

**U.S. Department of Veterans Affairs**  
**Veterans Health Administration**  
**Nebraska – Western Iowa Health Care System**

# **Volunteer Handbook**



**September 2022**

## INTRODUCTION

Dear Volunteer,

It is our privilege to welcome you to the Nebraska-Western Iowa VA Health Care System. Soon you will blend into your work environment and will work side by side with paid employees to provide seamless service to our distinguished Veteran patients and families.

To prepare you for the new challenges that you will face, you are requested to review and become knowledgeable about the materials presented in this handbook. Should you have difficulty with any of the material, please consult CDCE/Voluntary Service employees for assistance and/or clarification. Your understanding of the information is very important. This handbook is designed to assist you in carrying out your assigned volunteer duties effectively and efficiently.

You, as a volunteer, are considered a valuable member of the health care system team. You will function as a part of the CDCE/Voluntary Service team with direct supervision of a staff member. You will not replace paid personnel, to the contrary, you perform beneficial services that are beyond the scope of regular staff.

Through Voluntary Service, you provide necessary and worthwhile assistance to the patients and staff, but also gain invaluable experience. If nothing else, we hope it will bring you a deeper level of responsibility and satisfaction for helping others.

Extending to you our warmest welcome, as you begin this new journey with the Nebraska-Western Iowa VA Health Care System.

Sincerely,

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## **Joint Commission – Annual Volunteer Training**

### Introduction

The Joint Commission requires that all employees receive refresher training on an annual basis. While volunteers are without compensation employees, they are equally mandated to complete annual refresher training.

The Annual Volunteer Training Handbook has been prepared for your convenience as a resource to provide you with important information that you need to know while volunteering in the Nebraska-Western Iowa Health Care System (NWIHCS) including Community Based Outpatient Clinics (CBOC) and the Volunteer Transportation Network (VTN). We need to document that you have received this training to meet The Joint Commission standards. Please carefully read the information contained in this handbook. After you have reviewed the handbook, please **sign and date the Acknowledgment Form on the last page and return it to us in the enclosed self-addressed envelope.**

To assist us in tracking your required annual volunteer training, we would like to ask you to **please return your completed Annual Volunteer Statement of Commitment and Understanding in the enclosed self-addressed envelope as soon as possible or turn the form in directly to a CDCE/Voluntary Services staff member. CDCE/Voluntary Service Office is in the basement of the VA Hospital, room number B801 in Omaha, Grand Island room C203: and Lincoln room 1209:** You may keep the Annual Volunteer Training Handbook for future reference.

Upon receipt of your completed Acknowledgment Form, we will credit you with one volunteer hour. If you have any questions about the information covered in this handbook, please contact Voluntary Service at your location through the phone numbers listed on the cover sheet.

Thank you for completing this training.

## BRIEF HISTORY OF THE VETERAN'S HEALTH ADMINISTRATION (VHA)

The idea of providing health care to soldier's dates to Colonial America. In 1776, the Continental Congress encouraged enlistment by providing pensions to those who became disabled.

During the Civil War, President Abraham Lincoln called upon Congress and the American people, **"to care for him who shall have borne the battle, and for his widow, and his orphan."** This has become the motto of the VA.

During World War I, Congress established new Veterans' benefits including disability compensation, insurance, a family allotment program, and vocational rehabilitation. The Veterans Administration (VA) was established in 1930 when Congress authorized the President to consolidate and coordinate government activities affecting wartime Veterans. Initially, this new agency served over 4.7 million Veterans.

During World War II, it became necessary to expand VA facilities to accommodate the vast increase in Veteran population. The Korean and Vietnam conflicts added more Veterans. By 1982, the Veteran population was estimated at 28.5 million. The VA currently operates hospitals, clinics, and nursing homes. In addition, the VA operates an outstanding medical research program that has made significant improvements in health care treatments and participates in educating nearly half of the physicians trained in the United States.

The Veterans Administration became a cabinet level department in 1989 and was renamed Department of Veterans Affairs (VA). The Department of Veterans Affairs is comprised of the Veterans Health Administration (VHA), the Veterans Benefit Administration (VBA), and the Veterans Cemetery Administration (VCA).

Currently, the VA operates the nation's largest integrated health care system, with a budget of more than \$65 billion and a staff of 225,000 employees in 162 hospitals, approximately 175 nursing homes and domiciliaries, more than 800 outpatient clinics and 206 counseling centers around the nation. In addition to providing medical care to over four million Veterans annually, VA's medical system conducts major research, trains medical professionals through affiliation with academic centers, and provides medical support in national disasters.

Historically, the VA patient population has been primarily male. The VA is increasing services to women Veterans. During 1996, nearly 180,000 women sought outpatient care and 16,000 sought inpatient care at VA facilities.

The VA is a major national research asset conducting basic, clinical, epidemiological, and behavioral studies across the entire spectrum of scientific disciplines.

## **NEBRASKA-WESTERN IOWA VA HEALTH CARE SYSTEM (NWIHCS)**

NWIHCS provides medical care to Veterans residing in Nebraska and Western Iowa and portions of South Dakota, Missouri, and Kansas. The Medical Center in Omaha is a general medical, surgical, psychiatric facility, and a Residential Rehabilitation Treatment Program. The Grand Island Medical Center is an outpatient clinic, with a Residential Rehabilitation Treatment Program and has a Community Living Center (CLC) that provides extended care to Veterans. A new Community Living Center (CLC) was recently opened at Midlands Hospital in Papillion as well.

NWIHCS also supports seven Community Based Outpatient Clinics otherwise known as CBOCs. CBOCs are in Bellevue, Holdrege, Lincoln, Norfolk, North Platte, and O'Neill Nebraska, as well as Shenandoah, Iowa.

NWIHCS employs over 2,250 employees with an annual budget of approximately \$245 million. An active research program and two successful academic affiliations with the University of Nebraska Medical Center and Creighton University School of Medicine - are maintained.

The VHA is divided into geographic areas called Veterans Integrated Service Networks (VISNs). NWIHCS VA is a member of VISN 23, which includes the states of North Dakota, South Dakota, Minnesota, Iowa, Nebraska, Western Wisconsin, Western Illinois, Northern Kansas, Northern Missouri, and Eastern Wyoming. VISN 23 provides a continuum of high-quality care services to all eligible Veterans. VISN 23 is built on a foundation of primary care that is accountable for community health, joint venture initiatives with Department of Defense (DOD), major research initiatives, and education affiliations.

### **OUR MISSION, VISION AND VALUES**

MISSION: Honor America's Veterans by providing exceptional health care that improves their health and well-being. The most important thing to remember is that we are here for the Veterans. Veterans are the focus of all our services.

VISION: To be a patient-centered, integrated health care organization for Veterans providing excellent health care, research, and education; an organization where people choose to work; a community partner and a backup for national emergencies.

VALUES: Trust, Respect, Excellence, Commitment, Compassion, Collaboration, Empowerment, and Continuous Improvement.

### **CDCE/VOLUNTARY SERVICE GOALS**

- Orient, place, train, and utilize volunteers sufficient in number to make CDCE/Voluntary Service a continuing stakeholder in the VA Health Care System's Design for Excellence.
- Recruit, motivate and supervise the volunteers that will support the VA Health Care System's staff.
- Support the continued successful operations of NWIHCS by providing VA staff with administrative, clerical, and technical volunteers.
- Maintain and expand our current active volunteer roster through successful recruitment and effective, structured orientation and training.
- Secure quality service to the Veteran patients through creative programs.
- Serve the Veteran patients, medical staff, and community with excellence.

- Recognize the unwavering dedication of the volunteers who give their time and talents to enhance the quality of life for our patients.
- Veterans and volunteers are our focus.

## **BASIC QUALIFICATIONS OF VOLUNTEERS**

- Sincere interest in rendering service.
- Conscientious and reliable.
- Business-like approach to work.
- Willingness to accept Health Care System standards of orientation, conduct, and supervision.
- Sense of responsibility and dependability in accomplishment of purpose.
- Ability to work with groups as well as individuals.
- Tact, congeniality, patience, warmth, kindness, and humanity.
- Physical ability to perform a volunteer assignment.
- Sense of pride in the work force.
- Must be at least 14 years of age.

## **ORIENTATION**

All regular scheduled volunteers will receive appropriate orientation before entering their Voluntary Service assignments. This includes an electronic fingerprinting check (background check) for all volunteers and screening for tuberculosis.

The orientation you will receive is your introduction to the NWHCS and its care and treatment program for the patients.

The basic purposes of the orientation are to provide you with:

- Knowledge of the policies, functions, and objectives of the VA Health Care System.
- An understanding of the nature and significance of the VA Voluntary Service program.
- An understanding of the fundamental principles and procedures of volunteer service in the NWHCS VA Health Care System.

It is the responsibility of the VA staff members supervising volunteers to orient and give the necessary on-the-job instructions in the specific program area in which the volunteer is assigned.

## **SUPERVISION**

Each volunteer works under the direct supervision of a VA staff member.

## **ASSIGNMENT AND DUTY HOURS**

Your volunteer assignment and hours of duty will be arranged by the supervisor of the Service line where you will be working.

