited to provide this observation program to support the students’ career decision-making process. The UCHealth, Memorial, Career Observation Program is meant to help students confirm their career aspirations, rather than just explore new areas. We look forward to working with the students and counselor/educators through this experience. Students are able to observe, which allows them the opportunity to gain valuable knowledge and experience in working within the health care profession.

JUNIOR MEDICAL SCHOOL PROGRAM (JMS) – UCHealth, Memorial, Colorado Springs has created the Junior Medical School, a career exploration program for high school students, 16 – 18 years of age. The summer program, gives students a glimpse into the world of medicine to determine whether healthcare is a profession they may be interested in pursuing. The students will work with medical professionals from a variety of disciplines and gain valuable information about careers in health care. As a strong community employer, UCHealth is interested in hiring and retaining the best minds in medicine. U.S. News recently ranked jobs in medicine among four of the top five careers in its 100 “Best Jobs” ranking. Health care is a top field because it offers vast employment opportunities, good salary, manageable work-life balance and job security.

HEALING WITH ART & MUSIC & HEALING TOUCH – These programs are designed to reduce patient stress and anxiety, provide unique sensory stimuli, and increase social interaction and communication. Volunteers within these programs must have previous experience and or proficiency in the related fields. Volunteers in Healing Touch must be certified practitioners. Flexible scheduled hours are available for these programs.
PET THERAPY – This program provides benefits similar to those in our art and music program. It aims to reduce patient anxiety and increase patient communication by providing opportunities for patients to interact with pet therapy animals and their owners. Most breeds of dogs are eligible with some exceptions. Pets must have current pet therapy certification to include current yearly vaccinations and health screen. Flexible scheduled hours are available for this program. Accepted pet therapy programs include but are not limited to*:

- Pet Partners – www.deltasociety.com
- Alliance Therapy Dogs, – www.therapydogs.com
- Therapy Dogs International – www.tdi-dog.org

*Other pet therapy licensed programs may be acceptable. Check with your Volunteer Services Coordinator.

VOLUNTEER SERVICES SENDS THANKS

AWARDS
- Annual National Volunteer Week Recognition
- Monthly appreciation
- Hours pins are available upon request

BENEFITS
- Cafeteria discount (10%) and one free drink per shift
- Access to the Fitness Centers
- Community education classes
- Mileage and uniform tax deduction

INFECTION PREVENTION HEALTH SCREENING

HEALTH SCREENING – Volunteer health information is kept confidential. Should you have a significant illness or injury, please give us your updated health history information. The following is required for your health screening and is available at our Employee Health Office. Health screenings will include TB testing, Hepatitis Vaccine (based on your volunteer area) and Flu vaccines; all FREE of charge to volunteers.

- Flu Shot or Verification (during flu season)
- MMR Verification (titers will be drawn if unavailable)
- TB Test Verification
- Copy of Immunization Records (titers will be drawn if unavailable)
- Valid Driver License or Identification
- Urine Sample for Drug Screen (18 and older)
Health Screens are **by appointment only** and will take approximately one hour. Please call 719-365-5560 to schedule your appointment. Employee Health is located in Printers Park Medical Plaza, 175 S. Union Blvd, 3rd Floor, Suite #315. Their phone number and hours of operation are listed below.

Employee Health  
719-365-5560  
Monday - Friday  
7:30 am – 4 pm

*PLEASE CALL FOR AN APPOINTMENT AND ALLOW ONE HOUR FOR APPOINTMENT*

**HAND HYGIENE** – Hand hygiene is necessary to remove any bacteria that can accumulate on the skin in everyday living. Hands should be washed with soap and warm water for 20 seconds if visibly soiled, before handling food, before eating, after using tissues/hankies, using the restroom facilities, and before and after patient contact. Be sure to clean under your nails and use a dry paper towel instead of your hands to turn off the faucet. Using lotion will keep your skin soft and pliable. When hands are not visibly soiled, alcohol based hand sanitizers may be used. If you come in contact with any patient body substances (fluids) - such as blood, stool, urine or sputum, hand-washing should be initiated and continued for two full minutes. Any exposure to these substances must be reported to the Volunteer Services Office, the immediate supervisor for your area and the Employee Health Department on the blood/body fluid exposure report form.

