



St. Elizabeth
HEALTHCARE

Volunteer Annual Training

2025 Version

Course Information

- **Target Audience:** SEH Volunteers
- This CBL includes **(4) sections**.
- You *must* review each slide for completion credit.
- This module includes **1** assessment with 100% passing score.
- **Technical issues?** Contact the helpdesk (859) 3012541 or sdexpress.helpdesk@stelizabeth.com
- **Shared computer?** Clear history and cookies (via browser settings). *Not doing so could impact CBL completion on transcript.*



Part I

HIPAA Privacy and Security

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Purpose of HIPAA



- Its **purpose** is to establish nationwide protection of patient confidentiality, security of electronic systems, and standards and requirements for electronic transmission of health information.
- Two parts of HIPAA are: (1) **Privacy**; and (2) **Security**.
- Healthcare providers are required to train on these regulations.

What is Protected Health Information (PHI)?

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

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

Protected Health Information

continued

We must protect our patients' PHI in **all** forms; including, but not limited to:

- **Verbal** discussions (e.g., in person, on the phone)
- **Written** on paper (e.g., medical chart, progress note, prescription, x-ray order, referral form, invoices, explanations of benefits, scratch paper)
- In all of our **computer applications/systems** (e.g., Epic, Lab, X-ray)
- In all of our **computer hardware/equipment** (e.g., PCs, laptops, PDAs, fax machines/servers, thumb drives, cell phones)

Incidental Exposure to Patient Information

What is Incidental Exposure?

Incidental exposure occurs when you encounter Protected Health Information (PHI) unintentionally during your work.

Examples include:

- Overhearing conversations about patients in common areas.
- Seeing PHI on unattended screens, desks, or documents.
- Finding misplaced files or printouts with patient information.

Reporting Incidents:

If you accidentally view or are aware of unauthorized access, report it immediately to your supervisor or the HIPAA Privacy Officer.

Remember: Maintaining privacy and avoiding unauthorized access are essential for protecting patient rights and ensuring compliance with HIPAA regulations.

Associate, Volunteer and Contractor Access of PHI


ASSOCIATES, VOLUNTEERS, AND CONTRACTORS MAY NOT use the St. Elizabeth Healthcare computer system to access medical records 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. Nor may they view the paper records of any of these individuals without a business-based reason to do so.

Policy HIPAA-A-08 states: "... 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. We audit computer usage, so we know when associates and contractors have accessed information and what information was accessed. When it is determined that an associate has accessed PHI without a business-based reason to do so, **discipline will be issued.** Contractors will be held accountable as well.

Access of PHI continued


ASSOCIATES, VOLUNTEERS, AND **CONTRACTORS** MAY NOT access their own PHI or someone else's (co-worker, children, spouse, friend or anyone else) without a business based reason to do so. If it is not your job, you can't do it.



ASSOCIATES, VOLUNTEERS, AND **CONTRACTORS** 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 associate to access or copy his or her own records).



ASSOCIATES, VOLUNTEERS, AND **CONTRACTORS** MAY NOT use the privileges associated with their positions to view their own PHI nor the PHI of family, friends or co-workers, even in training (i.e., associates 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.

Access of PHI continued

There are **approved ways** for associates, volunteers, and **contractors** to review the PHI of their children and spouse (with the spouse's authorization).

The patient (or custodial parent in the case of a minor) completes an "Authorization to Obtain/Use or Disclose Protected Health Information (PHI)," which is available in Health Information Management (HIM or "Medical Records") and online at www.stelizabeth.com.



The patient signs the authorization notifying our HIM department to disclose the information. The associate or contractor does not access this information via a St. Elizabeth Healthcare computer -- HIM provides a copy of the appropriate information to the patient (or spouse if so authorized).

Breach Notification

- A **privacy breach** is an unauthorized disclosure of personal confidential information that violates state or federal privacy laws. St. Elizabeth Healthcare investigates all alleged breaches of personal confidential information reported by its employees, staff of its business associates, or other persons and will work to resolve the issues raised in order to safeguard individuals' confidential information and improve St. Elizabeth business systems and practices.
- The **Privacy Officer** determines the appropriate level of response (including, as necessary, notification of patients) to mitigate potential harm when St. Elizabeth is made aware of a privacy breach.

Breach Notification continued

Please 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 (versus telling the person to shred or destroy it).

Business Associates

A **Business Associate** is "a person or organization that uses or receives PHI from a facility in order to perform or assist the facility with some activity or function."

- Some of St. Elizabeth Healthcare's Business Associates include: Independent Contractors, Consultants, Lawyers, Auditors, Information System/Data Processing Vendors and Billing Companies.
- For a facility to disclose PHI to a Business Associate, a written contract, agreement or other arrangement must be in place that meets regulatory standards and requirements.

Asking Questions & Reporting Concerns

- Associates, volunteers, and contractors should report promptly and in good faith any potential violations of the HIPAA Privacy Rule.
- A three-step reporting process was developed to help resolve issues, answer questions or provide a means to report concerns:
 1. Contact your supervisor. If your supervisor is unable to solve the problem, contact their supervisor.
 2. If you feel your problem has not been resolved, or if you would rather not report the issue to a supervisor, call Sarah Huelsman, Director of HIPAA **Privacy Officer**, at **(859) 301-6266**.
 3. You may want to report a situation without revealing your identity. For those concerns, call the **Compliance Line** at **1-877-815-2414**.

