



St. Elizabeth
HEALTHCARE

Volunteer Annual Training – Level 3

2025 Version



HIPAA Privacy and Security

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Purpose of HIPAA



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

What is Protected Health Information (PHI)?

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

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

Protected Health Information

continued

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

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

Incidental Exposure to Patient Information

What is Incidental Exposure?

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

Examples include:

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

Reporting Incidents:

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

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

Associate, Volunteer and Contractor Access of PHI


ASSOCIATES, VOLUNTEERS, AND CONTRACTORS MAY NOT use the St. Elizabeth Healthcare computer system to access medical records or financial records of themselves, their children, their spouse, their neighbors, their co-workers or anyone else, without a business based reason to do so. Nor may they view the paper records of any of these individuals without a business-based reason to do so.

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


St. Elizabeth Healthcare takes violations of this policy very seriously. We audit computer usage, so we know when associates and contractors have accessed information and what information was accessed. When it is determined that an associate has accessed PHI without a business-based reason to do so, **discipline will be issued.** Contractors will be held accountable as well.

Access of PHI continued


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



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



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




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

Access of PHI continued

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

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



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

Breach Notification

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

Breach Notification continued

Please provide immediate notice to the HIPAA Privacy Officer of any suspected or actual breach of security or unauthorized disclosure of information.

- This includes misdirected faxes and printed PHI inadvertently given to the wrong patient. Staff should make reasonable efforts to **retrieve the information** from the person who inappropriately received it (versus telling the person to shred or destroy it).

Business Associates

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

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

Asking Questions & Reporting Concerns

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

About the Compliance Line



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



Operators from an outside company make a complete report of your issue and send it to our Corporate Compliance Officer to resolve.



All calls are confidential. You do not need to give your name if you would prefer not to. Our Compliance Line does not use Caller ID and does not try to trace calls.

No Retaliation Policy

- We forbid **retaliation** against anyone who reports a concern in good faith.
- Making a good faith report will not put your job at risk. We protect every associate who reports a concern in good faith.
- Anyone who retaliates in any way is subject to immediate discipline (up to and including termination).
- Report retaliation concerns immediately to the Corporate Compliance Officer at **(859) 301-5580**.

Information Security

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

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

Passwords

Password Expectations

- Keep your passwords confidential and avoid writing them down.
- Do not use the same passwords for business and personal accounts.
- Change passwords at regular intervals (90 days).
- Do not include passwords in any automated log-on process, including web pages.

Password requirements:

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


Security Tips and Practices

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


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

Phishing Attacks

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



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



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



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



INFECTION CONTROL TRAINING

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OBJECTIVES



Safe Practices

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

Hand Hygiene Awareness:

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

Recognize Workplace Hazards:

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

Proper Cleaning Protocols:

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

Reporting Procedures:

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

KEY MOMENTS FOR HAND HYGIENE

Before Starting Work:

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

•Before Eating or Drinking:

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

•After Using Restrooms:

Hand hygiene after restroom use prevents the spread of germs.

•After Handling Shared Tools or Equipment:

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

•After Coughing, Sneezing, or Touching Your Face:

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

HAND HYGIENE – WHEN/HOW

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

SOAP AND WATER HAND WASH

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

ALCOHOL HAND RUB

- APPLY ADEQUATE AMOUNT OF FACILITY PROVIDED ALCOHOL HAND RUB TO PALM OF ONE HAND.
- RUB HANDS TOGETHER, COVERING ALL SURFACES, FOCUSING ON THE FINGERTIPS AND FINGERNAILS, UNTIL DRY.

How to handrub?

WITH ALCOHOL-BASED FORMULATION



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



2 Rub hands palm to palm



5 backs of fingers to opposing palms with fingers interlocked



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



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



4 palm to palm with fingers interlaced



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



8 rinse hands with water



9 dry thoroughly with a single use towel



10 use towel to turn off faucet



20-30 sec



...once dry, your hands are safe.

How to handwash?

WITH SOAP AND WATER



0 Wet hands with water



1 apply enough soap to cover all hand surfaces.



4 palm to palm with fingers interlaced



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



8 rinse hands with water



9 dry thoroughly with a single use towel



10 use towel to turn off faucet



40-60 sec



...and your hands are safe.



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



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COUGH ETIQUETTE



To control the spread of respiratory infections:



Cough into your elbow or sleeve.



Cough into a tissue.



Turn your head away from others.



Throw tissues in trash.



Wash your hands.

INFECTION CONTROL PRECAUTIONS

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

Standard Precautions are used for all patient care.

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

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



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

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

We follow CDC Guidelines for Isolation Precautions:

- Airborne Precautions
- Contact Precautions
- Droplet Precautions

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

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

TRANSMISSION-BASED PRECAUTIONS CONTINUED

CONTACT PRECAUTIONS



CLEAN HANDS

Upon entry and exit of patient room.



SAFE ZONE

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



GOWN & GLOVES

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

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



DROPLET PRECAUTIONS



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



MASK

Wear a surgical mask to enter room.



VISITORS

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



TRANSPORT

Patient must wear surgical mask for transport.

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



AIRBORNE PRECAUTIONS



ROOM DOOR MUST BE KEPT CLOSED

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



MASK

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



VISITORS

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



TRANSPORT

Patient wears surgical mask for transport.

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



AIRBORNE + CONTACT PRECAUTIONS



PATIENT CANNOT LEAVE ROOM & DOOR MUST REMAIN CLOSED.

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



GOWN & GLOVES

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



TRANSPORT

Patient must wear surgical mask for transport.

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



OSHA STANDARDS

WORK PRACTICE CONTROLS

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

EXAMPLES OF WORK PRACTICE CONTROLS INCLUDE:

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

ENGINEERING CONTROLS

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

EXAMPLES OF ENGINEERING CONTROLS INCLUDE:

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

OSHA WORK PRACTICE CONTROLS

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

EXAMPLES OF WORK PRACTICE CONTROLS INCLUDE:

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

BIOHAZARD SYMBOL



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

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

BLOODBORNE PATHOGENS



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



Examples of
Bloodborne Pathogens
include:

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

EXPOSURE TO BLOOD/BODY FLUIDS

What is an Exposure?

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

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



Steps to follow for an exposure:

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

(continued on next slide)

EXPOSURE TO BLOOD/BODY FLUIDS

Steps to follow for an exposure (continued):

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

CONTACT EMPLOYEE HEALTH FOR ADDITIONAL QUESTIONS

TUBERCULOSIS

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

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

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

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

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

INFECTION PREVENTION REMINDERS



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



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



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

CONCLUSION

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

Infection Control Department

infectioncontrol@stelizabeth.com

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

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Hospital Safety

Content Expert:

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Assistant Director Safety

OBJECTIVES





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

SIGNAL CODES

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

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

Classes of Fires

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

Before you consider fighting a fire...

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

COMMON FIRE EXTINGUISHERS



White or blue canisters

WATER APW MIST (Air Pressurized Water)



Water + Air

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



Class A + C

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



Usage

Used in operating rooms and labs.



