VOLUNTEER ORIENTATION

MICHIGAN TRADITIONS AND VALUES

www.med.umich.edu/volunteer
UMHS Mission/Vision

Our vision is to create the future of health care through discovery and to become the national leader in health care, health care reform, biomedical innovation and education.
# Table of Contents

Welcome and Orientation Goals ................................................................. 3  
Orientation Agenda ................................................................................... 4  
Volunteer Services Department ............................................................. 5  
Volunteer Services Contact Information .............................................. 6  
About the U-M Health System ................................................................. 7  
U-M Health System Firsts ....................................................................... 10  
U-M Health System Leadership ............................................................ 12  
U-M Health System Organizational Chart ............................................ 14  
UMHS Mission, Vision, Values and Goals ............................................. 15  
Strategic Principles ............................................................................... 16  
Diversity ............................................................................................... 17  
Cultural Competency .......................................................................... 18  
Demonstrating Organizational Values ................................................ 19  
Code of Conduct .................................................................................. 23  
Performance Expectations .................................................................... 25  
Attendance and Commitment ............................................................... 25  
Volunteer Competencies ..................................................................... 26  
U-M Non-Discrimination Statement .................................................. 26  
HIPAA Privacy Regulations .................................................................. 27  
Safety and Security Precautions .......................................................... 28  
Emergency Management and Disaster Preparedness .......................... 28  
Critical Incident Plan ........................................................................... 29  
Stairwell Security ................................................................................ 29  
Cell Phone Usage ............................................................................... 29  
Fire Safety .......................................................................................... 30  
Classes of Fires and Types of Extinguishers ....................................... 31  
Ergonomics ....................................................................................... 32  
Hazard Communication/Right-to-Know Law ..................................... 32  
Waste Disposal .................................................................................. 33  
Giving Care While Taking Care .......................................................... 34  
Standard Precautions ........................................................................ 34  
Hand Hygiene ..................................................................................... 35  
Body Substance Exposures .................................................................. 36  
Isolation Precautions ......................................................................... 36  
How to Spot a Stroke ......................................................................... 38  
Personal Security ................................................................................ 39  
Transportation & Parking ................................................................... 41
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Procedures for Volunteering</td>
<td>42</td>
</tr>
<tr>
<td>Attendance, Illness and Reporting Absences</td>
<td>42</td>
</tr>
<tr>
<td>Supervision</td>
<td>42</td>
</tr>
<tr>
<td>Dress Code and Appearance</td>
<td>43</td>
</tr>
<tr>
<td>Insurance and Liability</td>
<td>44</td>
</tr>
<tr>
<td>Termination of Service</td>
<td>44</td>
</tr>
<tr>
<td>Volunteer Service Logistics</td>
<td>45</td>
</tr>
<tr>
<td>Expectations/Training</td>
<td>45</td>
</tr>
<tr>
<td>Requirements for Volunteering</td>
<td>45</td>
</tr>
<tr>
<td>Renewal/Reassignment of Placement</td>
<td>45</td>
</tr>
<tr>
<td>Grace Period</td>
<td>45</td>
</tr>
<tr>
<td>Confirmation of Hours</td>
<td>46</td>
</tr>
<tr>
<td>Closing Out Your Volunteer Service</td>
<td>46</td>
</tr>
<tr>
<td>Recognition</td>
<td>46</td>
</tr>
<tr>
<td>Patient’s Rights and Responsibilities</td>
<td>47</td>
</tr>
<tr>
<td>Understanding and Communicating with Patients</td>
<td>50</td>
</tr>
<tr>
<td>Guidelines for Interacting with Children</td>
<td>53</td>
</tr>
<tr>
<td>Assisting and Transporting Patients</td>
<td>54</td>
</tr>
<tr>
<td>Quiet Policy</td>
<td>56</td>
</tr>
<tr>
<td>Telephone Skills</td>
<td>57</td>
</tr>
<tr>
<td>Let’s Pick It Up!</td>
<td>57</td>
</tr>
<tr>
<td>UMHS System Names</td>
<td>58</td>
</tr>
<tr>
<td>Hospital Terminology and Acronyms</td>
<td>59</td>
</tr>
<tr>
<td>Memorandum of Understanding</td>
<td>60</td>
</tr>
</tbody>
</table>
Welcome!

Welcome to the University of Michigan Health System (UMHS), a team of professionals whose mission is excellence in patient care, education and research.

At UMHS, our vision is to be:

- The first place people want to come when they need health care
- The leaders in education and advancing medical and health science
- The place where people prefer to work, and volunteer!

We strive to fulfill our vision utilizing our six core values:

- Respect
- Compassion
- Trust
- Integrity
- Efficiency
- Leadership

Orientation Goals

1. To introduce you to the University of Michigan Health System philosophy and culture.
2. To gain commitment from you to provide exceptional customer service.
3. To introduce you to policies and procedures.
4. To create an environment of enthusiasm and teamwork, and a sense of belonging as a volunteer at UMHS.

The University of Michigan Health System has countless examples – every day – of the dedication and commitment of physicians, nurses, staff, and volunteers to our patients, families and students. These very real experiences are the cornerstone of the traditions and values of UMHS.

Volunteers are an integral part of our health system and their contribution plays a significant role in supporting patients, their families, and the community at large. Volunteers truly provide the service that represents the Michigan Difference.

OUR TRIUMPHS ARE NOT IN RESEARCH ALONE, NOR IN THE HANDS OF A SINGLE DOCTOR, BUT RATHER IN THE REWARDS REALIZED IN WORKING TOGETHER.

THAT’S THE MICHIGAN DIFFERENCE.
VOLUNTEER ORIENTATION AGENDA

- Welcome to Volunteer Services
- About the U-M Health System
- Mission, Vision, Values and Goals
- Diversity and Cultural Competency
- Demonstrating Organizational Values
- Performance Expectations
- Code of Conduct
- Safety and Security
- Procedures & Guidelines for Volunteering
- Placement Satisfaction
- Acronyms & Hospital Terminology
Volunteer Services Department

History
During the early 1940’s, the University of Michigan Hospital felt the pressures of World War II along with the rest of the country. Shortages of food, blood, and manpower forced the hospital to change in order to make ends meet. For example, administrators took on additional duties such as clearing food trays in the cafeteria and operating the elevators.

Volunteers had been of service to the hospital for many years, but Dr. Harley Haynes, Hospital Director, now saw a need for a formal volunteer program. He asked a clerical supervisor, Kathryn Walsh, to investigate programs around the country and organize one here. And so, in 1941 with 55 townspeople and 140 students, the University of Michigan Hospital began a new tradition of volunteering.

Today, more than 70 years later, the original “Old Main” hospital is gone, replaced by the UMHS on our continually expanding medical campus. Clearly much has changed, but one tradition stands strong - our volunteers. From a total of 195 volunteers in 1941, we now have over 2,100 community residents, college students and teens who augment the work of our staff and provide a compassionate and caring face for the University of Michigan Health System. Thank you for being a part of this great tradition!

Mission
The mission of Volunteer Services is to promote the philosophy of caring for patients and families by providing volunteers to augment the work of the University of Michigan Health System faculty and staff.

Vision
Our vision is to place volunteers who PARTNER with University of Michigan Health System faculty and staff to put patients and families first.

Goals
To recruit, interview and place volunteers who:

• Provide caring service to our patients and families which helps make the patients’ stay more pleasant
• Augment the work of the Hospitals’ staff in providing the highest quality patient care
• Provide opportunities to volunteers for personal growth, skill development, career exploration, and meaningful service
• Assist in creating and promoting community interest and understanding about the hospitals, health care and services provided
# Volunteer Services Department Contact Information

<table>
<thead>
<tr>
<th>Name</th>
<th>E-mail</th>
<th>Office Number</th>
<th>Phone/ Fax</th>
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</tr>
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Volunteer Services Department office hours: 8:00am – 5:00pm Monday through Friday. Our office is closed during all University of Michigan Health System observed holidays.

UMHS Volunteer Services
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Website: www.med.umich.edu/volunteer
ABOUT THE U-M HEALTH SYSTEM

The University of Michigan is home to one of the largest health care complexes in the world. It has been the site of many groundbreaking accomplishments and technological advancements since the Medical School first opened its doors in 1850.

Today, the University of Michigan Health System continues to be on the cutting edge of research and patient care. *U.S. News & World Report* magazine has continually ranked the U-M Hospitals in the top 20 hospitals in the nation, and among the top in many specialties.

The Medical School graduates about 170 physicians annually and is consistently ranked as one of the top institutions in the nation. It also ranks among the best in research and primary care each year. Visit us online at [www.med.umich.edu](http://www.med.umich.edu).

The U-M Health System includes:

- The U-M Medical School and its Faculty Group Practice
- Three hospitals: University, C.S. Mott Children’s and Von Voigtlander Women’s
- Approximately 40 health centers in Southeast Michigan
- 120+ outpatient clinics throughout Michigan and northern Ohio, including: the Cardiovascular Center, the Comprehensive Cancer Center, and the A. Alfred Taubman Health Care Center
- The Michigan Health Corporation

The U-M Hospitals:

**University Hospital** is the Health System's hospital for adults. The 11-story, 550-bed hospital first opened its doors in 1986. Three other hospitals preceded UH, including the Campus Pavilion Hospital, which was housed in the residence of a former professor, the Catherine Street Hospital and the Old Main Hospital. Each new facility has been larger and better than the one before it, expanding and moving forward to meet the constantly changing needs of advanced patient care and medical education. Today, 70 percent of University Hospital's patients are admitted from communities or regional hospitals outside the Ann Arbor area. In its 1,796,262 square feet, the hospital houses diagnostic equipment, clinical laboratories, operating rooms and inpatient intensive care units.
C.S. Mott Children’s Hospital opened its doors in 1969. It was the U-M’s first separate children’s hospital and is among the nation’s leading pediatric health care centers.

Women’s Hospital opened in 1950 as a center dedicated to the care of pregnant women in a family atmosphere. Women’s Hospital is southeast Michigan’s regional prenatal center for high-risk pregnancies. Certain specialized outpatient gynecological services are provided in gynecology/oncology, endocrinology, infertility and psychosexual counseling, among others.

C.S. Mott Children’s Hospital and Von Voigtlander Women’s Hospital opened December 4, 2011, dedicated to the care of children and women. Children from Michigan and around the world are cared for in the 348 beds, including 50 private maternity rooms and 46 private NICU rooms. The 12-story inpatient wing and 9-story outpatient wing house 16 operating rooms and 2 interventional radiology rooms within its 1.1 million square feet.

The Von Voigtlander Women’s Hospital birth center is located within the children’s hospital, providing seamless care for mother and baby with a high risk pregnancy team, newborn intensive care team and pediatric subspecialists on site around the clock.

The pediatric emergency department and urgent care center, staffed by pediatric subspecialists, includes 31 exam rooms and a dedicated Mott helipad. The facility also features three ICU’s: a newborn intensive care unit (NICU), a child and adolescent intensive care unit (PICU), and a dedicated cardiac intensive care unit (PCTU).
Ambulatory Care Services:

Outpatient services are provided through the A. Alfred Taubman Health Care Center and its 120+ outpatient clinics; Emergency Services, the Comprehensive Cancer Center, East Ann Arbor Healthcare Center and Geriatrics Center, Rachel Upjohn Building, and Cardiovascular Center.
**U-M Health System Firsts**

- **Prostate Cancer**
  U-M was part of a multi-center team that discovered the location of the first gene partially responsible for a man's predisposition to prostate cancer.

- **Brain Tissue Grafting**
  The state's first brain-tissue graft was performed at the Health System on Oct. 30, 1987, by Terry Hood, M.D. A small portion of the adrenal gland was transplanted into the brain of a person with Parkinson's disease to help control symptoms.

- **Dermatology**
  In 1912, the U-M established the first Department of Dermatology in the nation. Today, the department is a leading center for the study and treatment of psoriasis, skin cancer and sun-damaged skin. The department also houses the Dermatology Day Treatment Center, the only outpatient psoriasis day treatment program in the state and the only one in the nation that makes use of an on-site hotel. Department chair John Voorhees, M.D., also pioneered the use of Retin-A in the treatment of wrinkles.

