



CHARLES GEORGE
VA MEDICAL CENTER
ASHEVILLE, NC

**Volunteer
Orientation
Handbook**



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Welcome

Welcome to the Charles George VA Medical Center!

I trust this guide will answer any questions you may have about volunteering at the Charles George VA Medical Center (CGVAMC) —and help you feel comfortable as you work in our facilities.

As you will soon see, volunteers are vital to our health care system's success. You are on the front lines, ready with warm smiles and helping hands. Your compassion makes our Veterans feel at ease, and your service truly makes a difference in how he or she feels about their care here at CGVAMC.

Volunteers play a major role in helping us provide excellent quality care to Veterans. As you move forward in this program, I welcome your comments and suggestions for improving our service to Veterans. Your input will assist us as the Medical Center strives to give Veterans the very best care anywhere.

I thank you for your caring support and dedication in service to Veterans.

Sincerely,

**C. DARLENE LAUGHTER, CAVS
Chief, Voluntary Service**

Charles George VA Medical Center

Our purpose is to provide our Nation's Veterans with the highest quality of health care that can be found anywhere.

Our mission is to improve the health of the served Veteran population.

Our shared vision is to be the first choice for healthcare in Western North Carolina.

I.C.A.R.E.: Integrity; Compassion; Advocacy; Respect; and Excellence are the Department of Veterans Affairs' overarching values.



Voluntary Service - Volunteering

Guidelines

The following guidelines will detail some of our procedures and expectations of volunteers. If you have any questions, please contact Voluntary Service.

1. **ORIENTATION AND TRAINING**

Complete scheduled orientation, followed by annual completion of attending the orientation or completing the training packet. Work site staff will provide on-the-job training for volunteer assignments.

2. **SIGN-IN**

To record your hours of service, you must sign in through the Voluntary Service System (VSS). Computers are located in the CLC, 1st Floor Dining Room and in the Patient Escort Office, Room 1A110. If you are unable to sign in, please contact Voluntary Service for assistance.

Personal time used to travel to and from the volunteer assignment does not count unless your assignment is the Volunteer Transportation Network (VTN). We will credit recorded hours to regularly scheduled (RS) volunteers and, if applicable, to the organization with which the volunteer is registered. Volunteers working in special programs in the community will notify their group leader or the Voluntary Service Office. For occasional volunteers, we only credit hours to the organization through which they are volunteering - not the individuals.

When you sign in, please remember to include:

- the organization you volunteer with, if affiliated
- your volunteer work assignment
- total hours volunteered for the assignment (not including travel time)

3. **RECOGNITION OF VOLUNTEERS**

An annual volunteer recognition ceremony is held for all regularly scheduled volunteers. Voluntary Service issues awards based on the fiscal year (October 1 - September 30).

4. **LETTER FOR VOLUNTEER HOURS OF SERVICE PROVIDED**
Upon request, Voluntary Service may provide a letter of acknowledgement for a regularly scheduled volunteer's completed hours of service.
5. **VOLUNTEER ASSIGNMENT/WORK SCHEDULE**
Please notify Voluntary Service of any changes to the volunteer assignment area so that the necessary changes to the recordkeeping system can be made. Please notify your work site supervisor of any changes in your volunteer work schedule; i.e., absence due to sickness, inability to continue schedule as originally planned. Volunteer assignment guides for all current volunteer assignments are at each CBOCs and in the Voluntary Service office.

Assignments are given for specific days of the week an areas of work. Changes of assignments should be coordinated through the Voluntary Service department. If you are unable to provide coverage for your service, please notify the service you are assigned, please leave the following information:

Your name
Placement area
Day/s assigned
Hours assigned
Anticipated return date

6. **VOLUNTEER MEALS**
We provide a meal (up to \$5.50 in value) to RS volunteers who work a minimal of six (6) volunteer hours.
7. **DRESS CODE**
A professional image is projected by appearance, attitudes and behaviors, time management and written communication skills. Volunteers may wear business-casual attire, which is a version of traditional business attire with no sacrifice of professionalism. These include: slacks/pants; polo shirts, collared shirts, blouses, sweaters, turtlenecks (no exposed shoulders), business casual dresses or skirts; sheer or opaque stockings with dresses, skirts, slacks, or color coordinated socks with slacks/pants, casual shoes. Presently, jeans are acceptable as long as they are neat, clean, presentable with no holes and not well worn. Tennis shoes are also acceptable, but must be presentable and not well worn.
8. **IDENTIFICATION**
Medical Center approved identification badges must be visibly worn above the waist with the picture and name facing outward at all times.

All RS volunteers will receive identification name tags, which they **MUST** wear for positive identification and meal authorization. VA policy requires that all staff, including volunteers, wear official VA identification at all times when conducting VA business. **DO NOT WEAR YOUR NAME TAG IF YOU ARE VISITING A LOVED ONE IN THE MEDICAL CENTER OR, IF YOU ARE A VETERAN AND BEING SEEN AS A PATIENT.**

9. KEYS

If you are issued a door key, you must safeguard it at all times. Please re-lock the door upon coming and going. Do not open any doors for anyone without permission.

10. ACCIDENTS AND INJURIES

Please report all personal accidents and injuries to your work site supervisor. If necessary, emergency medical treatment is provided. Please answer every question when completing an accident report.

11. LIFTING

Only trained employees - not volunteers - should lift patients, wheelchairs or other large items.

12. DISRUPTIVE BEHAVIOR

For the safety of our patients, employees, volunteers and visitors, please report any disruptive and inappropriate behavior to your work site supervisor.

13. DONATIONS

Please report all donations - or refer questions about donations to Voluntary Service for proper recording and acknowledgement. Please do not directly solicit needs from Medical Center staff. If you or your organization wishes to support the Medical Center financially or materially, please contact Voluntary Service for the official 'Needs List' for the Medical Center.

14. REGULATIONS AND POLICIES

Please observe all rules and procedures for parking, food or refreshments for patients, telephone use, fire and safety, infection control, security, handling hazardous materials, equipment safety and smoking. All volunteers are encouraged to report to Employee Health (during your birthday month) for an annual tuberculin skin test (PPD). Office hours are: 9:30 AM – 11:30 AM and 1:30 PM – 3:30 PM, Monday, Tuesday, and Wednesday.

15. **PERSONAL PROPERTY**
Please safeguard personal belongings brought to the Medical Center or used during the volunteer assignment. It is recommended that volunteers only bring the minimal items needed to conduct daily activities. Check with your work site supervisor regarding the available of storage for safe keeping personal belongings.
16. **RECREATION ACTIVITIES**
Please plan these activities through Recreation Therapy. Upon completion of the activities, please complete the Donation Form, record any occasional volunteers for organizational accreditation.
17. **PARKING**
After 50 hours of service, volunteers qualify to receive a VA Parking Sticker for placement on your vehicle. By having this sticker, you may park in one of the "Volunteer Only" designated parking spaces located in Lot 3 and at the back of the Medical Center. However, volunteers may park in any parking space as long as the volunteer meets any criteria requiring the space. To obtain your parking sticker, contact Voluntary Service.
18. **PROBATIONARY PERIOD**
All volunteers are on probation until they have completed at least 50 hours of service.
17. **TERMINATION FROM VOLUNTEER WORK**
Any false information provided on the Voluntary Service application, falsification of recorded hours or violation of Medical Center regulations and policies will lead to termination.

Volunteer Rights

- **THE RIGHT TO BE TREATED AS A STAFF MEMBER**
 - not just as free labor
 - not as a prima donna

- **THE RIGHT TO AN APPROPRIATE ASSIGNMENT**
 - with consideration for personal preference, temperament, life experiences, education, skills, ability, availability and employment background

- **THE RIGHT TO BE HEARD**
 - to have a part in planning, to feel free to make suggestions or express an honest opinion and, when appropriate, to participate in staff meetings.

- **THE RIGHT OF RECOGNITION**
 - in the form of promotions and awards, annual recognition ceremonies, day-to-day expressions of appreciation and being treated as part of the CGVAMC team.

- **THE RIGHT TO KNOW AS MUCH ABOUT THE MEDICAL CENTER AS POSSIBLE**
 - including its people, policies and programs.

- **THE RIGHT TO TRAINING FOR THE JOB**
 - thoughtfully planned and effectively presented training.

- **THE RIGHT TO CONTINUING EDUCATION ON THE JOB**
 - including information about new developments, training for greater responsibility and, when appropriate, staff in-services.

- **THE RIGHT TO SOUND GUIDANCE, DIRECTION, SUPERVISION**
 - from someone who is experienced, patient, well-informed and thoughtful.

- **THE RIGHT TO A PLACE TO WORK**
 - an orderly, designed space conducive to work and worthy of the job.
- **THE RIGHT TO PROMOTION AND A VARIETY OF EXPERIENCES**
 - through advancement to assignments of more responsibility, transfers from one activity to another, special assignments and regularly scheduled evaluations.

Volunteer Responsibilities

1. **BE SURE.** Know that you really want to help other people and have the time to do so. Know your limits.
2. **BE CONVINCED.** Don't volunteer your time unless you believe in the value of "working" in a healthcare facility.
3. **BE LOYAL.** Offer suggestions, but don't be critical, particularly in front of patients, family members, staff or other volunteers. Address it specifically to your work site supervisor.
4. **ACCEPT THE RULES.** Don't criticize what you don't understand. There may be a reason. Find the staff person who knows what it is.
5. **SPEAK UP.** Ask about policies you don't understand. Don't suppress your doubts and frustrations until they drive you away or turn you into an unhappy volunteer.
6. **ACCEPT THE RULES.** Don't criticize what you don't understand. There may be a reason. Find the staff person who knows what it is.
7. **SPEAK UP.** Ask about policies you don't understand. Don't suppress your doubts and frustrations until they drive you away or turn you into an unhappy volunteer.

8. **BE WILLING TO LEARN.** Training is essential to do any job well. Attend in- services offered. Know all you can about the Medical Center and your assignment.
9. **TIME IS VALUABLE.** Time is critical in a medical center environment. Please use your time wisely and don't interfere with others' performance.
10. **WELCOME SUPERVISION.** You will do a better job—and enjoy it—if you are doing what we expect of you.
11. **BE DEPENDABLE.** Your word is your bond. Do what you have agreed to do. Don't make promises you cannot or will not keep.
12. **BE A TEAM PLAYER.** Find a place for yourself **ON THE TEAM.** The lone worker is out of place in today's complex community.

Customer Service

The patient, family, and visitors' perception on how they are treated is a major indicator of how they rate the care the Charles George VA Medical Center provides to our Veterans. Volunteers are often the first ones seen when one enters the Medical Center. The manner in which you interact with each person does make a lasting impression.