Any change in your duty schedule must be approved by your supervisor. If you are unable to continue in your volunteer assignment, please let Voluntary Service know.

If you should ever become unhappy about your assignment, please don't simply stop coming in. Contact CDCE/Voluntary Service and we will discuss another area for you. We have many assignments, and we know we can find the right fit for you. You must not change any assignment on your own.

## **REGULARLY SCHEDULED (RS) VOLUNTEERS**

Regularly Scheduled (RS) Volunteers are those volunteers who normally participate in VA Voluntary Service on a regularly scheduled assignment, under VA supervision, at least once a week or once a month. RS volunteers are considered by the VA to be "without compensation" employees.

All -RS volunteers are expected to be present at their scheduled assignment(s). Plans for anticipated absence should always be made with your VA supervisor.

## **OCCASIONAL VOLUNTEERS**

Occasional Volunteers are individuals who assist on an infrequent basis. They do not have a regularly scheduled assignment under a VA staff member and are not eligible for the benefits and privileges to which the RS volunteer is entitled.

## **AWARDS**

VA awards are presented through the Voluntary Service Program to volunteers in recognition of their volunteer hours and years of service. The following awards are presented each year to volunteers who meet the following requirements:

<u>HOURS</u>	<u>AWARDS</u>	<u>YEARS OF SERVICE</u>
50	Pin (youth)	15 years - 15-year pin
100	Pin	20 years - 20-year pin
150	Pin (youth)	25 years - 25-year pin
300	Pin	30 years - 30-year pin
500	Pin	35 years - 35-year pin
750	Pin	40 years - 40-year pin
1000	Pin	
1750	Pin	
2500	Pin	
3750	Pin	
4000	Pin & Certificate	
5000	Pin	
6250	Pin	
7500	Dedicated Service Plaque	
8750	Outstanding Merit Award Plaque	
10,000	Honor Award Bowl	
12,500	Outstanding Service Award Pyramid	
15,000	Exceptional Honor Award Medallion	
17,500	Superior Service Award Plate	
20,000	James H. Parke Achievement Award Tray	

## VA CORE VALUES AND CHARACTERISTICS

On June 20, 2011, the Secretary of Veterans Affairs announced VA's Core Values and Characteristics. As VA volunteers, you are an integral part of this organization and a defining aspect of its spirit and heart. It is important for you to be aware of these Core Values and Characteristics and to incorporate them into your volunteer work. The Core Values are the basic elements of how we go about our work – they define “who we are” and form the underlying principles we will use every day in our service to Veterans. The Core Characteristics define “what we stand for” and what we strive to be as an organization.”

### VA Core Values: “**LCARE**”

**L**ntegrity  
**C**ommitment  
**A**dvocacy  
**R**espect  
**E**xcellence

### VA Core Characteristics:

**T**rustworthy  
**A**ccessible  
**Q**uality  
**I**nnovative  
**A**gile  
**I**ntegrated

<b>INTEGRITY</b>	Act with high moral principle. Adhere to the highest professional standards. Maintain the trust and confidence of all with whom I engage.
<b>COMMITMENT</b>	Work diligently to serve Veterans and other beneficiaries. Be driven by an earnest belief in VA's mission. Fulfill my individual responsibilities and organizational responsibilities.
<b>ADVOCACY</b>	Be truly Veteran-centric by identifying, fully considering, and appropriately advancing the interests of Veterans and other beneficiaries.
<b>RESPECT</b>	Treat all those I serve and with whom I work with dignity and respect. Show respect to earn it.
<b>EXCELLENCE</b>	Strive for the highest quality and continuous improvement. Be thoughtful and decisive in leadership, accountable for my actions, willing to admit mistakes, and rigorous in correcting them.

Please keep these Core Values and Core Characteristics in mind as you are performing your volunteer duties. In a message from the Secretary of Veterans Affairs, he stated, “These are more than just words. They represent our promise to do our best every day to perform our crucial mission of caring for Veterans, family members and other beneficiaries. I ask for your enthusiastic support in instilling the results of this work into VAs culture. Let us challenge each other to embrace these Values and Characteristics and look for ways to exemplify them each day.”



## **VOLUNTEER RULES AND ETHICS**

- Be punctual and dependable.
- Information concerning patients and their records is considered confidential.
- Speak softly in wards, corridors, and public areas.
- Advise patients to refer pension and compensation problems to the Veterans Benefits Counselors or to a Service Organization representative.
- Do not lean or sit on the patients' beds.
- Do not discuss religion, politics, or patient illness with patients.
- Do not give your home address or telephone number to patients.
- Do not make suggestions to patients about treatments or suggest remedies.
- Due to the nature of illness with patients on ward 10 West (Omaha VA), youth volunteers are not allowed access to this area.
- Avoid showing pity to a patient, but do not be excessively cheerful. Patients know how they feel. Let them do the talking; be a good listener.
- Volunteer workers should not enter a room that is posted "Isolation" or "No Visitors" unless asked to do so by a nurse or doctor and completed personal protective equipment training.
- Observe the rules. Consult your supervisor in the event you wish to learn the reason for some specific rule or regulation.
- Do not take food, beverages, or medicine to a patient without permission from proper authority such as a doctor or nurse.
- If a situation arises which is awkward and you do not know how to handle it, go to your supervisor. Volunteers should not argue with patients.
- Smoking is prohibited in the medical center.
- Possession of contraband, alcohol/illegal drugs, or being under the influence of either while at the VA will be grounds for immediate dismissal.
- Exercise good judgment in completing your assignments and show initiative where required.
- Be friendly and cooperative with members of other organizations with whom you come in contact.
- Do not work in an assignment that causes you any mental or physical strain or anguish. Report such problems to your supervisor and/or CDCE/Voluntary Service for reassignment.
- Inform the nurse when you take any patient off the ward.
- Do your work cheerfully.

## **BOUNDARIES**

Like employees, volunteers must maintain appropriate relationship boundaries with employees, other volunteers, patients, former patients and/or patient's families. This means volunteers must not establish personal friendships or intimate relationships with employees, patients, former patients, or family members of patients.

Additionally, should an employee, volunteer, patient, or patient's family member

initiate an inappropriate relationship, the volunteer is responsible for refusing the initiative. We understand that, in certain situations, pre-existing relationships are present. During volunteering, if a pre-existing relationship should surface, please notify your supervisor.

Volunteers will not provide advice to veterans on how to apply for veteran benefits or how to increase ones' disability ratings. Volunteers will refer veterans to a certified Veterans Service Officer for assistance with disability ratings or to the Veterans Benefits Administration (VBA) for questions regarding benefits.

## **UNIFORMS AND APPAREL**

Volunteers are permitted to wear blue jeans so long as they are in good repair, with no rips or holes and are clean. Volunteer workers identified with an organization are permitted and encouraged to wear insignia and/or uniforms as adopted by their organization and in conformity with their organization's regulations, such as hats or shirts.

All volunteers are expected to keep themselves neat, clean, and well-groomed while working. **Volunteer ID badges must be worn always.** All footwear should be kept clean and neat. No open-toed shoes or sandals are permitted in patient care areas. All clothing is to be neat and clean and in good repair. Clothes should be conservative in nature. Clothes should not present a provocative image or exposure of one's body that can be considered distasteful or create an unpleasant atmosphere for the patients, volunteers, or hospital staff. No article of clothing shall include inappropriate illustrations or inappropriate advertising. Examples of inappropriate slogans, illustrations and advertising include clothing that promotes or displays alcohol, tobacco products, illegal drugs, political or might be degrading to individuals based on sex, age, race, national origin, or sexual orientation. The following items of clothing are **inappropriate**:

- Athletic warm-ups/sweat suits (to include items made of spandex).
- Tank tops/tube tops/halter tops or short shirts revealing the abdomen.
- Miniskirts.
- Short-Shorts.
- See-through clothing.
- No open-toed shoes or sandals are permitted in patient care areas.
- Bandannas or durags worn on the head (unless working outside or in an area where dirt, dust or foreign matter may be a problem).
- If you work with patients, it is best to leave most jewelry at home.
- Perfumes or colognes may disturb the patients so please refrain from using them.
- Hair and nails should be kept clean and neat.

## **TIME AND ATTENDANCE**

Volunteers are reminded to enter their hours in the computer each time they volunteer. Some volunteers may have more than one assignment or combination code. If so, the

volunteer must be sure to record the hours for that day under the proper combination code. The combination code identifies the volunteer's affiliation, work schedule, and assigned department. If any of this information needs to be changed, please contact Voluntary Service to discuss your volunteer assignment(s). If the computer is down or not functioning, volunteers must log in their hours on the daily sign-in sheet. If you are not familiar where the sign-in sheets are located, please contact your local CDCE/Voluntary Services Office staff for assistance.

Attendance is crucial to the success of each department. If you commit yourself to a set schedule and do not adhere to it, you could jeopardize the mission of the service department. Schedules are developed so proper training and supervision can be provided, as well as developing a workflow. If you are unable to come in, please notify your supervisor as soon as possible so that they may find a temporary replacement for you.

