

VOLUNTEER MANDATORY EDUCATION MEETING

WELCOME

PRESENTATIONS

WELCOME.....	Rob Schmitt
SAFETY	Joe Higgins
EMERGENCY PREPAREDNESS	
INFECTION CONTROL	Mae Eichelberger
VOLUNTEER HEALTH	
COMPLIANCE/CONFIDENTIALITY LEGAL & ETHICAL, HIPAA, EMTALA	Jessica Delost
WHEELCHAIR INSTRUCTIONS	Liz Sellek
BODY MECHANICS	
CULTURAL DIVERSITY	Ty Royal
RESIDENT RIGHTS	Miranda Leonard
CUSTOMER SERVICE	Josh Johnson
Gift Shop.....	Molly Augspurger
CLOSING	Benjie Pardick

REFRESHMENTS

8/28/2018

Gibson Area Hospital & Health Services
Facility Safety Management
Volunteer Mandatory Education

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CODE RED

If you discover a fire or smoke follow the R.A.C.E. procedure.

Rescue patients from immediate danger

- Stay calm, walk never run

Alarm pull nearest fire alarm

- Located near all exits

Contain the fire

- Close all doors and windows
- Assure that fire doors remain closed

Extinguish

- Have extinguisher ready as necessary
- Fight fire with appropriate equipment

Classes of Fires

There are four classes of fires. Extinguishers are labeled using standard letters or symbols (or both) for the classes of fires on which they can be used.

- A red slash through any of the symbols tells you the extinguisher *cannot* be used on that class of fire.
- A missing symbol tells you only that the extinguisher has not been tested for that class of fire but may be used if an extinguisher labeled for that class of fire is not available.
- **Class A:** Ordinary combustibles—such as wood, cloth, and paper.
- **Class B:** Flammable liquids—such as gasoline, oil, and oil-based paint.
- **Class C:** Energized electrical equipment—such as wiring, fuse boxes, circuit breakers, machinery, and appliances.
- **Class D:** Combustible metals—such as magnesium or sodium. (Metal must be matched to extinguishing agent.)

WARNING: It is very dangerous to use water or an extinguisher labeled only for Class A fires on a fire involving flammable liquids or energized electrical equipment.

Fire Extinguishers

When using a fire extinguisher, keep your back to an exit and, depending on the size of your extinguisher, begin by standing 6 to 8 feet (18-24 meters) away from the fire. Follow the four-step PASS procedure. If the fire does not begin to go out immediately, leave the area at once. The PASS procedure includes:

- **PULL** the pin: This unlocks the operating lever and allows you to discharge the contents of the extinguisher. Some extinguishers may have other lever-release mechanisms.
- **AIM** low: Point the extinguisher hose (or nozzle) at the base of the fire.
- **SQUEEZE** the lever above the handle: This discharges the extinguishing agent. Releasing the lever stops the discharge. (See special instructions for cartridge-operated dry-chemical extinguishers.)
- **SWEEP** from side to side: Moving carefully toward the fire, keep the extinguisher aimed at the base of the fire and sweep back and forth until the flames appear to be out. Watch the fire area. If the fire re-ignites, repeat the process. Have the fire department inspect the fire site, even if you think you have extinguished the fire.

WARNING: Portable fire extinguishers completely discharge faster than most people think—many within 8 to 10 seconds.

Interim Life Safety Measures

The *Interim Life Safety Measures* (ILSM) are a series of 11 administrative actions required to temporarily compensate for significant hazards posed by existing LSC deficiencies or caused as a result of renovation or construction. They include:

- Ensuring free and unobstructed exits. Staff get additional training when alternative exits are designated. Buildings or areas under construction must maintain escape routes for construction workers at all times, and the means of exiting construction areas are inspected daily.
- Ensuring free and unobstructed access to emergency services for fire, police, and other emergency forces.

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Interim Life Safety Measures (Cont.)

- Ensuring that fire alarm, detection, and suppression systems are in good working order. A temporary but equivalent system must be provided when any fire system is impaired. Temporary systems must be inspected and tested monthly.
- Ensuring that temporary construction partitions are smoke-tight and built of noncombustible or limited-combustible materials that will not contribute to the development or spread of fire.
- Providing additional fire-fighting equipment and training staff in its use.
- Prohibiting smoking throughout the facility's buildings and in and near construction areas.
- Developing and enforcing storage, housekeeping, and debris-removal practices that reduce the building's flammable and combustible fire load to the lowest feasible level.
- Conducting a minimum of two fire drills per shift per quarter.
- Increasing hazard surveillance of buildings, grounds, and equipment, with special attention to excavations, construction areas, construction storage, and field offices.
- Training staff to compensate for impaired structural or compartmentalization features of fire safety.