**STANDARD PRECAUTIONS AND TRANSMISSION-BASED STANDARDS** - Are used by caregivers in our healthcare system; you may see personnel using gloves, masks, and gowns as they interact with patients. This reduces the possibility of caregivers coming in contact with body substances that may contain bacteria and transferring bacteria to other patients. Please read all signs on patient doors before entering. If you see an isolation sign on a patient’s door, check with the charge nurse before entering the room and follow all precautionary processes posted on the door, **ALWAYS, NO EXCEPTIONS**. Patients in a room with an isolation sign may have an illness that is transmitted by airborne, droplet, or contact means. Should you be asked to transport a specimen to the lab, it must be placed in a sealed bio hazard bag by the nurse before it is given to you.

**ARTIFICIAL NAILS** – Studies have shown that patient caregivers at hospitals across the country who wear artificial nails have increased the infection rate for patients. Therefore, UCHealth implemented a policy change consistent with community and national standards regarding artificial nails.

The Global and Personnel Policies have been revised to reflect the requirements cited by the Center for Disease Control and Prevention (CDC). Due to this overwhelming evidence, **direct patient care providers may not wear artificial nails. This also includes volunteer program participants who provide direct patient care to include volunteer cuddler’s and newborn hearing screeners.**
SAFETY EMERGENCY PROCEDURES – An overhead page is used to announce an emergency situation. The messages or pages may be preceded by “This is a drill” to indicate a practice scenario. The following codes are also listed on your pocket card that you should be carrying in your badge holder; drills are held periodically.

- Code Pink (two tone alert) – Infant or child missing or abducted
- Code Blue - Cardiac/Respiratory Arrest, Adult, Pediatric or Infant
- Code Red – Fire or Smoke
- Code Silver – Active Shooter/Violence
- Code Gray – Emergency Staff Assist
- Code White – Obstetrical Hemorrhage
- Code Yellow – Emergency/Disaster Response
- Security Assist – Security Response – Call 811, Workplace Violence
- Tornado Warning – Conditions favorable for tornado
- Weather Plan – Severe Weather Alert

HAZARDOUS MATERIALS COMMUNICATION – Program participants are responsible for maintaining knowledge of hazardous materials (HAZMAT) used in their assigned area, knowing the location of the safety data sheets (SDS), and understanding proper use and notification procedures.

SPIRITUAL CARE
UCHealth, Memorial, Colorado Springs has professional chaplains on staff to provide spiritual, emotional, and relational support to patients, families, volunteers and staff. If you see someone in need of support, please contact the Spiritual Care department by calling 365-2427. A chapel is available at both hospitals for prayer or quiet reflection. At our central hospital the chapel is located on the 2nd floor by the Central Elevators and at north hospital it is to the left by the main entrance.

UCHEALTH, COLORADO SPRINGS, STANDARDS OF EXCELLENCE

SERVICE
- I am here to serve my customers. This means prompt, friendly and quality service.
- I walk guests to their location and seek out those who look lost.

QUALITY
- I respect the confidentiality of patients and colleagues.
- I keep the facility and my work area neat, clean, presentable, uncluttered and safe.
TEAM
• I listen to understand and respond in a compassionate manner.
• I thank others for their time and efforts.

COMMUNICATION
• I maintain a positive image and follow the UCHealth dress code. I wear my badge so it is easily read by patients, visitors and colleagues. Any time I am in uniform or have my badge on, I represent UCHealth in a positive light.

