

Safety for Patients and Volunteers

Volunteer Training 2019

Safety for Patients and Volunteers

Learning Objectives:

- Security And Safety General Guidelines
- Volunteer Rights
- Volunteer Injury Policy
- Occurrence Reporting-
 - What Is An Occurrence?
 - Recognizing Behaviors



Security and Safety General Guidelines: Hospital

- Hospital Property: Access Security staff as follows:
- In an Emergency Situation –Dial ext. 5555, the Blessing Hospital Hotline number. If the situation is violent or threatening, leave your work area and dial ext. 5555. If you cannot use the phone near you, take the phone off the hook and dial 0. Telecommunications will hear the disturbance and will call the police or security.
- At a location other than 11th St, an emergency should be reported to supervisory staff and 911 should be dialed.
- In a Non-Emergency Situation—Dial 0. The Telecommunications operator should be able to inform you how long it will take before Security can respond.
- If you see someone fall outside the front entrance, dial 0 for Security. Security staff will determine if the Fall Team, the ED Department, or an ambulance should be called.


When Providing Patient Care off Hospital Property:

- Always be on the alert
- Think before you act
- Be alert to any suspicious activity
- Report any accidents that you witness to Volunteer Coordinator
- Secure all PHI –Personal Health Information. Never leave unattended.
- To protect your own personal property:
- Avoid carrying large amounts of cash
- Keep personal belongings out of sight. Leave belongings in your vehicle out of sight when visiting patient's homes. If a theft occurs, report it immediately to Volunteer Coordinator.
- Avoid walking alone after dark.
- Lock your car and do not leave possessions visible from the window



Other General Safety Guidelines

- Be physically fit for your volunteer assignment by practicing good health habits--proper diet, rest, and cleanliness.
- Prevent the spread of infection or contagious diseases—when you are ill, call the Volunteer Coordinator or the Hospice office—but remain at home. (See handout about “staying home” symptoms).
- Personal hygiene is extremely important-- wash your hands often. Use waterless foams and hand sanitizers when soap and water is not available. (See handout about hand washing).
- Wear proper clothing and shoes for your volunteer service assignment.
- Know your service area responsibilities. Review the service assignment periodically.
- Never engage in horseplay or play practical jokes.
- Heed all warning signs—they caution you about a hazard or a condition detrimental to your safety.



Volunteer Rights

- To be treated with respect
- To have a safe work environment
- To have adequate and appropriate training to meet my responsibilities
- To be offered appropriate assignments
- To be given organization information as appropriate
- To be given variety of learning experiences
- To be given continued education opportunity.
- Be provided support and guidance
- To be recognized and appreciated

Volunteer Injury

- PURPOSE: To provide a procedure for volunteers if they incur an injury while volunteering for Blessing Hospice.
- POLICY: If you are injured while you are volunteering at any of Blessing Hospital's facilities, you are covered by a general liability insurance policy. The coverage is not mandated under state laws, but Blessing Hospital provides it as a courtesy to you for volunteering at the hospital.

Volunteer Injury Procedure

- If you are injured while volunteering for Blessing Hospice and Palliative Care, inform the Volunteer Coordinator or their designee immediately.
- Once the injury is documented, the Volunteer Coordinator or Hospice Director will forward it to the Blessing Hospital Risk Manager.
- It is Blessing Hospital's policy to encourage volunteers who are injured while volunteering to go to the Employee Health Nurse who will determine if additional treatment is needed.
- Your own insurance will be the primary carrier for your injury. Blessing Hospital's general liability insurance is strictly supplemental coverage.
- The Employee Health Nurse and/or the Risk Manager must approve an Emergency Department visit for Blessing Hospital to incur the expense. An Emergency Department Record must be initiated at the time of the visit.
- Once you have submitted your bill(s) to your own insurance carrier and your carrier has advised you of payment, submit the bill(s) to the Volunteer Coordinator or Hospice Director who will in turn submit it to Blessing Hospital's general liability insurance carrier.
- When you go the Emergency Department, you may be asked by the ED staff if you were injured "on the job" or if your injury is "work related". Make sure they understand that you are a volunteer injured while volunteering and not an employee.



Occurrence Reports:

What to report to the Hospice Care Team

Occurrence Reporting: Patient Safety

- Any concerns that you have-especially that may need help from the Nurse, Social Worker, Chaplain or other members of the Hospice Team.
- Changes in the person such as:
 - ✓ Falls and/ or any injuries
 - ✓ Extreme mood changes or suicidal thoughts
 - ✓ Restlessness or anxiety
 - ✓ Pain or discomfort noted or reported from family
 - ✓ Changes in breathing patterns
 - ✓ Requests from patients or family members
 - ✓ Death of patient- remain calm- reassure family and call hospice. Stay with family until nurse arrives.
- These concerns need to be addressed to the Volunteer Coordinator or their designee

Occurrence Reporting: Recognizing Behaviors

Pain- Always ask about pain

- Believe the Patient! -Remember pain is whatever-when-ever-and where-ever- the person says it is.
- Notice facial expressions (grimacing-frowning-wrinkled brow)
- Moaning-groaning or crying out- rubbing or protecting a certain spot
- Moving slowly- pacing or rocking back and forth

Anxiety- Feelings may cause anxiety-fear of dying-worrying about family

- Tension or shakiness- problems concentrating-sleeplessness

Restlessness- A condition that usually occurs – especially in last 48 hrs.

- Fidgeting-pulling at sheets or clothing-moving extremities
- Inability to get comfortable- moving around-tossing and turning
- Trying to get out of bed for no known reason



Questions

Thank you for attending. Please remember to fill out your evaluation forms.