About the Compliance Line



The Compliance Line is a toll-free 24-hour hotline. The number is **1-877-815-2414**.



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

- We forbid **retaliation** against anyone who reports a concern in good faith.
- Making a good faith report will not put your job at risk. We protect every 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 the Corporate Compliance Officer at **(859) 301-5580**.

Information Security

Electronic information is data created, received, stored or transmitted electronically. SEH has categorized its data systems as follows:

Data Category	Type	Examples
Level I	Public	Public Internet Information, Press Releases
Level II	Internal Use Only	Normal office documentation with restrictions based on user or group. No appreciable harm could come to the organization if this information was made public.
Level III	Confidential	Electronic information that is restricted to a select set of employees. If the information is made public it could negatively impact the organization.
Level IV	Confidential & Sensitive	Electronic information that is legally protected or restricted such as Personally Identifiable Information (PII), Protected Health Information (PHI) or Credit Card information. If the information is made public it could negatively impact the organization.

Passwords

Password Expectations

- Keep your passwords confidential and avoid writing them down.
- 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.

Password requirements:

- A minimum length of 8 characters.
- Incorporate at least **3** of the **4** following characteristics:
 - lower case letters (a-z)
 - upper case letters (A-Z)
 - numbers (0-9)
 - punctuation or characters; (! @ # \$ % ^ & * () _ - + = { } [] : ; " ' | \ / ? < > , . ~ `)


Security Tips and Practices

Social engineering is a term used for tricking someone into giving out information like passwords that will compromise system security. Never give your login and password information out to anyone!


- When leaving a computer unattended, **lock** the computer or **log-off**. (If you share a computer, log off when you are finished, do not lock the computer. If your computer does not have the ability to lock, log out of your system).
- Place all removable media such as CD's or DVD's into the **HIPAA recycling containers**.
- Call the IS service desk to arrange a pickup for computer equipment no longer in service.
- No storage devices are to be re-used outside of the Health System.
- Any media that cannot be re-used within the Health System should be disposed of.

Phishing Attacks

When internet fraudsters impersonate a business to trick you into giving out your personal information, it's called phishing.



Do not reply to email, text, or pop-up messages that ask for your personal or financial information. Do not click on links within them either – even if the message seems to be from an organization you trust. It isn't.



Legitimate businesses do not ask you to send sensitive information through insecure channels.



If you suspect a phishing e-mail, use the Report Phish button available in all version of Outlook. The message will be reviewed by the security team.



PART II

INFECTION CONTROL TRAINING

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OBJECTIVES



Safe Practices

- Understand the importance of infection control measures in maintaining A clean and safe workplace.

Hand Hygiene Awareness:

- Identify when and how to perform hand hygiene, such as before eating, after restroom use, and after handling shared tools or equipment.

Recognize Workplace Hazards:

- Recognize biohazard symbols, restricted areas, and workplace hazards to ensure safety.

Proper Cleaning Protocols:

- Follow protocols for cleaning shared tools, desks, and workspaces effectively using hospital-approved disinfectants.

Reporting Procedures:

- Learn how to report hazardous conditions, spills, or exposure to ensure a safe work environment.

KEY MOMENTS FOR HAND HYGIENE

Before Starting Work:

Wash hands at the beginning of your shift to maintain a clean and safe workspace.

•Before Eating or Drinking:

Always clean your hands before meals or snacks to reduce the risk of infection.

•After Using Restrooms:

Hand hygiene after restroom use prevents the spread of germs.

•After Handling Shared Tools or Equipment:

Sanitize hands after using shared devices, keyboards, carts, or other high-touch items.

•After Coughing, Sneezing, or Touching Your Face:

Practice hand hygiene after touching your face, sneezing, or coughing to protect others.

HAND HYGIENE – WHEN/HOW

HAND HYGIENE IS PERFORMED WITH **EITHER** FACILITY PROVIDED SOAP AND WATER **OR** ABHR (ALCOHOL BASED HAND RUB).

SOAP AND WATER HAND WASH

- WET HANDS WITH WATER.
- APPLY SOAP.
- RUB HANDS TOGETHER, COVERING ALL SURFACES, FOCUSING ON FINGERTIPS AND FINGERNAILS
- RINSE UNDER RUNNING WATER AND DRY WITH DISPOSABLE TOWEL.
- USE THE TOWEL TO TURN OFF THE FAUCET.
- **USE SOAP AND WATER AFTER USING THE RESTROOM, BEFORE EATING, AND WHEN HANDS ARE VISIBLY SOILED.**

ALCOHOL HAND RUB

- 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.

How to handrub? WITH ALCOHOL-BASED FORMULATION



Apply a palmful of the product in a cupped hand and cover all surfaces.