PERSONAL (Important for volunteers)
• I take responsibility for my attitude and actions. I treat others with dignity and respect; rudeness is not acceptable.
• I consistently carry out my work duties to the best of my ability, skills and training, understanding that my work makes a difference in the care of our patients.
• I do the right thing because it is the right thing to do, whether anyone is watching or not.
• I take responsibility to use UCHealth resources appropriately.

M.A.I.D.E.T. - At Memorial, we treat our patients with the utmost respect. Using the acronym, we put forth our best customer service skills at all times.

• Manage Up – Speak positively about the UCHealth, Colorado Springs team, especially as you transition your patients or visitors to their next caregivers
• Acknowledge – Greet people with a smile and use their formal names when you know them.
• Introduce – Introduce yourself, learn the name of those you are speaking with, and state your role.
• Duration – Set expectations about how much time something will take or how long a delay may be.
• Explain – Explain what is happening in a way that patients and their visitors can understand.
• Thank – Sincerely thank your patients and visitors for trusting us with their care, for being active members of their care team, or for any additional reasons deemed appropriate.
Policies and General Information

Age Specific Competency – Always consider the patient as a person. Think about the family and visitor in interactions. When talking to a patient or visitor, please be sensitive to age appropriateness when using your communication skills.

Alcohol, Smoking and Drugs - UCHealth, Memorial, is committed to a smoke, drug and alcohol-free workplace. Any use of these substances by volunteers which interferes with or adversely affects work performance will not be tolerated. Reporting to your program area under the influence of alcohol or drugs, or possessing, manufacturing, dispensing, selling, or using them on any UCHealth, premises will result in immediate termination from any UCHealth, Volunteer Services Program.

Bereavement – Occasionally, you will see a patient room that has a card posted on the door with a leaf pictured on it (an aspen leaf with a dew drop or a maple leaf). This card is used to alert you that a patient has passed away. Please do not enter these rooms.

Corporate Compliance – UCHealth, Memorial, Corporate Compliance Plan has been carefully designed to assure that Memorial consistently acts in accordance with any and all known legal duties. A reporting system, which includes the Memorial Integrity Hotline at 855-824-6287, is in place whereby staff and volunteers can report irregularities or possible criminal conduct by others within the organization without fear of retribution.

Diversity – We appreciate and value all people for their skills and uniqueness which includes such things as gender, race, age, ethnicity, physical ability, religion, sexual orientation, education, and socio-economic status.

Health Insurance Portability and Accountability Act (HIPAA) – Health Insurance Portability and Accountability Act of 1996 (HIPAA) was passed and took effect on April 14, 2003.

What You See and Hear Here, Stays Here!

What is HIPAA? HIPAA is a law designed to improve the efficiency and effectiveness of the nation’s health care system.

- HIPAA protects health insurance coverage for workers and their families when they change or lose jobs.
- HIPAA requires the standardization of electronic information used by health care providers, health plans, and employers.
- Looking up one’s friends on the census to see who is in the hospital is illegal as well.
- Everyone must be diligent about not leaving paperwork with confidential information lying out or leaving a computer screen open
to the public with patient information. Lock or shut all computers
down when leaving your area.

- Patients are informed upon admission regarding what will be
  included in the patient directory.

INSTITUTIONAL ABUSE – To ensure the integrity of professional
relationships and to provide compassionate care to patients, neither abuse of
patients nor any disruptive behavior by a practitioner or individual will be tolerated.

INTERPRETER SERVICES – To ensure good communication, UCHealth,
Memorial, Colorado Springs, provides medical interpreter services to limited-
English speaking or hearing-impaired patients and their families. If you have a
situation that you believe requires an interpreter, speak with the Charge Nurse on
the floor. If he/she is not available, call Interpreter Services at 365-2690 for
immediate assistance.

LOST AND FOUND – Articles lost by patients are stored on the unit where they
were lost or found for a one week period. If you have lost personal property at
Memorial, call the lost and found line at 719-365-2473. For valuable items lost at
our facility contact Security, 365-5000. If you suspect you have had personal
property stolen while at work, you should report this to the security officer on duty.
The Volunteer Services Office at both hospital locations has lockers for your
personal belongings while you volunteer.