Interruptions in Utilities

If the following utility interruptions occur you should call maintenance at ext. 670 – after 4:00pm and on weekends have the switchboard contact the person on-call.

Electrical Service:

- Ensure all patient care equipment is plugged in the **Red** emergency outlets
- At an interruption of power, ensure operation of Life Support Equipment
- Report all defective electrical devices to your supervisor and maintenance.

Medical Gases:

- Upon annunciation of alarm, i.e., loss of O₂ supply
- Identify type of gas
- Identify pressure failure, location and patient usage
- Notify CPC at Ext. 666 or on-call person

Interruptions in Utilities (cont.)

Water:

In the event of a loss in domestic water:

- Ensure all faucets are turned off
- Refrain from flushing toilets
- Use waterless hand washing products located in Central Supply

Plumbing:

Flood or Leak:

- Under flooding condition, ensure patient/visitor safety
- Remove electrical equipment from affected area and post signs
- Refrain from flushing toilets until instructed.

Communications:

- Nurse Call System...Obtain radio equipment from safety / disaster
- Telephone....Obtain radio equipment from safety / disaster
- Telemetry.....Inform GE medical at 440-829-7287

Heating, Ventilation, and Air Conditioning:

- If an unusual or irregular environmental condition exists, call Ext. 670 or maintenance person on-call.

Elevator Service:

In the event of elevator failure:

- Use stairways (down)
- Call ext. 670 or maintenance person on-call

Hazardous Materials

People who work around chemicals often ask, "What is this stuff and what can it do to me?" The Occupational Safety and Health Administration (OSHA) requires that all employees have access to Material Safety Data Sheets (MSDS). OSHA states that MSDS sheets must be readily accessible to all employees.

Material Safety Data Sheets (MSDS)

Material Safety Data Sheets (MSDS) are detailed information prepared by the manufacturer or importer of the chemical. That describe:

- The physical and chemical properties.
- The physical and health hazards.
- The routes of exposure.
- Precautions for safe handling and use.
- Emergency first aid procedures.
- Control measures.

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Hazardous Materials (cont.)

Chemical Spill:

- If you are familiar with the chemical and are fully prepared to safely clean up the spill—go ahead and clean it up. Dispose of the waste according to the MSDS instructions
- If you are not familiar with the chemical or are not fully prepared to safely clean up the spill call in personnel from the maintenance and housekeeping departments. (call tree in safety manual) CONSULT MSDS SHEETS

General Response: (over 1 gallon)

- Evacuate the patients, visitors, and staff in the area
- Put absorbent material from spill kit on material if the spill is in liquid form
- Take appropriate action to remove the hazard
- Clean up the area

Refer to Material Safety Data Sheets (MSDS) manual located in each department for specific information regarding a chemical.

CODE PINK

According to the NCMEC, between 1983 and 2002, 113 infants were abducted by non-family members from the healthcare setting. Of those abducted infants, 109 have been located and five are still missing. Based on analysis of those abductions, the NCMEC has established the following description of the "typical" abductor:

- Female of "childbearing" age (range 12-50) and often overweight
- Most likely compulsive; most often relies on manipulation, lying, and deception
- Frequently indicates she has lost a baby or is incapable of having one
- Often married or cohabitating; companion's desire for a child may be the motivation for the abduction
- Usually lives in the community where the abduction takes place
- Frequently initially visits nursery and maternity units at more than one healthcare facility prior to abduction; asks detailed questions about procedures and maternity floor layout; frequently uses a fire exit stairwell for her escape; and may also move to the home setting

CODE PINK (cont.)

- Usually plans the abduction but does not necessarily target a specific infant; frequently seizes on any opportunity present
- Frequently impersonates a nurse or other allied healthcare personnel
- Often becomes familiar with healthcare personnel and even with the victim's parents
- Demonstrates a capability to provide "good" care to the baby once the abduction occurs

These are merely guidelines and are no guarantee that an infant abductor will fit this description

Prevention:

- Notify Security/Maintenance immediately of any suspicious person who loiters near the nursery, or M&S pediatric rooms
- Do not leave healthcare uniforms, scrubs or lab coats accessible to visitors

If it is believed that an abduction has occurred:

- Announce CODE PINK on the overhead paging system Ext. 700
- Notify Security/Maintenance and Gibson City Police Department (9) 911