- **Diabetes**
  Stefan Fajans, M.D. determined there were two classes of diabetes mellitus: Type I and Type II. The U-M also was one of the first medical centers to introduce the insulin pump as an alternate delivery system for insulin.

- **ECMO**
  In 1984, surgeon Robert Bartlett, M.D., developed a machine that is saving the lives of newborns and adults with severe respiratory failure by supporting their impaired respiratory function. Called ECMO (extra-corporeal membrane oxygenation), this technology is somewhat like a heart-lung machine that can be used for extended periods of time (days instead of hours). ECMO has been used at the U-M to assist patients with end-stage cardiac disease awaiting heart transplant.

- **Gastroscope**
  U-M researchers developed this flexible fiber-optic tube to advance comfort and effectiveness in the diagnosis and treatment of upper gastrointestinal tract diseases.

- **Human Genetics/Gene Therapy**
  In 1940, the nation's first human genetics program was created at the U-M. In 1941, the Board of Regents authorized the establishment of a hereditary diseases clinic at the hospital, also the first of its kind in the nation.

  In 1990, the U-M received a five-year, $5 million grant from the National Institutes of Health - the only such grant of its kind in the nation - to develop ways to transfer certain therapeutic genes into a variety of organs. Initial human gene therapy trials at the U-M involved patients with familial hypercholesterolemia, melanoma and AIDS.

  In 1995, U-M Howard Hughes investigator Gary Nabel, M.D., Ph.D., and colleagues conducted the world's first human gene therapy protocol for AIDS. This pilot study demonstrated for the first time that antiviral gene therapy can prolong T-cell survival in HIV-infected patients, with no harmful side effects. This represented a major step forward in the battle to prolong the period in which an individual tests positive for HIV but shows no symptoms of AIDS. U-M researchers also discovered the genes responsible for cystic fibrosis, neurofibromatosis and Huntington's disease.
• **Geriatric Research and Training Center**  
  A $6.1 million grant from the National Institute on Aging in 1989 created the U-M Geriatric Research and Training Center - the first of its kind in the country.

• **Heart**  
  In 1913, U-M researchers developed the electrocardiogram - or EKG - machine.

• **First university-owned hospital**  
  The University opened its hospital in 1869, making it the first such university-owned medical facility in the United States. The building was nothing more than a renovated faculty house.

• **First MRI in Michigan**  
  The Health System bought the first MRI in Michigan; today, the U-M has four MRIs - three for clinical use and one dedicated to research. Magnetic resonance imaging is a technique that provides superior pictures of the body's internal structures without the use of radiation. These images are produced using magnetic fields and radio waves. The scan causes no pain; needles or injections of dyes are not required. MRI is capable of detecting many diseases (tumors, heart problems, multiple sclerosis) faster than other techniques, such as computed tomography or CT scanning.

• **First PET scanner in Michigan**  
  Positron emission tomography is a sophisticated diagnostic technique that yields images of the brain never before possible. Studies have been done using PET that show what happens in the brain as thinking occurs and about changes in the brains of people with diseases like Huntington's, Alzheimer's, Parkinson's and brain tumors. In addition, PET is being used to analyze the effect of alcohol on brain activity. PET has successfully been used in the diagnosis and staging of breast cancer (especially for women with silicone breast implants), lung cancer and other cancers. A "whole body" PET became operational at the Health System in June 1988.

• **Polio Vaccine**  
  The clinical trials testing the vaccine’s effectiveness on thousands of schoolchildren were developed and designed by Thomas Francis at the U-M School of Public Health.

• **Thoracic Surgery**  
  The U-M created the first section of thoracic surgery in the United States. Thoracic surgeons perform open-heart surgery, lung procedures and other operations related to the chest area. Herbert Sloan, M.D., former head of the thoracic surgery division performed the first open-heart surgery in Michigan.

• **Multi-organ Transplant Program**  
  The first in Michigan and one of a handful of designated transplant centers (by Blue Cross-Blue Shield) in the United States, the Multi-organ Transplant Program includes kidney, heart, liver, pancreas, heart-lung, artificial heart, bone marrow and cornea grafting for infants, children and adults. It is among the most comprehensive transplant programs in the country and one of the oldest. The heart, liver and kidney transplant programs at the U-M are the largest in the state, while the lung transplant program is one of the largest in the nation.

• **Trauma Burn Center**  
  The U-M Trauma Burn Center was one of the first such centers established in the nation and is viewed by many as among the best in the United States. The 16-bed center, which in 1993 received level-one trauma center verification by the American College of Surgeons, offers a complete range of care, including surgery and long-term outpatient and burn-prevention services. Experts in burn medicine, surgery, emergency medicine and social work collaborate in providing trauma and burn treatment.
OUR UM HEALTH SYSTEM LEADERSHIP

Mark S. Schlissel, M.D., Ph.D.
President, The University of Michigan

Marschall S. Runge, M.D., Ph.D.
Executive Vice-President for Medical Affairs

T. Anthony (Tony) Denton, J.D., M.H.A
Acting Chief Executive Officer and Chief Operating Officer,
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James Woolliscroft, M.D.
Dean, University of Michigan Medical School
OUR HOSPITAL AND HEALTH CENTERS LEADERSHIP

Margaret M. Calarco, Ph.D., R.N.
Senior Associate Director of Patient Care and
Chief of Nursing Services and Associate Dean for Clinical Affairs

Shon Dwyer, R.N., B.S.N., M.B.A.
Acting Executive Director of University Hospitals, Associate
Director, Operations and Clinical Services & Chief
Administrative Officer for Surgical Services

Jeanne Rizzo, B.S., M.P.H.
Associate Director and
Chief Administrative Officer of Ambulatory Care Services

Paul King, M.A., C.M.P.E
Executive Director, C.S. Mott Children’s Hospital and
Von Voigtlander Women’s Hospital

David J. Brown, MD
Interim Associate Vice President and Associate Dean for
Health Equity and Inclusion

To learn more about members of senior management at the U-M Health System, visit
www.med.umich.edu/i/exec/smt.htm
# UMHS Mission, Vision, Values and Goals

**U-M Health System**

<table>
<thead>
<tr>
<th>Mission</th>
<th>Vision</th>
<th>Values</th>
<th>Demonstrating Values</th>
<th>Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellence and Leadership in:</td>
<td></td>
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</tr>
<tr>
<td>1. Clinical Services</td>
<td>We will be:</td>
<td>Respect</td>
<td>Patients and families first</td>
<td>Service</td>
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<td></td>
<td>The first place people want to come when they need health care.</td>
<td>Compassion</td>
<td>Accountability for outcomes</td>
<td>Financial Health</td>
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<tr>
<td>2. Research</td>
<td>The leaders in education and advancing medical and health science.</td>
<td>Trust</td>
<td>Respect for individuals</td>
<td>Quality Care</td>
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<td>3. Education</td>
<td>The place where people prefer to work.</td>
<td>Integrity</td>
<td>Teamwork</td>
<td>Academic Support</td>
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<td>Efficiency</td>
<td>Never-ending improvement</td>
<td>People</td>
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<td>Leadership</td>
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<td>Community Health</td>
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<td>Responsibility for cost effectiveness</td>
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<td>Service to the Community</td>
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THE SEVEN STRATEGIC PRINCIPLES

Our values of respect, compassion, trust, integrity, efficiency and leadership are exemplified in our seven strategic principles:

1. Integration, Collaboration, Teamwork.
All components of the Health System will act as one organization. We enhance our value through integration across our units, our missions and our entire campus. Priority is given to activities that improve overall institutional performance through collaboration and teamwork.

2. Innovation, Adaptation and Prioritization.
We focus on innovative efforts that distinguish us clinically and scientifically from other health care providers and medical schools. Research advances and clinical trials help create a strategic advantage. All services we offer are expected to be regionally and nationally recognized for education, research, clinical care and service.

3. Growth and Investment.
We pursue broad-based growth in research and clinical services, with larger growth in priority areas defined by strategy. Growth is facilitated by appropriate investments in human and physical resources.

4. Taking Care of Our Own.
We will take care of our own faculty, staff, patients and families, and community. This broad concept embraces having a healthy, safe and satisfied workforce, a high-quality and cost-effective model health care system, and improved access to care for patients from our faculty, referring providers and emergency services.

5. Cultural Competency.
We value the diversity of people and ideas as a strategy to improve health and foster innovation.

6. High Value and Fiscal Soundness.
We deliver high value to patients, referring providers, faculty, staff, payers, students, the University and other stakeholders. Maintaining fiscal soundness provides the framework for continuous progress.

7. Integrity and Trust.
Our faculty and staff demonstrate integrity with all stakeholders, maintaining mutual trust. Dimensions of integrity include respect for one another and for patient confidentiality, avoidance and/or disclosure of conflict of interest, and compliance with all Health System and U-M policies and procedures and with state and federal laws and regulations.
DIVERSITY

Understanding Diversity: Respect for Individuals

Diversity is the set of human attributes, experiences and behaviors that differ from individual to individual and the groups to which they belong.

UMHS Definition: Diversity is the mosaic of people who bring a variety of backgrounds, styles, perspectives, values and beliefs as assets to the groups and organizations with which they interact.

Vision: The U-M Health System will achieve and sustain an environment that recognizes, respects, fosters and fully maximizes the strengths and differences among its employees to be the employer and provider of choice.

Attributes of diversity include any and all of the following:

- Age
- Gender
- Ethnicity
- Race
- Religion
- Sexual Orientation
- Values
- Education
- Occupation
- Socio-economic Status
- Language
- Parental Status
- Marital Status
- Abilities/Disabilities
- Weight
- And many more...
CULTURAL COMPETENCY

What is Cultural Competency?

Cultural competency is effectively providing services to people of all cultures, races, ethnic backgrounds and religions in a manner that preserves their dignity. (Medicare Quality Improvement Community, April 2005)

Cultural competency is about respecting cultural differences and similarities.

Why is Cultural Competency important?

It has long been acknowledged that a patient's health beliefs and communication style play critical roles in medical care. The issues of cross-cultural communication and variations in health beliefs not only impact patient satisfaction, but can also impact clinical outcomes. Demographics are changing rapidly throughout the nation, and the service areas of the UMHS are no different. As a leader in healthcare, the UMHS must remain at the cutting-edge of developments in culturally competent medicine.

Cultural Competence:

1. Makes more effective use of time with patients
2. Increases disclosure of patient information
3. Helps with negotiating differences
4. Increases patient compliance in treatment protocols
5. Positively affects clinical outcomes
6. Improves communication with patients
7. Decreases stress
8. Builds trust in a relationship
9. Increases patient and provider satisfaction
10. Meets increasingly stringent government regulations and medical accreditation requirements
DEMONSTRATING OUR ORGANIZATIONAL VALUES

The U-M Health System exists to provide excellence and leadership in patient care, research and education. This mission is guided by our organization’s values: respect, compassion, trust, integrity, efficiency and leadership.

Demonstrating our Values

The U-M Health System has identified statements that describe how our organization’s vision will be achieved. The following statements are clearly defined and reflect action-behaviors that every employee and volunteer in our organization can understand, commit to, and demonstrate. In addition, the driving value of our organization - Patients and Families First - must take priority whenever conflicts in values or decisions occur.

We will work through partnerships across disciplines, programs and role boundaries. Partnerships will reflect a shared decision making process, shared authority and shared resources.

The following statements represent our organizational values in action, which have been created using the acronym “PARTNERS” to reinforce our focus:

- **Patients and Families First**
  All six of our values go into serving our Patients and families first.

- **Accountability for Outcomes**
  We show integrity in holding ourselves Accountable for all outcomes.

- **Respect for Individuals**
  We Respect all individuals.

- **Teamwork**
  We realize the best road to efficiency only comes through working together in a respectful environment – Teamwork.

- **Never-ending Improvement**
  We are leaders for the future with our resolution for Never-ending improvement and innovation.

- **Empowerment**
  We show trust, integrity and efficiency through the Empowerment we give our staff, patients, families, visitors, and volunteers.

