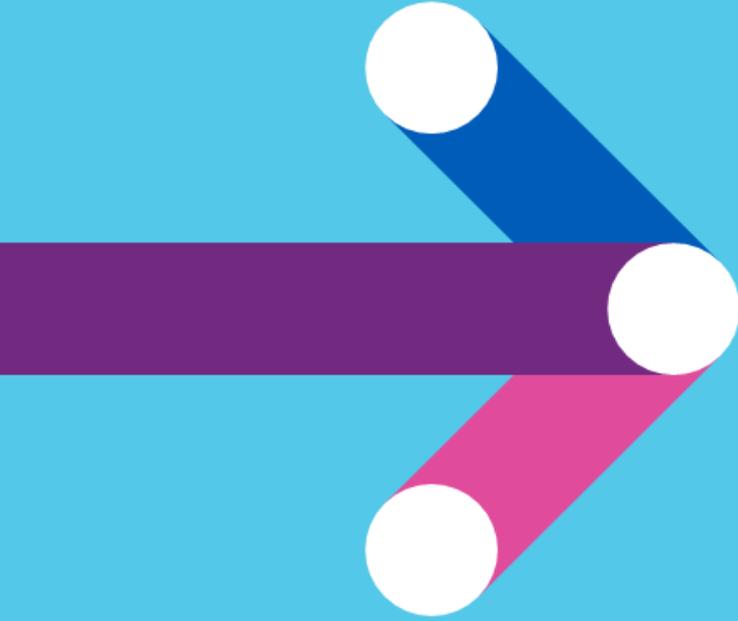


# Safety Training for Volunteers

Please do not take this training until  
**AFTER** your interview with a  
Volunteer Coordinator

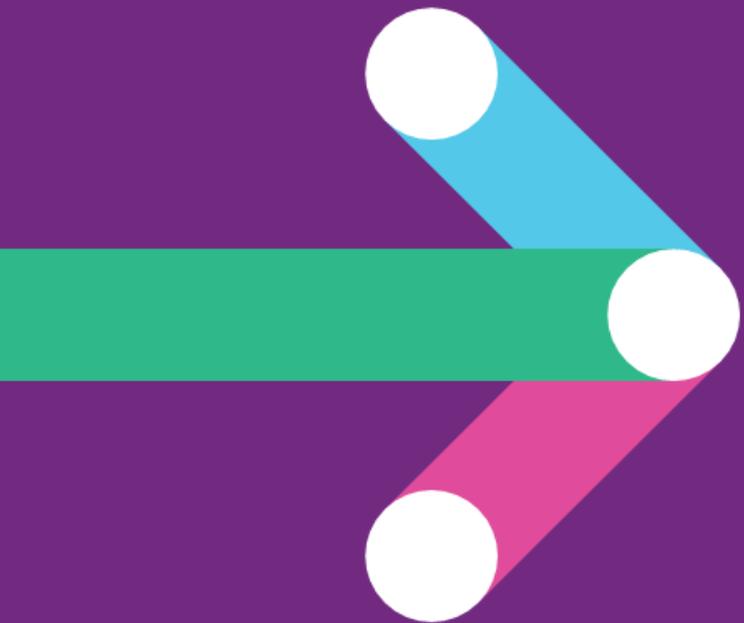
# Training Contents:

- Importance of Safety in a Medical Environment
- Health Guidelines for the Volunteer
- Universal Precautions – Standard Precautions – Infection Control
- Environmental, Patient, and Personal Safety
- Emergency Preparedness & Response – The Volunteer's Role
- Zero Harm Initiative
- Safety Post-Test



## Why Safety Training Is Vitally Important:

- ✓ Keeps patients and families safe while in your care
- ✓ Keeps you safe as you volunteer
- ✓ Avoids mistakes being made
- ✓ Allows staff to rely on you in urgent and emergency situations



# Volunteer Health Guidelines

# Volunteer Health Guidelines

Do NOT come in if you are sick, have a rash, or even suspect you may be coming down with something. You must be 100% well.

Do NOT come in if you've had a fever within 24 hours before your volunteer shift.

DO bring a doctor's release if you've had surgery, a long illness, or an injury, in order to be able to return to volunteering.

DO let us know if your tasks as a volunteer cause you any emotional or physical discomfort.



# Volunteer Health Guidelines : Tuberculosis (TB) Screening

- A TB skin test is required when you begin volunteering.
- After the initial TB skin test, a paper screening form is the only TB requirement every year.
- TB testing is offered at no charge to you at:
  - Fort Worth - Cook Children's Occupational Health Clinic
  - Prosper – CareNow-Prosper West (by appointment)
- No appointment needed in Fort Worth
- Online appointment needed for CareNow in Prosper
- TB testing should be done after orientations are completed and before the volunteer's start date.

# TB Skin Test

Two-part process (Fort Worth) :

1. Receive the shot
2. Have the shot site checked by a nurse, doctor, or the Volunteer Services staff 48-72 hours after receiving it

One-time blood draw to test for TB (Prosper)

Completed TB forms should be returned to Occupational Health in Ft. Worth

Results are kept confidential



# Volunteer Health Guidelines: Flu Vaccination

Annual flu vaccination is mandatory for all volunteers and staff. **No exceptions.**

There is no charge to you for flu vaccination at Cook Children's Fort Worth.

An annual flu vaccination clinic is held at Cook Children's Fort Worth, in the Fall, so all staff and volunteers can be vaccinated.

Prosper volunteers will get the flu vaccination on their own at this time.

Proof of flu vaccination from outside Cook Children's (local pharmacies, personal physicians, etc.) must include the vaccine lot number and signature of the person who gave the injection.