Remember:

YOU are this Medical Center.

You are the face people see when they arrive

You are the eyes they look into when they are frightened and lonely.

Your voice is the voice people hear on their way to appointments which could affect their destinies and what they hear after they leave those appointments.

Your voice is the comments people hear when you think they cannot.

Your voice is the intelligence and caring that people hope they will find here.

If you are noisy, so is the Medical Center. If you are rude, so is the Medical Center. If you are wonderful, so is the Medical Center.

All they can know is what they see, hear, feel, and experience.



YOU are this Medical Center.

Summer Youth Volunteer Program

Youth volunteers are an important part of the CGVAMC's treatment team. They receive valuable experience and training, which will benefit them in the future when applying for college and jobs. There are also a number of scholarships available to volunteers, including the VA's national James H. Parke Memorial Youth Scholarship. Additionally, thanks to sponsoring organizations, the CGVAMC is pleased to offer a one-time \$750 scholarship each to two deserving youths.

Our youth volunteers are community liaisons, and they add an extra dimension of kindness, energy and caring to our Medical Center and the Veterans we serve.

Youth are future leaders; accept the challenge and chance to help make the world a better place.

The VA Voluntary Services program offers excellent opportunities for:

- exploring career options
- gaining experience in a health care environment
- learning new skills
- making new friends
- qualifying to apply for college scholarships

Youth volunteers are selected based on maturity, interest, and the Medical Center needs, assignment preference and skills. **A youth volunteer MUST BE 13 years of age by December 31, the prior calendar year. First time applicants along with his or her parent or guardian must attend the Summer Youth Orientation held the 1st Sunday in May.** For each proceeding year, interested returning youth volunteers may attend the orientation (parental/guardian attendance is not required) or complete and return the Voluntary Service Annual Review packet prior to the scheduled annual orientation.

A wide variety of assignments are available in departments throughout the Medical Center, including, but not limited to:

- Canteen Service
- Community Living Center
- Facility Management
- MyHealtheVet
- Nutrition and Food

- Nursing
- Outpatient Clinics
- Patient Escort
- Pharmacy

Dress Code for Volunteers

As representatives of the organization, volunteers—like staff—are responsible for presenting a professional image to Veterans, staff, visitors and the community. Volunteers must dress appropriately for the conditions and performance of their duties.

Youth volunteers are issued a VA Youth Volunteer logoed polo shirt, which they must wear for their volunteer assignments, along with khaki pants and close-toed shoes.

Recognizing that no policy can address all possible dress and grooming styles in the changing fashion world, the personal appearance of Medical Center employees (with exceptions noted) are to be governed as follows. These guidelines apply to all volunteers over 18 years of age.

Medical Center Memorandum (MCM) 637-2008-00-48 DRESS CODE POLICY

1. PURPOSE: To provide medical center guidelines for the dress and appearance of employees in order to present a safe, neat and professional image to patients, visitors, and staff. (Note: See also M-1, Part VII, Chapter 8, for specific information on government-owned uniforms and uniform allowances.)

2. POLICY: Employees are expected to wear clothes which are suitable for business in a medical environment and to present themselves in a manner which brings credit to the medical center. Exceptions may be granted for medical reasons when the employee provides a written statement from his/her physician. All employees are expected to present a clean and neat appearance while on duty. VA issued identification badges will be worn above the waist with picture/name side visible and unaltered while in the performance of their duties. In job areas where personal protective equipment and clothing policies require a particular type of clothing, footwear, etc., or have jewelry restrictions, the personal protective policies, procedures and/or needs of that area will be adhered to.

3. ACTION:

a. Responsibilities are as follows:

(1) **Service Chiefs and Supervisors** are responsible for carrying out the provisions of this policy within their services and respective sections. Service chiefs may allow short-term deviations from this policy to allow for service "casual days" for moving or special cleaning, or a special activity day, etc., with prior appropriate Executive Leadership Team (ELT) member approval. New employees shall be briefed and furnished a copy of this policy during their service orientation.

(2) **Human Resources Service** is responsible for the overall administration of this policy. This responsibility includes overseeing policy and furnishing information and assistance to operating officials upon request.

(3) **Employees:** Covered employees are responsible for adhering to the dress code requirements in this policy. Employees who have medical requirements that may cause a deviation from this policy will be required to provide acceptable medical justification to their Service Chief.

b. The dress code policy is as follows:

(1) **Footwear:** Footwear must be appropriate for a business environment, and must be safe for the type of work to be done. All footwear must be kept neat, clean and safe and not be excessively noisy. Flip-flops/ thongs are not permitted. For safety or uniform reasons services may have more specific or restrictive footwear requirements.

(2) **Headwear:** (caps, hats, scarves, etc.) are limited with the following exceptions:

(a) Facilities Management staff may wear caps issued by the VA Medical Center Director.

(b) Nutrition and Food Service and staff working in the Operating Room will wear headwear approved and issued in these work areas.

(c) Any approved headwear must be kept clean and presentable at all times.

(d) Headwear for religious or cultural reasons approved by the supervisor.

(3) Clothing: All clothing is to be neat, clean, safe and appropriate to the position which the employee holds. Articles of clothing that are inappropriate include, but are not limited to, the following:

- (a) Sweat pants**
- (b) Tank/Tube/Halter Tops**
- (c) Plunging or low necklines**
- (d) Sheer or revealing fabrics**
- (e) Undergarments as outerwear unless appropriate to the position such as groundskeepers.**
- (f) Shorts**
- (g) Miniskirts**
- (h) Bare midriffs**
- (i) Body contouring or tight fitting pants or slacks**
- (j) Torn clothing**
- (k) Blue Jeans**
- (l) Clothes with offensive/inappropriate lettering/slogans such as those referring to alcoholic beverages, politics, religious statements, ethnicity, sexual orientation, etc.**

(4) Jewelry, Medallions, and Buttons: Hanging jewelry, medallions, or chains are not appropriate in work areas where such items may constitute a safety hazard or interfere with normal work production. Also, political campaign buttons or advertisements are prohibited.

(5) Sunglasses other than 'transition' lenses are not acceptable indoors unless appropriate to the position. If an employee has a medical condition requiring the use of sunglasses indoors, he/she must provide a written statement from the employee's physician describing and documenting the need for an extended period. Service chiefs may make limited exceptions.

(6) Hygiene:

(a) All employees are expected to be clean and without any excessive artificial scents or noticeable body odor.

(b) Fingernails are to be kept clean and well trimmed. In certain designated positions, artificial nails may not be worn due to the potential for infection.

(c) Long hair will be pulled back or pinned if appropriate to the position such as involving patient care or food preparation.

(7) The prohibited examples listed above are illustrative of inappropriate attire, accessories, hygiene or demeanor. Other items not specifically mentioned above may be unacceptable and managers/supervisors must

exercise good judgment in determining acceptability for each area of the medical center. Questions should be referred to HR Service.

(8) **Employee Compliance:** If an employee violates this policy, employee may be sent home on annual leave or leave without pay for a reasonable period of time to change clothes. In addition, verbal and/or written counseling is appropriate. If violations are egregious or continued violations occur, the supervisors will apply appropriate standards of progressive discipline.

Equal Opportunity

Like the Medical Center, it is Voluntary Service's policy to accept volunteers on the basis of merit, qualifications, and competence. No aspect of volunteering will be influenced by race, color, national origin, religion, sex or qualified physical or mental limitations. Acceptance decisions are made solely upon the basis of individual qualifications, skills, interest, ability, and availability as related to the requirements of the position to be filled.

Ethics

To assure that every citizen can have confidence in the integrity of the Federal Government, each volunteer shall adhere to fundamentals of ethical service by following the general guidelines outlined below:

- Prevent and avoid the appearance of conflicts of interest.
- With some exceptions, a volunteer must not accept a gift from a prohibited sources or one given because of the volunteer's official position.
- You must not take an official action that affects your financial interests or the financial interest of the party that you are negotiating with for employment.
- You must not take an official action in circumstances where a reasonable person would question your impartiality.
- You must not use your public office, including official time, information, property or endorsements, for personal gain.
- You must not engage in any outside employment or activity that conflicts with your official volunteer duties.
- You must comply with all ethics, laws and regulations.

REMEMBER:

- Respect for each individual's values, religion/spiritual beliefs and cultural practices
- Informing patients of the relationship of the providers to this VA
- Humanitarian care regardless of ability to pay
- Courtesy, concern and compassion for patients
- Confidentiality and privacy of patients and records

- Confidentiality and privacy of your own personal identifiable information (address, telephone number, etc.)
- Lending money to or borrowing money from a veteran is prohibited
- Integrity of clinical decision making
- Patient or Surrogate (the person appointed to speak on behalf of the patient, if the patient cannot speak for his or her self) decision maker involvement in care
- Patient's rights to determine organ donation, advance directives, and do not resuscitate (DNR)
- Resolutions of clinical care conflicts
- Fair billing practices
- Public information guidelines

When in question regarding any ethical concerns, please contact your immediate supervisor, the Voluntary Service office, or the Ethics Committee Chair, Richard Adams, ext, 5335.

Patient Rights

(Reference: Code of Federal Regulations (CFR) 38 Part 17, Paragraph 17.34a, Sept. 1, 1989) - Every VA patient has certain rights and privileges. VA staff members and volunteers must honor these patient rights, which are posted throughout the Medical Center. Please familiarize yourself with them. If you have questions, contact your work site supervisor.

Political Activity

The Hatch Act prohibits employees and volunteers from

- Engaging in political activity while: ON DUTY
- You may not – while ON DUTY:
 - Distribute campaign materials or items
 - Wear partisan political buttons, t-shirts or other items
 - Display campaign materials or items
 - Perform campaign related chores
 - Use a VA e-mail assigned account to distribute, send or forward content that advocates for or against a partisan political party, candidate for partisan political office, or partisan political group.

If you have questions, contact Voluntary Service.

Resignation

It is your responsibility to notify Voluntary Service if you decide to stop volunteering for any reason. Your comments are important to our continued success. This notification will also allow Voluntary Service to begin recruitment for filling the now vacated assignment.

Sexual Harassment

The Veterans Health Administration (VHA) and CGVAMC are committed to eliminating all discrimination, including sexual harassment and reprisal. Every VA employee and volunteer is responsible for ensuring that our facility is free of behavior that can diminish someone's self-worth or career potential, and for eliminating sexual harassment in the workplace. The Supreme Court of the United States defines sexual harassment as "such conduct [that] has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive work environment."