- **Responsibility for Cost Effectiveness**
  We are efficient and take the lead for the environment and the State of Michigan with our Responsibility for cost effectiveness.

- **Service to the Community**
  We regard the importance of being a health leader as we provide Service to the community.
DEMONSTRATING OUR ORGANIZATIONAL VALUES

Patients and Families First

Definition: Above all else, we will respond to the needs of our patients and families in everything we do. This is the driving value of our organization.

Rationale: As a health care institution, we must ensure that our patients and families are involved in all aspects of their care. Creating this partnership enables us to provide the highest quality care, and, support our mission of education and research.

Practice examples:
- We anticipate the needs of patients and families and respond quickly, accurately and pleasantly.
- We continually evaluate how we are meeting the needs of our patients and families, and strive to improve our response for the future.
- We consistently provide culturally competent care to our diverse patient population.

Accountability for Outcomes

Definition: We are accountable for results. Our individual and team performance will be based on how well we achieve the patient care, education, research, and business outcomes we set for ourselves. We will be proactive and self-initiate actions to achieve our goals.

Rationale: Establishing a model for accountability moves us away from being in a parental relationship where we are “responsible to someone” and our performance is based on the tasks we do, to an equal partnership where we are “accountable for our actions” and our performance is measured on how well we achieve our goals as they relate to our organization’s vision and values. Doing so enables us to respond to changing customer needs in creative and innovative ways, assists us in creating an empowered workforce, and helps us maintain our competitive advantage.

Practice Examples:
- We implement more effective ways to do our work.
- Our individual and team performance is based on accomplishing outcomes to meet our organization's vision and goals.
- We hold one another accountable when we see behaviors that conflict with the values.

Respect for Individuals

Definition: We recognize the value and diversity of every other person, and demonstrate genuine concern about the well-being, dignity, and self-esteem of all colleagues in the organization in a way that develops trust.
**Rationale:** A safe and secure workplace allows us to focus on our customers. Enhancing self-esteem and building trust foster innovation and risk taking, which is critical for our future.

**Practice Examples:**
- We proactively seek the input of our colleagues and make a practice of listening in order to understand.
- We value and learn from diverse points of view.
- We behave in ways which reduce our customers’ fear and distrust in the workplace.

**Teamwork**

**Definition:** We work willingly and productively with others toward a common objective that satisfies our customers’ needs and meets our organization’s goals.

**Rationale:** Teams help us eliminate internal barriers and enable us to make better decisions by bringing together individuals with various experiences, strengths, and talents.

**Practice Examples:**
- We provide feedback to team members.
- We collaborate with those outside our teams.
- We measure individual success by team success.

**Never-ending Improvement**

**Definition:** We meet or exceed our customers’ requirements for our services by employing the principles and practices of continuous quality improvement.

**Rationale:** Being committed to continuous improvement enables us to provide the highest quality services to our customers and in doing so, enables us to maintain our competitive advantage.

**Practice Examples:**
- We proactively benchmark our services against those of our competitors in order to determine our comparative strengths and weaknesses.
- We respond to customer complaints with urgency and work to resolve the problem in a timely manner.
- We continually evaluate ourselves on how we are meeting our patients’ and customers’ needs.
- When errors occur, we acknowledge them and identify how we can learn from our mistakes in an effort to continually improve our processes.

**Empowerment**

**Definition:** We have chosen a process which redistributes authority for decision-making to be done closest to the work to meet our customers’ needs at the point of service. This process promotes teamwork, respect, recognition, participation, and responsibility. From a customer service perspective, we each have the “freedom to meet customer requirements.”
**Rationale:** This process results in our individual and collective growth and produces a culture where we have ownership, responsibility, and accountability for the work we perform. Individual and team ownership for our work is developed by providing clear expectations, giving authority and control of resources, and allowing decision making to be done as close to the work as possible. All individuals and team members are jointly responsible and accountable for achieving our organization’s goals. When this is accomplished, barriers and layers of bureaucracy are removed which enable us to be more responsive to our customers and our changing environment.

**Practice Examples:**
- We coach and reinforce skills so others are confident in their work and offer support without removing responsibility.
- We facilitate the free flow of information throughout our organization to enable each of us to understand our contributions to the organization’s goals.
- Within available resources, we provide our colleagues with the knowledge, skills, and resources necessary for everyone to do his/her job to the best of his/her ability.

**Responsibility for Cost Effectiveness**

**Definition:** We are each accountable for our actions as they relate to the care of our patients, satisfaction of our customers and the cost of our service.

**Rationale:** In accepting this responsibility our work will contribute to our organization’s success by providing the best health care value to our patients and other customers within available resources.

**Practice Examples:**
- We continually evaluate our work processes and expenses, and proactively institute strategies to increase our efficiency, eliminate waste and reduce costs.
- We openly share ideas and information about our daily work processes which can reduce wasted resources.
- We use sound clinical rationale in ordering tests and procedures.

**Service to the Community**

**Definition:** Responsibility to provide service to our community through individual volunteerism and institutionally sponsored outreach.

**Rationale:** In accepting this responsibility, our work will contribute to our organization’s success in being an active partner for community health improvement.

**Practice Examples:**
- We work with community partners and citizens to improve efficiency and reduce duplication when offering community based outreach activities and services.
- We highly value and participate in the Washtenaw County Health Improvement Plan (HIP), which monitors and implements activities that contribute to improving Washtenaw County HIP goals and objectives.
CODE OF CONDUCT

From the Corporate Code of Conduct and Compliance Plan Handbook:

The University of Michigan Health System Code of Conduct provides guiding principles for every member of the UMHS workforce, including faculty and staff, students, trainees, visiting observers, scholars, volunteers, or vendors with whom we work to carry out our individual roles at UMHS. Our mission is to provide excellence in patient care, research and medical education. By following our Code of Conduct and working in conjunction with the UMHS Compliance Program, each one of us assures that we carry out our mission with the highest standard of ethics.

Our code of conduct reflects our values of respect, compassion, trust, integrity, efficiency and leadership.

Compliance with the law. You must follow all laws and rules that apply to UMHS. Examples of laws are patient confidentiality and environmental health and safety.

I. Business ethics. We must maintain the highest standards in our business ethics. You are in violation of our business ethics if you knowingly misrepresent the UMHS through dishonesty or inaccuracy.

II. Conflict of interest. You must conduct all business transactions with patients, payers, vendors, contractors, customers and business partners without accepting offers or solicitation of gifts, favors or other improper inducements in exchange for influence or assistance in a transaction.

III. Financial transactions. You must conserve UMHS resources, whether that’s money, time or commodities, and you must accurately report your use of the resources.

IV. Excellence in patient care, research and education. UMHS employees will promote and provide excellence in patient care, education and research. You must follow the code of conduct and report others when you suspect or know there has been a violation of any:

- University or UMHS policies
- Ethical standards of care
- Laws, rules or regulations
- Regulatory body and professional organization requirements.

V. Reporting. If you think a law or a policy is not being followed, you have a right and a duty to report your concern. The UMHS Compliance Program encourages you to speak with your supervisor first. However, if you are not comfortable speaking with your supervisor, there are several other ways to report your concern:
• Report the issue through your chain of command (to your supervisor or manager’s direct manager, or to Volunteer Services)

• Call or email the UMHS Compliance Office at 734-615-4400 or Compliance-group@med.umich.edu.

• Call the U-M Compliance Hotline at 866-990-0111 or submit an online report through the Network Web Reporting System at www.tnwgrc.com/WebReport.

You can remain anonymous when reporting to the UMHS Compliance Office or to the U-M Compliance Hotline.

The Code of Conduct does not permit volunteers to:

• Take pictures of patients, their families or their friends for personal use

• Use social media devices during your volunteer shift

• Give money to patients, their families or their friends

• Buy gifts for patients, their families, or their friends

• Accept gifts/tips from patients, their families or their friends

• Pay for meals for patients, their families or their friends

• Take patients outside the UM Hospital grounds

• Give “piggy-back” rides to pediatric patients

• Lie in bed with a patient or sit on a patient’s bed

• Accompany an adolescent patient to a treatment or procedure in place of the parents or legal guardians

• Bring personal guests, friends, children or visitors when they come to volunteer

• Ask the hospital staff for medical advice or medicine

• Campaign, lobby, or distribute flyers for any political candidate or religious purposes on UMHS premises

• Smoke, either indoors or outdoors on any UMHS-owned property, including the parking structures and courtyard areas. A map of the smoke-free boundaries is online:

http://www.med.umich.edu/i/policies/umh/05-03-001.html
VOLUNTEER AND STAFF PERFORMANCE EXPECTATIONS

1. **Customer Focus:** Relates work and job/placement purpose to UMHS mission and commitment to placing patients and families first.

2. **Teamwork:** Interacts effectively and builds respectful relationships within and between units and among individuals.

3. **Communication:** Communicates effectively in ways that enhance productivity and build respectful relationships. Demonstrates active listening, written, verbal, and information technology skills. Shares relevant information.

4. **Integrity:** Adheres to high standards of personal and professional conduct.

5. **Respect for Individuals:** Fosters mutual respect and supports UMHS commitment to diversity. Promotes community building and diversity initiatives that help employees learn and respect one another’s differences.

6. **Safety:** Contributes to a safe and secure environment for patients, visitors, faculty, staff, and volunteers by following established procedures and protocols.

7. **Quality:** Adopts practices to improve work processes, enhance customer satisfaction and ensure excellence in daily work.

8. **Efficiency:** Accomplishes work in ways that maximize productivity and available resources while minimizing waste.

9. **Confidentiality:** Respects and maintains the confidentiality of sensitive information, including our patients’ protected health information (PHI), research, and student data.

**Attendance and Commitment**

Attendance and commitment are the foundation for any successful volunteer experience. Volunteers are expected to fulfill their weekly shift commitment. Volunteers agree to serve the University of Michigan Health System as follows:

- a minimum of two (2) hours per week, or
- a maximum of four (4) hours per week
- for a minimum of six (6) months, or two (2) complete terms for students.

➢ We ask that you commit to volunteering as if it was a paid job. Patients, families and staff rely on the services volunteers provide.
UM HOSPITALS AND HEALTH CENTERS
VOLUNTEER COMPETENCIES

“Most organizations acknowledge that when a customer comes in contact with anyone from the organization, the customer experiences the total organization.”

- Margaret Wheatley
Leadership and the New Science, 2006

1. Consistently demonstrates effective communication skills using active listening, written, verbal and information technology skills.

2. Protects confidential information.

3. Complies with safety instructions, observes safe work practices, provides input on safety issues and promotes a safe work environment.

4. Consistently demonstrates the organization’s values: Patients and families first, Accountability for outcomes, Respect for individuals, Teamwork, Never-ending improvement, Empowerment, Responsibility for cost-effectiveness and Service to the community (PARTNERS).

5. Consistently meets the organization’s expectation for exemplary customer service when working with patients and their families.

6. Works effectively and with team/work group and others to accomplish organizational goals.

UNIVERSITY OF MICHIGAN NON-DISCRIMINATION STATEMENT

The University of Michigan, as an equal opportunity/affirmative action employer, complies with all applicable federal and state laws regarding nondiscrimination and affirmative action. The University of Michigan is committed to a policy of equal opportunity for all persons and does not discriminate on the basis of race, color, national origin, age, marital status, sex, sexual orientation, gender identity, gender expression, disability, religion, height, weight, or veteran status in employment, educational programs and activities, and admissions. Inquiries or complaints may be addressed to the Senior Director for Institutional Equity and Title IX/Section 504/ADA Coordinator, Office for Institutional Equity, 2072 Administrative Services Building, Ann Arbor, Michigan 48109-1432, (734) 763-0235, TTY (734) 647-1388. For other University of Michigan information call (734) 764-1817.

- Margaret Wheatley
Leadership and the New Science, 2006
THE HIPAA PRIVACY REGULATIONS

Federal regulations on Privacy and Security, the Health Insurance Portability and Accountability Act (HIPAA) became effective April 2003. The regulations are intended to maintain privacy, and to increase the patient's control over who may see or use the patient's “Protected Health Information” or PHI. Health Care Providers may use and disclose PHI for treatment, payment and health care operations only (such as infection control, quality assurance, sending reminder letters, accreditation and teaching). Where a disclosure is required by law, for example reporting child abuse, neglect, domestic violence, and certain diseases to public health authorities, no authorization is necessary. A written authorization is needed for most other purposes, such as research, and a patient may tell a health care professional which of the patient’s family members the provider may talk to about the patient's care.