2 Rub hands palm to palm



5 backs of fingers to opposing palms with fingers interlocked



3 right palm over left dorsum with interlaced fingers and vice versa



6 rotational rubbing of left thumb clasped in right palm and vice versa



4 palm to palm with fingers interlaced



7 rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa



8 rinse hands with water



9 dry thoroughly with a single use towel



10 use towel to turn off faucet



20-30 sec



...once dry, your hands are safe.

How to handwash? WITH SOAP AND WATER



0 Wet hands with water



1 apply enough soap to cover all hand surfaces.



4 palm to palm with fingers interlaced



7 rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa



8 rinse hands with water



9 dry thoroughly with a single use towel



10 use towel to turn off faucet



40-60 sec



...and your hands are safe.



WHO acknowledges the Hôpital Universitaire de Genève (HUG), in particular the members of the Infection Control Programme, for their active participation in developing this material.



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COUGH ETIQUETTE



To control the spread of respiratory infections:



Cough into your elbow or sleeve.



Cough into a tissue.



Turn your head away from others.



Throw tissues in trash.



Wash your hands.

INFECTION CONTROL PRECAUTIONS

TO PREVENT THE SPREAD OF INFECTION IN HEALTHCARE, THERE ARE 2 TIERS OF RECOMMENDED PRECAUTIONS: **STANDARD PRECAUTIONS** AND **TRANSMISSION-BASED PRECAUTIONS**.

Standard Precautions are used for all patient care.

Common sense practices and personal protective equipment use that protect healthcare providers from infection and prevent the spread of infection from patient to patient. This includes:

- Hand Hygiene
- PPE
- cough etiquette
- cleaning and disinfection of equipment
- handling of soiled linens
- safe injection practices
- sharps and waste handling



Transmission-Based Precautions are used in addition to Standard Precautions.

For patients who may be infected or colonized with certain infectious agents for which additional precautions are needed to prevent infection transmission.

We follow CDC Guidelines for Isolation Precautions:

- Airborne Precautions
- Contact Precautions
- Droplet Precautions

Volunteers are not permitted to enter the rooms of isolated patients.

Signage should be posted on the patient door to indicate type of isolation.

TRANSMISSION-BASED PRECAUTIONS CONTINUED

CONTACT PRECAUTIONS



CLEAN HANDS

Upon entry and exit of patient room.



SAFE ZONE

No PPE is required when staying within the 3-foot space beyond the doorway to visualize the patient or to have minimal conversation or observation of the patient.



GOWN & GLOVES

Must be worn to go beyond the Safe Zone: when entering patient's environment (approaching patient, touching any item, surface, or piece of equipment). Place used gown in soiled laundry.

DO NOT REMOVE THE SIGN - EVS To Remove Sign After UV Light Treatment at Discharge.



DROPLET PRECAUTIONS



PATIENT SHOULD NOT VISIT PUBLIC AREAS: Cafeteria or Gift Shop.



MASK

Wear a surgical mask to enter room.



VISITORS

Wash hands or use hand sanitizer upon entering and leaving the room.



TRANSPORT

Patient must wear surgical mask for transport.

DO NOT REMOVE THE SIGN - EVS To Remove Sign After UV Light Treatment at Discharge.



AIRBORNE PRECAUTIONS



ROOM DOOR MUST BE KEPT CLOSED

Patient should not visit public areas: **Cafeteria or Gift Shop.**



MASK

Staff must wear a N95 Respirator or PAPR before entering the room.
Visitors must wear a surgical mask to enter room.



VISITORS

Wash hands or use hand sanitizer upon entering and leaving the room.
Wear surgical mask to enter the room.



TRANSPORT

Patient wears surgical mask for transport.

DO NOT REMOVE THE SIGN - EVS To Remove Sign After UV Light Treatment at Discharge.



AIRBORNE + CONTACT PRECAUTIONS



PATIENT CANNOT LEAVE ROOM & DOOR MUST REMAIN CLOSED.

N95 MASK and EYE PROTECTION (goggles or face shield):
Staff must wear a N95 Respirator or PAPR, and goggles or face shield before entering room.



GOWN & GLOVES

Must be worn when entering patient's room.
The Safe Zone does not apply.



TRANSPORT

Patient must wear surgical mask for transport.

DO NOT REMOVE THE SIGN - EVS To Remove Sign After UV Light Treatment at Discharge.



OSHA STANDARDS

WORK PRACTICE CONTROLS

WORK PRACTICE CONTROLS ARE PROCESSES THAT REDUCE THE RISK OR ELIMINATE EXPOSURE TO BLOOD OR OPIM (OTHER POTENTIALLY INFECTIOUS MATERIALS).

EXAMPLES OF WORK PRACTICE CONTROLS INCLUDE:

- ✓ APPROPRIATE HAND HYGIENE/GLOVES/PPE
- ✓ USE OF SHARPS SAFETY PRODUCTS/DISPOSAL PRACTICES
- ✓ PROHIBITED EATING/STORAGE OF FOOD IN WORK AREAS
- ✓ PROPER SPECIMEN HANDLING/TRANSPORT POLICIES
- ✓ CORRECT HANDLING OF SOILED EQUIPMENT, LINENS AND HAZARDOUS WASTE

ENGINEERING CONTROLS

ENGINEERING CONTROLS ARE ITEMS OR EQUIPMENT THAT ARE DESIGNED TO REDUCE OR ELIMINATE THE RISK OF EXPOSURE TO BLOOD OR BODY FLUIDS.

