

## **SHORT-TERM OBSERVER VOLUNTEERS**

**An Observer/Practicum Volunteer is one who is doing a special assignment—not something that Volunteer Services can recruit for and place for more than 2 weeks. The Observer/Practicum does not sign his/her hours in Volunteer Services or use Volunteer Services parking.**

1. **Entirely** fill out observer application. Those applications that are incomplete at the time of submission may not be approved.
2. If proof of current PPD within this calendar year is provided please email health history forms to the Observer Supervisor at that time. Otherwise the individual can go to his/her physician/clinic and then send/fax forms to the Observer Supervisor when completed. The email is [therapyobservation@texaschildrens.org](mailto:therapyobservation@texaschildrens.org) Employee Health will notify the supervisor by e-mail when the individual has been cleared. The individual will then be contacted for scheduling after paperwork is received and are cleared by Employee Health.
3. All forms will be retained by the supervisor at Texas Children's Hospital.



**Texas Children's Hospital**

*Changing the face of healthcare,  
one child at a time.™*

**Observer Application**

NAME: Mr. Ms., Mrs. \_\_\_\_\_  
(circle one) (last) (first) (m.i.)

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

PHONES:  
(home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

E-MAIL  
ADDRESS: \_\_\_\_\_

CURRENT  
EMPLOYER/SCHOOL \_\_\_\_\_

**IN EMERGENCY NOTIFY:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone (work) \_\_\_\_\_ (home) \_\_\_\_\_

Physician's  
Name \_\_\_\_\_ Phone \_\_\_\_\_

Department sponsoring your experience \_\_\_\_\_

TCH staff member or physician sponsoring you \_\_\_\_\_ Phone \_\_\_\_\_

Prior volunteer  
experience? \_\_\_\_\_

**PLEASE LIST RELATIVES OR FRIENDS ASSOCIATED WITH TEXAS CHILDREN'S HOSPITAL (Medical Staff,  
Employees,  
Board of Trustees, patients or volunteers and indicate relationship)**

\_\_\_\_\_  
\_\_\_\_\_

**For office use**

Health screen sent/faxed \_\_\_\_\_

Health screen cleared \_\_\_\_\_

**IF ACCEPTED AS A TEXAS CHILDREN'S HOSPITAL VOLUNTEER, I AGREE THAT:**

1. I shall hold as **ABSOLUTELY CONFIDENTIAL ALL** information that I may obtain directly or indirectly concerning patients, doctors or personnel, and *not seek* to obtain confidential information from a patient.
2. I spend my time at the hospital without contemplation of compensation or future employment.
3. I understand that it is a *crime* to solicit business for attorneys. I shall not solicit any business for attorneys or insurance companies, either on or off of hospital property, or act as a runner or capper for an attorney in the solicitation of business. I shall report all known occurrences of solicitation for attorneys to the person sponsoring my experience.
4. I shall not sell or attempt to sell or influence others (including patients, and their families, staff, volunteers and others) to buy goods or services, request contributions, or solicit persons to sign or distribute any petitions on hospital premises or through any other means (e.g. telephone, mail, e-mail or internet) while not on the premises.
5. If needed, I shall submit to examinations, which may include chest x-rays, skin tests, appropriate laboratory test and/or immunizations, as part of my volunteer service. I hereby authorize my doctor(s) to furnish to the Hospital information concerning my health. I also authorize the person(s) making tests or x-ray films to report the results to the Hospital.
6. I shall be punctual and conscientious, conduct myself with dignity, courtesy and consideration of others, and endeavor to make my work professional in quality.
7. I will comply with the Hospital policies and procedures as outlined in the orientation process, including the Corporate Compliance Program/Standards of Ethical Behavior and all security issues including electronic media, Hospital property and patients' physical well being.
8. I understand that the host department reserves the right to terminate my experience as a result of (a) failure to comply with hospital policies, rules and regulations; (b) unsatisfactory attitude, work or appearance; (c) any other circumstances which, in the judgement of the sponsoring department director, would make my continued presence at the Hospital contrary to the best interests of the Hospital.
9. I understand that my name, address, phone number and other information as shown on this application will be maintained in the records of the sponsoring department.
10. I authorize a Texas Children's Hospital employee/volunteer to take photographs, audiotapes, videotapes or films of myself and/or my child. I understand and agree that these photographs, tapes and/or films may be used by Texas Children's Hospital, or persons authorized by Texas Children's Hospital, for education, publicity, advertising, or any other purpose, at the sole discretion of Texas Children's Hospital, without compensation to me or my child of any kind. I understand and agree that my and/or my child's identity may or may not be released. I agree to hold Texas Children's Hospital harmless from any and all liability arising from these activities.