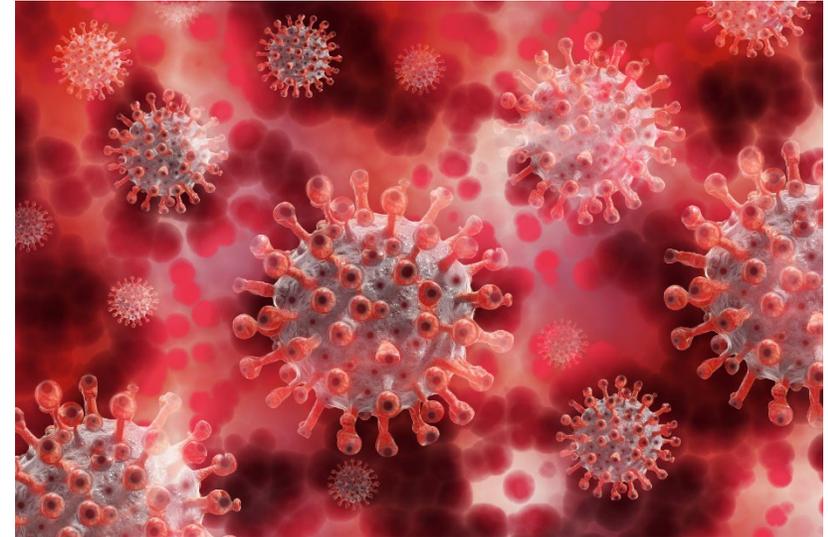
# Volunteer Health Guidelines: COVID Vaccination

COVID vaccination is no longer mandatory but is highly recommended.

COVID boosters are highly recommended as well.

- **DO NOT** come in to volunteer if you have been exposed to COVID.

**You will need to wait at least 5 days to see if you begin to have symptoms of the disease.**





# Universal Precautions

# What Are “Universal Precautions”?

They are processes set up to protect patients, health care workers, volunteers, and caregivers from the spread of infection by viruses through body fluids, body tissues, and blood.

***Hand washing or the use of alcohol gel is the single most important means of infection control!***

Handwashing/gelling also helps build trust when parents and caregivers observe it.

## **Exposure Risk Categories:**

Most “**Patient Care**” volunteer placements are **Category II**: *Tasks the volunteer performs that involve no potential exposure to blood, body fluids, or tissues but the volunteer’s role may require performing unplanned Category I tasks.*

Most “**Helping Hands**” volunteer placements are **Category III**: *Tasks that involve no anticipated exposure to blood, body fluids, or tissues.*

# Universal Precautions: Hand Washing Technique

- Leave rings on
- Wet hands
- Work soap into a lather
- Wash at least 20 seconds
- Wash between fingers, front and back of hand/wrists.
- Rinse thoroughly
- Dry with paper towels using the towels to turn off faucets and open bathroom door
- Always wash hands before entering and after leaving a patient care area

**Please watch this short video: (*double-click on video to start*)**



# Universal Precautions: Blood-borne Pathogens

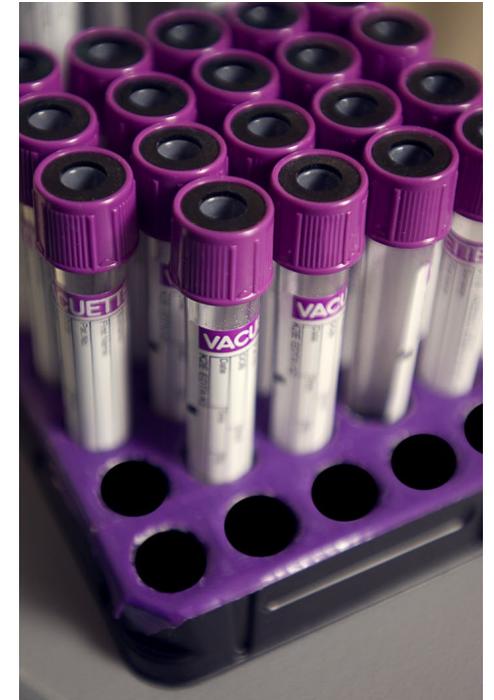
The most significant blood-borne pathogens that health care workers come in contact with are:

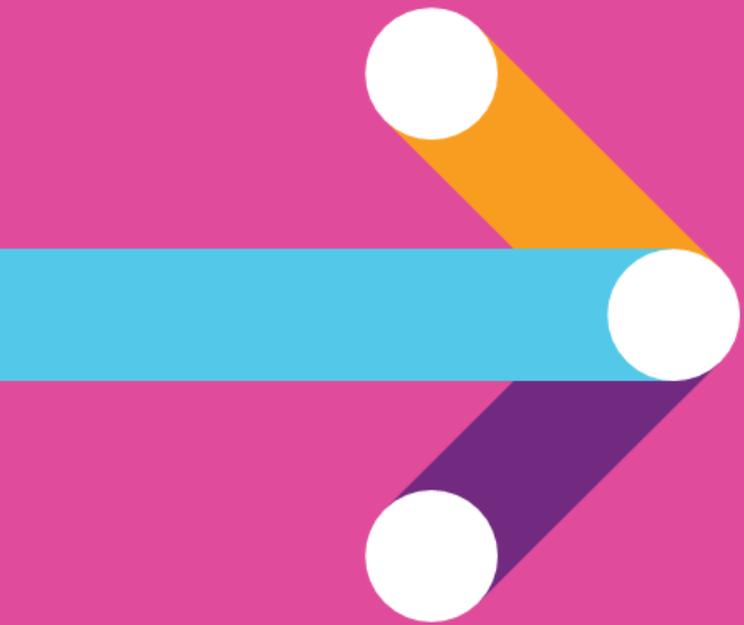
- **Hepatitis B Virus (HBV)**
- **Hepatitis C Virus (HCV)**
- **Human Immunodeficiency Virus (HIV)**

**HBV** poses the highest risk of exposure as it can survive for up to 7 days in dried blood.

**HIV** is very fragile, cannot survive long outside the body, and is not transmitted through casual contact (feeding, hugging, etc.).

