Volunteer Annual Training – Levels 1 & 2

2025 Version

Instructions:

This document contains 8 individual modules. Please read all material and answer the questions found at the end of each module.

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HIPAA Privacy and Security

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Purpose of HIPAA

H	I	P	A	A
Health	Insurance	Portability	Accountability	Act

- 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. <u>If it is not your job, you can't do it.</u>

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 <u>outside company</u> 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 <u>forbid</u> retaliation against anyone who reports a concern in good faith.

- Making a good faith report <u>will not</u> 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 <u>immediate discipline</u> (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

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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.

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.

St. Elizabeth HEALTHCARE

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.

St. Elizabeth HEALTHCARE

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.

St. Elizabeth HEALTHCARE

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.

St. Elizabeth HEALTHCARE

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.

❑ <u>PROMPTLY NOTIFY EMPLOYEE HEALTH</u> 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

Policy/Procedure HR-HS-12: *Exposure to Blood or Other Potentially Infectious Material (OPIM)*

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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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 are 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.

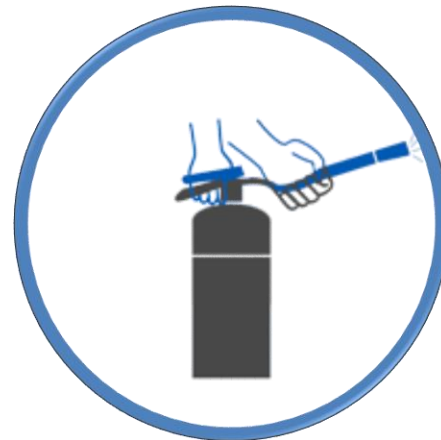| P	A	S	S
Pull pin.	**Aim** at base of fire.	**Squeeze** handle.	**Sweep** side to side.
Allows discharge.	Hit the base, hit the fuel. Don't aim at flames.	Release the pressure.	Side to side from 10 ft. away slowly moving forward.
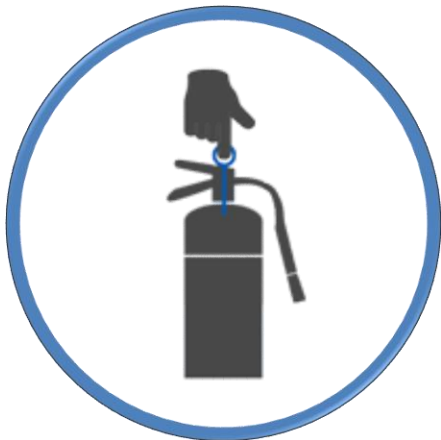
EVACUATION

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
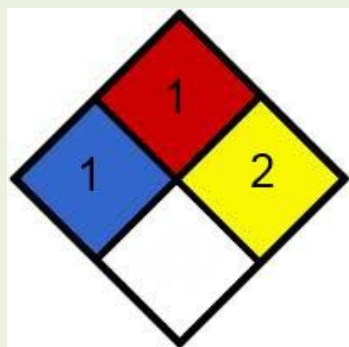
4 = severe

3 = serious

2 = Moderate

1 = Slight

0 = Minimal

Health	2*
Flammability	1
Reactivity	1
PPE	B

New Labeling

Refer to OHSA
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

Stepky.com

SECURITY ID BADGES

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

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.

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 <u>Warning Signs</u>

- 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 <u>Not</u> 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:

RUN

HIDE

FIGHT

Code Silver/Active Shooter - In Your Area

RUN → Remain calm and save yourself first, you cannot help people if you are wounded

If you can safely evacuate patients, visitors, and yourself, then do so by using the closest stairwell → Do not stop because others will not go

Leave personal belongings behind → If you are able, call Security at 12270 or hit a panic button

Code Silver/Active Shooter - In Your Area

HIDE

→ If you cannot safely evacuate, then Shelter in Place

Grab anything that can be used as a weapon, such as a fire extinguisher
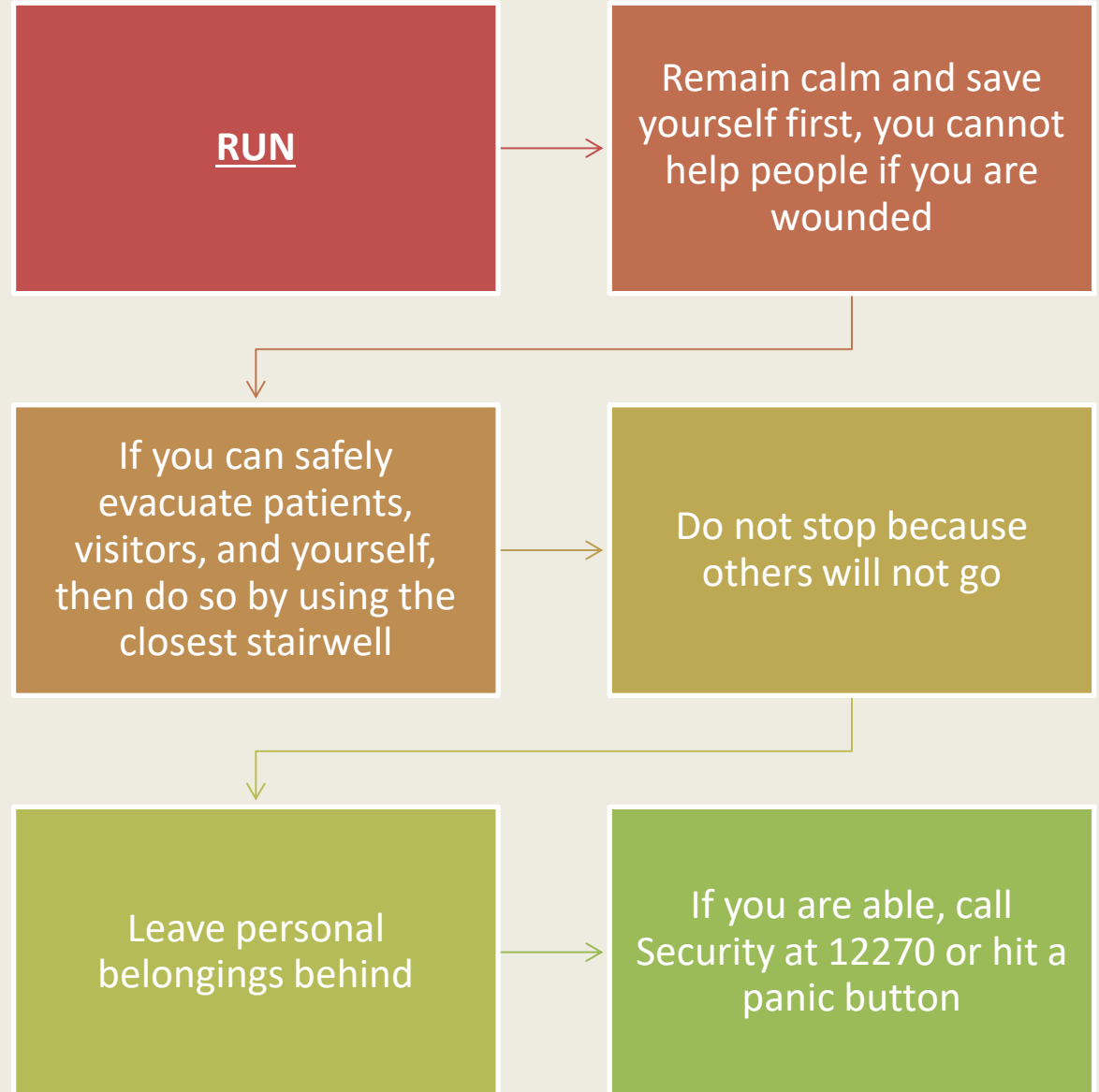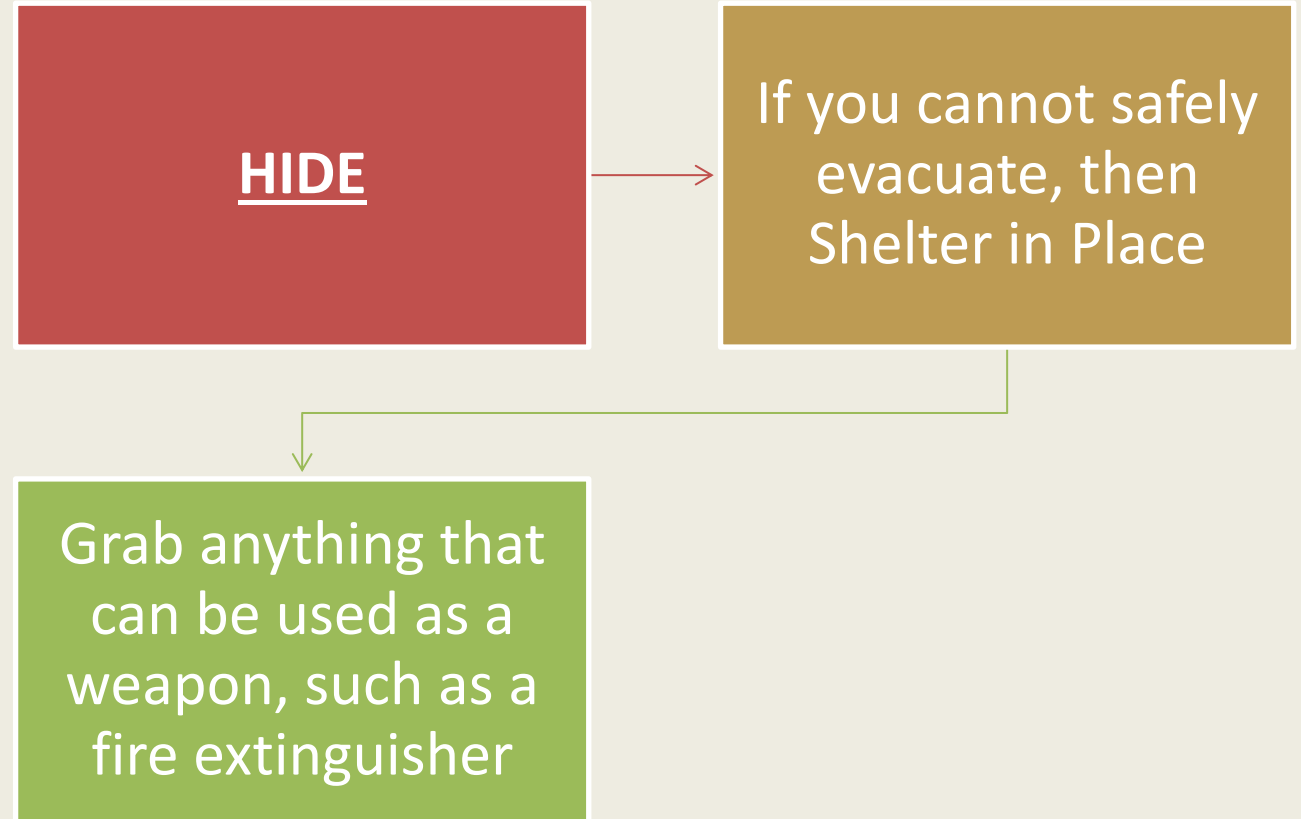
Code Silver/Active Shooter - In Your Area

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

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

- IAHSS – International Association for Healthcare Security and Safety

- US Dept. of Homeland Security

- US Dept. of Health and Human Services

Heart Attack Recognition and ACS

Reviewed November 2024

Content Owner: Heather Eckart

Heather.eckart@stelizabeth.com

Purpose and Objectives

The purpose of this CBL is to implement an educational program regarding **A**cute **C**oronary **S**yndrome (**ACS**).

- ❖ Identify signs and symptoms of Acute Coronary Syndrome including early heart attack care

- ❖ Understand the importance of rapid recognition and treatment of Acute Coronary Syndrome

- ❖ Describe risk factors and prevention of Acute Coronary Syndrome

What is Acute Coronary Syndrome (ACS)?