## **CUSTOMER SERVICE**

Customer Service is any activity that enhances the Veterans' experience and exceeds their expectations. Every day, there are many ways we can effectively respond to the needs of those we serve and those with whom we work. Never forget that it is an honor to be able to serve our nation's Veterans. Most patients appreciate what you do for them and will respond with a smile. There are exceptions. Remember that when a patient is cranky or even insulting, the patient is sick, and this could account for their actions. As a volunteer, you must learn to empathize with their feelings, appreciate their concerns, and let them know that you are there if they need you. A good volunteer works on developing empathy, tact, courtesy, and a smile that lets the patients know that you care about them. The following gestures and statements do not take much time and the return on your investment is very gratifying:

- **Introduce** – Establish a personal identity with the person by introducing yourself. Let the person know who you are and what department you represent.
- **Identify** – Many times, people feel a loss of personal identity. Call the person by name to reinforce that you related in a personal way.
- **Respect** – Show respect by addressing him/her by their proper name (Mr. Hernandez or Mrs. Smith, for example). Individuals who prefer to be addressed by their first name will let you know.
- **Knock** – The patient's privacy is invaded at all hours of the day and night. Be considerate. Tap lightly on the door before you enter a patient's room.
- **Smile** – Smiles help to promote a friendly environment. Administered at an appropriate time, a smile may be the most comforting medication you can give to a patient.
- **Greet** – As you walk through the corridors and other public areas of the facility, greet everyone by saying "hello" or "good morning." This short interaction will help people feel welcome.
- **Compliment** – Simple observations can reveal many opportunities to pay sincere compliments.
- **Initiate** – Anticipate needs and respond before you are asked. Your perceptiveness and thoughtfulness will be appreciated and admired. If someone looks confused or needs assistance, stop, and lend a hand. By taking the initiative, you can exceed all expectations.

## **POLITICAL ACTIVITY**

Volunteers will not participate in political discussion while performing volunteer duties. A volunteer must not canvass or solicit support for any political party, candidate, or faction, nor do any act on their behalf while on duty as a volunteer.

## **PUBLICITY**

All pictures or photos of patients must be cleared with the Public Affairs Officer. Consent forms for use of a picture and voice must be signed by a competent patient before any pictures are taken. Any completed consent forms must be reviewed and approved by the Public Affairs Officer.

## **UNAUTHORIZED SOLICITATIONS/FINANCIAL TRANSACTIONS**

No one may solicit contributions or otherwise promote any national or local welfare campaign or other type of campaign while on any VA premises unless that campaign has the appropriate VA endorsement. No one will sell stocks, tickets, articles, commodities, or services on VA premises without the proper authorization. This policy avoids bringing embarrassment or discredit to the VA, individuals, or organizations.

Volunteers are also not to engage in any financial transactions with patients, staff, volunteers, or visitors of the VA Health Care System. Prohibited transactions include, but are not limited to, borrowing money from patients, purchasing items for patients and cashing checks for patients, selling public transportation tickets, etc. If a Veteran needs a financial transaction, please let a staff member know.

## **MEALS**

The Health Care System Director has authorized a \$8.00 stipend to help defray the cost of a meal for regular scheduled volunteers. Volunteers must work a minimum of four hours to be eligible for a meal ticket.

## **OCCUPATIONAL HEALTH**

Occupational Health has services geared specifically for Volunteers. They include:

- Occupational Injury Care and Follow Up
- Band-Aids
- Ice packs
- Ace Wrap
- Vehicle Operating Physical Exams
- Annual Flu Shots
- Covid vaccinations

## **INFECTION CONTROL**

The risk of infection is always present. Volunteers should take precautions to prevent or minimize the risk of spreading infections. Even if your volunteer assignment does not involve direct contact with patients, you can help prevent the spread of infection by following some basic guidelines.

First and most importantly, **hand washing, or hand hygiene is the single most effective way and the most important thing you can do to help prevent the spread of infection.** You must wash your hands or use a hand hygiene product supplied by the Health Care System:

- Upon arriving at a VA facility before beginning your assignment.
- After personal care activities such as blowing your nose, touching your face for any reason, or applying makeup.
- After using the rest room.
- Before and after eating.
- After having contact with any soiled or contaminated items or environmental surfaces, such as after transporting specimens or pushing wheelchairs.
- Between any contact with patients or their surroundings.
- Before and after preparing or serving food.
- Before leaving the Medical Center.

The Health Care System supplies hand hygiene foam (Purell) in dispensers in all patient care areas. The foam can be used for cleaning your hands provided your hands are not visibly soiled. It should not be used after using the bathroom, after eating, or when preparing or serving food. Hands should be washed with soap and water in those instances.

Other things to remember to prevent and/or control infections include:

- Do NOT come in if you are sick or have an illness that might be contagious.
- If you are unsure of what you should do in a situation (such as whether you should enter a room or assist a patient with a specific activity), ask a staff person to advise you.
- Do not bring in food to patients. They may be on restricted diets and, for some people, food can be a source of infectious illness.
- Do not “share” items between patients such as lap robes, blankets, or personal care items.
- Gloves are not to be worn outside of a patient’s room.
- Infection control is everyone’s concern.

## **Hand Hygiene Methods: Hand Washing**

### Procedure

- Pump paper towel dispenser to have paper towel available.
- Turn on faucet and wet hands.
- Keep hands lower than your elbows and apply soap.
- Wash vigorously for at least 15 seconds, use friction, and pay attention to fingertips, between fingers, under rings, and around nails.
- Rinse well, keeping hands in downward position.
- Tear off paper towels and dry hands.
- Use paper towel to turn off faucets and open doors upon leaving.
- Discard paper towels in the trash.

### Use of Purell Foam Hand Sanitizer

- Make sure your hands are not visibly soiled (do not use if they are visibly soiled, after using the bathroom, or after eating – wash with soap and water).
- Place one hand under the dispenser.
- Allow the premeasured amount of foam to collect in your palm.
- Rub hands together, distributing the foam on all surfaces of hands.
- Continue to rub vigorously until your hands are dry.

### **Body Substance Precautions**

Working in a health care facility has the potential to place you at risk for exposure to possible diseases contracted through exposure to another person's blood or body fluids. Do **NOT** clean up spills of blood or other body fluids, including urine or vomit. Do not pick up any sharp item, such as a needle found lying on the floor, or handle any linen or patient clothing soiled with blood or body fluids. While it may appear to be a simple way to help by cleaning or picking it up, you have not been trained on how to do so safely. Immediately notify staff in the area so they can take care of it.

If you should have an accidental exposure (contact on non-intact skin or mucous membrane or a stick or cut by a sharp object such as a needle) to a patient's blood or body fluids, wash the area with soap and water or rinse mucous membranes (e.g., eyes) with plain water and report it to your supervisor immediately. We all know that despite our best efforts, accidents happen, so do not hesitate to report an exposure. It is in your best interest and gives us the opportunity to assess the situation to determine if there is anything else that needs to be done for your safety and well-being.

### **Other Types of Isolation**

Other types of isolation are sometimes used within the facility to prevent the transmission of some diseases, such as flu. You should not enter a room if you see a **STOP** sign indicating the patient is in a special type of isolation precaution. This will be posted on the door. You will be given specific directions by staff if you are to assist in any way with patients in isolation. As a rule of thumb, you will not be given any assignment to assist with patients in isolation.

### **What is Tuberculosis (TB)?**

TB is short for an airborne disease called Tuberculosis. You cannot get TB by touching someone. TB germs can live in your body without making you sick. This is called TB infection and does not mean you have TB, that you ever will have the disease, or that you can give the infection to anyone else. It is important, however, to know if you are infected with the TB germ. All volunteers are required to be screened for exposure to TB prior to beginning their volunteer assignment. The CDCE/Voluntary Service Office will arrange for a lab order to be placed through Occupational Health. When you visit the lab, you will receive a blood draw. You will not have to return to the VA to have your test read. If you are not contacted after your blood draw, you can assume your results were clear and can continue with the onboarding process.

## **Gloves**

Food handling gloves should always be worn when handling and serving food. Always wash your hands with soap and water before handling utensils or serving platters and before putting on gloves. If the gloves become damaged in any way, remove them, wash your hands, and then put on another pair. Do not wear the same pair of gloves for doing distinct types of food preparations, such as handling meat products and then placing cookies on a plate. Wash your hands and put on a new pair of gloves. Also, wash your hands and put on a new pair of gloves if you have any contact with soiled or “dirty” items such as trash cans, soiled table service, or other non-food items.

If there are any circumstances when you should wear gloves when assisting with patient care activities, you will be given direction by staff in the area. If you have any concerns or questions about an activity you are being asked to assist with, always ask staff in the area before you perform the activity.

## **Flu and Covid Shots**

All volunteers are entitled to free flu and Covid vaccinations. Flu shots should be scheduled through Occupational Health or may be received at one of the scheduled blitzes each fall.

## **Health**

Volunteers will not report to work if they have any infection that poses a hazard to patients or other personnel. Do not come to the hospital if you have a fever, flu, do not feel well, or if you have had recent exposure to a disease (i.e., chicken pox, measles, tuberculosis, or Hepatitis A). Notify CDCE/Voluntary Services that you will be absent for your shift.