Transmission routes of HBV, HCV, and HIV include, but are not limited to, contact between broken skin and infected blood/body fluids.





# Standard Precautions

# What does “Standard Precautions” mean?

“Standard Precautions” means treating blood and body fluids of ALL patients, regardless of their diagnosis, as potentially infectious.

Body fluids include:

- Runny nose (mucus)

- Urine/Feces

- Drainage from a wound or stitches

- Phlegm

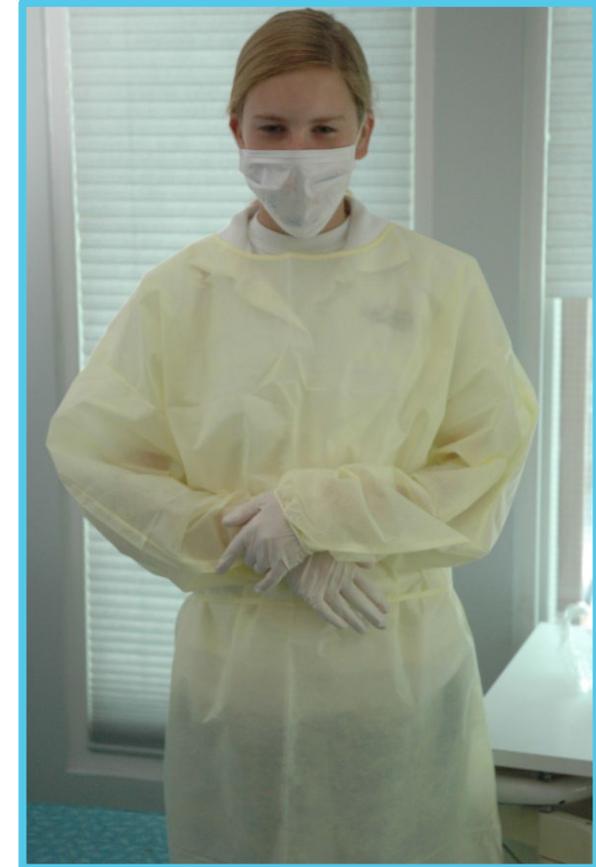
- Vomit



# Standard Precautions: Personal Protective Equipment (PPE)

Protective **gown, gloves**, and/or **mask** MUST be worn if you are participating in a task where there is a chance of exposure:

- Entering an isolation room
- Wiping a runny nose or spit up
- Changing a diaper (*nursing staff normally takes care of this*)
- Changing used bed linens
- Cleaning used toys or play equipment



# Standard Precautions: Putting On PPE

1. **Gown:** ties or tape tabs in the back
2. **Gloves:** should fit snugly and go over the cuff of the gown to hold it in place
3. **Mask:** loops over ears; squeeze over bridge of nose, pull bottom edge down over and under chin for a snug fit

(Shoe and hair covers may also be required in a transplant unit)

**PPE items are put on and removed in the 1-2-3 order above.**



# Standard Precautions: Wearing PPE

**Gloves** should be worn when performing tasks that involve potential contact with body fluids, cleaning supplies, or contaminated objects.

Gloves should fit without wrinkles. They come in many sizes.

Hands must be washed, even after wearing gloves.

**Gowns** should be worn when performing tasks that involve potential exposure to blood/body fluids.

Gowns should cover the front and back of your clothing.

A second gown should be worn like a coat if the first gown does not close in the back.

# Standard Precautions: Wearing PPE

**Masks** should be worn if there is a chance of blood or fluids being splashed or inhaled into mouth or nose.

Masks should fit snugly over bridge of nose and under chin.



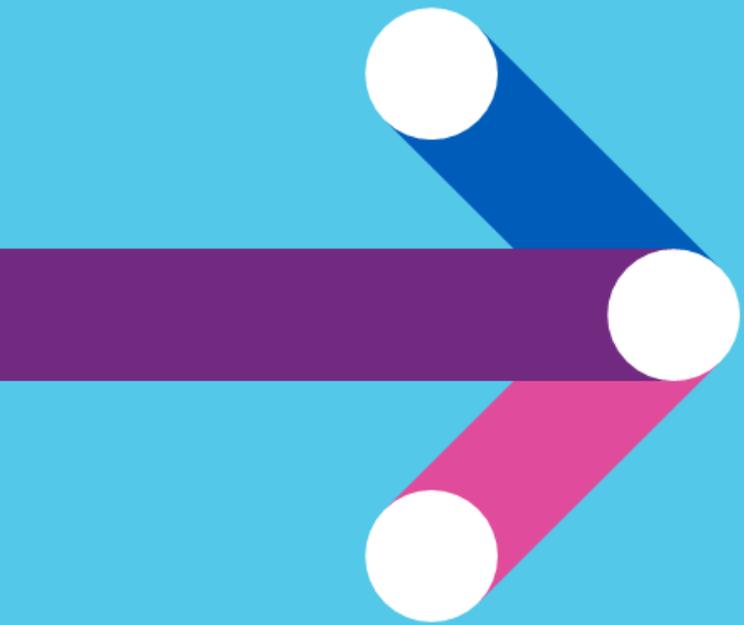
# Standard Precautions: Disposal of PPE

Discard used PPE (gown, gloves, mask) in the **RED** biohazard container inside the patient's room when in isolation rooms.

Discard PPE in a regular trash can in non-isolation rooms.

Dispose of soiled hospital linens in a **BLUE** biohazard container bag. All linens should be treated as potentially infectious.





