



St. Elizabeth
HEALTHCARE

Volunteer Annual Training – Level 5

2025 Version



HIPAA Privacy and Security

Content Experts:

Lisa.Frey@stelizabeth.com

Executive VP Legal Services General Counsel

Jason.McReynolds@stelizabeth.com

VP Chief Information Officer

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.



INFECTION CONTROL TRAINING

Content Expert:

Judi Boger BSN, RN, CIC, T-CHEST

Infection Preventionist

Judi.Boger@stelizabeth.com

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.



2009072009, 000001.

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.

REFERENCES

AIRBORNE PRECAUTIONS. RETRIEVED NOVEMBER 5, 2018, FROM [HTTPS://SECURE.COMPLIANCE360.COM](https://secure.compliance360.com). INF-CNTRL-A-02.

APIC TEXT OF INFECTION CONTROL AND EPIDEMIOLOGY. RETRIEVED NOVEMBER 20, 2018 FROM [HTTP://TEXT.APIC.ORG/TOC/BASIC-PRINCIPLES-OF-INFECTION-PREVENTION-PRACTICE/STANDARD-PRECAUTIONS](http://text.apic.org/TOC/BASIC-PRINCIPLES-OF-INFECTION-PREVENTION-PRACTICE/STANDARD-PRECAUTIONS). STANDARD PRECAUTIONS.

CONTACT PRECAUTIONS. (2017, AUGUST 01). RETRIEVED NOVEMBER 5,2018, FROM [HTTPS://SECURE.COMPLIANCE360.COM](https://secure.compliance360.com). INF-CNTRL-C-01.

DRESS CODE. RETRIEVED NOVEMBER 5,2018, FROM [HTTPS://SECURE.COMPLIANCE360.COM](https://secure.compliance360.com). HR-ER-05.

DROPLET PRECAUTIONS. RETRIEVED NOVEMBER 5,2018, FROM [HTTPS://SECURE.COMPLIANCE360.COM](https://secure.compliance360.com). INF-CNTRL-D-01

GOOGLE IMAGES.

HAND HYGIENE PRACTICES. RETRIEVED NOVEMBER 5,2018, FROM [HTTPS://SECURE.COMPLIANCE360.COM](https://secure.compliance360.com). INF-CNTRL-H-01.

HEPATITIS C. (2017, OCTOBER). RETRIEVED NOVEMBER 21, 2018, FROM [HTTPS://ASKMAYOEXPERT.MAYOCLINIC.ORG/PATIENT-EDUCATION/TOPIC/CLINICAL-ANSWERS/GNT-20247154](https://askmayoexpert.mayoclinic.org/patient-education/topic/clinical-answers/gnt-20247154).

HUMAN IMMUNODEFICIENCY VIRUS (HIV) INFECTION. (2018, SEPTEMBER 24). RETRIEVED NOVEMBER 21, 2018, FROM [HTTPS://ASKMAYOEXPERT.MAYOCLINIC.ORG/TOPIC/CLINICAL-ANSWERS/CNT-20138252/SEC-20138272](https://askmayoexpert.mayoclinic.org/topic/clinical-answers/cnt-20138252/sec-20138272).

ISOLATION PROTOCOL. RETRIEVED NOVEMBER 5,2018, FROM [HTTPS://SECURE.COMPLIANCE360.COM](https://secure.compliance360.com). INF-CNTRL-I-01.

MANAGEMENT OF EQUIPMENT CLEANING AND DISINFECTION. RETRIEVED NOVEMBER 5,2018, FROM [HTTPS://SECURE.COMPLIANCE360.COM](https://secure.compliance360.com). ACLIN-M-02.

NATIONAL PATIENT SAFETY GOALS EFFECTIVE JANUARY 2018. RETRIEVED NOVEMBER 5, 2018, FROM [HTTPS://WWW.JOINTCOMMISSION.ORG/ASSETS/1/6/NPSG_CHAPTER_HAP_JAN2019.PDF](https://www.jointcommission.org/assets/1/6/NPSG_CHAPTER_HAP_JAN2019.PDF)

PERSONAL PROTECTIVE EQUIPMENT (PPE). RETRIEVED NOVEMBER 5,2018, FROM [HTTPS://SECURE.COMPLIANCE360.COM](https://secure.compliance360.com). INF-CNTRL-P-01.

SUPPLY STORAGE. RETRIEVED NOVEMBER 5,2018, FROM [HTTPS://SECURE.COMPLIANCE360.COM](https://secure.compliance360.com). INF-CNTRL-S-08.

TB EXPOSURE PROGRAM. RETRIEVED NOVEMBER 29, 2018, FROM [HTTPS://SECURE.COMPLIANCE360.COM](https://secure.compliance360.com). SAF-T-01

TUBERCULOSIS (TB). (2018, OCTOBER 22). RETRIEVED NOVEMBER 28, 2018, FROM [HTTPS://WWW.CDC.GOV/TB/DEFAULT.HTM](https://www.cdc.gov/tb/default.htm)

WHO GUIDELINES ON HAND HYGIENE IN HEALTHCARE. (2017). RETRIEVED NOVEMBER 5,2018, FROM [HTTP://APPS.WHO.INT/IRIS/BITSTREAM/HANDLE/10665/44102/9789241597906 ENG.PDF;JSESSIONID=6D8D704C836DA603D04B109FCE092FB0?SEQUENCE=](http://apps.who.int/iris/bitstream/handle/10665/44102/9789241597906_eng.pdf;jsessionid=6D8D704C836DA603D04B109FCE092FB0?sequence=)



Hospital Safety

Content Expert:

James.Batus@stelizabeth.com






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.