\_\_\_\_\_  
Observer signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian's Signature (if minor)



Texas Children's Hospital

Texas Children's Hospital has a legal and ethical responsibility to protect the confidentiality of information it obtains and/or uses to conduct its business. Please read this form carefully.

I, \_\_\_\_\_, (print name) understand that it is likely that I will come into contact with Confidential and/or Proprietary information, as these terms are defined below, during my relationship with Texas Children's Hospital and/or its affiliated entities.

**Confidential information** refers to the most sensitive business information intended strictly for use within and between TCH entities, Medical Staff and authorized third parties, including employee personnel files, payroll information, business strategies, and trade secrets. Confidential information also includes protected health information that identifies a patient by any of the following: patient name, address, telephone number, medical record number, diagnosis, treatment information, billing information and any other information that could be used to identify an individual patient.

**Proprietary information** refers to information that is not considered confidential, but is intended for use within TCH unless otherwise authorized for distribution. This includes any of the following: TCH policies and procedures, financial information, business plans, supplier information, information systems, internal correspondence and any other information that relates to TCH operations.

Please review and initial the following statements to indicate your agreement:

\_\_\_\_\_ I will only use Confidential and/or Proprietary Information as necessary to complete my assigned duties at TCH.

\_\_\_\_\_ Upon completion of my TCH experience, I will continue to keep this information confidential. Furthermore, I agree to return to TCH any items that may contain Confidential and/or Proprietary Information, including documents, notes, manuals, and any copies of such materials.

\_\_\_\_\_ I will not disclose Confidential and/or Proprietary Information to any other person or entity, unless it is in accordance with TCH policies and procedures or I have received approval from my TCH supervisor/instructor or the TCH Privacy Office at (832) 824-2085.

\_\_\_\_\_ I will notify my TCH supervisor/instructor or the TCH Privacy Office if I cannot comply with these guidelines or if I have any questions about Confidential and/or Proprietary Information.

\_\_\_\_\_ I will immediately notify my TCH supervisor/instructor or the TCH Privacy Office if I discover any violation of these confidentiality guidelines.

\_\_\_\_\_ I understand that all Confidential and/or Proprietary Information is the exclusive property of TCH, whether or not I participated in whole or in part in the preparation of the information.

\_\_\_\_\_ I understand that if I violate any of the statements in this Confidentiality Agreement I may be prosecuted to the fullest extent of the law.

\_\_\_\_\_ I have read this Agreement and I understand I am required to protect all Confidential and/or Proprietary information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



Texas Children's Hospital  
Integrated Delivery System

**OBSERVER HEALTH HISTORY QUESTIONNAIRE**

Email to: [therapyobservation@texaschildrens.org](mailto:therapyobservation@texaschildrens.org)

TCH supervisor & Department: Guadalupe Rocha, PM&R

Phone Number: 832-826-6314

Observer Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

For any questions regarding this form, please contact: [cxfranks@texaschildrens.org](mailto:cxfranks@texaschildrens.org)

**\* Entirely fill out form with dates and attach proof of vaccine and or immunization record to application**

NAME \_\_\_\_\_ DATE \_\_\_\_\_

MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ DOB \_\_\_\_\_ AGE \_\_\_\_\_

