



St. Elizabeth
HEALTHCARE

VOLUNTEER ANNUAL TRAINING

Level 3

MISSION

As a Catholic healthcare ministry, we provide comprehensive and compassionate care that improves the health of the people we serve.

VISION

St. Elizabeth will lead the communities we serve to be among the healthiest in the nation.

VALUES



INNOVATION

I seek better ways to perform my work, find creative solutions, and embrace change.

COLLABORATION

I understand that mutual respect and teamwork are critical to accomplishing goals. I work with others to achieve the best individual and collective outcomes.

ACCOUNTABILITY

I use resources efficiently, respond to others promptly, face challenges in a timely manner, and accept responsibility for my actions and decisions.

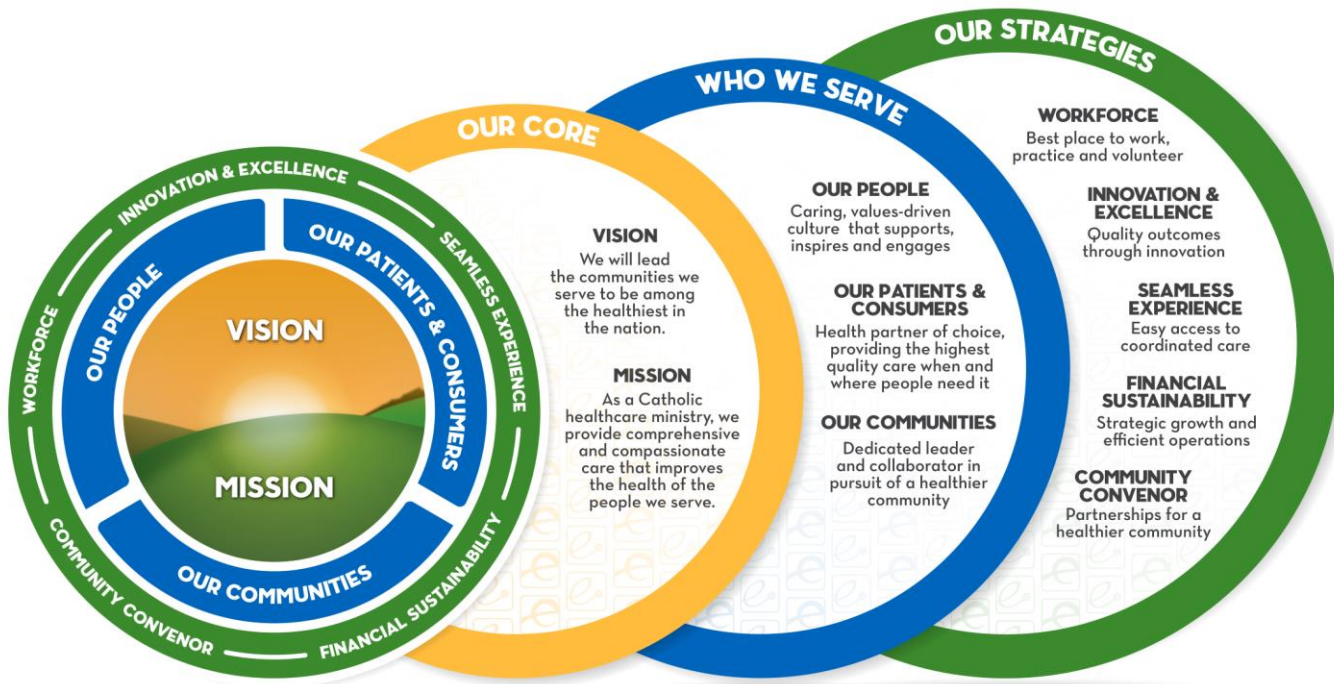
RESPECT

I respect the dignity and diversity of our associates, physicians, patients and community members. I promote trust, fairness and inclusiveness through honest and open communication.

EXCELLENCE

I believe in serving others by pursuing excellence in healthcare. I compassionately care for the mind, body and spirit of each patient.

2023-2025 STRATEGIC PLAN





REQUIRED REVIEW

THANK YOU!

For continuing to choose to volunteer in healthcare!

- More laws, rules and regulations than most any other industry
- More than ever, to be applauded for accepting the challenge!

St. Elizabeth volunteers are
p a s s i o n a t e
about their role in making a
p o s i t i v e
difference in the patient
e x p e r i e n c e .



THE JOINT COMMISSION

- **TJC stands for The Joint Commission**
- **St. Elizabeth is accredited by TJC**
- **TJC holds volunteers to the same standards as paid staff**
- **TJC is the reason annual training is required**
- **This is a review of policies and procedures with which we are all familiar**



HIPAA PRIVACY & SECURITY

PURPOSE OF HIPAA

“HIPAA” stands for the H e a l t h I n s u r a n c e P o r t a b i l i t y a n d A c c o u n t a b i l i t y A c t.

- Its **purpose** - to establish nationwide protection of patient confidentiality, security of electronic systems, standards and requirements for electronic transmission of health information.
- The two parts of HIPAA are:
 1. **Privacy**
 2. **Security**
- Healthcare providers are **required** to train their associates and volunteers on these regulations.

WHAT IS PROTECTED HEALTH INFORMATION (PHI)?

Protected Health Information (PHI) is any health information that may identify the patient, such as:

- Name
- Address
- Date of Birth
- Telephone Number
- Fax Number
- E-mail addresses
- Social Security Number
- Medical Record Number
- Health Plan Beneficiary Number
- Account Number
- Genetic Information
- Diagnosis
- Finger or voice prints
- Facial Photographs
- Age greater than 89
- Any other unique identifying number, characteristic, or code

HIPAA protects PHI in any form, whether verbal, electronic, paper, or computer storage.

PATIENT RIGHTS

**HIPAA requires SEH to provide patients access to our
Notice of Privacy Practices.**

This Notice:

- **Tells patients what SEH is doing to protect their PHI**
- **Tells patients we will use their PHI for payment, treatment, and healthcare operations**
- **Informs patients about their privacy rights**
- **Explains to patients how they can exercise their privacy rights**
- **Provides the title and phone number of a contact person if the patient wants more information or wishes to file a complaint**

PATIENT RIGHTS

HIPAA requires SEH to provide patients access to our “Notice of Privacy Practices”.

The Notice is presented/offered to each patient as registered.

It informs patients of the following rights (among others):

- **Receive the Notice of Privacy Practices**
- **Obtain access to their PHI**
- **Request additional privacy protections and confidential communications**
- **Request an amendment to their PHI**
- **Receive an accounting of the uses and disclosures of their PHI**
- **Be notified if there is a Breach of their Unsecured PHI**

USES AND DISCLOSURES OF PHI

Use: When we review or use PHI internally (treatment, audits, training, customer service, quality improvement).