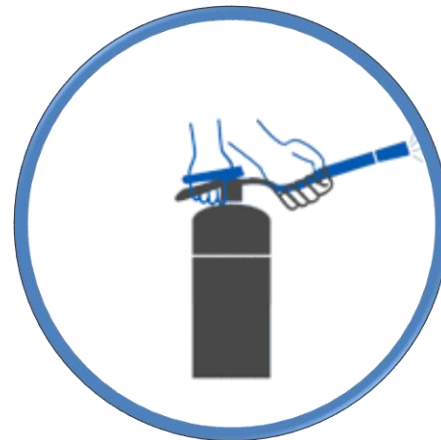
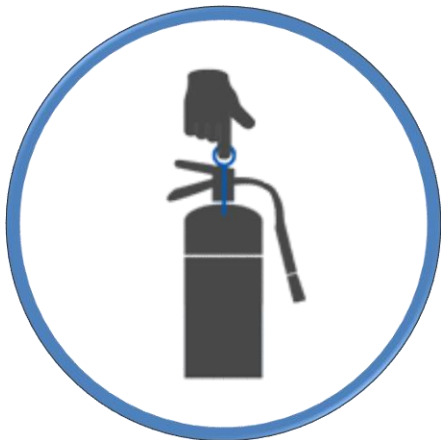
Release the pressure.

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.



Code Silver Active Shooter

Content Expert:
James.Batus@stelizabeth.com
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 drop shadow.

RUN

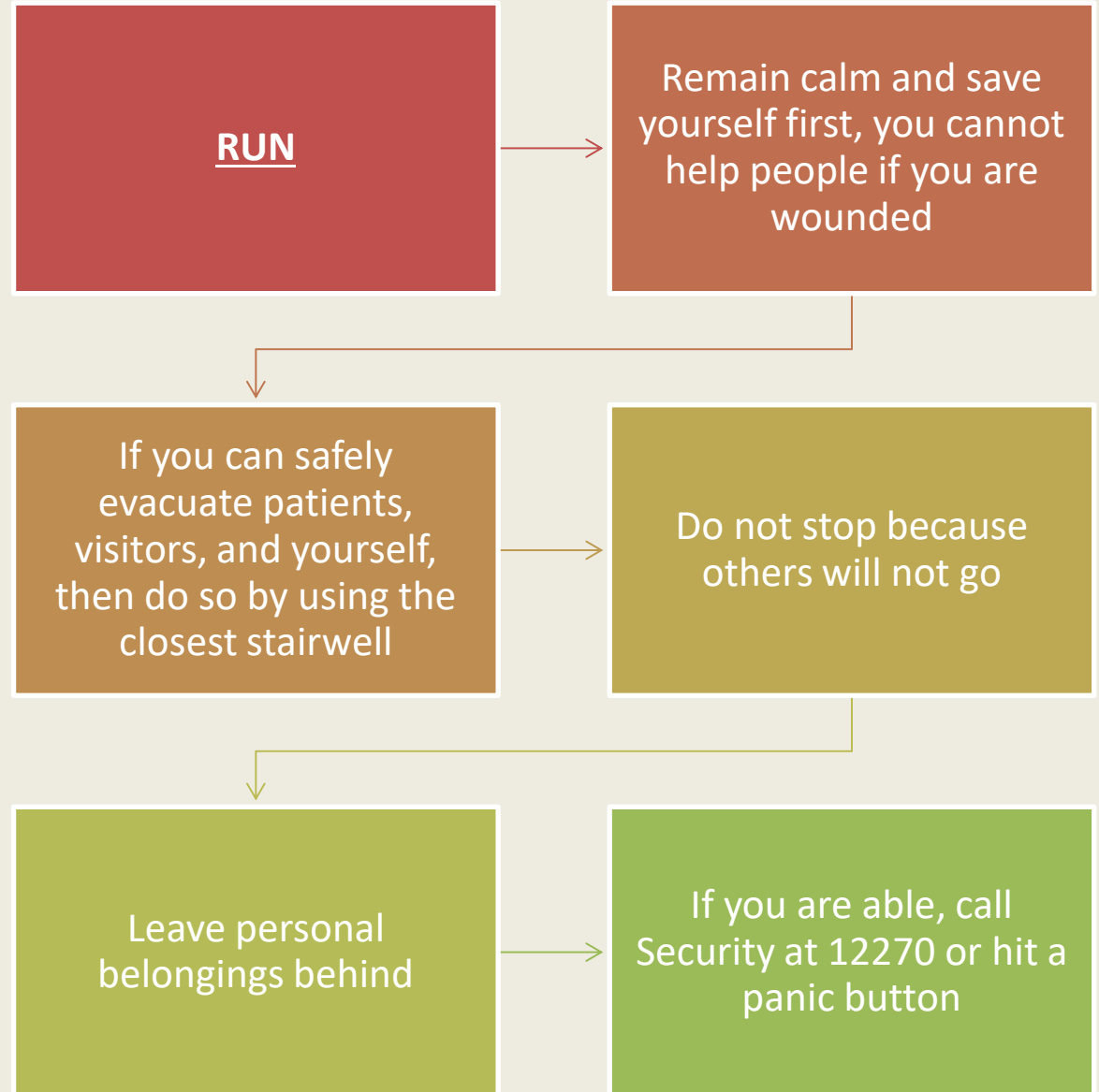
A blue circle with a slight gradient and a drop shadow.

