

**Medical University of South Carolina Medical Center  
Volunteer Services Annual Organizational Competency  
Study Guide with Code of Conduct**



**How to Contact Us**

If you have any questions about any of the information contained in this booklet, please feel free to ask. We want our volunteers to be informed and safe while volunteering at MUSC.

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# FIRE SAFETY

The threat of fire should concern each of us at all times. Reducing this threat is possible only with the full cooperation of the staff and volunteers.

## **Medical University Fire Plan:**

- RESCUE
- ALARM
- CONTAIN
- EXTINGUISH

## **Do's and Don'ts of Fire Safety:**

- DO: Report unsafe equipment and conditions.
- DO: Properly store flammable liquids.
- DO: Know locations of fire extinguishers.
- DON'T: Block fire doors or fire equipment.
- DON'T: Chock, wedge or tie doors open.
- DON'T: Store items in corridors.

## **Evacuation buildings have loud, continuous alarms.**

You should:

- Proceed to stairwell/exit immediately.
- Move away from facility.

## **“Defend-in-Place” buildings have:**

- Fully automatic sprinkler systems.
- Smoke barriers.
- Addressable fire alarm systems.
- Annual Fire/Life Safety updates.
- Quarterly fire drills on every shift.

## **What will happen/What you should do:**

- Alarms “chime” and have flashing strobe lights.
- You will hear a “Code Red” announcement.
- You should then clear all corridors.
- If directed, move patients and equipment horizontally to adjacent smoke compartment.
- Use of stairwell as last resort.

## **Know Your Portable Fire Extinguishers:**

**Water:** Large silver vessel. For Class “A” combustible fires.

**CO2:** “Horn” nozzle. For flammable liquids and electrical fires.

**Dry Powder:** Multi-purpose for all classes of fires





## DISASTER & EMERGENCY POLICIES FOR MEDICAL UNIVERSITY VOLUNTEER SERVICES

### WEATHER EMERGENCY:

#### ***DO NOT COME TO THE HOSPITAL!***

If volunteers are already in the hospital when the weather emergency (hurricane, flood, storm, or other emergencies) occurs, report to the Volunteer Office to check out. The Medical Center and Volunteer Office Staff are responsible for all volunteers in the hospital.

### EMERGENCY / DISASTER INCIDENT:

In the case of a disaster within the hospital, request permission from the manager in your assigned area to return to the volunteer office. If permission is granted, report to room 101, Volunteer Services, in the North Tower (main lobby by the Admissions desk) for further instructions. Remain in the office until dismissal or relocation. Volunteers reporting in the Volunteer Office must sign a disaster sign-in sheet. Volunteers will then be asked to drive home or arrange transportation if allowed to leave the hospital. Volunteers are asked not to report to the hospital in an emergency unless specifically called.

### INTERNAL EMERGENCY:

*DO NOT USE THE ELEVATORS* in the case of fire, bomb threat or earthquake unless specifically approved by the fire marshal. The manager in the area that you are volunteering in will give you directions. If there is an evacuation, stay with the people in your work area. If necessary you may be instructed to return home.

### ACCIDENTS:

#### **REPORT ANY ACCIDENT IMMEDIATELY TO THE SUPERVISOR IN YOUR AREA.**

Any volunteer injured or involved in an accident while on duty, **should report the incident immediately to the manager in their work area, as well as the Volunteer Services Office at 792-3580 or 792-3344.** After hours, notify Public Safety at 792-4196. Volunteers are responsible for medical treatment costs.

**For obtaining emergency medical service within the hospital, call the communications emergency operator at **792-3333**. Give your name, location and what is needed.**



# SAFETY, SECURITY and EMERGENCY RESPONSE

## Medical Center Security

MUSC Medical Center Safety and Security is a proactive force, working as a team with all persons within the Medical Center. Medical Center Safety and Security Officers are present at main entrances of Medical Center facilities and proactively patrol throughout the Medical Center facilities. Medical Center Safety and Security provide access control, ID badge/visitor pass verification, package inspection, patient room inspection, surveillance cameras, lost and found services, and escort to your car, general directions, access to locked doors and ensure a smooth, safe flow of traffic. Safety and Security Officers are available 24 hours a day, seven days a week. To contact security call Ext. 2-4196.

## Wear Identification Badges

You must wear your identification badge with photograph visible whenever you are in the Medical Center.

## Assist Visitors

Staff should direct persons without an ID to the facility Security Desk. All visitors should obtain a guest badge upon entrance to the hospital and wear it at all times. Intensive Care Units and other specialized units may make other arrangements. After hours, visitation is limited to immediate family members, who are over 12 years of age. Children may visit with patients in the Medical Center, however; visits by children under the age of 12 should be coordinated with the patient's healthcare team, and the patient/patient's spokesperson. Children must be accompanied by an adult, other than the patient, at all times. Children visitors may be asked to leave patient care areas if their actions interfere with the safety and care of patients.

## Report Falls and Spills

Should you observe someone fall or observe a spill on that is not hazardous in any area, please notify Public Safety at Ext. 2-4196, or contact the North Tower Security Desk at Ext. 2-5077.

**Workplace Violence Prevention** Workplace violence is not tolerated at the Medical Center. Some of the behaviors like **increased use of alcohol or illegal drugs** and **explosive outbursts of anger and/or rage** indicate possible pending violence.

## Threatening Telephone Calls

Contact telecommunications operator at 2-4196 in case of suspicious, threatening or harassing telephone calls.

## How You Should Handle a Bomb Threat Telephone Call:

- ▶ Remain calm (get someone else on the phone)
- ▶ Keep the caller on phone
- ▶ Obtain information (from caller):
  - ▶ Time of bomb explosion
  - ▶ Location of bomb
  - ▶ Why the bomb was placed



## Remember:

The caller's voice and accent.

Background noise.

Report all information to immediate supervisor (ask to call 2-4196).

