



**St. Elizabeth**  
HEALTHCARE

## **Volunteer Annual Training - Level 3**

**Updated December 2025**

# Instructions:

**This document contains 5 individual modules. Please read all material and answer the questions found at the end of each module.**

<b>Module Name</b>	<b>Question Start</b>
<b>Volunteer Training CBL</b>	<b>67</b>
<b>Identifying and Reporting Abuse and Neglect</b>	<b>85</b>
<b>Health Equity, Culture &amp; Community</b>	<b>102</b>
<b>Language Services</b>	<b>125</b>
<b>Volunteer Services</b>	<b>143</b>



# Part I

## HIPAA Privacy and Security

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October 2025

# Purpose/Objectives

## Purpose

To understand the importance of protecting patient and corporate information.

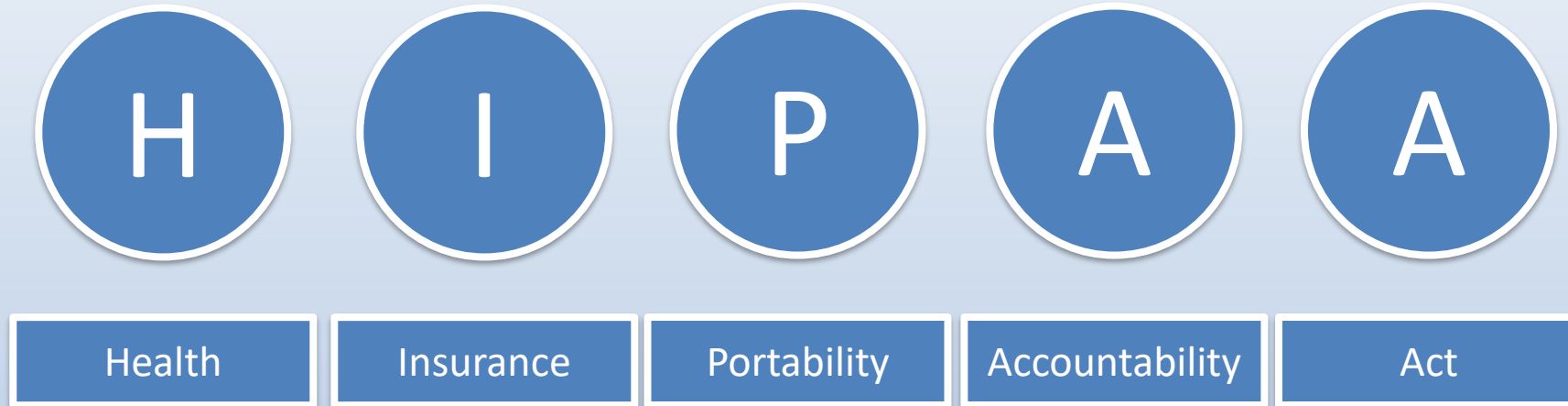
## Objectives

After completing this learning module, the participant will be able to:

- Discuss St. Elizabeth’s policies.
- Describe how all associates and providers are required to protect patient and corporate information.



# Purpose of HIPAA



- Its purpose is to establish nationwide protection of patient confidentiality, security of electronic systems, 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 their associates on these regulations.

# HIPAA Privacy Officer

Sarah Huelsman – Director HIPAA Privacy  
(859)301-6266 – [sarahhuelsman@stelizabeth.com](mailto:sarahhuelsman@stelizabeth.com)

Lisa Frey – HIPAA Privacy Officer  
*Executive Vice President, Legal Services Edgewood*

Katie Koch – Associate General Counsel SEP and Corporate  
Compliance  
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# 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/Mobile Number
- Fax Number
- E-mail address
- Social Security Number
- Medical Record Number
- Health Plan Beneficiary Number
- Certificate/License Number
- Web site URL
- Genetic Information
- Biometric identifiers - Finger or voice prints
- Facial Photographs
- Any other unique identifying number, characteristic, or code
- Age greater than 89
- Diagnosis
- Account Number
- Names of relatives

# 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 and Volunteer Access of PHI


**ASSOCIATES AND VOLUTNEERS 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 volunteers 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.** Volunteers will be held accountable as well.

# Access of PHI continued


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



ASSOCIATES AND **VOLUNTEERS** 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).

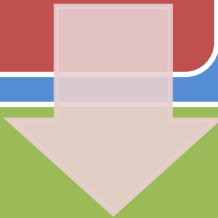


If there is any doubt in your mind about whether you may access PHI, ask your supervisor or the HIPAA Privacy officer.

# Access of PHI continued

There are **approved ways** for associates and **volunteers** 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](http://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 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 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**.

# HIPAA Security Officer



Jason McReynolds – HIPAA Security Officer  
*Chief Information Officer/IT Security*  
Chancellor Data Center  
(859) 301-6198

# Information Security

**Electronic information** is data created, received, stored, or transmitted electronically. St. Elizabeth 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.