## **PATIENT ABUSE**

It is the policy of the NWHCS to provide quality health care to our patient population in a respectful and compassionate manner. Patient abuse, defined as any act against patients which involves physical, psychological, sexual, or verbal abuse, will not be tolerated. The penalty for patient abuse is removal.

Health Care System employees, volunteers, students in training, and without compensation appointees who witness or receive reports of abusive behavior toward a patient must report the incident immediately to their supervisor.

The following actions/behaviors constitute patient abuse and are to be immediately reported and documented:

- Acts against patients which involve physical, psychological, sexual, or verbal abuse.
- Action or behavior that conflicts with patients' rights.
- Intentional omission of patient care.
- Willful violations of the privacy of patients.
- Intimidation, harassment, or ridicule of patients.
- Willful physical injury of a patient.

## SEXUAL HARASSMENT

Harassment based on gender is a violation of Section 3, Title VII. Sexual harassment includes unwelcome sexual advances or sexual favors, verbal abuse, insults, whistles, suggestive comments, jokes, notes, or picture displays, touching and physical aggressiveness, pressure for dates, or threats and sexual assaults. Management, supervisors, employees, and volunteers must take an active role in preventing sexual harassment. The VA is a team, and it is everyone's responsibility to be aware and correct improper behavior. To fight sexual harassment, remember four tactics:

- **Confront** – Voice your displeasure directly to the harasser, repeatedly if necessary.
- **Report** – Report the harassment to your supervisor, or if your supervisor is the harasser, to a higher authority. Also report it to the Voluntary Service office.
- **Document** – While the incident is fresh in your mind, write down what happened, where, when, and how you responded, if possible, word for word; include witnesses, if any.
- **Seek support** – Talk to a friend or a relative or seek support from an organized group.

You have the right to work in an environment free of sexual harassment. You have the responsibility NOT to harass others. Remember, a simple definition of harassment is unwelcome behavior. If you have any questions or think that you are being sexually harassed, contact your supervisor or the Chief, CDCE/Voluntary Services.

For safety reasons, volunteers should avoid situations where safety or perception could be comprised such as:

- in a patient's room with the door closed.
- in secluded areas.
- in a closed office with fewer than 2 VA staff present (pertains to youth volunteers only).
- any situation where one could not summon help immediately.

## SUICIDE PREVENTION: S.A.V.E. Training

Suicide is the 10<sup>th</sup> most frequent cause of death in the United States. Someone dies from suicide every 12 minutes. Statistics vary from year to year, but the Veteran account for 18% of Adult Suicides in the United States even though Veterans only comprise of 9% of the population.

Male Veterans are twice as likely to die by suicide than those men who are non-veterans. Considering these striking facts, the Department of Veterans Affairs is raising awareness and educating all VA employees and volunteers on how to guide a Veteran who is at risk for suicide to the treatment they need.



## Veteran Specific Risks

- Frequent deployments
- Deployments to hostile environments
- Exposure to extreme stress
- Length of deployments
- Service-related injury
- Physical or sexual assault while in the service

## **S.A.V.E.**

### **Signs of Suicidal Behavior:**

- Feeling trapped
- Increasing drug or alcohol abuse
- Withdrawing from friends, family, and society
- Anxiety, agitation
- Dramatic changes in mood
- No sense of purpose in life
- Difficulty sleeping or sleeping all the time
- Giving away possessions
- Increase or decrease in spirituality

### **Ask Questions**

Asking a Veteran if they are thinking or hurting themselves or taking their life should be done after you have enough information to reasonably believe the Veteran may be suicidal.

Some Veterans may not be comfortable talking about this issue directly, so let him or her know you are concerned and that you want to help. Here are a few tips:

- Ask at an appropriate time
- Ask the question in such a way that is natural and flows with the conversation
- Remain calm
- Listen more than you speak
- Maintain eye contact
- If it is too difficult to ask the question, find someone else who can ask the Veteran

## **Validate the Veteran's experience**

- Show them you are following what they are saying
- Accept their situation for what it is
- Let them know that their situation is serious and deserving of attention
- Acknowledge the Veteran's feelings
- Let him or her know you are there to help
- Act with confidence
- Don't argue
- Use body language that is open
- Use supportive and encouraging comments
- Stay non-judgmental
- Be as honest as possible – don't make promises you don't intend to keep.

## **Encourage Help and Expedite Treatment**

For cooperative Veterans, do everything you can to encourage getting help. Here are some tips:

- Explain that there are trained professionals available to help them
- Explain that treatment works
- Explain that getting help for this kind of problem is no different than seeing a specialist for any other medical problem
- Tell the Veteran that getting treatment is his or her right
- If the Veteran tells you that they have had treatment before and it has not worked, try asking: "What if this time it does work?"
- If the Veteran has questions or concerns about seeing someone, do your best to explain the process and what will happen next
- If you don't know the answer to a question, let them know that you will help find the answer

If the Veteran is hostile or armed, remember these simple rules for your safety and theirs:

- Never attempt to subdue a hostile or armed person
- Never try to negotiate with a hostile or armed person
- When someone appears hostile or is armed, call VA Police immediately. Community Based Outpatient Clinic and Vet Center staff should call 911
- In addition to calling the police, leave the area and attempt to isolate that person

- If the person leaves your area, attempt to observe his or her direction of movement from a safe distance and report your observations to police when they arrive on the scene.

## Referral to Emergency Medical Health Services

If you know of a Veteran who is experiencing any mental health emergency there are several ways to get help. Be sure to remember these simple rules:

- A suicidal person should never be left on their own while going through the helping process
- When the patient is handed off into the care of someone else, confirm that the next person will remain with the Veteran until they are seen by a helping professional

In any mental health emergency, please do at least one of the following:

- 1. When in the medical center, escort the Veteran to the Emergency Department (in Omaha) or the Mental Health Department.**
- 2. When outside of the medical center, have the Veteran call the Veterans Crisis Line at: 1-800-273-TALK (1-800-273-8255) or 988.**

A trained VA mental health provider can speak with the Veteran and connect them with the help that they need.

- 3. Have the Veteran call 911 or go to their nearest hospital Emergency Department.**

## Report the Incident

As soon as it is safe to do so, please make sure that you report the incident to the facility Suicide Prevention Coordinator, so they can follow up. Voluntary Service can help get you in contact with the correct person.

If you learn of any unreported suicide attempts, completions, or undetermined suicide related behavior, please report those as well.

It is important to remember that most suicides are preventable when the Veteran is identified and provided treatment.

## EMERGENCY CODES

To standardize the Emergency Code system, the NWHCS VA has changed the process for calling codes. Below is a summary of the new code system.

- **FIRE:**
  - The acronym for responding to fire is **R.A.C.E.**
  - **Rescue**
  - **Alarm**
  - **Confine**
  - **Extinguish or Evacuate**

- **Dial 3333 to report location**

- When reporting a fire by phone, state your name and the exact location of the fire. An alarm system will be heard if there is a fire within your area. **DO NOT** use the elevator in that area – use the stairs.
- You should not attempt to extinguish a fire by yourself unless you are in immediate danger (use of the portable fire extinguisher requires special training per OSHA standards).
- If you must use a fire extinguisher, remember the word **P.A.S.S.:**
  - **P -- Pull the pin or ring on the fire extinguisher.**
  - **A -- Aim the fire extinguisher at the base of the fire.**
  - **S -- Squeeze lever or handle.**
  - **S -- Sweep fire extinguisher from side to side slowly. (Do not discharge the entire extinguisher in case the fire is not totally out.)**
- **VOLUNTEERS:** If the fire or smoke is in your area, pull the fire alarm and exit through the next set of double metal doors. If you enter an area where the fire alarm is sounding, **STOP** and wait for instructions at the double metal doors. **DO NOT ENTER** the area.

- **Medical Emergency:**

- Any time that you might need medical assistance for you or anyone, **CALL 3333** and report location.
- A team of Doctors, Nurses and individuals will arrive to take control of the situation as indicated by the condition of the individual.

- **Behavioral Emergency:**

- Disruptive, assaultive, or out of control behavior **CALL 3333** and report your location.

- **Disaster (Internal or External)**

- **VOLUNTEERS:** Report to your supervisor or CDCE/Voluntary Service Office, to see if any assistance is needed. If someone needs immediate police response or assistance **CALL 3333** and report the concern and location.

- **Bomb Threat**

- **VOLUNTEERS who receive a threat** - Write down all information, the exact threat, and keep the caller talking as much as possible. **CALL 3333 and ask the Police to report immediately to your area. DO NOT SHARE INFORMATION WITH ANYONE ELSE!**
- **VOLUNTEERS:** When a bomb threat is announced overhead, search your immediate area for anything unusual. Report the findings to your supervisor. If anything, unusual or suspicious is found, report it to the Police, **CALL 3333** and **DO NOT TOUCH IT.**

## **BOMB THREAT REPORT**

**Report calls immediately to extension 3333.**

**The person receiving the call: \_\_\_\_\_**

Telephone number: \_\_\_\_\_

Date and time of threat: \_\_\_\_\_

Exact wording of threat:

**QUESTIONS TO ASK CALLER:**

1. When is the bomb going to explode?
2. Where is it right now?
3. What does it look like?
4. What kind of bomb is it?
5. What will cause it to explode?
6. Did you place the bomb?
7. Why?
8. Can we help you?
9. What is your address?
10. What is your name?