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
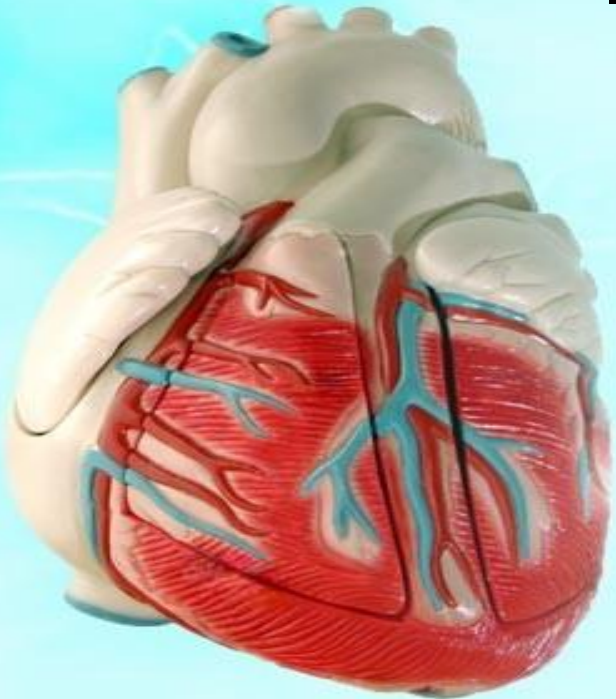
What is the impact of ACS?

- Heart disease is the leading cause of death for men, women, and people of most racial and ethnic groups.

- 702,880 people die of heart disease in the United States every year - that's **1 in every 5 deaths**

- **One person dies every 33 seconds** in the United States from cardiovascular disease.
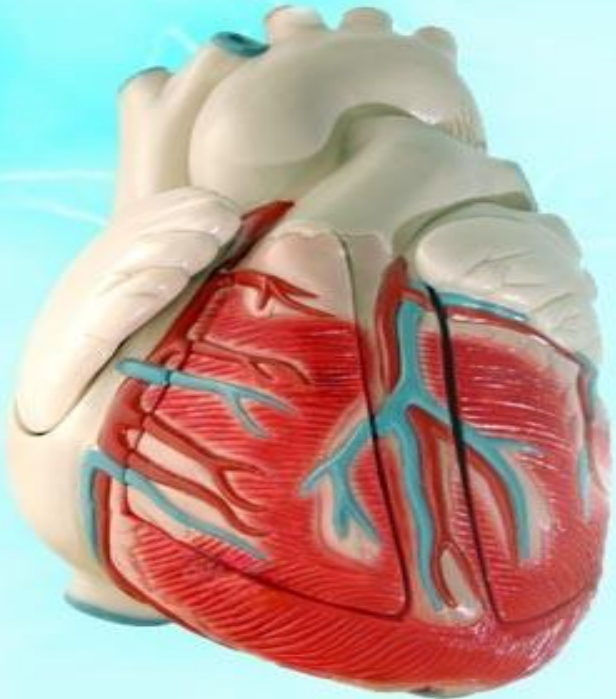
ACS Facts

❖ Every year about **805,000 Americans** have a heart attack

❖ Of these, **605,000 are new** and 200,000 happen to people who have had a heart attack

❖ Coronary heart disease alone costs the United States **$252.2 billion each year**

Prevention can save your life!

❖ The more risk factors you have, the greater your chance of having ACS event.

❖ You may not be able to control some risk factors, however, there are several you can modify, treat, or control to decrease individual chances of having an ACS.
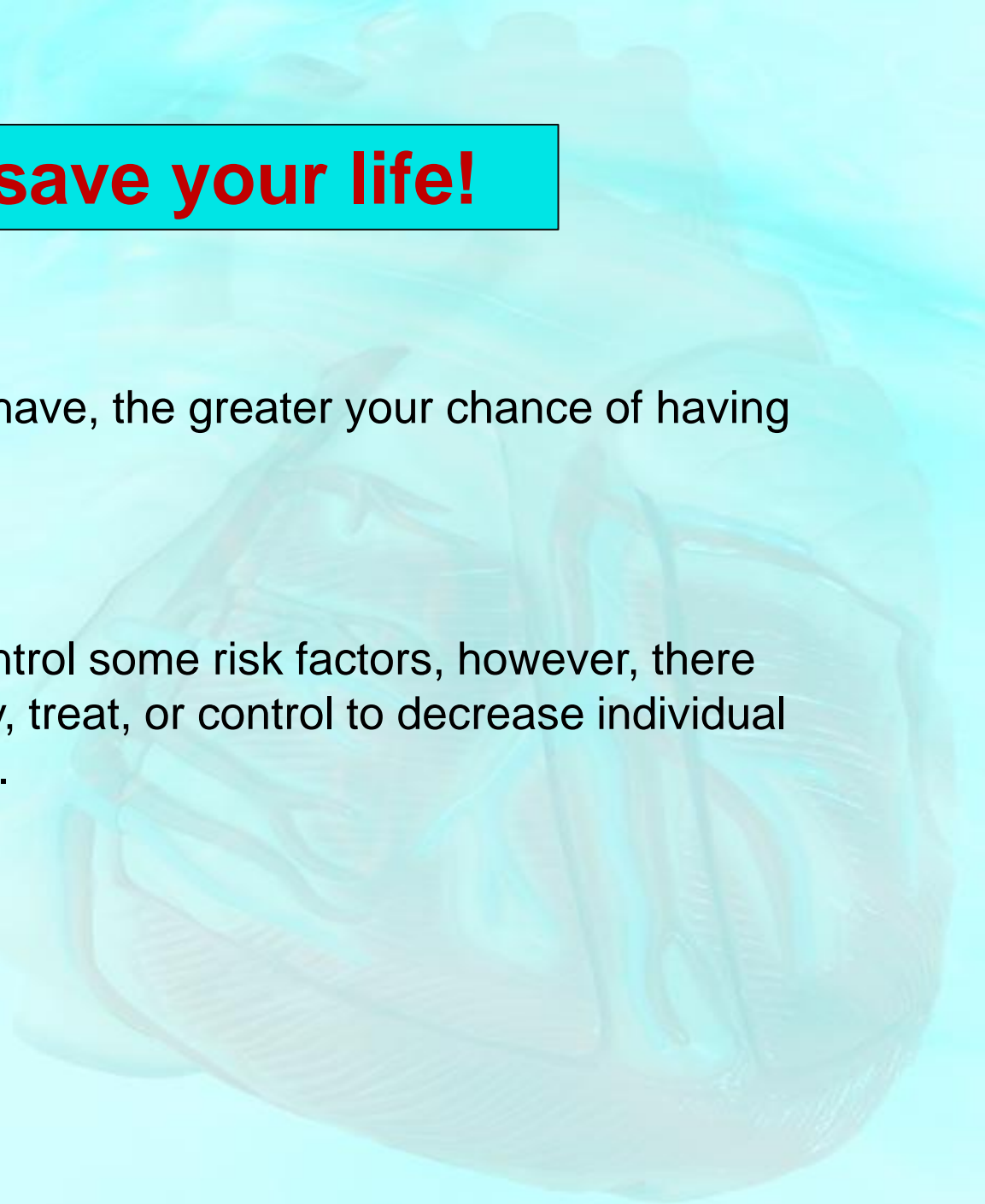
Knowledge is Power!

Talk to your doctor to find out if there are ways to help guide you to lead a healthier lifestyle or if you have…

Increased risks for ACS

- ❖ High blood Pressure
- ❖ Cholesterol
- ❖ Diabetes
- ❖ Unhealthy diet
- ❖ Physical Inactivity
- ❖ Obesity
- ❖ Too much alcohol
- ❖ Tobacco use
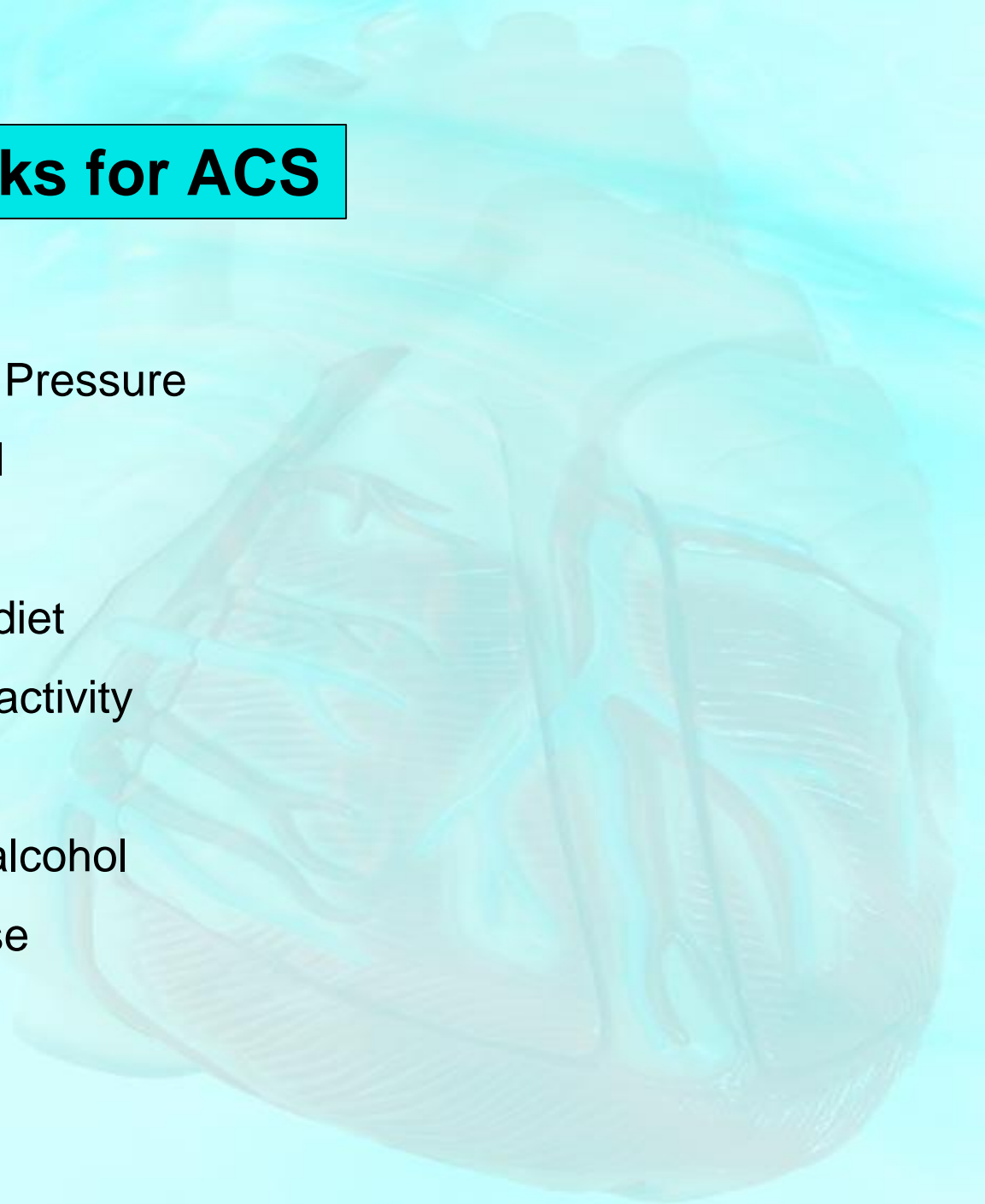
ACS Risk Factors that can be CHANGED!

❖ Stop Smoking

❖ Decrease high blood pressure

❖ Decrease high cholesterol

❖ Lose weight

❖ Comply with diabetes treatment

❖ Decrease stress

❖ Increase exercise

❖ Eat a healthier diet

PREVENTION, PREVENTION!!