\* All observers must be 18 years of age or older

HOME PHONE # \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

PERSONAL PHYSICIAN'S NAME \_\_\_\_\_

PHYSICIAN'S PHONE \_\_\_\_\_

IN EMERGENCY, NOTIFY \_\_\_\_\_ PHONE# \_\_\_\_\_

PLEASE CHECK THE CAMPUS WHERE YOU WILL BE OBSERVING:

Medical Center Campus  West Campus  The Woodlands Campus  Other: \_\_\_\_\_

PLEASE CHECK & DATE IF YOU HAVE HAD THE FOLLOWING IMMUNIZATIONS OR THE DISEASE:

Chicken Pox \_\_\_\_\_  or Vaccella  DPT \_\_\_\_\_

Vaccine: #1 \_\_\_\_\_

#2 \_\_\_\_\_

Rubella (German Measles) \_\_\_\_\_

Rubeola (Red Measles) \_\_\_\_\_

Mumps \_\_\_\_\_

} [ ] or MMR vaccine:

#1 \_\_\_\_\_

#2 \_\_\_\_\_

Tetanus/Diphtheria/Pertussis (Tdap) (within last 10 years) \_\_\_\_\_

Date of last PPD \_\_\_\_\_

**\*Submit a copy of your immunization record for verification of immunization dates**

\*Please Note: in lieu of an immunization record, serologic confirmation of immunity for Rubella, Rubeola (Measles), Mumps, and Varicella (chickenpox) will be accepted.

**PPD (Mantoux Tuberculin Skin Test)**

Hospital policy requires a Mantoux Tuberculin Skin Test in the current calendar year.

**The test must be read between 48 and 72 hours.** The following information must be recorded:

Date Placed \_\_\_\_\_ Date Read \_\_\_\_\_

Negative \_\_\_\_\_ Positive/mm of induration \_\_\_\_\_

Signature & Title of Doctor or Registered Nurse reading the PPD Skin Test:

Name \_\_\_\_\_

Title \_\_\_\_\_

(Signature only, no stamp)

(R.N. or M.D. only)

ARE YOU CURRENTLY PREGNANT? YES \_\_\_\_\_ NO \_\_\_\_\_

PLEASE LIST ALL PRESCRIPTION MEDICATIONS THAT YOU ARE CURRENTLY TAKING:

Do you have any health concerns which might limit your ability to perform certain volunteer responsibilities:

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

**FOR EMPLOYEE HEALTH USE ONLY:**

MD NOTE REQUESTED

CXR PENDING

Have you ever had or do you now have any of the listed conditions? Explain when and where a treatment was received for all "YES" answers in the space provided.

	<u>NO</u>	<u>YES</u>	<u>EXPLANATION OF ANSWER</u>
Alcoholism	_____	_____	_____
Arthritis	_____	_____	_____
Asthma/Emphysema	_____	_____	_____
Back Trouble	_____	_____	_____
Breathing Difficulty	_____	_____	_____
Cancer	_____	_____	_____
Chest Pains	_____	_____	_____
Diabetes	_____	_____	_____
Drug Abuse	_____	_____	_____
Epilepsy/Seizure	_____	_____	_____
Fainting/Dizziness	_____	_____	_____
Hernia	_____	_____	_____
Hearing Problem	_____	_____	_____
Heart Problem	_____	_____	_____
Hepatitis	_____	_____	_____
High Blood Pressure	_____	_____	_____
High Cholesterol	_____	_____	_____
Knee, Foot or Ankle Problem	_____	_____	_____
Liver Disease	_____	_____	_____
Nervous Breakdown/ Psychiatric Illness or Treatment	_____	_____	_____
Obesity (overweight)	_____	_____	_____
Stroke	_____	_____	_____
Surgery	_____	_____	_____
Ulcers	_____	_____	_____
Vision Problem	_____	_____	_____
Other	_____	_____	_____

I hereby declare that my answers to the above questions are complete and true. I agree that any false statement shall be sufficient cause for dismissal. I hereby grant permission to Texas Children's Hospital to investigate any information included in this form, and to contact my personal physician (listed on page 1 of form) with regard to the information given. I understand that any information given to Texas Children's Hospital by either myself or my physician will remain confidential.