**Report theft, suspicious persons, and/or suspicious telephone calls or packages to Public Safety 2-4196.**

## JEANNE CLERY ACT – CRIME STATISTICS

The Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act (formerly known as the Federal Student Right-to-Know and Campus Security Act of 1990) requires institutions to:

- publish an annual report every year by October 1 that contains three years of campus crime statistics and certain campus security policy statements;
- disclose crime statistics for the campus, public areas immediately adjacent to or running through the campus, and certain non-campus facilities and remote classrooms. The statistics must be gathered from campus police or security, local law enforcement, and other MUSC officials designated Campus Security Authorities (hereafter known as CSAs) who have "significant responsibility for students and campus activities;"
- provide "timely warning" notices of those crimes that have occurred and "pose an ongoing threat to students and employees;" and
- disclose in a public crime log "any crime that occurred on campus . . . or within the patrol jurisdiction of the Medical University of South Carolina Department of Public Safety (known hereafter as MUSCDPS) and is reported to the MUSCDPS.

Full Information can be found on the Medical University of South Carolina Department of Public Safety's website at: [http://academicdepartments.musc.edu/vpfa/publicsafety/reports/clery\\_report.htm](http://academicdepartments.musc.edu/vpfa/publicsafety/reports/clery_report.htm)

## ACTIVE SHOOTER GUIDELINES

*If you are the victim or witness to an active shooter situation or any other crime at any off-campus facility, just dial 9-1-1 to contact the local police agency having jurisdiction.*

The MUSC Department of Public Safety along with local and state police has adopted accepted law enforcement response procedures to contain and terminate such threats as quickly as possible. The following guidelines taken from those sources will enable you to take appropriate actions for yourself and are intended for emerging or in progress situations.

### **General Guidelines to Remember:**

- Remain Calm
- Trust Your Instincts
- Act Smart
- Make Good Decisions
- Take Care of Yourself
- Take Care of Others



### **Immediate Action(s):**

- Run only if a safe path is available. Always try and escape or evacuate even if others insist on staying;
- Encourage others to leave with you but don't let the indecision of others slow down your own effort to escape;

- Once you are out of the line of fire, try to prevent others from walking into the danger zone and call Public Safety at 792-4196;
- If you can't get out safely, find a place to hide or Shelter-in-Place (SIP).
- Shelter-in-Place (SIP) is a protective action to stay inside a building to avoid external hazards such as severe weather (such as tornado), hostile intruder, or a hazardous material release. When Shelter in Place is warranted, you will be appropriately advised by police, fire, safety or University officials via emergency notification system, University web site, or other appropriate means.

### **General Steps to Shelter in Place for an active shooter situation:**

- Stay where you are or go into the nearest room with a door;
- Secure the immediate area. Whether a classroom, residence hall room, office, or restroom;
- If able, lock or barricade the door. Block the door using whatever is available: desks, tables, file cabinets, other furniture, books, etc.;
- After securing the door, stay behind solid objects away from the door as much as possible;
- If an assailant enters your room and leaves, lock or barricade the door behind him/her;
- If safe to do so, allow others to seek refuge with you.
- Take appropriate steps to reduce your vulnerability:
  - Close blinds or curtains;
  - Close and block windows;
  - Turn off radios and computers;
  - Silence cell phones;
  - Place signs in exterior windows to identify your location and the location of injured persons.
- Keep people calm and quiet;
- After securing the room, people should be positioned out of sight and behind items that might offer additional protection – walls, desks, file cabinets, bookshelves, etc.;
- Do not sound fire alarms. This may cause others to flee the buildings and put them at risk; and
- Wait for the "all-clear" message from authorities.

### **Unsecured Areas**

If you find yourself in an open area, immediately seek protection:

- Put something between you and the assailant;
- Consider trying to escape, if you know where the assailant is and there appears to be a safe escape route immediately available to you. Escape routes may include the surrounding neighborhood;
- If in doubt, find the safest area available and secure it the best way you can.

**Call Public Safety at 2-4196 (843-792-4196).** Program this emergency number into your cell phone. Be aware that the emergency telephone systems may be overwhelmed during this type of incident. All emergency situations should be reported to the Department of Public Safety by dialing 2-4196 (843-792- 4196). Be prepared to provide the dispatcher with as much information as possible, such as the following:

- What is happening;
- Where you are located, including building name and room numbers;
- Number of people at your specific location;

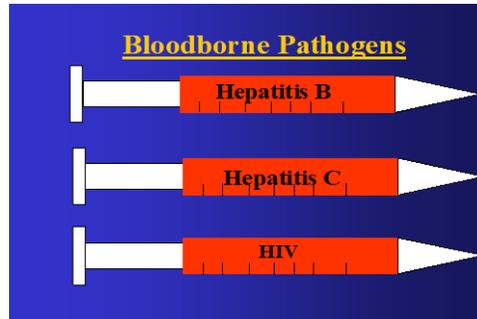
- Injuries if any, including the number of injured and types of injuries;
- Your name and other information as requested.

## BLOODBORNE PATHOGENS TRAINING

***For questions during this training session, call 843-296-4639 or the Infection Control Practitioner on call.***

### **MUSC Cares About Your Safety**

Especially about protecting you from diseases carried in blood and other potentially infectious materials (OPIM). OSHA's Bloodborne Pathogens Standard (29 CFR 1910.1030) applies to ALL occupational exposure to blood and OPIM.