HIDE

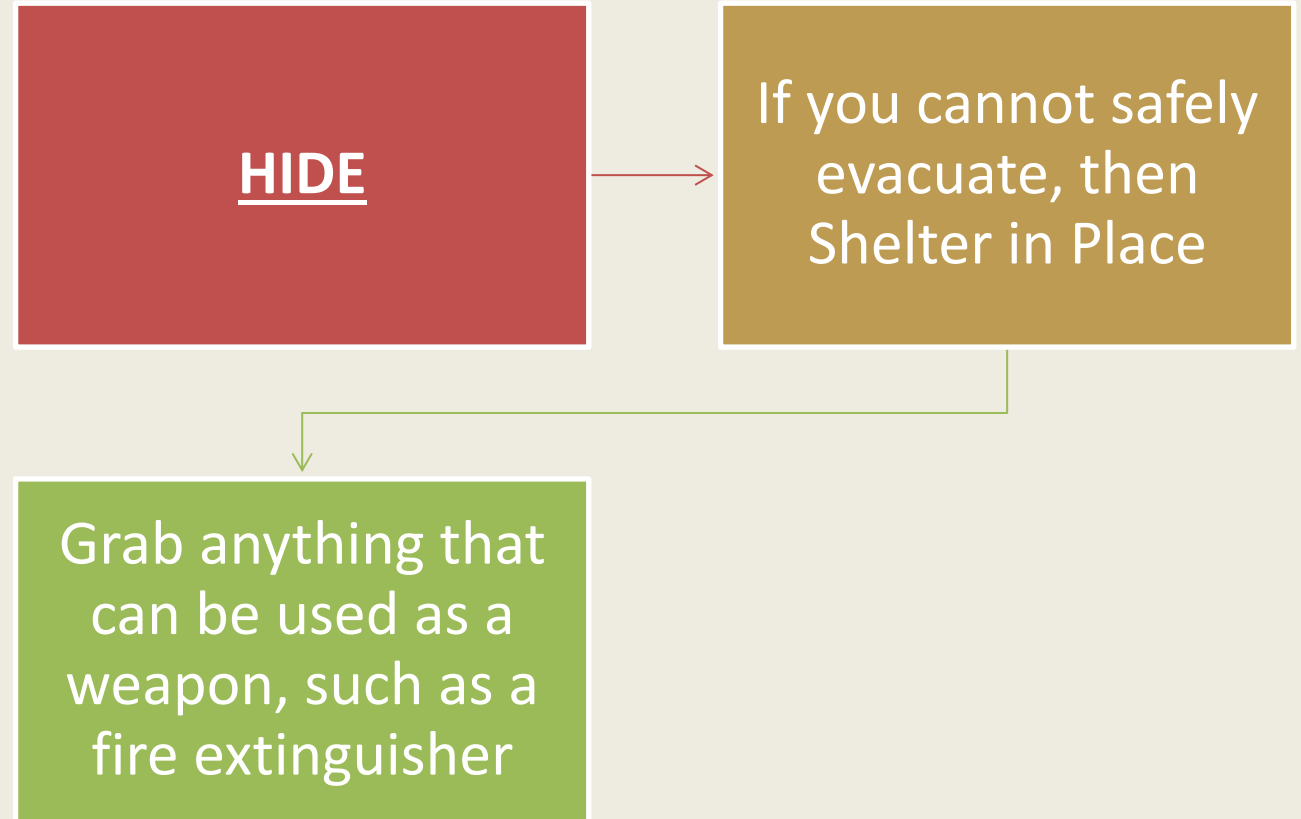
A green circle with a slight gradient and a drop shadow.

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.