**CALLER'S VOICE**

<input type="checkbox"/> Calm	<input type="checkbox"/> Angry	<input type="checkbox"/> Excited	<input type="checkbox"/> Slow	<input type="checkbox"/> Rapid
<input type="checkbox"/> Soft	<input type="checkbox"/> Loud	<input type="checkbox"/> Laughing	<input type="checkbox"/> Crying	<input type="checkbox"/> Profane
<input type="checkbox"/> Slurred	<input type="checkbox"/> Nasal	<input type="checkbox"/> Deep	<input type="checkbox"/> Ragged	<input type="checkbox"/> Raspy
<input type="checkbox"/> Lisp	<input type="checkbox"/> Stutter	<input type="checkbox"/> Disguised	<input type="checkbox"/> Deep breathing	<input type="checkbox"/> Cracking voice
<input type="checkbox"/> Incoherent	<input type="checkbox"/> Accent	<input type="checkbox"/> Normal	<input type="checkbox"/> Familiar	<input type="checkbox"/> Male <input type="checkbox"/> Female

**BACKGROUND SOUNDS**

<input type="checkbox"/> Airplane	<input type="checkbox"/> Music	<input type="checkbox"/> Traffic	<input type="checkbox"/> Trains
<input type="checkbox"/> Voices	<input type="checkbox"/> PA system	<input type="checkbox"/> Animal noises	<input type="checkbox"/> Factory noises
<input type="checkbox"/> Farm noises	<input type="checkbox"/> House noises	<input type="checkbox"/> Office noises	<input type="checkbox"/> Street noises

If the voice is familiar, who did it sound like? \_\_\_\_\_

• **SEVERE WEATHER ALERT - TORNADO (TAKE COVER)**

- Severe weather and disaster shelter signs identify shelter locations that can be used in the case of an emergency, tornado, or severe weather. There are clearly marked and designated signs which identify these locations. Always be aware of the closest shelter near you.
- Severe weather warnings will be initiated by the National Weather Service radio announcements and then the Telephone Operator notifies the facility. Follow staff members to the nearest safe area and stay there until the "All Clear" is given.
- There are certain areas in the building that are safer than others:
  - Interior rooms or corridors.
  - Rooms without atriums or exterior windows.

- Rooms on the north or east side of the building.
- Small interior rooms provide better protection than large rooms. Stay out of large areas such as auditoriums and atriums. All doors to rooms and fire doors should be closed.

○ **TORNADO ALERTS:**

- Tornado Watch: Weather conditions are favorable for a tornado; however, one has not been sighted.
- Tornado Warning: There has been an actual tornado sighting or touchdown somewhere in XXX County. Civil Defense sirens sound (steady “Alert” alarm).
- Medical Center Tornado Alert – Audio Page: “Severe Weather Alert”- will be used to announce tornado warnings.

**HAZARDOUS MATERIALS MANAGEMENT**

Most volunteers will never encounter hazardous materials. If it should happen, however, it is your right to know what it is you’ve encountered, what, if any, treatment should be followed, and possible effects of the contact. There are safety guidelines available to protect you against the dangers of chemicals, medical gases, medical wastes, sharps (i.e., needles), and other hazardous materials. Detailed information regarding the safe handling, storage, and disposal of chemicals and hazardous materials can be found on Safety Data Sheets (SDS). The SDS are stored in a computer system and can be accessed by the supervisor of the area you are working in.

Use good sense around any material that might be hazardous. If you have a concern about a material or your contact with it, ask your supervisor or CDCE/Voluntary Service staff.

In case of spills on your person or on the floor, please contact the nearest staff member IMMEDIATELY for assistance. Your supervisor may need you to provide a detailed description of the material and how the incident happened.

If you are involved in a chemical spill:

- Evacuate everyone from the area.
- Call your supervisor, Safety Officer, and Environmental Management Service.
- Identify the chemical.
- Ventilate the area.
- If a fire occurs, activate the fire alarm.
- Wait by the spill, well out of danger.
- Complete an Accident Report, if requested.

**Escorts Transporting Lab Specimens**

- All specimens should be placed in a plastic bag (sealed) by the nursing staff before you take the specimen to the laboratory. The wearing of gloves is not necessary.
- Always transport specimens in the blue biohazard bag
- Be sure to wash your hands upon completion of transporting the lab specimens.

- Do not handle used needles, sharps, or bandages. Ask a nurse to dispose of it if you see one that has been misplaced.

## **PATIENT SAFETY PROGRAM/RISK MANAGEMENT**

### **Patient Safety**

NWIHCS endorses a culture of patient safety that is focused on the identification of system improvements and the prevention of events with a potential for injury to patients, visitors, and personnel versus an environment of placing blame.

The Joint Commission has patient safety goals that are required as a condition of accreditation to ensure the safety of patients. The purpose of the Joint Commission's National Patient Safety goals is to promote specific improvements in patient safety. You will find the National Patient Safety Goals posted throughout the NWIHCS facilities.

### **Joint Commission National Patient Safety Goals**

- Improve the accuracy of patient identification.
- Improve the effectiveness of communication among caregivers.
- Improve the safety of using medications.
- Improve the safety of clinical alarm systems.
- Reduce the risk of healthcare-associated infections.
- Reduce risk of patient harm resulting from falls.
- Prevent healthcare associated pressure ulcers.
- Identify safety risks inherent in the patient population.
- Improve the safety of clinical alarm systems.

Please report any safety related events to the Patient Safety Coordinator, extension 402-995-5851, or to the CDCE/Voluntary Service Chief who will assist you in completing an incident report.

**\*Remember:** We do not make healthcare safe by these goals alone. We need to continue to recognize what we do to put the patient at risk. Even if you are not involved in direct patient care, you are providing a support service that can indirectly impact patient care.

The goal of the program is to improve the quality and safety of care by designing or redesigning patient care systems to prevent the likelihood of injuries that can harm patients, visitors, volunteers, and employees. The program is a systematic approach that emphasizes prevention, not punishment, and then a level of faith and trust is established in the patient safety system. Therefore, these behaviors become a part of all employee and volunteer behavior and a culture of safety is developed.

Why report incidents or events?

Reporting of injuries, adverse events, sentinel events, and close calls is essential to identify underlying causes and system changes needed to reduce the likelihood of recurrence.

What are Employee and Volunteers' Responsibilities in Patient Safety?

- Report and document incidents.
- When adverse events occur that result in patient injury, document the patient's condition.
- Respond to patient/family concerns.
- Identify high risk, error prone processes that affect patient safety.
- Ensure equipment is safe to use.
- Maintain a safe environment and inform patients and families how to help keep the patient safe.
- Work toward redesigning processes and system to reduce risks to patients.

Volunteers, as well as staff, have a responsibility to report events. Please report any incidents to your supervisor immediately.

## **PATIENT FOOD POLICY**

It is NWHCS policy to ensure all food items provided to our patients are safe, wholesome, and sanitary. Foods which are not potentially hazardous (do not provide a medium for bacterial growth or food borne illness) and may be served (depending upon patient's dietary restrictions) are:

- Cake (without filling), fruit pies, muffins, quick breads, or strawberry shortcake (with strawberries and non-dairy whip cream)
- Donuts or pastries (without filling)
- Cookies or crackers
- Fresh fruit (washed prior to serving, excluding melon)
- Fresh vegetables (washed prior to serving)
- Fruit ice, sorbet bars and ice cream
- Granola type snack bars
- Snack type foods in single serving packages (i.e., potato chips, corn chips, etc.)
- Beverages – sugar-free

**Food prepared in a private home may not be offered for general patient consumption.** Perishable foods which are not eaten within an hour should be properly disposed of. Always wear gloves when preparing and serving food. Always wash hands thoroughly when working around food. Due to infection control and patient safety issues, any food leftover after an event should be taken home. The NWHCS patient population is a highly susceptible population for food-borne illness; therefore, food safety is a primary concern. To promote food safety for all our patients, please adhere to the above policy. Should you have any questions regarding the policy or approved food items, please feel free to contact Voluntary Service. As an added note, there may be occasions when hospitalized patients attend a service organization sponsored activity (i.e., bingo etc.) and will have **NPO** (which means nothing by mouth) orders by the physician. Nursing staff will inform you of this. **Please ensure these patients do not receive any food or liquids as this may cause a serious adverse reaction. Also, as a reminder, if you are delivering food, snacks, or candy to patients on the medical units you must check with the charge nurse upon your arrival to the floor.**



## ESCORT VOLUNTEERS

If you are volunteering as an Escort, please adhere to the following guidelines:

- Escorts should not lift or transfer patients from their beds to wheelchairs or to put patients back to bed.
- Patients should be ready to escort when you arrive. If not, contact nursing staff or the clinic staff to assist with the patient.
- Use a wheelchair that is in good working order.
- To the best of your ability, please ensure the VA wheelchair does not leave the facility.
- **Escorts are prohibited from taking and/or assisting patients outside of the medical facility.**
- Escorts should request assistance for patients or belongings that they feel are too heavy or too large to transport by themselves.
- Escort volunteers are not to transport in-patient Veterans who are on IVs, pumps, and/or other medical equipment. However, Escort Volunteers can transport wheelchairs with oxygen for outpatient Veterans.
- Please inform staff when you bring a patient back to the nurses' station or to X-ray, physical therapy, etc.
- Patients' charts/X-rays should be handed to the staff member in the department and not left with the patient.
- Please do not give patients food, water, or medications.
- Keep a safe distance if a patient strikes out at you and report the incident to the nursing staff immediately.
- All specimens should be placed in a plastic bag by the nursing staff before being taken to the laboratory.
- Report faulty equipment to staff.
- Keep brakes on wheelchair set whenever patient is entering or leaving the wheelchair to prevent an accident.
- Make sure that footrests are folded up and swung to the side and that the patient's feet are resting on the floor before he/she stands up. Stepping on footrests can tip the chair.
- Grasp both handgrips when pushing the wheelchair for better steering/stability.
- Wheelchairs are folded by grasping the center of the seat in the front and back and lifting.
- Always back a wheelchair down a ramp. This provides better control and allows your body weight to provide braking action.
- When transporting a wheelchair on or off an elevator, back the chair into the elevator, turn it around, and then back it out from the elevator. Also, use caution to prevent the door closing and striking the chair.
- Always wash and/or sanitize hands after transporting a patient.
- Sanitize chairs after each use.

### **Procedure for Transporting a Wheelchair Patient**

- Identify where the patient is going prior to transporting them.
- The wheelchair must be in proper working order. Do not transport patients in

defective or broken wheelchairs.

- Never transfer a patient from a bed or their car to a wheelchair or from a wheelchair to a bed or car. This is a lift team or nursing responsibility, and volunteers should not be taking patients outside.
- Wheelchairs are to be LOCKED when not in motion - occupied or unoccupied.
- Back the wheelchair into elevators so that patients are facing the elevator door. If the elevator is crowded, wait for the next elevator.
- Never leave a patient unattended. Stay with the patient until they have checked in for their appointment. Always remind the patient or medical support staff to contact Escort Services when the patient is finished with their appointment.
- Patients should be comfortable and safe in wheelchairs. Ensure the patient is not leaning or sliding. Check for feet that are not properly positioned on the foot pedals.
- Always move slowly and with caution. Talk to the patient and explain when you are about to go over small bump or around a corner, so they are not caught off guard.
- Always wash and/or sanitize hands after transporting a patient.

## **WHEELCHAIR SAFETY**

The following tips should assist you in the safe operation and use of wheelchairs. Usually, health care system staff will assist patients into or out of the wheelchair, but it is good common sense to know the basics:

- Before a patient enters a wheelchair, LOCK THE WHEELS, and put the footrests up.
- Travel on the right side of the corridor and be aware of doors that open into the hallway and for other barriers or obstacles.
- Make certain that the patient's arms and legs do not extend beyond the wheelchair to avoid injury to the patient.
- Walk at a reasonable rate of speed to ensure a safe and successful transport.
- Use good body mechanics and common sense.
- Back into and out of elevators. Some front tires can become wedged in the space between the elevator and the main floor.

## **GERIATRIC PATIENTS**

Geriatric patients are 65 years of age or older. There are many age-specific competencies that employees and volunteers should possess when caring for patients. The normal aging process places the geriatric population at a higher risk of illness and injury. For example, there is an increased risk of injury and falls associated with changes in the spine, brittle bones, and osteoporosis (in women). Also, there is an increased risk of infection associated to the weakening of the immune system.

Some measures to promote the optimization of a geriatric patient's abilities, particularly patients in our Community Living Center (CLC), are as follows:

- Re-orient the geriatric patient to the environment, time, day, etc., as necessary.
- If a deficiency exists on one side of the body, approach and address the

- patient from the unaffected side.
- Use assistive devices such as walkers, canes, wheelchairs, and magnifying glasses as needed.
  - Allow ample time for decision-making, verbal expression, and activities requiring movement.
  - Aging individuals often take longer to learn but have not lost the ability to learn. When educating a geriatric patient, keep instructions simple and direct, while using continued reinforcement of instructions.

## **WOMEN VETERANS**

The definition of Veteran hasn't changed but the population has. The newest women Veterans from the wars in Afghanistan and Iraq are younger, and with different health care needs. The U.S. Department of Veterans Affairs (VA) is working tirelessly to enhance women's care, improve services, and change its culture to embrace this growing population. If you know a woman who has served, ask her if she's checked out the VA lately.

### **Women Veteran Demographics**

- Women represent nearly 15% of today's active-duty military and 18% of guard and reserve forces.
- Women serve in every branch of the military.
- There are 2.2 million living women Veterans.
- The average age of women Veterans using VA care is 48 years, compared to 63 years for male Veterans.
- The number of women Veterans using VA care is expected to increase dramatically.
- Women Veterans using VA health care can expect:
  - Women Veterans Program Managers to assist them at every facility
  - Comprehensive primary care, mental health services, emergency, and specialty care
  - Privacy, safety, dignity, and sensitivity to gender-specific needs
  - State-of-the-art health care equipment and technology
  - Pharmacy services by mail-order and online

A campaign is under way across the VA system to enhance the language, practice, and culture of VA to be more inclusive of women. VA has taken this culture change message to all employees and volunteers encouraging everyone to rethink the term Veteran, recognize the vital role of women in the military, and appreciate what it means to be a woman Veteran.

***She served; she deserves the best care anywhere!***

## **REMINDERS**

### **Name Badges**

All Regular Scheduled Volunteers will be issued a Photo ID Badge. The Photo ID Badge must always be worn above the waist while performing your assigned volunteer duties. In the event you decide to terminate your volunteer duties, you must turn in your ID badge to the CDCE/Voluntary Service Office.

### **Accident Reporting**

Volunteers need to report any accident or injury they receive while on volunteer duty to their supervisor or CDCE/Voluntary Service. All volunteers are afforded emergency treatment for injuries occurring during their assigned duties, the same as employees. CDCE/Voluntary Service encourages all volunteers to be especially aware of safety. Volunteers are covered under the Worker's Compensation Program. If you should observe any condition or situation you feel is unsafe, report it to your supervisor or CDCE/Voluntary Service. Volunteers are not required to do any lifting.

### **Parking**

Volunteers who work on a regular basis and may have some difficulty walking any distance from the parking lot to the front door may be provided a volunteer parking sticker for their vehicle. Parking stickers can be obtained from the VA Police through arrangements by CDCE/Voluntary Service staff.

### **Cell Phones**

The use of cell phones is allowed in this medical center except for restricted areas such as Radiology, Cardiology, etc. Please do not use cell phones in these areas as they will interfere with medical and diagnostic equipment. Also, use common courtesy among staff and the public when utilizing cell phones. Do not hold conversations on the cell phone while performing your duties.

### **Police/Security**

The VA Police act as the enforcement agency in maintaining law and order at this hospital and have full powers of arrest and authority for all violations of federal and related state laws that occur at this facility. It is the responsibility of each volunteer to help ensure security at the facility, including the protection of patients, visitors, staff, and volunteers, as well as guarding against theft or vandalism of government buildings, property records, and personal belongings. Report any suspicious incidents to the VA Police.

### **Problems**

Bring any problems regarding your assignment, attitudes of staff, other volunteers, or patient-related incidents to the immediate attention of your VA supervisor or to a

CDCE/Voluntary Services staff member.

### **Donations and Gifts**

All donations must be brought to the CDCE/Voluntary Services office to be recorded and distributed. Volunteer assistance in the form of gifts and monetary donations is appreciated. CDCE coordinates the receipt of gifts and donations.

Gifts and donations can only be accepted in accordance with VA policy. All items donated become the property of the United States Government. All checks and money orders presented should be made payable to the NWIHCS. Please contact CDCE/Voluntary Service if you would like to make a monetary or non-monetary donation.

### **PATIENT PRIVACY/CONFIDENTIALITY**

***Whose business is it? It's everyone's business.***

NWIHCS has an assigned Privacy Officer (PO) who can help answer questions about patient privacy. The PO for NWIHCS is in Omaha and can be reached at 402-995-3427 for further questions.

Maintain complete confidentiality of all medical and patient-related information including information in computerized records, paper records, and verbal exchanges. Volunteers must abide by all provisions of the Privacy Act. Any breach of confidentiality will result in termination. If your volunteer assignment requires you to deliver comfort items, escort patients, or provide special activities for patients, you are legally obligated to keep all information you may learn about a patient's name, medical condition, or even the fact that they are hospitalized, confidential, even if you know the patient personally. The basic rule of thumb is, "What you see and hear, stays here."