ACS Risk Factors that <u>Cannot</u> be Changed

Age

- ➤ Men **greater** than **45** yrs. old
- ➤ Women **greater** than **55** yrs. old

Sex

- ➤ Men greater than women and less than 75 yrs. old
- ➤ Women greater than men and greater than 75 yrs. old

Family History

Ethnicity or Race

- ➤ Example:
  - ❖ African Americans are at higher risk than Caucasians
  - ❖ Caucasians are at higher risk than Asians
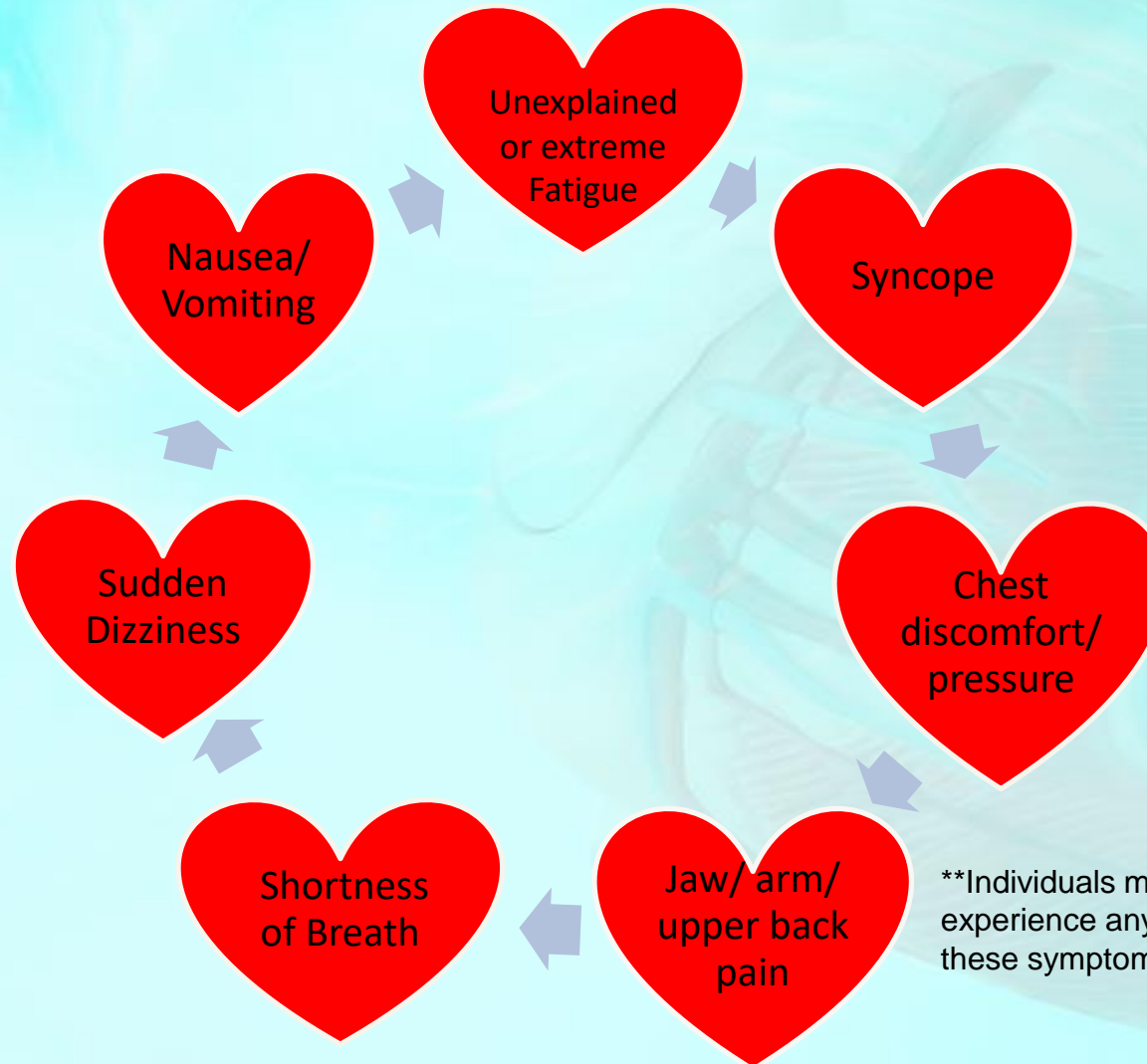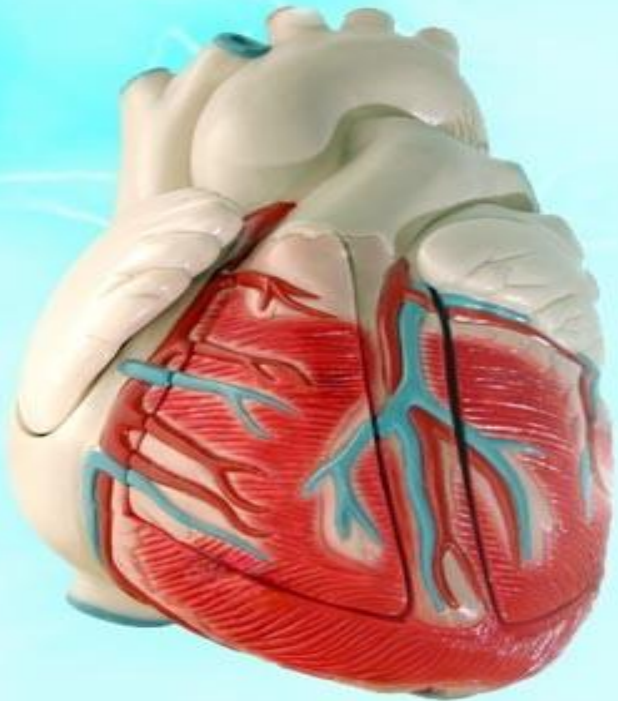
Acute Coronary Syndrome is a
"Medical Emergency"

FIRST RESPONDERS

❖ For patients "In House", this is YOU!!

❖ It is your duty to recognize the symptoms of ACS and act upon it.

❖ You are the first link in initiating the system.

❖ Call a **Code Chest Pain**:

  ✓ St. Elizabeth Covington, Dearborn, Edgewood, Florence, Ft. Thomas, or Grant County: **Dial 2-2222**

"Extraordinary Heart Care"

Call a Code Chest Pain

❖ The **Rapid Response Team** will arrive and assess the patient along with the bedside nurse (history, pain, and vital signs).

❖ If appropriate, a 12 lead EKG will be ordered per protocol, co-sign required.

❖ Notify the physician regarding patient's condition and obtain appropriate orders.

❖ ACS patients may need to be transferred to a higher level of care.

What Should We Do?
<u>COMMIT!!</u>

1. Learn the early signs and symptoms of a heart attack.

2. Share early heart attack care (EHAC) with others.

3. Take the Oath

Pledge to be part of a movement to save hearts and save lives.

"Extraordinary Heart Care"

References

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- https://www.cdc.gov/heartdisease/facts.htm

- Heart Disease Facts | Heart Disease | CDC

Review

1. If you observe a patient with the signs and symptoms of ACS (Acute Coronary Syndrome) at Covington, Dearborn, Edgewood, Florence, Ft. Thomas, or Grant call 2-2222.

    A. True   B. False

2. Which of the following is NOT a risk factor for ACS (Acute Coronary Syndrome)?

    A. High blood pressure

    B. Smoking

    C. Obesity

    D. Left sided weakness

3. I have reviewed the ACS (Acute Coronary Syndrome) CBL and understand I'm responsible for knowing the material outlined.

    A. True   B. False

Review

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

   A. True   B. False

5. Which of the following are ACS risk factors that can be CHANGED?

   A. Stop Smoking

   B. Age

   C. Eat a Healthier Diet

   D. Decrease High Blood Pressure

   E. Decrease Stress

   F. Family History

   G. Lose Weight

   H. Ethnicity or Race

Stroke Updates

2025 Version

Reviewed 2024/10

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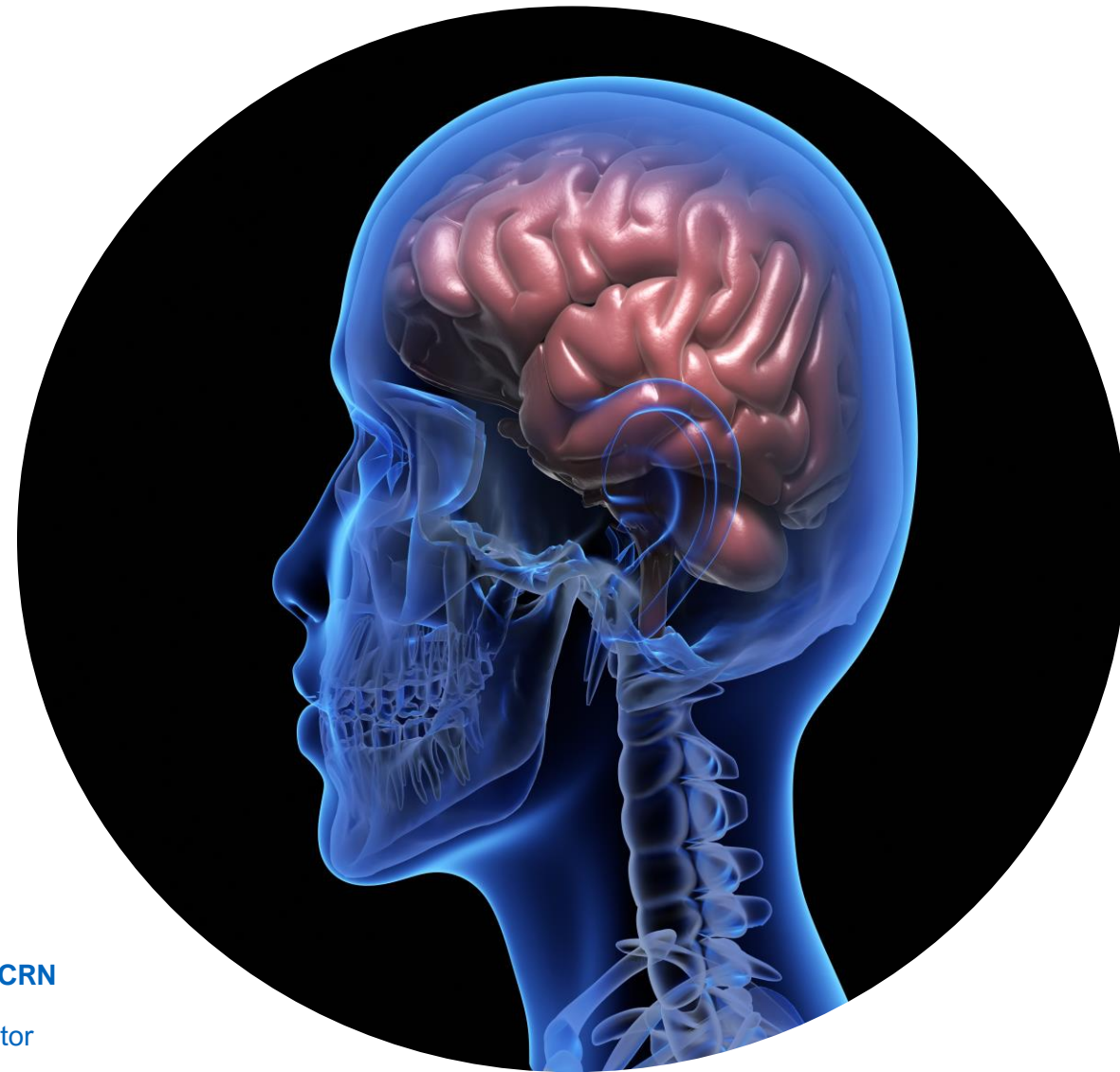
Objectives

The **non-clinical** learner will be able to:

- Identify signs and symptoms of a stroke and Transient Ischemic Attack (TIA).

- Identify the importance of rapid recognition and treatment.

- Describe the risk factors for a stroke.

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.

Transient Ischemic Attack (TIA)

- Occurs when a blood clot **temporarily** clogs an artery in the brain.

- These are "warning strokes" or "mini-strokes."