The regulations give patients the right to access their PHI and request amendments. They also require health care providers to be careful regarding how they handle PHI, using it only for permissible purposes, providing only the minimum necessary information, verifying the identity and authority of people who ask to see it, and taking security precautions to protect it. Failure to do these things can result in civil and criminal penalties.

As a Volunteer:
- Do not discuss anyone you have seen at the health system with family, friends or others who do not have the need to know to complete their job responsibilities
- Do not initiate contact with someone you recognize or know personally who may be visiting or using the services of UMHS
- Communication regarding patients and families via any social media (text, tweet, email, Facebook, etc.) is prohibited
- Log off and/or use time-sensitive time-outs on computers in public or community areas

Who must follow this law?
- Most doctors, nurses, pharmacies, hospitals, clinic, nursing homes and many other health care providers
- Health insurance companies, HMOs, most employer group health plans
- Certain government programs that pay for health care such as Medicare and Medicaid

To report a HIPAA violation:
Refer to: Code of Conduct and Compliance Program booklet for the Anonymous Compliance Hotline, Online reporting and Email address information.
SAFETY AND SECURITY PRECAUTIONS

Emergency Management and Disaster Preparedness

Scope of Emergency Management

- External events with clinical implications, i.e. large-scale hazardous materials incidents, multi-vehicle accidents
- External/internal events affecting the facility or operations, i.e. communications failure (paging, telephone, computer), catastrophic fire/explosion, flooding
- An “ALL CLEAR” will be given when essential services have been restored and normal hospital operations are possible.

Your Role in Emergency Management

- Cooperate with authorities, including your supervisor, administrators, and emergency personnel (i.e., Fire, Police and Security)
- Be prepared to return to your unit/department

Emergency Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Code Blue</td>
<td>Cardiac or Respiratory Arrest</td>
</tr>
<tr>
<td>Code D</td>
<td>Disaster</td>
</tr>
<tr>
<td>Code D Drill</td>
<td>Disaster Drill</td>
</tr>
<tr>
<td>Code E</td>
<td>Non-Clinical Emergency</td>
</tr>
<tr>
<td>Code E Drill</td>
<td>Non-Clinical Emergency Drill</td>
</tr>
<tr>
<td>Code F</td>
<td>Fire</td>
</tr>
<tr>
<td>Code F Drill</td>
<td>Fire Drill</td>
</tr>
<tr>
<td>Code Pink</td>
<td>Infant abduction</td>
</tr>
<tr>
<td>Code Silver</td>
<td>Violent situation</td>
</tr>
<tr>
<td>Code R-1</td>
<td>Bomb threat</td>
</tr>
<tr>
<td>Code R-2</td>
<td>Bomb discovered</td>
</tr>
<tr>
<td>Yellow Card</td>
<td>Discreet distress signal to call for Security urgently</td>
</tr>
</tbody>
</table>

NOTE: Tornado warnings are announced in “plain language” over the PA system.

UMHS Emergency Reporting Number: 999 from in-house phone (Dialing 911 also works)

For Security-related non-emergencies: Dial 6-7890 on any UMHS in-house phone.
Critical Incident Plan

A critical incident is defined as any unplanned event involving a disruption of service; threat to a patient, family or staff security; or a need for a response to a life-threatening situation.

- Each department/unit has a critical incident plan that describes a planned response to critical incidents
- Contact your placement supervisor to learn about your department/unit plan

Stairwell Security

To enhance the infant and child protection system, doors in C.S. Mott and Von Voigtlander Women’s Hospital stairwells are locked. Use elevators. Stairwell ID badge card-readers in this building are for use by designated staff only.

Cell Phone Usage

To avoid interference with some medical devices by electromagnetic energy, the use of cellular telephones, radio transmitters, and walkie-talkies is prohibited in designated areas. Restricted areas include: patient rooms, waiting rooms that adjoin patient rooms, pre-op, operating rooms, the Post Anesthesia Care Units, diagnostic areas, pathology labs, elevators, and any other locations displaying a “No Cell Phones” sign. Please leave your cellular phones at home or turn them off completely while in these areas.
**FIRE SAFETY**

- Follow directions given by your department or supervisor during a fire emergency
- Dial 911 and report the location of the fire, alert occupants, and pull the alarm

**RACE =**

<table>
<thead>
<tr>
<th>Race</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Rescue</strong></td>
<td>Move people out of immediate danger area</td>
</tr>
<tr>
<td><strong>Alarm</strong></td>
<td>Dial 911 and report location using “Code F” language, alert occupants, and pull alarm <em>(DO ALL THREE)</em></td>
</tr>
<tr>
<td><strong>Contain</strong></td>
<td>Close doors and windows, clear corridors of equipment and supplies; shut off medical gas valve <em>(the charge nurse will assign this role to staff)</em></td>
</tr>
<tr>
<td><strong>Extinguish</strong></td>
<td>If trained and safe to do so <em>(small trash can size fire)</em></td>
</tr>
</tbody>
</table>

**Evacuation**

Inpatient areas and surgery centers
- Smoke compartments
- “Defend in Place” concept
- If evacuation necessary: horizontal, vertical and total building routes

Clinics and office buildings
- No smoke compartments
- Refuge areas

Learn about multiple ways to evacuate your area!

**Fire Triangle: 3 Elements**

1. Heat source – i.e. space heater, faulty wiring, electrocautery device
2. Oxidizer – i.e. oxygen and/or regular room air
3. Fuel – i.e. paper, wood, clothing, flammable gases/chemicals
### Classes of Fires and Types of Fire Extinguishers

*NOTE: Use of portable Fire Extinguishers is limited to fires of wastebasket size or smaller.*

<table>
<thead>
<tr>
<th><em>Class of Fire</em></th>
<th>Type of Extinguisher</th>
<th>Contents</th>
<th>Horizontal Range</th>
<th>Discharge Time</th>
<th>Weight</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A (&quot;Ash&quot;)</strong></td>
<td>AC</td>
<td>Water Mist (Distilled)</td>
<td>10-12 feet</td>
<td>2.5 gal/80 sec.</td>
<td>28 lbs</td>
<td>See Class of Fire – C Section</td>
</tr>
<tr>
<td>Paper, cloth, wood (free burning, ordinary combustibles)</td>
<td>or ABC</td>
<td>Water (Standard)</td>
<td>30-40 feet</td>
<td>2.5 gal/60 sec.</td>
<td>28 lbs</td>
<td>Not applicable to UMHS</td>
</tr>
<tr>
<td>Dry Chemical</td>
<td>12-20 feet</td>
<td>8-25 sec.</td>
<td>5-10 lbs</td>
<td>Soak with water to prevent rekindling. Limit exposure to chemical residue.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>B (&quot;Boom&quot;)</strong></th>
<th>BC</th>
<th>Carbon Dioxide</th>
<th>3-8 feet</th>
<th>8-30 sec.</th>
<th>2.5-15 lbs.</th>
<th>Loud, do not touch horn – very cold.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gasoline, solvents, paint (flammable liquids)</td>
<td>or ABC</td>
<td>Dry Chemical</td>
<td>12-20 feet</td>
<td>8-25 sec.</td>
<td>5-10 lbs.</td>
<td>Limit exposure to chemical residue</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>C (&quot;Conductivity&quot;)</strong></th>
<th>AC</th>
<th>Water Mist (Distilled)</th>
<th>10-12 feet</th>
<th>2.5 gal/80 sec.</th>
<th>28 lbs.</th>
<th>No electrical conductivity, no thermal or static shock.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Live electrical equipment, patient beds. Safe with water mist extinguisher (turn power off ASAP). NO STANDARD WATER.</td>
<td>or BC</td>
<td>Carbon Dioxide</td>
<td>3-8 feet</td>
<td>8-30 sec.</td>
<td>2.5-15 lbs</td>
<td>Loud, do not touch horn – very cold.</td>
</tr>
<tr>
<td></td>
<td>or ABC</td>
<td>Dry Chemical</td>
<td>12-20 feet</td>
<td>8-25 sec.</td>
<td>5-10 lbs.</td>
<td>Limit exposure to chemical residue</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type Extinguisher</th>
<th>Description</th>
<th>Where Used:</th>
</tr>
</thead>
<tbody>
<tr>
<td>AC (Water Mist)</td>
<td>White (new)</td>
<td>Inpatient &amp; Diagnostic Treatment Areas</td>
</tr>
<tr>
<td>A (Water)</td>
<td>Silver</td>
<td>Not Applicable at UMHS</td>
</tr>
<tr>
<td>BC (Carbon Dioxide)</td>
<td>Red</td>
<td>ICU’s, Labs, Mechanical Areas</td>
</tr>
<tr>
<td>ABC (Dry Chemical)</td>
<td>Red</td>
<td>Health Centers, Offices &amp; Mechanical Offices</td>
</tr>
</tbody>
</table>

**To activate an extinguisher, remember the acronym P-A-S-S:**

- **Pull** the pin.
- **Aim** at the base of fire.
- **Squeeze** the handle.
- **Sweep** from side-to-side.
**Ergonomics**

**Ergonomics:** Fitting the work to the needs and abilities of the worker for the prevention of Musculoskeletal Disorders (MSDs), disorders of soft tissue of the body

Examples include: low back pain, neck pain, carpal tunnel, and sprains/strains/tendonitis

**Risk Factors for Developing MSDs**

- Force
- Awkward posture
- Repetition
- Contact Stress

**Risk Factor Remedies**

<table>
<thead>
<tr>
<th>Limit duration/intensity</th>
<th>Plan first to reduce work, use a device, and/or get help</th>
</tr>
</thead>
<tbody>
<tr>
<td>Limit frequency</td>
<td>Pace yourself/change tasks to allow recovery time</td>
</tr>
<tr>
<td>Limit distance</td>
<td>Keep work close, keep your body balanced and in a neutral position</td>
</tr>
</tbody>
</table>

**Hazard Communication/ Right-to-Know Law**

- Covers employees who may be exposed to hazardous substances during routine work or in a foreseeable emergency
- Gives you the right to access information
- Describes health and safety risks associated with chemicals
- Lists resources for chemical information – Chemical Inventory and Safety Data Sheets (SDS)
- Requires proper secondary container labeling

“Hazardous” Defined: A hazardous chemical is a chemical with a physical or health hazard

**Examples of hazardous chemicals**

- Office products
- Chemicals used for instruments
- Maintenance supplies
- Products used for procedures
- Sterilization/preservative products
Routes of chemical exposure

- Mouth/nose - Breathing it in (respiratory tract)
- Skin absorption - Bloodstream
- Mouth - Eat or drink it (gastrointestinal tract)

Safety Data Sheets (SDS) contain information including:

- Physical hazards
- Health hazards
- Safe handling precautions
- Emergency first aid procedures

Container labeling

If you transfer a chemical into another container, the secondary container must be labeled with the identity of the hazardous chemical and health and/or physical hazard warnings. (This information can be found on the primary container or the SDS.)

Waste Disposal

There are three different types of Waste Streams at UMHS which require proper disposal processes:

- General Waste - Paper, packaging, boxes, and beverage containers. Place in appropriate recycling containers located throughout the health system.
- Medical Waste - Sharps, biohazard buckets, and red bags. These are sent to an autoclave where they are sterilized, ground into small pieces and then taken to a landfill for disposal.
- Hazardous Waste - Chemotherapy drugs, radioactive waste, hazardous chemicals, and universal waste. These are disposed of in proper containers and shipped out for special disposal.
Giving Care While Taking Care

- Many injuries/illnesses ARE preventable.
- It is your responsibility to stay informed and follow procedures/guidelines.
- Safety takes a proactive team approach!

IMPORTANT! If you are injured or become ill during your volunteer shift, report to your placement supervisor immediately. Supervisory staff has the responsibility of notifying Volunteer Services.