# Password Expectations

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



# Passwords (continued)

## Password requirements:

- A minimum length of 8 characters.
- Incorporate at least **3** of the **4** following characteristics:
  1. lower case letters (a-z)
  2. upper case letters (A-Z)
  3. numbers (0-9)
  4. punctuation or characters  
(! @ # \$ % ^ & \* ( ) \_ - + = { } [ ] : ; " ' | \ / ? < > , . ~ `)
- **Do not use** words that are found in a dictionary.
- No personal information such as: names, pets, birth dates, etc. that can be easily guessed.
- **Examples of good passwords:**
  - %mhi30yo% (% my husband is 30 years old %)
  - mVi0521! (my Vacation is 0521 !)

# 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 email, use the Report Phish button available in all version of Outlook. The message will be reviewed by the security team.



# **PART II**

## **INFECTION CONTROL CONTRACTOR TRAINING**

Content Expert:

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Infection Preventionist

[Judi.Boger@stelizabeth.com](mailto:Judi.Boger@stelizabeth.com)

# OBJECTIVES



## **Safe Practices**

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

## **Hand Hygiene Awareness:**

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

## **Recognize Workplace Hazards:**

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

## **Proper Cleaning Protocols:**

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

## **Reporting Procedures:**

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

# KEY MOMENTS FOR HAND HYGIENE

## **Before Starting Work:**

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

## **•Before Eating or Drinking:**

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

## **•After Using Restrooms:**

Hand hygiene after restroom use prevents the spread of germs.

## **•After Handling Shared Tools or Equipment:**

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

## **•After Coughing, Sneezing, or Touching Your Face:**

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

# HAND HYGIENE – WHEN/HOW

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

## SOAP AND WATER HAND WASH

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

## ALCOHOL HAND RUB

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

## How to handrub?

WITH ALCOHOL-BASED FORMULATION



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



2 Rub hands palm to palm



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



4 palm to palm with fingers interlaced



5 backs of fingers to opposing palms with fingers interlocked



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



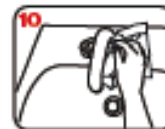
7 rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa



8 rinse hands with water



9 dry thoroughly with a single use towel



10 use towel to turn off faucet



20-30 sec



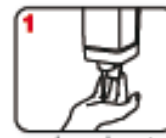
...once dry, your hands are safe.

## How to handwash?

WITH SOAP AND WATER



0 Wet hands with water



1 apply enough soap to cover all hand surfaces.



2 palm to palm with fingers interlaced



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



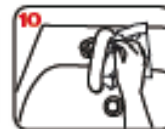
4 rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa



5 rinse hands with water



6 dry thoroughly with a single use towel



7 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 should not 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.

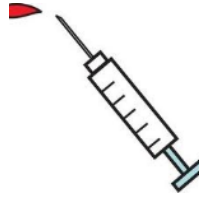
# BIOHAZARD SYMBOL



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 contractor with a draining skin lesion, including fever blisters, *should not have contact with patients.*



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



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

# REFERENCES

**CDC Infection Control. (2023).** Retrieved October 2023 from <https://www.cdc.gov/infectioncontrol/hcp/isolation-precautions/index.html>

**Hand Hygiene Practices.** Retrieved November 5, 2018, from <https://secure.compliance360.com> (INF-CNTRL-H-01)

**WHO Guidelines on Hand Hygiene in Healthcare. (2017).** Retrieved from [http://apps.who.int/iris/bitstream/handle/10665/44102/9789241597906\\_eng.pdf](http://apps.who.int/iris/bitstream/handle/10665/44102/9789241597906_eng.pdf)

**OSHA Bloodborne Pathogens Standard.** Retrieved from <https://www.osha.gov/bloodborne-pathogens>

**Tuberculosis (TB). (2018, October 22).** Retrieved November 28, 2018, from <https://www.cdc.gov/tb/default.htm>

# 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](mailto:infectioncontrol@stelizabeth.com)

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



# Part III

## General Hospital Safety

By James Batus, Corp Safety Assistant Director  
Reviewed October 2025

# General Hospital Safety Objectives

- Identify emergency codes.
- Describe Fire Plan and Fire Extinguisher use.
- Recognize Emergency Response Procedures.
- Understand Hazardous Waste Disposal Process (Hazardous Communication Plan).

# Emergency Codes

In the event of an emergency do you know what to do?





Dial 2-2222

When calling 2-2222 the caller is prompted to press “1” for **medical emergencies** or press “2” for all **other emergencies**

- Press **“1” for medical emergency** = routed to CMU
  - Code Blue, Code ECMO, Code Sepsis, Rapid Response (Code Chest Pain, Code Stroke, Code Malignant Hyperthermia), BART
  
- Press **“2” for “all other” emergencies** = routed to Security
  - Bomb Threat, Code Armstrong, Code Pink, Code Red, Code Silver, Code Yellow, Hazardous Material, Hazardous Spill, Tornado Warning, Tornado Watch

\*\* If caller **does not** select an option = call routes to CMU

Please provide the following information: type of emergency, facility, unit, room, name of caller

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

# Classes of Fires

## 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 or 12270 (Direct Line to Security)
- Report alerting concerns.
- State your name and fire location.