- Symptoms of a TIA are the same as a stroke *except* they only last a short time.

Transient Ischemic Attack

Area of temporarily blocked blood flow

Blood clot in the middle cerebral artery

Blockage in the internal carotid artery
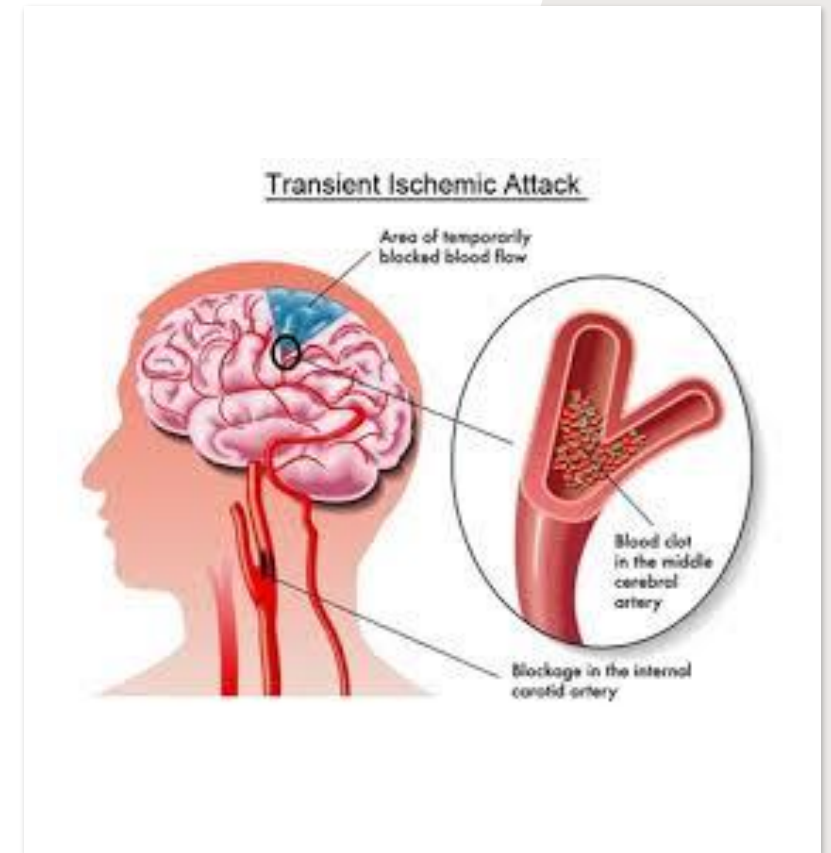
Transient Ischemic Attack (TIA)

- Unlike a stroke, there is no lasting damage to the brain.

- Around 1/3 of people who have a TIA have a more severe stroke within one year.

- Call 911 immediately if you have any of these symptoms!

Stroke: Signs and Symptoms

Are you having a stroke?

- Facial drooping
- Numbness in arm, leg, or face
- Weakness in arm, leg, or face
- Slurred speech
- Trouble speaking or understanding speech
- Confusion
- Sudden trouble seeing out of one or both eyes
- Severe headache
- Nausea
- Difficulty walking or maintaining balance
- Dizziness

SIGNS OF A STROKE.

BE FAST

B alance – Watch for sudden loss of balance.

E ye – Watch for sudden vision loss.

F ace – Look for uneven smile.

A rm – Check if one arm is weak.

S peech – Listen for slurred speech.

T ime – 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.

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**.

STROKE HAS NO AGE LIMITS.

It can happen to children, even infants.

Stroke Prevention

- Did you know **up to 80% of strokes are preventable**?

- **Strokes can happen to anyone at anytime.** It is a myth that strokes only happen to the elderly.

- Strokes are sometimes referred to as a **"brain attack"**.
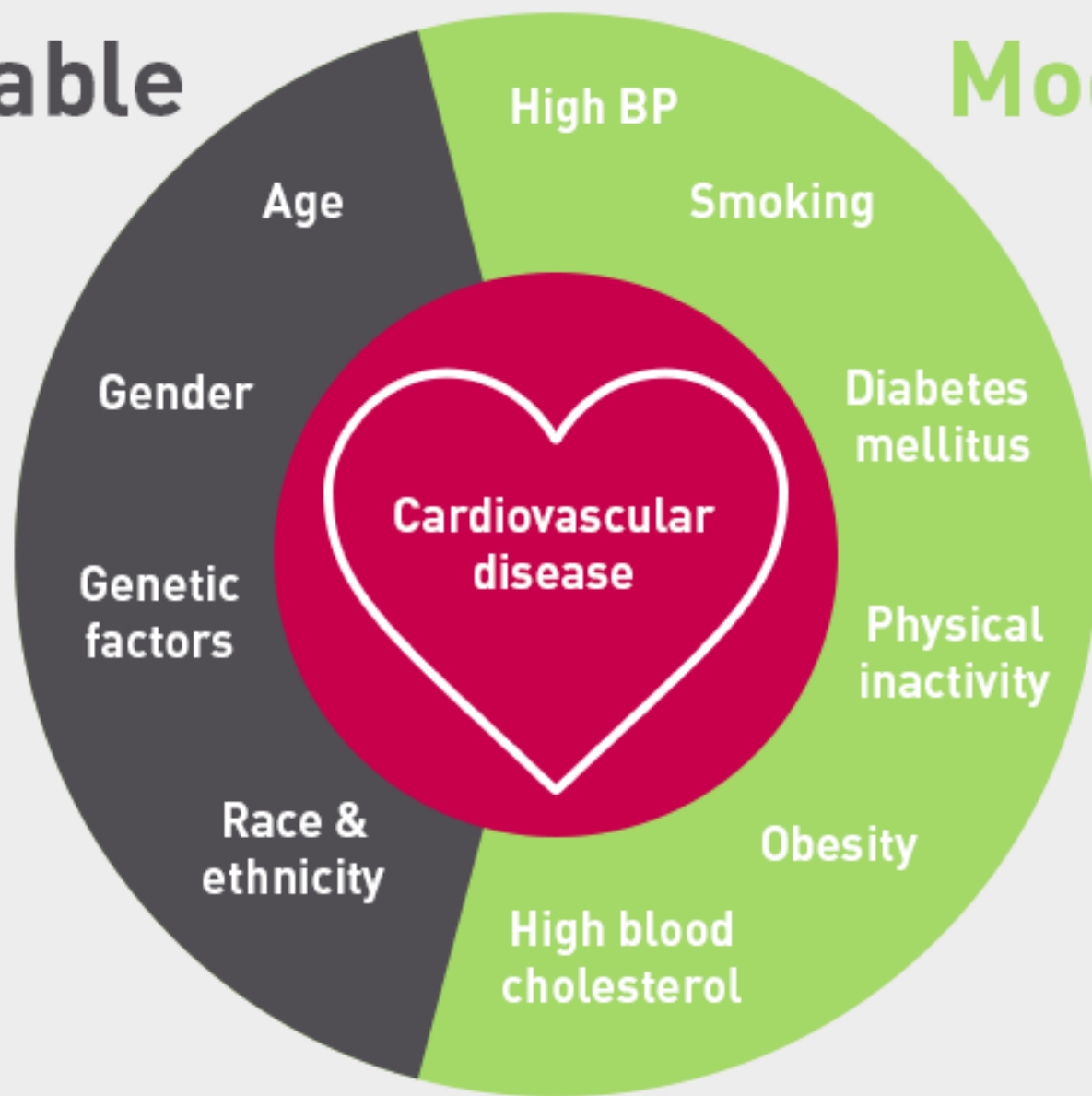
Risk Factors You **CAN** Change

Modifiable Risk Factors

- High Blood Pressure
- Cigarette Smoking (quit)
- Diabetes (manage)
- Carotid or other artery disease
- Atrial Fibrillation
- Poor diet
- High Cholesterol
- Peripheral artery disease
- Physical Inactivity/Obesity
- Other Heart Disease
- Alcohol/Drug Abuse

High BP

Smoking

Diabetes mellitus

Cardiovascular disease

Physical inactivity

Obesity

High blood cholesterol
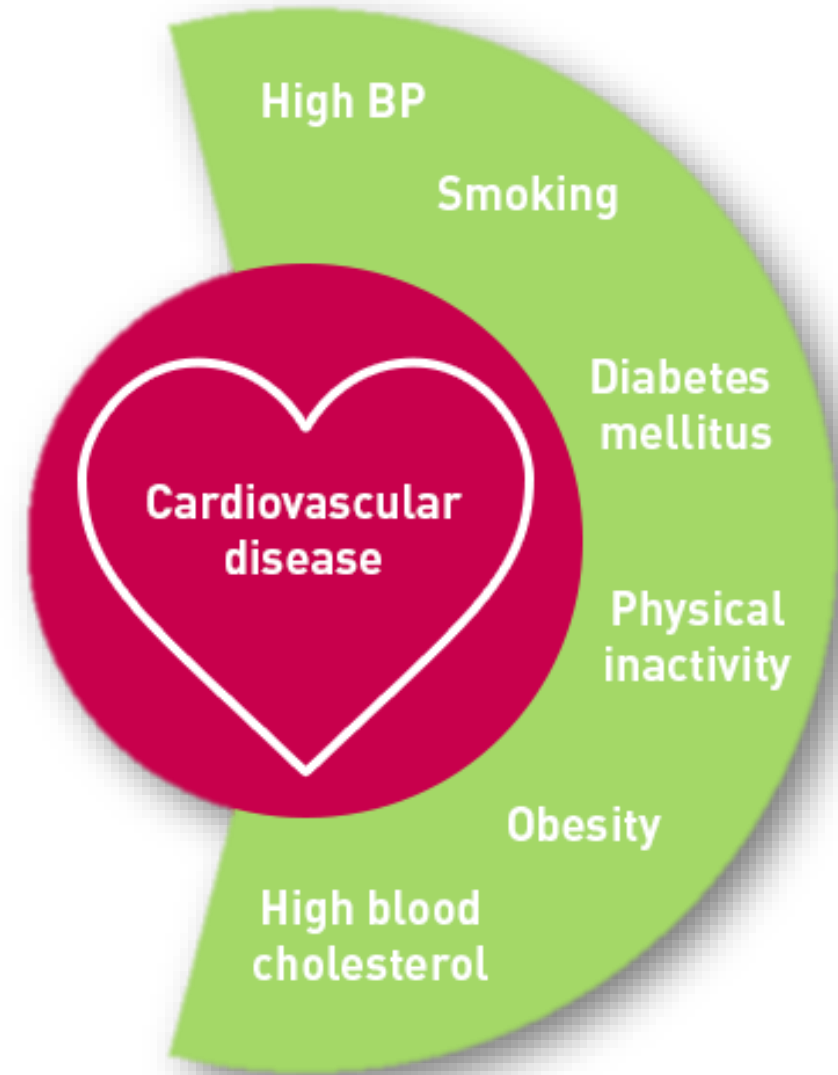
Risk Factors You **CANNOT** Change