Disclosure: When we release or provide PHI to someone (e.g., an attorney, a patient, faxing records to another provider, etc.).

St. Elizabeth is permitted to use and disclose PHI, **without** obtaining authorization from the patient, for payment, treatment, and healthcare operations.

MINIMUM NECESSARY

The minimum necessary standard requires St. Elizabeth Healthcare associates and volunteers to access or disclose the least amount of PHI possible to accomplish their jobs.

KEEP IT CONFIDENTIAL

- We are required to treat everyone and everything we “see” while at St. Elizabeth as **confidential**.
- Patients are **NOT** just those in a patient room.
- HIPAA rules apply in **all** situations – inpatient, outpatient, in waiting areas, on elevators and in lobbies

KEEP IT CONFIDENTIAL - REASONABLE SAFEGUARDS

HIPAA requires us to use “reasonable safeguards” to protect our patients’ PHI.

Reasonable Safeguards include:

- **Do not discuss a patient with another associate or volunteer unless you are both involved in that patient’s care.**
- **When you do discuss patients, do so in a private place, when possible. If you do need to speak in a public area, keep your voice down.**
- **Do not view the medical records of anyone who is not your assigned patient.**
- **Do not leave computer screens unattended or aimed in a direction where patients or visitors can view them.**
- **Avoid leaving papers containing PHI on desks or other surfaces in plain view of others.**
- **Keep records and papers in file cabinets or drawers when not in immediate use**
- **Place paper/printed materials in shredding containers when they are no longer needed (never use trash cans)**

KEEP IT CONFIDENTIAL

What You Can Do:

- Cover or turn papers over so that persons nearby cannot read patient names or other information.
- Be aware of those around you – do not talk with others about patients.
- Place all notes or papers that include any PHI in a HIPAA bin or shredder before leaving.
- Do not let others look at your computer screen.
- **LOG OFF** whenever you leave your computer unattended.

DISPOSE OF PHI

Use Shredding Containers – NEVER Throw PHI in a Garbage Can



Do **NOT** discuss **anything** with **anyone** that you have observed while volunteering that involves a patient outside of St. Elizabeth.

Sharing with friends a situation with a patient that you saw when volunteering – even if you do not use any names.

Mentioning to your parents/spouse friend/priest that you saw someone in the hospital – **that is a breach of confidentiality and a HIPAA violation.**

Privacy Policies – Access of PHI

Associates/Volunteers may **NOT** use the St. Elizabeth Healthcare computer system (EPIC) to **access medical or financial records of themselves, their children, their spouse, their neighbors, their co-workers or anyone else**, without a business-based reason to do so.

Policy HIPAA-A-08 states: volunteers “may not use the privileges associated with their position to view their own PHI nor the PHI of family or friends.”

St. Elizabeth Healthcare takes violations of this policy very seriously. If it is determined that an associate/volunteer has accessed PHI without a business-based reason to do so, **discipline will be issued.**

Privacy Policies – Access of PHI

Volunteers **MAY NOT** access their own PHI or anyone else's at any time for any non business-based reason including at the inappropriate request of someone else (such as a co-worker or family member, or a physician asking an volunteer to access or copy his or her own records.)

Volunteers **MAY NOT** use the privileges associated with their position to view their own PHI nor the PHI of family, friends, or co-workers, even in training (i.e., volunteers may not use their own account or the account of a co-worker to perform Epic training)

If there is any doubt in your mind about whether you may access PHI, ask your supervisor or the HIPAA Privacy officer.

BREACH NOTIFICATION

St. Elizabeth volunteers and associates must provide immediate notice to the HIPAA Privacy Officer of any suspected or actual breach of security or unauthorized disclosure of information.

This includes misdirected faxes and printed PHI inadvertently given to the wrong patient. Staff should make reasonable efforts to retrieve the information from the person who inappropriately received it.

EPHI ACCESS AUDITING

All St. Elizabeth Healthcare computer systems are subject to a regular audit review.

The audit review may include:

- EPHI that **you** have accessed.
- Internet sites that **you** accessed.

SOCIAL ENGINEERING

A term used for tricking someone into giving out information like passwords that will compromise system security.

Note: Don't be afraid to ask questions as to why someone is accessing a PC if they look out of place

Notify your supervisor, Security, or IS to report any suspicious activity.

Here are some tricks used by social engineers:

- An unknown person (with or without a health system badge) asks for your ID code and password
- Someone without an ID badge is using (or attempting) to use a PC without approval
- Someone asks for your ID Code and password by phone

EMAIL PHISHING

- Internet fraudsters that impersonate a business to trick you into giving out your personal information
- Do **NOT** reply to email, text or pop-up messages asking for your personal or financial information.
- Legitimate business do not ask you to send sensitive information through insecure channels
- Do not click on links within emails – even if the message seems to be from an organization you trust. It isn't.
- If you suspect a phishing email at St. Elizabeth, call the IS Help Desk at 12541

PASSWORD EXPECTATIONS

- Keep your passwords confidential
- Avoid maintaining a paper record of passwords
- Change passwords when there is an indication of compromise or when necessary to share with Information Systems for troubleshooting a problem with your computer.
- Do not use the same passwords for business and personal accounts.
- Change passwords at regular intervals (90 days)
- Do not include passwords in any automated log-on process, including web pages.

Always lock or log-off when leaving a computer unattended.

HIPAA PENALTIES FOR NON-COMPLIANCE

Associate/Volunteer Discipline:

Violations by St. Elizabeth associates may result in disciplinary action, up to and including termination from employment or volunteering with St. Elizabeth Healthcare. You are personally responsible for the access of any information using your login.

Severe civil and criminal penalties:

In addition, you can be subject to civil and criminal penalties imposed by the federal government including fines and prison.

REPORTING CONCERNS

CORPORATE COMPLIANCE PROGRAM

The Corporate Compliance Program requires each of us to know what is expected of us. We all should:

- Be aware of and obey all laws and regulations;
- Ask questions when we are unsure of what the right action or decision might be;
- Speak up when we discover something that doesn't seem quite right; and
- Support others' efforts to do the same.

