



St. Elizabeth
HEALTHCARE

Volunteer Annual Training - Level 5

Updated December 2025

Instructions:

This document contains **3** individual modules. Please read all material and answer the questions found at the end of each module.

Module Name	Question Start
Volunteer Training CBL	58
Volunteer Services	75



Part I

HIPAA Privacy and Security

Content Experts:

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Director HIPAA Privacy

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VP Chief Information Officer

October 2025

Purpose/Objectives

Purpose

To understand the importance of protecting patient and corporate information.

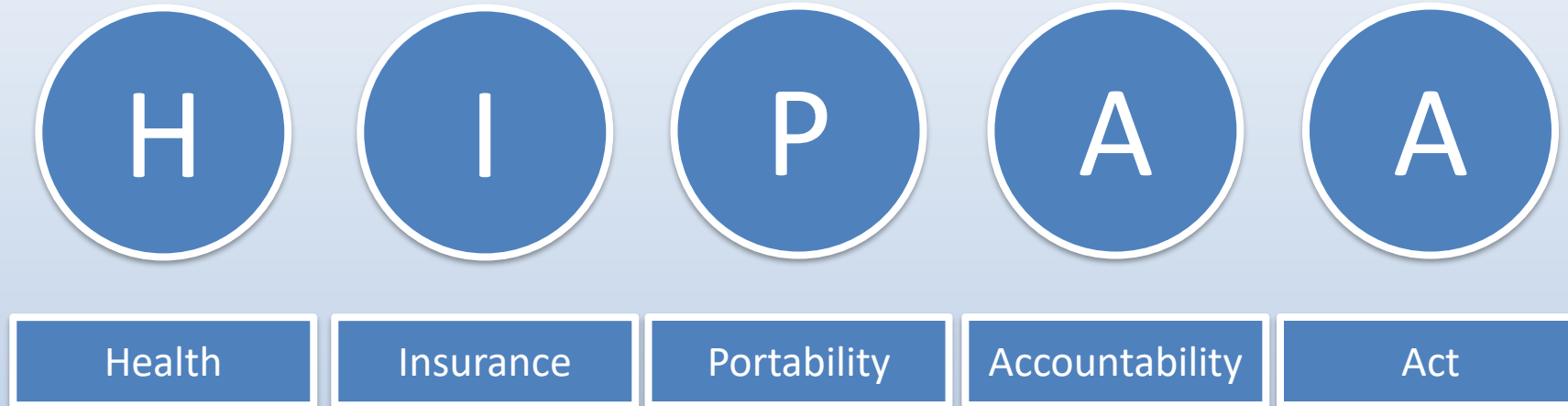
Objectives

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

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

Katie Koch – Associate General Counsel SEP and Corporate
Compliance
(859) 655-7105

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).

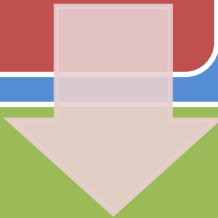


If there is any doubt in your mind about whether you may access PHI, ask your supervisor or the HIPAA Privacy officer.

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.



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

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.



40-60 sec



...and 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.



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.

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

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.

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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

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

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

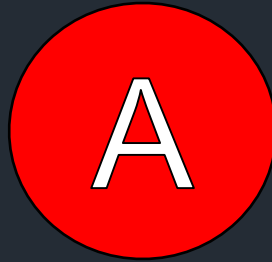
- Dial 911
- State your name and fire location.

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:

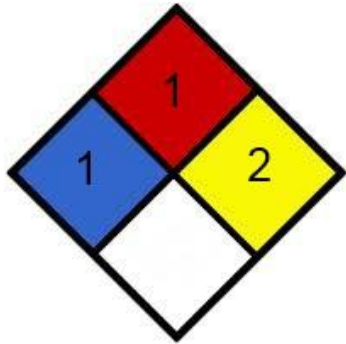
- The fire alarm will sound.
- Fire doors will close. *Do not block emergency/exit doors.*
- Strobe lights are activated.