Non-modifiable Risk Factors

- Age

- Gender

- Race

- Sickle Cell Disease

- Family History

- Prior stroke, TIA, or heart attack
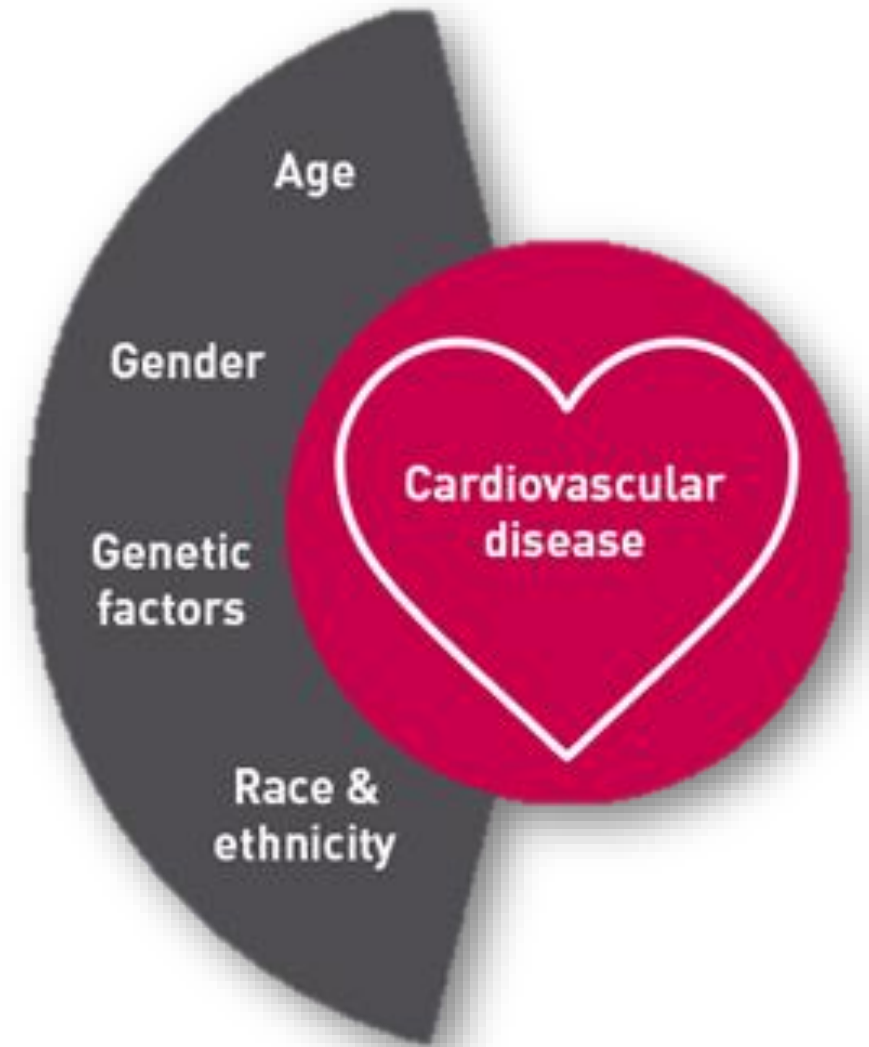
Women and Stroke

- **One in 5 women** will have a stroke.

- About **55,000 more women than men** have a stroke each year.

- Stroke is the **No. 4 cause of death in women**.

- Stroke kills **over 80,000 women** a year.

Stroke is a Medical Emergency!

If you notice one or more of the warning signs for stroke, **BE F-A-S-T**:

Get help immediately by:

- ✓ Calling **9-1-1** from outside our inpatient facilities

- ✓ **2-2222** from within any of our inpatient facilities.

KNOW STROKE | SIGNS

Make the stroke call. 9-1-1
stroke.nih.gov

KNOW STROKE

SUDDEN WEAKNESS ON ONE SIDE

SUDDEN TROUBLE WALKING

SUDDEN TROUBLE SEEING

SUDDEN TROUBLE SPEAKING

SUDDEN SEVERE HEADACHE

1.9 MILLION BRAIN CELLS DIE EVERY MINUTE AFTER STROKE
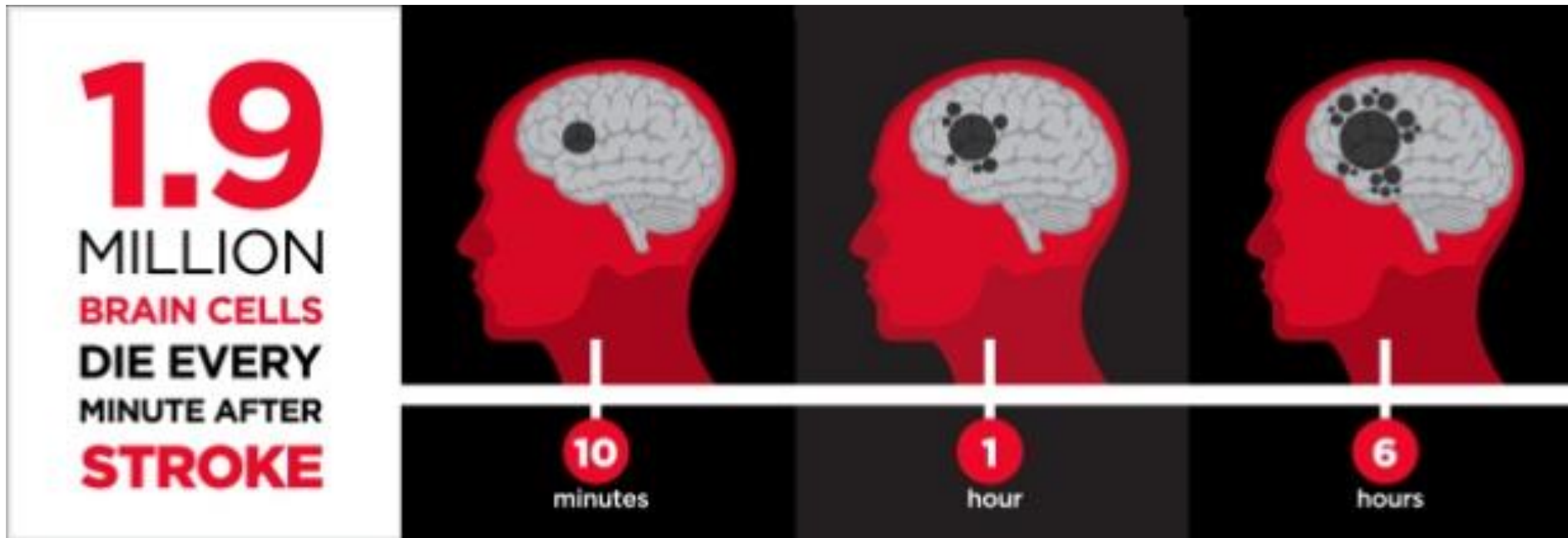
Learn to Recognize a Stroke…

Time Lost is Brain Lost!

- ✓ **Know the warning signs of a stroke** and teach them to others.

- ✓ There are **treatments to reduce the risk of damage from a stroke**.

- ✓ The **earlier** treatment is started, the better the outcome!

Stroke Recovery

- Stroke recovery is a **lifelong process**, and it is **different for everyone.**

- Stroke survivors may need to relearn skills that are suddenly lost when part of the brain is damaged.

- There are nearly **7 MILLION stroke survivors** in the **United States**.

Joint Commission Certified Stroke Centers

- 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 Hospitals** by The Joint Commission.

  We provide the highest level of care for our stroke patients.

Code Stroke

If an **inpatient** exhibits any signs and symptoms of a stroke, call a **Code Stroke** @ **2-2222**!

Call a **Code Stroke** EVEN when there is a physician on the unit
(Many processes are implemented behind the scenes when a Code Stroke is called)

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Review

1. 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

2. If you observe a patient with the signs and symptoms of stroke at Edgewood/Covington/Florence/Ft. Thomas/Grant/Dearborn, call **2-2222**

A. True   B. False

Review

3. Which of the following is a **risk factor** for stroke?

A. High blood pressure

B. Smoking

C. Obesity

D. All of the above

4. **TIA**'s place you at a higher risk to have a stroke.

A. True   B. False

Review

5. Which acronym describes how to assess for a stroke?

A. P-U-L-L

B. P-A-S-S

C. B-E-F-A-S-T

D. R-A-C-E

E. F-A-S-T

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

A. True   B. False

Review

7. Up to **80%** of strokes are **preventable.**

A. True   B. False

8. Strokes only happen to the **elderly**.

A. True   B. False

9. If medical help is sought early enough, treatments exist for some strokes that may reduce, reverse, or even eliminate the damage from a stroke.

A. True   B. False

10. Once someone suffers a stroke with disability, those disabilities are **permanent** for the rest of their life.

A. True   B. False

11. I confirm that I am a **non-clinical** (no patient contact) associate/volunteer.

A. True   B. False

Objectives

At the completion of this learning module, Learner will be able to:

- Define abuse and the different types.

- Recognize signs of abuse.

- Describe the process for reporting abuse.

- Identify signs of burnout.

- Describe strategies to avoid burnout.

- Discuss strategies for managing difficult patient/family behaviors.

- List policies and procedures that promote a safe environment for patients and associates.

What is Abuse?

Abuse is defined as "the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish. Abuse also includes the deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being. Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain or mental anguish."

Forms of abuse include:
- Physical
- Deprivation of property or goods
- Mental Abuse
- Neglect and Self Neglect
- Verbal Abuse
- Sexual Abuse
- Involuntary Seclusion
- Mistreatment

Additional Definitions

Neglect is defined as "the failure of the facility, its employees or service providers to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish or emotional distress."

- An act or omission that places a patient/resident in a situation that may endanger their life or health.
- Abandoning or cruelly confining the patient/resident.
- Depriving the patient/resident of necessary support, including food, clothing, shelter or medical care.
- Depriving the patient/resident of education as required by statute.

• **Willful** *is defined as* "the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm."

CMS Federal Regulations

483.12 Freedom from abuse, neglect, and exploitation.

- The patient/resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms.

    (a) The facility must—

        (1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion;

        (2) Ensure that the resident is free from physical or chemical restraints imposed for purposes of discipline or convenience and that are not required to treat the resident's medical symptoms. When the use of restraints is indicated, the facility must use the least restrictive alternative for the least amount of time and document ongoing re-evaluation of the need for restraints.

CMS Federal Regulations

(a) The facility must (continued) –

   (3) Not employ or otherwise engage individuals who –

   (i) Have been found guilty of abuse, neglect, exploitation, misappropriation of property, or mistreatment by a court of law;

   (ii) Have had a finding entered into the State nurse aide registry concerning abuse, neglect, exploitation, mistreatment of residents or misappropriation of their property; or

   (iii) Have a disciplinary action in effect against his or her professional license by a state licensure body as a result of a finding of abuse, neglect, exploitation, mistreatment of residents or misappropriation of resident property.

   (4) Report to the State nurse aide registry or licensing authorities any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff.

Forms of Abuse

- **Physical Abuse** – physical force resulting in injury, impairment or pain or the threat of such force. i.e. hitting, slapping, pushing, shoving, shaking or force feeding.

- **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.

- **Mental Abuse** – 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.

Forms of Abuse

- **Self-Neglect** – an individual fails to provide for own health & safety.

- **Verbal Abuse** – 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. I.e. threats of harm or threats intended to frighten.

- **Sexual Abuse** – sexual contact without consent. I.e. fondling or touching.

- **Misappropriation of Property** – the deliberate misplacement, exploitation or wrongful use of a patient's/resident's property without consent.

System Specific Policies

Investigating Claims of Abuse/Neglect/Exploitation Occurring to Patients While in the Hospital (ACORP-1-04)

- St. Elizabeth patients have the right to be free from abuse, neglect, and exploitation.

- It is St. Elizabeth's policy to investigate all alleged violations involving Abuse, Neglect, or Exploitation of patients while in the hospital, in accordance with this policy, and to take appropriate steps to protect patients from abuse while those investigations occur.

- Facility staff should immediately report all such allegations to Administration and Risk Management. In addition, allegations should be reported to the appropriate state agency pursuant to Administrative Clinical policy ACLIN-A-01. In cases where a crime is suspected, staff should also report the same to local law enforcement in accordance with St. Elizabeth's crime reporting policy.

- Patients, interested family members, or other persons may contact any member of the administration or the facility's nursing staff at any time with concerns relating to the Abuse, Neglect, Exploitation of a patient.

Recruiting, Hiring and Assignment of Personnel Policy (HR-E-07)

We select the most qualified applicants based upon job requirements without regard to race, gender, ethnicity, religion, national origin, age or disability and in accordance with all regulations governing employment practices. Employment is contingent upon successful completion of a job-related examination, drug screening, security reference check (including Search America and verification of eligibility to participate in federal healthcare programs, verification of eligibility to work in the USA, KY Nurse Aide Abuse Registry check, etc.). All new associates and rehired associates will serve a period of adjustment. For more information, refer to policy HR-E-07.