MRI Safe

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

FIRE PLAN

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



R

Rescue

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



A

Alert

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



C

Confine/Contain

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



E

Extinguish/Evacuate

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

All Hospitals

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

Outside Facilities

- Dial 911
- State your name and fire location

Using the Extinguisher

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

P

Pull pin.

Allows discharge.

A

Aim at base of fire.

Hit the base, hit the fuel.

Don't aim at flames.

S

Squeeze handle.

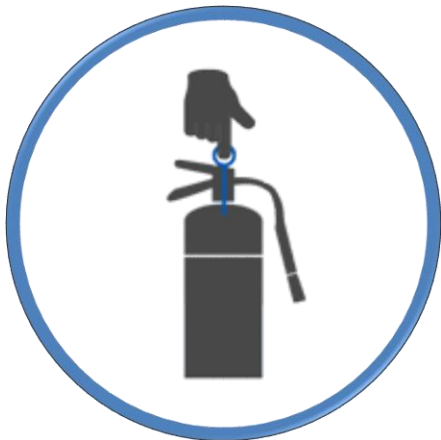
Release the pressure.

S

Sweep side to side.

Side to side from 10 ft. away

slowly moving forward.



EVACUATION

Know your department's evacuation plan prior to need.



Types

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

Order

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

Initial Procedure

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

Ordered Evacuation

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



FIRE SAFETY

- ▶ Fire alarm pull stations are near located exits and stairwells.
- ▶ **Never** obstruct the view of fire alarm pulls or fire extinguishers.
- ▶ Be aware of your surrounding and remove any item blocking the view of fire alarms/fire extinguishers. *Nothing can be adhered to a fire door.*
- ▶ When a fire alarm pull station is activated:
 - ▼ The fire alarm will sound.
 - ▼ Fire doors will close. *Do not block emergency/exit doors.*
 - ▼ Strobe lights are activated.

HAZARDOUS WASTE DISPOSAL

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

SDS Instructions

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

Still unclear?

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



Description

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

Exposure

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

Universal Precautions | Blue bag

All soiled linens are handled with universal precautions.

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

Blood and Body Fluids | Red bag

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

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

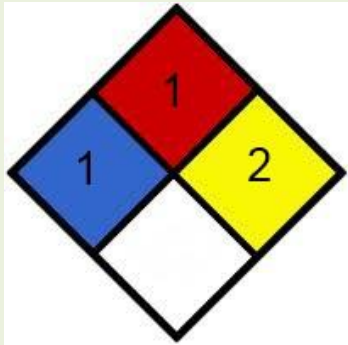
CHEMO Waste Only | Yellow bag

Yellow bags are used for CHEMO waste only.

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

Update to GHS

Current Hazardous Label



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

Health	2*
Flammability	1
Reactivity	1
PPE	B



New Labeling



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

Current OSHA Template

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

GHS updated Template

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

SECURITY ID BADGES

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

SECURITY ID BADGES

St. Elizabeth Healthcare



Property

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



Identification

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



Access

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

MRI SAFETY



Metal

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



Power

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



Strength

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



Ask

Always ask MRI staff for instructions.



Code Silver Active Shooter

Content Expert:
James.Batus@stelizabeth.com
Assistant Director Safety

Purpose and Objectives

Purpose

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

Objectives

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

WARNING SIGNS

Stay alert for these common
Warning Signs

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



Approached Aggressively

If you are approached by an aggressive individual, but **Do Not** see a weapon:

- Remain calm
- Be aware of your posture, gestures, tone of voice, speed of speech.
- Keep communication simple, supportive, positive and direct.
- Use De-escalation techniques when speaking.
- Don't argue; speak calmly and with respect.
- Call the operator at 2-2222 when you can safely do so.

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

Code Silver/Active Shooter Not In Your Area

When the PBX Operator announces Code Silver

- Remain calm and shelter in place.
- Stay away from the area where the incident is occurring.
- Shut the doors to your unit or area.
- Stay away from doors and windows.
- Grab anything that can be used as a weapon, such as a fire extinguisher
- Assist your patients with barricading themselves in their rooms – if possible push the beds up against the doors and lock the wheels or use any heavy object.
- Barricade yourself safely in a room.
- Turn off all lights, and silence cell phones and pagers.
- Remain in hiding until you hear the All Clear or are ordered to do so by Police or Security.
- If you are ordered to move by the Police, do so in an orderly manner **with your hands visible and above your head.**

Code Silver/Active Shooter In Your Area

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

REMEMBER:

An orange circle with a slight gradient and a drop shadow.

RUN

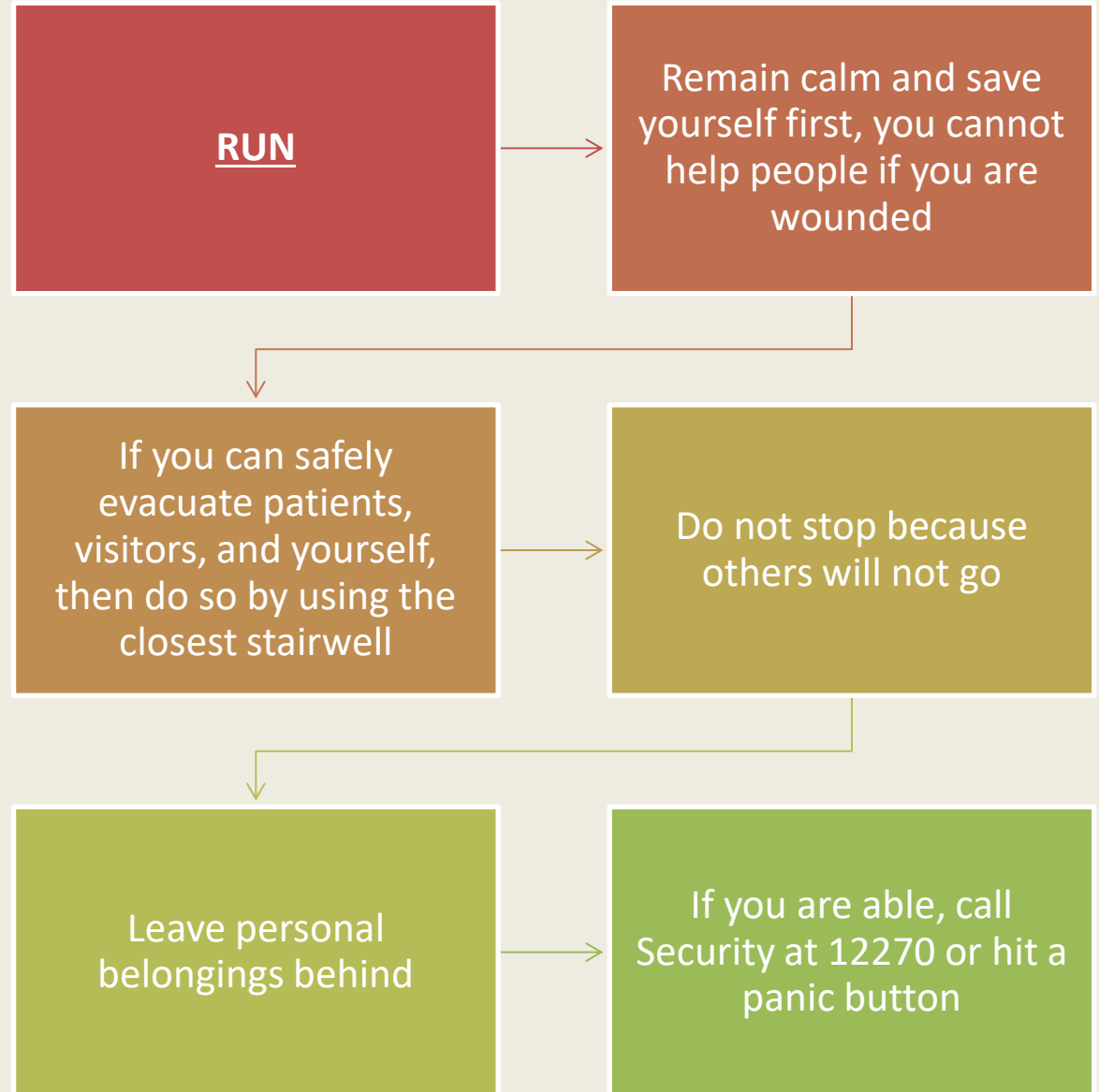
A blue circle with a slight gradient and a drop shadow.