# Infection Control

# Infection Control Policy

- Use purple Sani-Cloth wipes to disinfect surfaces, toys, and play equipment. Make sure the surfaces stay wet for two (2) minutes. Wear gloves when using wipes.
- Do not use the patient's bathroom. Use one of the public or staff bathrooms.
- No acrylic, gel, dip, or artificial nails in patient care areas (inpatient units, surgery recovery). Nail polish is fine.



# Infection Control Policy: Toy Cleaning Procedure

- Put on gown and gloves.
- Rub Sani-Cloth wipes on all surfaces to be cleaned.
- Wait 2 minutes as surface air-dries; **surface must remain wet during that time.**
- Infant items that may be mouthed (rattles, teethingers) must be rinsed in water and dried again, after using wipes.
- Items with visible dirt should be washed with soap and water before using the Sani-Cloth wipes.



# Infection Control Policy: Toy Cleaning Procedure

- Toy cleaning is an important part of a volunteer's role in all areas of service.
- Toys **MUST** be cleaned between patient use whether in patient rooms, waiting areas, or playrooms.
- While toy cleaning may not be "fun", it is a safety necessity to prevent the spread of infection.
- ALL volunteers are expected to spend a portion of every shift cleaning and disinfecting toys, play equipment, wagons, and wheelchairs used in their area of service.



# Infection Control Policy: Sharps Disposal

- All sharps (needles, broken glass, staples, etc.) go in a red biohazard sharps container
- The sharps containers are emptied by nursing staff when 2/3-3/4 full.
- They are located in all patients rooms and treatment rooms



# Infection Control Policy: Sink Splatter Safety Zone

- Do not leave papers, toys, food, or any other items within 18 inches of a sink to protect from infectious splatter from hand washing and fluid or food disposal.



# Infection Control Policy: Reporting Exposures

- Report ALL accidents involving exposure to blood or body fluids, puncture wounds, or injuries that break the skin to your supervisor and to Occupational Health, 682-885-3837 (in Fort Worth)



# Infection Control Policy: Isolation Precautions

Before entering a patient's room:

1. **Check to verify the name and room number**
2. **Read and follow all precaution instructions on wall plaque and door every time you enter**
3. **Knock before entering and wait for a response**
4. **Wash hands or use alcohol gel as you enter and leave the room**

*Continued on next slide*



# Infection Control Policy: Isolation Precautions

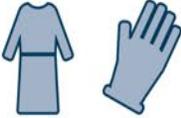
Before entering a patient's room:

**5. If patient is in isolation, locate the appropriate PPE to use on the cart outside the patient's room or in the ante-room to the left or right of the patient's door.**

**6. Ask nursing staff for help when in doubt!**



# Infection Control Policy: Precaution Instruction Signs You May See

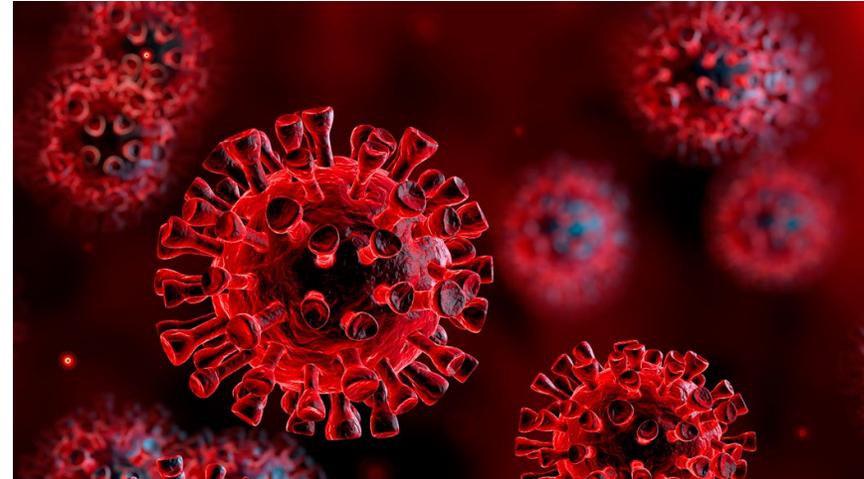
<p><b>Drainage &amp; Secretion ISOLATION</b></p> <p>Simple Isolation Signs</p> 	<p><b>Airborne ISOLATION</b></p> <p>Simple Isolation Signs</p>  <p>N-95 mask</p>	<p><b>Respiratory/Contact ISOLATION</b></p> <p>Simple Isolation Signs</p>  <p>Surgical mask Safety glasses</p>	<p><b>Strict ISOLATION</b></p> <p>Simple Isolation Signs</p>  <p>N-95 mask FULL face shield or goggles</p>	<p><b>Modified CONTACT</b></p> <p>Simple Isolation Signs</p> 
<p><b>Contact ISOLATION</b></p> <p>Simple Isolation Signs</p> 	<p><b>Respiratory ISOLATION (Droplet)</b></p> <p>Simple Isolation Signs</p>  <p>Surgical mask</p>	<p><b>NPO (No Food or Drink)</b></p> <p>Simple Isolation Signs</p> 	<p><b>Name Alert</b></p> <p>More than one patient with the same name</p> <p>Simple Isolation Signs</p> 	<p><b>Breastfeeding Mom</b></p> <p>Please knock before entering</p> <p>Simple Isolation Signs</p> 

# Infection Control Policy: Types of Isolation & PPE for Each

TYPES OF ISOLATION	Gown	Gloves	Mask	Safety Glasses or Goggles	Hair & Shoe Covers
MODIFIED CONTACT	X	X			
CONTACT	X	X		X	
DRAINAGE/ SECRETION	X	X			
RESPIRATORY (Droplet)			X		
RESPIRATORY/CONTACT	X	X	X	X	
STRICT	X	X	X N-95	X	X
	<b>VOLUNTEERS DO NOT ENTER (COVID, COVID pending, or TB precaution rooms)</b>				
PREGNANT CAREGIVER	Do not enter if you are or may be pregnant.				