Standard Precautions

The UMHS’s infection prevention system is called Standard Precautions (SP). It is consistent with recommendations from the Centers for Disease Control and Prevention. This system bases precautions on interaction with a patient’s moist body substances rather than on a diagnosed infection. It focuses on protecting people from exposure to moist body substances (blood, urine, oral secretions, wound drainage, fecal material) primarily by barrier use and hand hygiene. This concept directs staff members to wear barriers such as gloves when they anticipate direct contact with moist body substances.

GLOVES are used for any anticipated contact with patient’s blood, wound or other skin drainage, feces, urine or respiratory and oral secretions. These barriers are not required for contact with unsoiled articles or skin. HANDS MUST BE CLEANED BEFORE PUTTING GLOVES ON, AND AFTER GLOVE REMOVAL.

Note: Gloves are not a substitute for cleansing hands. If gloves are put on with dirty hands, the exterior of the glove may become contaminated with the microorganisms on your hands. Those germs will then be transmitted to the patient or the environment. While removing gloves, your hands can also become contaminated with the microorganisms that were picked up while caring for the patient. If you do not cleanse your hands after removing gloves, those microorganisms will then be spread to the environment, your next patient or to yourself.

MASKS AND PROTECTIVE EYEWEAR are worn to protect oral, nasal and eye mucous membranes in situations where splatter of blood or body fluids may occur.

GOWNS/APRONS are worn when needed to prevent soiling of personal clothing by moist body substances.

- Laboratory specimens are processed with standardized precautions. All specimens are placed inside a clear PLASTIC TRANSPORT BAG prior to delivery to the laboratory.
- Needles and other sharps are placed in a SHARPS CONTAINER without cutting, bending or recapping.
- Gloves, face protection and gowns are available in all patient care areas.

Protective equipment is available in all patient care areas. If you have any questions, please direct them to your placement supervisor and/or Volunteer Services.
Hand Hygiene:

EXPECTATIONS:

If a volunteer’s job includes “hands-on” direct patient care:

- Nails are to be kept short (cannot extend past the tip of the finger) and clean.
- Nail polish may be worn if well-manicured; chipped polish must be removed.
- If you have artificial nails or artificial nail products (e.g. tips, jewelry, overlays, wraps, acrylics, etc.) **YOU MUST USE GLOVES.**

Hands must be cleansed in each of the following situations:

1. Before and after direct patient contact.
2. After any direct patient contact where there is some likelihood of contamination with moist body substances.
3. Whenever a hospital policy/procedure requires hand washing.
4. Before preparing/handling sterile items or supplies.
5. After glove removal, if gloves contacted moist body substances or non-intact skin or potentially contacted body fluids or items contaminated with body fluids in conjunction with the Infection Control Committee Body Substance Precautions Policy.
6. Before the use of gloves if contact with mucous membranes, non-intact skin or sterile body sites is anticipated.
7. Before and after eating.

- Hands shall be washed using **soap and water** in each of the following situations:
  1. When hands have been potentially soiled with moist body substances.
  2. After handling used dressings, sputum containers, soiled urinals, catheters, bedpans, or changing a diaper.
  3. Following personal hygiene (after using the restroom, blowing your nose, etc.)

- An alcohol-based **hand sanitizer** may be used in each of the following situations:
  - When hands are not visibly soiled with blood, body fluids or any organic matter.
  - Where hand-washing facilities are not available.
Cleansing Procedures:

- **Soap and water:**
  1. Wash hands with friction for a total of at least 15 seconds. Pay particular attention to under fingernails and between fingers.
  2. Rinse well. Blot hands, dry with paper towel.
  3. Use a dry paper towel to turn off hand-operated faucet.

- **Alcohol-Based Hand Sanitizer:**
  1. Apply the product to palm of hand.
  2. Spread across hands, rub hands together briskly, until dry.

Body Substance Exposures

- Report all suspected exposures to your supervisor IMMEDIATELY. Do not wait. Do not procrastinate.

- After notifying your supervisor, report a body substance exposure as follows: **Call (734) 936-6266 and page beeper #5356.** This page will be answered by Occupational Health Services (OHS) staff during clinic hours, and forwarded to appropriate staff in the Emergency Department after hours.

- When calling OHS, have source’s name, registration number if available, hospital location and phone number where you can be reached.

- Do not evaluate the potential risk yourself. Let Occupational Health Services staff evaluate your potential risk in this situation; their job is to take care of you. Appropriate counseling, therapy and follow-up will be done on a case-by-case basis.

- If you have questions, call Occupational Health Services at **(734) 764-8021.**

Isolation Precautions

Patients with certain infections are placed into Isolation Precautions in addition to Body Substance Precautions. Because of the risk of spread to other patients, volunteers or personnel, volunteers are not permitted to care for patients in Isolation, except for Protective Precautions.

Protective Precautions (red sign) is for patients who are at an increased risk of infection (immuno-compromised). Volunteers may care for these patients, provided they are not ill themselves, such as with a cold or other respiratory infection. Check with unit staff and cleanse hands before entering the room.

Other types of isolation/precautions are identified with colored signs on the patient’s room door: Respiratory Isolation (yellow sign or blue sign); Contact Precautions (lime green sign); Droplet Precautions (pink sign); SARS (orange sign). Volunteers are not allowed to enter these rooms.
# PRECAUTION SIGNS

<table>
<thead>
<tr>
<th>Respiratory Isolation</th>
<th>(N95 mask/PAPR required)</th>
</tr>
</thead>
<tbody>
<tr>
<td>You are permitted to enter these rooms</td>
<td></td>
</tr>
<tr>
<td>You must wear a standard mask</td>
<td></td>
</tr>
<tr>
<td>Do Not allow the patient to circle their own menu</td>
<td></td>
</tr>
<tr>
<td>Patient meal preferences may also be obtained by calling the patient</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Enhanced Contact Precautions</th>
</tr>
</thead>
<tbody>
<tr>
<td>DO NOT ENTER this room, only essential personnel are able to enter</td>
</tr>
<tr>
<td>Please call the patient to obtain their meal preferences</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Radioactive Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>DO NOT ENTER this room, only essential personnel are able to enter</td>
</tr>
<tr>
<td>Please call the patient to obtain their meal preferences</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Droplet Precautions</th>
</tr>
</thead>
<tbody>
<tr>
<td>When entering these rooms, if you do not get within 3 ft. radius of the patient, no garb required</td>
</tr>
<tr>
<td>If high risk procedures are going on do not enter this room. If entering is necessary wear an N95 fit tested mask</td>
</tr>
<tr>
<td>If within 3 ft. radius of patient or contact with patient equipment; gown, gloves, mask with eye protection required</td>
</tr>
<tr>
<td>If sick, wear yellow mask</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Protective Precautions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Put on gloves before entering these rooms</td>
</tr>
<tr>
<td>Gown needed for contact with patient’s(s) immediate environment</td>
</tr>
<tr>
<td>Remove gloves or gown before exiting the room and wash hands with soap and water or use sanitizer</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contact Precautions</th>
</tr>
</thead>
<tbody>
<tr>
<td>See garb rules for CP sign</td>
</tr>
<tr>
<td>Hand sanitizer will NOT effectively remove germs in these rooms. Hands must be washed with soap and water when leaving room</td>
</tr>
</tbody>
</table>
How to Spot a Stroke

**FAST: Spot a Stroke**

F: **FACE** Ask the person to *smile*. Does one side of the **face droop**?

A: **ARMS** Ask the person to *lift both arms*. Does one **arm drift downward**?

S: **SPEECH** Ask the person to *repeat a common phrase*. Does the **speech sound slurred** or strange?

T: **TIME** If you see *any of these symptoms*, it’s time to **call 911**!

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**Did You Know?**

**Survival Flight**, one of the top air ambulance programs in the nation and the first in Michigan, has three American Eurocopter EC155 helicopters. These helicopters serve as mobile trauma centers and intensive care units, complete with state-of-the-art lifesaving technology and the latest navigational equipment that allow them to fly safely in all types of weather situations, flying at speeds of up to 164 mph.

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Stroke is a medical emergency. Every minute counts when someone is having a stroke. Learn how to recognize the symptoms of stroke and what you can do to improve the changes for a successful recovery.
PERSONAL SECURITY

- Emergency Reporting: Dial 999
- Security Escort: From any University telephone, dial 6-7890. Off-campus, dial 734-936-7890

All volunteers should feel secure coming to and going from their volunteer placements at the University of Michigan Health System. There are several options available to ensure the safety of our volunteers:

Emergency Escort Service 734-763-1131
In case of emergency, a FREE escort service is provided to and from campus by the UM Campus Police 10 pm – 3 am.

A guard will escort volunteers to their cars 24 hours a day. To request service, call security at 734-936-7890 or stop at an information desk. Requests for escort service not within the Area of Operation are handled by providing the following information on alternative means of transportation:

- **Offsite Parking Lots**: There are routine inspections of off-site parking lots to ensure adequate lighting during night-time hours. If you have safety concerns around getting to your vehicle or walking between Health System buildings, please call 734-936-7890 to request a Security Officer escort to your location.

- **Yellow Cab**: Emergency Ride Home is permitted up to six (6) times per year through Yellow Cab (Campus Police should still be called at 3-1131). You must show your UM ID to the driver.

- **Night Ride** (734-528-5432) A taxi service provided by the Ann Arbor Transportation Authority. For $5.00 one can be taken anywhere in the city 11:00 p.m. – 6:00 a.m. Monday-Friday; and Saturday and Sunday 7:00 p.m. – 7:30 a.m. (Expect a 5-40 minute wait, and a longer ride, as it is a ride-share program.) Advance reservations recommended.

- **Ride Home** (734-647-8000, option 1): A free shared-ride taxi service for students, faculty and staff to their residence hall, parked vehicle or local residence. This service is available after University transit buses and shuttles have concluded daily service: from 2 a.m. through 7:00 a.m., seven days a week. On Central Campus, rides are available from the Shapiro Undergraduate Library. To request a ride, call SafeRide at 734-647-8000 and select option 1. From the Medical Campus, rides start at the Comprehensive Cancer Center (CCC) exit. Riders can book their own rides, starting from 1:20 a.m. On North Campus, rides are available from the Duderstadt Center, where the staff book the trips for the passengers. You must show your valid U-M ID to the driver.
• **State Street Ride (734-547-2222):** Free after-hours taxi service from any U-M building to the South State Street Commuter (Park and Ride) lot after buses have concluded daily service. To request a ride, phone Blue Cab directly at 734-547-2222. The service is available Monday through Friday from 10:00 p.m. to 6:00 a.m.

• **S.A.F.E.WALK (734-647-8000, option 2):** S.A.F.E.Walk is the University’s free nighttime walking service, available during the Fall and Winter terms only. A trained Student Assistant from the Department of Public Safety will walk or drive you to your destination. S.A.F.E.Walk is available from any central or north campus building/location to any destination within a 20-minute walk or a 1-mile drive of the central/north campus diags. S.A.F.E.Walk is available 10:00 pm - 3:00 am, 7 days a week during Fall and Winter terms. Stay safe—call S.A.F.E.Walk at 734-647-8000, and select option 2.

**NOTE:** All information was correct as of this printing. Please call to check for current pricing and hours of operation.
TRANSPORTATION & PARKING

Automobiles/ Parking Validation
Medical Center Volunteers may park in the Patient-Visitor Parking P2 lot located on East Medical Center Drive adjacent to the Taubman Health Care Center and University Hospital. The parking ticket pulled upon entry to the parking deck can be validated for free parking by showing your valid UMHS Volunteer I.D. Badge at the Volunteer Services Office (8:00am-5:00pm M-F); the Welcome Center Desk in the University Hospital lobby, level 1, (7:00am-11:00pm M-F, and 7:00am-9:00pm Sat/Sun); the main entrance desk in the C.S. Mott Children’s Hospital and Von Voigtlander Women’s Hospital lobby (24/7); the Taubman connector security desk, level 2, across from Big Bird (6:00am-9:00pm); and the reception desk in the Comprehensive Cancer Center lobby on the ground level (7:00am-9:00pm M-F).