HIDE

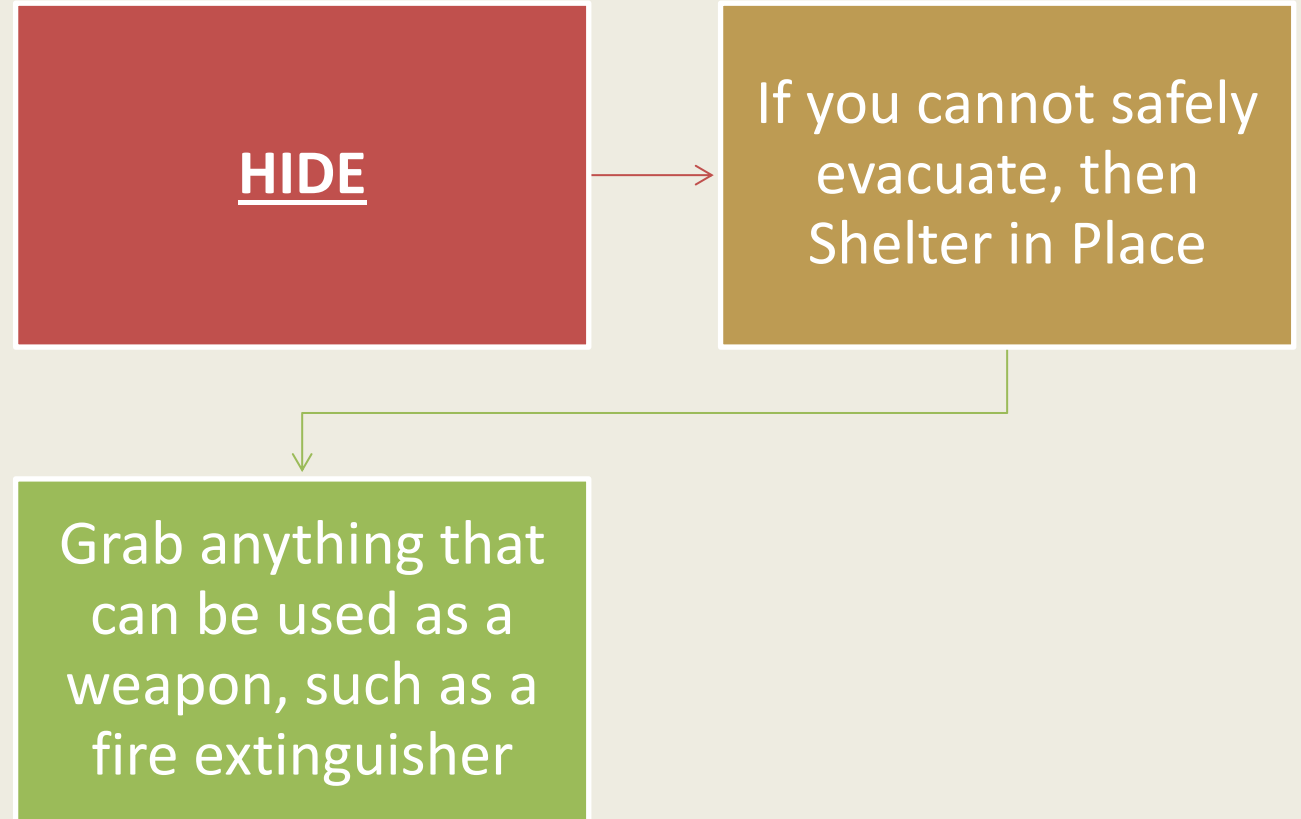
A green circle with a slight gradient and a drop shadow.

FIGHT

Code Silver/Active Shooter - In Your Area



Code Silver/Active Shooter - In Your Area



Code Silver/Active Shooter - In Your Area

Barricade

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

Stay away

Stay away from doors and windows

Turn off

Turn off all lights, and silence cell phones and pagers

Remain in

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

Do

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

FIGHT

FIGHT AS A LAST RESORT

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

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

Summary

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

2025 Volunteer Annual Training CBL Test

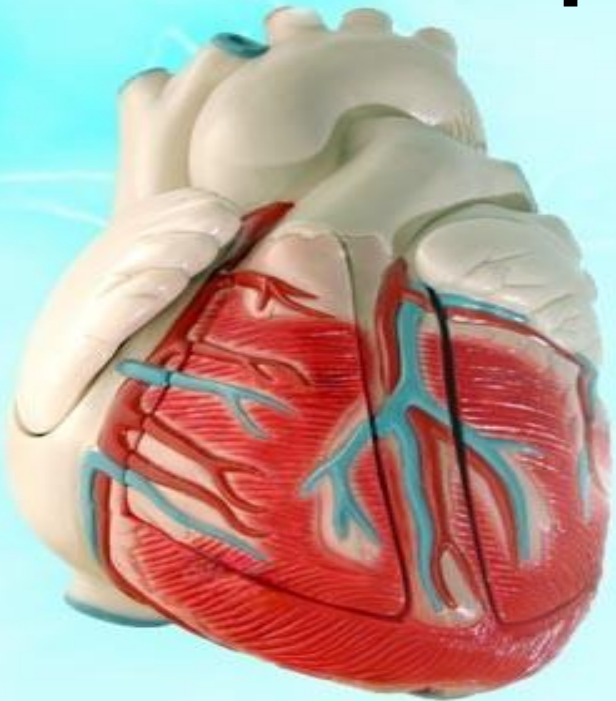
Attestation: I have read and understand the provisions outlined in the Volunteer Training CBL, including the requirements for adhering to SEH, federal, state and local safety regulations.