# Infection Control Policy: COVID Isolation

- **Volunteers WILL NOT enter a COVID room.**
- **Volunteers WILL NOT enter a COVID Pending room.** “Pending” means the test results are not in yet as to whether the patient is COVID positive or negative.
- When in doubt, ALWAYS ask!



# Infection Control: Conclusion

It is **vitaly important** that volunteers and staff use PPE (gown, gloves, mask) to protect not only themselves, but also the next patient they interact with.

## *Why?*

**Because PPE prevents germs, viruses, and bacteria from being carried room to room on your clothing and skin which could infect the next patient you see, putting them at great risk of harm.**



# Other Instructions on Patient Plaque: I & O

**I & O = Intake and Output** - Medical staff is measuring how much the patient is eating, drinking, and voiding.

**Intake** – Make a note of how much the patient eats and/or drinks using percentages (%) and ounces.

Example 1 – The baby drank 3 ounces (oz.) of her bottle.

Example 2 – Jason ate 50% of the hot dog, 100% of the fries, 25% of the applesauce, and 0% of the peas.

**Output** – The patient must use their own bathroom as there is a measuring device in their commode to catch voiding. For infants, nursing staff weighs the used diaper. Do not throw a used diaper in the trash.



# Other Instructions on Patient Plaque: NPO

**NPO = Nothing By Mouth-** The patient absolutely cannot have anything to eat or drink! *No exceptions!*

- No food, beverages, ice, candy, gum!
- Patients who are NPO are on special diets, awaiting testing, have a swallowing disorder, or are going to a procedure or surgery. It is very important that they have nothing in their stomachs.
- Be vigilant as they will eat anything (including Play-Doh)! Yes, it has happened before.



# Other Instructions on Patient Plaque: Breastfeeding Mom

**Breastfeeding Mom** – Be sure to knock and remain outside the closed door until the Mom says you can enter.

If you cannot hear her response, crack the door an inch but do not enter, and ask if you can enter.

If it's not a good time, let her know you will return later.



# Other Instructions on Patient Plaque: Central Line

**Central Line** – This is an intravenous (I.V.) line that is placed right above the patient's heart.

- As with all patients hooked up to an I.V. pump, volunteers must be sure to keep the patient close to the I.V. pole at all times to avoid the tubing pulling apart.
- If I.V. tubing does pull apart, immediately call nursing staff for assistance. Do not put it back together.



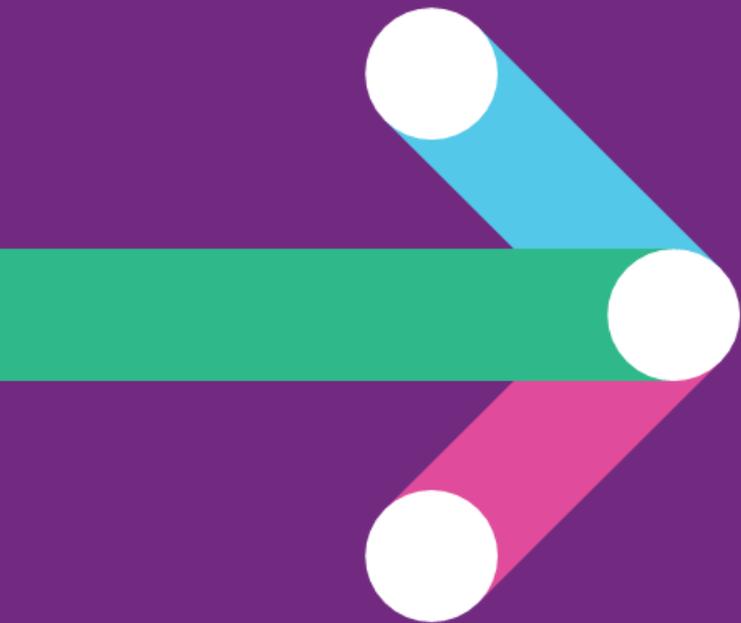
# Patient Dietary Restrictions

It is important to note that some patients may have no dietary restrictions posted on their wall plaque. *However*, you should make no assumptions that they can eat or drink everything.

- Some patients can eat solid foods but choke on liquids
- Some have severe food allergies
- Some are on special diets like no salt, no sugar, low fat, no gluten, etc. due to their diagnosis
- Some cannot take in food/drink by mouth



**For patient safety, NEVER give a patient anything to eat/drink without checking with their nurse every time!**



# **Environmental, Patient, and Personal Safety**

# Environmental Safety: Unsafe Conditions

**Report any unsafe condition you see:** food/drink spills, drips, carpet pulled up, sharp edges, light bulb out, etc. to the nearest staff person who will notify Environmental Services.

**Use yellow spill cloths** to cover the area until it can be cleaned by Environmental Services. Keep people away from the area.

**Report all accidents, slips, trips, falls, etc.** to supervising staff and seek immediate medical attention for yourself or others.



# Environmental Safety: Hazardous Drug Handling

- Standards for handling hazardous drugs protect health care staff, patients, and the environment.
- Medications used to treat cancer are one example of hazardous drugs.
- Drugs are classified as hazardous when they can impact DNA, genes or a fetus, cause cancer or organ damage.
- Exposure can occur through spills, patient care, and disposal.
- These medications have a “Hazardous Drug” warning label on them.
- Only qualified personnel can clean up a hazardous drug spill; not a volunteer.
- Volunteers should have no contact with these drugs but could potentially work with patients using the drugs.
- If exposure occurs, seek first aid; report the incident immediately.



# Environmental Safety: Hazardous Chemicals

**Safety Data Sheets (SDS)** give information about specific hazardous chemicals (name, ingredients, physical and health hazards, spill or leak clean up procedures).