## Outside Facilities

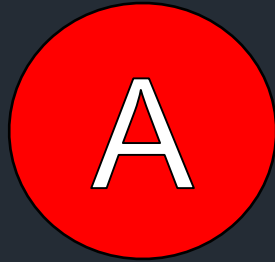
- Dial 911
- State your name and fire location.

# Using the Extinguisher

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



**Pull** pin.  
Allows discharge.



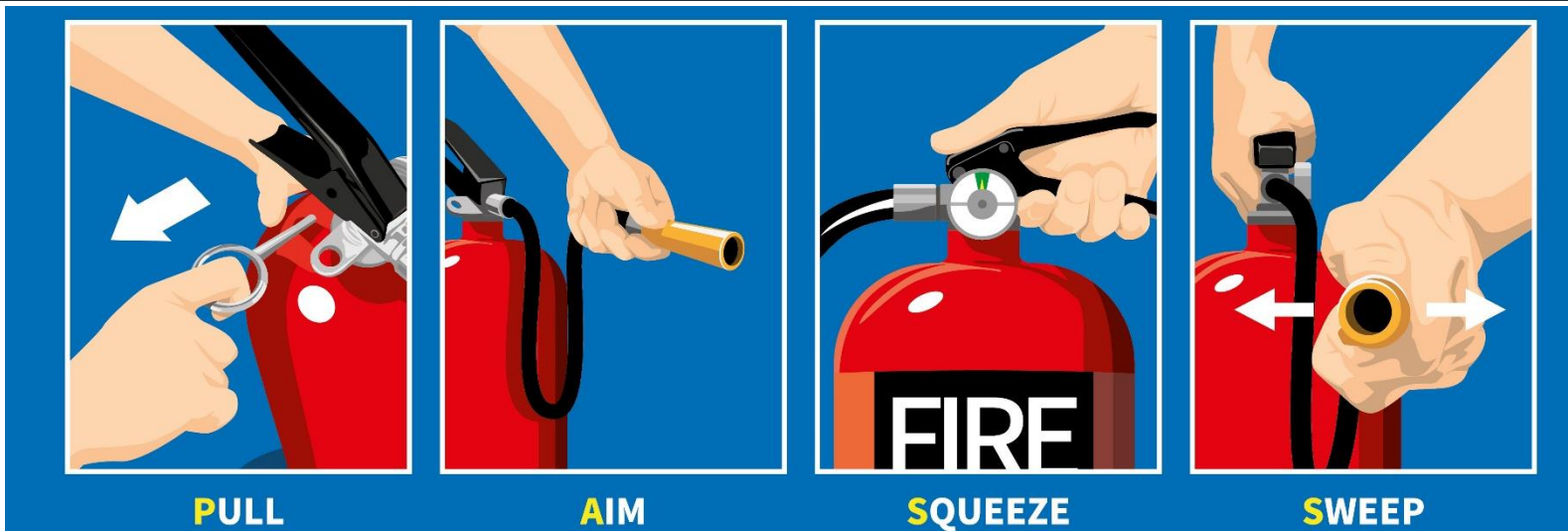
**Aim** at base of fire.  
Hit the base, hit the  
fuel. Don't aim at  
flames.



**Squeeze** handle.  
Release the  
pressure.



**Sweep** side to side.  
Side to side from 10 ft.  
away slowly moving  
forward.



# EVACUATION

Know your department's evacuation plan prior to need.



## 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, and employees are in immediate danger.

## 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



# 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

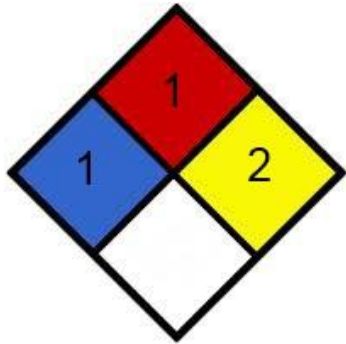
Yellow bags are used for CHEMO waste only.

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

# Update to GHS

## Current Hazardous Label

Figure 1



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

Health	2*
Flammability	1
Reactivity	1
PPE	B



## New Labeling

Figure 2



Figure 1: Occupational Safety and Health Administration.(2025). OSHA Labels. [Image]. Hazard Communication - [Overview | Occupational Safety and Health Administration](#)