### **Methods of Transmission of Bloodborne Pathogens**

- Needles / Sharp Sticks
  - Splashes to eyes, nose and mouth
  - Cuts already present
- **Hepatitis B Virus**
    - Carried in the blood
    - Causes liver disease
    - May be chronically infectious, but rare
    - Preventable with vaccine
    - Up to 30% chance of transmission from exposure without vaccine
    - Post exposure treatment is available
    - Hepatitis B vaccine available for **ALL AT RISK EMPLOYEES\*** at no charge through Employee Health Services at 792-2991.  
(\***AT RISK** means staff who are in direct contact with patient blood or body fluids)
  - **Human Immunodeficiency Virus (HIV)**
    - Weakens the body's immune system
    - Can remain silent for years before causing AIDS (Acquired Immune Deficiency Syndrome)
    - No vaccine currently available
    - Percutaneous transmission estimated to be 0.3%
    - Post exposure medication should be administered ASAP!
  - **Hepatitis C**
    - May become chronic
    - May lead to liver cancer
    - No vaccine

- 3% chance HEP C with exposure

## INFECTION CONTROL - HAND HYGEINE

# REMEMBER TO WASH YOUR HANDS



- Hand hygiene is the most effective way to prevent the spread of infection.
- Hands should be washed:
  - Before and after eating
  - After use of the bathroom
  - After sneezing or blowing your nose
  - Before and after smoking
  - After handling contaminated items or hospital equipment
  - Before and after food preparation /patient drink delivery
  - At entry and exit to/from patient room/side
- Soap and water or alcohol based products may be used.
  - When washing with soap and water, apply to all surfaces of hands with friction for at least 15 seconds.
  - When using alcohol product, apply to all surfaces of hands and continue rubbing until hands are dry.
  - Allow hands to dry before donning gloves
  - Wash hands after removing gloves
- ❖ **The World Health Organization and the Centers for Disease Control and Prevention require that you perform hand hygiene using soap and water when your hands are visibly soiled, or bloody.**
- ❖ **Always use soap and water with a patient with C. Diff.**

### And REMEMBER:

- ❖ **Volunteers should not report to volunteer when they are sick!**
- ❖ **Volunteers must stay up to date on all vaccines including seasonal Flu shots.**

### Methods of Compliance

- Standard Precautions
- Engineering Controls (i.e., Safety Devices)
- Work Practice Controls (i.e., Handwashing)
- Personal Protective Equipment (PPE)
- Always readily available as required by law
- Environmental Issues (i.e., Proper handling of contaminated items)

## INFECTION CONTROL SIGNS TO KNOW

### Standard Precautions



**STANDARD PRECAUTIONS**  
**FOR INFECTION CONTROL**

**Handwashing**  
Wash after touching **body fluids**, after removing gloves, and between **patient contacts**.

**Gloves**  
Wear **Gloves** before touching **body fluids**, mucous membranes, and nonintact skin.

**Mask & Eye Protection or Face Shield**  
Protect eyes, nose, mouth during procedures that cause **splashes** or **sprays** of **body fluids**.

**Gown**  
Wear **Gown** during procedures that may cause **splashes** or **sprays** of **body fluids**.

**Patient-Care Equipment**  
Handle soiled equipment so as to prevent personal contamination and transfer to other patients.

**Environmental Control**  
Follow hospital procedures for cleaning beds, equipment, and frequently touched surfaces.

**Linen**  
Handle linen soiled with **body fluids** so as to prevent personal contamination and transfer to other patients.

**Occupational Health & Bloodborne Pathogens**  
Prevent injuries from needles, scalpels, and other sharp devices.  
Never recap needles using both hands.  
Place sharps in puncture proof sharps containers.  
Use **Resuscitation Devices** as an alternative to mouth-to-mouth resuscitation.

**Patient Placement**  
Use a **Private Room** for a patient who contaminates the environment.

\*Body Fluids\* include blood, secretions, and excretions.

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- Consider all patients potentially infectious.
- Use appropriate barrier precautions at all times.

### Contact Precautions



Antibiotic Resistant Organisms - infected or colonized (MRSA, VRE, GNB, others) – marked in eCareNet Viewer.

RSV (Respiratory Syncytial Virus).

C. difficile and others.



# Airborne Precautions



TB, Varicella (with contact), Measles.

Requires special negative pressure room.

TB requires specially fitted N-95 respirator mask.

Keep door closed.

**AIRBORNE PRECAUTIONS**  
(In addition to Standard Precautions)

Visitors — Report to Nurses' Station Before Entering Room

1. Private Room that has:
  - Monitored negative air pressure
  - 6 to 12 air changes per hour
  - Discharge of air outdoors or HEPA filtration before air is recirculated.**KEEP THE ROOM DOOR CLOSED AND THE PATIENT IN ROOM**
2. Respiratory Protection
  - Wear an N95 respirator mask for known or suspected AFB disease.
  - Susceptible persons should not enter the room of patients with known or suspected measles (rubeola) or varicella (chicken pox) if immune caregivers are available. If susceptible persons must enter the room, wear appropriate mask.
3. Limit the movement/transport of patients from room to essential purposes only. During transport, minimize the spread of droplet nuclei by placing a surgical mask on the patient, if possible.

# Droplet Precautions



Pertussis

Meningococcal meningitis or pneumonia

Flu

Group A Strep

Others

**DROPLET PRECAUTIONS**  
(In addition to Standard Precautions)

Visitors — Report to Nurses' Station Before Entering Room

1. Private Room. When a private room is not available, cohort with patient(s) who has active infection with the same microorganism but with no other infection. Maintain spatial separation of at least 3 feet from other patients and visitors if cohorting or private room is not available.
2. Mask required when entering room.
3. Limit the movement/transport of patients from room to essential purposes only. During transport, minimize the spread of droplets by placing a surgical mask on the patient, if possible.

## This Patient is at “Increased Risk for INFECTION”



Wash Hands for 15 seconds  
If you are sick – DO NOT VISIT  
Only 2 visitors at a time  
No children under 12 years of age  
No plants or flowers  
Check for Dietary precautions



Lavarse las manos por 15 segundos  
Si está enfermo – NO VISITE  
Solo 2 visitantes a la vez  
No se permiten visitas de niños menores de 12 años de edad  
No se permiten plantas ni flores  
Revise si hay precauciones de dieta

## Follow Neutropenic Precautions



1. Hand Hygiene upon entry – *Practique la higiene de las manos al entrar*
2. Wear Gloves – *Utilice guantes*
3. Gown Required – *Se requiere bata*
4. Use dedicated equipment - *Utilice equipo específico*
5. Clean items leaving room – *Limpie artículos al salir de la habitación*
6. Hand Hygiene upon exiting – *Practique la higiene de las manos al salir*

## Contact Precautions

to be used by All Staff and Visitors

***PRECAUCIONES DE CONTACTO***

***deben ser utilizadas por Todo el Personal y Visitantes***

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### Additional Infection Control Information

#### Engineering Controls

- Controls (e.g., sharps disposal containers, sheathed needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace.