EXAMPLES OF ENGINEERING CONTROLS INCLUDE:

- ✓ SHARPS SAFETY PRODUCTS
- ✓ LEAK PROOF SPECIMEN CONTAINERS
- ✓ LABORATORY EQUIPMENT
- ✓ SAFETY SHIELDS
- ✓ NEEDLE FREE IV ACCESS SYSTEMS

OSHA WORK PRACTICE CONTROLS

WORK PRACTICE CONTROLS ARE PROCESSES THAT REDUCE THE RISK OR ELIMINATE EXPOSURE TO BLOOD OR OPIM (OTHER POTENTIALLY INFECTIOUS MATERIALS).

EXAMPLES OF WORK PRACTICE CONTROLS INCLUDE:

- ✓ ENSURE PROPER HANDWASHING OR USE OF ALCOHOL-BASED HAND SANITIZER BEFORE AND AFTER HANDLING SHARED TOOLS OR MATERIALS.
- ✓ USE APPROVED CLEANING AGENTS TO DISINFECT DESKS, KEYBOARDS, AND FREQUENTLY TOUCHED ITEMS.
- ✓ FOLLOW MANUFACTURE GUIDELINES FOR CONTACT TIME WHEN USING DISINFECTANTS.
- ✓ ENSURE PROPER DISPOSAL OF TRASH AND AVOID HANDLING ITEMS MARKED WITH BIOHAZARD SYMBOLS UNLESS TRAINED TO DO SO.
- ✓ REPORT MISPLACED OR IMPROPERLY STORED HAZARDOUS MATERIALS.
- ✓ USE GLOVES WHEN CLEANING VISIBLY SOILED SURFACES OR HANDLING POTENTIALLY CONTAMINATED ITEMS.
- ✓ ALWAYS DISPOSE OF USED PPE IN DESIGNATED RECEPTACLES.
- ✓ STORE AND CONSUME FOOD OR BEVERAGES ONLY IN DESIGNATED AREAS, AWAY FROM POTENTIAL CONTAMINATION RISKS.

BIOHAZARD SYMBOL



Biohazard signs are always **red** or **orange** and have the biohazard symbol.

THE BIOHAZARD SYMBOL IS A UNIVERSAL SYMBOL PLACED ON ANY CONTAINER OR AREA THAT MAY CONTAIN INFECTIOUS WASTE OR POTENTIALLY INFECTIOUS MATERIAL (SOILED UTILITY ROOM DOORS, LABORATORY SPECIMEN TRANSPORT DEVICES, LINEN BAGS, ETC.)

BLOODBORNE PATHOGENS



Bloodborne Pathogen – germs which may be present in blood or other body fluids that can cause diseases. Transmission may occur due to exposure to blood through needle stick and other sharps injuries, mucous membrane, and skin exposures.



Examples of
Bloodborne Pathogens
include:

- ✓ Hepatitis C
- ✓ Hepatitis B
- ✓ HIV/AIDS

EXPOSURE TO BLOOD/BODY FLUIDS

What is an Exposure?

An exposure is direct, unprotected contact with blood, blood derived fluids, or other potentially infectious materials (OPIM) in eyes, mouth (or other mucous membranes), non-intact skin, or a parenteral route such as a sharps injury.

Body fluids on clothing or intact skin are not considered an exposure.



Steps to follow for an exposure:

- ☐ Immediately perform **site care**: for a wound, wash with soap and water and rinse **copiously**. If mucous membranes, **flush** with water. Flush **eyes** with water or saline solution. Do **NOT** apply caustic agents or inject antiseptics or disinfectants into the wound.
- ☐ **PROMPTLY NOTIFY EMPLOYEE HEALTH** at (859) 301-6265 during office hours (Mon-Fri. 7am-5pm). Offsite office location: 830 Thomas More Parkway, Suite 101. **If after hours, notify the Nursing House Supervisor.**

(continued on next slide)

EXPOSURE TO BLOOD/BODY FLUIDS

Steps to follow for an exposure (continued):

- ☐ COMPLETE THE EMPLOYEE EXPOSURE FORM (on company [Intranet](#) under Shortcuts).
- ☐ Include source patient's name and date of birth if available (write "Unknown source" if patient info is not available).
- ☐ Fax a copy of the form to Employee Health at 859-301-5462.
- ☐ Promptly take the above documents to the outpatient lab. If after hours, go to the ED registration.
- ☐ Testing will be ordered by the lab on both the employee and the source labs will be ordered in Epic, by the department where the exposure occurred.
 - Employee Health will provide the written test results of the known source and associate's baseline tests **within 15 days of completion of tests**. Directions for appropriate follow-up protocols will be provided at that time.

CONTACT EMPLOYEE HEALTH FOR ADDITIONAL QUESTIONS

TUBERCULOSIS

TUBERCULOSIS (TB) IS AN INFECTIOUS DISEASE CAUSED BY A MICROORGANISM (GERM) CALLED MYCOBACTERIUM TUBERCULOSIS.