Signature of Observer \_\_\_\_\_

Date \_\_\_\_\_



**Texas  
Children's  
Hospital**

**TEXAS CHILDREN'S  
HOSPITAL  
OBSERVER PROGRAM**

**6621 FANNIN  
832-824-2257**

---

---



The Texas Children's Hospital symbol expresses our unifying goal: excellent medical care for children. The curvilinear elements in the visual statement correspond to the vision of Texas Children's Hospital: pediatric patient care, the education of health care professionals and research. The focal point of all endeavors is the pediatric patient, uppermost in our symbol and foremost in the hearts and minds of the dedicated staff and volunteers at Texas Children's Hospital.

### **Vision and Mission Statements:**

**Texas Children's Hospital Vision:** Texas Children's Hospital is dedicated to providing the finest possible pediatric patient care, education and research.

**Texas Children's Hospital Mission Statement:** To support excellence in patient care, education and research with a commitment to quality service and cost-effective care to enhance the health and well being of children locally, nationally and internationally.

**Volunteer Services Mission Statement:**

The Department of Volunteer Services is committed to maintaining an active program of support, compassion and quality service for the community of children and families we serve, as well as the staff of the TCH IDS, while providing meaningful and challenging opportunities for those who volunteer.

### **The Heart of Texas Children's Hospital**

At the heart of Texas Children's are our vision, mission and a set of core values that guide us in everything we do. Our Guiding Principles bring clarity to our vision, mission and values by defining specific goals, behaviors and actions.

#### **■ Guiding Principles**

At the heart of Texas Children's vision and mission is a set of core values that guide us individually and collectively as an organization. The Texas Children's Guiding Principles are as follows:

- Commitment to Excellence
- Customer-centered Service
- Integrity and Ethical Behavior
- Valuing Individuals
- Communication and Interaction
- Accountability



## **CORPORATE COMPLIANCE PROGRAM**

Texas Children's Hospital is proud of its long-standing tradition of providing healthcare services to the community in an ethical and legal manner. Dedication to high ethical standards and compliance with the law in the performance of our daily tasks is one of the principles that reflects our culture throughout Texas Children's Hospital and the Integrated Delivery System.

All persons who act on behalf of the Hospital or any of the TCH IDS components are expected to adhere to this principle whether in dealings with other employees, patients and their families, vendors, competitors, government regulators, third party payers, or the general public. Any violations of legal or ethical standards can jeopardize the welfare of the TCH IDS, its employees and patients, and the community we serve.

**There is always the chance that a mistake can be made in facilities and organizations as large and complex as Texas Children's; some of those mistakes may involve noncompliance with legal, billing, or ethical standards. It is important that we correct such mistakes when they are discovered. Thus, if an employee or volunteer is aware of a violation, the employee or volunteer is encouraged to bring that matter to the attention of his or her supervisor. However, if the employee or volunteer does not want to discuss the matter with his or her supervisor, any suspected violations can be reported several ways.**

**The Corporate Compliance Program has a confidential hotline. The hotline phone number is toll free at 1-866-478-9070 and is available 24 hours a day, seven days a week. Ann Stern, Vice President and General Counsel is the TCH IDS Compliance Officer. She can be reached at (832) 824-1167. The Compliance Office can be reached at (832) 824-2085 or by email at [compliance@texaschildrenshospital.org](mailto:compliance@texaschildrenshospital.org).**

## **CODE OF ETHICAL BEHAVIOR**

Fostering an ethical workplace environment is the responsibility of every employee and volunteer. To assist employees and volunteers in that endeavor, all employees and volunteers of the TCH IDS are expected to adhere to the following standards:

- Comply with all laws, regulations and policies.
- Conduct all business interactions with honesty, integrity, respect, fairness, and good faith.
- Uphold the values, ethics, mission and goals of the TCH IDS.
- Disclose promptly any direct or indirect financial or personal interests that pose potential or actual conflicts of interest.
- Accept no offered gifts or benefits, which create an express or implied obligation or perception of an obligation on the part of the TCH IDS.
- Report suspected wrongful conduct promptly and in good faith.
- Maintain the confidentiality of patient/member information and records consistent with IDS policy.
- Maintain the confidentiality of business information and records consistent with IDS policy.