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](https://www.fbi.gov/stats-services)
- IAHS – International Association for Healthcare Security and Safety
- US Dept. of Homeland Security
- US Dept. of Health and Human Services

Heart Attack Recognition and ACS

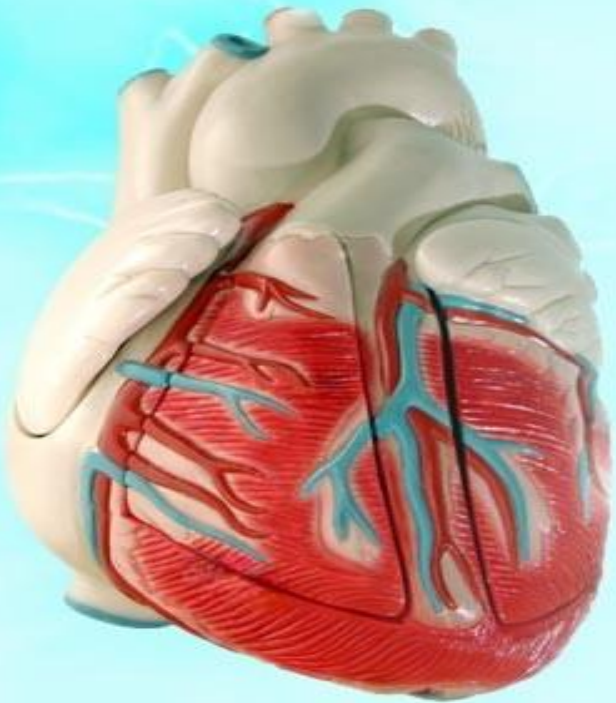


Reviewed November 2024
Content Owner: Heather Eckart
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Purpose and Objectives

The purpose of this CBL is to implement an educational program regarding **Acute Coronary Syndrome (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**



Acute Coronary Syndrome is a “Medical Emergency”

If you notice one or more of the warning signs for ACS,

GET HELP IMMEDIATELY!

Call **9-1-1**

or

At St. Elizabeth Covington, Dearborn, Edgewood,
Florence, Ft. Thomas, and Grant County:

Call **2-2222**



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!

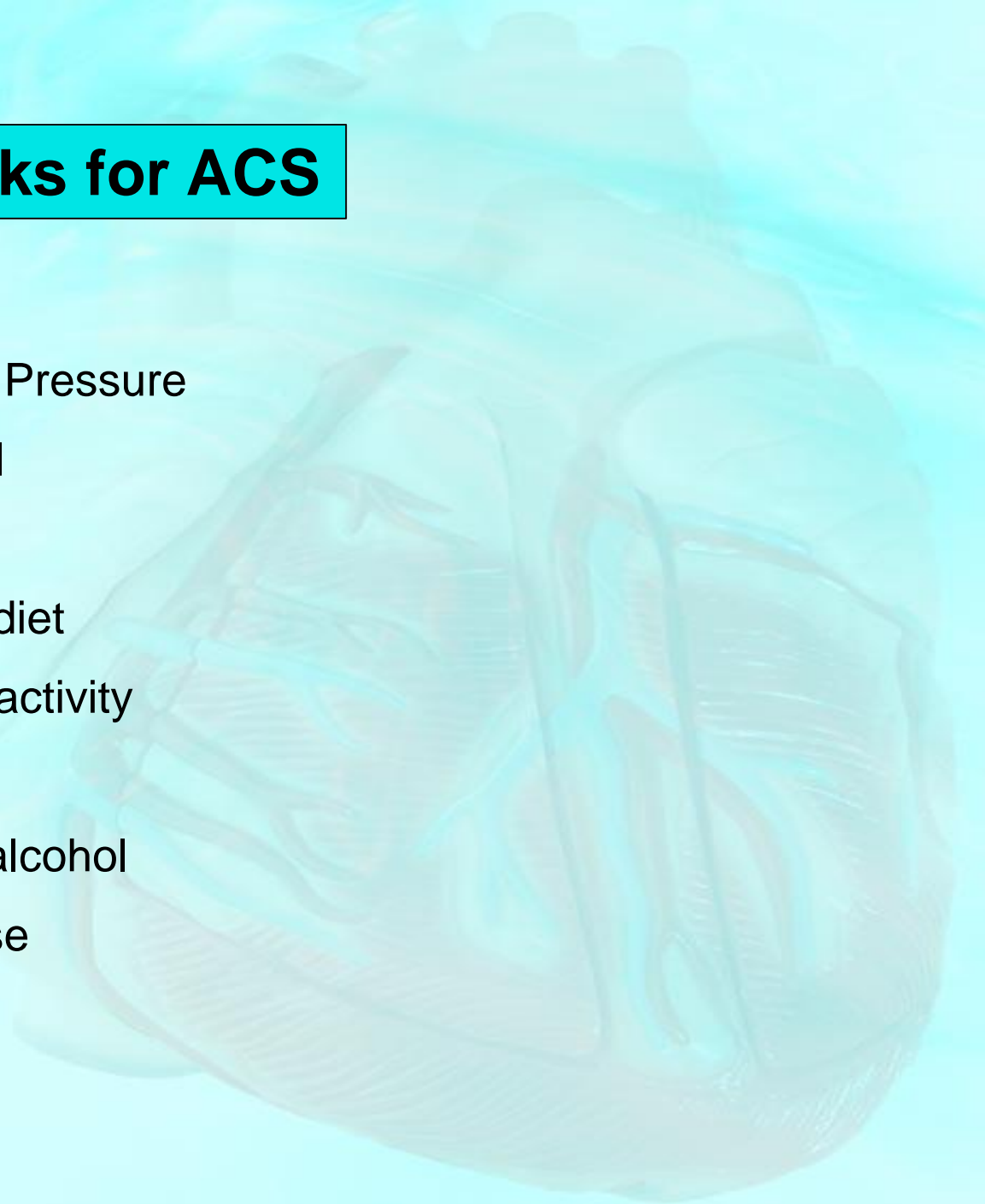


Talk to your doctor to find out if there are ways to help guide you to lead a healthier lifestyle or if you have...



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 Cannot 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