COMMITTED TO BEING ETHICAL

You should report anything that seems unethical including:

- **Violations of patient, organization or associate confidentiality; HIPAA breaches**
- **Any kind of discrimination or harassment.**
- **Dishonest communications, including lying and obtaining goods and services under false pretenses.**
- **Theft or misuse of our organization's supplies, equipment, money, or labor for personal use.**

HOW TO REPORT CONCERNS

- 1. Contact the supervisor in the area where you volunteer. If the supervisor is unable to solve the problem, contact their supervisor or the Volunteer Services staff.**
- 2. If you would rather not report the issue to a supervisor, call Jason McReynolds, HIPAA Security Officer, at (859) 301-6266 OR Lisa Frey, HIPAA Privacy Officer, at (859)301-5580.**
- 3. You may want to report a situation without revealing your identity. For those concerns call the toll free Compliance Line at 1-877-815-2414.**

THE COMPLIANCE LINE

- The Compliance Line is a toll-free 24-hour hotline.
- The number is **1-877-815-2414** (listed in phone directory).
- Operators from an outside company make a complete report of your issue and send it to our Corporate Compliance Officer to resolve.
- All calls are confidential. You do not need to give your name if you would prefer not to.
- Our Compliance Line does not use Caller ID and does not try to trace calls.

NO RETALIATION POLICY

- SEH **forbids** retaliation against anyone who reports a concern in good faith.
- Making a good faith report will **not** put your volunteer position at risk. We protect every volunteer (and associate) who reports a concern in good faith.
- Anyone who retaliates in any way is subject to immediate discipline – up to and including termination.
- Report retaliation concerns immediately to your supervisor or the Corporate Compliance/HIPAA Privacy Officer – Lisa Frey at (859) 301-5580.

SUMMARY

COMPLIANCE

Compliance is **everyone's** responsibility

PREVENT

Adhere to all laws and ethical expectations to prevent non-compliance

DETECT & REPORT

If you detect potential non-compliance, report it

CORRECT

Correct all non-compliance to protect patients and all involved

HEALTH & SAFETY

HAND HYGIENE

- One of the most important factors in preventing the spread of infection and is the most protective practice one can use - period.
- Remember to provide patients with opportunities to perform hand hygiene, like before eating.



HAND HYGIENE

- Hand hygiene **MUST** be performed **EVERY** time you enter and exit a patient room.
- In addition to any of the other 5 hand hygiene moments.

FIVE MOMENTS OF HAND HYGIENE

1. BEFORE PATIENT CONTACT

Shaking hands, repositioning patient, clinical examination

2. BEFORE AN ASEPTIC TASK

Wound care, catheter insertion, food prep, medication administration

3. AFTER BODY FLUID EXPOSURE RISK

Oral suctioning, wound care, blood draws, waste handling (urine, stool)

4. AFTER PATIENT CONTACT

Shaking hands, repositioning patient, clinical examination

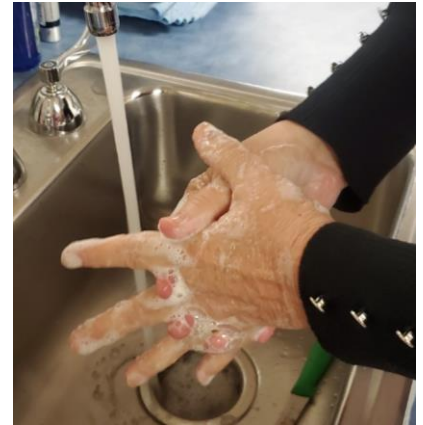
5. AFTER CONTACT WITH PATIENT SURROUNDINGS

Changing linen, turning off call light, touching bedside table



HAND HYGIENE

- Hand hygiene should be performed, no matter what your volunteer position, several times during your shift.
- Hand hygiene can be performed using soap and water or waterless alcohol antiseptic gel or foam.



HAND HYGIENE

ALWAYS use Soap and Water

- After using the restroom
- Before eating
- When hands are visibly dirty or contaminated with body substances or food

Washing with Soap and Water

- Wet hands first then apply soap
- Rub hands together, covering all surfaces, focusing on fingertips and fingernails
- Rinse under running water and dry with disposable towel; use towel to turn off faucet; dispose of towel

HAND HYGIENE OPTIONS

Waterless Alcohol Antiseptic – when hands are not soiled

- Apply adequate amount of facility provided alcohol hand rub to palm of one hand
- Rub hands together, covering all surfaces, focusing on the fingertips and fingernails, until dry.
 - *This takes about 15 seconds*
- Should not be used on hands soiled with organic material (such as grease, blood, body fluids, food residue) because it is not effective.
- Alcohol antiseptic is available in every patient room and department and in many public areas.

COUGH ETIQUETTE

To control the spread of respiratory infections:

1. Cough into your elbow or sleeve
2. Cough into a tissue
3. Turn your head away from others
4. Throw tissues in trash
5. Wash your hands



GLOVES

- The use of gloves does **not** replace the need for hand hygiene
- Do not touch door handles or other surfaces with contaminated/ soiled gloves
- Do not walk in the halls with gloves
- Remove gloves after each task and perform hand hygiene; gloves may carry germs



SEASONAL INFLUENZA

- Highly contagious viral illness spread by coughing, sneezing, or contact with infected nasal secretions or contaminated surfaces.

*An annual Influenza Immunization (a flu shot) is **REQUIRED** for all SEH Volunteers, Associates and Physicians, unless allergic.*

Notice provided in September.

PROTECTING OUR PATIENTS FROM FALLS

IS EVERYONE'S RESPONSIBILITY

Why is preventing falls so important?

- Falls are among the most common hospital adverse events reported
- Danger of fall resulting in death increases with age
 - Traumatic brain injury and hip fractures were among the *causes of death*

Definition of a patient fall:

An unplanned, unassisted descent to the floor or extension of the floor, e.g., trash can or other equipment, with or without injury to the patient.

WHAT IS A STROKE?

Occurs when blood vessels to the brain become blocked or rupture

A stroke occurs every 40 seconds

Stroke is the fifth leading cause of death and the #1 leading cause of functional impairment

About 80% of strokes are preventable

Strokes can happen to anyone at anytime – is a myth that only occur to older adults

Around 1/3 of people who have a TIA (Transient Ischemic Attack) have a more severe stroke within one year

SIGNS OF STROKE

BE FAST

Balance - Watch for sudden loss of balance.

Eye – Watch for sudden vision loss.

Face – Look for uneven smile.

Arm – Check if one arm is weak.

Speech – Listen for slurred speech.

Time – Call 911 at the first sign

STROKE IS A MEDICAL EMERGENCY

St. Elizabeth Edgewood, Florence and Ft. Thomas are certified by The Joint Commission as Primary Stroke Centers

- St. Elizabeth Covington and Grant are certified Acute Stroke Ready by The Joint Commission
- If you see warning signs of a stroke in someone at St. Elizabeth - call 22222 for “Code Stroke”

We provide the highest level of care for our stroke patients

- Don't Drive.
- Don't Delay.
- Call 911 Right Away.