## **DIMENSIONS OF DIVERSITY**

- To uphold the Guiding Principles especially the principle of **Valuing Individuals**
- To maximize the contribution of all individuals by leveraging our Diversity; working effectively with individuals of diverse backgrounds, style, education, organizational affiliation, ability and motivation.
- To better serve our patients and interact with patient's families in a way that demonstrates our understanding of different cultures, religions, traditions and languages.

## **VOLUNTEER RESPONSIBILITIES**

Serving as a volunteer is a privilege that carries with it high trusts and related obligations. The following lists responsibilities that you accept when you become a volunteer at Texas Children's Hospital.

A volunteer will exhibit the same high standards of behavior that are expected of the professional staff.

A volunteer's conduct will be consistent with and promotes the best interests of the patients, the staff and the Hospital.

A volunteer takes assigned duties seriously.

A volunteer maintains the confidentiality of the doctor/patient/hospital relationship.

A volunteer, when encountering situations not covered by specific guidelines, will consult with appropriate individuals before assuming responsibility.

## **PATIENT SAFETY PROGRAM**

Texas Children's Hospital is committed to providing a safe environment for all patients, families, medical staff, employees and visitors.

The Board of Trustees of Texas Children's Hospital (in partnership with the medical staff and leadership of Texas Children's) has implemented a comprehensive Patient Safety Program that includes proactive and continuous improvement of processes to ensure a safe environment.

The Patient Safety Program is based on the values of trust, honesty, integrity and open communication. It encompasses the elements of compassionate and respectful communication between physicians, caregivers, patients and families. All outcomes of care, expected and unexpected, that are important to the health care decision-making process are communicated with respect, compassion and accountability for all persons involved.

As volunteers, we ask that you notify your placement supervisor or a Volunteer Services staff person if you observe any situation within Texas Children's Hospital that you consider unsafe. You may also call the Texas Children's Confidential Hotline at 1-866-478-9070

## **HEALTH-INFECTION CONTROL POLICY**

**"Hand washing is the single most important means  
of preventing the spread of infection"**

The Center for Disease Control

Effective infection control procedures are essential for the safety of patients and volunteers. Infections and communicable diseases may pose a significant risk to many of our patients who have a lowered resistance. In order to protect all patients as well as others the following guidelines must be followed:

**HAND WASHING IS MANDATORY:** Hands must be washed:

- \* Upon arriving for your volunteer assignment
- \* BEFORE AND AFTER all patient contact
- \* After using the restroom
- \* Prior to and after eating.
- \* After you complete your volunteer assignment

Hand Washing Procedure:

- \* Roll up your sleeves to just below the elbow.
- \* Wet hands completely prior to using soap provided.
- \* Apply a small amount of soap.
- \* Spread soap over the entire area of hands and wrists.
- \* Rub vigorously for at least 10 seconds...
- . **Wash inside and top of hands, including between the fingers and all four sides of each finger and under rings.**

. Wash at least 2 inches up the wrist and forearm. Rinse well.

Turn off tap with paper towel and discard. Use clean paper towel to dry hands.

**If hands are not visibly dirty, an alcohol-based hand rub may be used for routine decontamination.**

Isolation is another means of preventing the spread of infection in the Hospital. Patients with an infection or a communicable disease that may be spread to others are placed in isolation.

There will be an isolation sign on the patient's door.

**Volunteers must check with a nurse before going into an isolation room.** A volunteer may choose **not** to go into an isolation room.

Prior to entering the room, you must wear the gown, gloves and/or mask as outlined on the isolation sign. These items must be removed and placed in the appropriately marked receptacle(s) when you leave the room. Hands must be washed properly after leaving the room.

**All healthcare workers, including volunteers who care for patients must have short, clean natural fingernails. Artificial nails carry germs that can infect patients.**

**Do not come to the Hospital if you are ill.** This is particularly important if you have a viral infection such as a cold, sinus infection, sore throat or stomach virus. If you are exposed to and have never had chicken pox, you must notify the Volunteer Office.