PATIENT REPRESENTATIVES – Are available to help if a person has an concern
about their or a family members care. To contact the patient representatives call
365-5621 (internal 5-5621).

NURSING HOUSE SUPERVISORS - Nursing House Supervisors are available to
help if a person has a concern/issue with the hospital after hours or on weekends.
To contact the Nursing House Supervisor call the hospital operator.

SEXUAL HARASSMENT – Sexual harassment of any kind will NOT be tolerated
at Memorial. If you feel a staff member or visitor has abused you, please report it
to Volunteer Services immediately.

  - Definition – Sexual harassment is defined as a continuing
pattern of unwelcome sexual advances, requests for
sexual favors or physical contact of a sexual nature. If
you perceive it that way, it is to you.

COMPLAINT PROCEDURE – If you feel you are the victim of sexual harassment
by any one at Memorial, volunteer, staff member, doctor, patient, or visitor, please
contact Volunteer Services immediately. In the case of any sexual harassment
complaint, an investigation will be conducted and appropriate action will be taken
against the offending party.
JOINT COMMISSION/CMS INSPECTIONS AND SURVEYS – Memorial may be inspected by local, state, or federal surveyors. If anyone identifies themselves as a member of one of these groups please treat them with the same high level of respect and courtesy we would provide any visitor to our organization.

MEDIA – Do not answer any media questions. Newspaper, TV or other media personnel should be directed to Media Relations in the Communications and Marketing Office.

GRATUITIES – Memorial, staff and volunteer program participants are not permitted to accept gratuities (tips) from patients, visitors, or anyone else. You may refer interested people to the Volunteer Services department or the UCHealth, Colorado Springs Foundation where they may make a donation.

VOLUNTEER SERVICES POLICIES

HOURS – We track volunteer program participant hours for a variety of reasons and can provide hours reports per your request.

SIGNING IN AND OUT – All program participants will log in and log out at the Volunteer Information Center (VIC) touch screen computer, located at three locations, Central and North facilities, in the Volunteer Services office, North Entrance Information Desk and Boulder Entrance Security Desk. It not only maintains the sign-in process but also totals volunteer hours for you. Volunteers can also call the Hours Line at 719-365-8282 to record hours.

BREAKS – Volunteers are encouraged to take a 15- 20 minute break during their volunteer shift, during which time you can eat and drink. Always inform a staff supervisor when you will be gone from your area. Volunteers should not read, do homework or text while volunteering unless given permission by the volunteer office or supervisor of the volunteer area. Other Volunteer Services programs will provide breaks during the program time.

ABSENCE POLICY – If you are going to be absent from your program shift, please call BOTH the area where you have been assigned and the Volunteer Services department at 365-5298. Our staff counts on you at your assigned times, please keep your commitment.

*If you have not completed any hours in a calendar month, (30 DAYS), you will receive an email requesting a response about your estimated return. Your file will be inactivated and archived if you do not respond to an inactivity email by the posted date. Volunteers can be reactivated when they resume their volunteer work if they have not been gone for more than one year and have stayed in contact with the Volunteer Services Office.
FINDING A SUBSTITUTE – Areas that require you to find a substitute for volunteering are Surgical Waiting, Guest Services/Escorts Information Desk and NICU Cuddler’s.

LEAVES OF ABSENCE – Leaves of absence can be taken for up to three months for volunteers but your position may not be guaranteed upon your return. Other Volunteer Services programs may have different roles based on the program requirements. If you need to take a leave, please speak with staff from the Volunteer Services office. If the leave is due to medical reasons, a physician’s note will be required to return to volunteer. Re-orientation is required after one year’s absence.

INCOME TAX DEDUCTION – Volunteer income tax deductions for mileage to and from the hospital and for the purchase of materials (uniform) are dependent on itemization tax laws. Please check with your tax representative.

