# CHI_SJH_1line_RevBlue_4C_rgb

# Infection Control

**Location: Infection Control Office - 2901 E. 29th Street, suite 113, Bryan (office buildings, catty corner to CHI St. Joseph Health)**

**Department Contact Information:**

**Report to: Pam Douglas, BSN, RN**

**Contact:** [pdouglas@st-joseph.org](mailto:pdouglas@st-joseph.org) ; **979.776.2527**

**Sign-in: If volunteering away from the hospital use the time sheet included in the packet and email your hours twice a month to** [volunteer@st-joseph.org](mailto:volunteer@st-joseph.org). If volunteering at Regional Hospital please sign in at the Information Desk volunteer time clock. Remember your PIN number is your home or cell phone # without the area code.

**Department Orientation Checklist: Will be completed during your first schedule shift**

**Additional Orientation Courses: Not required**

* **If you are ill** or cannot make your shift, please call the number listed above to report your absence. You do not need to call Volunteer Services.
* **Dress Code**: Assigned Uniform Top, khaki pants, and rubber soled shoes. No denim, capris, shorts, or sleeveless shirts. No perfume or cologne in patient areas.
* Remember to take your **department orientation checklist** (included in this packet) on your first day or to scheduled department orientation. Please complete and return to Volunteer Services.

**New Volunteers:**

* **Your identification badge** will be delivered to your location for you to pick up on your first day. You are required to wear your badge while on duty. If you forget your badge you will be asked to leave.

**How to turn in Paperwork to Volunteer Services:**

* Interoffice mail to Volunteer Services, drop off at the Auxiliary office, scan and email to [volunteer@st-joseph.org](mailto:volunteer@st-joseph.org), or fax to 979.776.5330.



# Infection Control

**Objective:** To assist with clerical duties to support unit operations.

**Office Hours:** Monday – Friday 8 am – 4:30 pm.

Rounding Hours: Sun-Sat, 8a-4p

**Qualifications:**

* Demonstrates good verbal and written communication.
* Mature, positive, service-oriented individual.
* Ability to work closely with other members of the team.
* Physical ability to withstand sitting, standing, reaching and lifting.
* Good organizational skills.

**Training:**

* Completion of Hospital Orientation.
* Completion of Department Orientation.

**Competencies:**

* Understand and follow directions.
* Work effectively with others without direct supervision.
* Work with confidential information and records.
* Operating various office equipment (fax machine, copy machine, paper shredder).

**Responsibilities:**

* Notify department of any absences; sign in and out when reporting to and leaving volunteer assignment, wear volunteer uniform and issued identification badge.
* Maintain confidentiality at all times and do not discuss any information learned while on-site to anyone outside of the unit, department, or CHI.
* Understanding and following directions.
* Work effectively with others and without direct supervision.
* Assisting with infection control rounding, hand hygiene audits, clean room validation audits, and Personal Protective Equipment room audits.
* Refrigerator, Cart, & Supply checks
* Report findings back to Infection Control Practitioner.
* Operating office equipment.
* Assisting with filling out reportable cards
* Completing urinary & central line counts

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## Department Orientation Checklist

#### Infection Control Assistant

VOLUNTEER NAME: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_Introduction to team members

\_\_\_\_\_Department tour

\_\_\_\_\_Review basic department functions

\_\_\_\_\_Define who they report to when on duty

\_\_\_\_\_Define who to call when the volunteer will be unable to volunteer for their assigned shift **(information is not reported to Vol. Svcs.)**

\_\_\_\_\_Point out location of: Policy and Procedure Manual

Disaster Manual or Plan

MSDS Manual

Safety Manual

Code Cards

\_\_\_\_\_Point out location of nearest fire alarm and extinguishers

\_\_\_\_\_Review department evacuation procedure

\_\_\_\_\_Review basic volunteer duties in your department

\_\_\_\_\_Review telephone procedures (if applicable)

\_\_\_\_\_Review use of office equipment (filing system, copier, computer, etc.)

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

Department Team Member Signature Volunteer Signature Date

***PLEASE RETURN FORM TO Volunteer Services department, by interoffice mail, fax to 979.776.5330 or email to*** [***volunteer@st-joseph.org***](mailto:volunteer@st-joseph.org)

 **Volunteer Time Sheet**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Assignment: Infection Control Assistant**

Date Time In Time Out Total Hours

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**Total Hours: \_\_\_\_\_\_\_\_\_\_\_\_**

***Fax to Volunteer Services at the 1st of every month 979.776.5330 or email*** [***volunteer@st-joseph.org***](mailto:volunteer@st-joseph.org)

**Hand Hygiene Audit**

**Procedure:** Knock and introduce yourself and explain why you are there.

“My name is \_\_\_\_\_, I am a volunteer working with our Infection Control Department to educate you and your visitors on hand hygiene to reduce hospital acquired infections during your stay. This will only take a few minutes. Is this a good time?”

**Questions:**

Hand the patient the Sani wipes and the hand washing brochure. Explain to them that although hand washing seems to be fairly simple, a lot of people do it wrong. Touch on a few important points about hand washing (ex: how important scrubbing is, that you must fully dry your hands to avoid spreading germs, etc.) & explain the benefits of the Sani wipes (Ex: kill germs with alcohol as well as uses a scrubbing cloth to remove germs and dirt).

**Conclusion:**

“Thank you for taking the time to let me talk about hand hygiene with you. If you have any other questions or would like more Sani-wipes, please let your nurse or doctor know!”

* Find the room number on your rounding log and note whether or not you made contact with the patient
* If the patient requests other items, please relay those requests to the patients nurse.
* Observe patient precautions and all infection control practices.
* Take the admitting report to information desk to place in confidential shredding bin.
* Complete the rounding log each day you volunteer. 30 minutes prior to your shift ending, go back to Infection control to input the information into the designated spreadsheet and sign out.

**Clean room validation audits**

**Isolation Room/Personal Protective Equipment Room Audits**