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](#)

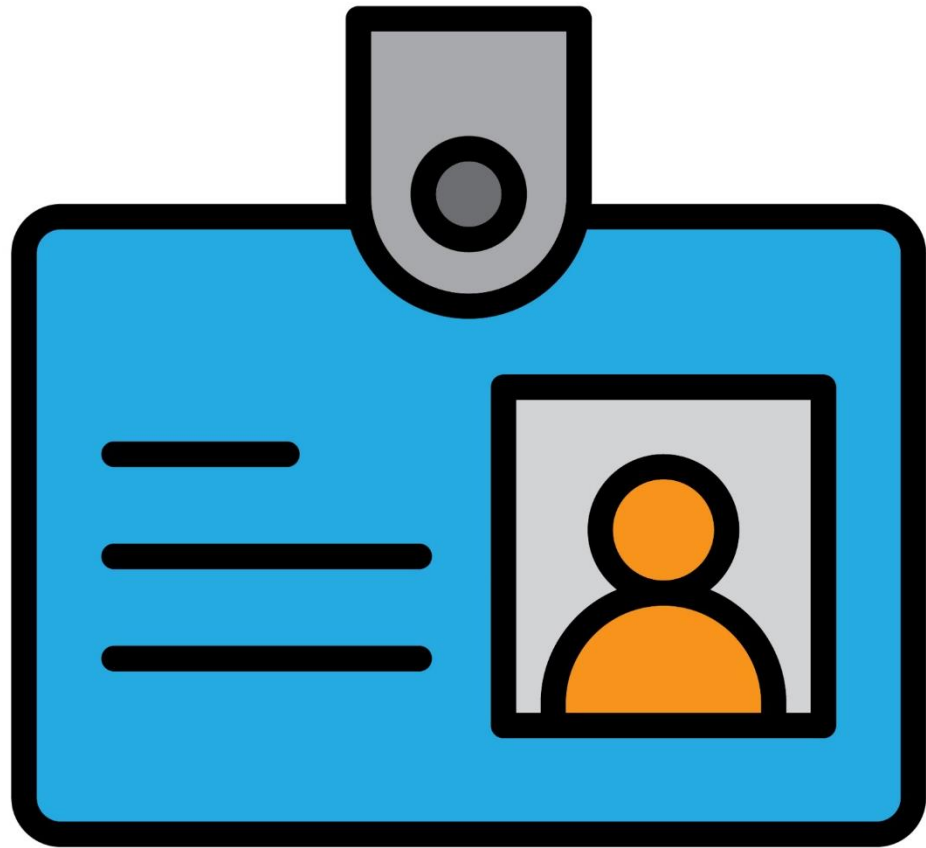
Figure 2: Occupational Safety and Health Administration.(2025). Hazard Communication Pictograms.[Image]. <https://www.osha.gov/dsg/hazcom/ghs.html#4.3>