## Needle Stick Safety and Prevention Act, P.L. 106-430

- Mandated OSHA clarify and revise the Bloodborne Pathogen Standard.
- MUSC must select and implement appropriate engineering controls to reduce or eliminate employee exposure “Where engineering controls will reduce employee exposure either by removing, eliminating, or isolating the hazard. They must be used.” Ex.: sharps and boxes
- Hands that are not visibly soiled can be sanitized using an application of one of the alcohol hand sanitizing agents. Soap and water must be used if hands are dirty or contaminated with blood or OPIM.

## OSHA PPE Standard Requires

- Work Area Specific Hazard Determination
- Eliminate hazards where possible
- Select and train on proper PPE
- Ensure use of PPE
- Address PPE maintenance
- Have PPE readily available

## Contaminated Linen

- Treat all used linen as potentially infectious.
- Handle with gloves and place in appropriately labeled linen bags and secure.

***DO NOT OVERFILL  
And hold away from body***



- ❖ **Eating, drinking, applying cosmetics and handling contact lenses are prohibited in area where there is a potential for exposure to blood and OPIM.**
- ❖ **Volunteers should not perform any direct patient care**

## Exposure Control Plan

- This plan is located on the MUSC Intranet under MUSC Occupational Safety and Health Manual.

## What to Do If You Have an Exposure

- Act Fast - Don't wait to report
- EYES- Flush with water
- Wash exposed site with soap and water
- M-F dayshift - Call Health Services (**2-2991**) for Authority, University and UMA employees, and **2-3664** for students. Source lab drawing information will be given. After hours/holidays - call **2-2123** and page Hospital Supervisors on call.

For other concerns, please call MUSC Occupational Safety and Health at 792-3604 or the Infection Control Department at 792-4308

## WHAT IS CONFIDENTIALITY?

At MUSC, we take confidentiality, security and privacy of patient information seriously. All information acquired about patients, families or hospital personnel is considered confidential. Because of this responsibility to our patients, volunteers as well as paid staff must keep all information seen and heard at the hospital confidential. Volunteers are not allowed to disclose patient information.

### *Patient Information is Confidential*

#### **Our Commitment To Confidentiality**

The healthcare industry takes confidentiality very seriously.

**It's about building relationships.** Patients will not share personal information unless they can trust the provider and its employees to keep that information confidential.

**It's about providing quality healthcare.** Medical treatment has a better chance of success when patients have full trust in both their healthcare provider and facility.

**It's about the law.** Recent legislation imposes large fines and possible criminal prosecution for both healthcare organizations and their employees in the event that guidelines provided to protect confidentiality are not followed. You can be held personally responsible for breaches of confidentiality!



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#### **Considerations**

Hospitals have a responsibility to maintain the security and confidentiality of data and information. When making decisions about access to protected information the following must be considered:

- Who has access to what information?
- What kind of audit trail will be used to record who accessed information and what information was accessed?
- Which users have an obligation to keep information confidential?
- When is the release of health information or removal of records permitted?
- How and when consent for release of information is required?
- What process will be followed when confidentiality and security are violated?



## HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

HIPAA stands for the Health Insurance Portability and Accountability Act of 1996. This act requires that everyone, including volunteers, safeguard and protect patient information. This information can be oral, written or electronic.

- We have a duty to protect and safeguard certain types of patient information known as Protected Health Information (PHI), which is any identifiable information that includes medical records, conversations, faxes, or e-mails and texts which include patient information (examples: name, address, phone numbers, dates of birth, dates of service, diagnoses and social security numbers, etc.). Any health information that specifically identifies a patient is considered PHI.
- Images, including photographs, are considered PHI. MUSC policy states that video, photography and/or audio recording a patient or family members (including taking pictures with a cell phone or other devices) is strictly prohibited unless it is authorized in writing and approved by hospital management.
- Volunteers are not allowed access to patient charts.
- Any printed or written material containing patient and/or family information is confidential and is the property of MUSC. Immediately after use or at the end of your shift, please dispose of it in one of the shredder boxes located around the hospital or in Volunteer Services. Never dispose of patient information in any open area trash bin.
- Patient information should never be discussed in social media formats such as Facebook, Twitter, etc.
- Never discuss information about patients in public areas or outside of the facility. Patient information should only be shared with people authorized to have it. Hallways, elevators, cafeterias and even your home are not appropriate places to discuss confidential information.
- Your responsibility is to understand HIPAA and confidentiality. Remember:
  - Anything you see,
  - Anything you hear,
  - Anything you read,
  - Anything you already know about a patient or family,
  - Must Be Kept Confidential!

If PHI is involved ... STOP! Ask yourself: Is this part of my assigned volunteer duty? If the answer is NO ... DO NOT pass the information along unless you are specifically authorized to do so.

Providing for the security of patient information is of the utmost importance. It has always been against MUSC policy to improperly share, use or dispose of patient information. We treat privacy seriously, which is why every volunteer and team member is required to attend Compliance and HIPAA orientation. A breach of privacy may result in forfeiting your ability to volunteer at MUSC. Under HIPAA, wrongful and willful disclosure of health information carries fines and can involve jail time.

If you have any questions or concerns, please ask a member of Volunteer Services Office, contact the Hospital Privacy Office at 843-792-4037 or contact the Confidential Hotline at 800-296-0269.

## Conversations

Sometimes conversations about confidential information that begin in a secure area are continued into a public area. For example, you may be discussing a patient with a co-worker and continue your conversation on your way to lunch. If a friend or business associate of the patient is in the facility, they may overhear your conversation as you pass them in the hall. This would be a serious breach of patient confidentiality.

Never discuss information about patients in public areas or outside of the facility. Patient information should only be shared with people authorized to have it.

Hallways, elevators, cafeterias and even your home are not appropriate places to discuss confidential information.

If you hear someone talking inappropriately, you should remind them to be careful with their conversation.