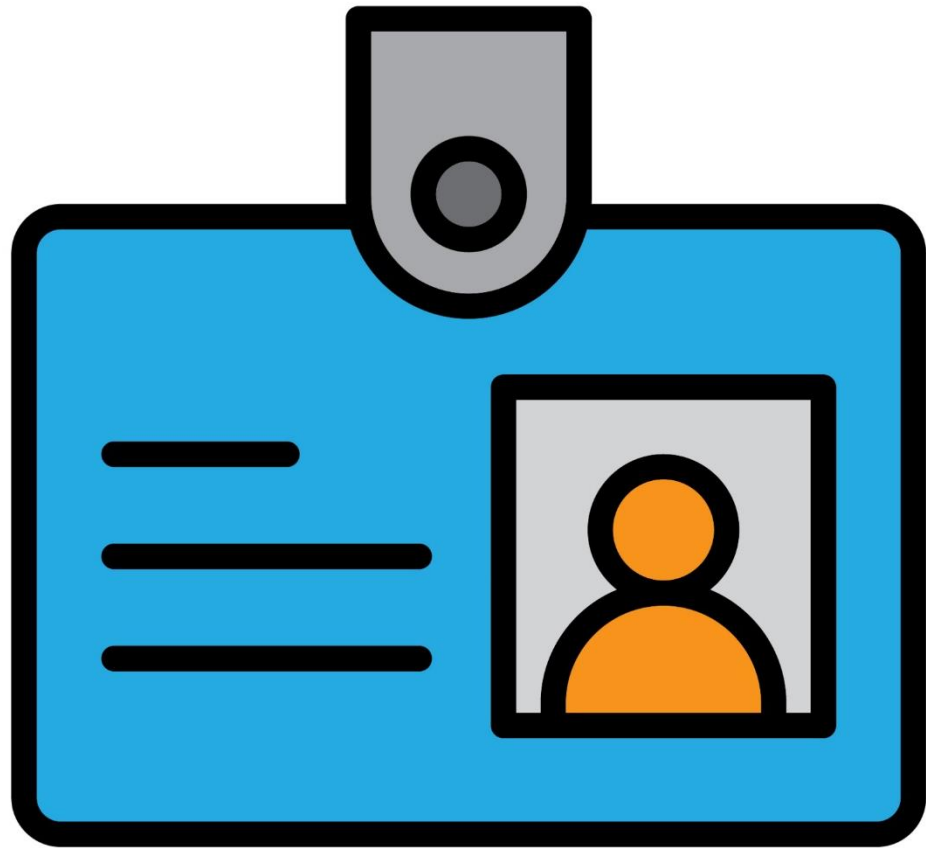
Figure 2: Occupational Safety and Health Administration.(2025). Hazard Communication Pictograms.[Image]. <https://www.osha.gov/dsg/hazcom/ghs.html#4.3>

## 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.



## Strength

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



## Power

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



## Ask

Always ask MRI staff for instructions.



# Part IV

## Code Silver: Active Shooter

By James Batus, Corp Safety Assistant Director  
Reviewed October 2025

# 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 or the direct line to Security at "2" when you can safely do so.
- **Call the operator at 2-2222, press option 2 = routed to Security (or 12270 direct to Security)** 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 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.**

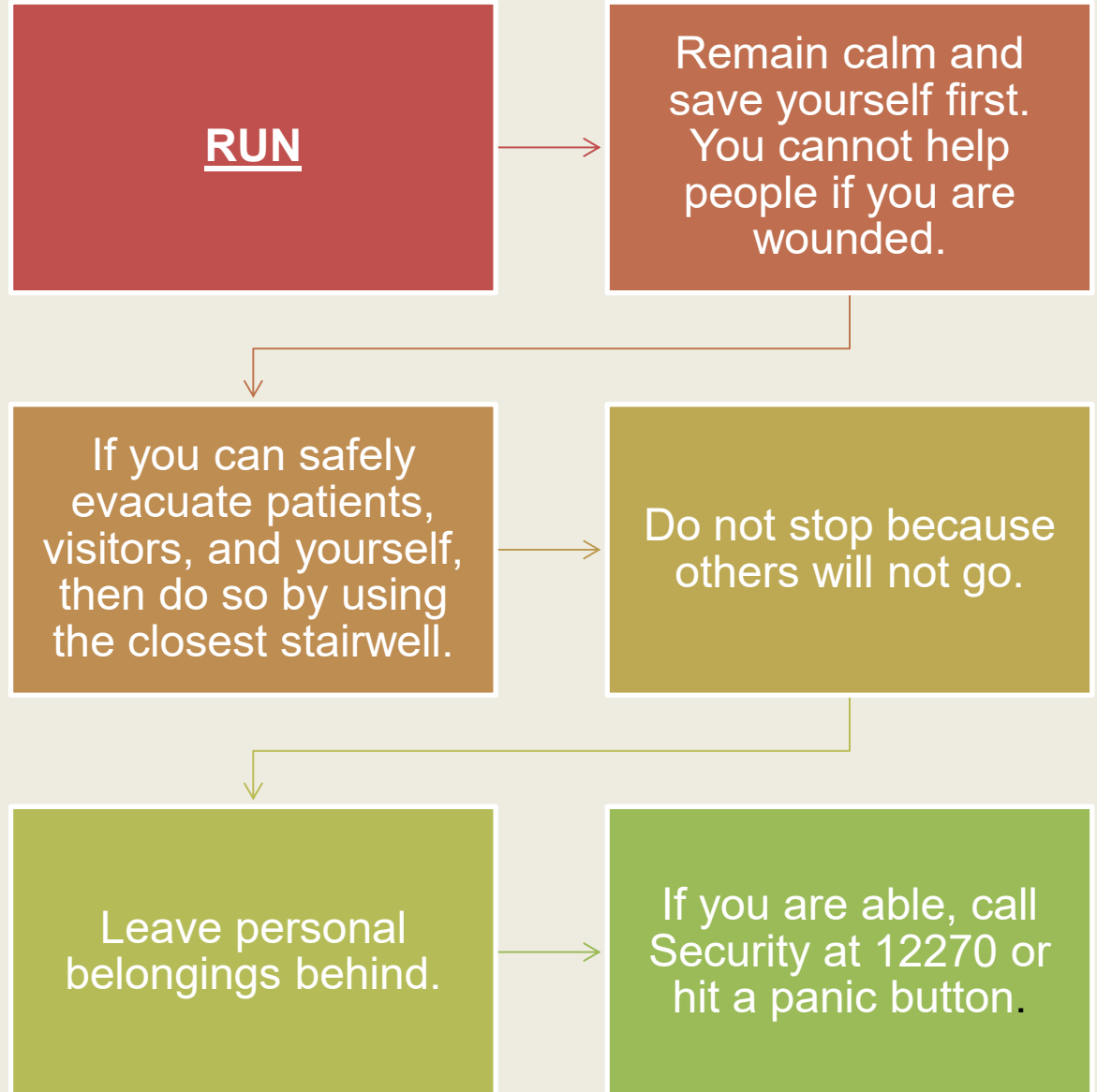
# Code Silver/Active Shooter in Your Area