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

Stroke Updates

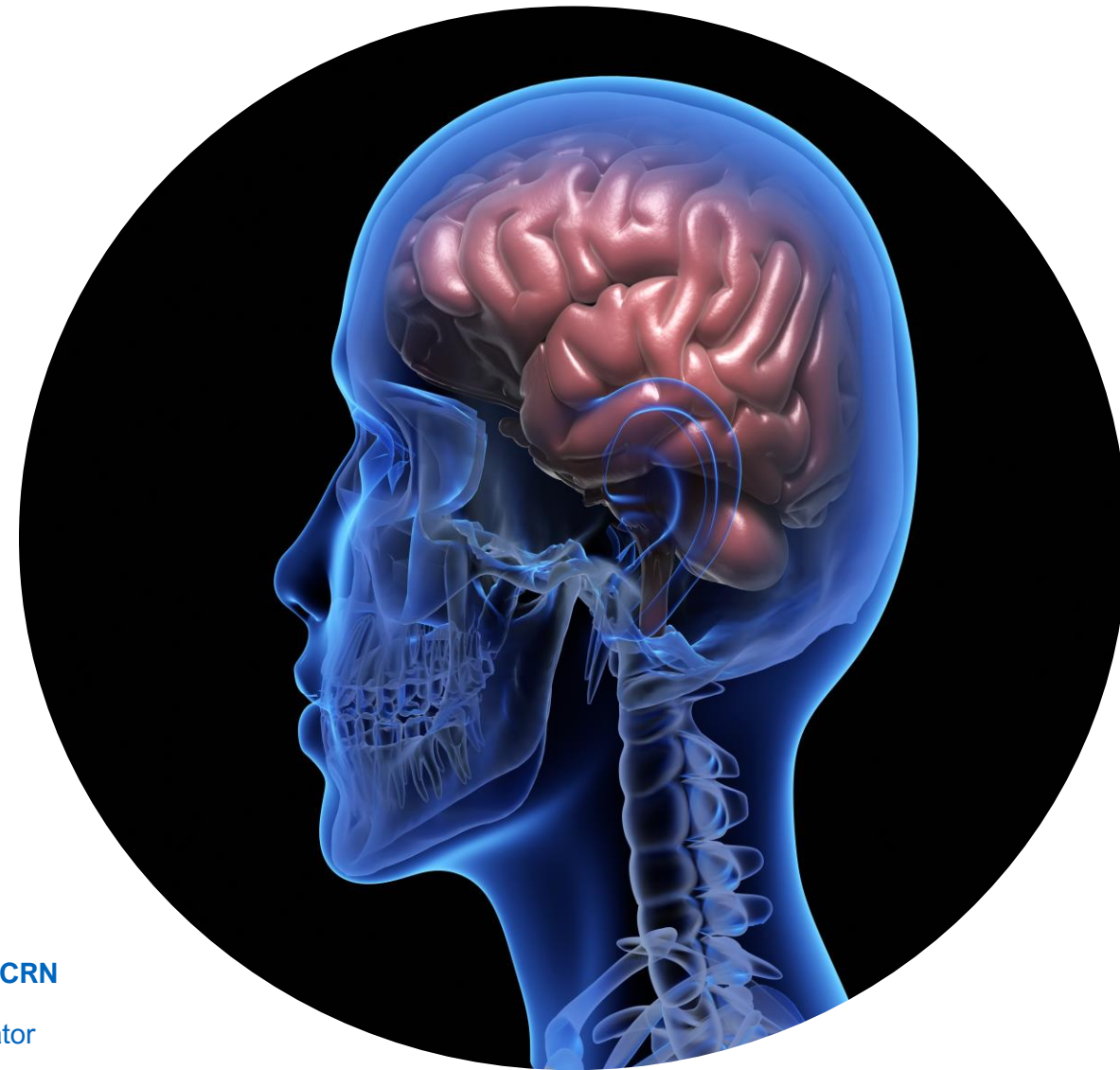
**2025
Version**

Reviewed 2024/10

Jen Fraiture, MSN, RN, PCCN, SCR
Nurse Manager Structural Heart
System Stroke Program Coordinator
Jennifer.fraiture@stelizabeth.com

Betty McGee MSN, RN, CEN
Clinical Education Specialist, Emergency Dept
betty.mcgee@stelizabeth.com

Laura Hoppius, MSN, RN, CCRN, SCR
Clinical Education Specialist
ICU Fort Thomas
Laura.hoppius@stelizabeth.com



What is a stroke?

- Is a disease that affects the arteries leading to and within the brain.
- Occurs when blood vessels that carry oxygen and blood to the brain become blocked or rupture.
- Part of the brain cannot get the blood and oxygen it needs, so it and brain cells die.

WHAT IS A STROKE?

A stroke, sometimes called a “brain attack,” occurs when blood flow to the brain is interrupted.



2 MAJOR KINDS OF STROKE

MOST COMMON:

Ischemic stroke

is caused by a blockage of blood vessels in the neck or brain, most often caused by a blood clot or severe narrowing of the blood vessels.

SECOND MOST COMMON:

Hemorrhagic stroke

is caused by a blood vessel in the brain that breaks and bleeds into the brain.

What is the Impact of a Stroke?

- About **795,000 Americans** suffer a new or recurrent stroke each year.
 - a stroke occurs every **40 seconds**
- Stroke is the **#5 leading cause of death in the United States.**
 - stroke kills nearly 142,000 people each year.
 - 1 of every 19 deaths.
- Stroke is the **leading cause of functional impairment.**



SIGNS OF A 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 9-1-1 at the first sign.

- **DON'T DRIVE.**
- **DON'T DELAY.**
- **CALL 911 RIGHT AWAY.**

The sooner you call 911, the better chance of recovery.