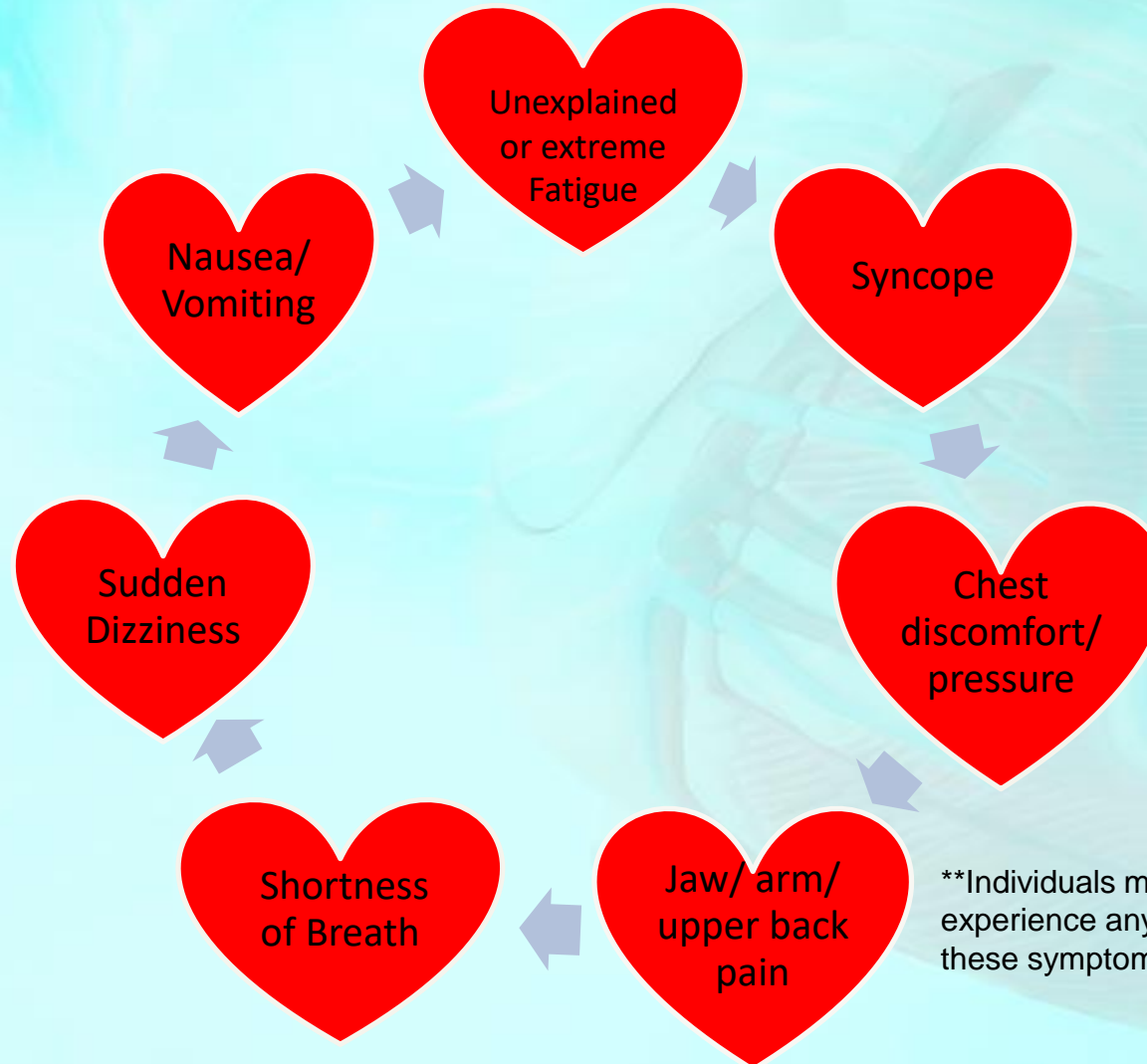
Ethnicity or Race

- Example:
 - ❖ African Americans are at higher risk than Caucasians
 - ❖ Caucasians are at higher risk than Asians



Women may have different signs and symptoms of chest pain than men!

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



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

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?

COMMIT!!

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"



Learn to Recognize ACS

ACS is a medical emergency!

If you notice one or more of the warning signs for ACS,

GET HELP IMMEDIATELY!

Call 9-1-1

or

At St. Elizabeth Covington, Dearborn, Edgewood,
Florence, Ft. Thomas, and Grant County:

Call 2-2222



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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.

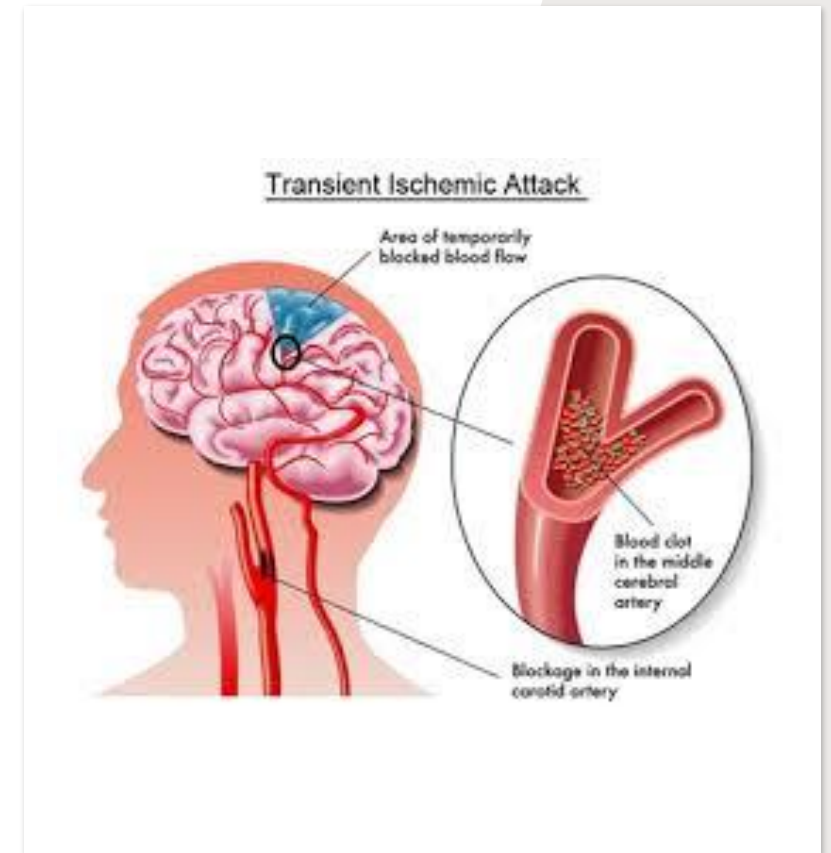
SECOND MOST COMMON:

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 (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



- 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

Balance – Watch for sudden loss of balance.

Eye – Watch for sudden vision loss.

Face – Look for uneven smile.

Arm – Check if one arm is weak.

Speech – Listen for slurred speech.

Time – Call 9-1-1 at the first sign.