- Hazardous chemicals can cause burns, difficulty breathing, even cancer.
- First aid for exposure = flushing with water.
- If a spill/leak occurs, your first priority is to remove people from the area. Call the SDS Hotline for information about the chemical, if needed.
- Environmental Services staff handles clean up.
- All hazardous chemicals (like Sani-Wipes) should have a warning label that you should read before using.
- Corrosives, toxic agents, and flammable liquids are examples of hazardous chemicals and should be safely stored.
- Working in a well-ventilated area with appropriate protective clothing reduces the risk of accidental exposure.



# Patient Safety: Patient Identifiers

**Using two patient identifiers is an important safety procedure in a hospital setting!**

To make sure you have the correct patient:

**1. Ask** for the patient's name and date of birth

**AND**

**2. Check** the patient's hospital wrist band for the matching name and birthdate



# Patient Safety: Patient Arm Bands

**RED** indicates a patient with an **ALLERGY**

No allergy = no band

**YELLOW** indicates a patient with a **FALL RISK**

Fall Risk is also noted on the patient's wall plaque outside their door.



# Patient Safety: Our Responsibility

**We, the staff and volunteers, are responsible for our patients' safety while they are hospitalized, or on campus for a doctor's visit or testing.**

**Protect them by immediately reporting to staff any unusual visitors, odd behaviors, and/or inappropriate or persistent questioning about a patient.**

**Trust your instincts! Err on the side of caution.**



# Patient Safety: Authorized Release

**Never release a child to any unauthorized person!**

Authorized staff **MUST** be wearing their Cook Children's badge (pictured at right), name/photo side clearly visible.



Authorized persons **MUST** be a family member that you have already met and know to be their parent/caregiver.

**Verify unknown parent, family, or visitor identification with nursing staff before releasing the child to that person.**



# Patient Safety: Safe Infant Sleep Protocol

## For infants 0 – 12 months of age:

- Place baby on its back for sleep and naps.
- **Nothing in the crib or isolette with the baby during sleep:**
  - No blankets; instead, sleep sacks and footie pajamas are used for warmth and are provided by Cook Children's
  - No pillows or bumper pads
  - No toys or stuffed animals
  - No swaddling



# Patient Safety: Additional Information

- Always **check in and out with the patient's nurse** so they know you are with or leaving an alone child/infant.
- **Make sure bed rails and crib rails are raised and securely locked in place on all sides when you leave or are not directly at the patient's bedside or cribside.**
- Do not use anything that has been dropped on the floor. It is considered contaminated.
- Do not walk long distances carrying an infant/child. For long walks, use a wheelchair or wagon if they cannot walk.



# Patient Safety: Additional Information

- Check with the nurse before moving or repositioning a patient or patient bed.
- **Ask questions when in doubt!**

# Patient Safety: Transporting Older Patients

## Wheelchairs:

- Choose a wheelchair (W/C) that is appropriate for the size of the patient. Feet should reach footrests.
- Use the brakes on the sides when patient gets in/out of the wheelchair.
- Move footrests out of the way as patient gets in/out of W/C.
- Use the seat belt if the W/C has one.
- Move with caution.
- Disinfect W/C after use.

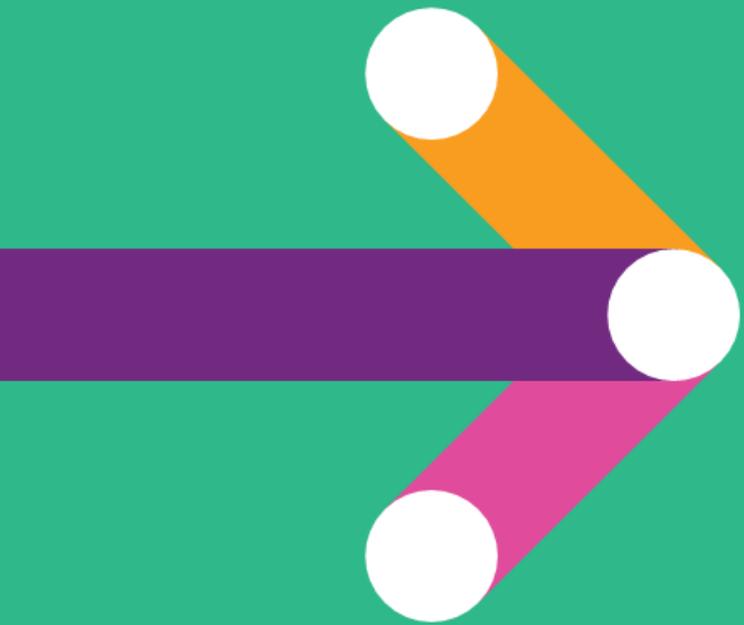


# Patient Safety: Transporting Younger Patients

## Wagons:

- Small patients in wagons
- Pad the bottom with a blanket
- Patients must be seated or laying deep down in wagon
- Take wide, slow turns to avoid tipping
- Maneuver with caution
- Disinfect wagon after use.





# Personal Safety

# Personal Safety: Security Resources

Security can be reached at **ext. 51047**

- Trained, armed officers patrol the hospital campus 24/7
- Can provide escorts/rides to/from garage or parking lots
- Security should be called:
  - If you spot someone with a weapon (*not a police officer*)
  - If you see suspicious activity or a suspicious person
  - If you witness escalating conflict
- Can unlock your work area (playroom, library, etc.)



# Personal Safety: Proper Body Mechanics

## Lifting:

- Spread feet apart for wide base of support
- Bend at knees and hips, not at waist
- Hold object close to body
- Do not twist. Keep spine position set during lift.
- Do not stack objects above eye level
- Ensure path is clear when carrying a child or object





# Emergency Preparedness & Response

# How to Report an Emergency

1. **Dial ext. 51111** to immediately reach the operator. Do not dial "0" or "911".
2. Give the **name of the alert** you are reporting.
3. Give the **name of the building** where the emergency is occurring.
4. Give the **number of the floor** where the emergency is occurring.
5. Give the **room number or exact location** where the emergency is occurring.