## Confidentiality Breaches

Other ways patient confidentiality may be breached include:

- Unauthorized reading of patient information
- Unauthorized use of a computer to access patient information
- Attempting to access confidential information without proper authorization

## Observations

Patients may come into contact with physicians, nurses, or other health care personnel who are in training. These encounters should not violate their privacy or the confidentiality of their treatment.

Patients have the right to refuse observation by anyone who is not directly responsible for their care. However, many patients benefit from having their case reviewed by people with all levels of medical experience.

## Employee Confidentiality Policies

Here are examples of ways to protect confidential employee/patient information.

- Follow guidelines established by the Human Resource department for giving references about current or former employees.
- Release only the employment status of the employee (title, dates of employment and full or part-time status) for credit checks over the telephone. No other information may be given!
- Do not give employee information to attorneys, private agencies, or other individuals without the employee's consent.



# CULTURALLY COMPETENT CARE AT MUSC

## Cultural Competency

- The ability to provide care to patients with diverse values, beliefs and behaviors.
  - These factors could influence a person's feelings about illness and healthcare.
- Cultural competence is achieved when:
  - The patient receives care that is effective, respectful and understandable.
- The institution recruits, retains and promotes a culturally diverse staff and leadership.
  - Staff receives continuous education/training in culturally and linguistically appropriate care.
- The U.S. Census Bureau defines race as a concept that reflects self-identification and is not scientific or anthropological in nature. It includes both racial and national-origin groups.



## Communication

- Non-verbal communication consists of facial expressions, body posture and eye contact. Non-verbal communication comprises more than half of the total message we send.
- Some of our patients may speak limited English or may be Deaf/Hard of Hearing. For these patients, MUSC offers the following services:
  - **Telephonic Interpretation Services** – MUSC contracts with Pacific Interpreters to provide telephonic interpretation for patients. This service is available 7days/week; 24 hours/day; 365 days/per year in over 200 languages. To access telephonic interpretation services, call 1-855-305-0998. Provide the organizational code, (318399) and request an interpreter that has the same language and gender as the patient.
  - **In-house Conference Calls:** In some instances, providers may need to communicate to patients who speaks Spanish but may not need an interpreter to be present in the room. In this instance, the provider could contact the MUSC In-house Interpretation Services Department by calling **2-4595**.
  - **In-person Medical Interpretation Services, (for patients who speak Spanish).** This team is available 24hours/day; 7days/week; 365 days/year, effective May 1, 2016. Providers who would like to request an in-person medical interpreter can do so by using an online tool called ServiceHub. This tool can be accessed online by visiting (MUHA Intranet/Quick Links/ServiceHub).
  - **In-person Medical Interpretation (for patients who are Deaf or Hard of Hearing) -** In-person interpretation services is available 24 hours/day; 7 days/week; 365 days/year.
    - Hospital staff Sign Language Interpreters I are available Mondays – Fridays from 8:00am-4:30pm.
    - For After Hours and Weekends: Providers should contact Charleston Interpreting Services at 678-446-7780.

## Interpretation Services

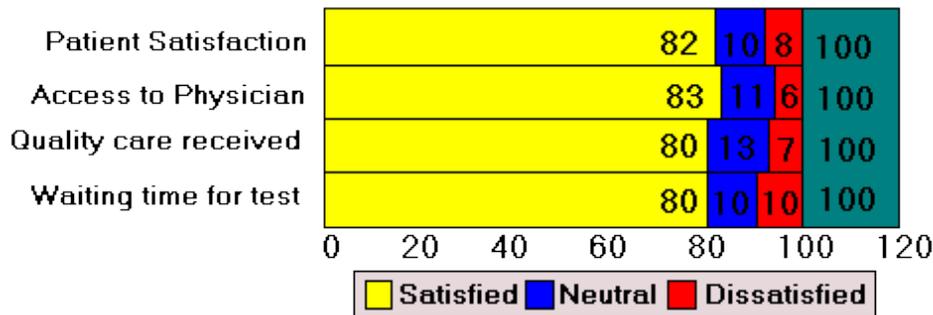
- MUSC Medical Center Policy A-30 specifies that MUSC Medical Center will provide the services of a medical interpreter 24 hours/ day for patients who require such, during the course of treatment, at no cost to the patient.
- Family, friends and children should NOT be used as medical interpreters.
- Only medical interpreters who are approved by MUSC should be used in this capacity.

- A medical interpreter is a specially trained professional who is fluent in both English and another language, has an in-depth understanding of medical terminology, and abides by the Standards of Practice and Code of Ethics for Medical Interpretation, and maintains comprehension and familiarity with healthcare industry standards and guidelines that govern this discipline
- All patients should be made aware that there is no cost for interpretation services at MUSC. Providers should ask the patient about the preferred language to receive medical information. If the preferred method is a language other than English and the provider believes that an interpreter is needed, an interpreter, whether in-person or telephonic, should be used throughout the care continuum.

## PERFORMANCE IMPROVEMENT and CUSTOMER SERVICE

### Improving Patient Satisfaction

Through feedback from patients, hospitals can develop reports, sometimes called *Report Cards*. These provide information about quality of care, cost, and patient satisfaction. Report Cards show the areas where quality has improved, as well as areas where improvement is needed. Report Cards can also help patients make informed decisions about where they receive care.



The quality of healthcare services and the safety measures taken in relation to these services have always been a concern to healthcare consumers. In recent years, cost has become an important factor as well. To a healthcare consumer, the VALUE of a service is determined by the sum of its safety measures, its quality, and its cost. Consumers will choose healthcare providers who offer the highest value.

$$\text{Safety} + \text{Quality} + \text{Cost} = \text{Value to Customer}$$

### What makes patients satisfied?

Patients expect staff to have the clinical knowledge and skills to care for them. They also expect to be treated with caring and respect.

It is a combination of technical skills **and** interpersonal skills that characterize excellent customer service.

The two important components to customer service are:

- Technical skills
- Interpersonal skills - lots of smiles

Both are vital to a team member's ability to perform his or her role effectively. The technical component comprises the skills, training, and credentials necessary to do a given job. For example, a respiratory therapist must be able to demonstrate a specific level of education and have certain credentials to be employed. Once employed, he or she must demonstrate continued ability to perform the functions of the job.