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 initialing on the corresponding answer sheet, I attest to my agreement and commitment to follow these guidelines.



St. Elizabeth
PHYSICIANS



St. Elizabeth
HEALTHCARE

OUR MODEL FOR HEALTH EQUITY CULTURE AND COMMUNITY

CBL 2025

COURSE INFORMATION

CBL Navigation Instructions

- Target Audience: : All SEH & SEP associates and volunteers.
- This CBL includes 30 content slides.
- You must review each slide for completion credit.
- This module includes 1 assessment located at the end of the module
- Final assessment requires passing score of 100%.

You have unlimited attempts

- Technical issues? Contact helpdesk (12541).

OBJECTIVES

After completing this module, the learner will be able to:

- **Define Health Equity, Culture and Community**
- **Articulate the connection between Health Equity, Culture and Community and St. Elizabeth's Strategic Framework**
- **Understand the Joint Commission's standards connected to Health Equity, Culture and Community**
- **Define Social Determinants of Health and their importance in ensuring St. Elizabeth will lead the communities we serve to be the healthiest among the nation**
- **Understand ways in which discrimination may take place and ways to avoid or actively prevent said discrimination**

DEFINING HEALTH EQUITY, CULTURE & COMMUNITY

You might have heard of DEI - Diversity, Equity & Inclusion, but what the heck is HECC?

Health Equity

- We strive to achieve equitable outcomes for patients and their families so each patient can become their healthiest self. Equitable outcomes require culturally competent care leveraging data to improve health outcomes. We employ many tools and strategies to help meet each patient's needs and goals.

Culture

- Our team members have the opportunity to join one of six (6) associate resource groups intended to provide connection to each other and our communities. Similarly, leaders and associates are invited to participate and learn more through activities and dedicated learning resources that deepen understanding, cultural competence, and empathy.

Community

- In line with our vision to help our region become one of the healthiest communities in the nation, we continually work to enhance community partnerships and engagement, especially to support the underserved. We develop programs that collaborate with local organizations to address key needs for the whole of our community.

DEFINING HEALTH EQUITY, CULTURE & COMMUNITY

Test Your Knowledge

What is the primary goal of Health Equity at St. Elizabeth

- ☐ To provide the same treatment to all patients
- ☐ To achieve equitable outcomes for patients and their families
- ☐ To prioritize the needs of the majority
- ☐ To reduce healthcare costs

DEFINING HEALTH EQUITY, CULTURE & COMMUNITY

Test Your Knowledge

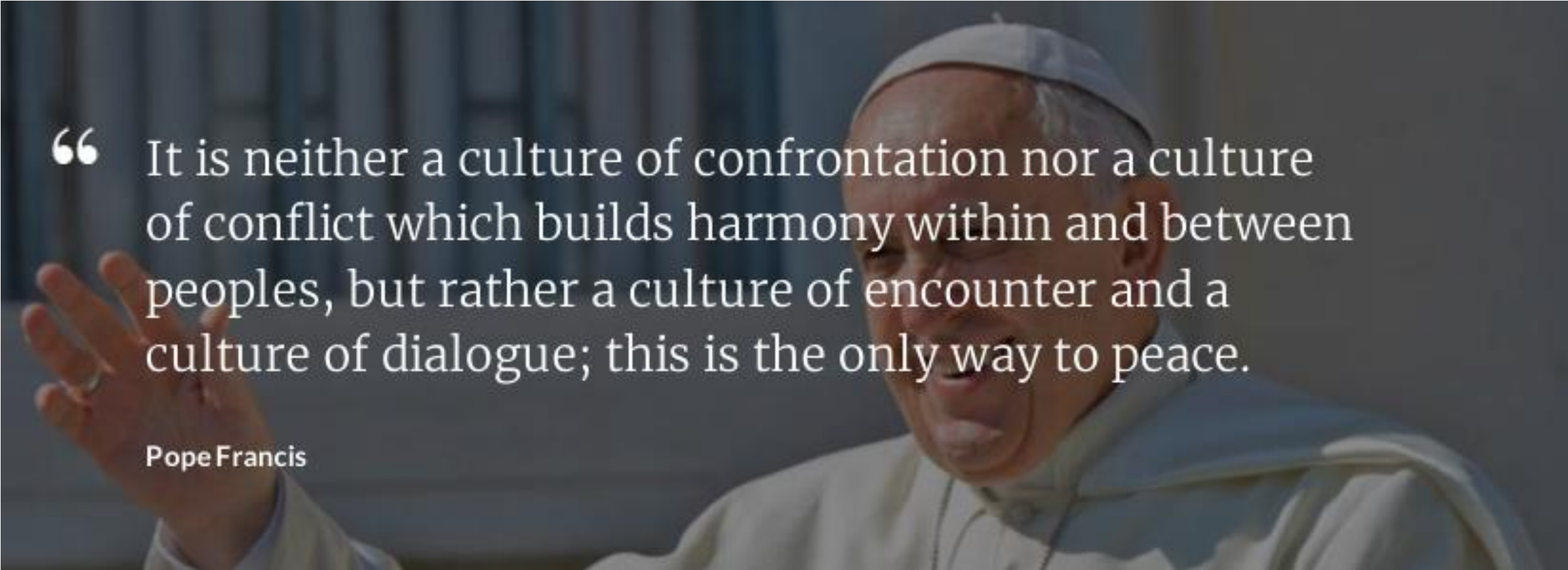
What is the primary goal of Health Equity at St. Elizabeth