Sexual harassment is illegal and may consist of:

VERBAL unwelcome suggestive remarks, sexual insults, innuendos, jokes and humor about sex or gender-specific traits, sexual propositions and threats;

NON-VERBAL unwelcome suggestive or insulting sounds, leering/ogling, whistling, obscene gestures and obscene graphic materials; and

PHYSICAL unwelcome touching, pinching, brushing the body, cornering, and actual or attempted rape or assault

The key word is "UNWELCOME". When any unwanted, unwelcome or unsolicited sexually-orientated conduct is imposed on a person who regards it as offensive or undesirable, it is sexual harassment. When a person communicates that such conduct is unwelcome it becomes **ILLEGAL**.

Anyone who witnesses this type of conduct and is offended by it has the right to file a sexual harassment charge.

Sexual harassment generates a harmful and threatening atmosphere and undermines the integrity of the employment relationship. Such behavior also lowers morale and interferes in the work productivity of its victims and coworkers, which can have a direct impact on the care and service we provide Veterans. When in doubt, don't say it, don't do it!

The CGVAMC does not tolerate sexual harassment. We encourage anyone who feels he or she is a victim of sexual harassment to tell your work site supervisor or directly report it to Voluntary Service. Volunteers who sexually harass other volunteers, employees, patients or visitors will be terminated immediately.

Smoking Policy

It is the policy of the CGVAMC to control smoking activities to protect the health and well-being of patients, visitors and staff.

In addition, this policy also serves to reduce risks to patients who smoke, including possible adverse effects on treatment; reduce risks of passive smoking for others; and reduce the risk of fire. Smoking is **STRICTLY PROHIBITED** in all CGVAMC buildings including the CBOCs. This regulation applies to employees, volunteers, patients and visitors. Smoking is **NOT** permitted except in designated areas. It is prohibited within all VA buildings; or government owned vehicles, including VTN.

Giving of cigarettes or lighters to patients is prohibited. The VA police will enforce our Smoking Policy whenever they observe a violation or receive a report of one. **Youth volunteers under age 18 are NOT permitted to smoke.**

Workplace Violence

The Charles George VA Medical Center strongly believes that employees and volunteers should work in environments that are free from physical attack, threats and menacing and harassing behaviors. We do not tolerate violent behavior at our facilities. CGVAMC will report people (patients, beneficiaries, volunteers, visitors or employees) who commit acts of violence to the appropriate authorities and have them prosecuted to the fullest extent of the law. Appropriate disciplinary action will be taken against staff or volunteers who are verbally or physically aggressive.

No employee or volunteer is to mistreat or abuse a patient in any way. Volunteers who witness abuse must report it immediately to their VA work site supervisor, the person in charge of the activity, or Voluntary Service. We will immediately terminate volunteers who abuse any patient.

Violence is the use or threat of force ranging from verbal abuse to physical assault and homicide.

Health care workers, for whom violence has been described as an occupational hazard, must be mindful of ways to protect themselves from harm.

Safety tips for staff and volunteers:

1. Watch for signals that may be associated with impending violence
 - verbally expressed anger and frustration
 - body language, such as threatening gestures
 - signs of drug or alcohol abuse
 - presence of a weapon
2. Maintain behavior that helps diffuse anger
 - present a calm, caring attitude
 - don't match the threats
 - don't give orders
 - acknowledge the person's feelings
 - avoid any behavior that may be interpreted as aggressive, such as moving rapidly, getting too close, touching or speaking loudly
3. Be alert
 - evaluate each situation for potential violence when you enter a room or begin to relate to a patient or visitor
 - be vigilant throughout the encounter
 - don't isolate yourself with a potentially violent person
 - always keep an open path for exiting, not letting the potentially violent person stand between you and the door
4. Ask yourself
 - am I contributing to the escalating tension?
 - where are nearest exits?
5. If you can't defuse the situation quickly
 - remove yourself from the situation
 - report any violent incidents to your work site supervisor

Compliance

COMPLIANCE is the adherence to the requirements stated under the Medicare and Medicaid laws contained within the Social Security Act and the regulations promulgated by the Health Care Financing Administration (HCFA).

PROHIBITED CONDUCT includes claims that may be false; up coded to increase reimbursement); tests conducted that are not medically necessary.

VIOLATIONS in **PROFESSIONAL CONDUCT AND RELATIONSHIPS** are inappropriate actions such as anti-kickback; anti-referral; false statements; and failure to report violations. Please note – **IT IS EVERYONE’S RESPONSIBILITY TO REPORT ANY POTENTIAL VIOLATION.**

Report of violations should be made to **COMPLIANCE OFFICER, Ryl Giacchetta, ext. 5555.**

Culture Diversity

It is important to understand and appreciate our differences. Prejudice and stereotypes keep us from getting to really know an individual and cut us off from fresh ideas. They also limit opportunities and make people feel rejected or even resentful.

Always make a point to get to know someone as an individual. Diversity can enrich your life if you:

- are open about differences
- don’t assume anything
- encourage questions
- develop friendships
- don’t tell ethnic or sexual jokes
- make your feelings known
- remember that mistakes happen

Privacy and Confidentiality

Volunteers will not discuss a patient’s name, medical condition or other information with anyone other than appropriate Medical Center staff who can provide assistance to the patient. Improper disclosure of information can lead to a \$5,000 fine for the first offense and as much as **\$250,000** for additional ones, according to the Privacy Act of 1974. In addition, the misuse or disclosure of patient medical information can result in a volunteer’s termination. Volunteers will receive written or class training on the Health Insurance Portability and Accountability Act (HIPAA) annually, which is discussed further below.

Confidentiality

VA policies and procedures are designed to protect confidentiality. Information is available only to those people who need it to do their jobs. As an authorized volunteer, you may be allowed to access patient information

if it is required to perform the work assigned to you. Everyone must hold all patient information in strict confidence and not disclose this information unless it is necessary to perform official, VA-assigned duties.

Breaches in confidentiality can occur when:

- you walk away from your computer without logging off
- paper documents are not adequately controlled and secured (i.e., left in plain view)
- you are accidentally given access to too much information
- you have conversations about Veterans' cases in public places

Information Security and Privacy

VHA Privacy Policy

VHA has established policies and procedures that grant Veterans certain rights regarding their health information and provide guidance on the use and disclosure of Protected Health Information (PHI). PHI consists of:

- individually identifiable information (i.e., Social Security number, part or all, date of birth, address, health information, etc.)
- demographic information (i.e., address, phone, age, gender, etc.)

This information can be in any form, including verbal, written or electronic, including even partial pieces of information.

VHA Policies and Procedures for PHI:

Use the computer to look up patient information only when you need it to perform your official volunteer duties (i.e., for the purpose of treatment, payment and health care operations). You may disclose patient information **ONLY** if the patient has given prior written permission or if some other legal authority permits the disclosure.

You must keep all patient information that you may discover during your assigned volunteer duties strictly confidential. You are required to:

- avoid talking about patient information in public areas (elevators, stairways, open areas, etc.)

- secure any records you may be working with before walking away
- not discuss with anyone—inside or outside—any patient information you may learn while carrying out your assigned duties as a volunteer

To help preserve their picture and voice rights, patients must sign a waiver and only an authorized designee of VAPHS may take photos or make audio/video recordings of them.

Unlawful release of PHI could result in:

- civil and criminal penalties for VHA Privacy Policy violators
- fines up to **\$250,000** and/or imprisonment **or both**
- filing of a complaint by a victim of a privacy policy violation
- specific sanctions—such as lawsuits or not receiving accreditation—for organizations

Privacy Act and HIPAA:

The Privacy Act requires VA employees and volunteers to take special care when giving out information about Veterans and other customers. HIPAA has further clarified and standardized these responsibilities and imposes significant civil and criminal penalties for noncompliance or violations. HIPAA privacy standards went into effect April 14, 2003.

All Charles George VAMC staff and volunteers need to understand HIPAA, which grants rights to individuals and places certain obligations on organizations. If you have any questions about HIPAA or health care information privacy and security, contact your supervisor or a Voluntary Service staff member.

The Privacy Act, HIPAA Privacy Rule and VHA Privacy Policy give Veterans the right to:

- receive a copy of the VA Notice of Privacy Practices
- receive a copy of their protected health information
- request an amendment to their personal records
- request a listing of disclosures of health information from their personal records
- request and receive communications confidentially
- request a restriction on the use or disclosure of their health information

Duty to Report violations:

As you perform your duties throughout the facility, you should always be vigilant for violations of privacy. Should you see anything that could be considered a privacy violation, you must take immediate action by reporting it your work site supervisor, Voluntary Service, and the Medical Center Privacy Officer, Michael Egger.

Access to VA Electronic Equipment

If the assignment requires, volunteers may have access to certain government resources, such as computers, e-mail, Internet and telephone/fax service. Before obtaining these privileges, written authorization from your work site supervisor, completion of required training, and a formal request to Information Technology through Voluntary Service. And before using these resources, discuss your limits and responsibilities with your supervisor.

Computer Passwords

Do not give anyone access to your computer password. The computer will ask you to change your password every 90 days. Protect yourself and your password from any negative consequences by following the VA's computer security policy. For more information about passwords, ask your information Security Officer (ISO) or supervisor.

E-Mail

Some volunteers have e-mail accounts to perform their assigned tasks. Proper use of VA e-mail is essential to ensure this resource is uninterrupted and used in legal ways.

- **Delete chain letters and hoax messages. They rob us of valuable computer space and processing speed. "Please stop" messages also slow down our systems.**
- **Before you send sensitive information in an e-mail, you must ensure that it can be done securely. Do not send anyone's Social Security number via email.**
- **Computer viruses can disrupt e-mail systems and are one of the biggest causes of VA business loss, compromising data and stealing resources from our primary mission of serving Veterans. Take an active role in virus defense:**
 - ❖ **Is your computer protected? When anti-virus programs are loading, let them run to completion.**

- ❖ Be suspicious of e-mail messages from people you do not know and delete them. Look for suspicious activity, such as a constantly active hard drive.
- ❖ Authorized IT personnel may load only virus-free, approved VA data files and programs on a VA computer.

Computer (Cyber) Security Awareness

The VA's information systems enable us to provide efficient services to America's Veterans and allow the VA to work with other federal agencies. Information Security is everyone's responsibility, including employees, volunteers, students, contractors and even those who do not have VA computer access. Be aware of information security and do your part to ensure the safety of patient medical records and other critical information related to VA health care operations.

If your volunteer assignment requires that you have computer access, you will be required to clear an extensive background check, complete training, read and sign the national rules of behavior. You will also be required to complete the training and sign the national rules of behavior on an annual basis.