WHAT IS ACUTE CORONARY SYNDROME

Acute Coronary Syndrome is an occlusion of one or more of the coronary arteries, resulting in decreased oxygen supply to the heart muscle.

Causes:

- **Coronary artery narrowing due to plaque or thrombus**
- **Obstruction caused by a spasm**
- **Inflammation related to infection**
- **Other factors such as hypotension or anemia**

In the United States, 1 in every 5 deaths is attributed to heart disease.

One person dies every 33 seconds in the United States from cardiovascular disease.

HEART ATTACKS HAVE “BEGINNINGS”

- “**Beginnings**” can occur days or weeks before a heart attack takes place and occur in over 50% of patients
- If recognized in time, these “**beginnings**” can be treated before the heart is damaged
- Damage to the heart can begin 2 hours prior to a heart attack
- 85% of heart damage occurs within the first two hours of a heart attack

BEFORE HEART DAMAGE OCCURS, TAKE ACTION!!

PREVENTION CAN SAVE YOUR LIFE

Increased risks for ACS

High blood pressure
High cholesterol
Diabetes
Unhealthy diet
Physical inactivity
Obesity
Too much alcohol
Tobacco Use

Risk factors you can CHANGE

- Stop smoking
- Decrease high blood pressure
- Decrease high cholesterol
- Lose weight
- Comply with diabetes treatment
- Decrease stress
- Increase exercise
- Eat a healthier diet

Risk Factors that Cannot Be Changed

- Age: Men greater than 45; women greater than 55
- Family History
- Ethnicity or Race
 - African Americans are at a higher risk than Caucasians
 - Caucasians are at a higher risk than Asians.

RECOGNIZING SYMPTOMS

- Chest pressure, squeezing or fullness or discomfort
- Pain that travels down one or both arms
- Sudden heavy sweating
- Nausea
- Upper back pain
- Shortness of breath
- Jaw pain

People may or may not experience any or all of these symptoms

Sudden dizziness or light headedness, unusual unexplained fatigue and/or anxiety; may be combined with one or more of these symptoms

RECOGNIZING SYMPTOMS IN WOMEN

- Nausea/Vomiting
- Jaw/Arm/Upper back pain
- Chest discomfort/pressure
- Shortness of breath
- Syncope
- Sudden dizziness
- Unexplained or extreme fatigue

Women's symptoms may be more subtle than men's and may include some that are less common

People may or may not experience any or all of these symptoms

HEART ATTACK IS A MEDICAL EMERGENCY

You are the first link – don't wait.

**St. Elizabeth Healthcare is a certified Chest Pain Center through the
Society of Cardiovascular Care**

**If you notice one or more of the warning signs
of a heart attack in someone at St. Elizabeth,
call 2-2222 - Call "Code Chest Pain"
Off-site call 911**

SAFE ENVIRONMENT

WORKPLACE VIOLENCE

Workplace violence is defined as any situations that may:

- Threaten the safety of a volunteer or associate
- Have an impact on any volunteer or associate's physical, emotional or psychological well-being
- Cause damage to hospital property



WORKPLACE VIOLENCE

- Signs posted in elevators and other locations share St. Elizabeth's core value of respect
- Informs all that there is a zero tolerance for all forms of aggression
- Behavioral Assistance Response Team (BART) specially trained to respond and foster our culture of safety and compassionate caring for patients and their families when aggressive situations occur.

ATTENTION ALL PATIENTS AND VISITORS

Respect is a core value at St. Elizabeth Healthcare. So that we can provide comprehensive and compassionate care, we ask that our patients and visitors support a safe and healing environment as well.

Aggressive language or violent behavior will not be tolerated.

ENVIRONMENTAL RISK FACTORS

- **Accessible, open environment**
- **High stress circumstances**
- **Gaps in communication**
- **Prolonged waiting times**
- **Crowded, uncomfortable waiting rooms**
- **Full range of individuals and personalities**
- **Noise, rules, lack of privacy**

SIGNS OF ESCALATION

Recognition of risk factors, potential triggers and warning signs are critical to your health and safety

Verbal Cues

- Speaking loudly or yelling
- Swearing
- Threatening tone of voice

Non-verbal or Behavioral Cues

- Arms held tight across chest
- Clenched fists
- Heavy breathing
- Pacing or agitation
- A fixed stare
- Aggressive or threatening posture
- Sudden changes in behavior

PATIENTS AND FAMILIES

- Feel vulnerable and distressed
- Fear of unknown
- Have feelings of being powerless
- May be unfamiliar with and intimidated by the healthcare system
- Not always at their best
- Emotionally raw due to circumstance

“I am scared something bad will happen.”

“I feel vulnerable, I’m scared.”

BE EMPATHETIC

Empathy – identifying with the feelings, thoughts, attitudes of another

Listen to the person's frustration

- **Be caring, kind, and patient**
- **Be interested**
- **Be honest**
- **Be attentive**
- **Be non-judgmental**
 - **What do they want that they are not getting?**
 - **How would you feel in that situation?**
 - **Can you address their concern or offer another approach?**

STEPS

- **Be on guard for behaviors that could indicate the potential for violent behavior**
- **Communicate calmly, clearly and respectfully**
- **Keep 1.5 to 3 feet of therapeutic space between you and the individual of concern**
- **If you feel immediately threatened – call 2-2222 or Security at 1-2270 as soon as can safely do so**
- **Always report any acts of violence at SEH to Security then Volunteer Services**

SECURITY

Call Security immediately to report:

- Suspicious people
- Vandalism
- Theft/missing property
- Disturbances or violence of any kind
- Any other event you consider security related
- Number one security problem is unattended or unsecured property like purses!

PATIENT & VISITOR CONDUCT POLICY & TOOLS

When interacting with our patients and visitors, all associates, physicians, providers, volunteers and staff have the right to feel safe and free from discriminatory or insensitive conduct while work on St. Elizabeth's Private Property.

- When any staff member encounters behavior that is disrespectful, derogatory, or discriminatory, the behavior should be addressed in the moment (if safe to do so).
- The behavior should be reported to a supervisor.
- The incident should be addressed verbally in writing with the patient or visitor and documented in MIDAS
- If the behavior continues, reiterate expectations, up to and including that care will be terminated and/or visitors who engage in the behavior may be asked to leave the property.