All employees should:

- Be alert for any person who may be carrying or concealing an infant
- Observe stairwells, elevators, or exits from the building
- Kindly ask anyone wishing to exit or enter the building to remain in their current location until an all clear is called.
- Report immediately to Gibson City Police any suspect seen leaving the hospital property.
- Get a description of the person and any vehicle they may leave in
 1. Person (height, weight, hair color, clothing from head to toe)
 2. Vehicle (make, model, year, color, size, type)

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Workplace Violence

Efforts to reduce workplace violence require identification of high-risk factors and behaviors that are discussed in this presentation as predisposing and precipitating factors. This process also involves recognizing subtle forms of violence that often go unrecognized because they are such an integral part of our society and workplace.

Subtle forms of violence are warning signs of a potential or actual increase in disruptive or dangerous behavior. Normally, these signs are looked at after a violent event occurs as obvious clues of a violent individual. Subtle signs include:

- Harassment.
- Stalking.
- Discrimination.
- Intimidation.
- Coercion.
- Verbal abuse in the form of threats and cursing.
- Manipulation.
- Rumors/gossiping.
- Degradation.
- Humiliation.
- Demands.
- Email.
- Sabotage.
- Obsession.

Self-Awareness

As more and more of these incidents and other forms of workplace violence occur, it is imperative for you to be aware of your own safety and implement measures that promote a safer work environment. Several suggestions may be helpful in promoting a safer workplace:

- Ensure a safe exit
- Recognize high risk groups/situations
- Enlist the help of others
- Develop a buddy system
- Call for help
- Document and report workplace violence
- Participate in the process to develop policies that clearly represent the role of employees, management, and security in maintaining a safe work environment
- Participate in annual staff training
- Review OSHA guidelines

Weapons – Violent Persons

Report to maintenance (671) and Gibson City Police (9) 911 immediately if:

- Observe someone displaying or concealing a weapon
- A situation needs an immediate intervention from City Police
- There is a situation that could potentially result in violence at the hospital

If an individual comes into the workplace and displays a weapon or makes threats, employees should:

- Remain calm, DO NOT confront the individual
- Activate the speed team (silent, panic alarm, or announced)
- Immediately call City Police (9) 911
- Limit access of persons to the area
- Notify administration

Upon the City Police arrival, provide the following information:

- Location of the person with the weapon
- Kind of weapon
- Whether or not another person is being threatened
- The mental and emotional condition of the suspect involved.

Bomb Threat

If you receive a Bomb Threat Call- try to keep the caller on the line and ask the following questions:

- Where is the bomb?
- What time will the bomb explode?
- Why was the bomb put there?

Listen for distinguishing:

- Background noises such as music, voices, or other sounds, and note if the caller indicates any knowledge of the hospital by description of locations or comments made.
- Voice characteristics and try to determine the sex, age, race and mental condition of the caller

As soon as possible:

- Call the house supervisor, maintenance personnel, and city police
- Fill out the bomb threat report

If there is a need to search your work area:

- Look for any out-of-place packages, bags, boxes, or containers and notify maintenance and the police
- Do not touch or try to move any package or item which may contain a bomb
- If there is a need to evacuate your area, follow the evacuation plan in the safety manual.



Gibson Area Hospital & Health Services

GIBSON GETS IT

Gibson Area Hospital Volunteer Appreciation and Education Day

1. Hand hygiene
 - Gel
 - Soap and Water
2. Volunteers should always report to work in good general health. Volunteers experiencing any of the symptoms listed should not report for duty:
 - Upper respiratory problems
 - Continual sneezing
 - Coughing
 - Diarrhea (*do not work until diarrhea free for ≥48 hours*)
 - Vomiting
 - Infectious sores
 - Fever > 101 (*Do not work until fever free ≥ 24 hours without use of Tylenol or NSAIDS*)
3. Immunizations
 - Influenza
 - Tdap
4. Gift Shop: Sanitation Issues
 - Food labeled upon receipt; good up to 8 weeks
5. Patients registering for services
 - Offer masks, tissues when applicable

Clean Hands Save Lives!

- 💧 It is best to wash your hands with soap and warm water for 20 seconds.
- 💧 When water is not available, use alcohol-based products (sanitizers).
- 💧 Wash hands before preparing or eating food and after going to the bathroom.
- 💧 Keeping your hands clean helps you avoid getting sick.



When should you wash your hands?