Your ISO is available to help answer your questions about information security. If you do not know your ISO, ask your supervisor or a Voluntary Service staff member.

The Federal Bureau of Investigation has warned all national agencies that their computer systems and the information in them are potential targets for an ever-increasing number of cyber attacks.

- Be alert to anything that could compromise the VA's computer security.
- Do not give your computer access information to anyone.
- Immediately report any computer-related incidents you are aware of to your supervisor and ISO.
- Reporting information security incidents—including theft, fraud, computer viruses, vandalism and distribution of sensitive information to unauthorized personnel—helps the VA reduce negative consequences and improve its information-processing ability.
- Contact your supervisor, the Voluntary Service Office, or your facility ISO if you have questions about information security issues.
- For general information about the VA's information security program, go to vaww.infosec.va.gov.

To learn more about computer viruses and your role in virus defense, talk to your ISO.

Pictures of Patients

Taking pictures of patients or even bringing a camera into the facility without prior approval is prohibited. If you plan to host a gift distribution or recreational activity and would like to take pictures for your organization's scrapbook or to publicize your activity, please discuss this in advance with the Voluntary Service office or the Recreation Therapist in charge of the event. The Public Affairs Office, as well as VA Police Service, must clear any photography.

Patient Abuse

No employee or volunteer is to mistreat or abuse a patient in any way—even if provoked. This includes such acts as teasing; speaking harshly, rudely or irritably; laughing at, or ridiculing, a patient; scolding; or ignoring or being indifferent to a patient who is seeking assistance.

Volunteers who witness unkindness, rudeness or any act that could be considered patient abuse must promptly report it to their supervisor. If you are not comfortable with talking to your supervisor about the incident, then you may contact Voluntary Service. You should report the incident as soon as possible, preferably the same day.

MCM 637-2008-122-5 SUSPECTED ADULT AND/OR CHILD ABUSE/NEGLECT

1. PURPOSE:

To establish guidelines, responsibility, and procedures for the identification, reporting, referral, and management of suspected cases of abuse, neglect or exploitation of children, vulnerable adults or elderly adults.

2. POLICY:

Whenever a VA Medical Center staff member suspects that a vulnerable adult is a possible victim of self neglect or a victim of exploitation, abuse or neglect at the hands of spouse, caregiver or others, appropriate procedures will be used to report the incident to the county Department of Social Services, where the adult resides. In addition, whenever a VA Medical Center staff member suspects that a child has possibly suffered abuse, neglect or exploitation at the hands of parents or guardian, the same procedures will be used.

In all circumstances, medical center staff will take steps to provide for the patient's safety and acute injuries will receive prompt medical treatment.

3. ACTION:

a. The VA Medical Center is responsible for evaluation, treatment and execution of appropriate investigative procedures in all cases of identified or reported abuse involving veterans.

b. The attending physician is responsible for evaluation and treatment of suspected adult and/or child abuse/neglect patients and for obtaining a thorough history and physical with documentation and appropriate tests, including psychiatric evaluation, if indicated.

c. For cases of abuse of children or non-veterans brought to this facility, the VA Medical Center will evaluate and provide emergency treatment, as necessary, on a humanitarian basis prior to referral to local community hospitals and/or agencies. The Social Worker and Medical Administration Officer will be contacted for required reporting and appropriate coordination of legal/crisis investigative procedures.

d. All clinical staff is responsible for evaluating suspected cases of abuse, self-neglect, caretaker neglect or exploitation and for reporting such cases to the Social Worker or VA Police, as appropriate. (During off duty hours and weekends, the telephone operators maintain a callback list for Social Workers.)

e. Social Work Service will be responsible for thoroughly evaluating the situation and notifying the County of Residence, Department of Social Services, Protective Services and/or other appropriate county resources according to each individual case. Social Work Service is also responsible for completion of online incident reporting and for keeping written reports on file, which includes all correspondence from the Department of Social Services regarding reported cases.

f. Reports of abuse are made pursuant to valid state laws which provide for, or require, that such reports be made. A report of abuse may be made only in response to a "letter of request" prepared by the qualified representative of the civil or criminal law enforcement instrumentality charged with the protection of the public health or safety.

g. A "standing letter of request" is maintained on file in the Medical Center for the Department of Social Services for Buncombe and Henderson County, North Carolina. This letter of request is reviewed, renewed every 3 years and is maintained by Social Work Service.

h. In the absence of a standing letter for the County of Residence, the social worker must request such a letter from the Department of Social Services for the appropriate county. (See Attachment A)

i. The Chief, Health Information Management is responsible for providing clearance to any outside agency needing to review medical records and/or consult with members of the treatment team.

j. All clinical staff will be educated on an annual basis by the Service Chief regarding the procedures for reporting suspected abuse, self neglect, caretaker neglect and exploitation.

k. All clinical staff will be familiar with indicators of possible abuse, neglect and exploitation. (See Attachment B).

I. Procedures:

1. Any patient brought to this Medical Center, who is a possible victim of exploitation, abuse or neglect, will be evaluated by a clinical professional (physician, physician extender, nurse, psychologist, social worker, or chaplain) prior to the reporting process being initiated.

2. The clinical professional will immediately report this suspected abuse/neglect to the Social Worker assigned to the Primary Care Team or Ward. Detailed documentation will be placed in the Computerized Patient Record System of the specific subjective and objective facts and referrals requested.

3. The Social Worker will question the referring clinician concerning the general nature of the abuse/neglect and the identification of the adult or child as well as the caretaker. The Social Worker will report all suspected cases of abuse, self neglect, caretaker neglect or exploitation to the County of Residence, Department of Social Services.

The Social Worker will complete the online incident reporting system and will print incident, submit incident and a written record of the report, to the Chief of Social Work Service for both to be kept on file.

4. Following the reporting of the event, an outside agency may need to review the medical records and/or consult with the treatment team. The outside agency will need to be cleared through the Chief, Health Information Management for proper authority.

5. No identifying information regarding the alleged victim or the referral sources will be disclosed to the public unless required by court proceedings or by written consent of the person(s) involved.

Boundaries

What is a boundary?

bound·a·ry (bound'ə-rē, -drē)

n. pl. bound-a-ries

1. something that indicates a border or limit
2. the border or limit so indicated

Why must we have boundaries when working with patients and residents in healthcare facilities?

- to protect patients, their families and significant others, as well as staff and volunteers, from getting involved with areas that are not their responsibility
- to promote a healthy and safe environment for all parties involved
- to eliminate interactions that could cause harm to Veterans

Participating in behaviors that are contrary to the best interest of the VA and its patients includes:

- EMOTIONAL involvement with patients, their families and significant others
- PHYSICAL involvement with patients, their families and significant others
- FINANCIAL involvement with patients, their families and significant others

As caring individuals, volunteers may find it difficult not to become involved with those we serve or work with. Please maintain a professional relationship at all times.

Patients and family members are so often very grateful for your service. Therefore, they may offer a 'gift' to you.

Please refrain from accepting by saying, "Thank you, but I'm here to serve and am grateful for the opportunity."

Boundary violations are defined as any actions that compromise the professional and therapeutic patient-staff relationship. Staff and patient boundary violations include:

- 1. inappropriate body contact**
- 2. attending social events (including meals) with patients outside of the work role/assignment**
- 3. giving patients rides in personal vehicles**
- 4. buying anything at a discount from a patient/family**
- 5. excessive self-disclosure by staff resulting in a "rap session" or "therapy" for staff**
- 6. giving gifts to patients/families**
- 7. accepting gifts from patients/families**
- 8. borrowing money from patients/families**
- 9. lending money to patients/families**
- 10. gambling with patients/families**
- 11. showing favoritism to certain patients/families**
- 12. staff failing to "let go", encouraging over dependence**
- 13. sexual involvement**
- 14. inviting patients/families to your home**
- 15. giving home phone number to patients/families**
- 16. encouraging patients/families to seek treatment at a private institution versus VA care**

Employee/Volunteer: To refrain from emotional, sexual and financial involvement with patients, patients' families or patients' significant others. To inform supervisor of any existing relationship with patients, patients' families or patients' significant others at time of admission to the employee's (or volunteer's) work area.

Distributing

No one should distribute or bring into CGVAMC any item for handout or gifts without specific permission from the Voluntary Service office or designee. Some items are **TOTALLY** unacceptable. These include drugs, such as over-the-counter medications, cigarettes, lighters, firearms, ammunition, other weapons and any alcoholic beverages. Violation of these prohibitions may result in arrest and/or fine. If you are taking medications (including prescription medicines), you may bring them into the medical center for your use only and must keep them in a secure place.

FOOD: Always check with nursing staff before distributing any food items to patients. Patients may be diabetic or on a special diet. You may think you are doing a good deed by bringing a Veteran a food item he/she has requested, but you could do more harm than good.

RELIGIOUS MATERIALS: Chaplain Service is responsible for screening and distributing such material.

Safety

You must report any accident involving you or a patient to your work site supervisor immediately. Even when it does not appear an injury has resulted, a report to your supervisor is important. You will receive, without cost, emergency treatment for any injury sustained while working as a volunteer. You are a member of our VA team and will be treated like an employee who may be injured while performing assigned duties.

Patient Safety

Volunteers witnessing any special or unusual incidents involving patients should report them immediately to their VA supervisor or the person in charge of the activity site. Examples of such incidents include:

- patients missing from their assigned activity
- any injuries to the patients
- patient abuse
- attempted suicide
- patients damaging personal or government property

To improve patient safety, staff and volunteers will monitor, identify, evaluate and correct any actual or potentially harmful events that may have an adverse impact on the quality of patient care. Identifying patient safety issues is everyone's responsibility.

Important patient safety goals:

- improve the accuracy of patient identification
- improve effectiveness of communication
- improve the safety of using medications
- reduce the risk of infections associated with health care
- reduce the risk of patient harm from falls
- reduce the risk of influenza and pneumococcal disease in older adults
- encourage the active involvement of patients and their families in patient care
- prevent pressure ulcers associated with health care

Important Patient Safety Information

1. **Patient Identification.** Check the patient's armband to ensure you are escorting/transporting the correct person.
2. **Patient Confidentiality/Privacy.** Be sure not to talk about patient issues in any public area.
3. **Equipment Safety.** Report any broken or difficult-to-use equipment to your supervisor for replacement or repair. Report any frayed electrical cords, spills, etc.
4. **Transportation Safety.** Know how to use wheelchairs, geri-chairs, stretchers, etc.
5. **Medication Safety.** Do not turn off beeping IV pumps. Report any problems with IV lines to the nurse or receiving department.
6. **Hand Hygiene.** Wash and disinfect hands between patients, after any personal encounter with another person, before eating and anywhere in between, entering and leaving the patient's room.
7. **Isolation Patients.** Make sure to follow the isolation precautions posted for the patient. Read the "stop" signs posted at the Veteran's door.
8. **Fall Precautions.** Ask the floor nurse if a patient is at risk for falls. Never leave patients alone. Ensure that staff knows patients have been returned to their unit. Volunteers do not assist patients in or out of wheelchairs and gurneys.
9. **Changes in Patient Condition.** If you notice something odd about a patient, report it to a nurse.