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

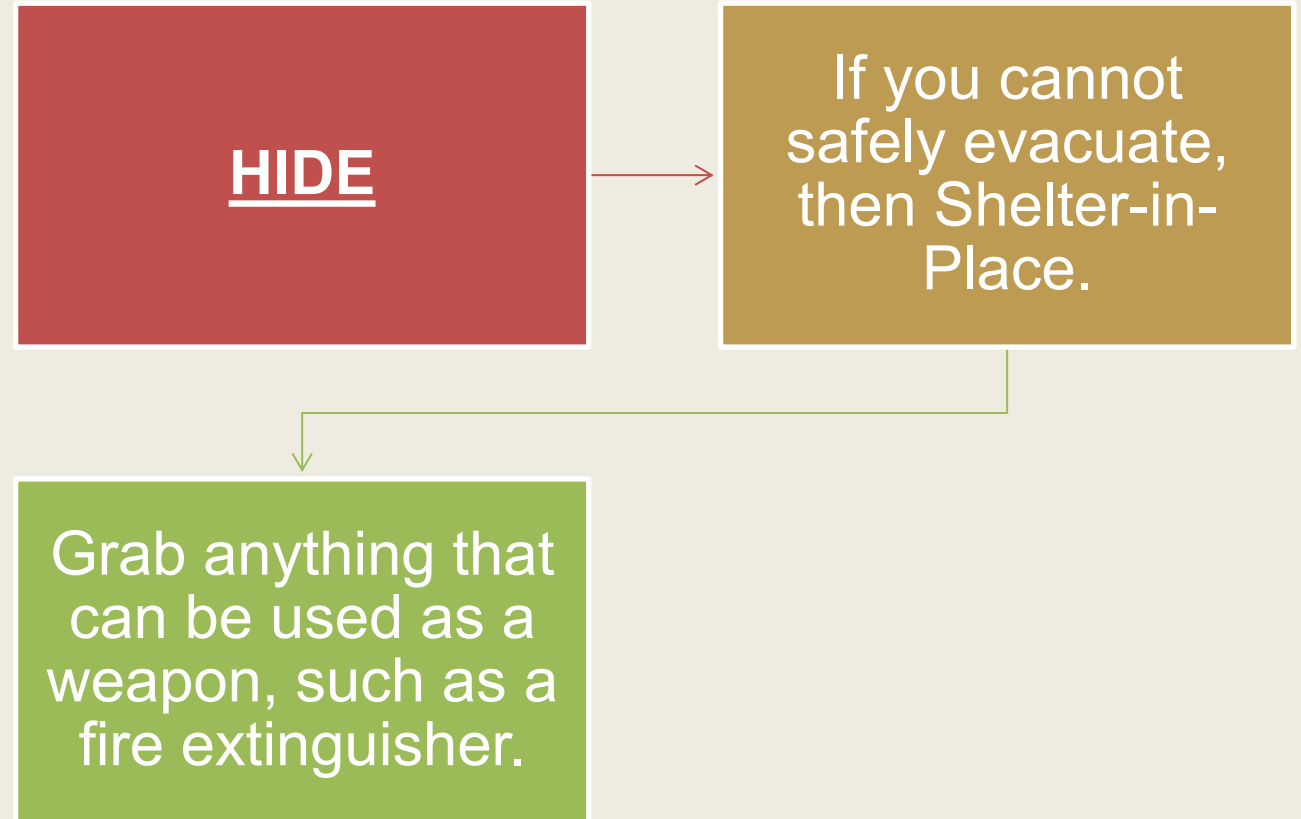
**REMEMBER:**



# **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 or the direct line to Security at 12270 at the first sign of trouble and for off sites call 911.