## WHAT IS THE CULTURE OF SAFETY?

**Vital to patient safety**  
**Speak Up with concerns**

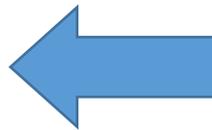
- **Report** events
- **Learn** from past events and improve
- **Respond** to human behavior in Just Culture



### Reporting Culture

Anything “unusual” or “unexpected”  
 OR

Any event that is not consistent with policy or routine operation of the Medical Center  
 Can also call Hospital Risk Management or call 792-ALTR (a line to report)



Patient Safety Intelligence  
 (PSI)

### Learning Culture

### Just Culture

#### Continuous Learning Culture



A just culture is based upon:

- › Rewarding reporting.
- › Placing value on open communication.
- › Placing more emphasis on learning.
- › Sharing of accountability for outcomes.
- › Applying discipline in a fair and consistent manner based on the situation and the intentions (behavioral choices) of the individual.

## THE STROKE PROGRAM AND THE BRAIN ATTACK TEAM (BAT) AT MUSC

The **BAT Team** at MUSC includes:

- Neuro-Intensivist
- Stroke Neurologist
- Stroke Program Nurse Coordinator or NSICU Charge RN
- Support Staff also on page:
  - Neurology House-Staff
  - Neurosurgery
  - Interventional Neuro-Radiology

**When you should reach for the BAT Phone and dial 2-3333**

- If the person is experience any of these stroke warning signs:
- Loss of sensation
- Weakness (especially one-sided)
- Confusion
- Trouble speaking or understanding
- Dizziness, loss of coordination, balance or trouble walking
- Sudden severe HA without known cause

### ***B.E. F.A.S.T FOR STROKE***

**BALANCE:** Is the person suffering from sudden loss of balance?

**EYES:** Does the person have sudden double vision, or loss of vision in one or both eyes?

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

**ARM:** Ask the person to raise both arms. Does one arm drift down?

**SPEECH:** Ask the person to repeat a simple sentence. Are the words slurred? Can he/she repeat the sentence correctly?

**TIME:** If the person shows any of these symptoms, time is IMPORTANT!!!

If in the hospital at MUSC dial **2-3333** for the Brain Attack Team...if out of the hospital dial 911!!!



## WHAT IS WEIGHT BIAS?

Weight bias refers to:

- Attitudes that negatively affect our interpersonal interactions.
- A person who is stigmatized because he or she is overweight or obese.
- Stereotypes ascribed to obese individuals increases their vulnerability, unfair treatment, prejudice, and discrimination.

Stigmatizing attitudes toward obese individuals usually emerge when people believe that excess weight is controllable and is a problem of lack of personal responsibility (Brownell et al., 2009).

- Consequences of Weight Bias include:
  - Negative Emotional Consequences:
    - Depression
    - Anxiety
    - Low self-esteem
    - Social rejection
    - Suicidality
  - Negative impact on physical health and behaviors that contribute to obesity:
    - Unhealthy weight control behaviors
    - Binge-eating episodes
    - Avoidance of physical activities

Honestly describe to yourself the feelings you may have toward this obese person. What are the labels you give this person? Is this person worth your best care?

Would you treat this person differently than the person in the previous photo? This is the same person, after having lost 110 lbs., 12 months after bariatric surgery.



This is the same person, after having lost 110 lbs., 12 months after bariatric surgery.



**What you can do.....Check your own attitude!**

## EARLY HEART ATTACK CARE (EHAC)



### Chest Pain Center Emergency Department

- Treats and provides evaluations and diagnosis for patients that are experiencing symptoms of a heart attack.
- Is nationally accredited by the Society of Chest Pain Centers. Patients are fast-tracked for immediate care by board certified Emergency Physicians. With world-class cardiovascular specialists and the most advanced technology in South Carolina, the MUSC Chest Pain Center-ED puts time – and unmatched expertise – on your side.
- Is located on the first floor of Ashley River Tower.

### Minutes and Early Heart Attack Care Matters!

During a heart attack heart muscle is dying and with early treatment this can be stopped. In over 50% of patients, heart attacks have “beginnings” or warning signs. It is important to recognize these “beginnings” or warning signs and get treatment before the heart is damaged.

What is EHAC? Early Heart Attack Care is three things:

- 1) A campaign to educate everyone on the early symptoms of a heart attack to help prevent the heart attack and heart damage.
- 2) A plea to all to be responsible, for themselves and those around them who may be experiencing early heart attack symptoms, and to help them obtain immediate treatment.
- 3) A public education program that focuses on the benefits of early treatment, and activating emergency medical services.

### Know the Heart Attack Warning Signs Listed Below

- Chest discomfort: - uncomfortable heaviness or pressure
  - Squeezing, tightness, sometimes burning
  - Last more than a few minutes and may come and go
- Discomfort in other areas such as jaw, neck, arms, stomach, back
- Shortness of breath, dizziness, nausea or lightheadedness
- Weakness, fatigue, cold sweat or any other concerns
- Feeling of fullness

### SEEK CARE (Call 911) IMMEDIATELY FOR ANY OF THE ABOVE SYMPTOMS!!

Many people may experience mild chest symptoms, such as pressure, burning, aching, or tightness. These symptoms may come and go until finally becoming constant and severe.



***Remember time is muscle and wasted time is wasted muscle!!***

## MUSC EXCELLENCE



MUSC's goal is to make this organization a great place for:

- Patients to receive care
- Physicians and other clinicians to practice medicine and teach
- Employees to work

### MUSC STANDARDS OF BEHAVIOR

As volunteers of MUSC, we are committed to providing **EXCELLENCE** in patient care, teaching and research in an environment that is **RESPECTFUL** of others, **ADAPTIVE** to change, and **ACCOUNTABLE** for outcomes.

