BANFF MINERAL SPRINGS HOSPITAL
VOLUNTEER ORIENTATION
AGENDA

- About Covenant Health
- Mission & Values
- Goals & Objectives
- Role of Volunteer Services Department
- Requirements of Volunteers
  • Identification Badges
  • Signing in
  • Privileges for volunteers
- Accidents & Illnesses
- Infection Prevention
- Protection for Persons in Care Act
- Confidentiality
- Wheelchair Safety & Communication
- Emergency Preparedness
Covenant

Compassionate care led by Catholic values

Healing the Body  Enriching the Mind  Nurturing the Soul
Covenant Health is Canada’s largest Catholic provider of health care, building on a strong tradition of compassionate care in Alberta. Our team provides a range of services including acute care, continuing care, assisted living, rehabilitation and palliative care in eleven communities across the province.
On October 7, 2008, 16 Catholic health care facilities across Alberta came together under a single board and administration. Today, Covenant Health has a team of more than 14,000 staff, physicians and volunteers across our sites in Banff, Bonnyville, Camrose, Castor, Edmonton, Killam, Lethbridge, Mundare, St. Albert, Trochu and Vegreville.
To learn more about Covenant Health please visit www.covenanthealth.ca
Our Mission & Values

Our Mission

We are called to continue the healing ministry of Jesus by serving with compassion, upholding the sacredness of life in all stages, and caring for the whole person—body, mind, soul.

Our Vision

Covenant Health will positively influence the health of Albertans and be of greater service to those in need by working together with compassion, quality and innovation.
Our Mission

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Our Vision

Covenant Health will positively influence the health of Albertans and be of greater service to those in need by working together with compassion, quality and innovation.
As a Catholic organization, we are committed to serving people of all faiths, cultures and circumstances, according to our values:

*Compassion
*Respect
*Collaboration
*Social Justice
*Integrity
*Stewardship
Volunteers have Boundaries:

- Volunteers do not replace staff, rather, they complement what staff do
Volunteer Programs are designed to:

• Make patient’s stay more comfortable
• Break down patient isolation
• Promote public relations
• Carry the Hospital’s image into the community
• Promote individual growth

Volunteer placements must be beneficial to both the Hospital and the Volunteer
• Recruit, interview, orientate, train and place volunteers in appropriate areas
• Work with community agencies to assist them in meeting their goals
• Develop volunteer outreach programs
Requirements of Volunteers

- Use Common sense
- Make a serious commitment
- Wear ID and follow dress code
- Sign in & out each shift
- Conduct yourself in a professional manner
- Your behavior should be aligned with Covenant Health Mission, Values, Goals and Objectives
Requirements for Volunteers

Covenant Health

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Dress Code

• Personal hygiene is of utmost importance
• Covenant Health has a *scent-free* policy
• Clothing must be neat, tidy, clean, and appropriate

For Your Safety

• Wear closed toed and closed heeled shoes
• Keep Jewelry to a minimum
A Volunteer’s ID Tag

• Must be worn at all times
• Must be returned upon termination of volunteer placement
Privileges are what we offer you in exchange for your services at the facility.

- Volunteer Appreciation Events
- Workshops & Seminars
- Open door policy and the right to be heard
- Use of the cafeteria before & after shifts and during breaks
Ways that Volunteer Services communicates with volunteers:

• Volunteer Reporter Computer System
• Report immediately to your supervisor
• Volunteers have Workers Compensation Board (WCB) coverage
• Volunteers must be **SIGNED IN** to receive WCB Coverage:
  • Don’t forget to sign in!
  • If the computer is out of order, sign in/out using the sign in notebook next to the computer
Many of the people that you will encounter as a volunteer are vulnerable to infections.

• Because bacteria and viruses are passed BY HANDS more often than by any other means, it is important that all healthcare workers and volunteers clean their hands frequently.

• Cleaning your hands is the easiest and most effective way to prevent the spread of infection.
WHEN TO CLEAN YOUR HANDS

• When coming on duty
• Before meals
• After using the bathroom
• After touching your nose or mouth (example: sneezing or coughing)
• **Before** and **after** direct contact with patient, items in patient’s environment (water jugs, trays, personal items), the patient’s environment (bed, bedrails, etc)
• **Before** putting on gloves and **after** taking gloves off
There are 2 ways to clean your hands:
  1) Hand Sanitizer
  2) Liquid soap and Water

Please do not report for duty if you have a cold and/or are not feeling well.
  • Inform your Department & Volunteer Services
  • No more than 3 consecutive unexcused absences
HAND HYGIENE

What is Hand Hygiene?