Complimentary parking is available ONLY during authorized volunteer assignments. Remember to bring your parking ticket into the hospital with you to be validated. Abusing the complimentary parking privilege will result in termination.

Bicycles
Bike racks are located near the employee entrance of University Hospital South (old Mott Children’s Hospital) and outside the north side of the P2 parking structure, as well as many other locations. Be sure to bring your own chain and lock.

Buses
Ann Arbor Transportation Authority (AATA) provides convenient and easy-to-use bus service to and from the Medical Center. University of Michigan students and staff may use the AATA bus service free of charge by swiping their yellow M-Card. For non-University affiliated volunteers, complimentary bus tokens are provided by Volunteer Services and are for use for travel to and from volunteer assignments ONLY.

At the time of printing, the #2 (Plymouth) and #14 (Geddes) buses stop across the street from University Hospital, while the #4 (Washtenaw), #12U (Miller-Liberty), #14 (Geddes), #18A (Miller-University), #2 (Plymouth), and #609 (Dexter) buses stop in front of the P4 parking structure opposite the back of the Markley Hall dormitory on E. Medical Center Drive. Transfers to other routes are available upon boarding. Schedules can be confirmed by calling 734-973-6500.

Medical Center Shuttles and University of Michigan Buses offer services to several off-site locations. Stops are located throughout the medical center campus. For route information, contact the UM Parking and Transportation Services office at 734-764-3427, or check http://pts.umich.edu/.

Drop Off
If you are being picked up or dropped off, please use the Employee Entrance of University Hospital South (old Mott Hospital).
PROCEDURES FOR VOLUNTEERING

ATTENDANCE

YOU ARE REQUIRED TO SIGN IN AND OUT EACH TIME YOU COME TO VOLUNTEER. This is important in order to receive messages in the event of an emergency, and for liability issues, recognition, and recording attendance. Volunteer Services will keep track of your volunteer hours. If you need to miss a shift, you are required to notify both your Supervisor and Volunteer Services. Please give them as much advance notice as possible.

Keep your Placement Supervisor’s contact information available!

After signing in, volunteers should report to their Placement Supervisor.

ILLNESS

Do not come to volunteer if you have a FEVER or any COMMUNICABLE DISEASE (e.g. cold or flu) including the following airborne-spread communicable diseases:

- Chickenpox or Herpes Zoster (Shingles)
- Chickenpox exposure
- Pertussis (Whooping Cough)
- Tuberculosis, pulmonary (TB)
- Diarrhea (acute onset)
- Influenza (flu)
- Staph Skin Infection
- Strep Infection (skin or throat)
- Conjunctivitis (Pink Eye)

For more information and details regarding when you can return to work following onset of these illnesses, please refer to: http://www.med.umich.edu/i/ice/policies/pdfs/personnel/work_restrictions.pdf

If sick or otherwise unable to come in, you are required to notify both your Supervisor and Volunteer Services.

SUPERVISION

- Check in with unit staff when you arrive at your placement, and check out when you leave.
- Accept, willingly, the supervision from the staff to whom you are assigned.
- Accept only those assignments or responsibilities for which you have been trained.
- Learn the names and titles of persons in the department and always maintain a professional relationship with them. Learn the contact information for your supervisor and unit.
- You must contact your Placement Supervisor, as well as Volunteer Services, if you are unable to come in to your assignment.
DRESS CODE AND APPEARANCE

The University of Michigan Health System (UMHS) expects employees to project a professional image that gives patients and visitors confidence in their expertise and commitment to provide care and services of the highest quality possible. Volunteers are held to the same standard.

Each volunteer is responsible for practicing acceptable standards of personal hygiene and grooming, as well as for assuring that the clothing worn during their volunteer shift is appropriate for their job responsibilities.

Volunteers are expected to wear their UMID badge above the waist during their shift, and the uniform provided by Volunteer Services. The exceptions to this policy are those volunteers whose placement requires that they wear appropriate clothing for their duties (e.g. scrubs). Clean, soft-soled shoes are recommended, and athletic shoes are acceptable.

The uniform is either a smock or jacket, which is ON LOAN and must be returned to Volunteer Services upon completion of your volunteer service. It is the volunteer's responsibility to keep the uniform clean and presentable.

At no time should a volunteer wear any of the following:

- Denim jeans of any color
- Shorts (of any length)
- Mini-skirts
- Low-cut, revealing shirts/blouses/halter-tops,
- Clothing that exposes the mid-riff
- Leggings (unless covered by skirt or dress)
- Sweat suits/pants
- Open-toed shoes, sandals or flip-flops of any kind
- Caps or hats (other than headwear worn for religious reasons)
- Dangling earrings, necklaces, bracelets, etc.
- Fragrances or perfumes

Volunteers who arrive dressed inappropriately will be asked to return home and change. This may result in being tardy or missing a shift altogether.

Be sensitive about how you present yourself so that patients and families do not feel uncomfortable with your appearance because of unconventional piercings, tattoos, or fashion statements.

Perfume, cologne, scented soap, scented body lotion, and other fragranced products are not permitted due to allergies and chemical sensitivities of patients, families and staff. Please use only unscented products prior to your volunteer shift. Health and wellness are our top priorities!
INSURANCE AND LIABILITY

The hospital carries liability insurance on volunteers just as it does employees. You are not personally liable for injury to a patient in your care PROVIDED THAT you are performing, in a responsible manner, a duty **for which you have been properly trained and which falls within your assigned duties.** Volunteers are responsible for declining assignments for which they have not been trained.

No matter how insignificant an incident may seem, report it **immediately** to the staff person in charge as well as to Volunteer Services.

UMHS does not provide coverage for injuries to volunteers, and Worker’s Compensation is not applicable. The volunteer is responsible for his/her own expenses. Most volunteers are covered by their own health insurance for any injury to themselves while volunteering. If you are injured or have a sudden illness while on duty, you may be seen in Occupational Health Services or in the Emergency Department. A report will be sent to both Volunteer Services and the Placement Supervisor.

TERMINATION OF SERVICE

People’s lives and schedules do change, which may prevent you from continuing your service to UMHS. Please discuss scheduling conflicts/changes with your volunteer coordinator and notify Volunteer Services when you can no longer fulfill your volunteer commitment.

The Volunteer Services Department also reserves the right to terminate a volunteer’s service if such action is in the best interest of patients, families, staff, and/or volunteers at UMHS. Such termination could result from:

- **FAILURE TO COMPLY** with UMHS rules and volunteer regulations
- **POOR ATTENDANCE** or frequent absences
- **FAILURE TO DISCLOSE** Felony Charges or Convictions
- **BREACH OF CONFIDENTIALITY** or other codes of conduct
- **FRAUDULENT USE** of parking or bus token privileges
- Incidents where **HOSPITAL SECURITY** is called to escort a volunteer from the premises for unruly, disruptive or inappropriate behavior

Although extenuating circumstances may be taken into consideration, the above actions will be considered grounds for dismissal and/or non-renewal of volunteer status.

On termination of services, the uniform and ID, if applicable, must be returned to the Volunteer Services office.
**Volunteer Service Logistics**

**Expectations/Training**

Two of the many elements which can affect job satisfaction are volunteer expectations and training. A successful match between volunteer and assignment area is dependent on a clear and complete understanding of specific job responsibilities and requirements, as well as adequate training to carry out those tasks. Please share any questions or concerns you may have regarding your placement with Volunteer Services.

**Summary of Requirements for Volunteering at UMHS**

- **Attendance** – Fulfill your shift commitment
- **Absence** – Report absence to Supervisor and Volunteer Services
- **Reporting Hours** – Log in/out at kiosk or submit timesheet to Volunteer Services
- **Dress Code** – Follow Dress Code rules
- **Uniform** – Follow Care of Uniform instructions. Return uniform at end of service.
- **ID Badge** – Return to Volunteer Services at end of service. U-M Students exchange ID at SAB at end of service.
- **Grace Period** – Contact Volunteer Services for renewal/reassignment of your placement

**Renewal/Reassignment of Placement**

- **Community Residents** - Placement day, time and assignment continue *indefinitely* until you change or terminate the position with Volunteer Services.
- **College Students** - Placements end at the end of each semester (session). To keep your current position or change assignments, you must reschedule by calling, e-mailing, arranging an appointment, or walking into Volunteer Services during the appropriate Grace Period.*
- **High School Students** - Placements must be renewed each summer. Please contact Volunteer Services in April during the Spring/Summer Grace Period.*

*Grace Period*: The optimum time period for current and returning volunteers to schedule volunteer shifts for the upcoming term. Grace Periods occur 3 times per year: April for Spring/Summer, August for Fall, and December for Winter. Specific dates are noted on the Volunteer Services website:

http://www.med.umich.edu/volunteer/about/returningvolunteers.html
Confirmation of Hours
Volunteer Services will provide a confirmation of your volunteer hours contingent upon:

- Attendance record
- Returning your uniform at the end of service (if applicable)
- Returning your ID badge (if applicable)

It is not the policy of the Volunteer Services Department to provide letters of recommendation. Confirmation of hours can be provided on request for those who have fulfilled their volunteer commitment. Contact Volunteer Services.

Closing Out Your Volunteer Service
Volunteers are required to contact Volunteer Services upon completing their volunteer commitment. Follow these steps to close out your record:

1) Notify your placement supervisor and Volunteer Services of your last day.
2) Return your uniform. Note: Students must return the uniform after each session.
3) Return your ID Badge (if applicable)
4) Submit the date of your last shift, and your final hours served.

Recognition

"People will forget what you said, people will forget what you did, but people will never forget the way you made them feel."
- Maya Angelou

Volunteer Services
Volunteers are formally recognized annually by the UMHS for their efforts in making the health system a better place. In recognition of the service volunteers provide to the Health System, awards are presented for 24 months, 5, 10, 15, 20, 25, 30, 35 years of service and beyond.

In addition, volunteers and staff are invited to submit nominations for Distinguished Service Awards presented annually to volunteers and volunteer supervisors.

"Making A Difference" Award
Patients, visitors and staff may nominate staff or volunteers for special recognition. Those who are nominated will receive a Making A Difference pin and an invitation to attend a quarterly reception.

As important as recognition is, the true rewards are the smiles you bring to the face of a scared and lonely patient, the thank-you received for running an errand or holding a hand, or the skills you learn and the knowledge you gain. Wherever you have chosen to help, we hope you find your service both rewarding and challenging. Thank you for sharing your time and yourself with the patients, staff and visitors at the University of Michigan Health System!
PATIENT’S RIGHTS AND RESPONSIBILITIES

Patient Rights

Each patient, or his/her representative, will be informed of his/her rights before care is provided or discontinued whenever possible.

1. A patient will receive care in a non-discriminatory manner, regardless of race, gender, national origin, marital status, sexual orientation, beliefs, values, language, functional status, age, disability or source of payment. A patient has the right to have health care information provided in a manner and form that he/she can understand.

2. A patient will be treated with respect and dignity. Each patient has the right to privacy and confidentiality. The patient has the right to speak privately with anyone to whom he/she wishes while in the hospital unless medically contraindicated.

3. A patient will be treated in a safe, supportive and smoke-free environment. A patient has the right to an environment that supports a positive self-image and preserves their dignity.

Patients Have the Right To:

Access to Respectful Care

- Receive necessary care regardless of race, sex (including gender identity and gender expression), color, religion, creed, national origin or ancestry, age, marital status, sexual orientation, disability, special disabled veteran and Vietnam era veteran status, and height or weight. Reasonable accommodation will also be provided to persons with disabilities, to disabled veterans, and to accommodate religious practices.
- Receive considerate and respectful care in a smoke-free environment.
- Speak alone with anyone you wish while in the hospitals or health centers unless your health care provider determines it is not in your best medical interest.
- Choose who may visit you during your inpatient stay, regardless of whether the visitor is a family member, a spouse, a domestic partner (including a same-sex domestic partner), or other type of visitor unless the visitor’s presence compromises yours or others’ rights, safety, or health. You have the right to withdraw such consent to visitation at any time. If the patient is a minor, it is the parents or legal guardians who have this right.
- Receive information about rules involving your care or conduct.
- Proper assessment and management of pain.
- Be free from restraint of any form or seclusion that is not medically necessary or as a means of coercion, discipline, convenience, or retaliation by staff.
• Be free from mental, physical, sexual, and verbal abuse, neglect, and exploitation.
• Speak or meet with clergy of your choice.
• Access protective and advocacy services.
• Request an Ethics Committee consultation for guidance on health care decision making by contacting the hospital paging operator at 734-936-4000 and asking for the Ethics Consultant on call for the Adult Ethics Committee or Pediatric Ethics Committee.
• Privacy.