Cover any open cuts or sores with bandages

Wash your uniform prior to each visit if you have direct patient contact.

If you are unsure about any particular condition, please call the Volunteer Office.

### UNIVERSAL PRECAUTIONS

Universal Precautions are defensive measures used in the handling of all blood and body fluids. Texas Children's Hospital policy states that all employees and volunteers treat **ALL** patients' blood and body fluids as potentially hazardous. Report any blood exposure immediately to your supervisor.

### SPECIAL (BIOHAZARDOUS) WASTE

**Special waste is segregated from general waste. Any item which is visibly contaminated with blood or blood-tinged body fluids, or contains or had contained visible blood or blood-tinged body fluids will be placed in a cardboard biohazardous waste box with a red plastic bag liner marked with the biohazardous labels. Sharps (needles, scalpels, lancets, catheters, razor blades, instruments, etc.) are to be placed in a rigid sharps container. When these containers are 2/3 full, they are closed and the entire container is placed in the biohazardous waste box.**

**All used linens are to be placed in the labeled blue bag lined containers. No other items are placed in the linen containers.**

Call 4-2099 to page Safety for all chemical spills and page Pharmacy for chemotherapy spills.

Call 4-5000 for all blood spills.

### **LATEX ALLERGIES**

Latex or natural rubber is found in many medical devices such as surgical & examination gloves, catheters, anesthesia masks, stethoscope tubing, tourniquets, bulb syringes, band-aids, tape and infection ports in IV tubing. Local reactions such as dermatitis or blisters are most common and occur 24-48 hours. Systemic allergic reaction such as wheezing, conjunctivitis, facial swelling, flushing are usually immediate. If anyone suspects that s/he has a latex allergy, s/he should notify Employee Health **BEFORE** they start volunteering.

## **SAFETY INFORMATION**

**CODE RED** - the term for a **CARDIAC or RESPIRATORY ARREST**.

**CALL ext. \*9999**

Volunteers who have patient contact are considered code callers. In the event that an emergency situation arises when you are with a child, you are expected to respond by calling ext. \*9999 for immediate assistance. **This extension is used only at the main hospital campus.** For emergencies at the Meyer Building, Nabisco Building, TCPA offices and health centers dial **911**.

**CODE PINK** is defined as the official global notification that a patient abduction is a potential occurrence or has actually occurred. All volunteers should call **\*9999** immediately and report **Code Pink** if it is believed that an abduction or attempted abduction has been committed on properties owned or controlled by Texas Children's Hospital.

All volunteers are to remain alert to the following situations. Any suspicious activity like those listed below should be reported immediately to Security Services at **45400**.

After hours visitors who do not have ID badges or are in the wrong area for the badges they are wearing.

Any suspicious or uncooperative visitor

Any Unusual behavior encountered from individuals, such as the following:

Repeated visiting to hold or just see infants.

Close questioning about Hospital procedures.

Improper identification

Physically carrying an infant.

**Child Abuse and Neglect:** Report any suspicion of abuse, neglect, and sexual abuse to the patient's nurse immediately.

Do not give media interviews It is important to maintain patient confidentiality at all times

**ALWAYS WEAR YOUR ID BADGE AND UNIFORMS**

### **BALLOON POLICY**

Latex/rubber balloons and similar products create safety hazards for small children (i.e. choking). Therefore, it is the policy of Texas Children's Hospital to ban the sale, use or display of latex/rubber balloons. Mylar balloons are allowed, however.

### **CELLULAR PHONE POLICY**

Families and visitors in the public areas of the Hospital and in patient rooms may use cellular phones. Cellular phones and other electronic devices are NOT allowed in any of the Intensive Care Areas, including nurseries. Battery operated pagers are allowed. Volunteers should leave their cellular phones in their locker in the Volunteer Office while volunteering.