Dial 5310 on a hospital phone to report an emergency situation. Provide your name and the location and specific nature (i.e., fire or smoke) of the emergency, then notify the supervisor or other staff and evacuate the area.

When you discover an unsafe (or potentially unsafe) act:

- **SEEK CARE** for the patient. If necessary, preserve any information that will assist in understanding the situation.
- **IMMEDIATELY REPORT** to your supervisor any event involving patient injury or potential injury. If requested, complete and submit the Patient Incident Form within 24 hours.

Fire and Safety Procedures

All volunteers are expected to participate in scheduled fire drills in their work areas. Your supervisor has the responsibility to review the specific fire plan and procedures for your area. Ask your supervisor to show you in your area of assignment (s) where the fire extinguishers, exits, smoke barrier, fire walls, and manual fire alarm pull stations are located. A fire/fire drill is announced with an audible fire alarm signal in the building where the alarm is initiated. If you are with a patient when a fire alarm has sounded, return him/her to his/her assigned ward, provided it is not in the fire area. If it is, take the patient to a safe place and notify ward staff (or the nearest staff member) of the patient's safety. For example, the fire alarm bells will chime 2-2-2-2 three times.

When responding to a fire, the organization follows the R-A-C-E concept.

In the event of fire, follow the R-A-C-E acronym:

- R Rescue:** Remove all persons in immediate danger from the area and close the door to the room on fire.
- A Alarm:** Activate the nearest fire alarm. Manually pull station and call extension 5311.
- C Confine/Contain:** Close all doors and windows.
- E Evacuate/Extinguish:** Extinguish small fires with fire extinguisher. Evacuate through the smoke barrier door if necessary. It is extremely important to keep patients reassured and calm while moving them to safety behind fire or smoke barrier doors.

Most fire extinguishers in the medical center can be used on any fire. To operate an extinguisher, remember the acronym P-A-S-S.

- P** Pull Pin.
- A** Aim at the base of the fire.
- S** Squeeze lever or handle.
- S** Sweep agent at the base of flames

Where are fire extinguishers located?

You can find extinguishers in fire closets and work areas. Make sure you know their exact location in your assigned areas.

Familiarize yourself with these overhead paging system codes and alerts:

CODE RED – fire emergency

Fire Bell Codes April 2010	FIRE ALARM DIRECTORY	Your Fire Alarm Zone
	BUILDING 47	
3-1-6-1	6 th Floor - FMS Penthouse Equipment Room	29
	FIFTH FLOOR	
3-1-5-1	5 South	1
3-1-5-2	5 East	2
3-1-5-3	5 West & Elevator Lobby	3
	FOURTH FLOOR	
3-1-4-1	4 South & Elevator Lobby	4
3-1-4-2	4 East	5
3-1-4-3	4 West	6
	THIRD FLOOR	
3-1-3-1	3 South & Elevator Lobby	7
3-1-3-2	3 East	8
3-1-3-3	3 West	9
	SECOND FLOOR	
3-1-2-1	2 South (Operating Rooms 1 thru 5) & Elevator Lobby	10
3-1-2-2	2 East	11
3-1-2-3	2 West	12
	FIRST FLOOR	
3-1-1-1	1 st Floor Chapel, ENT, Audiology, Multi-Purpose Room	13
3-1-1-2	1 st Floor Imaging, X-Ray, Nuclear Med	14
3-1-1-3	1 st Floor Primary Care I, MRI Suite	15
3-1-1-4	1 st Floor PM&R, Prosthetics	16
3-1-1-5	1 st Floor Surgical Clinics	17
3-1-1-6	1 st Floor Cardio-Pulmonary & B47-Elevator Lobby	18
3-1-1-7	1 st Floor 1 East, Pharmacy	19
3-1-1-8	1 st Floor 1 West	20
	BASEMENT FLOOR	
3-1-1	Basement FMS Boiler Plant, VA Police Suites	21
3-1-2	Basement FMS Shops, Locker Rooms	22
3-1-3	Basement SPD, Warehouse	23
3-1-4	Basement VCS Food Court and Elevator Lobby	24
3-1-5	Basement Library & Medical Media	25
3-1-6	Basement IRMS Suites, File Room	26
3-1-7	Basement N&FS Kitchen, Nursing Education Class Rooms	27
3-1-8	Basement FMS Pipe Chase Sub-Basement	28
	AMBULATORY CARE ADDITION (ACA) - BASEMENT FLOOR	
3-6-1-1	Basement ACA FMS Equipment Room	BA
3-6-1-2	Basement ACA Atrium - VCS Retail Store & Elevator Lobby	BB
3-6-1-3	Basement ACA Atrium - P&LM Main Lab	BC
3-6-1-4	FMS Chiller Plant - Basement Floor & Boiler Plant Operations	BP

ACA FIRST FLOOR		
3-6-2-1	Building 47 ACA 1 ST Floor Emergency Room/Dept & Admissions Office Suites	1A
3-6-2-2	Building 47 ACA 1 ST Floor Atrium & Elevator Lobby	1B
3-6-2-3	Building 47 ACA 1 ST Floor Primary Care III	1C
3-6-2-4	FMS Chiller Plant - 1 ST Floor Equipment Rooms	1P
3-6-3-1	Building 47 ACA 2 ND Floor Oncology, Eye Clinic, Dental Suites	2A
3-6-3-2	Building 47 ACA 2 ND Floor Atrium & Elevator Lobby	2B
3-6-3-3	Building 47 ACA 2 ND Floor (Operating Rooms 6 & 7) Day Surgery, PACU, ENDO, and CATH-LAB	2C
BUILDING 15 & Bldg 71T		
2-2-1	Building 15 Basement	30
2-2-2	Building 15 1 ST Floor	31
2-2-3	Building 15 2 ND Floor	32
2-2-4	Building 15 3 RD Floor	33
2-2-5	Building 15 4th Floor - FMS Penthouse Equipment Room	34
2-2-6	Building 71T Modular Conference Bldg (next to Bldg 15)	--
BUILDING 14		
3-2-1	Building 14 Basement - Mail Room & FSM Shops	35
3-2-2	Building 14 1st Floor	36
3-2-3	Building 14 2nd Floor	37
OUTER BUILDINGS 11, 12, 24, 70T AND 72T		
3-3-1	Building 11 FMS Laundry / Mechanic Shop	38
3-3-2	Building 24 VA Credit Union	39
3-4-1	Building 12 FMS Grounds Maintenance	40
3-5-1	Building 70T Mental Health Svc Out-Patient Care	--
3-6-1	Building 72T Modular Office Bldg (Next to 1-East Patio)	--
COMMUNITY LIVING CENTER (CLC) - BUILDING 62		
4-4-1	Building 62 CLC Basement & Elevator Lobby	41
4-4-2	Building 62 CLC 1 ST Floor	42
4-4-3	Building 62 CLC 2 ND Floor	43
4-4-4	Building 62 CLC 3 RD Floor - FMS Penthouse Equipment Room	44
ALERT CODES	ALL STAFF ALERT NOTIFICATION CODES	ALERT CODES
5-2-5-2	SPECIAL INFORMATION (check: <i>VISTA/Outlook</i> email Alert messages)	45
5-5-5-5	COMPUTER FAILURE (follow your Service's Outage-Instructions)	--
1-1-1-1	DISASTER SIGNAL (<i>One Minute of Repeating - 1- Bell - Code</i>)	48
1 Bell Only	ALL CLEAR (the alarm/alert is now over - staff may return to their assigned duties)	--

Equipment Safety

Electrical shock accidents can be prevented. Regulations require staff or volunteers using electrical equipment to learn about safety in operations. Only use equipment as intended, and keep clothing, hair and hands away from moving parts. Check the equipment before every use for potential problems. Report any possible equipment problems to Facility Management Service or your supervisor immediately.

Hazardous Spills

All staff should know how to protect themselves from hazardous spills, which are classified as either a biohazard or chemical hazard. A biohazard spill involves blood, while a chemical hazard spill contains a caustic, flammable, reactive and/or toxic element.

We must isolate spills of this nature to prevent tracking or spreading the hazard. Volunteers are to notify the closest employee of the situation. The VA employee will then contact Facility Management so that appropriate cleaning procedures are followed.

Emergency Management

The difference between a disaster and an emergency is that the resources or staff available cannot handle a disaster.

When reporting an emergency or disaster (natural; technological; and human), call ext. 5310 and describe the situation as detailed as possible. This detailing will help those responding to arrive with the necessary resources to recover as quickly as possible.

In the event of a disaster, the fire alarm will sound continuously (1-1-1-1, etc) for one minute, followed by a pause, with a repeat of two more times. Following this, the fire alarm will sound 5-2-5-2 alerting managers to check their email and follow instructions. Check with your supervisor to learn what you need to do.

Infection Control

1. What do we mean by Infection Control?

Infection Control protects patients—and us. Hand washing is one of the most important things you can do to prevent the spread of infection. Everyone must work together to prevent infections in patients, employees, volunteers and visitors.

2. Why is Infection Control important?

Infections can lengthen a patient's hospital stay, cause inconvenience, pain and even death. You should take special precautions to prevent infections, even if your job does not involve direct contact with patients.

3. Why do we have an Infection Control program?

Infection Control procedures are established to prevent transmission of infectious disease to other patients, hospital personnel, visitors and volunteers. It is not always possible to identify people who have infections, so everyone has the potential to transmit communicable diseases.

4. How can you help control the spread of infection?

- A. Practice good personal hygiene. It is important to make sure your clothes, hair and hands are always clean.**
- B. Get your annual TB test in a timely manner.**

How to Get Your TB Test

As you begin your volunteering, it is recommended that you obtain your TB Test. Annually, it is recommended all volunteers have a yearly tuberculin skin test (PPD), unless you have tested positively in the past. Please report to Employee Health, if you have not yet had a PPD this year.

PPDs are given MONDAY, TUESDAY, and WEDNESDAY during the hours of 9:30 AM – 11:30 AM and 1:30 PM – 3:30 PM. The PPD must be read in 48 to 72 hours unless otherwise directed.