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

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

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.**

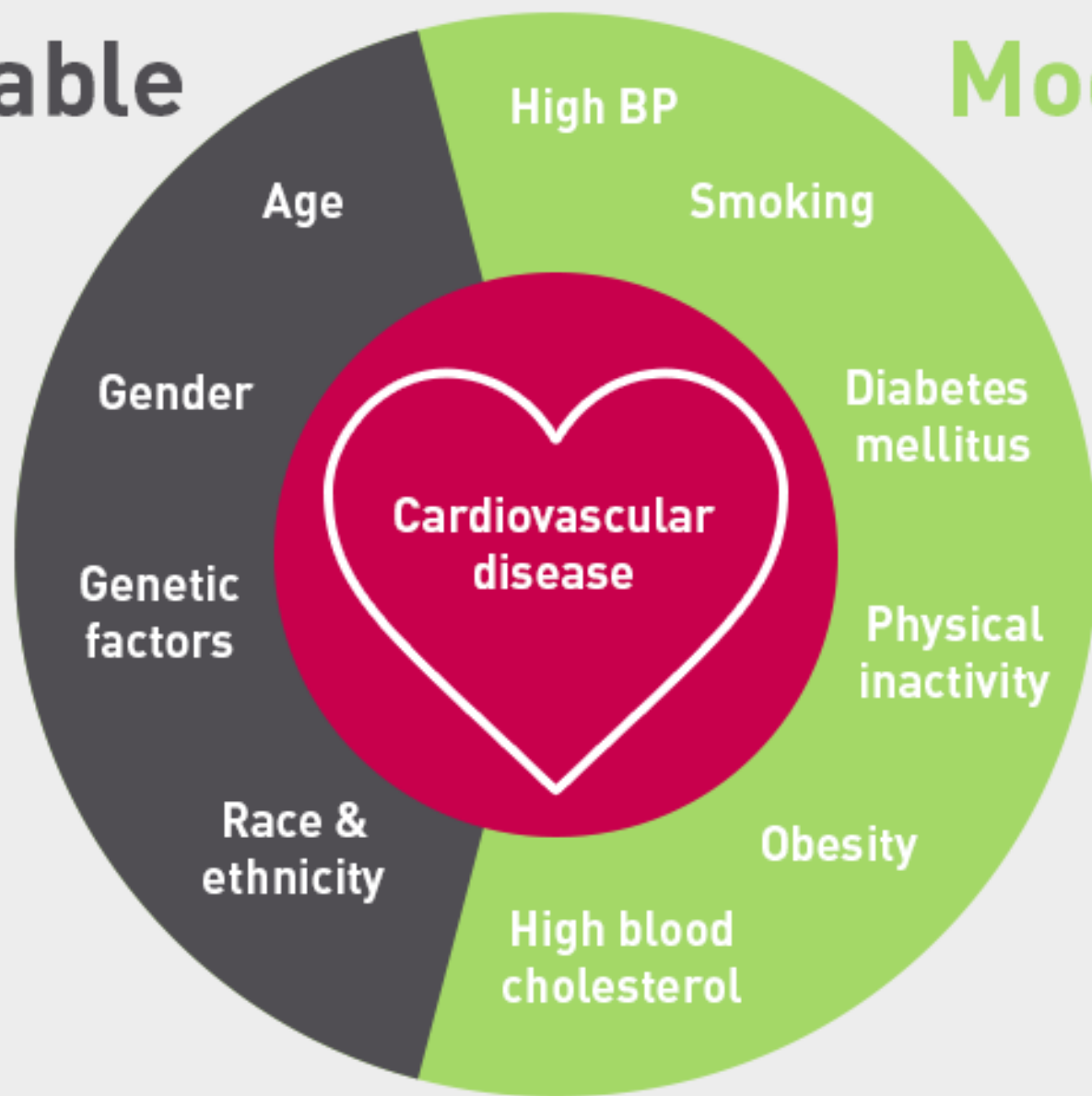
**It can happen to
children, even infants.**

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**”.