Administrative Policies and Procedures Cont.

- St Elizabeth screens all potential associates prior to hiring for any history of abuse or neglect of patients/residents including:
  - Verification through the Nurse Aide Registry
  - Verification of licensure or certification
  - Verification of work history and drug screening

- The system commits to training through orientation and annual mandatory education related to abuse prohibition, including:
  - Interventions to deal with aggressive patient/resident
  - What constitutes abuse and how to report it
  - How to recognize the signs of burnout and what to do about it

Recognizing the Signs of Abuse

- Argument or tension between caregiver and patient

- Sudden changes in personality or behavior

- Agitation, apathy, withdrawal

- Rocking motions

- Inadequate/improper clothing

- Untreated medical conditions

- Dehydration/malnutrition

- Use of chemical restraints

- Symmetric injuries on both sides of the body

- Bite marks

- Restraint marks

- Bed sores

- Dirty, unbathed, poor oral hygiene, foul odors

- Bruising around genitalia, vaginal or anal bleeding

- Contractures

Reporting Abuse

- Suspected or alleged abuse must be reported to the Cabinet for Health and Family Services (KY) or the Indiana Department of Health (IN). Reporting of such instances is done by Social Services, or, when the Skilled Nursing Facility is involved, the Administrator for the Skilled Nursing Facility.

- If you suspect, witness, or someone reports to you that he/she was abused you must notify your supervisor **immediately**. *If the Skilled Nursing Facility is involved (resident, family, or staff member) you should also report suspected abuse immediately to the Administrator of the Skilled Nursing Facility who will notify the Office of Inspector General.

- You may be asked to provide a firsthand description of the incident in your words to assist in filing the report.

Reporting Abuse

IDENTIFY INCIDENT
- Incident is identified as possible abuse or neglect

INITIAL REPORT
- Allegation internally reported to the provider's administrator, and possibly reported externally to applicable authorities[a]

VERIFY AND RESPOND
- Administrator investigates allegation, externally reports verified allegation to applicable authorities, and takes corrective action as appropriate

Source: GAO analysis of federal regulations and Centers for Medicare & Medicaid Services (CMS) State Operations Manual. | GAO-23-105483

Reporting Abuse

Appendix I: Federal Requirements Related to Abuse and Neglect Allegations in Hospitals, Nursing Homes, and Hospices

Table 1: Summary of CMS Requirements for Initial Reporting and Verification of, and Response to, Allegations of Abuse or Neglect in Medicare- or Medicaid-Certified Hospitals, Nursing Homes, and Hospices

	Hospitals	Nursing homes[a]	Hospices
Initial reporting	Patient grievances must be reported to the hospital's governing body, or grievance committee, if delegated.[b] Grievances about situations that endanger the patient, such as neglect and abuse, must be reviewed immediately. **Swing beds:** Allegations must be reported immediately (not later than 2 hours after the allegation) if the events involve abuse or results in serious bodily injury; if not, within 24 hours, to the hospital administrator and to other officials, including the state survey agency, in accordance with state law.[c]	Allegations must be reported immediately (not later than 2 hours after the allegation) if the events involve serious bodily injury; if not, within 24 hours, to the nursing home administrator and to other officials, including the state survey agency, in accordance with state law.	Allegations involving anyone furnishing services on behalf of the hospice must be reported immediately to the hospice administrator (as soon as possible, up to 24 hours after the allegation in absence of shorter state requirement)
Verification and response	All allegations of abuse and neglect must be investigated in a timely and thorough manner. Incidents of abuse or neglect must be reported and appropriate corrective, remedial, or disciplinary action occurs, in accordance with local, state or federal law. **Swing beds:** All allegations must be thoroughly investigated. Results of all investigations must be reported to the administrator or representative, and to other officials, in accordance with state law, including the state survey agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.	All allegations must be thoroughly investigated. Results of all investigations must be reported to the administrator or representative, and to other officials, in accordance with state law, including the state survey agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action taken.	Allegations involving anyone furnishing services on behalf of the hospice must be investigated immediately in accordance with established procedures. Verified allegations must be reported to state and local officials having jurisdiction, including the state survey agency, within 5 working days of the hospice administrator becoming aware of the violation.

Source: GAO analysis of federal regulations and Centers for Medicare & Medicaid Services' (CMS) State Operations Manual. | GAO-23-105463

Notes: Medicare- and Medicaid-certified hospital, nursing home, and hospice providers must also be in compliance with other applicable federal, state, and local laws related to the health and safety of patients, which are not shown in the table. CMS enters into agreements with state survey agencies—agencies in each state government—and oversees their work to monitor providers' compliance with Medicare and Medicaid requirements.

[a]For the purposes of this report, we use "nursing homes" to refer to both "skilled nursing facilities" (the term used by Medicare) and "nursing facilities" (the term used by Medicaid.)

State Specific Reporting

Indiana

Kentucky

Indiana Department of Health Consumer Services & Health Care Regulation **2 N. Meridian St., 4B** **Indianapolis, IN 46204**	**Director, Complaint and Incident Reporting Program** **David Burgess** **complaints@health.in.gov**	**Eastern Enforcement Branch** Will Hendrickson, Branch Manager 455 Park Place, Suite 120A Lexington, KY 40511 Phone: 859-246-2301 Fax: 859-246-2307
Long Term Care Receptionist: 317-233-7442 IDOH Main Switchboard: 317-233-1325	Phone: 1-800-246-8909 Fax: 317-233-7494	

Burnout and Behaviors

What is burnout?

- Burnout can be a causative factor in abuse.

- When a caregiver, paid caregiver or family member, experiences burnout there is little ability to cope with the stress of caregiving.

Signs of Burnout:
- ✓ Apathy, laziness, lack of caring
- ✓ Chronic feelings of being sick or fatigued
- ✓ Feelings of guilt or helplessness
- ✓ Frustrations with job or co-workers
- ✓ Blaming others for mistakes, defensiveness, judgmental
- ✓ Withdrawal, unapproachable
- ✓ Working harder but with fewer successes

Avoiding Burnout

- When you recognize these behaviors in yourself or in a co-worker it is time to ask for help from a co-worker, supervisor, or Employee Assistance [301-2570].
- Know your limits and work within those limits.
- Feel comfortable with yourself.
- Take time each day for you.
- Change the things you can and accommodate to those you can't.
- Organize and prioritize.
- Develop an active outside life; build a support system.
- Personalize your work environment.
- Maintain good communication with co-workers.
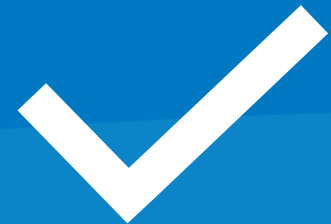
Fitness for Duty (Policy: Fitness for Duty, HR-HS-08)

- When it is believed that an associate's ability to safely and effectively perform the essential functions of his/her job is in question whether the Leader personally observed the behavior or it was reported by other associates, medical staff, patients or family members, the Leader should initiate the fitness for duty process.

- Fitness for Duty evaluations may include, but is not limited to, medical exam, drug testing, and/or Employee Assistance evaluation.

- If you have questions or concerns about your own fitness for duty, please call Employee Health at 1-6265.

Managing Difficult Behaviors

Dealing with difficult patients or behaviors can contribute to abuse. Here are some simple, but NOT EASY, tips for managing difficult behaviors in patients/families, or coworkers:

1. Avoidance is damaging – just confront the conflict.
2. Move to a private venue – acknowledge your willingness to talk but not in public.
3. Don't react – take time to think and remain focused on identifying the patient's needs.
4. Don't take it personally.
5. Permit expression of negative feelings to reduce intensity.

Managing Difficult Behaviors (Continued)

6. Attack the problem, not the person; detach feelings you have about the person presenting the problem.

7. Don't make assumptions – clarify and paraphrase what you hear.

8. Communicate directly and use I statements (not 'you').

9. Try to identify the person's needs and look for a common interest.

10. Don't hold on to resentment.

11. When necessary, with violent or aggressive individuals DIAL 2-2222 and ask for assistance.

12. Discuss the situation with team members and formulate an action plan.

Behavioral Assistance Response Team

- The Behavioral Assistance Response Team (BART) was developed to assist and support all associates in de-escalating and providing stabilization in situations involving patients or visitors, experiencing disruptive emotional, verbal, nonverbal or physical behaviors.

- It provides education and communication training throughout the organization to assist them in handling patients and visitors who are experiencing these types of behaviors toward themselves or others, and which may interfere with the ability to provide quality care.

Safe Environment

St. Elizabeth is committed to providing a safe environment for our patients, associates, and volunteers.

If you have any concerns or questions, please call 2-2222 for assistance.

References

Health: Long Term Care/Nursing Homes: Facility Reported Incidents
Long-Term Care Facilities - Cabinet for Health and Family Services (ky.gov)
SOM - Appendix PP (cms.gov)

Review

1. You are required by law to report witnessed, suspected or alleged abuse.

    A. True   B. False

2. The hospital must immediately file a report with which of the following outside agencies.

    A. Senior Services of Northern Kentucky

    B. Northern Kentucky Area Development District

    C. Cabinet for Health and Family Services/Office of Inspector General

    D. Elder Maltreatment Alliance

3. Improper use of physical or chemical restraints, rough handling during caregiving, force-feeding and shaking are all examples for what type of abuse:

    A. Self neglect

    B. Financial abuse

    C. Emotional abuse

    D. Physical abuse

Review

4. A verbal or nonverbal act that inflicts pain, anguish or distress is what type of abuse:
   A. Neglect
   B. Physical abuse
   C. Emotional abuse
   D. Sexual abuse

5. You are caring for a confused older adult. You find a ten-dollar bill in her bedside table. Because of her confusion, you know she won't miss it and you take it. This is an example of what type of abuse.
   A. Emotional abuse
   B. Misappropriation of property
   C. Physical abuse
   D. Neglect

Review

6. An older adult is admitted to your unit from the ED. He is dirty and appears malnourished. It is cold out but he has on summer clothing and his clothing is badly stained with urine and feces. He is weak. You know from his history that he lives alone and appears not to have any relatives that are involved in his care. You might suspect that he is the victim of which type of abuse:

   A. Neglect
   B. Physical abuse
   C. Self-Neglect
   D. Sexual abuse

7. Burnout may be a causative factor in abuse. Which of the following are signs of burnout?

   A. Apathy, laziness and lack of caring
   B. Frustration with the job and co-workers
   C. Blaming others for your mistakes
   D. Working harder but succeeding less
   E. All of the above

Review

8. Dealing with difficult behavior can also contribute to abuse. When dealing with a difficult behavior it is best to:
    A. Not react but give yourself time to think and focus
    B. Move to a public place
    C. Avoid the emotions of the issue
    D. Make it personal

9. When you recognize signs of burnout in yourself or co-workers it is time to ask for assistance from your supervisor or the:
    A. Compensation and benefit department
    B. Security
    C. Emergency Department
    D. Employee Assistance Program

Review

10. Tips for handling burnout include:
    A. Organize and prioritize time and tasks
    B. Seek personal and professional growth
    C. Maintain good communication with co-workers
    D. Develop outside activities and focus on the more satisfying aspects of life
    E. All of the above

Course Information

- **Target Audience:** SEH Volunteers.

- This CBL includes **13** content slides. There are **1 activity** in this module.

- You *must* review each slide for completion credit.

- This module includes **1** assessment.

- Final assessment requires **passing score of 90%**. You have **unlimited** attempts.

- *Technical issues?* Contact the helpdesk (859) 301-2541 or sdexpress.helpdesk@stelizbeth.com

- *Content questions?* Contact Austin.Schafer@stelizabeth.com.

- **Shared computer?** Clear history and cookies (via browser settings). *Not doing so could impact CBL completion on transcript.*

Objectives

After completion, I will be able to:

- **Explain** the functions of the St. Elizabeth Ethics Committee.

- **State** the most frequent misunderstanding about the Ethics Committee's role.