- C. Wash your hands frequently, using good hand-washing techniques. In particular, be sure to wash:**
 - before and after each patient contact**
 - before eating**
 - after using the restroom**
 - after blowing or wiping your nose**
 - when your hands are obviously soiled**
- D. Come to work only if you are well and free of infections.**
- E. Avoid contact with body fluids (blood, urine, stool, vomit, sputum, wound drainage).**
- F. Notify your supervisor and Employee Health of any situations where you might have had contact with body fluids.**
- G. The concept of treating every patient's body fluids as potentially infectious is known as standard precautions and may involve the use of personal protective equipment (PPE) such as gloves, masks, gowns and protective eyewear. Standard precautions help protect you from fluids that may contain bacteria (staph), viruses or fungi (thrush). Contact with infected blood—such as through a needle-stick injury, open cut or splashes into the mouth or eyes—could expose you to HIV.**

- H. Do not enter an isolation room without first checking in at the nurse's station. Unless you are visiting a patient, there is no volunteer responsibility to enter patient rooms. If you are visiting a patient in isolation, you may be required to use special protective equipment to prevent the spread of infection.
- I. You may be required to use special protective equipment to prevent the spread of infection.
- J. You should use utensils and gloves when handling and serving all food products. Keep service areas clean and make sure food preparation is done in a sanitary manner.

Hand-Washing Procedures

1. Completely wet your hands.
2. Apply soap.
3. Work up to good lather and spread soap suds over your hands and wrists. Get soap under and around your nails, between your fingers and backs of your hands, for at least 15 seconds.
4. Thoroughly clean jewelry you are wearing.
5. Rinse well, holding hands and fingertips down, under running water.
6. Dry thoroughly with paper towels.
7. Using the paper towel, turn off the faucet. Do not touch the faucet with your hands after washing. The faucet is considered dirty. Dispose of your paper towel in a waste bin.

An alternative to soap and water is no-rinse antimicrobial Purell Hand Sanitizer. Dispensers are placed throughout the facility including near the elevators, and exterior door entrances, Germ-control touchless sanitation systems are stationed throughout the facility including the entrance to each patient room. For easy use: squirt the foam in your hands, spread it over the entire area of your hands and wrists, and let dry. The Joint Commission on Accreditation of Healthcare Organizations (JCAHO or TJC) and Centers for Disease Control (CDC) recommends washing visibly dirty or soiled hands with an antimicrobial soap and water. All soap dispensers throughout the facility are filled with an antimicrobial soap.

Prevention Initiative

Methicillin-resistant Staphylococcus aureus (MRSA) is a type of staph bacteria resistant to certain antibiotics. It often lives on the skin and in the nostrils and has the potential to cause serious infection.

Standard Precautions

Volunteers are not involved in activities that lead to contact with blood and body fluids. However, some volunteers do transport specimens—such as blood vials, urine or sputum containers—to the lab, and they must follow certain guidelines:

- accept only properly “bagged” specimens in a plastic carrying basket with no visible spillage
- deliver specimens to the lab without delay
- never handle food or drink while transporting specimens
- wash hands immediately after specimen delivery

If you should ever have accidental contact with blood or body fluids, you should report to Employee Health immediately. If Employee Health is closed, report to the Emergency Department. Be sure to identify that you are a VA Volunteer.

Food Guidelines

Proper handling of patient food will prevent food-borne illness. Be sure to:

- wash hands before serving food
- always use gloves and a hairnet (individuals with facial hair must wear mustache and beard covers) when preparing or serving food
- follow temperature guidelines for safe preparation, service and storage of foods, as instructed by Nutrition and Food Service

Foods will be accepted only if:

- prepared in a state-inspected kitchen/bakery
- prepared on-site under the VA staff supervision
- purchased pre-packaged food

NEVER offer food or drink to an inpatient without prior clearance of the staff.

Age-Specific Training

The Joint Commission requires all health care staff to meet competency expectations in age-specific care. The commission’s standards aim to make staff more aware of the physical and psychosocial developmental needs of patients across the age continuum.

The following sections detail common characteristics for various age groups across the continuum.

Young Adults (Ages 21-39) Build Connection

Growth and Development

- reach physical and sexual maturity; nutritional needs involve maintenance, not growth
- muscular efficiency is at peak between ages 20 and 30
- growth of skeletal systems continues until age 30
- gastrointestinal system decreases secretions after age 30
- some hearing loss, especially high tones
- mental abilities reach their peak in 20s: reasoning skills, information recall, verbal skills
- seek closeness with others; set career goals; choose lifestyle, community, may start family
- communication: be supportive and honest; respect personal values
- watch body language as cue for feelings

Key Health Care Issues

- health: encourage regular checkups; promote healthy lifestyle (proper nutrition, exercise, weight control, etc.); inform of health risks (heart disease, cancer, etc.); update immunizations
- safety: provide information on hazards at home, work

Characteristics of Young Adults

- seek companionship, love and intimacy with another person; can become isolated
- initiate a career, find a mate, develop loving relationships, establish a family and parenting
- search for and find a place in society; achievement-oriented; work up career ladder
- begin to express concerns for health
- start feeling actual or perceived anticipation of harm, anxiety and/or fear of the unknown
- experience threats to physical self image, such as pain or change in appearance, and to psychosocial self-image (change in role as provider, becoming dependent, sense of powerlessness)

Age-Specific Interventions to Minimize Effects

- assess barriers to learning and readiness to learn
- ask the individual, based on their experiences, how they learn best (i.e., visual aids, written material, demonstration, hands-on, etc.) and then use those method(s)
- assess the individual's knowledge about his/her disease/test/procedure
- involve individual and significant other in plan of care
- support the person in making health care decisions

- assess/ handle pain based on patient need and response to pain management techniques
- encourage health and safe habits at work and home
- explore impact of hospitalization and illness on work and family
- recognize commitments to family, career, community

Middle Adults (Ages 40-64) Seek Personal Growth

Healthy Growth and Development

- beginning to age; experience menopause (women); may develop chronic health problems
- slowing of reflexes and prolonged response to stress
- visual changes, especially farsightedness, noticeable loss of hearing and taste
- muscles and joints respond more slowly; decreased balance and coordination
- bone mass begins to decrease; loss of skeletal height; calcium loss, especially after menopause
- decreased muscle strength and mass; without regular exercise, endurance declines
- loss of skin elasticity, dry skin and increased appearance of wrinkles
- receding hairline, occipital baldness in males and increased facial hair in females
- use life experiences to learn, create and solve problems
- decreased synthesis of new information, mental performance and speed
- decreased short-term memory or recall
- hope to contribute to future generations; stay productive, avoid feeling “stuck” in life; balance dreams with reality; plan retirement; may care for children and parents
- mood swings
- re-evaluation of current lifestyle and value system
- communication: keep a hopeful attitude; focus on strengths, not limitations

Key Health Care Issues

- health: encourage regular checkups and preventative exams; address age-related changes; monitor health risks; update immunizations
- decreased renal function and metabolic rate; intolerance for heat and cold
- more prone to infections
- safety: address age-related changes (effects on senses, reflexes, etc)

Characteristics of Middle-Aged Adults

- strive to be productive, performing meaningful work versus becoming stagnant and inactive
- continue working up career ladder becoming future-oriented or possibly self-absorbed
- may express empty-nest syndrome negatively or positively; potential “mid-life” crisis, measuring accomplishments against goals or the recognition of limitations
- adverse effects include anxiety for an unidentified threat or fear of a known one; threats to physical image; loss of body part; change in functional ability; need for prosthetic device
- threats to psychosocial image; loss of control; insecurity; perception of aging; losing independence; fear of death

Age-Specific Interventions to Minimize Effects

- assess barriers to learning and readiness to learn
- provide teaching in the way that the adult patient learns best (see Young Adult section)
- address worries about future—encourage talking about feelings, plans, etc.
- progress at the individual’s desired speed and ability to assimilate information
- allow choices and decision-making about schedule and plan of care whenever possible
- encourage as much self-care as possible
- recognize physical, mental and social abilities and contributions
- provide information and instruction about pain, disease, treatments, interventions and expectations
- help with plans for a healthy, active retirement

Older Adults (Ages 65-79) Enjoy New Opportunities

Healthy Growth and Development

- age gradually; natural decline in some physical abilities senses
- continue being active learners, thinkers; memory skills may start to decline
- take on new roles (grandparent, widow/er, etc.); balance independence and dependence; review life
- change in role or status, change in financial situation
- loss of significant others, depression and/or isolation
- loss of health, reduced autonomy and self-determination
- communication: give respect; prevent isolation; encourage acceptance of aging; introduce yourself to the patient and ask how he/she wishes to be addressed (Mr./Ms./Mrs., etc.)

Key Health-Care Issues

- **health: monitor closely; promote physical, mental, social activity; guard against depression, apathy; update immunizations**
- **teach stress-reduction strategies**
- **safety: promote home safety, especially preventing falls**

Common Fears

- **loneliness**
- **becoming a burden for loved ones**
- **pain**

Characteristics of Older Adults

- **derive satisfaction from an evaluation of their lives**
- **disappointment with life and the lack of opportunities to alter the past brings despair**
- **coping with life adjustments can present biggest challenge**
- **many changes perceived as losses, which affect “coping” ability**

Age-Specific Interventions to Minimize Effects

- **encourage the person to talk about feelings of loss, grief and achievements**
- **assess learning barriers and readiness to learn**
- **allow extra time to absorb verbal or written material**
- **present information that is factual and straightforward**
- **emphasize the application of knowledge and experience**
- **provide information, materials, etc., to make medication use, home safer**
- **use large print for written materials**
- **encourage the use of organizing aids**
- **provide support for coping with any impairment (avoid assumptions about loss of abilities)**
- **make arrangements for support of religious practices**
- **encourage social activity with others, peers, as a volunteer, etc.**
-

Adults (Ages 80+) Move to Acceptance

Healthy Growth and Development

- **continued decline in physical abilities; increased risk for chronic illness, major health problems**
- **arteries lose elasticity and accumulate calcium deposits, resulting in narrowed arteries and higher blood pressure**
- **increased incidence of chest pain if preexisting cardiovascular disease is present**

- calcification of rib cage and loss of elasticity of alveoli often results in less effective gas exchange, hypoxia and an increased risk for developing respiratory infection
- bladder muscles weaken and capacity decreases; voiding becomes more difficult; increase in bladder infections may result
- bone and mineral mass are reduced, contributing to the brittleness of the bones, especially for women; fractures are serious risk; deterioration of cartilage surface of joints limits activity and motion
- continue to learn; memory skills and/or speed of learning may decline; confusion often signals illness or a medication problem
- accept end-of-life and personal losses; live as independently as possible
- reduced autonomy and self-determination; loss of health and significant others
- loneliness and becoming a burden for loved ones are common fears and concerns
- communication: encourage the person to express feelings and thoughts and avoid despair; use humor and stay positive; introduce yourself to the patient and ask how he/she wishes to be addressed (Mr./Ms./Mrs., etc.)