Non-modifiable risk factors

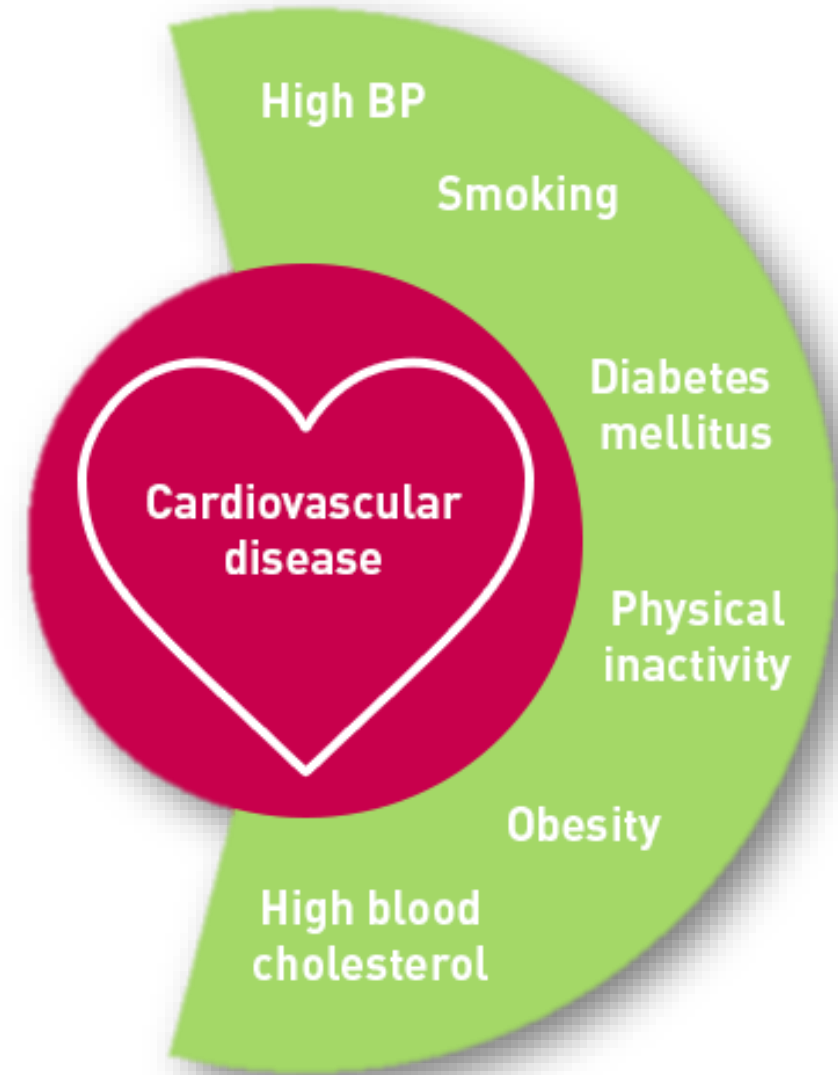
Modifiable risk factors



Risk Factors You **CAN** Change

Modifiable Risk Factors

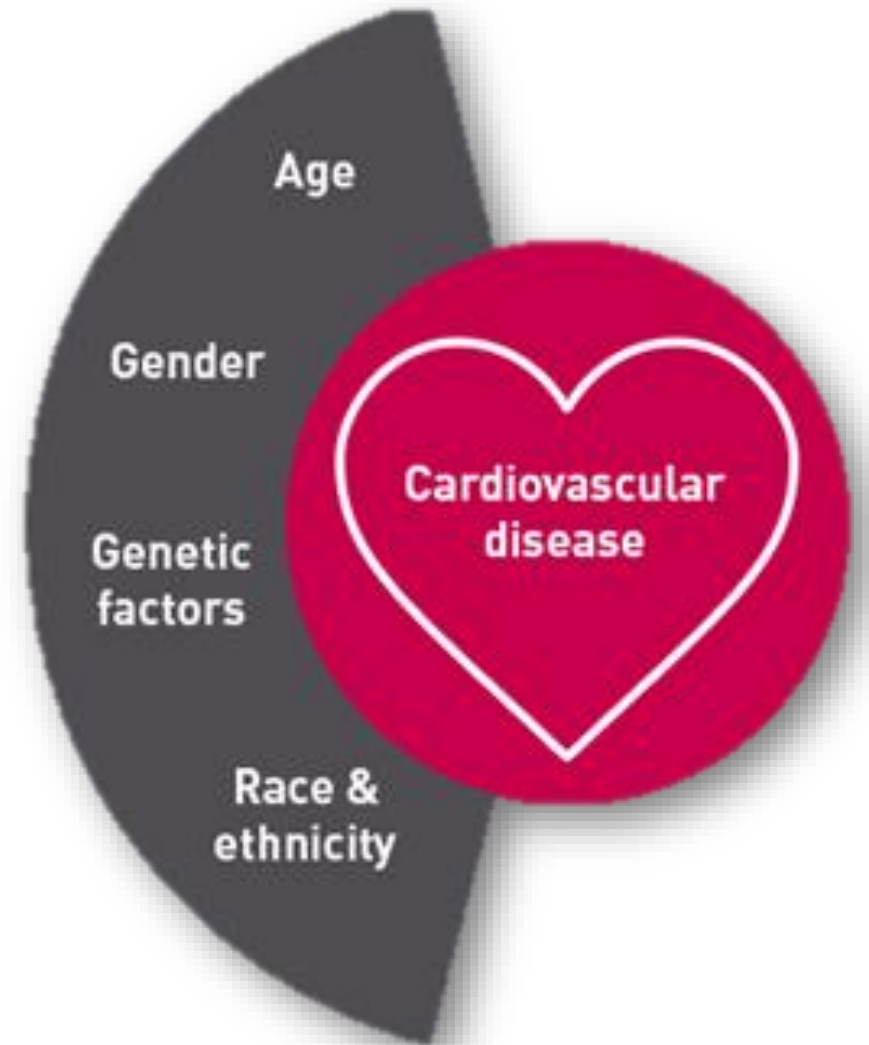
- High Blood Pressure
- Cigarette Smoking (quit)
- Diabetes (manage)
- Carotid or other artery disease
- Atrial Fibrillation
- Poor diet
- High Cholesterol
- Peripheral artery disease
- Physical Inactivity/Obesity
- Other Heart Disease
- Alcohol/Drug Abuse



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.



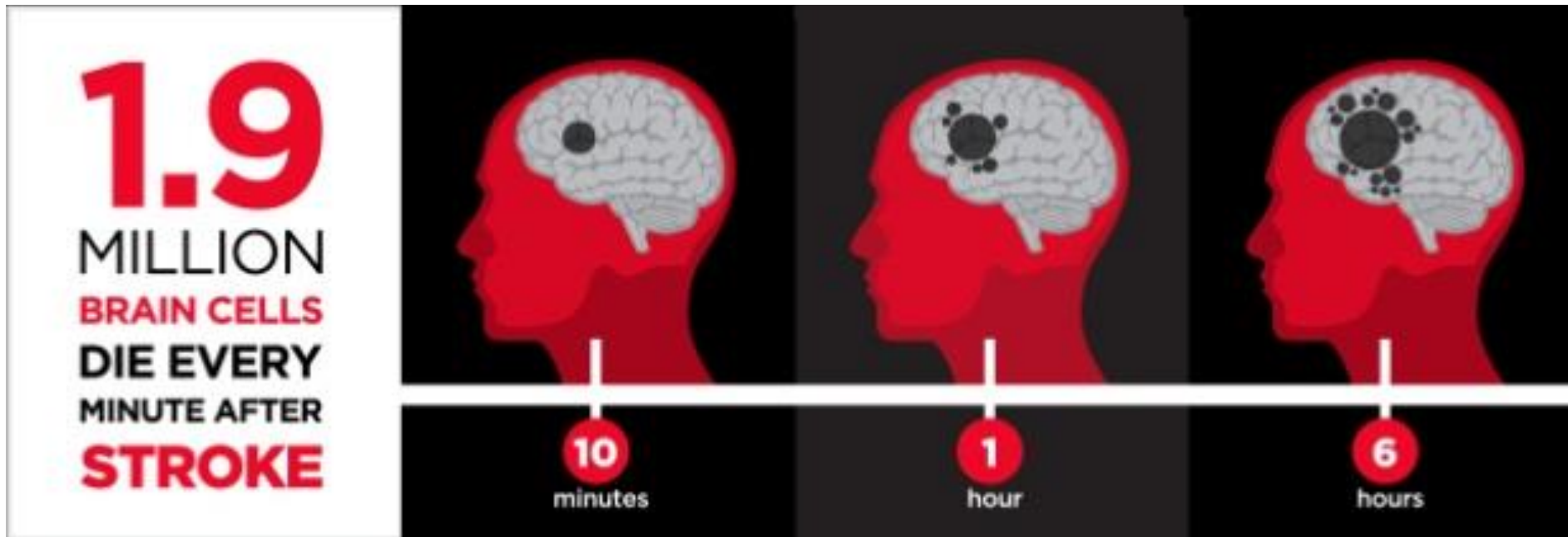
Stroke is a Medical Emergency!

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.





Time Lost is Brain Lost!

Learn to
Recognize a
Stroke...

- ✓ 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

Identifying and Reporting Abuse and Neglect Providing a Safe Environment

Content Expert: Amy Thompson
Reviewed 10/2024

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 and Reporting of Abuse Allegations



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



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	<p>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.</p> <p>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</p>	<p>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.</p>	<p>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)</p>
Verification and response	<p>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.</p> <p>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.</p>	<p>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.</p>	<p>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.</p>

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.

^aFor 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

**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**

Long Term Care Receptionist:
317-233-7442
IDOH Main Switchboard:
317-233-1325

Phone:
1-800-246-8909
Fax:
317-233-7494

Kentucky

**Eastern Enforcement Branch
Will Hendrickson, Branch Manager
455 Park Place, Suite 120A
Lexington, KY 40511
Phone: 859-246-2301
Fax: 859-246-2307**

***The important thing to remember is that
you must report any suspected,
witnessed or allegation of abuse
IMMEDIATELY.***



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.

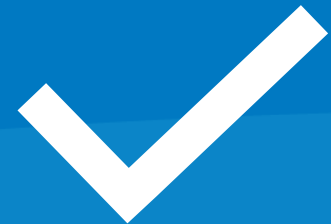
Signs of Burnout:

- ✓ 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



St. Elizabeth
PHYSICIANS



St. Elizabeth
HEALTHCARE

OUR MODEL FOR HEALTH EQUITY CULTURE AND COMMUNITY

CBL 2025

COURSE INFORMATION

CBL Navigation Instructions

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

You have unlimited attempts

- Technical issues? Contact helpdesk (12541).