LETTERS OF REFERENCE FROM VOLUNTEER SERVICES DEPARTMENT- If requested we are pleased to provide letters of reference for you from the Volunteer Services Office. We highly recommend you request a letter of reference from staff in your program area. We will not sign off on court-ordered community service documents, program participants that do not keep their commitment of 50-100 hours of service, nor can we accept participants who are donating their time for court-ordered hours of any kind.

MEMOS/COMMUNICATIONS – Please read the emails/notes that are sent to you. Well-informed volunteers are the best volunteers. Make every effort to stay abreast of what is happening at UCHealth, Colorado Springs.

NAME BADGES – Your name badge will be issued after your interview. Program participants must have their name badge displayed at all times while participating in any Volunteer Services program. Name badges are to be worn on the upper right side of your shirt where it is visible, or on a breakaway lanyard. If you do not have your name badge you will be asked to return home.

PARKING – All program participants are required to park in the parking garage in any spot that is available at Memorial Central and in the employee parking lot at Memorial North.

SECURITY – A security officer will escort you to your car at any time you request if you feel unsafe or unsure. Call the operator to page a security officer. Tell the operator your location and ask her/him to send a security officer.

TELEPHONES – Volunteers may answer hospital telephones in their work area as instructed by staff. Always identify the area and yourself as a volunteer. Volunteers are not permitted to take messages related to patient care or treatment or physician orders. Get a staff member to take such messages.
CELL PHONES – Use of cell phones are not permitted by program participants in any facility during your allotted program shift and must be in the off position, NOT ON VIBRATE. You are welcome to use a phone in the Volunteer Services Office or request to use the phone at the nurses’ station of your assigned area for emergency calls only. Please take a break to check messages on cell phones or make return calls to family, friends etc.

WHEELCHAIR ORIENTATION – All volunteers will be trained on the proper use of wheelchairs when trained in their assigned area(s).

UNIFORMS AND DRESS CODE – Your uniform identifies you as a Volunteer Services program participant to patients, visitors, and staff. Be sure your uniform is always neat, clean, and wrinkle free and that you are well groomed. Keep jewelry to a minimum. Wedding rings, watches, and small earrings are acceptable. No facial or tongue piercings (this does not include pierced ears) are allowed. Do not wear any jewelry that dangles. Please do not wear, perfume, powder, or aftershave lotion; the smell can bother patients who tend to be more sensitive to smell during their illness. Hair must be above the shoulders or pulled back and secured if you work in patient care areas.

DRINKS/SNACKS - Please do not eat, drink or chew gum while in your program area. Take a break in the cafeteria or the official break room in your area to eat and drink.

VOLUNTEER SERVICES PROGRAM UNIFORMS – All participants will wear a program shirt dependent upon the program they are registered in. Volunteers wear a red volunteer polo shirt or smock; a white/black T-shirt, turtleneck, or tank may be worn under the shirt or smock if needed for warmth in colder months. All programs require white, black or khaki full length pants with the program shirt and soft-soled, closed-toe comfortable shoes with socks. No Capri’s, leggings or jeans of any color may be worn as stated in the hospital dress code. Uniform prices are subject to fluctuation with market changes, but we will do our best to keep them affordable for you.

DISCLAIMER – I understand any Volunteer Services Program assignment with UCH, Memorial, Colorado Springs, is voluntarily entered into and does not constitute a contract of employment, expressed or implied. Further, I understand that my program placement could be ended at any time based on the discretion of the Director or Coordinator of Volunteer Services.