IDENTIFYING AND REPORTING ABUSE

EVERY HOSPITAL ASSOCIATE/VOLUNTEER IS REQUIRED BY LAW TO KNOW:

- 1. The definition of abuse**
- 2. Both Kentucky and Indiana require all citizens to report any instance where abuse is alleged, suspected, or witnessed**
- 3. How to report abuse of a child or adult**
- 4. That patients who are exhibiting difficult behavior are more likely to be abused**

DEFINITION OF ABUSE

The willful infliction of:

- Injury
- Unreasonable confinement
- Intimidation
- And/or punishment

Resulting in:

- Physical harm
- Mental anguish
- Or denial of necessary goods and services

FORMS OF ABUSE

Verbal – the use of oral, written or gestured language that willfully includes disparaging or derogatory terms to or about the patient/resident or family that are made within hearing distance of the resident

Sexual – Sexual contact without consent

Misappropriation – The deliberate misplacement, exploitation or wrongful use of a patient's/resident's property without consent

Deprivation of Goods and Services – Staff have the knowledge and ability to provide care and services, but choose not to, or acknowledge the request for assistance which results in care deficits to patient/resident

FORMS OF ABUSE

Physical – physical force resulting in injury, impairment or pain or the threat of such force

Mental – the use of behaviors intended to humiliate, harass, punish or deprive the patient/resident and produce fear

Neglect – physical, pain, mental anguish or emotional denial of essential services by a caregiver

Self Neglect – an individual fails to provide for own health and safety



ABUSE

Signs of abuse may include:

- **Argument or tension between patient and caregiver**
- **Sudden changes in personality or behavior**
- **Agitation, apathy, withdrawal**
- **Rocking motions**
- **Dirty, unbathed, foul odors**
- **Inadequate/improper clothing**
- **Untreated medical conditions**
- **Dehydration and/or malnutrition**

REPORTING ABUSE

If you witness abuse OR suspect or someone tells you they were/are abused, you are required by law to:

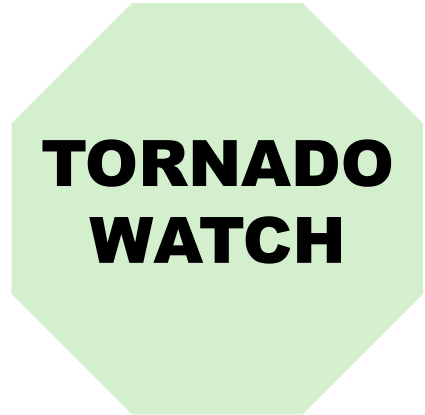
- Report the situation *immediately* to the unit supervisor or Volunteer Services
- The supervisor will contact Social Services who will report it
- The situation, by law, is then reported to the State authorities

During a State inspection a surveyor may ask you about abuse and what you would do when you hear of alleged abuse, suspect abuse or witness abuse.

SAFETY

EMERGENCY CODES – TORNADO WATCH

- The US Weather Service has issued a Tornado Watch
- Conditions are favorable for a tornado or severe weather
- Keep patients and guests updated
- Remain calm and alert for further information



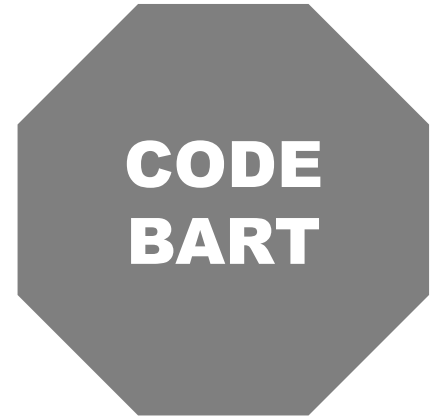
EMERGENCY CODES – TORNADO WARNING

- A tornado has been sighted in the county
- Return to/stay in your area
- Close doors, blinds and drapes
- Move to area of safety as designated in your Disaster Plan – ask staff.
- In patient care areas, ambulatory patients and guests move to patient bathroom
- Cover patients with blankets
- For personal safety, seek cover in unit kitchen or clean utility
- Visitors seek shelter in lower-level hallway away from windows
- Issued by the US Weather Service when a tornado is sighted



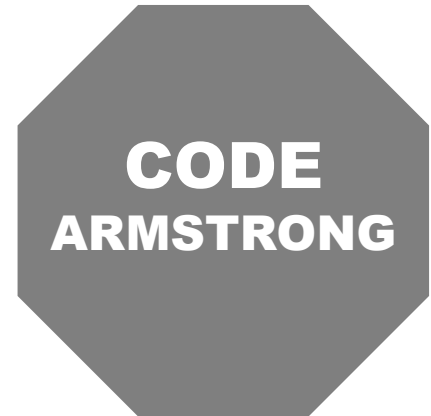
EMERGENCY CODES – CODE BART

- Staff is needed to respond to provide support and assist associates in de-escalating and providing stabilization in situations involving patients and visitors that are experience inappropriate behaviors.
- (Before CODE ARMSTRONG)
- Call **12270** to report
- BART trained members will respond to the area.
- Non-trained associates and volunteers **should not attempt to intervene.**



EMERGENCY CODES – CODE ARMSTRONG

- A Code Armstrong is called when a hostile situation exists
- Call **22222** to report
- Security will respond to the area announced
- Non-trained associates and volunteers **should not attempt to intervene.**



EMERGENCY CODES – CODE SILVER

- A Code Silver is called when an armed person is sighted
- Weapons are prohibited on SEH property
- If you see an armed person, go to a safe area and then call 911 *immediately*
- Do NOT approach or attempt to disarm
- If Code Silver is inside Hospital, operator will announce location of incident



EMERGENCY CODES – CODE SILVER, ACTIVE SHOOTER

If you see an armed individual or a Code Silver is announced:

- Remain Calm
- Evaluate the situation and determine if you should:
 - Run
 - Hide
 - Fight
- The key to a safe outcome is *Knowledge and Preparedness*



EMERGENCY CODES – CODE SILVER, ACTIVE SHOOTER

If you are approached by an aggressive individual but DO NOT see a weapon:

- Remain calm.
- Be aware of your posture, gestures, tone of voice, speed of speech.
- Keep communication simple, supportive, positive and direct.
- Don't argue; speak calmly and with respect.
- Call **911** when you can safely do so.