• The act of removing/killing microorganisms on the hands

Why do we do Hand Hygiene?

• Hand Hygiene is used to eliminate transient microorganisms picked up via contact with patients, contaminated equipment or environment.
• Hand hygiene is the most effective way to prevent the spread of communicable diseases and infections

How do we Perform Hand Hygiene?

• Hand hygiene may be performed by using soap and running water or with alcohol based hand sanitizers
HAND HYGIENE – APPLYING MICRO SAN

- Using Alcohol – Based Hand Rub (Hand Sanitizer) e.g. Microsan:

  1) **Dispense** a thumbnail size (1-2 pumps) onto the palm of your hand.

  2) **Cover** all surfaces of your hands: back and front, between fingers and under nails.

  3) **Rub** for 15-20 seconds and continue until dry.
HAND HYGIENE – Benefits of Alcohol Based Hand Rubs (Microsan)

• Preferred method of Hand Hygiene when hands are not visibly soiled
• Requires less time
• More effective for than soap and water
• More accessible than sinks
• Contains emollients which can help to improve skin condition
Culture from a HCW’s un glo ved contaminated hand after performing an abdominal examination of a patient with MRSA colonization

Culture of HCW’s hand after cleansing with alcohol hand sanitizer – No Growth
HAND HYGIENE – LIQUID SOAP & WATER

• Using Liquid Soap & Water:

1) Wet Hands and apply liquid soap.

2) Vigorously Wash all surfaces of your hands: back and front, between fingers and under nails for 15 – 20 seconds.

3) Rinse Hands with warm (not hot) water.

4) Dry Hands with paper towel and use paper towel to turn off the taps. *This method must be used when your hands are visibly dirty and contaminated.*
Hand Hygiene – What’s Missing?

Areas most frequently missed during hand washing

Less frequently missed

Not missed

(Adapted from Taylor L (1978), An evaluation of hand washing techniques - I, Nursing Times, 12 January, pp 54-55)
BREAK THE CHAIN OF INFECTION
HAND HYGIENE – Important Points to Remember

• Nails should be clean, short and not extend past the fingertip
• Artificial nails, gels or wraps must not be worn in clinical areas
• Hand and wrist jewelry should be minimal and rings should not have stones or crevices
Volunteers are NOT permitted to enter any room in which Precautions Signs (also referred to as “Isolation”) are posted. These Precautions Signs are posted at the entrance of a patient’s room.
When interacting with patients, the possibility of exposure to body fluid exists. If you notice or witness an incident that involves the potential of exposure to a body fluid (such as vomit, urine, feces, spit, pus, blood), notify the nursing staff/charge nurse immediately. **DO NOT ATTEMPT TO CLEAN UP ANY OF THESE SUBSTANCES.**
Protection for Persons in Care Act

THE PURPOSE of the legislation is to promote the safety of adults in publically funded care facilities and requires you to report any incidence where you have reasonable and probable ground to suspect that there is, or has been, abuse against a client.
Abuse comes in several forms and is intentional:

- Sexual – unwanted sexual contact
- Medical – administering medication for inappropriate use
- Emotional – threats, harassment
- Physical – bodily harm ex.) kicking
- Financial – Stealing money.
- Neglect
• If the abuse is criminal in nature, or if a person’s life or well-being is in immediate danger, call the police.
• Check with the Unit Manager/Staff first before calling the police.
• To report abuse in a care facility or to obtain more information call (toll-free) 1–888-357-9339.
• Volunteers have signed a “Policy on Confidentiality” Form
• ANYTHING SEEN OR HEARD AT THE HOSPITAL STAYS AT THE HOSPITAL
• Volunteers are subject to the Code of Ethics
• All information acquired in the course of volunteer duty are considered confidential.
• DO NOT seek any information regarding a patient.
• DO NOT discuss medical information with the patient, their family or friends.
• Confidentiality applies to any information or conversations between, patients, families, staff, and volunteers.
Wheelchair Safety & Communication
Guidelines

Things to remember: -Treat people as you would like to be treated yourself.
-A permanently disabled person is not sick, incompetent, dependent, unintelligent or contagious.

Before moving a patient, authorization from your supervisor is required. Always be aware of the patient’s comfort and safety by following the general rules listed below:

1. Always introduce yourself and be friendly, co-operative and cheerful. Avoid pushing your help on the patient.

2. Always ask the patient if he/she is ready before moving the wheelchair, and tell them where you are going.

3. Always check the handbrake and see that it is locked when the wheelchair is not in motion. Check that the armrest and leg rests are secure.