- **Find** the Ethical and Religious Directives for Catholic Healthcare Services.

- **List six principles** used to resolve ethical conflicts.

- **Give three examples** of how the ethics committee can help caregivers, patients, and families.

- **Describe** how to access the Ethics Committee.

Definitions Related to Ethics

Personal Ethics

- An individual's standards of conduct and values, often based in religion and culture.

Professional Ethics

- Standards of conduct and values defined by a profession for its members

Bioethics

- Ethical questions surrounding life and death; often involve quality of life and use of technology. *The St. Elizabeth Ethics Committee is a bioethics committee*.

Ethical dilemma or conflict

- A situation in which an individual must choose between two alternatives when neither is desirable.

Consultation and Policy Review

- To advise and serve as a resource to St. Elizabeth

- To clarify complex ethical issues that arise in the care of our patients.

Education

- To assist in the development of educational programs related to bioethics.

Ethics Consultation

- Usually called when there is confusion and/or disagreement about how to proceed in a difficult clinical situation.

- Most commonly, these conflicts arise over end-of-life care and mother/baby complications.

Factors Involved in Ethics Consultations

Legislation and regulatory guidelines

- Brain death now determines death. Death used to be defined as cessation of breathing and heart function. How defined affects harvesting of organs.

Science and technology

- Life sustaining equipment can also prolong dying process.

Societal influences

- Rights of the individual now more important, demand for say in own care now seen as a right.

How Ethics Committees Help

An Ethics Committee consult includes:

• Listening to patients, families, physicians, and clinical associates.

• Identifying the conflicting bioethical issues.

• Supporting all through the process to resolve complicated, stressful patient care situations.

Hospital Bioethics Committees **do not** make decisions. This is a common misconception about the role of an ethics committee.

Final decisions are made by the patient, family and the health care team.

Our Faith-Based Heritage

▶ St. Elizabeth Healthcare follows the United States Conference of Catholic Bishops' **Ethical and Religious Directives for Catholic Health Care Services.**

▶ **These directives can be located on your unit/department on:**

- Your unit/department Bulletin board
- United States Conference of Catholic Bishops
- From your leader

The purpose of these **Ethical and Religious Directives** is twofold:

- *First*, to reaffirm the ethical standards of behavior in health care that flow from the Church's teaching about the dignity of the human person;

- *Second*, to provide authoritative guidance on certain moral issues that face Catholic health care today.

Ethical and Religious Directives

From the preamble to the *Ethical and Religious Directives for Catholic Health Care Services*, 6th Edition, 2016.

United States Conference of Catholic Bishops

Principles of Ethical Decision-Making

Six principles pertaining to ethical decision-making and potential conflicts that may arise.

Beneficence

- Nonmaleficence
- Autonomy
- Justice
- Fidelity
- Veracity

Beneficence

Do good.

<u>Potential Conflict:</u>

When caregivers and patient differ about what is "good".

Beneficence

Nonmaleficence

Nonmaleficence

Autonomy

Do no harm.

Justice

Potential Conflict:

Fidelity

Treatment may initially cause harm, although outcome is potentially good, such as with treatment for cancer. Conflict happens when there is disagreement about when is treatment overly burdensome for the patient compared to the potential benefit.

Veracity

Beneficence

Nonmaleficence

Autonomy

Justice

Fidelity

Veracity

Autonomy

Right of the individual to make own decisions.

Potential Conflict:

Caregivers must respect patient's decision even if the decision is in direct conflict with the health care provider's opinion.

Beneficence

Nonmaleficence

Autonomy

Justice

Fidelity

Veracity

Justice

Fairness to all.

Potential Conflict:

One type of justice is distributive justice, deals with the use of limited resources; considers the most benefit for the most people.

Beneficence

Nonmaleficence

Autonomy

Justice

Fidelity

Veracity

Fidelity

Faithfulness to commitments.

Potential Conflict:

Multiple demands on caregiver's time can lead to conflict. This principle underlies the responsibility to not abandon patients.

Beneficence

Nonmaleficence

Autonomy

Justice

Fidelity

Veracity

Veracity

Telling the truth.

Potential Conflict:

We are obliged to tell the patient the truth. Example of conflict is when family does not want patient to know the diagnosis.

When to Call
Our Ethics Committee

Any patient, family member, physician or **associate** may contact the *Ethics Committee*:

- To ask questions or seek consultation on ethical and/or moral questions that arise.

- To discuss ethical and/or moral issues or concerns.

- To seek help to deal with a conflict with patient/family issues regarding care or treatment decisions.

How to Contact the Ethics Committee

Nursing supervisor on duty (*best method*)

Hospital chaplain on duty

Ethics Committee member

Summary

- The **functions** of the St. Elizabeth Ethics Committee

- The **most frequent misunderstanding** about the Ethics Committee's role

- Where to find a copy of the:

    Ethical and Religious Directives for

    Catholic Healthcare Services

- **Six ethical principles** used to resolve ethical conflicts

- **Three examples of when the Ethics Committee can help** caregivers, patients, and families

- **How to access** the Ethics Committee

References

- United States Conference of Catholic Bishop's

- *Ethical and Religious Directives for Catholic Health Care Services. Sixth* Edition

Review

1. The St. Elizabeth Ethics Committee is concerned with:
   A. Professional Ethics
   B. Personal Ethics
   C. Bioethics

2. Ethics committees make decisions for the patient, family and health care team
   A. True
   B. False

3. St. Elizabeth Ethics Committee is guided by the Ethical and Religious Directives for Catholic Health Care Services
   A. True
   B. False

Review

4. The Ethical and Religious Directives flow from the Church's teaching about the dignity of the human person
   A. True
   B. False

5. The ethical principle of beneficence means
   A. Do good
   B. Do no harm
   C. Individuals have a right to make their own decisions
   D. Being faithful to commitments
   E. Telling the truth

Review

6. The ethical principle of autonomy means
   A. Do good
   B. Do no harm
   C. Individuals have a right to make their own decisions
   D. Being faithful to commitments
   E. Telling the truth

7. The ethical principle of nonmaleficence means:
   A. Do good
   B. Do no harm
   C. Individuals have a right to make their own decisions
   D. Being faithful to commitments
   E. Telling the truth

Review

8. The best way to contact the Ethics Committee is to contact the Nursing Supervisor on duty.
   A. True
   B. False

9. An Ethics Consult can only be requested by the physician.
   A. True
   B. False

10. The Ethical and Religious Directives for Catholic Health Care Services can be located:
    A. Unit/department bulletin board.
    B. Website: http://www.usccb.org/about/doctrine/ethical-and-religious-directives/index.cfm
    C. Your leader
    D. Any of the above

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.

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
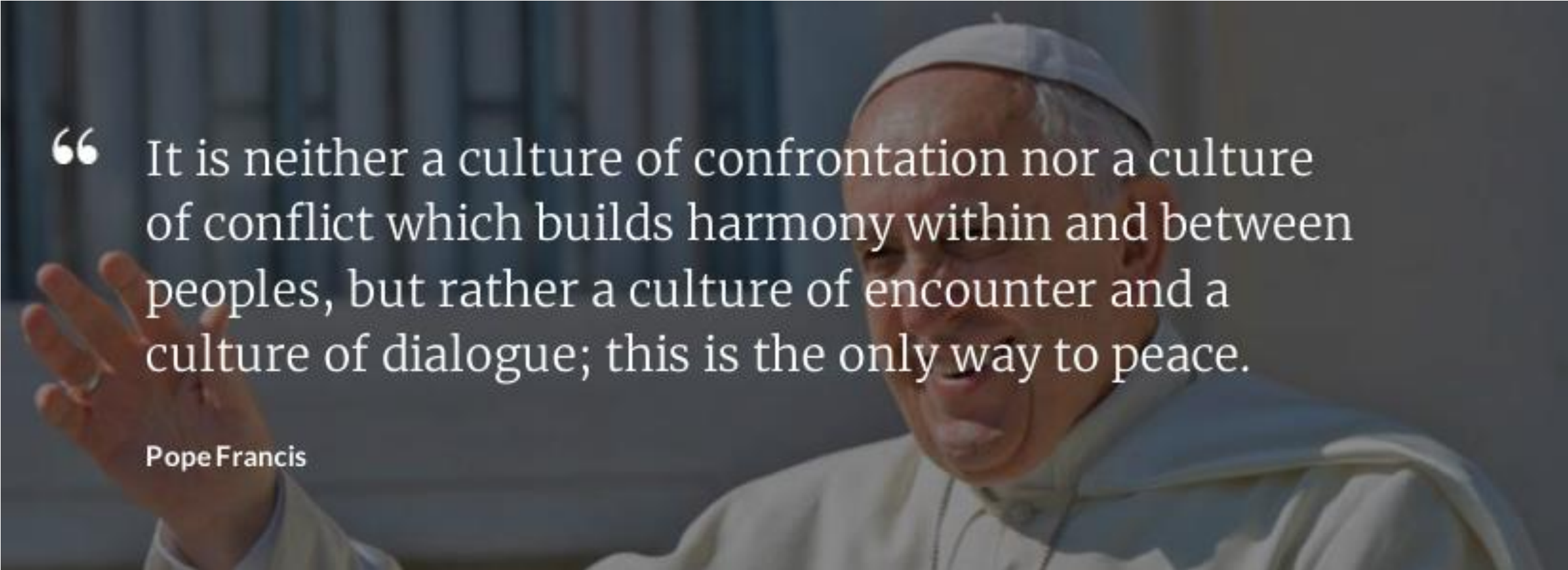
○ To reduce healthcare costs

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 **Correct!**

○ To prioritize the needs of the majority

○ To reduce healthcare costs

A CULTURE OF ENCOUNTER

In Pope Francis' words:

> 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 e orts 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

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.

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**

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

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!

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."

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.

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 carefrom 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

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.

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.

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.

Diagnostic Overshadowing

What is diagnostic overshadowing?

○ A bias where healthcare professionals attribute symptoms to an existing diagnosis rather than a potential co-morbid condition. ← **Correct!**

○ 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.

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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

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.

Introduction to
Language Access Effective Communication & Reasonable Modifications

Monica Hicks, Language Services Administrator
Revised October 2024

Learning Objectives

- Increase awareness about the necessity for providing interpretation and translation services.

- Gain knowledge about the types of interpretation and translation services offered.

- Facilitate understanding about the processes for providing services to patients with limited English proficiency (LEP), as well as those who are deaf and hard of hearing (DHH).

LEP Defined

- Limited English proficiency (LEP) refers to anyone above the age of 5 who reported speaking English less than "very well," as classified by the U.S. Census Bureau.

- LEP includes those who are deaf and hard of hearing (DHH).

LEP Individuals Nationwide

LEP

Represent more than 8% of the total U.S. population ages 5 and older.

Increased 80% from 14 million to 25 million between 1990 and 2013.

Are comprised of mostly Spanish-speaking individuals.

Are more likely to live in poverty than English-proficient individuals.

LEP Individuals in Kentucky
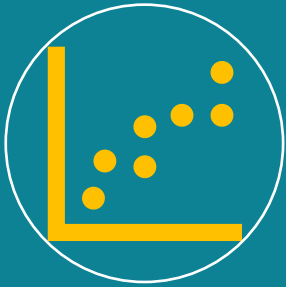
Total approximately 98,000, or 2.3% of the Commonwealth's population (2020 estimates) *

Total approximately 8,700 in Boone, Kenton, Campbell and Grant Counties, as well as Dearborn County, and are mostly Spanish-speaking individuals.*

Represent other populations in Northern Kentucky, including those who speak French, Arabic, Mandarin, Somali and Vietnamese.**

*Source: American Community Survey, U.S. Census
** Source: SEH LanguageLine utilization statistics

DHH Individuals in Kentucky

Deaf and hard of hearing (DHH) individuals total more than 67,000 in Boone, Kenton, Campbell and Grant Counties.*

Boone County: 21,755

Kenton County: 27,050

Campbell County: 14,892

Grant County: 3,991

In 2021, St. Elizabeth provided American Sign Language interpreters on more than 1,100 occasions.**

*Source: Kentucky Commission on the Deaf and Hard of Hearing
** Source: SEH LanguageLine utilization statistics

LEP at St. Elizabeth Healthcare

On average in 2022, St. Elizabeth **provides language services on more than 1,800 occasions per month.**

In 2021, St. Elizabeth **provided language services on approximately 38,000 occasions to more than 5,700 people (2% of all patients served).**

Since 2017, the demand for language services at St. Elizabeth has increased more than 300%, with Spanish the most requested language.