TB USUALLY AFFECTS THE LUNGS (PULMONARY TB) BUT IT CAN ALSO AFFECT OTHER PARTS OF THE BODY (E.G. BRAIN, KIDNEY, SPINE, ETC.).

PULMONARY TB SPREADS FROM THE LUNGS OF AN INFECTED PERSON TO ANOTHER PERSON THROUGH THE AIR VIA:

- COUGHING
- SNEEZING
- SINGING
- TALKING
- OR ANYTIME AIR IS FORCIBLY EXPELLED FROM THE LUNGS

PEOPLE CAN BECOME INFECTED WHEN THEY BREATHE IN AIR CONTAINING TB GERMS. THESE GERMS CAN STAY IN THE AIR FOR SEVERAL HOURS DEPENDING ON THE ENVIRONMENT

INFECTION PREVENTION REMINDERS



Any nonemployee healthcare worker and/or volunteer with a draining skin lesion, including fever blisters, *should not have contact with patients.*



Any nonemployee healthcare worker and/or volunteer with a draining skin lesion, including fever blisters, *should not handle patient care equipment.*



Any nonemployee healthcare worker and/or hospital volunteer are to exclude themselves from the hospital if they experience symptoms of respiratory or gastrointestinal infection or other infectious diseases until the condition resolves.

CONCLUSION

We hope this CBL has been both informative and helpful.
Review this material until confident and proceed to the test.

Infection Control Department

infectioncontrol@stelizabeth.com

EDGEWOOD	859-301-2155
FLORENCE	859-212-4399
FT. THOMAS	859-572-3688
DEARBORN	812-537-8411

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Part III

Hospital Safety

Content Expert:

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Assistant Director Safety

OBJECTIVES





- Identify emergency codes
- Describe Fire Plan and Fire Extinguisher use
- List emergency response procedures
- Explain Hazardous Communication Plan

SIGNAL CODES

The hospital thru our Public Address System will announce certain critical events that affect occupant safety. The events are coded messages that need to be understood by all contractors.

-  • **CODE BLUE** Medical Emergency Call 22222 from any inhouse phone
-  • **CODE RED (FIRE)** Follow R.A.C.E Hospitals: Call 22222 from any inhouse phone, Outside Buildings: Call 9911
-  • **CODE PINK** Infant/Child abduction Call 12270
-  • **CODE YELLOW** Disaster in community, initiate recall
- **TORNADO WATCH** Conditions are favorable for a tornado.
- **TORNADO WARNING** Tornado has been sighted in the area.
- **CODE ARMSTRONG** Staff needing assistance with a hostile patient or visitor. Call 22222
-  • **CODE SILVER** Armed individual present in the building. Call 12270

Classes of Fires

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.	

Before you consider fighting a fire...

- Determine whether a fire is small and not spreading.
- Confirm you have a safe exit path.
- First defense is your fire extinguisher.
- Assist any person in immediate danger without risk to self.

COMMON FIRE EXTINGUISHERS



White or blue canisters

WATER APW MIST (Air Pressurized Water)



Water + Air

Filled with deionized water and pressurized air. Similar to a large squirt gun.



Class A + C

Designed to fight wood, paper, cloth, and electrical (disconnected from outlet) fires (i.e. Class A and C fires).



Usage

Used in operating rooms and labs.



MRI Safe

Only mist extinguishers labeled MRI safe may be used in MRI unit due to magnet in use.

FIRE PLAN

Any associate who detects smoke and/or flames of any type must take immediate action.



R

Rescue

Rescue/relocate all people in immediate danger from the fire.



A

Alert

Activate the nearest alarm.
Alert all people in the area.



C

Confine/Contain

Confine/contain fire and smoke.
Close all doors and windows. Shut off oxygen (Nurse Manager, Respiratory Supervisor or designee).



E

Extinguish/Evacuate

Extinguish the fire if possible.
Evacuate the area as instructed.
Escape the area.

All Hospitals

- Dial 22222
- Report alerting concerns
- State your name and fire location

Outside Facilities

- Dial 911
- State your name and fire location

Using the Extinguisher

Stand 10 feet away and slowly walk toward fire sweeping side to side.

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.

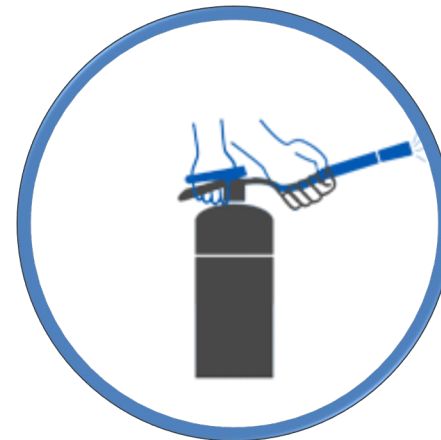
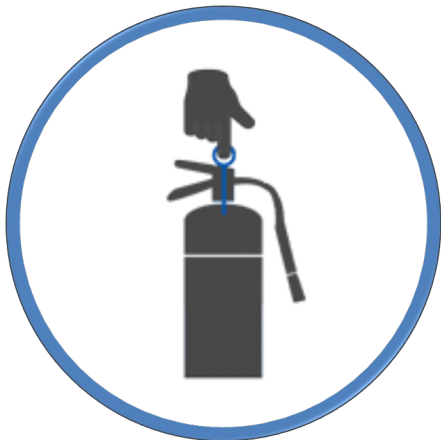
Release the pressure.