The Health Insurance Portability and Accountability Act (HIPAA) which was passed by Congress on April 14, 2003, is the law that states how your health information may be used and disclosed, your patient rights regarding their health information, and the VA's legal duty to protect the privacy of your health information.

***The federal "HIPAA" regulations and Privacy Act require all staff to use physical, technical, and other safeguards to keep protected health information secure and private.*** Cyber Security is the responsibility of everyone working at the VA, whether you are an employee, volunteer, student, or contractor. Even if your role in the facility does not require you to have computer access, you routinely are in areas or have access to areas that have computers containing vital information essential to our mission. It is important that you do your part to ensure the safety of patient medical records and other critical information related to VA health care operations.

Additional safeguards to remember:

- Protect all records. Keep records secured and ensure that only authorized staff access records for valid treatment, payment, and healthcare operations purposes.
- Keep all patient information covered. Do not leave patient information displayed on computer screens. Only authorized personnel may review medical records whether in paper or electronic formats.

- Don't talk about patients in public. Be careful not to discuss confidential information where patients, visitors, or other employees might overhear.
- Use care with telephones and fax machines. Make sure all department printers, fax machines, and other devices used for transmitting/storing patient information are secure.
- If you print a document with patient information on it, know what printer you're sending it to and go pick it up **PROMPTLY**.
- Don't leave patient information lying around. Secure in a locked cabinet or locked room.
- Placing no longer needed patient information in **locked** Shred-it bins is the only method of disposal at this facility.
- No document with patient information will be disposed of in the garbage.
- Straight line shredding is not an acceptable method of disposing of patient information and still must be disposed of in a locked Shred-it bin **NOT THE GARBAGE OR RECYCLE BIN.**

According to VA Regulations, IF A VOLUNTEER HAS AUTHORIZED ACCESS TO A VA COMPUTER SYSTEM (USER ID AND PASSWORD), THEY ARE REQUIRED TO TAKE ANNUAL PRIVACY AND INFORMATION SECURITY AWARENESS AND RULES OF BEHAVIOR through the VA employee Talent Management System (TMS).

## ***PRIVACY and HIPAA***

Veterans' Health Administration (VHA) health care facilities should comply with all statutes simultaneously so that the result will be application of the most stringent provision for all uses and/or disclosures of data and in the exercise of the greatest rights for the individual.

### ***Volunteer Responsibilities in the Use and Disclosure of Information***

Volunteers can use health information contained in VHA records in the official performance of their duties that support health care operations purposes. However, volunteers must only access or use the minimum amount of information necessary to fulfill or complete their official duties. The ability to access Protected Health Information (PHI) **does not** constitute authority to use PHI without a need to know. Volunteer's access to PHI is limited to support health care operations. There is **NO** authority for a volunteer to access another volunteer's or a Veteran's health record unless it is in performance of their official job duties and it is for health care operations. Refer to your local facility Privacy Officer for additional guidance.

### ***Veterans Rights - Notice of Privacy Practices (NoPP)***

A Veteran or Non-Veteran receiving treatment has the right to receive a copy of the "Notice of Privacy Practices" (NoPP). All newly registered Veterans are mailed a Notice of Privacy Practices by the Health Eligibility Center (HEC). The VHA Privacy Office is responsible for updating the NoPP and ensuring Veterans are provided the NoPP every three years or when there is a significant change. This notice includes the uses and disclosures of his/her protected health information by VHA, as well as the Veteran's rights and VHA's legal responsibilities with respect to protected health information. There is one NoPP for all VHA. A copy of the NoPP can be obtained from the Privacy Officer.

### ***Right of Access***

A Veteran has a right to obtain a copy of his or her own health record. A Veteran must submit **a signed written request** to the VHA health care facility where the record is maintained. VHA volunteers should refer all requests from Veterans for copies of their records to the Release of Information (ROI) Office or to another appropriate office that has a mechanism in place to track those disclosures. Veteran's requesting copies of their health records must provide sufficient information to verify their identity e.g., driver's license or other picture identification, to ensure appropriate disclosure.

***Right to Request an Amendment***

The Veteran has the right to request an amendment to any information in their health record. The request must be in writing and adequately describe the specific information the Veteran believes to be inaccurate, incomplete, irrelevant, or untimely, and the reason for this belief. The **written request** should be mailed or delivered to the VHA health care facility that maintains the record. Requests for amendments to health records should be directed to the local Privacy Officer. Authors of the requested amendments should work with their Privacy Officers so that a timely response is given.

***Right to an Accounting of Disclosures***

A Veteran may request a list of all written disclosures of information from his/her records. VHA facilities and program offices are required to keep an accurate accounting for each disclosure made to a party external to VHA. Entry of a VA patient by name or other identifier into a State Prescription Drug Monitoring database is considered a disclosure that must be accounted for. Contact your VHA facility Chief of Health Information Management (HIM) and your local Privacy Officer for additional guidance.



***Right to Request a Restriction***

The Veteran has the right to request VHA to restrict its use or disclosure of PHI to carry out treatment, payment, or health care operations. The Veteran also has the right to request VHA to restrict the disclosure of PHI to the next of kin, family, or significant others involved in the individual's care. This request must be in writing and signed by the Veteran. A request for restriction should be delivered to the Privacy Officer or designee for processing.

***Right to Opt Out of Directory***

A Veteran has the right to opt-out of the facility directory. The facility directory is used to provide information on the location and general status of a Veteran. Veterans must be in an inpatient setting to opt-out and thus it does not apply to the emergency room or other outpatient settings. If the Veteran opts out of the facility directory no information will be given unless required by law. The Veteran will not receive mail or flowers. If the Veteran has opted out of the directory visitors will only be directed to the Veteran's room if they already know the room number. If the Veteran is admitted emergently and medically cannot give their opt-out preference, the provider will use their professional judgment and make



the determination for the Veteran. This determination may be based on previous admissions, or by a family member who is involved in the care of the Veteran. When the Veteran becomes able to make a decision, staff is required to ask the individual their preference about opting out of the facility directory.

### ***Right to File a Complaint***

Patients have a right to file a complaint if they believe that VHA has violated their (or someone else's) health information privacy rights or committed another violation of the Privacy or Security Rule. A complaint can be filed by contacting one or more of the following:

- The VHA health care facility's Privacy Officer, where they are receiving care
- The VHA Privacy Office, or
- The U.S. Department of Health and Human Services, Office for Civil Rights

### ***Using PHI without an Authorization***

VHA volunteers may use PHI on a need-to-know basis for their official job duties for purposes of supporting health care operations. "Health care operations" are certain administrative, financial, legal, and quality improvement activities of a covered entity that are necessary to run its business and to support the core functions of treatment and payment.

### ***Deceased Veterans***

**IMPORTANT:** Volunteers must protect PHI about a deceased individual in the same manner and to the same extent as that of living individuals for as long as the records are maintained.

### ***Use of PHI for Research Purposes***

A VA researcher may access PHI without the subject's written authorization if the information is reviewed preparatory to research on human subjects. Only aggregate data will be recorded in the researcher's file and no PHI will be removed from VHA during the preparatory phase. Further use or disclosure of PHI requires Institutional Review Board approval of the research protocol, informed consent, or waiver of informed consent. In addition, the Principal Investigator (PI) must have an approved HIPAA (Health Insurance Portability and Accountability Act) authorization that is reviewed by the Privacy Officer or a waiver of the HIPAA authorization by the IRB or Privacy Board. If the research involves pictures or voice recordings for other than treatment purposes, an additional VA Form 10-3203 *Consent for Use of Picture and/or Voice* is required.

### ***Incidental Disclosures***

Many customary healthcare communications and practices play an essential role in ensuring that Veterans receive prompt and effective health care. Due to the nature of these communications and practices, as well as the various environments in which Veterans receive health care or other services from VHA, the potential exists for a veteran's health information to be disclosed incidentally. For example: A hospital visitor may overhear a provider's confidential conversation with another provider or a patient. A patient may see limited information on sign-in sheets. A Veteran may hear another Veteran's name being called out for an appointment. A Veteran may see limited information on bingo boards or white boards. Many health care facilities providers and professionals have long made it a practice to ensure reasonable safeguards are in place for Veterans PHI. For instance: Speaking quietly when discussing a patient's condition with family members in a waiting room or other public area; avoiding using patients' names in public hallways and elevators and posting signs to remind volunteers to protect patient confidentiality; and reducing the use of the SSN whenever possible.

### ***Definition of Authorization***

An authorization as defined by the HIPAA Privacy Rule is an individual's written permission for a covered entity to use and disclose PHI. A written authorization is a document signed by the individual to whom the information or record pertains and may be required for use or disclosure of protected health information.

### ***Authorization Requirements***

If VHA employees receive a request for PHI that is accompanied by a valid written authorization, disclosure should be made in accordance with the authorization. When a valid written request, signed by the individual is made, every attempt to provide the disclosure should be made. When a written authorization of the individual is required for use or disclosure of PHI, the authorization must contain each of the following elements to be valid:

- Be in writing
- Identify the individual to whom the requested information pertains to
- Identify the permitted recipient or user
- Describe the information requested
- Describe the purpose of the requested use or disclosure
- Contain the signature of the individual whose records will be used or disclosed
- Include a statement that the patient may revoke the authorization in writing, except to the extent the facility has already acted in reliance on it, and a description of how the individual may revoke the authorization

- Include a statement that treatment, payment, enrollment, or eligibility for benefits cannot be conditioned on the individual completing an authorization
- Include a statement that the information may no longer be protected from re-disclosure.