## Examples:

" Fire alarm activation, main building, 5<sup>th</sup> floor, room 5417."

"Med Alert, main building, 1<sup>st</sup> floor, gift shop."

"Missing Child, Dodson building, 5<sup>th</sup> floor, H/O Clinic, Hispanic, 5 years old, red shirt, black shorts, name Jorge."

"Fire Drill, North Tower, 4<sup>th</sup> floor, nurses' station."

# Emergency: “Fire Alarm Activation”

**Means smoke or fire has been detected.**

Operator announces “Fire Alarm Activation” on the overhead paging system.

Volunteer’s response:

1. Listen for the location. If smoke or fire is not in your area...
2. Clear the halls of equipment (wheelchairs, carts, etc.)
3. Close all doors
4. Continue to listen for updates



# Emergency: “Fire Alarm Activation” Response

**R.A.C.E.** is the response when the smoke or fire is in your area:

**Rescue** those in danger (saving life is the priority)

**Alarm** – activate the alarm at a pull station and call **ext 51111** to report the location

**Confine** the fire (close doors)

**Extinguish or Evacuate**



# Emergency: “Fire Alarm Activation” Response

**P.A.S.S.** is the way to use an extinguisher:

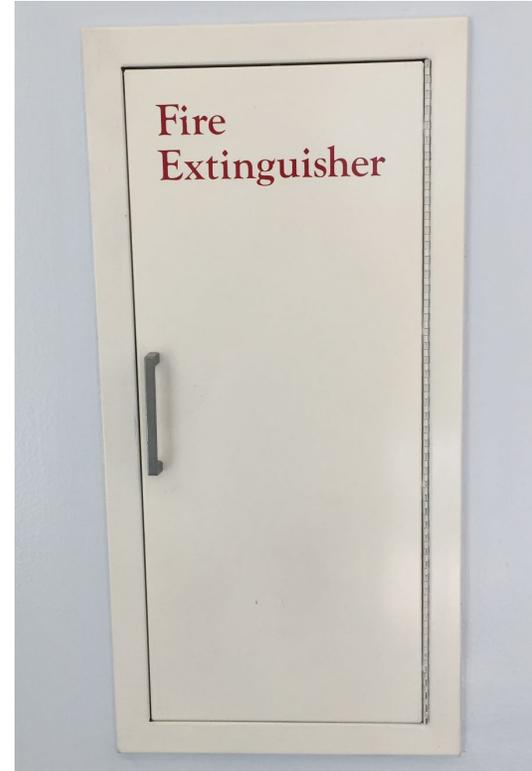
**P**ull the pin

**A**im the nozzle at the base of the fire

**S**queeze the trigger

**S**weep from side to side

Our extinguishers work on all types of fires (paper, chemical, electrical, etc.) and are found in the hallways



# Emergency: “Fire Drill”

## Means we are practicing in case of actual smoke or fire being detected.

- Operator announces “Fire Drill” on the overhead paging system.
- Volunteers listen for the location.
- You should always know:
  - Where your nearest alarm pull station is in the area where you volunteer.
  - Where your nearest fire extinguisher is.
  - Where your nearest fire exit route is.

The pretend fire is a small briefcase with a flashing light in it.

If the case is dropped off in your area, you react like it is a true fire and put the Fire Alarm Activation steps into action:

1. Call **ext. 51111** & pull the alarm
2. Report the “Fire Drill” and location
3. Put RACE and PASS into action.

# Emergency: “Facility Alert-Emergency Plan Activation”

**Means an unexpected or sudden event that significantly disrupts the ability to provide care.**

Examples: an internal power outage, an external chemical explosion, school bus crash, natural disaster, building collapse, etc.

Staff can and will be pulled away from their departments to help in other areas like the Emergency Department.

As a volunteer:

1. Stay in your area unless instructed otherwise.
2. Listen to overhead pages for updates and instructions in case you are needed elsewhere.
3. Stay in the building until staff give the okay to leave.



# Emergency: “Weather Alert”-Severe Thunderstorm Warning

**Means the potential for high winds, hail, and/or tornado watch.**

Volunteer’s role:

1. Close drapes and blinds.
2. Listen to overhead pages for updates.
3. Be prepared for the weather situation to worsen.



# Emergency: “Weather Alert” - Tornado Warning

**Means high winds, hail, and/or tornado sighted.**

Volunteer’s role:

1. Listen to the overhead pages.
2. When instructed by staff, help move patients and families to interior hallways, away from windows.
3. Stay in the building until the weather event is over and it’s safe to travel.



# Emergency: “Missing Child Alert”

**Means a child is missing or abducted.**

To report a missing child:

1. Call **ext. 51111**
2. Tell the operator “Missing Child Alert”.
3. Give operator the race, age, and last known location, along with the child’s name, if over 2 years old.
4. Stay with parent until help arrives.



**It is important that the operator be notified as soon as the child is reported missing because ALL staff and volunteers will stop their work and begin looking for the child in their work areas; they will also cover entrances, exits, and elevators until the child is found.**

# Emergency: “Missing Child Alert”

## When “Missing Child Alert” is announced:

- Assume the child has been abducted and is not just lost.
- Cover the nearest exit or elevator in your area.
- Search nearby restrooms, closets, etc.
- Ask those exiting the building to open large bags, boxes, and purses if an infant is missing.
- Ask children matching the description their names and who they are with.
- Make sure anyone dressed in clinical attire (scrubs, white coat) has a Cook Children’s badge on.