- ☐ To provide the same treatment to all patients
- ☒ To achieve equitable outcomes for patients and their families
- ☐ To prioritize the needs of the majority
- ☐ To reduce healthcare costs

 **Correct!**

A CULTURE OF ENCOUNTER

In Pope Francis' words:

A photograph of Pope Francis, wearing his white papal attire and zucchetto, gesturing with his right hand while speaking. The background is slightly blurred, showing architectural elements.

“ It is neither a culture of confrontation nor a culture of conflict which builds harmony within and between peoples, but rather a culture of encounter and a culture of dialogue; this is the only way to peace.

Pope Francis

WHY THE TRANSITION TO HECC FROM DEI (DIVERSITY, EQUITY, AND INCLUSION)?

There are several reasons for the change. Here are a few to highlight:

- 1. To reiterate St. Elizabeth's commitments to creating a culture of whole-person health equity and supporting the internal AND external communities we serve to become among the healthiest in the nation.**
- 2. The new name reflects the ways our St. Elizabeth Mission and Vision continue to inform the work being done every day, and how it is carried out on behalf of our associates and our communities.**
- 3. This renewed focus is designed to recognize and celebrate the existing culturally compassionate care being provided and to enhance the organization's efforts to demonstrate its commitment to providing culturally competent and inclusive care.**
- 4. To emphasize the culture of inclusion within the 'walls' of St. Elizabeth and continually work toward infusing these principles across the system to the benefit of ALL of our associates**

MISSION, VISION, STRATEGY & COMPLIANCE

Strategic Framework

Health equity, culture, and community are embedded in all areas of our strategic framework. At St Elizabeth, they are the driving spirits in everything we do for our patients, for our community, and for each other — connecting the compassionate care we deliver and the healthy community we envision with an assurance of dignity and respect for all

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 become the healthiest in America.



MISSION, VISION, STRATEGY & COMPLIANCE

The Joint Commission

Not only are health equity, culture, and community core to St. Elizabeth's strategic framework, but the Joint Commission also has several standards that support the provision of care, treatment, and services in a manner that addresses disparities and disabilities issues, including discrimination, disability, communication, language, and culture. The following slides lists these standards

MISSION, VISION, STRATEGY & COMPLIANCE

The Joint Commission

- Prohibit Discrimination
- Access to Support Individual
- Collect Language Data, including:
 - Language and Communication Needs
 - Preferred Language Data
- Address Language Needs:
 - Respect the Need for Effective Communication
 - Identify and Address Communication Needs
 - Meet Communication Needs
 - Provide Interpreter and Translation Services
 - Address Vision, Speech, Hearing Needs
- Address Health Literacy Needs
- Address Cultural Needs
- Qualifications for Language Interpreters and Translators
- Address Patient Rights and Treat with Dignity and Respect
- Address Complaints
- Plan for Fire Response
- Provide Safe Functional Environment
- Manage Environment During Construction
- Address Integrity of Egress
- Provide Fire Alarm Systems
- Plan for Emergency Operations
- Plan for Communicating During Emergencies

MISSION, VISION, STRATEGY & COMPLIANCE

The Joint Commission

Which of the following standards are supported by the Joint Commission to address disparities and disabilities issues?

- ☐ Collect Race and Ethnicity Data
- ☐ Plan for Fire Response
- ☐ Provide Safe Functional Environment
- ☐ Prohibit Discrimination

MISSION, VISION, STRATEGY & COMPLIANCE

The Joint Commission

Which of the following standards are supported by the Joint Commission to address disparities and disabilities issues?

- ☐ Collect Race and Ethnicity Data
- ☐ Plan for Fire Response
- ☐ Provide Safe Functional Environment
- ☐ Prohibit Discrimination

 **All of these!**

SOCIAL DETERMINANTS OF HEALTH

Key Influencer of Health Equity & Outcomes

A further important concept in understanding the importance of health equity, culture, and community to ensure we lead the communities we serve to be among the healthiest in the nation and provide comprehensive and compassionate care that improves the health of the people we serve is "social determinants of health."



SOCIAL DETERMINANTS OF HEALTH

Key Influencer of Health Equity & Outcomes

Fill in the blank based on the above video: Safe and healthy neighborhoods have access to _____ and safe sidewalks for walking and recreation, access to stores where healthy food is always affordable and available, and safe and reliable _____.

SOCIAL DETERMINANTS OF HEALTH

Key Influencer of Health Equity & Outcomes

Fill in the blank based on the above video: Safe and healthy neighborhoods have access to _____ and safe sidewalks for walking and recreation, access to stores where healthy food is always affordable and available, and safe and reliable _____.