4. Always see that the patient’s arms are resting inside of the arm rests and never hanging over the side of the wheelchair.

5. Always see that the patient’s feet are securely placed on the foot rests.
6. Always back down an incline, curb, or hill and always back into an elevator. Use tipping lever to go up a curb. Do not attempt steep inclines unless you are sure you can hold the weight of the person and maintain full control.

7. Never leave a patient alone. Notify the staff when the patient has arrived at his or her destination.

8. When pushing a patient in a wheelchair speak loud enough to be heard. If speaking in a Whenever possible speak face to face at eye level.

9. Avoid quick steps, this may throw the patient forward

10. Never lift, transfer, or re-adjust a wheelchair patient

11. Stay alert, unhurried, and be aware that hallways should remain clear and uncrowded

Note: Be sure seat belt is always fastened, if there is no seat belt check with the Nurse.
IN THE EVENT OF AN EMERGENCY

Volunteers will follow the direction of the staff on the department or unit they are volunteering on !!!
# Quick CODE Reference

<table>
<thead>
<tr>
<th>Emergency Type</th>
<th>Code</th>
<th>Who can activate this Code?</th>
<th>What number do I call?</th>
<th>What do I need to do during this Code?</th>
</tr>
</thead>
</table>
| **Medical Emergencies / Cardiac Arrest** | CODE BLUE | Anyone who finds a person in cardiac arrest or seriously injured | Site specific. Refer to your site plan. | - Check for unresponsiveness  
- Call for Help  
- Have switchboard or 911 called  
- If indicated, start CPR |
| **Fire-Related Emergencies**      | CODE RED | Anyone discovering a fire or smoke | Site specific. Refer to your site plan. | R- remove from danger  
E- ensure door closed  
A- activate alarm  
C- call switchboard or 911  
T- try extinguish  
P- pull pin  
S- squeeze  
S- sweep |
| **Violent Patients**              | CODE WHITE | Anyone who is threatened | Site specific. Refer to your site plan. | All available staff respond to area |
| **Hostage Incidents**             | CODE PURPLE | Anyone discovering the incident | Site specific. Refer to your site plan. | Notify Protective Services or Police  
Cordon off the area  
Do not enter area of hostage taking  
Refer to dept/service plan in Emergency Response Manual |
| **Missing Persons**               | CODE YELLOW | Manager / Designate | Site specific. Refer to your site plan. | Search immediate work area  
Assist as directed by response personnel  
Observe for suspicious activity |
| **Bomb Threat**                   | CODE BLACK | Anyone who receives a bomb threat or finds a suspicious package | Site specific. Refer to your site plan. | Alert others  
Record info on Bomb Threat Checklist  
Conduct visual search  
Report any suspicious packages |
| **Shelter in Place / Air Exclusion** | CODE GRAY | Administration, Protection Services, Engineering & Maintenance | Site specific. Refer to your site plan. | Stay indoors  
Close all windows and doors  
Listen for possible Code Green activation |
| **Evacuation**                    | CODE GREEN | Manager / Designate Protection Services Fire, Police | Site specific. Refer to your site plan. | Follow instructions  
Provide assistance as required |
| **Chemical Spills / Hazards Materials** | CODE BROWN | Anyone who encounters a spill | Site specific. Refer to your site plan. | Stop all work  
Contain the spill  
Remove unnecessary personnel  
Assess, as if Minor or Major spill |
| **Mass Casualty Incidents**       | CODE ORANGE | Admin On-Call / Designate will activate Administrative fan-out | Site specific. Refer to your site plan. | Refer to dept/service plan in Emergency Response Manual  
Bring in Regional identification card |
EMERGENCY CODES

• **Code Red**
  • Code for Fire (Real or Drill)
  • Respond as though it is a real fire

• **Code Blue**
  • Life or death situation
  • Keep area from of obstructions

• **Code Yellow**
  • Missing patient
FIRE SAFETY & CODES
FIRE SAFETY

- **When a fire is discovered:**
  - Remove people from immediate area
  - Ensure doors are shut
  - Activate the alarm
  - Call the operator (Dial 66 or 0)
  - Try to extinguish the fire

- Fire captain will direct volunteers & staff.
Take direction from the staff where you are presently located at the time of the disaster
QUESTIONS?
NOTES

• Keep your Orientation folder.
• Review your Orientation folder before your 1\textsuperscript{st} shift.

THANK YOU