Examples:

- Maintain a positive, willing and flexible attitude.
- Follow the 10/5 rule; acknowledge the person 10 feet away by making eye contact, smiling and saying "hello" at 5 feet away.
- Help lost guests find their way by walking them to their destination when needed.

### AIDET

A tool to communicate with people who are often nervous or anxious.

- **ACKNOWLEDGE**  
Make eye contact, greet with a smile, and make the patient feel that you expect them.
- **INTRODUCE**  
Inform of your name, title, experience and "manage-up" your competence
- **DURATION**  
Provide patient and families with the time expectations.
- **EXPLANATION**  
Inform and keep the patient's family updated about what to expect from your interaction, their visit with the medical professional on their procedure.
- **THANK YOU**  
Thank the customer for allowing us to help them, for choosing MUSC for their care. Inquire if there is anything else that we may do for the patient or family.

### WHEN OUR CUSTOMERS COMPLAIN

Volunteers can help change a 'bad' experience to a 'good' one for the patient and/or family. You should use key words in a timely manner in order to meet or exceed the customer's expectations. When a customer identifies less than "very good" service, take the L.E.A.D.

**L**isten attentively to the customer's concerns; make eye contact and give full attention to the customer

**E**mpathize with the customer ("It is easy to see why this would be upsetting.")

**A**pologize sincerely for the "inconvenience," or "experience" ("I apologize that this occurred. This is not the way we like things to be at MUSC.")

**D**eliver alternatives for a resolution and a thank you ("This is not my expertise and I will find someone who knows more than I do and together we'll figure this out." "Thank you for bringing this to my attention. Your comments will help us improve our service here at MUSC.")

## REMINDERS TO DEAL WITH CHALLENGING SITUATIONS

- LISTEN
- Keep a clear mind and a positive attitude
- Don't take it personally or get emotional
- Avoid labeling or judging people



## CODE OF CONDUCT

This Code of Conduct establishes guidelines for professional conduct by those acting on behalf of the Medical University of South Carolina including executive officers, faculty, staff, and other individuals employed by MUSC using MUSC resources or facilities, and volunteers and representatives acting as agents of MUSC (hereafter collectively referred to as "employees"). This Code of Conduct is not an attempt to define everything one should and should not do, but to communicate MUSC's expectations of proper conduct and what professional conduct MUSC values.

Those acting on behalf of MUSC have a general duty to conduct themselves in a manner that will maintain and strengthen the public's trust and confidence in the integrity of MUSC and take no actions incompatible with their obligations to MUSC. Employees shall adhere to the applicable laws, rules, regulations and policies of governmental and institutional authorities. The failure to do so will be grounds for disciplinary action, up to and including termination of employment.

Employees are responsible for reporting any activity reasonably believed in violation of a law, rule, regulation and/or policy. This can be done through the employee's chain of command, the Compliance Office, the Office of Internal Audit, or via the Confidential Hotline at 1-800-296-0269 (toll-free, available 24 hours a day, seven days a week). MUSC will neither discriminate nor retaliate against any employee who reports in good faith any instance of conduct that does not comply or appear to comply with laws, rules, regulations and/or policies.

### **Ethical Standards**

South Carolina Code (S.C. Code § 8-13-10 et seq.) (the "Ethics Law") makes it unlawful for public officials, public members, and public employees to use their position to obtain an economic interest or to have a financial interest in most any contract or purchase connected with MUSC/MUHA, unless certain exceptions apply. No provision of this policy supersedes the Ethics Law. The South Carolina Ethics Law can be found in its entirety at <http://www.scstatehouse.gov/code/t08c013.php>.

Some general ethical standards that apply to MUSC employees are:

- No employee shall accept or solicit any gift, favor, or service that might reasonably appear to influence the employee in the discharge of duties.
- No employee shall disclose confidential information or use such information for his or her personal benefit.
- No employee shall make personal investments that could reasonably be expected to create a conflict between the employee's private interest and the public interest.

- No employee shall accept other outside or dual employment or compensation that could reasonably be expected to impair the employee's independence of judgment in the performance of the employee's public duties.
- Sexual misconduct and sexual harassment are unacceptable behaviors. This includes verbal or physical conduct of a sexual nature.
- No employee shall misrepresent themselves or the institution in any way. This includes, but is not limited to, clinical or research documentation, submission of claims for reimbursement, submission of timesheets, and advertising of services.

## **Standards of Conduct**

Employees will find a "Standards of Conduct" grid on the MUHA Compliance website. This grid is intended to be a resource for employees in a number of areas that are considered standards of conduct. This is not considered an all-inclusive list of standards. The addendum will be periodically updated to reflect policy changes. Employees are responsible for ensuring they follow the most current policies.

## **ANTI-HARASSMENT - Policy 46**

NOTE: THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE AN EMPLOYMENT CONTRACT BETWEEN THE EMPLOYEE AND THE MEDICAL UNIVERSITY OF SOUTH CAROLINA (MUSC). MUSC RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT, IN WHOLE OR IN PART. NO PROMISES OR ASSURANCES, WHETHER WRITTEN OR ORAL, WHICH ARE CONTRARY TO OR INCONSISTENT WITH THE TERMS OF THIS PARAGRAPH CREATE ANY CONTRACT OF EMPLOYMENT.

### **I. POLICY**

- A. The Medical University of South Carolina is an equal employment opportunity employer and does not tolerate any form of harassment or intimidation based upon sex, race, color, age, religion, national origin, disability, sexual orientation or any other factor.
- B. MUSC will not tolerate incidents or threats of sexual assault, domestic violence, dating violence, or stalking. Furthermore, MUSC encourages the prompt reporting on any incidences. This policy is in keeping with federal and state laws and the Clery Act.
- C. Employees who engage in harassing and/or intimidating behavior will be subject to disciplinary actions, up to and including termination of employment. Behaviors that violate criminal laws will subject the offender to prosecution.
- D. Employees who are victims of, or a witness to, harassment or intimidation shall immediately report the incident as outlined in this Policy.
- E. Any employee who in good faith makes a complaint pursuant to this Policy shall be free from reprisal or retaliatory action. Representatives of the University will investigate all complaints of intimidation or harassment. Confidentiality will be maintained to the extent possible. The Policy seeks to protect the rights of both the accuser and the accused.
- F. This Policy is in keeping with federal guidelines and applies when employees are on University property, participating in a University-sponsored activity off campus, representing the University and/or traveling on its behalf.