# 2026 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 worksheet, I attest to my agreement and commitment to follow these guidelines.

INITIAL WORKSHEET

# Identifying and Reporting Abuse and Neglect Providing a Safe Environment

Content Expert: Amy Thompson  
Reviewed 11/2025

## 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.

## 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.

## 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



(U.S. Government Accountability Office [GAO])



# 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](mailto: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.***



## 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.



Image licensed by Adobe Stock. Accessed 2025.

## 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 for associates 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 associate's abilities to provide quality care.

## 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 CULTURE AND BELONGING

Revised October 2025

# DEFINING HEALTH EQUITY, CULTURE & BELONGING

## 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

- At St. Elizabeth, we are committed to developing inclusive cultures that embrace diversity and foster a sense of belonging for our associates, providers, and communities. Our goal is to create an environment where everyone feels valued, respected, and empowered to contribute their unique perspectives and talents. By promoting inclusivity and collaboration, we strive to build a culture that reflects the rich diversity of the communities we serve.

## Belonging

- Belonging at St. Elizabeth means that every individual feels a deep sense of connection and inclusion within our organization. We believe that when people feel they belong, they are more engaged, motivated, and committed to our mission. Our Associate Resource Groups play a crucial role in fostering this sense of belonging by offering opportunities for networking, professional development, and community engagement. At St. Elizabeth, we are dedicated to ensuring that everyone has a place where they can be their authentic selves and contribute meaningfully to our shared goals.

# A CULTURE OF ENCOUNTER



*“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*

# MISSION, VISION, STRATEGY & COMPLIANCE

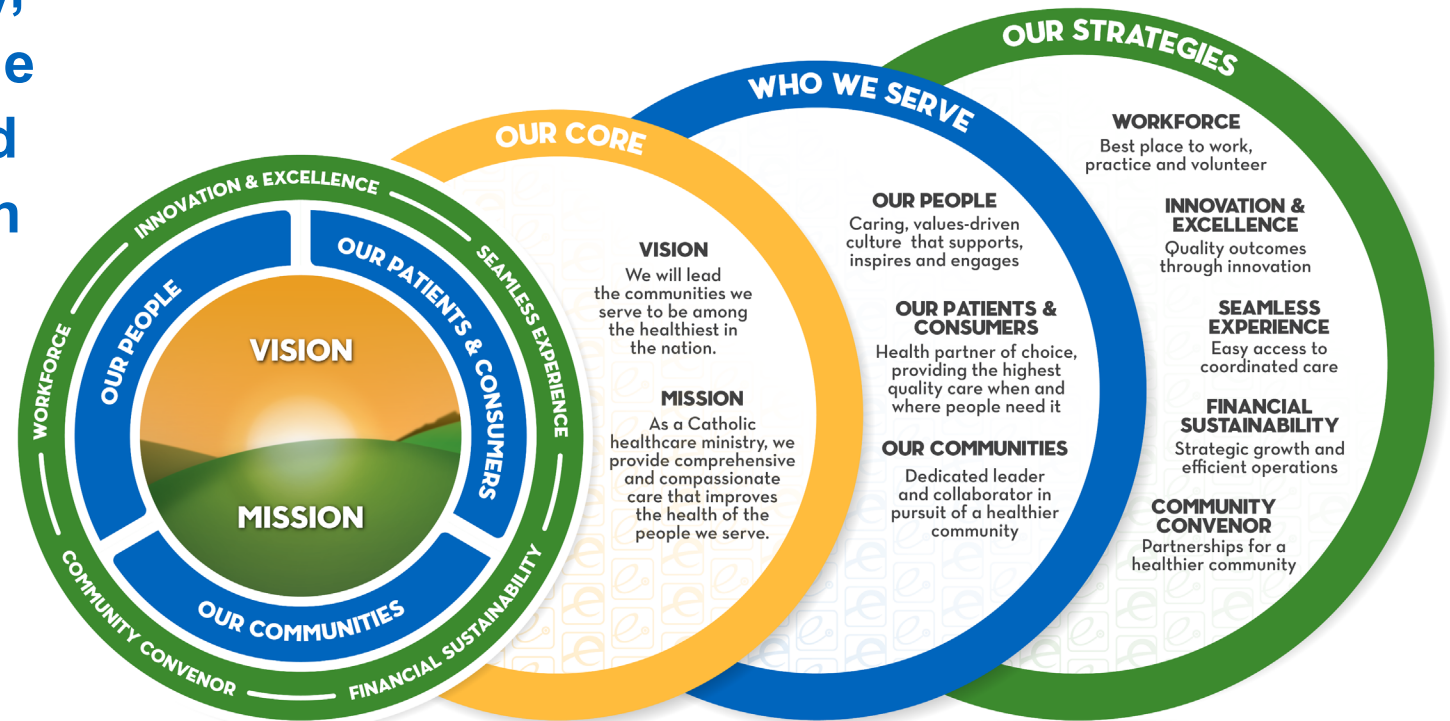
Culture and Belonging are embedded in all areas of our strategic framework. At St. Elizabeth, they are the driving spirits in everything we do for our patients, for our community, and for each other — connecting the compassionate care we deliver and the healthy community we envision with an assurance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

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



Graphics created internally at St. Elizabeth. Accessed October 2025.