If any of the authorization requirements listed above have not been satisfied the authorization will be considered invalid. There are some cases when a written authorization is not required such as when PHI is used for treatment, payment, and/or health care operations (TPO) or other legal authority exists.

NOTE: If there are questions from VHA employees on legal authority to make disclosures, the Privacy Officer should be contacted prior to making the disclosure.

### ***Privacy of Photographs/Digital Images/Video/Audio Recordings***

The facility must post obvious signage at each entrance of the facility clearly stating the local policy regarding photography, digital imagery, or video/audio recording guidelines. VHA will request individuals to respect the privacy of patients and others if they want to take photographs or capture digital images and video/audio recordings on VHA premises.

**NOTE: Secretly taking pictures or recording conversations is illegal.**

### ***Release of U.S.C. Section 7332 Protected Health Information***

38 U.S.C. Section 7332 makes strictly confidential all VA records that contain the identity, diagnosis, prognosis or treatment of VA patients or subjects for drug abuse, alcoholism or alcohol abuse, infection with human immunodeficiency virus (HIV/AIDS), or sickle cell anemia. This statute applies to information whether it is recorded in a document or a department record. For example, a VHA health care provider's conversation discussing a patient's diagnosis, prognosis, and treatment would be protected by Section 7332. Finally, this statute protects records and information of the testing of individuals for HIV infection and sickle cell anemia, including negative test results. The following is a list of situations where 38 U.S.C. §7332 protected information **CAN** be released without a signed authorization:

- To medical personnel for the extent necessary to meet a bonafide medical emergency.
- To qualified personnel for conducting scientific research, management audits, financial audits, or program evaluations.
- To public health authority charged under federal or state law for protection of public health pursuant to a standing written request; or

- To a court of competent jurisdiction pursuant to a **very specific** court order.

### **Logbooks**

A physical logbook is any written (i.e., not electronic) record of activities or events comprised of data which may uniquely identify an individual or contain sensitive personal information that is maintained over a period for the purpose of monitoring an activity, tracking information, or creating a historical record. The following are examples of physical logbooks:

- Respiratory therapy logs
- Laboratory logs
- Autopsy logs
- Access data base printouts
- Wound care logs
- Logs of cases cleared
- Printouts of Excel spreadsheets

Physical logbooks containing sensitive personal information can only be created, used, and maintained for a compelling business need as approved by the VHA facility director or the Program Office Director. A compelling business need is one that requires the capture of sensitive personal information for a policy, regulatory, accreditation or statutory requirement. Compelling business needs may support reasonable and appropriate business operations, patient safety or quality improvement efforts, or other prudent and important health care operations needs such as the board certification of clinical staff including residents and trainees. Transition of physical logbooks to secure electronic logbooks and tracking systems is highly encouraged. Physical logbooks are vulnerable to loss, theft, or misuse of logbook content. Loss of control over a logbook can result in the compromise of sensitive personal information for multiple individuals, which could put individuals at risk for financial, reputational, or other harm and may result in a loss of trust in VHA's ability to secure sensitive personal information.

### **Compliance**

All volunteers shall comply with all Federal laws, regulations, VA and VHA policies. Volunteers shall conduct themselves in accordance with the Rules of Behavior concerning the disclosure or use of information. The VA Rules of Behavior are delineated in VA Handbook 6500, "Information Security Program," Appendix D. Volunteers who have access to VHA records or VHA computer systems shall be instructed on an ongoing basis about the requirements of Federal privacy and information laws, regulations, VA and VHA policy.

Volunteers' access or use of PHI is limited to the minimum necessary standard of information needed to perform their official job duties. See

VHA Handbook 1605.02, "Minimum Necessary Standards for Protected Health Information" for additional guidance. The Omnibus final rule imposes a tiered penalty structure and the penalties imposed vary based on the severity of the violation. The penalties range from \$100 to \$50,000 per violation, with a \$1.5 million cap per calendar year for multiple violations of identical provisions, and criminal penalties of up to 10 years' imprisonment.

Offenses committed under false pretenses or with the intent to sell, transfer, or use individually identifiable health information for commercial advantage, personal gain or malicious harm have more stringent penalties. In addition to the statutory penalties for the violations described above, administrative, disciplinary, or other adverse actions (e.g., admonishment, reprimand, and/or termination) may be taken against volunteers who violate the statutory provisions.

### ***Elements of FOIA***

The basic purpose of the Freedom of Information Act (FOIA) is "to ensure an informed citizenry, vital to the functioning of a democratic society, needed to check against corruption and to hold governors accountable to the governed." The FOIA establishes a presumption that records in the possession of agencies and departments of the executive branch of the U.S. Government are accessible to the people.

### ***Agency Records***

A valid FOIA request must be in writing and may be received by mail, e-mail, by hand or fax. If VHA volunteers receive FOIA requests for any type of agency records they should be forwarded to the VHA healthcare facility's FOIA Officer.

Agency records are either created or obtained by an agency; and under agency control at the time of the FOIA request. Four factors for determining if an agency has "control" of the records:

- The intent of the record's creator to retain or relinquish control over the record.
- The ability of the agency to use and dispose of the record as it sees fit.
- The extent to which agency personnel have read or relied upon the record; and,
- The degree to which the record was integrated into the agency's records files.

### ***Who Can Make a FOIA Request?***

Virtually **ANYONE**, including:

- Private citizens
- Members of the media

- Members of Congress
- Corporations, associations, partnerships
- Foreign and domestic governments
- Unions
- Other federal employees, except when made in the official performance of their VA duties

### ***Financial Transactions***

Volunteers are NOT to engage in financial transactions with patients. Prohibited transactions include but are not limited to borrowing or loaning money to patients, purchasing items for patients, and cashing checks for patients. If a Veteran needs a financial transaction, please inform the ward medical support assistant, nurse, or social worker.

### ***Privacy and Confidentiality Summary***

All volunteers must be responsible for safeguarding Protected Health Information. As a volunteer, you have a responsibility to keep all patient information, learned in the course of your duties, confidential and secure. Do not discuss any PHI with anyone.

Remember that you would want your personal information and health records treated in the same confidential and professional manner. Information concerning patients and their records are considered **CONFIDENTIAL** and sharing of that information is grounds for dismissal and/or dismissal as a volunteer.

### ***Additional Patient Privacy/Confidentiality Information***

***Whose business is protecting patient privacy? It's everyone's business.***

NWIHCS has an assigned Privacy Officer (PO) who can help answer questions about patient privacy. The PO for NWIHCS is in Omaha and can be reached at 402-995-3427 for further questions.

Maintain complete confidentiality of all medical and patient-related information including information in computerized records, paper records and verbal exchanges. Volunteers must abide by all provisions of the Privacy Act. Any breach of confidentiality will result in termination. If your volunteer assignment requires you to deliver comfort items, escort patients, or provide special activities for patients, you are legally obligated to keep all information you may learn about a

patient (name, medical condition, or even the fact that they are hospitalized, confidential, even if you know the patient personally. The basic rule of thumb is, "What you see and hear, stays here."

***"HIPAA" regulations and Privacy Act require all staff to use physical, technical, and other safeguards to keep protected health information secure and private.***

Cyber Security is the responsibility of everyone working at the VA, whether you are an employee, volunteer, student, or contractor. Even if your role in the facility does not require you to have computer access, you're routinely in areas or have access to areas that have computers containing information essential to our mission. It is important that you do your part to ensure the safety of patient medical records and other critical information.

Additional safeguards to remember:

- Protect all records. Keep records secured and ensure that only authorized staff access records for valid treatment, payment, and healthcare operations purposes.
- Keep all patient information covered. Do not leave patient information displayed on computer screens. Only authorized personnel may review medical records whether in paper or electronic formats.
- Don't talk about patients in public. Be careful not to discuss confidential information where patients, visitors or other employees might overhear.
- Use care with telephones and fax machines. Make sure that all department printers, fax machines and other devices used for transmitting or storing patient information is secured.
- If you print a document with patient information on it, know what printer you're sending it to and go pick it up **PROMPTLY.**
- Don't leave patient information lying around. Secure in a locked cabinet or in a locked room.
- Placing no longer needed patient information in a **locked** shred bins is the only disposal method at this facility. No document with patient information will be disposed of in the garbage.
- Straight line shredding is not an acceptable method of disposing of patient information and still must be disposed of in a locked shred bin **NOT THE GARBAGE OR RECYCLE BIN.**

### ***Volunteers Who Have Computer Access:***

According to VA Regulations, if a volunteer has authorized access to a VA computer system (User ID and password), they are required to take the annual Privacy and Information Security Awareness and Rules of Behavior training through the VA employee Talent Management System (TMS).