Answer: Parks, Transportation

PROHIBIT DISCRIMINATION

Per Joint Commission Standards

Per Joint Commission standards, healthcare programs that receive federal assistance are prohibited from discriminating based on "age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression."

PROHIBIT DISCRIMINATION

As a health program that receives Federal assistance, St. Elizabeth Healthcare **MAY NOT:**

**SEGREGATE, DELAY OR
DENY**

Segregate, delay or deny services or benefits based on an individual's race, color or national origin.

PROHIBIT DISCRIMINATION

As a health program that receives Federal assistance, St. Elizabeth Healthcare MAY NOT:

REQUIRE

Require parents to disclose citizenship or immigration status when applying for health services for eligible children.

PROHIBIT DISCRIMINATION

As a health program that receives Federal assistance, St. Elizabeth Healthcare MAY NOT:

DELAY OR DENY

Delay or deny effective language assistance services to individuals with limited English proficiency (LEP).

PROHIBIT DISCRIMINATION

St. Elizabeth Healthcare also MAY NOT Discriminate based on:

Age

St. Elizabeth may not exclude, deny or limit benefits and services based on an individual's age.

- **A covered entity may provide different treatment based on age when the treatment is justified by scientific or medical evidence.**
- **A physician may decide to deny a mammogram to a woman under a certain age because recent medical studies suggest that mammograms may be more harmful than helpful to young women.**
- **A physician may decide not to treat a patient based on a specialty (e.g., pediatricians are not required to treat adults and gerontologists not required to treat children)**

PROHIBIT DISCRIMINATION

St. Elizabeth Healthcare also MAY NOT Discriminate based on:

An Individual's Sex

St. Elizabeth cannot deny, or limit sex-specific health services based solely on the fact that the gender identity or gender recorded for an individual does not align with the sex of individuals who usually receive those types of sex-specific services. St. Elizabeth Healthcare must:

- Provide equal access to health care, health insurance coverage, and other health programs without discrimination based on sex, including gender identity and sex stereotypes.
 - Gender identity means an individual's internal sense of gender, which may be male, female, neither, or a combination of male and female.
 - Sex stereotypes include heteronormative notions of masculinity or femininity.
- Treat individuals consistent with their gender identity (vocalized or written) and respect their access to facilities, such as bathrooms and patient rooms.

PROHIBIT DISCRIMINATION

St. Elizabeth Healthcare also MAY NOT Discriminate based on:

Religion

- Avoid generalizing, and withhold judgment about the patient's beliefs and practices - even if they differ from your own.
- Establish open communication with patients' family members.
- Learn about the traditions of patients' religious beliefs and familial support system.
- Treat everyone with RESPECT AND CARE — It is the universal language.

PROHIBIT DISCRIMINATION

St. Elizabeth Healthcare also MAY NOT Discriminate based on:

Disability

Examples of discrimination may include:

- Clinicians not acknowledging or interacting directly with children who have disabilities, instead only speaking to their caregivers.
- Making patients with disabilities wait longer due to limited accessible examination rooms.
- Requiring patients with disabilities to bring an attendant or companion, even if unwanted.
- Refusing to serve patients with disabilities because exams may take longer.
- Lack of appropriate accommodations like wheelchair scales, accessible doors, ramps, and parking for larger vehicles.

PROHIBIT DISCRIMINATION

St. Elizabeth Healthcare also MAY NOT Discriminate based on:

Sexual Orientation

Examples provided by the Joint Commission include studies of lesbian and bisexual women indicating that disclosing sexual orientation to their physicians would negatively affect their health care, and women who received care from providers who were knowledgeable and sensitive to lesbian issues were significantly more likely to have received a Pap test.

PROHIBIT DISCRIMINATION

Neurodiversity

Neurodiversity describes the idea that people experience and interact with the world around them in many ways; there is no one "right" way of thinking, learning, and behaving, and differences are not viewed as deficits.

PROHIBIT DISCRIMINATION

Tips for Making the Workplace Neurodiversity-friendly:

- Offer small adjustments to an employee's workspace to accommodate any sensory needs, such as
 - Sound sensitivity: Offer a quiet break space, communicate expected loud noises (like fire drills), and offer noise-canceling headphones.
 - Tactile: Allow modifications to the usual work uniform.
 - Movements: Allow the use of fidget toys, allow extra movement breaks, and offer flexible seating.
- Use a clear communication style:
 - Avoid sarcasm, euphemisms, and implied messages.
 - Provide concise verbal and written instructions for tasks, and break tasks down into small steps
- Inform people about workplace/social etiquette, and don't assume someone is deliberately breaking the rules or being rude.
- Try to give advance notice if plans are changing, and provide a reason for the change.
- Don't make assumptions — ask a person's individual preferences, needs, and goals.
- Be kind, be patient.

PROHIBIT DISCRIMINATION

Diagnostic Overshadowing

Diagnostic overshadowing is a bias where healthcare professionals attribute symptoms to an existing diagnosis rather than a potential co-morbid condition. It occurs when a healthcare professional assumes that a patient's complaint is due to their disability or coexisting mental health condition instead of fully exploring the cause of the patient's symptoms

PROHIBIT DISCRIMINATION

Diagnostic Overshadowing Example 1

A patient with a mental illness diagnosis experiences frequent nausea and stomach pain. The doctor attributes these symptoms to a somatization disorder related to the mental illness, rather than investigating further. Later, it's discovered the patient actually has small intestinal bacterial overgrowth.