# THE JOINT COMMISSION

Not only is culture and belonging 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. These include:

- 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

# PROHIBIT DISCRIMINATION

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."

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

Segregate, Delay, or Deny

- Segregate, delay, or deny services or benefits based on an individual's race, color or national origin. St. Elizabeth also MAY NOT delay or deny effective language services to individuals with limited English proficiency (LEP).

Require

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

# PROHIBIT DISCRIMINATION

## St. Elizabeth 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.

### 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 are not required to treat children).

# PROHIBIT DISCRIMINATION

## St. Elizabeth 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)

### 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 and how these traditions may impact the patient's healthcare so you can provide culturally competent, comprehensive, and compassionate care.

# PROHIBIT DISCRIMINATION

St. Elizabeth 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.

## 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.
- 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.
- 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.

# 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.

## Examples of Diagnostic Overshadowing:

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.

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.

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.

# DIAGNOSTIC OVERSHADOWING

Diagnostic overshadowing affects various groups, particularly people with:

- Physical disabilities
- Mental illnesses
- Autism
- Mobility disabilities
- Neurological deficits
- LGBTIQ+ identities
- 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.

# REFERENCES

- Baumer, N., & Frueh, J. (n.d.). What is neurodiversity? Harvard Health Publishing. Retrieved November 14, 2024, from <https://www.health.harvard.edu/blog/what-is-neurodiversity-202111232645>(opens in a new tab)
- Centers for Disease Control and Prevention. (2024). Social determinants of health [Video]. Health Equity Video Series. Social Determinants of Health(opens in a new tab)
- Crouch, R. (n.d.). Kentucky-An edge state with numerous opportunities. Kentucky State Data Center, University of Louisville.
- Hong, L., & Page, S. E. (2004). Groups of diverse problem solvers can outperform groups of high-ability problem solvers. *Proceedings of the National Academy of Sciences*, 101(46), 16385-16389.
- Hunt, V., Layton, D., & Prince, S. (2015, February). Why diversity matters. McKinsey & Company.
- Interfaith America. (2024). Case studies: Health & faith. Retrieved from <https://www.interfaithamerica.org/resources/case-studies-health-faith/>
- Lipson, J. G., & Dibble, S. L. (2005). *Culture and clinical care*. UCSF Nursing Press. Pope and Associates. (2005). *Creating an inclusive & respectful workforce* [Intellectual Property].
- Patel, E., & Henderson, S. W. (2024). Bridging religious identity in health care: The time is now. *Health Progress*, 105(4). <https://www.chausa.org/news-and-publications/publications/health-progress/archives/fall-2024/bridging-religious-identity-in-health-care-the-time-is-now>
- Rizy, C., Feil, S., Sniderman, B., & Egan, M. E. (2011, July). Global diversity and inclusion: Fostering innovation through a diverse workforce. *Forbes Insights*.
- The Joint Commission. (2022). Diagnostic overshadowing among groups experiencing health disparities (Sentinel Event Alert, Issue 65).
- The Joint Commission The Joint Commission. (2024). Standards for the Joint Commission's healthcare accreditation process. The Joint Commission. Retrieved from <https://www.jointcommission.org/standards/>

# ASSESSMENT



1. I understand St. Elizabeth's non-discrimination requirements, and I agree to treat all patients with dignity and respect.
  - A. True
  - B. False
  
2. 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
  
3. Our St. Elizabeth cultural inclusion pledge recognizes that (select all that apply):
  - A. We will seek to treat everyone with dignity and respect.
  - B. We will NOT treat every patient/client as an individual with specific needs.
  - C. We will strive to ensure culturally competent and compassionate care.

# ASSESSMENT



3. How does discrimination impact health equity within a community? *(List all that apply)*
  - A. It has no significant impact.
  - B. It leads to mistrust in the healthcare system.
  - C. It creates barriers to accessing healthcare.
  - D. It only affects economic stability.
  - E. It worsens healthcare outcomes for marginalized groups.



# Introduction to Language Access Effective Communication & Reasonable Modifications

Monica Hicks, Language Services Administrator  
Revised November 2025



# 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).

Image source: Wikimedia Commons

([https://commons.wikimedia.org/wiki/File:Some\\_nonEnglish\\_language\\_newspapers\\_published\\_in\\_New\\_South\\_Wales.JPG](https://commons.wikimedia.org/wiki/File:Some_nonEnglish_language_newspapers_published_in_New_South_Wales.JPG))

# LEP at St. Elizabeth



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).**

ES

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.