Involvement in Care Decisions
• Have a family member or other representative and your own physician notified of your admission to the hospital.
• Information about your diagnosis, health status, condition, treatment, prognosis, and unanticipated outcomes of care.
• Know who is taking care of you and their professional titles.
• Education about safe use of medications, medical equipment, potential food-drug interactions and counseling on nutrition and modified diets.
• Be involved in the planning, completion, and review of your plan of care, including pain management and your plan of care for after you leave UMHS.
• Refuse treatment to the extent permitted by law. It is our responsibility to discuss with you the possible results of your refusal.
• Participate in health care decisions and have hospital staff provide you with information on advance directives and comply with your wishes in accordance with the law.
• Request treatment. However, your right to make decisions about health care does not mean you can demand treatment or services that are medically inappropriate or unnecessary.
• Information concerning research procedures proposed as part of your care. You have the right to refuse to participate in research without jeopardizing your access to continuing care.

Your Medical Records
• See your medical record at a time suitable for both you and the staff. Once discharged, you may request and obtain a copy of your medical record for a reasonable fee by calling the Release of Information Unit at 734-936-5490.
• Request changes to your protected health information (PHI). You have the right to ask that your information not be given out by contacting the Release of Information Unit.
• Confidentiality, privacy and security of your records, both personal and medical. We may use or disclose PHI without your permission as described in our Notice of Privacy Practices, for example to coordinate your care or submit a claim to your insurance company.
• You have a variety of other rights related to your medical records that are explained in the UMHS Notice of Privacy Practices. You may obtain a copy of the Notice of Privacy Practices by contacting the Office of Clinical Safety at 877-285-7788.
**Concern About Care or Service**
- Have health care information provided in a manner and form that you can understand.
- Receive care in a safe setting.
- Express any concerns you may have regarding your care or service. We encourage you to communicate concerns or compliments to the individuals or department involved.
- Speak-up to identify uncomfortable situations, confusion about the care provided or to be provided, or issues where real or perceived safety concerns are identified. Legal guardians and visitors also have this right.

**Patient Responsibilities**

Patients, families and visitors are responsible for being considerate of the rights of other patients and health facility personnel rights and of UMHS property. The patient, family and visitors must follow the UMHS visitation and smoking policies.

A patient is encouraged to communicate concerns regarding care to his/her health care provider.

**A Patient is Responsible For:**

- Providing a complete and accurate medical history. This history should include all prescribed and over-the-counter medications you are taking.
- Telling us about all treatments and interventions you are involved in.
- Following the suggestions and advice prescribed in a course of treatment by your health care providers. If your refusal of treatment prevents us from providing appropriate care according to ethical and professional standards, we may need to end our relationship with you after giving you reasonable notice.
- Leaving valuables at home and bringing only necessary items for the hospital stay. The hospital is not responsible for any lost or stolen valuables.
- Being considerate of the rights of other patients and UMHS personnel and property.
- Providing information about unexpected difficulties you may have involving your health care.
- Telling us if you clearly understand your plan of care and the things you are asked to do.
- Making appointments and for arriving on time. You must call in advance when you cannot keep a scheduled appointment.
- Meeting any financial obligations agreed to with the hospitals and health centers, including providing us with correct information about your sources of payment and ability to pay your bill.

http://www.med.umich.edu/i/policies/9524c4%20%20(FINAL%202-15).pdf
UNDERSTANDING AND COMMUNICATING WITH PATIENTS

Understanding Patients

As a volunteer, much of your success in working with patients depends on a positive and friendly approach. This is not difficult if you remember that patients are people and should receive the same courtesy as a guest in your home. As a volunteer, you will benefit a great deal if you accept patients as they are, recognize the challenge and strive to understand their moods.

To assist you in understanding patients, we are providing you with a list of factors that may cause patients worry and anxiety during their hospital stay. If you have ever been hospitalized yourself the following should help to enlighten you.

Feeling Alone and Helpless
- Away from home in a strange environment
- Wearing hospital bed clothes
- Not in control of one’s situation
- Lack of privacy
- Perceived impersonal attitude on the part of healthcare workers

Questions about Illness
- What are the name, nature, duration and possible outcome of illness?
- How long will I have to be here? Will I have to have surgery?
- Why do I repeatedly have to answer the same questions to so many different people?

Personal Concerns
- How will the family get along without me?
- Who will support the family while I am out of work?
- If I become disabled for life, will I ever work again? Will I be able to find work?

Sense of Guilt
- Why did this happen to me?
- Did I wait too long to get medical attention?
- Am I being punished for a wrong I have done?

Fear of Diagnosis
- Refusal to accept diagnosis
- Disease may be life threatening
- Refusal to accept help from mental health care worker
- Will the doctor tell me the truth?
Communicating with Patients

Volunteers in a clinical setting often find themselves “visiting with” or “listening to” patients or family members. These visits give them the opportunity to express their thoughts and feelings to a neutral individual.

Be conscious of and avoid “talking down” to patients or family members. They come from all walks of life. Some may be bright and responsive; others quiet and sincere, while some may feel depressed and irritable. Volunteers should be sensitive to these emotions and present a positive approach, without being too overwhelmed.

The art of listening is a very important part of visiting with a patient and family. They welcome the opportunity to talk to a kind, friendly volunteer who doesn’t make them feel threatened in any way. Confidentiality – protecting the privacy of our patients and their families – is a top priority for everyone involved in any way with patients and families in our institution. Any information they share with you must be kept confidential. Remember that volunteers do not have access to patient records and should not seek information they do not need to perform their volunteer job. If there is any information they share that troubles you, please talk to hospital staff, not your friends and family outside of the institution. Volunteers often come away from a patient care unit with a deeper understanding of what patients and their families are going through when facing illness that requires hospitalization.

Conversing with and Relating to Patients

- Always introduce yourself first, make sure that the patient can see you clearly, hear you and understand. Allow the patient time to react to your approach and give them time to respond. It may take some time for a patient to warm up to a new face.

- Begin a conversation with something like: “How are you feeling today?” or “How is your day going?” Refrain from simply asking, “How are you?” You may also comment on flowers in the room or talk about where they came from.

- Maintain a warm, friendly voice when speaking to a patient, and look directly at him/her when speaking. For most cultures, establishing eye contact lets the patient know that you are interested in him/her at the moment. Be understanding, sympathetic and encouraging.

- Don’t be offended by abusive talk or insulting remarks. Illness can sometimes cause patients to misidentify people and/or say things they don’t mean to say. Do not interpret the patient’s hostility as a personal affront to you.

- Always be natural and treat the patient with respect.

- Learn to listen well and often. Sitting and listening can be the best thing you do for the patient.
• A polite way to leave a patient would be to say “I’d better be going.” This gives the patient the opportunity to agree or disagree.

• Accept the patient in his/her present condition. Relate to the here and now.

• Reinforce the patient’s improvements and positive developments by being complimentary and non-judgmental.

• Be careful when discussing the past and future.

• Keep the volume of conversations low, especially if in a semi-private room.

• Help the patient reduce worry and pressure by diverting attention to other topics.

• Refrain from offering choices that are unrealistic or making promises you cannot keep.

• Be respectful of the individual beliefs of patients and families.

• Establish trust by being truthful, consistent, reliable, accepting, and understanding.

• Remember that all behaviors have a meaning.

• Crying and silence can be pleas for affection, support, help and hope as well as outlets for anger and tension.

• Don’t underestimate the patient or treat the adult patient like a child.

• Avoid use of phrases such as “Just relax... Don’t worry about it... I know just how you feel,” etc.

• Don’t pry or ask direct questions such as “What is wrong with you?”

• Avoid giving advice regarding their illness. Some people may perceive volunteers as more “clinically knowledgeable” than they are. They also may be looking for hope or fault to latch on to. Refrain from saying something like, “I know someone who had...”

• A patient’s appreciation may not always be expressed outwardly.

• Be respectful of the patient’s personal space. Don’t sit or lie on the bed. Be careful not to jar the bed since you do not know what you may be injuring. Sit next to the patient in a chair.
Guidelines for Interacting with Pediatric and Adolescent Patients

- **Introduce yourself to the patient and family** - Initially introduce yourself and explain your role in the hospital.

- **Be at the child’s eye level** - It is often scary for young children in a strange environment to have people tower over them.

- **Be honest** - Hiding the truth from children, even with the best of intentions, results in the child losing trust in hospital personnel.

- **Respect expressions of emotion** - Crying and anger are normal. The child will feel and cope better if encouraged to express these emotions in a safe way.

- **Give the child real choices** - If the child can choose between juice and water to drink with their medication, great! However, the child has no choice about taking his medication, so do not offer one.

- **Support the relationship between the child and family** - All children, including teens, need family support. Include the family in your interactions whenever possible.

- **Respect the child’s right for privacy** - Everyone needs their own space, both physically and emotionally. Adolescents may be particularly sensitive to this.

- **All children are not raised the same** - Pediatric patients come from many different backgrounds and cultures. Therefore, do not expect everyone to use the same child-rearing techniques.

- **A smile is contagious** - Maintain a friendly positive attitude. A friendly approach is always more effective.

**Avoid:**

- **Comparing the child with others** - Comparisons can destroy a child’s self-esteem. For example, avoid comments such as “You should be able to do this” or “Sandy is younger than you and can do it.”

- **Pitying** - Patients and families need supportive care without being overly dramatic.

- **“Talking down” to children** - Treat children appropriately for their age. Appearances can be deceiving so know the age and developmental abilities of your patients.
• **Saying, “Be a big kid”** – Children will try to do their best. Added pressure or embarrassment does not help. It is harmful for the child to develop negative feelings about him or herself.

• **Making promises you may not be able to keep** – Additional disappointments will only add to a child’s sense of frustration.

• **Talking about children as if they are not there** – Children hear and understand more than we think. Misconceptions and fears may arise from fragments of information that are overheard and not explained.

• **Asking children why they are in the hospital** – Questions of this nature should not be a part of casual conversation. Children may not be comfortable discussing something personal.

• **Talking in a negative manner** – Try to state things in a positive manner. Inform children of what they can do instead of what they cannot do.

• **Losing your self-control** – If you find you are losing your patience, seek someone else to work with the child.

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**Assisting and Transporting Patients**

Consult staff before initiating any type of service for a patient (i.e., feed, move, transport, etc.). Take a patient off the unit only with the nurse’s **PERMISSION**.

Always **INTRODUCE** yourself, and be friendly, cooperative, and cheerful.

If a patient is receiving oxygen, refrain from using anything that could cause a spark (e.g., toy cars).

If helping at mealtime, check with the charge nurse to identify patients requiring assistance. Get specific instructions before **FEEDING** anyone who has had mouth surgery. Be vigilant about anything that could choke a patient (i.e. food, toys, etc.).

Never leave the patient unattended. **STAY** with the patient until you have been asked to leave by staff or until you inform staff that you intend to leave.

**ALERT** a staff member immediately about problems with an IV or any other clinical concerns. Do not try to fix anything yourself.
If you put the side rails of a bed or crib down (with permission), do not turn your back on the patient. Make sure the **RAILS ARE UP** and secure before you leave.

**LIFT** with your legs, not your back. Move your feet to turn; don’t twist your back. Keep objects close to your body. Use mechanical aids or ask for help when lifting heavy objects. **NEVER** lift an adult patient by yourself. Call a nurse to assist you. Do not lift pediatric patients until you have been shown how to, and only with permission.

When assisting a patient into or out of a wheelchair, be sure to **SET THE BRAKES**. Be sure the brakes are locked whenever the wheelchair is not in motion.

Always use **SAFETY BELTS** with wheelchairs when available.