- 💧 Before preparing or eating food
- 💧 After going to the bathroom
- 💧 After changing diapers or cleaning up a child who has gone to the bathroom
- 💧 Before and after caring for someone who is sick
- 💧 After handling uncooked foods, particularly raw meat, poultry, or fish
- 💧 After blowing your nose, coughing, or sneezing
- 💧 After handling an animal or animal waste
- 💧 After handling garbage
- 💧 Before and after treating a cut or wound
- 💧 After handling items contaminated by flood water or sewage
- 💧 When your hands are visible dirty

Using alcohol-based sanitizers

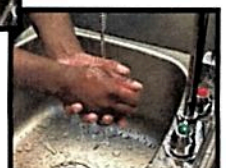
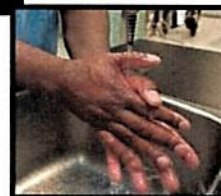
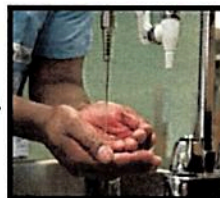
- 💧 Apply product to the palm of one hand.
- 💧 Rub hands together.
- 💧 Rub product over all surfaces of hands and fingers until hands are dry.

Note: the volume needed to reduce the number of germs varies by product.

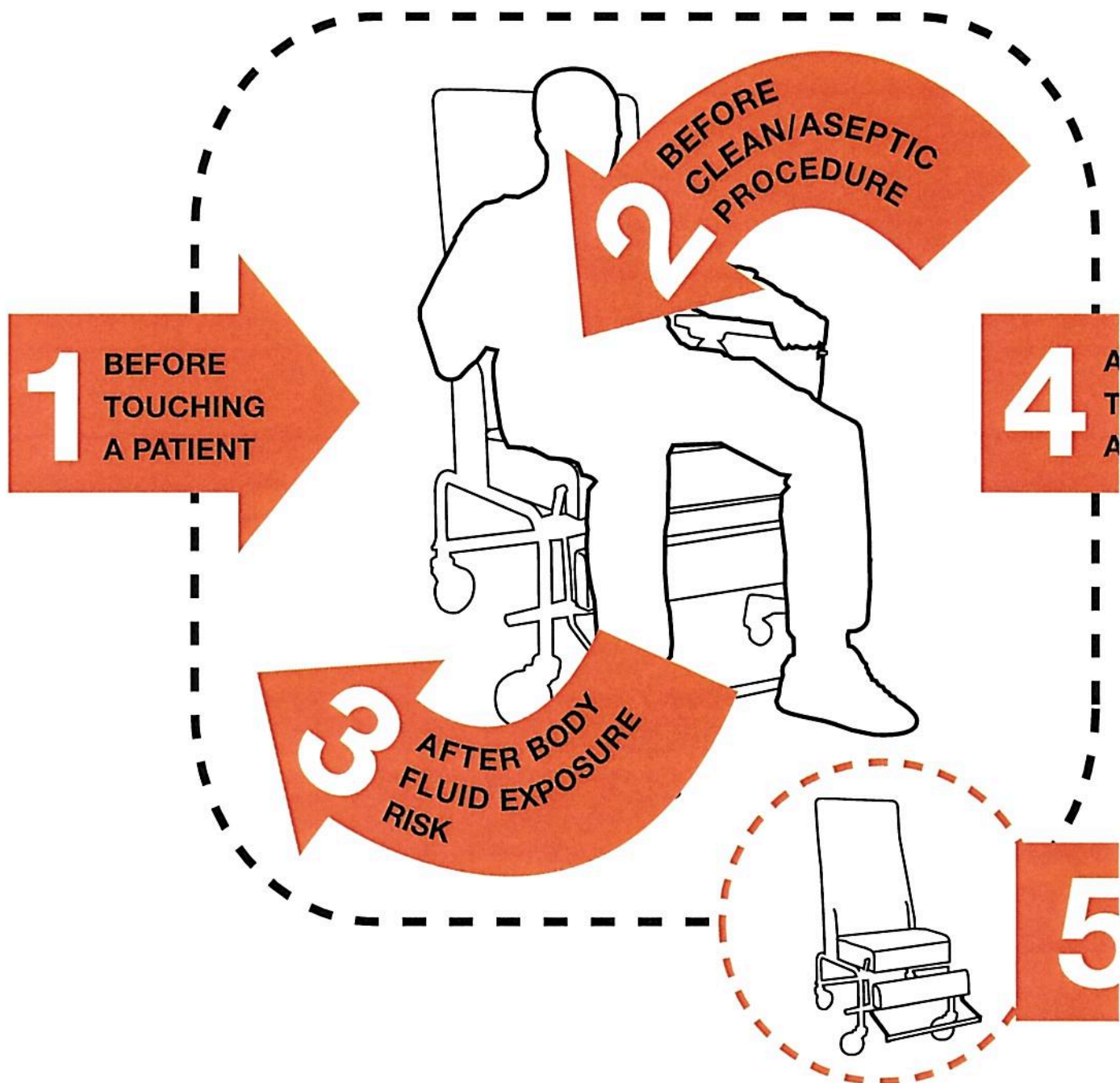


Washing with soap and water

- 💧 Place your hands together under water (warm if possible).
- 💧 Rub your hands together for at least 20 seconds (with soap if possible).
- 💧 Wash your hands thoroughly, including wrists, palms, back of hands, and under the fingernails.
- 💧 Clean the dirt from under fingernails
- 💧 Rinse the soap from your hands.
- 💧 Dry your hands completely with a clean towel if possible (this helps remove the germs), However, if towels are not available it is okay to air dry your hands.
- 💧 Pat your skin rather than rubbing to avoid chapping and cracking.
- 💧 If you use a disposable towel, throw it in the trash.



Your 5 Mom for Hand Hyg



Tdap Vaccine

What You Need to Know

(Tetanus,
Diphtheria and
Pertussis)

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1 Why get vaccinated?

Tetanus, diphtheria and pertussis are very serious diseases. Tdap vaccine can protect us from these diseases. And, Tdap vaccine given to pregnant women can protect newborn babies against pertussis..

TETANUS (Lockjaw) is rare in the United States today. It causes painful muscle tightening and stiffness, usually all over the body.

- It can lead to tightening of muscles in the head and neck so you can't open your mouth, swallow, or sometimes even breathe. Tetanus kills about 1 out of 10 people who are infected even after receiving the best medical care.

DIPHTHERIA is also rare in the United States today. It can cause a thick coating to form in the back of the throat.

- It can lead to breathing problems, heart failure, paralysis, and death.

PERTUSSIS (Whooping Cough) causes severe coughing spells, which can cause difficulty breathing, vomiting and disturbed sleep.