If you have been convicted of a misdemeanor or felony, you are required to disclose this to the Volunteer Services Office with an explanation of charges. Failure to disclose prior convictions can result in denial of program opportunities. Prior to commencing a program assignment or upon a random selection a participant (adult or junior) may be required to satisfactorily complete a drug screen. Upon acceptance into the program, a background check will be run on all adults, 18 years of age and over.
COMMONLY USED ABBREVIATIONS

CCU – Coronary Care Unit
CHA – Colorado Hospital Association
CNA – Certified Nurse’s Assistant
CS – Central Services
DO – Doctor of Osteopathy
DVS – Director, Volunteer Services
EEG – Electro-Encephalogram
EKG – Electro-Cardiogram
EMT – Emergency Medical Technician
ER/ED – Emergency Room / Emergency Department
G.I. Lab – Gastro-Intestinal Lab
HIPAA – Health Insurance Portability and Accountability Act
HRD – Human Resources
ICU – Intensive Care Unit
IV – Intravenous
L & D – Labor and Delivery
MAC – Memorial Administration Center
MD – Medical Doctor
NICU – Neonatal Intensive Care Unit
OB – Obstetrics
OPS – Outpatient Surgery
OR – Operating Room
OT – Occupational Therapy
PACU – Post Anesthesia Care Unit (Recovery Room)
PEDS – Pediatrics
PICU – Pediatric Intensive Care Unit
PR – Public Relations
PT – Physical Therapy
REHAB – Rehabilitation
RN – Registered Nurse
TICU – Trauma Intensive Care Unit
To access an outside line within the hospital, dial 9 first and within the hospital simply dial the last five numbers.

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<tr>
<th>AREAS</th>
<th>CENTRAL</th>
<th>NORTH</th>
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<tbody>
<tr>
<td>Volunteer Services</td>
<td>1400 E. Boulder St. Colo Spgs, CO 80909</td>
<td>4050 Briargate Parkway Colo Spgs, CO 80920</td>
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<tr>
<td>Volunteer Services Director</td>
<td>365-8791</td>
<td>365-8791</td>
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<tr>
<td>Volunteer Coordinator</td>
<td>365-5206</td>
<td>365-5206</td>
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<tr>
<td>Volunteer Coordinator</td>
<td>365-5372</td>
<td>365-5372</td>
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<tr>
<td>Vol. Services Admin Support</td>
<td>365-5298</td>
<td>364-5298 or 364-2707</td>
</tr>
<tr>
<td>Volunteer Hours Reporting</td>
<td>365-8282</td>
<td>365-8282</td>
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<tr>
<td>Volunteer Services Office Fax</td>
<td>365-2472</td>
<td>364-3557</td>
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<tr>
<td>Gift Shop</td>
<td>365-5152</td>
<td>364-2710</td>
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<td><strong>Employee Health</strong></td>
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<td>365-5560</td>
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<tr>
<td>Chaplain</td>
<td>365-2427</td>
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</tr>
<tr>
<td>Emergency</td>
<td>811 (internal)</td>
<td>811 (internal)</td>
</tr>
<tr>
<td>Lost &amp; Found</td>
<td>365-2473</td>
<td>Security</td>
</tr>
<tr>
<td><strong>Nursing House Supervisors</strong></td>
<td>365-6832</td>
<td>364-6832</td>
</tr>
<tr>
<td>Security</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Operator (outside of hospital)</td>
<td>365-5000</td>
<td>364-5000</td>
</tr>
<tr>
<td>Operator (inside of hospital)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Corporate Compliance Hotline</td>
<td>365-5668</td>
<td>365-5668</td>
</tr>
<tr>
<td>Human Resources Department</td>
<td></td>
<td>Memorial Administration Center 2420 E. Pikes Peak Ave.</td>
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<table>
<thead>
<tr>
<th>HOURS OF OPERATION</th>
<th>Subject to change</th>
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</thead>
<tbody>
<tr>
<td>Volunteer Services Office</td>
<td>Monday – Friday 8 a.m. – 4:30 p.m.</td>
</tr>
<tr>
<td>Human Resources</td>
<td>Monday – Friday 7:30 a.m. – 4:30 p.m.</td>
</tr>
<tr>
<td>Gift Shop</td>
<td>Monday – Friday 9 a.m. – 5 p.m. Saturday 10 a.m. – 4 p.m.</td>
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