S

Sweep side to side.

Side to side from 10 ft. away

slowly moving forward.



EVACUATION

Know your department's evacuation plan prior to need.



Types

- ▶ **Lateral** - Evacuation through smoke/fire barrier doors to a safe area on the same floor
- ▶ **Vertical** - Evacuation of all occupants on a floor to another safe floor

Order

- ▶ Evacuate patients nearest the fire first. If leaving the floor, evacuate patients in the following order:
 - ▼ Ambulatory patients
 - ▼ Wheelchair patients
 - ▼ Bedfast patients

Initial Procedure

In the event of a fire is to shelter in place until given *all clear* signal.

Ordered Evacuation

Evacuation will be ordered if fire cannot be controlled, or patients, visitors, volunteers and employees are in immediate danger.



FIRE SAFETY

- ▷ Fire alarm pull stations are near located exits and stairwells.
- ▷ **Never** obstruct the view of fire alarm pulls or fire extinguishers.
- ▷ Be aware of your surrounding and remove any item blocking the view of fire alarms/fire extinguishers. *Nothing can be adhered to a fire door.*
- ▷ 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.

HAZARDOUS WASTE DISPOSAL

Also referred to as **Infectious waste**. *Costs more than 10x that of general waste.*

SDS Instructions

Review SDS for instructions on how to dispose of any chemical/chemical containers.

Still unclear?

If not clearly outlined on the SDS, contact your supervisor and/or Safety Officer to insure proper disposal.



Description

Biohazard symbol indicates item contains and/or is soiled with blood or body fluids.

Exposure

- ▶ Contact your supervisor and Employee Health immediately.
- ▶ Infection Control Manual is in **PolicyStat** under *Infection Control Manuals*.

Universal Precautions | Blue bag

All soiled linens are handled with universal precautions.

- Patient linens
- All visibly soiled linen
 - blood
 - stool

Blood and Body Fluids | Red bag

Saturated with blood/OPIM that may drip or release contents when held vertical, squeezed or compacted.

- Containers of blood/OPIM body fluids that cannot be safely emptied or are not designed to be emptied (*i.e. chest drainage systems*).
- Blood bags & tubing
- Dialysis waste containing blood/OPIM
- Unfixed human tissue or organs
- Laboratory biological waste

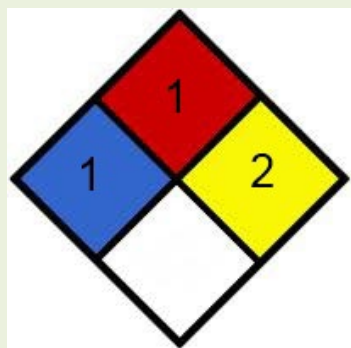
CHEMO Waste Only | Yellow bag

Yellow bags are used for CHEMO waste only.

- Gowns
- Gloves
- Googles
- Wipes
- Empty IVs & tubing
- Linen contaminated with CHEMO waste

Update to GHS

Current Hazardous Label



4 = severe
3 = serious
2 = Moderate
1 = Slight
0 = Minimal

Health	2*
Flammability	1
Reactivity	1
PPE	B



New Labeling



Refer to OSHA

<https://www.osha.gov/dsg/hazcom/ghs.html#4.3>

Current OSHA Template

- Name of hazardous chemical
- Hazard warnings
- Contact information for manufacturer/importer/responsible party

GHS updated Template

- Product Identifier
- Pictograms
- Signal word
- Precautionary statements
- Hazardous Statements
- Supplemental information
- Supplier information

SECURITY ID BADGES

Must be worn at all times when on St Elizabeth Healthcare Properties

SECURITY ID BADGES

St. Elizabeth Healthcare



Property

Your badge must be worn at all times when working on SEH property.



Identification

The ID badge identifies you as a member of the Healthcare system.



Access

In the event of bioterrorism or other mass disaster, you will not be able to gain access to any Healthcare system facilities without your ID Badge.

MRI SAFETY



Metal

The magnetic field can cause metal objects to fly into the bore of the magnet with great force and speed.



Power

The **magnetic field is always on** – *even during power failures.*



Strength

The closer you are to the magnet, the stronger the field.



Ask

Always ask MRI staff for instructions.



Part IV

Code Silver

Active Shooter

Content Expert:
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Assistant Director Safety

Purpose and Objectives

Purpose

- Describe how to react during a Code Silver/Active Shooter event to maximize safety.

Objectives

- Explain how to be prepared for an Active Shooter event
- Recognize warning signs of an Active Shooter event
- Describe how to react when a Code Silver is announced in your department
- Describe how to react when a Code Silver is announced outside of your department
- List what to do if confronted by an Armed Assailant

WARNING SIGNS

Stay alert for these common
Warning Signs

- Pacing
- Extreme anger
- Aggressive Behavior
- Swearing
- Changes in tone of voice
- May be carrying a backpack or gym bag



Approached Aggressively

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.
- Use De-escalation techniques when speaking.
- Don't argue; speak calmly and with respect.
- Call the operator at 2-2222 when you can safely do so.