PROHIBIT DISCRIMINATION

Diagnostic Overshadowing Example 2

A person with an intellectual disability exhibits head-banging behavior. Healthcare staff diagnose this as a psychiatric problem and prescribe medication. However, the real cause is a dental abscess causing pain that the patient cannot effectively communicate.

PROHIBIT DISCRIMINATION

Diagnostic Overshadowing Example 3

A 26-year-old woman visits the emergency department with pelvic pain and diarrhea. Upon reviewing her history of anxiety medication and a previous sexually transmitted disease diagnosis, the physician hastily attributes her symptoms to pelvic inflammation from an STD without conducting a thorough examination or discussing her social history.

PROHIBIT DISCRIMINATION

Diagnostic Overshadowing

Diagnostic overshadowing affects various groups, particularly people with:

- *Physical disabilities*
- *Mental illnesses*
- *Autism*
- *Mobility disabilities*
- *Neurological deficits*
- *LGBTIQA+ identifications*
- *History of substance abuse*
- *Low health literacy*
- *Obesity*

If the St. Elizabeth system is to ensure that we will lead the communities we serve to be among the healthiest in the nation, it is important that we recognize, address, and educate ourselves on the unique needs of ALL our patients and community members.

PROHIBIT DISCRIMINATION

Diagnostic Overshadowing

What is diagnostic overshadowing?

- ☐ A bias where healthcare professionals attribute symptoms to an existing diagnosis rather than a potential co-morbid condition.
- ☐ A method used to prioritize treatment for patients with multiple conditions.
- ☐ A strategy to improve communication between healthcare providers and patients.
- ☐ A process to ensure all patients receive the same level of care.

PROHIBIT DISCRIMINATION

Diagnostic Overshadowing

What is diagnostic overshadowing?

- ☒ A bias where healthcare professionals attribute symptoms to an existing diagnosis rather than a potential co-morbid condition.
- ☐ A method used to prioritize treatment for patients with multiple conditions.
- ☐ A strategy to improve communication between healthcare providers and patients.
- ☐ A process to ensure all patients receive the same level of care.

 **Correct!**

REFERENCES

- Baumer, N., & Frueh, J. (n.d.). What is neurodiversity? Harvard Health Publishing. Retrieved November 14, 2024, from is-neurodiversity-202111232645 <https://www.health.harvard.edu/blog/what>
- Centers for Disease Control and Prevention. (2024). Social determinants of health [Video]. Health Equity Video Series. [is/video.html equity/what https://www.cdc.gov/health](https://www.cdc.gov/health)
- Crouch, R. (n.d.). Kentucky-An edge state with numerous opportunities. Kentucky State Data Center, University of Louisville.
- Hong, L., & Page, S. E. (2004). Groups of diverse problem solvers can outperform groups of high-ability problem solvers. *Proceedings of the National Academy of Sciences*, 101(46), 16385-16389.
- Hunt, V., Layton, D., & Prince, S. (2015, February). Why diversity matters. McKinsey & Company.
- Lipson, J. G., & Dibble, S. L. (2005). *Culture and clinical care*. UCSF Nursing Press.
- Pope and Associates. (2005). *Creating an inclusive & respectful workforce [Intellectual Property]*.
- Rizy, C., Feil, S., Sniderman, B., & Egan, M. E. (2011, July). Global diversity and inclusion: Fostering innovation through a diverse workforce. *Forbes Insights*.
- The Joint Commission. (2022). Diagnostic overshadowing among groups experiencing health disparities (Sentinel Event Alert, Issue 65). The Joint Commission
- The Joint Commission. (2024). Standards for the Joint Commission's healthcare accreditation process. The Joint Commission. Retrieved from https://www.jcaho.org/about+us/hlc/hlc_jc_stds.pdf

ASSESSMENT



1. Our St. Elizabeth Healthcare Diversity Statement recognizes that:
 - A. We must always strive to honor the dignity of every human being.
 - B. We have a duty to respect all who come to us for care.
 - C. Both of the above.

2. I understand St. Elizabeth's non-discrimination requirements, and I agree to treat all patients with dignity and respect.
 - A. True
 - B. False

ASSESSMENT



3. We must abide by Joint Commission standards on providing care, treatment and services that respect the cultural, language, literacy and learning needs of all our patients.
 - A. True
 - B. False
4. How does discrimination impact health equity within a community? *(List all that apply)*
 - A. It creates barriers to accessing healthcare.
 - B. It leads to mistrust in the healthcare system.
 - C. It only affects economic stability.
 - D. It worsens healthcare outcomes for marginalized groups.
 - E. It has no significant impact.

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



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!**

\$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/**D**estination – 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

ASSESSMENT

I attest that I have read the Volunteer Services updates and will abide by all St. Elizabeth policies and procedures.

Please initial the answer sheet.