## **DISASTER MANAGEMENT PLAN**

The three levels of activation of the emergency preparedness plan are (1) IMT Response, (2) CARLA ALERT and (3) CARLA.

**IMT Response:** The Incident Management Team (IMT) is a group of TCH employees who will be notified and/or respond to all emergent situations. If the IMT members feel that additional support is needed, the activation level is raised to

**CARLA ALERT** means a situation is pending and may or may not be announced over the public address system. This decision is at the discretion of the Administrator-on-call.

**CARLA**, announced over the public address system, means an emergency situation is in progress.

**CARLA CLEAR:** The emergency situation is over.

Volunteers are not expected to come in to volunteer during a hospital-wide emergency/disaster.

### **EMERGENCY FIRE PROCEDURE**

#### **DO NOT SHOUT FIRE UNDER ANY CIRCUMSTANCES**

Volunteer Services department personnel and volunteers immediately implement the R.A.C.E. procedure at the scene of a fire, whether it is within the department or elsewhere.

**Rescue** - The safety of patients comes first. If a patient is in immediate danger, remove the patient to safety before doing anything else.

**Alert** – Activate fire alarm system by pulling the closest fire alarm pull station and report the fire to the Hospital operator at extension \*9999. (At the Meyer Building, Nabisco Building, TCPA office and health centers dial 911.) Once the system has been activated, you will hear the following announcement on the PA system: “Paging **DR PYRO, STAT**) and the location of the fire. When the fire emergency or drill is complete the operator will announce **DR PYRO, ALL CLEAR**.

**Contain/Confine** - Contain the fire by closing windows and doors.

**Extinguish** - Try to control the fire by using the proper extinguisher, but only if your safety can be assured. Volunteers in their particular position placements need to support the department in which they work. They may be asked simply to wait at the stairwell door, unless the fire is on that floor.

**Only the Fire Department or Nursing Administrative Coordinator (NAC) can authorize evacuation down the stairs and out of the building.**

### **FIRE EXTINGUISHER**

Portable fire extinguishers are located on each floor in sliver paneled fire hose cabinets. If you are trying to extinguish a small fire by using a fire extinguisher remember the letters **PASS**.

**P – Pull the pin**

**A – Aim at the base of the flames**

**S – Squeeze the handle**

**S – Sweep from side to side.**

**ELEVATORS** In the event of a fire emergency, the elevators should be used only under the direction of the Houston Fire Department.

**EVACUATION** Evacuation routes are posted on each floor. Know the location where they are posted and the recommended evacuation route before an emergency occurs.

Whether you attend an orientation session in Volunteer Services, or receive an orientation with the department with which you are volunteering, you should be able to answer the following questions before beginning your experience at Texas Children's.

1. ALL soiled linens are placed in what color bags?  
Blue  
Green  
Red
2. Standard Precautions are best demonstrated by:
  - a. Treating only known infectious materials as hazardous.
  - b. Washing hands only if you handle blood/body fluids
  - c. Treating all patients' blood and body fluids as potentially hazardous
3. One action that you would NOT take when responding to a hospital fire emergency is:
  - a. Alert other staff on the unit
  - b. Pull the fire alarm
  - c. Call out "fire"
4. In the Hospital's fire response program, what does R.A.C.E. stand for?
  - a. **R**un, **A**larm, **C**ondense, **E**vacuate
  - b. **R**escue, **A**lert, **C**onfine or **C**ontain, **E**xtinguish
  - c. **R**emove **A**ll **C**hildren **E**arly
5. The number for reporting a hospital emergency or possible child abduction is?
  - a. 41111
  - b. 44444
  - c. \*9999
  - d. 45400
6. What is the phone extension for the Security Department?
  - a. 42525
  - b. 46330
  - c. 45400
  - d. 41111
7. What is the easiest and one of the most effective ways to prevent the spread of infection?
  - a. Observe isolation precautions
  - b. Wash hands
  - c. Put trash in garbage containers
8. During a hospital stay children may
  - a. Regress developmentally
  - b. May be more anxious and shy than usual
  - c. Express feelings of anger or sadness without adult disapproval
  - d. All of the above