EMERGENCY CODES – CODE SILVER, ACTIVE SHOOTER

When Code Silver is announced over the P.A. System
and it is NOT in your area in a hospital:

- Remain calm and “Shelter in Place”
- Stay away from the area where the incident is occurring
- Shut the doors to your unit or area
- Stay away from doors and windows
- Grab anything that can be used as a weapon, such as a fire extinguisher
- Assist patients/guests with barricading themselves in a room – if possible push the beds up against the doors and lock the wheels or use any heavy object

EMERGENCY CODES – CODE SILVER, ACTIVE SHOOTER

If you are off-site,

Run:

- Leave the building if you can safely do so and respond to your designated assembly point

Hide:

- Barricade yourself in a room by locking the doors and placing large pieces of furniture in front of door, turn off lights, and silence cell phones and pagers

Fight:

- Only do this as a last resort to save your life. If you must fight do so aggressively and use anything you have available as a weapon - i.e. fire extinguisher, letter opener

Call 911 as soon as you are able

BOMB THREAT

Information Gathering

Person receiving the threat should record as much data as possible

- Exact words of caller and time
- Sex of caller
- Speech traits
- Location of device
- Detonation time & type
- Background noises if discernable
- Look at display and write down phone number on screen/ask for help to retrieve phone number when caller hangs up

Notification

Person receiving the threat informs the security department who notifies the operator to call the following:

- Call 22222. Offsite call 911.
- Local police & fire, administrator on call, Director of Plant Engineering
- Other administrative personnel

Security

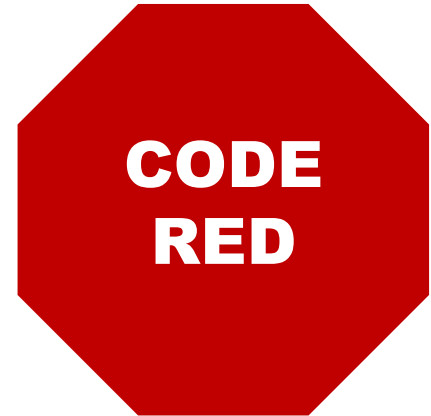
- Notifies Nursing Supervisor who notifies all nursing units.

This information is not announced over the public address system.

EMERGENCY CODES – CODE RED

If you detect smoke and/or flames of any type you must take **IMMEDIATE ACTION**

- Pull the nearest fire alarm
- Call 2-2222
- Report Code Red
- State your name and fire location
- Outside Facilities
 - Dial 911
 - State your name and fire location



R.A.C.E.

- R - Rescue / Relocate all people in immediate danger from the fire.**
- A - Activate the nearest fire alarm.
Alert all people in the area.**
- C - Confine/contain fire and smoke.
Close all windows and doors.**
- E - Extinguish the fire if possible.
Evacuate the area as instructed.
Escape the area.**

FIRE SAFETY

Activate the nearest alarm

- Fire alarm pull stations near exits and stairwells.
- Never obstruct the view of fire alarm pulls or fire extinguishers
- When a fire alarm pull station is activated:
 - The fire alarm will sound
 - Fire doors will close. *Do not block emergency/exit doors.*
 - Strobe lights are activated.



FIGHTING FIRES

Before you consider fighting a fire,

- Determine whether the fire is small and not spreading
- Confirm you have a safe path to exit
- Your first defense in a fire is the fire extinguisher
- Assisting a person in immediate danger without risk to self



FIRE EXTINGUISHERS



Red ABC fire extinguishers are used in most areas throughout the hospitals for A, B and C type fires—not type D

A Type Fires = Combustibles

B Type Fires = Chemicals

C Type Fires = Electric

D Type Fire = Metals

CLASSES OF FIRES	TYPES OF FIRES	PICTURE SYMBOL
A	Wood, paper, cloth, trash & other ordinary materials.	
B	Gasoline, oil, paint and other flammable liquids.	
C	May be used on fires involving live electrical equipment without danger to the operator.	
D	Combustible metals and combustible metal alloys.	

USING THE EXTINGUISHER

P.A.S.S.



P – Pull pin.

Allows Discharge.

A – Aim at base of fire

Hit the base, hit the fuel. Don't aim at flames.

S – Squeeze handle

Release the pressure.

S – Sweep side to side

Side to side from 10 ft. away slowly moving forward

FIRE DRILLS

Practice

Provide practice and critique of our Fire Training & Response

Improve

Promotes targeted efforts to strengthen preparedness

Required

Are required by TJC and require full participation

Unannounced

Occur on an unannounced basis

Assess

Identify strengths and weaknesses

➤ Prepared

- Drills prepare you for an actual event. Ask questions if in doubt.

➤ Elevators

- Edgewood fire alarms are activated by department/area. Fire alarm only rings where the problem occurs.
 - Ex: If a fire alarm is activated on the 5th floor, the elevator would still work unless they are in alarm.
 - All other elevators and floors would work as normal
- At all other facilities, there is a general alarm and everyone needs to respond.
 - The elevators would not work until cleared by the fire department

EMERGENCY CODES

- For assistance during any emergency when on site you will either call:
12270 OR 22222
- *Both numbers may used effectively when seeking help.*
- For emergencies that occur off-site, dial 911.

EMERGENCY CODES – ALL CLEAR

- This code represents the conclusion of most of the emergency situations
- Not announced after a Code Blue



BIOHAZARD WASTE

- **Biohazard symbol** indicates items that are saturated with blood/OPIM that may drip or release content when held vertical, squeezed, or compacted
- Also referred to as “Infectious Waste”
- If a concern arises regarding exposure to blood or other potentially infectious material (OPIM), immediately contact your supervisor, Volunteer Services and go to Emergency Department



Red biohazard waste bags are used for infectious waste disposal



Yellow waste bags are used for chemo waste only

GENERAL WASTE DISPOSAL

- Paper, plastic, glass
- Food
- Blue pads
- Items such as diapers containing urine, feces, gastric contents
- Sanitary napkins
- Emptied urinary drainage bags
- Vials of saline/sterile water
- Emptied and rinsed containers that held any body fluids.

DIVERSITY

COMMITMENT TO INCLUSION

At St. Elizabeth, diversity, equity and inclusion are the driving spirits in everything we do for our patients, community and each other – connecting the compassionate care we deliver and healthy community we envision with an assurance of dignity and respect for all.

DIVERSITY

Respect is the foundation of a culture of diversity and inclusion

It is:

- Learning about the lived experiences of others.
- A tool that works even when you don't know what to do.
- Curiosity with the openness to learn and demonstrate the information you learn.

DIVERSITY – RESPECTING DIFFERENCES

Differences are not always obvious:

- When we meet people with different sets of values do, become aware of our own values.

We tend to be ethnocentric:

- We relate more to those who have similar lived experiences. We use these experiences as a basis of comparison and connection.

We all have biases:

- Biases are personal and sometimes unreasoned judgment.

We must be intentional.

- When we become aware of our own biases, we can consciously decide not to act on them.

HEALTHCARE EQUITY

- Even today, *economic, social, and other injustices* continue to create barriers to accessing high-quality health care.
- Improving health care equity is a quality and safety priority.

DIVERSITY – SPIRITUAL DIVERSITY

St. Elizabeth Healthcare strives to create an atmosphere where we value differences, respect the loved experiences of others, and ensure that all associates and volunteers feel as though they belong.