- It can also lead to weight loss, incontinence, and rib fractures. Up to 2 in 100 adolescents and 5 in 100 adults with pertussis are hospitalized or have complications, which could include pneumonia or death.

These diseases are caused by bacteria. Diphtheria and pertussis are spread from person to person through secretions from coughing or sneezing. Tetanus enters the body through cuts, scratches, or wounds.

Before vaccines, as many as 200,000 cases of diphtheria, 200,000 cases of pertussis, and hundreds of cases of tetanus, were reported in the United States each year. Since vaccination began, reports of cases for tetanus and diphtheria have dropped by about 99% and for pertussis by about 80%.

2 Tdap vaccine

Tdap vaccine can protect adolescents and adults from tetanus, diphtheria, and pertussis. One dose of Tdap is routinely given at age 11 or 12. People who did *not* get Tdap at that age should get it as soon as possible.

Tdap is especially important for healthcare professionals and anyone having close contact with a baby younger than 12 months.

Pregnant women should get a dose of Tdap during **every pregnancy**, to protect the newborn from pertussis. Infants are most at risk for severe, life-threatening complications from pertussis.

Another vaccine, called Td, protects against tetanus and diphtheria, but not pertussis. A Td booster should be given every 10 years. Tdap may be given as one of these boosters if you have never gotten Tdap before. Tdap may also be given after a severe cut or burn to prevent tetanus infection.

Your doctor or the person giving you the vaccine can give you more information.

Tdap may safely be given at the same time as other vaccines.

3 Some people should not get this vaccine

- A person who has ever had a life-threatening allergic reaction after a previous dose of any diphtheria, tetanus or pertussis containing vaccine, OR has a severe allergy to any part of this vaccine, should not get Tdap vaccine. Tell the person giving the vaccine about any severe allergies.
- Anyone who had coma or long repeated seizures within 7 days after a childhood dose of DTP or DTaP, or a previous dose of Tdap, should not get Tdap, unless a cause other than the vaccine was found. They can still get Td.
- Talk to your doctor if you:
 - have seizures or another nervous system problem,
 - had severe pain or swelling after any vaccine containing diphtheria, tetanus or pertussis,
 - ever had a condition called Guillain-Barré Syndrome (GBS),
 - aren't feeling well on the day the shot is scheduled.