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.**

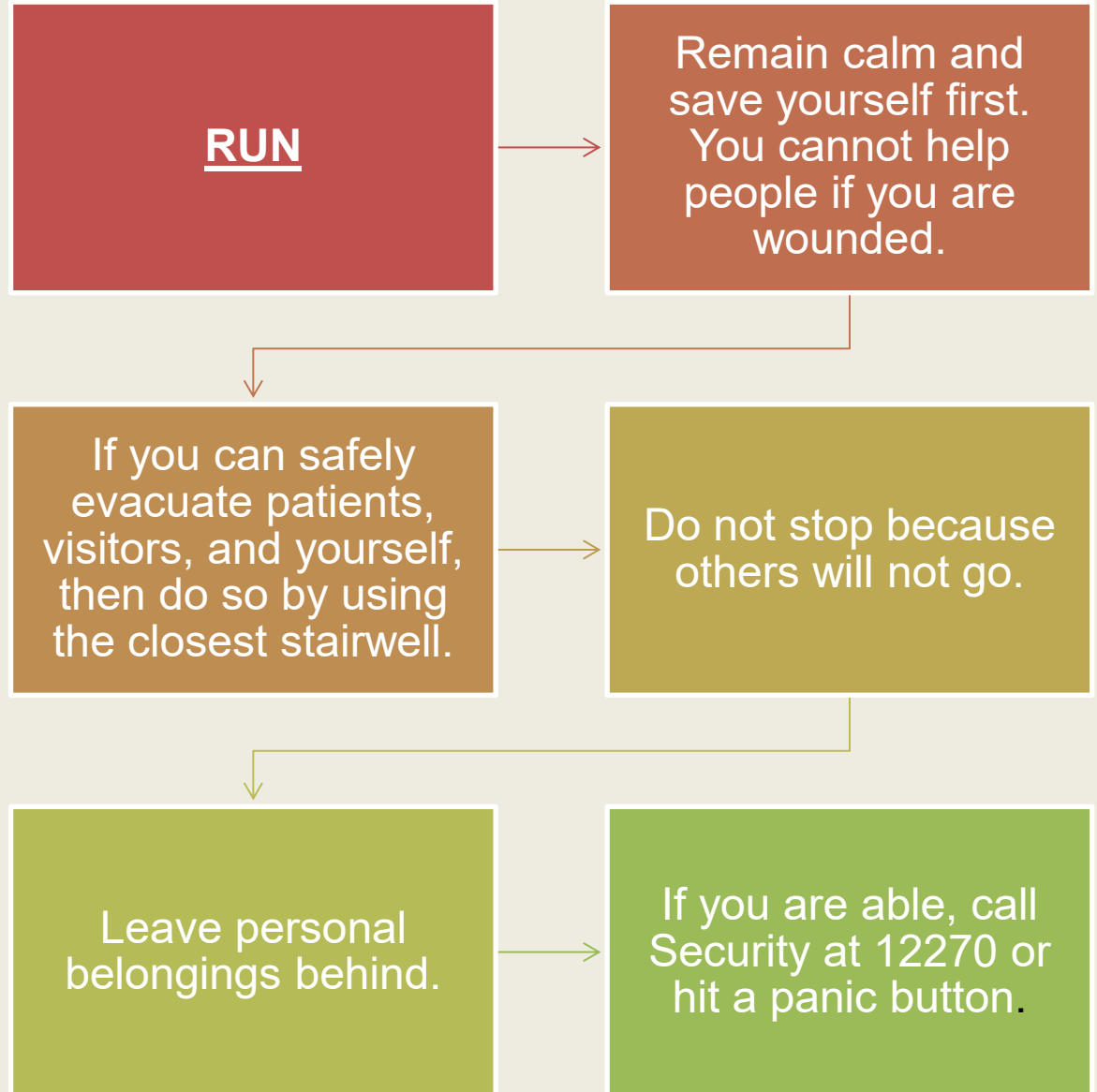
Code Silver/Active Shooter in Your Area

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

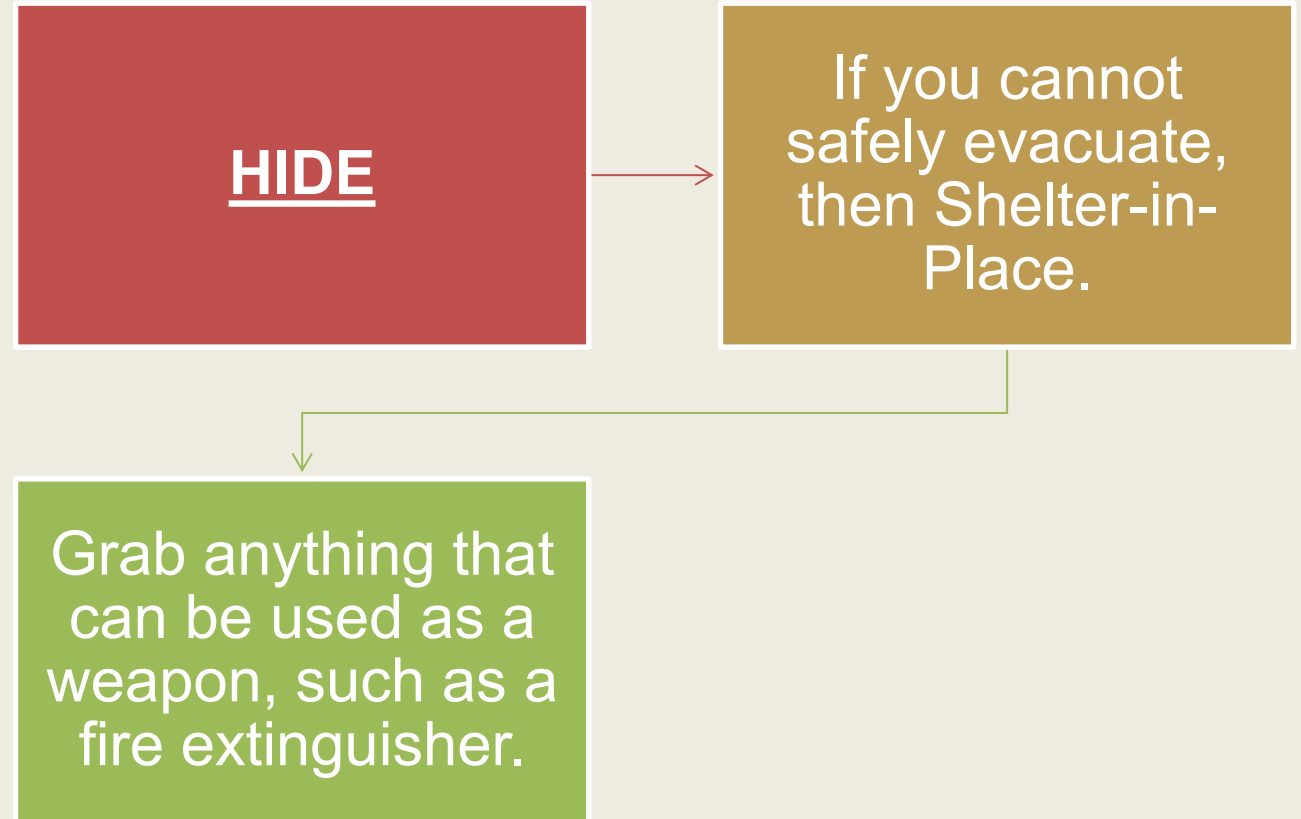
REMEMBER:



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

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:

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

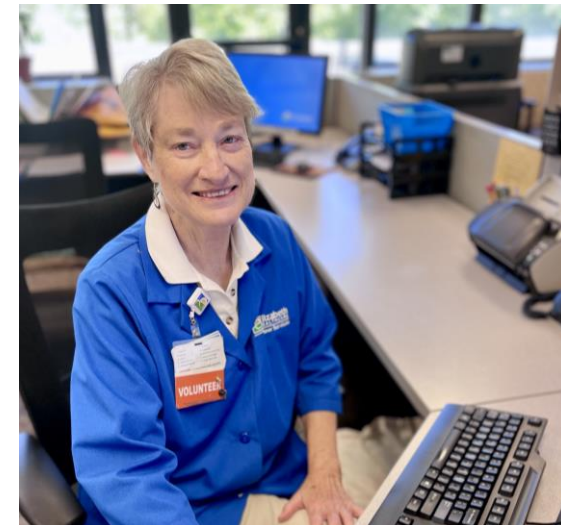
DRESS CODE

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.