Spiritual Diversity Checklist

- Avoid generalizing and withhold judgement about the patient's beliefs and practices – even if they differ from your own.
- Establish open communication with family members
- Learn about the traditions of patients' religious beliefs and familiar support system.
- Treat everyone with respect and care – it is the universal language.

DIVERSITY – LANGUAGE & COMMUNICATION

One of the ways we differ is language and communication styles

- The inability to communicate easily will increase the level of frustration for the speaker and the listener
- An important factor affecting communication is your awareness of people who have Limited English Proficiency (LEP)
- The same law that directs us to provide an interpreter to the deaf also directs us to do so for those with LEP

DIVERSITY – LANGUAGE & COMMUNICATION

St. Elizabeth has:

- Telephone Interpreters
- Live video interpreters
- In-person interpreters
- Translations of written documents into language other than English
- Sign Language Interpreters – available for the deaf and hard-of-hearing

Services are provided at no cost to the patient.

- Information is in every department
- Contact the Patient Representative or the Nursing Supervisor with questions

DIVERSITY

What does diversity mean at St. Elizabeth?

- Diversity encompasses a collection of individual attributes and unique differences and similarities that our associates, patients, families, physicians, volunteers, and community bring to our environment
- These characteristics include but are not limited to age, culture, traditions, national origin, socioeconomic status, veteran or military status, religious beliefs, sexual orientation, gender, gender identity, race, physical and developmental abilities

DIVERSITY, EQUITY & INCLUSION PLEDGE

- I will support **Diversity, Equity and Inclusion**
- I will **not** judge but seek to understand others and their viewpoints
- I will **open** my mind to learn about differences and **treat** everyone with dignity and respect.
- I will **lead** by creating a safe environment for everyone
- I will make it my responsibility to act in accordance with the **ICARE** values



WE'RE ALL
IN THIS
TOGETHER!
THANK YOU
FOR BEING
YOU!

#STEPROUD

 St. Elizabeth
HEALTHCARE

VOLUNTEER UPDATES

VOLUNTEERS NEEDED!

- **YOU** are our best referral source!!
- Refer a new person; once they begin volunteering **YOU** get a \$25 gift certificate to the Gift Shop
- Please use info pads to help spread the word



HIGH SCHOOL VOLUNTEER SCHOLARSHIPS

Volunteer Scholarships

St. Elizabeth Florence Auxiliary, Ft. Thomas Auxiliary and Edgewood Gift Shop awarded five \$1,000 college scholarships to current graduating teen volunteers.

High School Volunteers must accumulate a minimum of 100 hours of service by December 31st of their senior year.

Winners:

**Khaled Karazon, Mia Kent,
Chanuthmi Abeyasinghe, Johannes Smal,
Jacquelyn Brueggemann**

St. Elizabeth Healthcare Scholarship

The St. Elizabeth Scholarship Program provides \$2,000 scholarships to Northern Kentucky and Southeastern Indiana high school seniors pursuing a degree in the healthcare field including public health, biochemistry, nursing, medicine, behavioral, occupational health, environmental health, quality, safety, or other health-related disciplines.

***16 of 25 recipients were St. Elizabeth
Volunteers or Service Interns!***

TB TESTS

- June is mandatory TB testing time for volunteers.
- *Beginning in 2020, only volunteers in high patient-contact positions are required to complete an annual TB test (Level 1 positions).*
- If you are one of the volunteers required to complete this requirement, your Annual Requirements communication would have included information on how to complete this.

VOLUNTEER SURVEY

- **Later this summer, we will be sending out our Volunteer Satisfaction Survey.**
- **The survey will be available online or on paper, per request.**
- **We are aiming for 100% participation!**
- **We look forward to reviewing your survey responses and, once again, documenting how St. Elizabeth is a Best Place for Volunteers to Volunteer!**

SELF-REVIEW & CONTACT INFORMATION

Volunteer Self-Review:

- *Thank you* for returning this *required* review!
- Will be reviewed individually
- Can expect follow-up within 2 months, if requested

Updating Contact Information:

- Cell Phone and Email
- *LET US KNOW!*

\$10 OFF UNIFORM PURCHASE THROUGH JUNE 30

- Many styles to choose from
- Stop by the Volunteer Office to see samples and get an order form!



YOU ARE THE PATIENT EXPERIENCE

A.I.D.E.T

Our tool for complete communication:

Acknowledge – 10/5 Rule

Introduction – Yourself and/or your service

Duration/Destination – Provide a timeframe or directions

Explanation – Give as much information as you can

Thank You – My pleasure to assist you!

*AIDET ® is a registered trademark of Studer Group

A.I.D.E.T

How does A.I.D.E.T impact our patients/guests?

Acknowledge- increases sense of security

Introduction- decreases anxiety

Duration- increases chance for successful encounter

Explanation- increases quality of experience

Thank You- increases satisfaction with encounter

BEST PRACTICE

Escort Guests to their Destination:

- Nothing exceeds expectations than being escorted all or a portion of the way
- Not always possible
 - Provide clear direction – 3 steps at most
 - Do not point!
 - Can be misread – use open hand gesture if needed

DRESS CODE

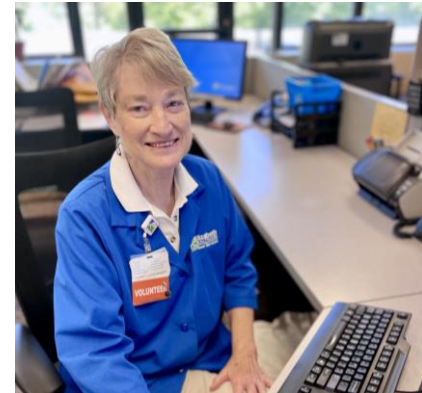
Wear your badge:

- **On your upper body**
- **At all times when volunteering**
- **The I.D. badge identifies you as a member of the St. Elizabeth team.**
- **Must be returned if you cease volunteering.**



St. Elizabeth is a professional environment; the dress code for Volunteers and Associates reflects that expectation:

- **Volunteers are required to wear their uniform at all times when volunteering**
 - **Easy to identify**
 - **Professional appearance**
 - **Some specific exceptions**



DRESS CODE

Slacks/Pants:

- Solid color dress or casual style
- Ankle length (NO capris or shorts)
- Not made of denim or nylon

Shirt/Tops (if not uniform shirt):

- Dress or casual shirt or top
- No T-shirts, hoodies or sweatshirts
- No sleeveless tops with the vest
- No shirts with writing or logos except St. Elizabeth

PERSONAL TECHNOLOGY

Cell Phone Use:

- Must be on vibrate or silent; customer service is **FIRST**
- If must take a call or text, excuse yourself and move out of ear shot
- **Never** text in a patient room or in front of a guest
- **NOT** to be used to check websites or play games