Make sure the patient’s arms are within the **ARMREST/RAIL**, not hanging over the sides of wheelchairs or gurneys.

Make sure the patient’s feet are placed securely on the **FOOTRESTS**.

Ask the patient if he/she is ready before moving the vehicle. **EXPLAIN** where you are taking him/her.

Push gurneys **FROM THE END** (not the sides) to avoid injury.

Stay **ALERT** and unhurried as you travel around corners and on ramps. Approach **CORNERS** and doorways cautiously. Never block aisles/exits, not even temporarily.

On ramps, control vehicles **FROM LOW END**. Get help if load or traffic is heavy. Transport patients **FEET FIRST** on a stretcher. Have assistance at the front. Use side rails or straps.

Push vehicles **SLOWLY**. See your way ahead. Avoid short, quick stops.

**PULL**, don’t push vehicle through swinging doors.

Be sure the **ELEVATOR** entryway is level. Always **BACK** a wheelchair into the elevator, so the patient is facing forward. Patients must use elevators **EXCEPT** in an emergency.

**RETURN** equipment to its proper location.
QUIET POLICY

Here are a few reminders as to how you can contribute toward a culture of quiet on behalf of our patients and families:

- Minimize conversations in hospital hallways and waiting rooms and encourage others to do the same especially at night.
- Encourage patients and staff to respect others by turning down the volume on cell phones, televisions, radios, pagers and other devices.
- Set your pager to vibrate when medically appropriate.
- Close doors quietly.
- Consider wearing soft sole shoes to minimize hallway noise outside patient rooms.

With all of us working together, we will improve our patients’ overall experience, and in particular, their perceptions of a quiet place for health care.
TELEPHONE COMMUNICATION SKILLS

Some clerical volunteer positions may require you to answer department phones. Always use a professional tone and manner.

1. Answer by the third ring.
2. Use standardized greeting, "University of Michigan Health System, [department/unit], this is____."
3. Actively listen.
4. Use the caller’s title and last name appropriately throughout the conversation.
5. Ask specific questions to help focus the reason for the call.
6. Summarize/paraphrase your understanding of the request.
7. Close the call by thanking the caller.
8. Allow the caller to disconnect first.

LET’S PICK IT UP!

"Let’s Pick It Up!" is a program designed to keep the overall appearance of the hospitals and health centers professional and clean. It is provided as reference information for you. Any broken or damaged equipment should be reported to your supervisor. Keep this list handy to help you access these important and useful services. Thanks in advance for your efforts to improve the overall appearance of our facilities and reduce clutter in our environment.

Broken furniture or patient beds
Notify a staff member.

Empty boxes, trash, etc.
Place in trash receptacle or contact Environmental Services at 734-936-5167. Boxes should be broken down.

Food carts and cafeteria trays
Patient food trays and carts are picked up throughout the day. If an issue arises, page by calling 734-936-6266 pager #1883. Cafeteria trays are to be returned to the cafeteria on the "tray return" or contact Aramark Services at 734-936-5991. Catering carts and small wares (coffee pots, etc.) are to be returned to the Catering Office or contact Aramark Services at 734-936-5991.

Patient equipment items
Included in this category are the various pieces of patient chargeable patient equipment such as infusion pumps, syringe pumps, feeding pumps, pain pumps, pacemakers, hypothermia machines, etc. Upon discontinuing this equipment, it should be placed in a soiled equipment room. Patient Equipment conducts rounds of the soiled equipment rooms throughout the day. If excess develops, contact Patient Equipment at 734-936-6158.
U-M HEALTH SYSTEM NAMES

U-M Health System (UMHS): The UMHS comprises the U-M Medical School and its Faculty Group Practice, three U-M hospitals, approximately 30 health centers, The Taubman Center with its 120 outpatient clinics, and the Michigan Health Corp.

Medical School (UMMS): The unit that houses the academic, research and clinical efforts of our faculty and students. It comprises faculty, students and academic staff who take part in basic science and clinical research and educational endeavors. The faculty provides clinical services at the U-M Hospitals and Health Centers and clinics through the Faculty Group Practice.

Faculty Group Practice (FGP): The entity through which UMMS faculty provides clinical services.

Hospitals and Health Centers (UMHHC): The operating units responsible for clinical care operations. There are three U-M Hospitals in Ann Arbor (University Hospital, C.S. Mott Children's Hospital and Von Voigtlander Women's Hospital) and many health centers in Washtenaw, Livingston, Wayne and Oakland counties.

Health Center: A place where primary and/or specialty care services are delivered within the community. Health centers range in size from one physician to several dozen. (Examples: East Ann Arbor Health Center, UM Saline, Canton, Brighton, Northville Health Centers.)

Ambulatory Care Services (ACS): A network of the U-M Health Center's offsite and onsite outpatient clinics and specialty care centers, including the A. Alfred Taubman Health Care Center.

Medical Center: The physical location of the U-M Medical School, the U-M Hospitals and the A. Alfred Taubman Health Care Center.

Basic Science Departments: Six departments at the Medical School (Biological Chemistry, Cell and Developmental Biology, Human Genetics, Microbiology & Immunology, Pharmacology and Physiology) where faculty conduct fundamental research. Members of the Basic Science faculty provide education for first- and second-year medical students, and for Ph.D. candidates in the biomedical sciences.

Medical Science Research Building (MSRB): Research facilities and labs.

Biomedical Science Research Building (BSRB): Biomedical research facilities and labs.

North Campus Research Complex (NCRC): Research facilities and labs.

Clinical Department: Any of 19 Medical School clinical units that are grouped by similar specialties (Examples: Department of Surgery, Department of Neurology.)

Section/Division: Smaller, specialized units of clinical departments. (Examples: Section of Cardiac Surgery, Department of Surgery or Head and Neck Surgery Division, Department of Otolaryngology).

Center/Program: A combination of clinical care, teaching and research endeavors across departments. (Examples: U-M Comprehensive Cancer Center, Cardiovascular Center and Women's Health Program.)

Michigan Health Corp. (MHC): The legal entity created to enable the Health System to enter into partnerships, acquisitions, joint ventures and other business activities. It is a separate corporation under the control of the Health System and "owned" by the Regents.
## Hospital Terminology and Acronyms

### Units/Departments

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>BSRB</td>
<td>Biomedical Science Research Building</td>
</tr>
<tr>
<td>C&amp;W</td>
<td>Children’s &amp; Women’s Hospitals</td>
</tr>
<tr>
<td>CCC</td>
<td>Comprehensive Cancer Center</td>
</tr>
<tr>
<td>CVC</td>
<td>Cardio-Vascular Center</td>
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<tr>
<td>ED</td>
<td>Emergency Department</td>
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<tr>
<td>ENT</td>
<td>Ear, Nose and Throat</td>
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<tr>
<td>GAP</td>
<td>Guest Assistance Program</td>
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<tr>
<td>GOA</td>
<td>Gifts of Art</td>
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<tr>
<td>GWN</td>
<td>Get Well Network</td>
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<tr>
<td>HemYOnc</td>
<td>Hematology/Oncology</td>
</tr>
<tr>
<td>HERC</td>
<td>Health Education Resource Center</td>
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<tr>
<td>ICU</td>
<td>Intensive Care Unit</td>
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<tr>
<td>MedInn</td>
<td>Med-Inn Hotel</td>
</tr>
<tr>
<td>MedSci</td>
<td>Medical Science Buildings - #1,2,3</td>
</tr>
<tr>
<td>MGDE</td>
<td>Michigan Game Day Experience – Game Room, Mott 8th Floor</td>
</tr>
<tr>
<td>MPB</td>
<td>Medical Professional Building</td>
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<tr>
<td>MPU</td>
<td>Medical Procedures Unit</td>
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<tr>
<td>MSRB</td>
<td>Medical Science Research Building</td>
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<tr>
<td>NCAC</td>
<td>North Campus Administrative Center</td>
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<tr>
<td>NCRP</td>
<td>North Campus Research Complex</td>
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<tr>
<td>NI B</td>
<td>North Ingalls Building</td>
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<tr>
<td>NICU</td>
<td>Brandon – Newborn Intensive Care Unit aka UH Neuro-Intensive Care Unit</td>
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<tr>
<td>OB/Gyn</td>
<td>Obstetrics and Gynecology</td>
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<tr>
<td>OT</td>
<td>Occupational Therapy</td>
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<tr>
<td>PACU</td>
<td>Pediatric Ambulatory Care Unit aka Post-Anesthesia Care Unit (UH, Mott, CVC)</td>
</tr>
<tr>
<td>PCTU</td>
<td>Pediatric Cardio Thoracic ICU</td>
</tr>
<tr>
<td>PERC</td>
<td>Patient Education Resource Center – Cancer Center, Ground Level</td>
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<tr>
<td>PFAC</td>
<td>Patient &amp; Family Advisory Council</td>
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<tr>
<td>PFCC</td>
<td>Patient &amp; Family-Centered Care</td>
</tr>
<tr>
<td>PICU</td>
<td>Pediatric Intensive Care Unit</td>
</tr>
<tr>
<td>PM&amp;R</td>
<td>Physical Medicine and Rehabilitation</td>
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<tr>
<td>PT</td>
<td>Physical Therapy</td>
</tr>
<tr>
<td>SOAR</td>
<td>Survivors Offering Assistance in Recovery (Trauma Burn Center)</td>
</tr>
<tr>
<td>UH</td>
<td>University Hospital</td>
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<tr>
<td>UMHS</td>
<td>University of Michigan Health System</td>
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### Dietary Fluids

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>I &amp; O</td>
<td>(intake &amp; output) Recording fluid intake &amp; urinary output</td>
</tr>
<tr>
<td>I.V.</td>
<td>(Intravenous) Fluids given by vein</td>
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<tr>
<td>NPO</td>
<td>No food or drink is to be given by mouth or tube</td>
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</tbody>
</table>

### Miscellaneous

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>HI PAA</td>
<td>Health Insurance Portability and Accountability Act</td>
</tr>
<tr>
<td>J CAHO</td>
<td>Joint Commission for the Accreditation of Healthcare Organizations*</td>
</tr>
<tr>
<td>PHI</td>
<td>Protected Health Information</td>
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<tr>
<td>*TJC</td>
<td>The Joint Commission, or Joint Commission, formerly called JCAHO</td>
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<tr>
<td>TLC</td>
<td>Tender Loving Care</td>
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UMHS VOLUNTEER MEMORANDUM OF UNDERSTANDING

I, _________________________________ agree to abide by the policies and regulations of the University of the Michigan Health System and Volunteer Services as described in the Volunteer Orientation Manual, at General Orientation and at unit orientation/training.

- I understand that commitment is the foundation for the success of any volunteer program, and agree to serve a minimum of 2-4 hours per week for two (2) entire sessions (or semesters – not necessarily consecutive).
  
  Note to students: a session is equivalent to one semester. A semester is Fall, Winter, or Spring/Summer.

- I agree to arrive for my shift on time and remain for the duration of my assigned hours unless instructed to do differently by my Placement Supervisor.

- I understand that changes to my volunteer placement schedule (i.e. number of hours, shift times, placement changes, etc.) must be approved by Volunteer Services. Rescheduling for a placement in a future session may be made during the Grace Period. (Students reschedule your subsequent placement for only one session at a time.)

- I agree to follow the supervision and direction of my supervisor and/or staff in my assigned unit, and to participate in any training required to perform my duties.

- I agree to notify both my Placement Supervisor and Volunteer Services of any absences prior to my scheduled shift.

- I understand that only two absences per session are permissible.

- I will ensure my volunteer hours are submitted to volunteer services by signing in and out at the kiosk (or submitting my hours via fax or email, where permitted).

- I understand the volunteer uniform is the property of UMHS and is on loan to me. I will return my uniform upon completion of my volunteer service, and understand that failure to do so will incur a fee of $20 for a smock or $35 for a jacket.

- I understand the volunteer id badge is the property of the University of Michigan. I will return/exchange my id badge upon completion of my volunteer service.

__________________________________________________________________________  __________________________
Print Name                                                                 UMID

__________________________________________________________________________  ________________
Signature                                                               Date

60 UMHS Volunteer Orientation Manual