OBJECTIVES

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

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

DEFINING HEALTH EQUITY, CULTURE & COMMUNITY

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

Health Equity

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

Culture

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

Community

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

DEFINING HEALTH EQUITY, CULTURE & COMMUNITY

Test Your Knowledge

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

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

DEFINING HEALTH EQUITY, CULTURE & COMMUNITY

Test Your Knowledge

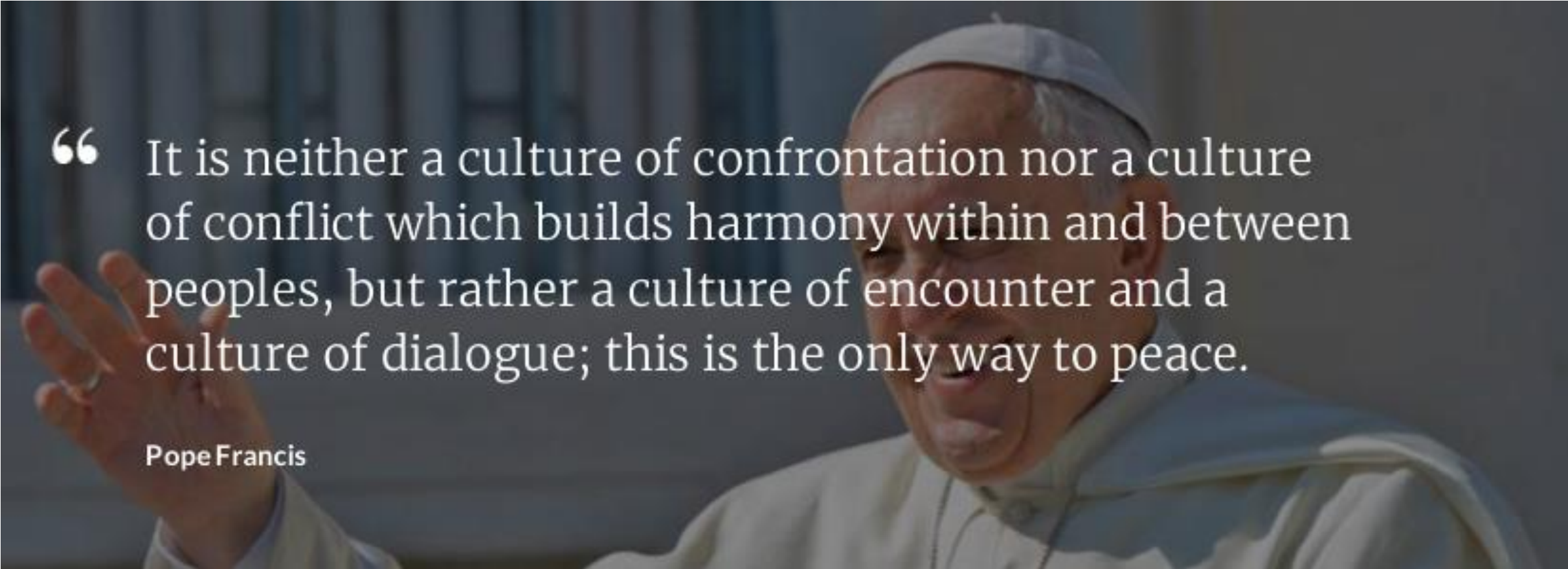
What is the primary goal of Health Equity at St. Elizabeth

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

 **Correct!**

A CULTURE OF ENCOUNTER

In Pope Francis' words:

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

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

Pope Francis

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

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

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

MISSION, VISION, STRATEGY & COMPLIANCE

Strategic Framework

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

MISSION

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

VISION

St. Elizabeth will lead the communities we serve to become the healthiest in America.



MISSION, VISION, STRATEGY & COMPLIANCE

The Joint Commission

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

MISSION, VISION, STRATEGY & COMPLIANCE

The Joint Commission

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

MISSION, VISION, STRATEGY & COMPLIANCE

The Joint Commission

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

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

MISSION, VISION, STRATEGY & COMPLIANCE

The Joint Commission

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

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

 **All of these!**

SOCIAL DETERMINANTS OF HEALTH

Key Influencer of Health Equity & Outcomes

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



SOCIAL DETERMINANTS OF HEALTH

Key Influencer of Health Equity & Outcomes

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

SOCIAL DETERMINANTS OF HEALTH

Key Influencer of Health Equity & Outcomes

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

Answer: Parks, Transportation

PROHIBIT DISCRIMINATION

Per Joint Commission Standards

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

PROHIBIT DISCRIMINATION

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

**SEGREGATE, DELAY OR
DENY**

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

PROHIBIT DISCRIMINATION

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

REQUIRE

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

PROHIBIT DISCRIMINATION

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

DELAY OR DENY

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

PROHIBIT DISCRIMINATION

St. Elizabeth Healthcare also MAY NOT Discriminate based on:

Age

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

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

PROHIBIT DISCRIMINATION

St. Elizabeth Healthcare also MAY NOT Discriminate based on:

An Individual's Sex

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

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

PROHIBIT DISCRIMINATION

St. Elizabeth Healthcare also MAY NOT Discriminate based on:

Religion

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

PROHIBIT DISCRIMINATION

St. Elizabeth Healthcare also MAY NOT Discriminate based on:

Disability

Examples of discrimination may include:

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

PROHIBIT DISCRIMINATION

St. Elizabeth Healthcare also MAY NOT Discriminate based on:

Sexual Orientation

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

PROHIBIT DISCRIMINATION

Neurodiversity

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

PROHIBIT DISCRIMINATION

Tips for Making the Workplace Neurodiversity-friendly:

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

PROHIBIT DISCRIMINATION

Diagnostic Overshadowing

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

PROHIBIT DISCRIMINATION

Diagnostic Overshadowing Example 1

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

PROHIBIT DISCRIMINATION

Diagnostic Overshadowing Example 2

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

PROHIBIT DISCRIMINATION

Diagnostic Overshadowing Example 3

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

PROHIBIT DISCRIMINATION

Diagnostic Overshadowing

Diagnostic overshadowing affects various groups, particularly people with:

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

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

PROHIBIT DISCRIMINATION

Diagnostic Overshadowing

What is diagnostic overshadowing?

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

PROHIBIT DISCRIMINATION

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 **Correct!**

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ASSESSMENT



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

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

ASSESSMENT



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

VOLUNTEER UPDATES

VOLUNTEERS NEEDED!

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



TB TESTS

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

VOLUNTEER SURVEY

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

\$10 OFF UNIFORM PURCHASE THROUGH JUNE 30

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



YOU ARE THE PATIENT EXPERIENCE

A.I.D.E.T

Our tool for complete communication:

Acknowledge – 10/5 Rule

Introduction – Yourself and/or your service

Duration/**D**estination – Provide a timeframe or directions

Explanation – Give as much information as you can

Thank You – My pleasure to assist you!

*AIDET ® is a registered trademark of Studer Group

A.I.D.E.T

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

Acknowledge- increases sense of security

Introduction- decreases anxiety

Duration- increases chance for successful encounter

Explanation- increases quality of experience

Thank You- increases satisfaction with encounter

BEST PRACTICE

Escort Guests to their Destination:

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

DRESS CODE

Wear your badge:

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

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

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



DRESS CODE

Slacks/Pants:

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

Shirt/Tops (if not uniform shirt):

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

PERSONAL TECHNOLOGY

Cell Phone Use:

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

Laptops and Tablets:

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

VOLUNTEER HEALTH

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

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

VOLUNTEER HEALTH

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

VOLUNTEER POLICY REMINDERS

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

VOLUNTEER CONDUCT

Volunteers may be dismissed for:

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

ASSESSMENT

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

Please initial the answer sheet.