Key Health Care Issues

- health: monitor closely; promote self-care; ensure proper nutrition, activity level, rest; reduce stress; update immunizations
- poor dental care can contribute to gastrointestinal problems because of poor chewing of food
- each of the five senses becomes less efficient with age, interfering in varying degrees with safety, normal activities of daily living and general well being
- safety: prevent injury and ensure safe living environment
- clearly visible markings on stove and other appliances
- adequate, non-glaring lighting; access to light before getting out of bed
- remove throw rugs or highly polished floors, cords, clutter or other obstacles in pathways
- install grab bars in bathroom, toilet, tub/shower
- encourage and make sure individuals use aids (eyeglasses, hearing aids, canes, etc.) and wear sturdy, non-skid shoes
- daily/weekly medication trays if needed for individuals with visual impairments
- ensure individual has adequate clothing and blankets when cold

Examples of Age-Specific Issues and Care for Adults Ages 80 and Older general slowing of response to sensory stimuli

- slower long-term memory, especially if information is not used or needed daily
- possibly decreased attention span and visual acuity; difficulty hearing
- assess learning barriers and readiness to learn
- use learning methods that are meaningful to the individual
- don't try to teach too much new information at one time
- speak slowly, deliberately and distinctly while facing people with hearing impairment
- encourage independence: provide physical, mental, social activities
- support end-of-life decisions, advanced directives: provide information, resources, etc.
- make arrangements for support of religious practices
- assist the person in self-care: promote medication safety, provide safety grips, ramps, etc.
- provide comfort, physical contact and frequent interventions

Recognize Barriers to Communication

Assess every patient you deal with for the possibility of the following:

1. **Physical Impairments**
 - Does the patient have a speech, hearing or sight disability?
 - Is his or her confusion due to illness or physical disability?
2. **Learning Difficulties**
 - At about what grade level can the patient understand instructions?
 - Has he/she been tested for a learning disability?
3. **Cultural Differences**
 - What is the patient's cultural background?
 - Could certain gestures (for example, direct eye contact or touching) offend him or her?
4. **Emotional Stresses**
 - Could the patient's depression, anxiety or fear be a sign of a physical or mental illness?
 - Is he/she worried about how health care decisions may affect his/her abilities, family, school, job, etc.?
5. **Language Barriers**
 - What is the patient's primary language?
 - Could he/she benefit from a translator's services?

Coping Mechanisms for Illness and Hospitalization

The following are common adult coping mechanisms that are not necessarily negative:

<u>Coping Mechanism</u>	<u>Forms of Expression</u>
Anger	aggressive, abusive or demanding behavior hostility antagonism toward plan of care withdrawal acting out noncompliance
Depression	apathy decreased appetite insomnia physical complaints inability to concentrate withdrawal loss of motivation dependency crying
Grief	shock denial anger isolation depression
Acceptance	information-seeking desire to assume responsibility for care planning for future taking control of decision making

Remember: Give the person your full attention. LISTEN AND OBSERVE.

Suicide Prevention

Suicide prevention is a particular challenge for the VA, as the Veteran population demonstrates many of the common risk factors associated with suicide.

Stigmas associated with suicide—as well as substance abuse, depression and mental illness—can keep people from seeking help and present barriers to treatment. A Veteran’s willingness to talk can be an important first step toward getting him or her assistance and preventing suicide.

Veterans Suicide Prevention Hotline

The VA’s National Suicide Prevention Hotline serves to ensure Veterans in emotional crisis have free, 24/7 access to trained counselors. The VA partnered with the Substance Abuse and Mental Health Services Administration (SAMHSA) and the National Suicide Prevention Lifeline to provide this resource. To access the hotline, Veterans can call 1-800-273-TALK (8255) and press ‘1.’

You can reach the CGVAMC Suicide Prevention Coordinator at 828-298-7911, extension 3155.

About 95 percent of suicides occur at the peak of a depressive episode, according to the Journal of the American Medical Association. Education, recognition and treatment are the keys to prevention.

Suicide warning signs include:

- **talking about suicide**
- **statements about hopelessness, helplessness or worthlessness**
- **preoccupation with death**
- **sudden happiness or calmness**
- **loss of interest in things one cares about**
- **visiting or calling people one cares about**
- **making arrangements; setting one’s affairs in order**
- **giving things away**

Suicide risk factors:

- **previous attempt(s)**
- **history of mental illness, alcohol and substance abuse, trauma or abuse**
- **family history of suicide and child maltreatment**
- **feeling hopelessness**
- **impulsive or aggressive tendencies**
- **barriers to accessing mental health treatment**
- **loss (relational, social, work or financial)**
- **physical illness**
- **easy access to lethal methods**
- **unwillingness to seek help because of stigmas**
- **cultural and religious beliefs (noble resolution of a personal problem)**

- local epidemics of suicide
- isolation

Veteran-specific factors that may increase suicide risk:

- frequent deployments
- deployments to hostile environments
- exposure to extreme stress
- physical/sexual assault while in the service (not only women)
- length of deployments
- service-related injury

Factors that can help reduce suicide risk:

- effective clinical care for mental, physical and substance-abuse disorders
- easy access to a variety of clinical interventions for help
- family and community support
- support from ongoing medical and mental health care relationships
- skills in problem solving, conflict resolution and nonviolent handling of disputes
- cultural and religious beliefs

True or False:

1. Veterans who talk about suicide won't really do it.
T F
2. Any Veteran who tries to kill him/herself must be crazy.
T F
3. If a Veteran is determined to kill him/herself, nothing is going to stop him/her.
T F
4. People who commit suicide are people unwilling to seek help.
T F
5. Talking about suicide may give someone the idea.
T F

Resources

Frequently Used Phone Numbers

CGVAMC Main Numbers

Toll-Free:	1-800-932-6408
Local:	828-298-7911
Franklin CBOC:	828-369-1781
Rutherford County CBOC:	828-288-2780

Voluntary Service Office	828-299-2514
Darlene Laughter, Chief	
Vicki Eatmon, Specialist	
Jade Fillinger, Specialist (Intern)	

Department

Computer Help Desk	4200
Employee Health	5408
Environmental Management	5639
Infection Control	5549
Information Desk	5333
Information Security	5682
Patient Advocate	5200
Police	2575 (If this extension is not answered after several rings, it will roll to the radio phone. When speaking, please wait for the Officer to finish speaking before you begin.)
Privacy Officer	4570
Recreation Therapy	
Beverly Bradigan, RT	5349
Cara Carlson, RT CLC-2	3147
Joanie Ledford, RT CLC-1	3118

Location Cheat Sheet

Basement

- **Laboratory**
- **Medical Records**
- **Release of Information**
- **Mail Room**
- **Retail Store**
- **Beauty/Barber Shop**
- **VA Police Office**
- **Cafeteria (canteen)**
- **Vending Machines**
- **Medical Library**
- **Nursing Education**
- **Nursing Home (through tunnel)**

1st Floor

- **Central Check-In**
- **Escort Service**
- **Pre-Op and Admission**
- **Emergency Room**
- **Patient Advocate**
- **Bistro Vending Area**
- **Information Desk**
- **1 East Psychiatry**
- **1 West Substance Abuse Recovery**
- **Primary Care 3**
- **Employee Health**
- **Primary Care 1**
- **Pharmacy**
- **X-ray**
- **CT Scan**
- **MRI**
- **Surgical Clinic**
- **Urology (GU) Clinic**
- **Physical Medicine and Rehabilitation**
- **ENT Clinic (Ear, Nose and Throat)**
- **Prosthetics**
- **Audiology/Speech Pathology**
- **Nursing Home (Detached)**
- **Compensation and Pension (C&P)**
- **Coffee Shop**

2nd Floor (Main Building)

- **Surgical ICU and Medical ICU**

2nd Floor (Atrium)

- **Dental Clinic**
- **Day Surgery**
- **Eye Clinic/Ophthalmology**
- **Endoscopy**
- **Oncology**

3rd Floor

- **Directors Office Suite**
- **3 East Medical Care**
- **3 West Post-Surgical Care**
- **Nursing Administration**

4th Floor

- **Voluntary Service**
- **Social Work Service**
- **Veterans Service Officers**
- **Risk Reduction**
- **Coumadin Clinic**
- **Medicine Clinic**
- **Neurology Service**
- **GI Clinic**
- **Diabetic Clinic**
- **Dermatology**

5th Floor

- **5 East Oncology Care Unit**
- **5 South – currently located on 1 West**
- **5 West – currently under renovation**

Building 70

- **Mental Health Clinic**

Building 14

- **Information Resource Management (IRM)**
- **Computer Lab**

Building 15

- **Fingerprint Lab**
- **Finance Services**
- **Human Resources**
- **Fee Basis Services**

Glossary of Terms

AFFILIATED VOLUNTEERS - people who volunteer and are members of one or more service organizations in the VAVS program

BOUNDARY VIOLATIONS - any actions that compromise the professional and therapeutic patient-staff relationship

DIVERSITY - quality of being diverse or different; difference or variety

EMOTIONAL AND SEXUAL INVOLVEMENT - friendships and intimate involvement between an employee and patient, the patient's family or the patient's significant other

FINANCIAL INVOLVEMENT - gambling, buying, selling, borrowing, lending and accepting or giving money or gifts from or to any VA patient, the patient's family members or significant other

HEALTH SYSTEM VA Voluntary Service (VAVS) COMMITTEE - established group of appointed members that advises the VA on its Voluntary Service plan and helps implement the VAVS program

NON-AFFILIATED VOLUNTEERS - individuals who volunteer and are not members of service organizations in the VAVS program

OCCASIONAL VOLUNTEERS - people who volunteer once and generally participate in activities as members of a group; do not attend orientation

PATIENT - any Veteran receiving services, whether inpatient or outpatient, at any VA Pittsburgh Healthcare System division

PATIENT ABUSE – includes physical abuse, as well as such acts as teasing, ridiculing, scolding, speaking harshly, rudely or irritably or being indifferent to or ignoring a patient seeking assistance

PATIENT RIGHTS - statement of the rights to which patients are entitled as recipients of medical care; articulates the positive rights that doctors and hospitals ought to provide patients, thereby providing information, offering fair treatment and granting them autonomy over medical decisions

REGULARLY SCHEDULED (RS) VOLUNTEERS – volunteers who are registered, completed orientation and training and have one or more assignments on a regular schedule

SEXUAL HARRASSMENT - intimidation, bullying or coercion of a sexual nature, or the unwelcome or inappropriate promise of rewards in exchange for sexual favors

VAVS REPRESENTATIVES - Nationally certified and appointed representatives and deputy representatives of community and Veteran service organizations who serve on the health system VAVS Committee; serve as leaders and coordinators of volunteers and community resources for the organizations they represent

VIOLENCE - the use or threat of force ranging from verbal abuse to physical assault and homicide

YOUTH VOLUNTEERS - serve as regularly scheduled or occasional volunteers and are between the ages of 13 - 18.