# 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 Limited Role Interpreters).

# •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.**

# • 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.\*

# 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.

# Interpretation Services



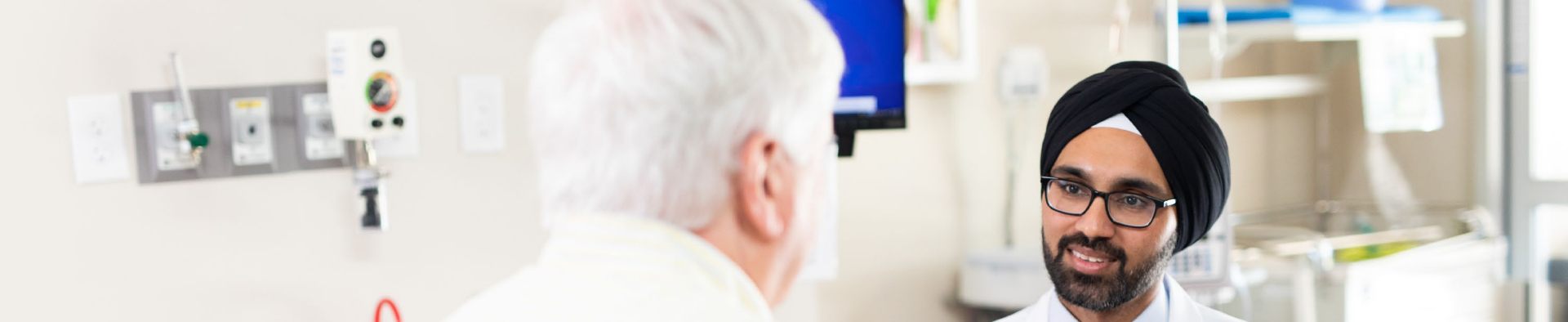
St. Elizabeth contracts with *LanguageLine* to provide **over-the-phone** interpretation services.



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



St. Elizabeth contracts with 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

- 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.
- Working with the Interpreter:** Brief the interpreter and speak directly to the person in need of language assistance.
- NotePad:** Ask the interpreter to bring up the NotePad to type key information on the screen.
- Battery Life:** Keep the device plugged in when not in use.

## TROUBLESHOOTING

- 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.
- Speaker Static:** Make sure the power cord is unplugged from the wall outlet during calls.
- 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.
- 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.

[www.LanguageLine.com](http://www.LanguageLine.com)

TECHNICAL SUPPORT 1-844-373-1951

**LanguageLine**  
Solutions®

# Requesting Over the Phone Interpretation LanguageLine

- 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.

## **Existing Patients**

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

# 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)  
**Jocelyn Stickley** (513-478-6240) and Affordable Languages



## 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](mailto: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](mailto: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.
  - I. SEH – (859) 301-5591
  - II. SEP – (859) 655-7105
- 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](mailto: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

# • References •

[American Community Survey Language Spoken at Home](#). U.S. Census.

Batalova, J. & Zong, J. Language Diversity and English Proficiency in the United States. [Migration Policy Institute](#).

[Improving Patient Safety Systems for Patients with Limited English Proficiency: A Guide for Hospitals](#). Agency for Healthcare Research and Quality.

[Kentucky Deaf and Hard of Hearing Demographics](#). Kentucky Commission on the Deaf and Hard of Hearing.

[Quick Safety 13: Overcoming the Challenges of Providing Care to Limited English Proficient Patients](#). The Joint Commission.

Agency for Healthcare Research and Quality. (2024.). *Limited English Proficiency Safety: Checkback (Version 3.0)*. Retrieved from <https://www.ahrq.gov/teamsteps-program/resources/additional/check-back.html>

# 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

# Review

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

**A**cknowledge – 10/5 Rule

**I**ntroduction – Yourself and/or your service

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

**E**xplanation – Give as much information as you can

**T**hank 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?**

**A**cknowledge- increases sense of security

**I**ntroduction- decreases anxiety

**D**uration- increases chance for successful encounter

**E**xplanation- increases quality of experience

**T**hank 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

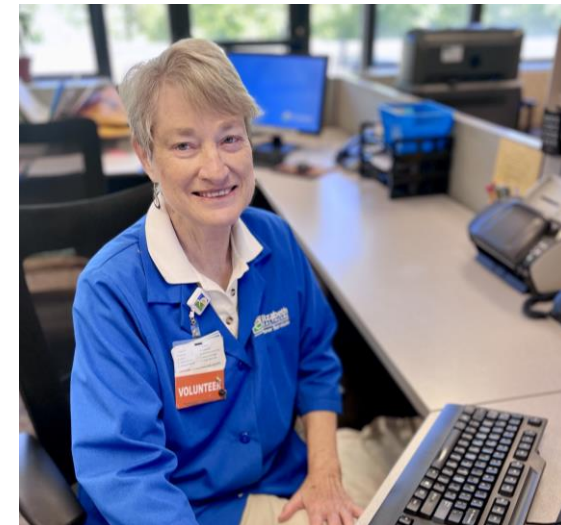
# DRESS CODE

## 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.*