# Emergency: “B.E.R.T. Alert”

## Behavioral Emergency Response Team

B.E.R.T. is made up of specialized staff trained to provide assistance when a patient is experiencing:

- Rapidly escalating behavior with concerns for patient and/or staff safety
- Attempts/Acts of physical violence toward staff or visitor
- Self-directed violence
- Active attempt to elope



# Emergency: “Code Blue”, “Med Alert”, “Campus Alert”

**Code Blue** is a life-threatening medical emergency (cardiac arrest or respiratory failure) in the medical center or clinic building.

**Med Alert** is an incident that is not life threatening but needs medical attention (a fall, dizziness, faintness, etc.)

**Campus Alert** can be both a life-threatening or non-life threatening incident occurring outside the buildings on the grounds of the campus (playground, parking garage, etc.).



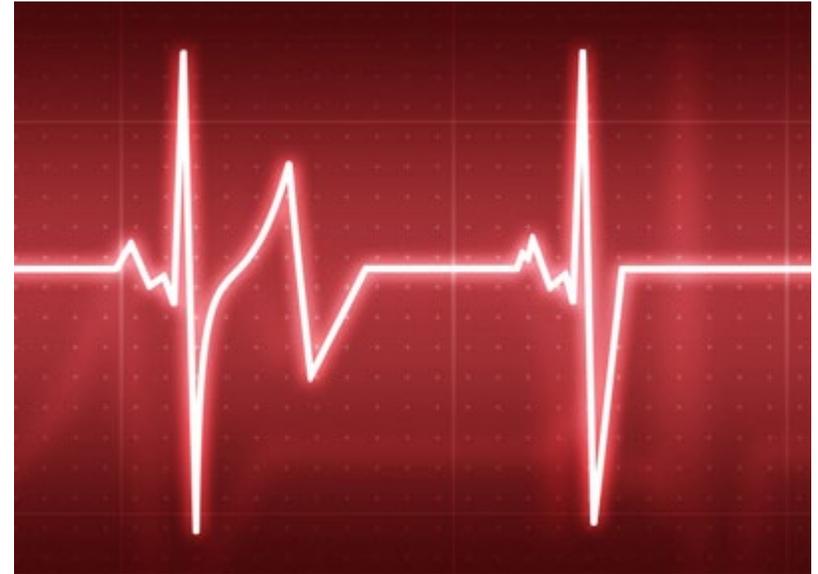
# Emergency: “Code Blue”, “Med Alert”, “Campus Alert”

When anyone in the hospital or clinic building is or appears to be in physical distress, approach and ask if they need medical help. Then report the Med Alert or Code Blue at **ext. 51111**.

Give the operator:

- The Alert name
- Building name
- Floor number
- Room number or exact location

**Do not call 911 inside the hospital!**



# Emergency: “Security Alert”

Indicates a developing situation being closely monitored by Security but not posing immediate danger.

Call **ext. 51111**.

Tell the operator:

- “Security Alert”
- Building name
- Floor number
- Room number or exact location



**Listen for the location. Stay away from the area.**

**Follow the instructions provided in the overhead alert. Stay put and continue with your normal work activities unless otherwise notified.**

# Emergency: “Active Criminal Element”

Signifies an unfolding criminal act with a suspect still present and posing an active threat.

Call **ext. 51111**.

Tell the operator:

- “Active Criminal Element”
- Building name
- Floor number
- Room number or exact location



**Exit the building, if safely possible.**

**Clear & disappear behind closed, locked doors. Close the blinds/curtains. Stay away from windows. Stay put until the “all clear” is announced.**

**DO NOT open the door after you have locked yourself and others safely inside.**

# Emergency: “Threatening Call”, “Bomb Threat”

**Threatening Call** – Document and notify Security, x51047

## **Bomb Threat** –

Keep caller taking

Write a note to get help

Ask where and when the bomb will explode

Complete the bomb threat checklist

Notify operator and supervisor.



# Emergency: “All Clear”

**The “All Clear” is announced overhead when an alert has ended.**

**All alerts remain in effect and your role is not over until the “all clear” is announced.**



# Emergency Alert: Conclusion

- Volunteers can and should initiate the appropriate Emergency Alert by dialing **ext. 51111**.
- Volunteers should listen for and respond to Emergency Alerts paged out overhead.
- R.A.C.E. is listed on the back of the volunteer's ID badge for reference.
- **Calmly** explain what an alert means if family or visitors ask. We want them to be informed but not panicked. Let them know we have response plans in place.



# Zero Harm – Our Call to Safety

“Zero Harm” is a Cook Children’s plan to reduce errors and harm to patients.

The purpose is to work together, asking questions and confirming information when unsure to reduce harm for patients and improve safety in our facilities.

This network collectively works to reduce and prevent common hospital-acquired conditions by using a proper bundle of care consistently and in a standardized fashion.

Following all the safety information provided in this training helps us to achieve Zero Harm.



# Emotional Safety

Definition: *“An intentional, interdisciplinary practice to promote resiliency, healing, and trust for pediatric patients and their families during medical experiences.”*

## LISTEN

- to patients - allow them to express their feelings and feel heard and understood
- to parents/caregivers – with respect and dignity to feel heard and understood

**RESPECT** without bias, judgement or inequity in care, the cultural background, religious practices, ethnicity, race, LGBTQ+ status, and/or definition of family for each patient/ parent/ caregiver.



# Safety Test

Thank you for completing Safety Training.

You are able to visit this link at any time during your volunteer time with us to review training or clarify information.

Please contact the volunteer office if you have any questions about this safety information.

Click on the link below to take the Safety Test:

[https://cookchildrens.co1.qualtrics.com/jfe/form/SV\\_8eIQjzcHTMj2s0B](https://cookchildrens.co1.qualtrics.com/jfe/form/SV_8eIQjzcHTMj2s0B)