### **II. INFORMATION**

- A. MUSC does not tolerate any form of harassment or intimidation based upon sex, race, color, age, religion, national origin, disability, genetics, sexual orientation or any other factor. B. Harassment is defined as verbal or physical conduct which denigrates or shows hostility to an individual because of his or her sex, race, color, age, religion, national origin, disability, sexual orientation, genetics or any other factor or that of his or her relatives, friends or associates. Harassing or intimidating behavior includes, but is not limited to, derogatory statements, slurs, innuendoes, unwelcome touching, assault, jokes, pranks, physical interference with one's work, posters, drawings, emails and faxes. It may also involve adverse employment actions against an employee who refuses to submit to or participate in offensive conduct.

- B. The prohibited behaviors are those that have the effect of creating a hostile or offensive work environment, unreasonably interfering with an individual's work performance or otherwise adversely affecting a person's employment opportunities.
- C. Harassment or intimidation may originate with supervisors/managers, co-workers, students, visitors, or contractual employees. Managers and supervisors are responsible for preventing harassment in their work areas by dissemination of this Policy, providing anti-harassment training for their employees, attending such training themselves, monitoring their work areas and appropriately addressing complaints.
- D. No supervisor or manager is permitted to retaliate or take any adverse employment action against an employee who is the victim, reporter or witness of harassment. Supervisors or managers who are found to have engaged in retaliatory activity will be disciplined appropriately, up to and including termination.
- E. Any employee who knowingly makes a false and/or malicious report will be disciplined appropriately, up to and including termination. Additionally, an employee who interferes or obstructs an investigation of a complaint of harassment will be disciplined appropriately, up to and including termination. G. Other forms of intimidation not specifically addressed by this Policy are also prohibited. Refer to Human Resources Management Policy No. 40, Zero Tolerance for Workplace Violence, for additional information.

### **III. PROCEDURES**

- A. An employee who believes that he or she has been a victim of or a witness to harassment shall immediately report the incident(s) to his or her supervisor, department head, or the Director of Human Resources Management or his/her designee. Managers or supervisors who receive such complaints must inform and consult with the Director of Human Resources Management or her/his designee to ensure that the University's Policy and procedures are followed. B. Complainants will be required to submit a written complaint within three working days of informing their supervisor, manager, or the Director of Human Resources Management or her/his designee. Following receipt of the written statement, the Director of Human Resources Management will inform the appropriate Vice President or, when necessary, the President.
- B. The alleged offender shall be notified in writing of the complaint. The complainant and the accused will receive copies of the written statements. To the extent possible, reasonable steps will be taken to preserve the confidentiality of the circumstances leading to the complaint and the findings.
- C. The responsible Vice President or her/his designee shall take appropriate action to investigate the complaint. The complainant and the accused will be informed of the investigative process. The University's objective is to make a fair determination of what happened and to take appropriate corrective action as quickly as possible.
- D. It may be necessary to take interim actions before completing the investigation to ensure that no further harassment occurs. These actions may include reassigning and/or relocating one or both individuals involved in the incident in question. Reassignment will be made when it is considered a prudent step in limiting further interaction between the parties involved in the incident and is not deemed to be a disciplinary action.
- E. Persons who are interviewed in connection with any University investigation of harassment shall provide a written statement which describes facts known to them that are associated with the alleged harassment.
- F. The responsible Vice President will inform the complainant and the accused in writing of the results of the investigation and her/his decision for addressing the matter. H. Any employee who is found to have committed acts in violation of this Policy will be disciplined, up to and including termination of employment. Non-probationary, classified and unclassified (non-faculty) employees who occupy all or part of an FTE may grieve disciplinary actions covered by the State Grievance Regulations. (Refer to Policy No. 44, in the Human Resources Management Policy Manual.) The grievance process used by faculty, is described in the Faculty Handbook.

- G. Appropriate actions also will be taken with any vendor, contractor, supplier, or other individual(s) with whom the University conducts business if they violate this Policy, up to and including termination of any contractual relationship.
- H. J. Employees wishing to file complaints of harassment with the South Carolina Human Affairs Commission have 180 days from the last incident of harassment to file charges with the Commission. An employee has 300 days from the last incident to file charges with the Equal Employment Opportunity Commission (EEOC).
- I. K. A complaint by an employee, which is initiated through an outside agency or organization, will be addressed by the University's Director of Equal Employment Opportunity/Affirmative Action Compliance.

#### **IV REPORTING PROCEDURE FOR ACTS OF VIOLENCE**

- A. MUSC encourages anyone who experiences or becomes aware of any acts of violence to report the crimes and seek assistance immediately by contacting the Department of Public Safety at 792-4196.
- B. An employee who believes that he or she has been a victim of sexual assault, domestic violence, dating violence or stalking is encouraged to seek immediate medical care for any suspected physical or mental injuries, as well as report the incident to the Department of Public Safety at 792-4196.
- C. Employees are encouraged to utilize the following resources available at the University:
  - 1. Clery Act Coordinator: Connie Best, PhD  
67 President St, Room 225 S. 792-2945
  - 2. Student Counseling & Psychological Services (CAPS) 792-4930
  - 3. MUSC Dept. of Public Safety 792-4196
  - 4. Dept. of Public Safety Victim Advocate 792-4196
  - 5. National Crime Victims Center (MUSC) 792-2945
  - 6. Sexual Assault Nurse Examiners 792-3391

Important: Any individual who believes that he or she has been a victim or witness of sexual harassment involving a faculty member, student, resident or fellow shall report the incident(s) to MUSC's Office of Gender Equity. Academic procedures apply for complaints of sexual harassment involving faculty, students, residents and fellows. Therefore, please refer to the Office of Gender Equity's web site (<http://www.musc.edu/genderequity>) for additional information or contact the Office by telephone at 843-792-8066.