98% of the time the offender is a single shooter.

Code Silver/Active Shooter Not In Your Area

When the PBX Operator announces Code Silver

- 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 your patients with barricading themselves in their rooms – if possible push the beds up against the doors and lock the wheels or use any heavy object.
- Barricade yourself safely in a room.
- Turn off all lights, and silence cell phones and pagers.
- Remain in hiding until you hear the All Clear or are ordered to do so by Police or Security.
- If you are ordered to move by the Police, do so in an orderly manner **with your hands visible and above your head.**

Code Silver/Active Shooter In Your Area

If you see an armed individual in your area or the PBX Operator announces Code Silver in your area.

REMEMBER:

An orange circle with a slight gradient and a shadow.

RUN

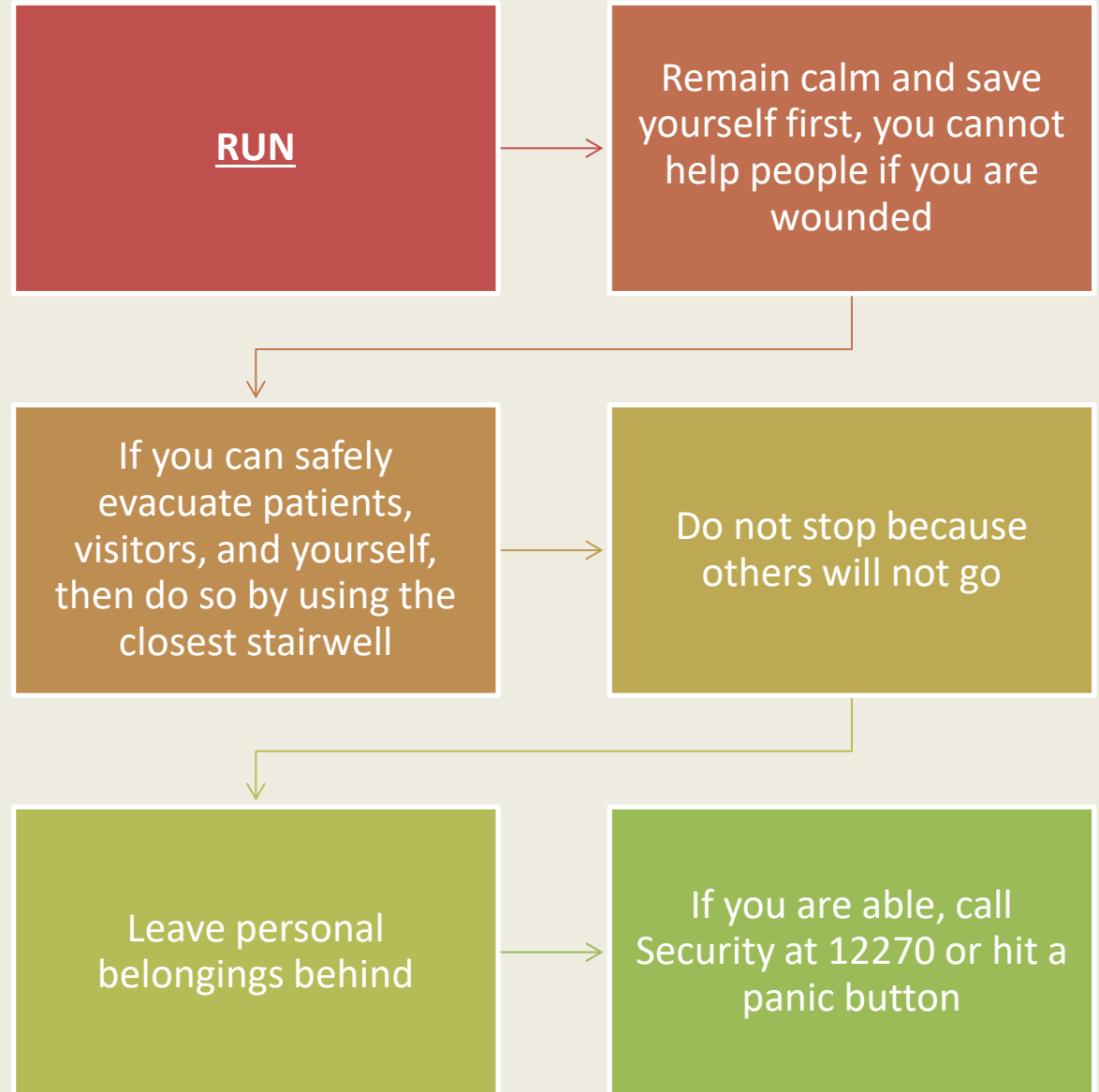
A blue circle with a slight gradient and a shadow.