St. Elizabeth also **routinely provides services to accommodate American Sign Language, French, Arabic, Japanese, Mandarin,** and **Somali.**

In total, St. Elizabeth **provided services to accommodate more than 30 languages** in 2021.

Source: LanguageLine usage statistics

The Necessity of Language Services, Effective Communication, & Reasonable Modifications

Providing accommodations is the law, specifically in compliance with:

- Americans with Disabilities Act

- Title VI of the Civil Rights Act of 1964

- Section 1557 of the Health and Human Services – Affordable Care Act

The Necessity of Language Services

Section 1557 of the Affordable Care Act prohibits the use of:

- Minor children (except in emergencies)

- Accompanying adults, such as family and friends (although a patient may refuse a professional interpreter and request a friend or family member, if that person consents to serve as an interpreter; however, for many reasons this is discouraged)

- Bilingual staff, unless part of job duties (classified as Qualified Bilingual Staff or Dual-Role Interpreters)

Meeting Service Standards

St. Elizabeth provides language services to comply with the **National Culturally and Linguistically Appropriate Service Standards** (National CLAS Standards).

Of the **15 standards**, *four address Communication and Language Assistance:*

CLAS Standards about Communication and Language

Offer language assistance at **no cost**

Inform all individuals, **in preferred language**, about language services

Ensure the competence of individuals providing language assistance

Provide easy-to-understand print and multimedia materials and signage in common languages

The Importance of Accommodation

Language barriers and communication breakdowns involving LEP individuals lead to **increased medical errors and adverse events that cause harm.***

Language barriers result in disparities in care such as longer hospital stays, inaccurate documentation and lack of informed consent.*

Offering language services is **part of the St. Elizabeth's mission to provide comprehensive and compassionate care.**

*Agency for Healthcare Research and Quality

Care Disparities Among LEP

LEP patients have longer hospital stays when professional interpreters are not used.*

LEP patients have a greater risk of surgical infections, falls, and pressure ulcers.*

LEP patients have a greater risk of surgical delays due to difficulty understanding instructions.*

LEP patients have a greater chance of readmissions for certain chronic conditions due to language barriers.*

Source: The Joint Commission

Professional Interpreters are Crucial

Research shows that without a professional interpreter, medical errors are more common and are significantly more likely to have potential clinical consequences.

Do not rely on your own limited foreign language skills or the patient's limited English to simply "get by." This could place LEP patients at risk for physical harm.
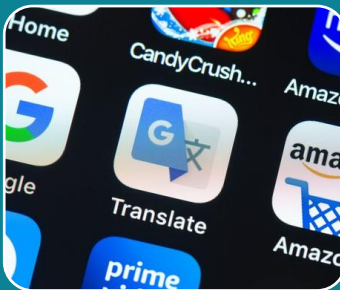
Do not use machine-generated translation such as Google Translate to relay medical instructions, as these apps are not always accurate. Translation errors can cause confusion for LEP patients.

Professional Interpreters are Crucial

TeamSTEPPS: Limited English Proficiency Safety: Checkback (57 seconds)

Agency for Healthcare Research and Quality. (n.d.). *Limited English Proficiency Safety: Checkback (Version 3.0)*. Retrieved from https://www.ahrq.gov/teamstepps-program/resources/additional/check-back.html

Interpretation Services

St. Elizabeth contracts exclusively with *LanguageLine* to provide **over-the-phone** interpretation services.

St. Elizabeth contracts with LanguageLine to provide **video** interpretation services via the use of iPad equipment.

St. Elizabeth contracts with preferred vendors LanguageLine and Propio, as well as other select community vendors to provide **onsite** interpretation services.

Phone, Video or Onsite

Determining the need for interpreter services, as well as the type of services to offer, *is at the discretion of each department or unit.*

All patients are unique, and as such their care should be tailored to meet their specific needs.

Whether to utilize phone, video or online language services depends on the type and complexity of the specific situation, as well as the individual needs of the patient.

Choosing a Mode of Service

Phone: The least expensive option and provides access to more languages. Appropriate for basic patient/family conversations and non-critical conversations.

Video: Good middle ground between phone and onsite. Facilitates visual contact with patients. Appropriate for conducting sensitive conversations, and for DHH people.

Onsite: Enables interpreter to fully engage with environment. Appropriate for critical conversations, therapy or in-depth procedures.

LanguageLine InSight Video Interpreting®

Accessing LanguageLine InSight® on an iPad

1 **Tap** on the InSight icon to launch the app.

2 **Scroll** "Top Languages" or "All Languages." **Search** by language or country.

3 **Tap** on the desired language. **Tap** again to connect to an interpreter.

4 **Center** the person in need of language assistance on the screen while waiting to be connected.

5 **Greet** your interpreter. Document the language and interpreter ID located at the bottom left.

SCREEN CONTROL FUNCTIONS

Connect to an InSight video interpreter.

Connect to an InSight audio interpreter.

Tap to initiate video privacy to restrict the interpreter's ability to see; audio will continue.

Tap to cancel video privacy.

Tap to mute audio to restrict the interpreter's ability to hear; video will continue.

Tap to cancel audio mute.

Tap to access volume control.

Tap to end a call in progress.

TIPS

1. **Device Positioning:** Adjust the stand's height and tilt to ensure that the interpreter and the person in need of language assistance can clearly see each other. For sign language, a head-to-waist view is recommended.
2. **Working with the Interpreter:** Brief the interpreter and speak directly to the person in need of language assistance.
3. **NotePad:** Ask the interpreter to bring up the NotePad to type key information on the screen.
4. **Battery Life:** Keep the device plugged in when not in use.

TROUBLESHOOTING

1. **Volume:** Adjust the iPad's volume during a call, first by using the iPad's volume buttons and second by tapping ◁ then sliding the volume bar to the desired level.
2. **Speaker Static:** Make sure the power cord is unplugged from the wall outlet during calls.
3. **No Video Image:** Video quality is adjusted based on your network's bandwidth. If the bandwidth drops below the minimum threshold the video stream will be temporarily suspended, but the audio session will continue. Once the bandwidth increases, video will resume. If video does not resume, click 📞 to end the call in progress, then place a new video call.
4. **Network Diagnostic Tool:** Check your connectivity and network speed/quality for both video and audio calls by running the Network Diagnostic Tool in Help & Settings.

LanguageLine Solutions®

Requesting Over the Phone Interpretation

- Call LanguageLine Solutions:

  Edgewood: 1-855-390-0532

  Florence: 1-855-375-5117

  Fort Thomas: 1-855-375-5116

  Dearborn: 1-844-750-1737

  Grant: 1-844-725-0509

  Covington: 1-844-725-0545

  Offsite Locations: 1-844-722-0968

- Press 1 for Spanish/Press 6 for all other languages

- Inform the Customer service agent of Associate Name, Patient Name, Department Number, and language needed or ask for help in determining the language.

You can find these numbers on the back of your Language Access Badge Buddies as well as on the Interpreter Services Intranet Page at any time

Communication With an LEP Patient

New Patients

Language identification tools are available (at entry points throughout the System and on the St. Elizabeth intranet) to enable limited English speakers to indicate their preferred language.

- If a language still cannot be identified, call an interpreter via *LanguageLine* for language identification assistance.

Language Identification tool

Existing Patients

Language information about returning patients can be accessed through their electronic records in Epic.

Communication With an LEP Patient

Language Identification tool

Where to Find Resources

St. Elizabeth Connection Hub/Intranet

To find **information** and **resources** pertaining to:

- Interpretation and translation services *phone numbers*

- Information about *purchasing and using phone/video equipment*

- *Guidelines* for working with interpreters, etc.
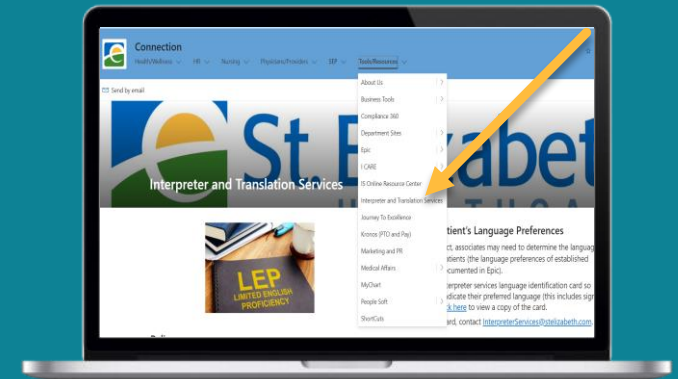
Visit the Interpreter and Translation Services Shortcut St. Elizabeth

The Necessity of Effective Communication

Section 1557 of the Affordable Care Act protects patients with disabilities' rights to effective/accessible communication:

St. Elizabeth currently works with the following ASL vendors:
 Northern Kentucky Services for the Deaf (859-372-5255)
Joey Stickley (513-478-6240)
Hearing Speech and Deaf Center (513-221-0527)

Providing accommodations is the law

it is important to note that a DHH person may request an onsite interpreter. We **must** do what we can to accommodate this request because video remote interpretation often creates barriers to equitable care for our DHH patients.

Because sign languages are nonverbal, body language is extremely important and is often not captured fully when using VRI.

Other Services

Departments may request (at their cost) **translation of written documents** (in Microsoft Word format) into a patient's preferred language by contacting monica.hicks@stelizabeth.com.

St. Elizabeth has **volume-enhanced telephones** on-site at each hospital to accommodate those who are hard-of-hearing. To access one of these phones, contact Nursing Administration or the Patient Representative at your hospital.
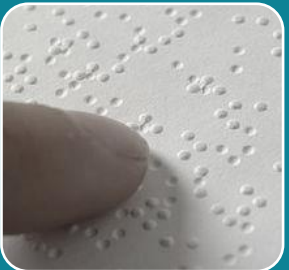
St. Elizabeth works with an outside resource to **translate written documents into Braille** (please allow for at least a one-week turnaround time). To learn more about accessing this service, contact monica.hicks@stelizabeth.com.

Reasonable Modifications

If there is another request of type of modification not listed that is needed by a patient

1)Contact the 1557 Coordinator

 at (859) 301-5591seventy-two hours before the scheduled event

2) The Coordinator will assess the

modification request and respond accordingly

Who to Contact

Language Services

For information about language services, contact:

Monica Hicks, Language Services Administrator at **Monica.Hicks@stelizabeth.com** or Extension 12619

Patient Representatives

Or, for *general inquiries, or general questions* about interpretation or translation services, contact the patient representatives at each hospital:

Edgewood/Grant: 15581

Florence: 25291

Fort Thomas/Covington: 23126

Dearborn: 67349

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Review

1. It is appropriate in all instances for minor children to serve as interpreters for their LEP parents.
   - A. True
   - B. False

2. St. Elizabeth considers the provision of LEP services to be important for all the reasons below EXCEPT:
   - A. It helps to prevent medical errors
   - B. It minimizes disparities in care
   - C. It results in positive media coverage from the local press
   - D. It is necessary for carrying out the St. Elizabeth mission

3. Although St. Elizabeth provides interpreter services, patients must pay for them.
   - A. True
   - B. False

Review

4. St. Elizabeth provides LEP services that can be accessed:
    A. Over the phone
    B. By Video
    C. Onsite (in person)
    D. All of the above

5. Interpretation and translation services resources may be found on the St. Elizabeth intranet under the tools/resources menu.
    A. True   B.   False

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**

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.