Laptops and Tablets:

- Laptops and Tablets are **not** to be used while volunteering unless specifically permitted by your Area Supervisor

VOLUNTEER HEALTH

Report **any** injury to your **supervisor** to complete a
Patient/Visitor/Volunteer Incident Report

- Inform Volunteer Services
- Depending on the severity of the injury; will be asked to see your doctor or go to Emergency Room
- Volunteers are covered under St. Elizabeth's liability insurance
- St. Elizabeth will cover any injury related costs incurred while volunteering, regardless of fault

VOLUNTEER HEALTH

- You need to notify the Volunteer Office if you are:
 - Hospitalized;
 - Off for a medical reason;
 - Have any COVID-19 symptoms or are around someone COVID positive
 - Be under medical care for an illness or condition that impacts health or safety even if for a short time
 - Hospital policy requires you to have a physician complete a *Return to Volunteer* form
 - Any Volunteer Office can provide you with the form

VOLUNTEER POLICY REMINDERS

- **Act within the boundaries of your Volunteer position description, accepting the direction of the supervisor where you volunteer**
- **Talk with Volunteer Services if you have concerns about your position, your supervisor or any other issues**
- **Complete all required training and health testing/immunizations annually**

VOLUNTEER CONDUCT

Volunteers may be dismissed for:

- **Serious or intentional breach of confidentiality**
- **Misappropriation of funds**
- **Failure to comply with hospital policies as:**
 - **Abuse of alcohol or drugs**
 - **Violating the No Smoking policy**
 - **Discriminatory or inappropriate conduct**
- **Falsification of information given to the Volunteer Office**

TJC REVIEW

TJC REVIEW

Please get out your Review Sheet!

Make sure to print your name on the top.

TJC REVIEW

1. I am familiar with St. Elizabeth's Mission, Vision and ICARE Values.
 - A. True
 - B. False

TJC REVIEW

2. The Joint Commission holds volunteers to the same standards as associates.
 - A. True
 - B. False

- 3. Which of the following describes the function of the Notice of Privacy Practices offered to all patients?**
- A. Lets patients know what the Health System is doing to protect their PHI**
 - B. Informs patients about their privacy rights.**
 - C. Explains to patients how they can exercise their privacy rights.**
 - D. All of the above.**

TJC REVIEW

4. You can look yourself up in Epic because, after all, it is your own personal information.
 - A. Yes
 - B. No

TJC REVIEW

5. If you see a friend from church standing at Registration in the Cancer Center, it is ok to call the church office and ask to put them on the prayer chain.
 - A. Yes
 - B. No

6. HIPAA violations by St. Elizabeth associates/volunteers may result in disciplinary action up to and including termination from employment or volunteering.
- A. True
 - B. False

TJC REVIEW

7. St. Elizabeth is committed to being ethical in every way. If you think something isn't right, we want you to communicate your concerns.
- A. True
 - B. False

8. If you have a concern to report, you may contact:
 - A. St. Elizabeth's Corporate Compliance Officer
 - B. The Compliance Hotline
 - C. Your supervisor
 - D. Volunteer Office Staff
 - E. All of the Above

TJC REVIEW

- 9. The toll free Report Line is open 24 hours a day, 7 days a week and is completely confidential for the caller.**
- A. True**
 - B. False**

10. Prevention of hospital associated infections is best accomplished by performing hand hygiene before and after patient contact in addition to the 5 Moments of Hand Hygiene.
- A. True
 - B. False

TJC REVIEW

11. If you do not volunteer in a patient care area, then hand hygiene and disinfecting your work area are not important.
- A. True
 - B. False

TJC REVIEW

12. Alcohol foams and gels are effective for hand hygiene on unsoiled hands but are NOT effective on hands visibly dirty or contaminated with body substances, food, or after using the restroom.
- A. True
 - B. False

13. Preventing falls is the responsibility of:

- A. Nurses
- B. Transporters
- C. Volunteers
- D. Phlebotomists
- E. Every member of the St. Elizabeth team

14. Which of the following is a symptom of stroke?

- A. Facial droop**
- B. Arm weakness**
- C. Slurred speech or difficulty speaking**
- D. All of the above**

TJC REVIEW

15. If you believe someone outside St. Elizabeth is having a stroke, you should call 911.
- A. True
 - B. False

TJC REVIEW

- 16. If you observe anyone with the signs/symptoms of a heart attack outside the hospital you call 911.**
- A. True**
 - B. False**

TJC REVIEW

17. Which of the following is an example of workplace violence?
- A. A patient who assaults a healthcare professional who is trying to treat him.
 - B. An associate or volunteer who routinely berates and verbally demeans those with whom he works.
 - C. The domestic partner of a volunteer who shows up at the hospital and threatens his or her partner
 - D. All of the above

TJC REVIEW

18. St. Elizabeth has a zero tolerance for all forms of aggressive behavior.
- A. True
 - B. False

TJC REVIEW

19. You are required, by law, to report witnessed, suspected or alleged abuse.
- A. True
 - B. False

- 20. If there is a fire in your area, what do you do?**
- A. Call the operator and move everyone downstairs**
 - B. Yell fire and allow people to go to another area**
 - C. Rescue anyone in danger, activate the alarm, contain the fire if possible, and extinguish the fire or evacuate.**
 - D. Call Security and put out the fire.**

21. The PASS concept stands for:
- A. Medication administration procedures
 - B. The steps to take in using a fire extinguisher correctly
 - C. Safer driving technique on 2 lane roads

TJC REVIEW

- 22. St. Elizabeth Healthcare is committed to creating an environment of diversity, equity and inclusion. We are all in this together.**
- A. True**
 - B. False**

TJC REVIEW

23. We are required by law to provide an interpreter to patients with limited English proficiency and to those who are deaf.
- A. True
 - B. False

24. I know that I am the patient experience.

- A. True
- B. False

25. AIDET is a communication tool that stands for:

- A. Arrive; Identify; Deliver; Edit; Terminate**
- B. Acknowledge; Introduce; Duration; Explain; Thank**
- C. Announce; Initiate; Decide; Educate; Terminate**

TJC REVIEW

26. I understand that we have a Dress Code and I am expected to wear my Volunteer I.D. badge on my upper body whenever I am volunteering.

- A. True
- B. False

TJC REVIEW

27. If you are hospitalized, off for a medical reason, or under medical care for an illness or condition that impacts your health or safety (even for a short time), you are required to have your physician complete a *Return to Volunteer* form.

- A. True**
- B. False**

THANK YOU!

You have completed your 2024 Annual Training!

Please bring your TJC Answer Sheet to your Volunteer Office.