HIDE

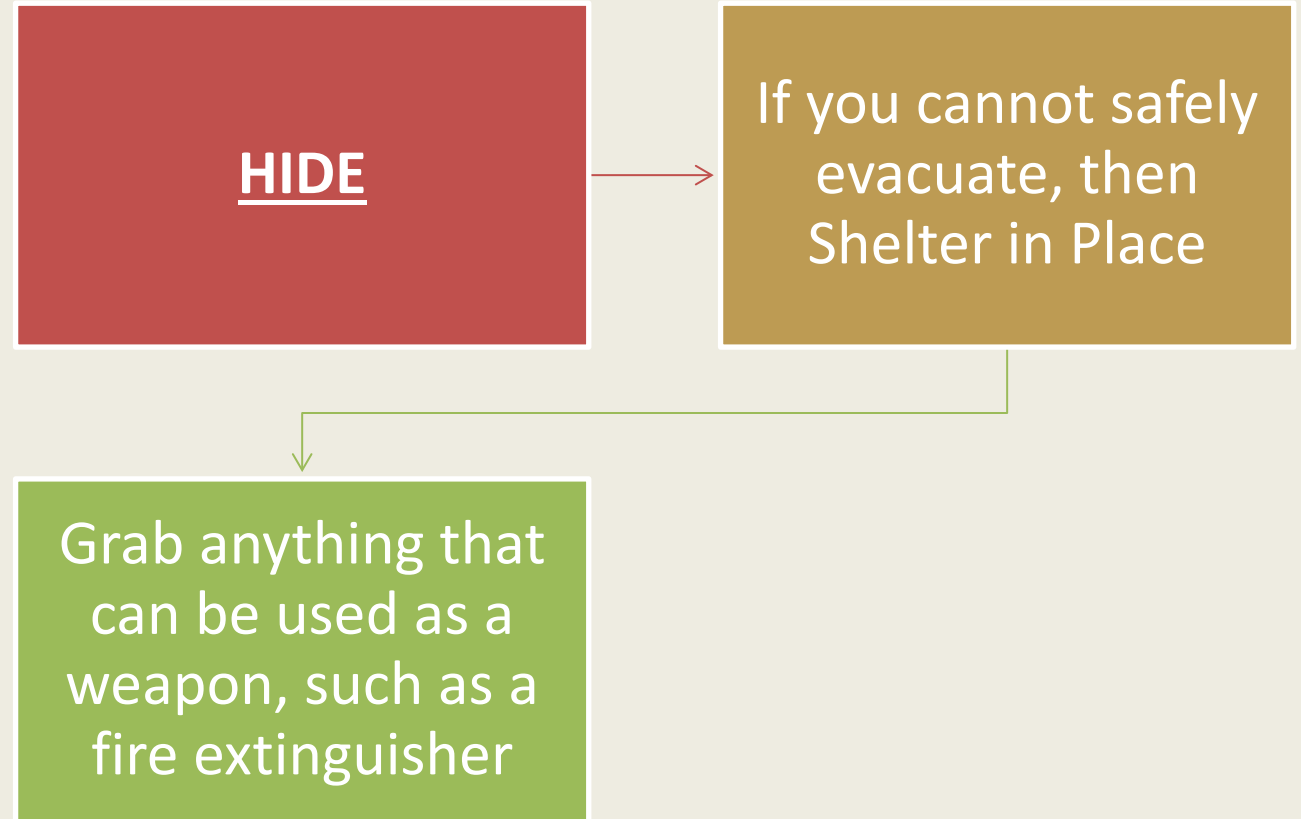
A green circle with a slight gradient and a shadow.

FIGHT

Code Silver/Active Shooter - In Your Area



Code Silver/Active Shooter - In Your Area



Code Silver/Active Shooter - In Your Area

Barricade

Barricade yourself in a room – if possible, push the beds up against the doors and lock the wheels or use any heavy object

Stay away

Stay away from doors and windows

Turn off

Turn off all lights, and silence cell phones and pagers

Remain in

Remain in hiding until you hear the All Clear or are ordered to do so by Police or Security

Do

If you are ordered to move by the Police, do so in an orderly manner with your hands visible and above your head

FIGHT

FIGHT AS A LAST RESORT

If you must fight do so in an aggressive manner, your life may depend on it

Use anything you can find as a weapon – spray them with a fire extinguisher, throw things at them, do whatever you can to disable them

Summary

- Be on guard for behaviors that could indicate the potential for violent behavior in any individual
- Never approach a subject with a weapon unless you must do so to save your life and then fight aggressively
- Know the policy, have a plan, and know what you will do if confronted by an active shooter
- Call 2-2222 at the first sign of trouble and for off sites call 911.

2025 Volunteer Annual Training CBL Test

Attestation: I have read and understand the provisions outlined in the Volunteer Training CBL, including the requirements for adhering to SEH, federal, state and local safety regulations.

By selecting “yes”, I attest to my agreement and commitment to follow these guidelines.

☐ YES

☐ NO

References

- Human Resources Policy – Workplace Violence HR-ER-12
- Security Policy – Code Silver SEC-C-01
- Bureau of Labor Statistics
- FBI - [fbi.gov/stats-services](https://www.fbi.gov/stats-services)
- IAHS – International Association for Healthcare Security and Safety
- US Dept. of Homeland Security
- US Dept. of Health and Human Services