Common VA Abbreviations

1010EZ: VA Healthcare Enrollment Form	A&A: Aid & Attendance
AOD: Administrative Officer of the Day	AWOL: Absent Without Leave
C&P: Compensation & Pension	Canteen: VA Cafeteria
CARES: Capital Asset Realignment Service	CARF: Commission on Accreditation of Rehabilitation Facilities
CBOC: Community-Based Outpatient Clinic	COB: Close of Business
CPRS: Computerized Patient Record System Therapy	CWT: Compensated Work
DAV: Disabled American Veterans Affairs	DVA: Department of Veterans
EEO: Equal Employment Opportunity	FOIA: Freedom of Information Act
GW: Gulf War Era	HHS: Department of Health and Human Services
HIPAA: Health Insurance Portability and Accountability Act	IT: Incentive Therapy
KC: Korean Conflict	MOU: Memorandum of Understanding
NSC: Non-service-connected	OEF/OIF: Operation Enduring Freedom/Operation Iraqi Freedom

OIG: Office of the Inspector General

OPT: Outpatient

PGW: Persian Gulf War

POA: Power of Attorney

POW: Prisoner of War

PA: Privacy Act

PO: Privacy Officer

QM: Quality Management

ROI: Release of Information

**SC: Service-connected
Administration**

SSA: Social Security

SSDI: Social Security Disability Income

SSI: Social Security Income

SSN: Social Security Number

SF: Standard Form

VA: Department of Veterans Affairs

**VA/VAMC: Department of
Veterans Affairs Medical Center**

VACO: VA Central Office

**VAPHS: VA Pittsburgh Healthcare
System**

VHA: Veterans Health Administration

VAMC: VA Medical Center

VARO: VA Regional Office

**VBA: Veterans Benefits
Administration**

VE: Vietnam Era

VIC: Veteran Identification Card

VISN: Veterans Integrated Service Network

**VistA: Veterans Health
Information Systems and
Technology Architecture**

WOC: Without-Compensation Employee

COMPETENCY ASSESSMENT QUIZ

Please detach and return to the Voluntary Service Office

Please read each statement/question and circle the correct answer.

Code Red is the signal for a fire emergency. **True or False**

The proper response to a fire is following the RACE procedure. **True or False**

Volunteers are required to have annual tuberculin skin tests. **True or False**

What is the best method to prevent and control the spread of infection:
a) hand washing after eating b) hand washing after using the lavatory
c) hand washing between patient contacts d) all of the above

It is all right for a volunteer to accept money from a patient. **True or False**

If you are injured while volunteering, you should immediately make an appointment to see your private physician. **True or False**

Volunteers are entitled to a 'meal ticket', though they only volunteered for two hours conducting a BINGO. **True or False**

Volunteers are required to wear their VA ID badge at all times while they are working at the CGVAMC. **True or False**

It is acceptable to share your personal contact information with a Veteran. **True or False**

When a patient or family member complains, volunteers should ignore it. **True or False**

Making sexual comments to a coworker is appropriate. **True or False**

Discrimination laws in the workplace do not apply to volunteers. **True or False**

HIPAA protects the rights of patients and their health information. **True or False**

No patient can be recorded or photographed without his/her consent. **True or False**

Who are our customers? a) employees b) volunteers
c) patients d) visitors e) all of the above

It is acceptable to share your computer password with another volunteer, as long as you both are working in the same assignment area and doing similar duties.

True or False

Volunteers should sign in when they report for duty.

True or False

It is acceptable to falsify the number of hours a volunteer plans to work.

True or False

A volunteer should treat all visitors, Veterans, staff, and other volunteers the same regardless of age, race, color, creed, financial status, appearance, and disability.

True or False

If you do NOT have computer access in your volunteer assignment, the privacy policy does not apply to you.

True or False

Name (print)

Signature

DATE _____

VOLUNTEER SATISFACTION SURVEY
Please detach and return to Voluntary Service

It is important for us to know how we are doing. Below is a satisfaction survey for volunteers. Please complete this after one month of volunteering, along with the Competency Assessment Quiz, returning both to Voluntary Service.

For questions one through five (1-5), please use one (1) to indicate that you “completely disagree” and five (5) to indicate that you “completely agree.”

1. I am happy in my current volunteer assignment.
1 2 3 4 5 DK = Don't Know
2. I have the opportunity to use my skills productively.
1 2 3 4 5 DK
3. I have received adequate training that equips me to perform my assignment.
1 2 3 4 5 DK
4. The volunteer orientation process was convenient.
1 2 3 4 5 DK
5. The material covered in volunteer orientation was appropriate and effective.
1 2 3 4 5 DK
6. Appropriate recognition is given to me for my work as a volunteer.
1 2 3 4 5 DK
7. The hospital staff is supportive of the volunteer program.
1 2 3 4 5 DK
8. I feel the Voluntary Service staff is helpful and available to me.
1 2 3 4 5 DK
9. It is convenient and easy to enter my volunteer hours in the VSS computer system.
1 2 3 4 5 DK

Please answer the following questions

10. Have you received appropriate job-specific training? Yes No

Please answer the following questions

11. What challenges do you have in getting your annual TB test? What would make this process easier?

12. Would you recommend volunteering at CGVAMC? Why or why not?

13. Please specify any recommendations that you may have for improving the Volunteer program experience.

14. Additional Comments:

NAME-SIGNATURE (OPTIONAL)

DATE

***Thank you for taking the time to complete this satisfaction survey.
Your input can make a difference.***

FORMS

Please detach the following sections from this booklet, sign and return them to Voluntary Service at the completion of your orientation.

Confidentiality/Ethics Agreement:

I am aware that the health, welfare and safety of our patient, volunteers and staff is of primary importance and that I will do all I can to learn, comply with and practice, any and all procedures regarding the operation of a safe and efficient work place. As a volunteer at the Charles George Veterans Affairs Medical Center, I agree that:

1. I shall hold as absolutely confidential, all information that I may obtain directly or indirectly concerning patients, doctors, volunteers or Medical Center staff, and not *actively seek to obtain confidential information from patients.*
2. My services are donated to the hospital without the expectation of compensation or future employment, and are given for humanitarian, religious, patriotic, educational or charitable reasons.
3. I shall not seek to sell goods or services, request contributions, or solicit personnel to sign or distribute political petitions on Medical Center premises unless I receive the express authorization of the Chief, Voluntary Service or the Director of the Medical Center.
4. I will prevent and avoid the appearance of conflicts of interest.
5. I will not use my volunteer position for public office, including official time, information, property or endorsements for personal gain.
6. A volunteer must not accept a gift from a prohibited source or one given because of the volunteer's official position.
7. I will not discuss financial matters with patients.
8. I will comply with all ethics laws and regulations.

Volunteer Name: _____ Date: _____

STATEMENT OF COMMITMENT AND UNDERSTANDING

As an employee/volunteer of the Department of Veterans Affairs (VA), I am committed to safeguarding the personal information that Veterans and their families have entrusted to the Department. I am also committed to safeguarding the personal information that VA employees, volunteers and applicants have provided.

To ensure that I understand my obligations and responsibilities in handling the personal information of Veterans and their families, I have completed both the annual General Privacy Awareness Training (or VHA Privacy Training, as applicable) and the annual VA Information Security Training. I know that I should contact my local privacy officer, Freedom of Information Act officer, information security officer, or regional or general counsel representative when I am unsure whether or how I may gather, create, maintain, use, disclose or dispose of information about Veterans and their families, VA employees, volunteers and applicants.

I further understand that if I fail to comply with applicable confidentiality statutes and regulations, I may be subject to civil and criminal penalties, including fines and imprisonment. I recognize that the VA may also impose administrative sanctions, up to and including removal, for violation of applicable confidentiality and security statutes, regulations and policies.

I certify that I have completed the training outlined above and am committed to safeguarding personal information about Veterans and their families, VA employees, volunteers and applicants.

(Print or type name)

Volunteer Signature

Position/Title

Date

DEPARTMENT OF VETERANS AFFAIRS POLICY
REGARDING PRIVACY

"I have read the Department of Veterans Affairs policy on privacy and have received a copy of this health care system's policy protecting the rights and keeping patient information confidential. I agree to adhere to the policy of the VA which strictly prohibits any disclosure of information regarding our Veteran patients."

VOLUNTEER'S SIGNATURE

DATE

Affirming the Commitment to Clean Hands

I, (print name:) _____ have read the following and commit to these tenets of hand hygiene and my personal responsibility to reduce infections.

It is widely known that hand decontamination has been shown to prevent the spread of infectious agents in clinical settings for over 150 years. Hand hygiene is the single most effective measure shown to prevent the spread of infection.

- I will always clean my hands with an alcohol-based hand rub or with antimicrobial soap and water for at least 15 seconds:
 -  Prior to entry and when exiting a patient room, procedural room, or exam room even if not touching the patient and whether or not gloves are used.
 -  Before putting on and after removing gloves
- I will not wear gloves from one patient room to another.
- If another employee has not practiced hand hygiene when entering any patient's room, I will say the word "PAWS" or "PAUSE" as a cue to ask that employee to do hand hygiene so that the patient is not exposed to unnecessary infectious risks.
- If a patient or family asks me if I have cleaned my hands, I will reply, "I will be happy to clean them again. Thanks for asking." and will re-cleanse my hands.
- I will wash my hands with antimicrobial soap and water for at least 15 seconds in the following instances (no alcohol-based rub):
 -  If my hands are visibly dirty or soiled or contaminated with body fluids
 -  Before eating
 -  After using a restroom
- I will perform hand hygiene to protect myself, my family, my co-workers and especially, our Veterans.

I have been given the opportunity to ask questions and I understand my responsibilities with regards to this National Patient Safety Goal and hereby affirm my commitment to hand hygiene.

Signature

_____/_____/_____
Date



October 2011