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

4 Risks

With any medicine, including vaccines, there is a chance of side effects. These are usually mild and go away on their own. Serious reactions are also possible but are rare.

Most people who get Tdap vaccine do not have any problems with it.

Mild problems following Tdap

(Did not interfere with activities)

- Pain where the shot was given (about 3 in 4 adolescents or 2 in 3 adults)
- Redness or swelling where the shot was given (about 1 person in 5)
- Mild fever of at least 100.4°F (up to about 1 in 25 adolescents or 1 in 100 adults)
- Headache (about 3 or 4 people in 10)
- Tiredness (about 1 person in 3 or 4)
- Nausea, vomiting, diarrhea, stomach ache (up to 1 in 4 adolescents or 1 in 10 adults)
- Chills, sore joints (about 1 person in 10)
- Body aches (about 1 person in 3 or 4)
- Rash, swollen glands (uncommon)

Moderate problems following Tdap

(Interfered with activities, but did not require medical attention)

- Pain where the shot was given (up to 1 in 5 or 6)
- Redness or swelling where the shot was given (up to about 1 in 16 adolescents or 1 in 12 adults)
- Fever over 102°F (about 1 in 100 adolescents or 1 in 250 adults)
- Headache (about 1 in 7 adolescents or 1 in 10 adults)
- Nausea, vomiting, diarrhea, stomach ache (up to 1 or 3 people in 100)
- Swelling of the entire arm where the shot was given (up to about 1 in 500).

Severe problems following Tdap

(Unable to perform usual activities; required medical attention)

- Swelling, severe pain, bleeding and redness in the arm where the shot was given (rare).

Problems that could happen after any vaccine:

- People sometimes faint after a medical procedure, including vaccination. Sitting or lying down for about 15 minutes can help prevent fainting, and injuries caused by a fall. Tell your doctor if you feel dizzy, or have vision changes or ringing in the ears.
- Some people get severe pain in the shoulder and have difficulty moving the arm where a shot was given. This happens very rarely.
- Any medication can cause a severe allergic reaction. Such reactions from a vaccine are very rare, estimated at fewer than 1 in a million doses, and would happen within a few minutes to a few hours after the vaccination.

As with any medicine, there is a very remote chance of a vaccine causing a serious injury or death.

The safety of vaccines is always being monitored. For more information, visit: www.cdc.gov/vaccinesafety/

5 What if there is a serious problem?

What should I look for?

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or unusual behavior.
- Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would usually start a few minutes to a few hours after the vaccination.

What should I do?

- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 or get the person to the nearest hospital. Otherwise, call your doctor.
- Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor might file this report, or you can do it yourself through the VAERS web site at www.vaers.hhs.gov, or by calling 1-800-822-7967.

VAERS does not give medical advice.

6 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling 1-800-338-2382 or visiting the VICP website at www.hrsa.gov/vaccinecompensation. There is a time limit to file a claim for compensation.

7 How can I learn more?

- Ask your doctor. He or she can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call 1-800-232-4636 (1-800-CDC-INFO) or
 - Visit CDC's website at www.cdc.gov/vaccines

Vaccine Information Statement
Tdap Vaccine

2/24/2015

42 U.S.C. § 300aa-26

Office Use
Only



GAHHS Mandatory Volunteer Education – Complying with HIPAA

What is HIPAA?

- Federal Law – Health Insurance Portability and Accountability Act
- Purpose: to protect the privacy of our patients by setting rules and limits on who can look at and receive patient information.

Who does HIPAA apply to?

- EVERYONE!!! All hospital personnel, including volunteers, are responsible for protecting patient information.

What should we protect?

- PHI – Protected Health Information
- Any information that can reasonably identify the patient
- Examples: patient name, address, date of birth, age, social security number, phone number, email address, diagnosis, medical history, medications, medical record number, x-rays, photos, lab work, test results, billing records, referral authorizations, insurance plan number, vehicle information, the fact that the patient is receiving treatment at the facility, etc.

What if I need to share patient information?

- HIPAA allows us to share patient information for TPO:
 - Treatment – providing care to our patients
 - Payment – getting paid for caring for our patients
 - Healthcare Operations – training, auditing, customer service, etc.
- If use of the information does not fall under TPO, you must have the patient's authorization before sharing the information with anyone!

What is the Minimum Necessary Rule?

- Volunteers should only have access to the information they need to fulfill their assigned duties and activities and no more.
- If the information is not needed to perform your job, please do not access or seek it out.
- If you inadvertently overhear information about a patient and it is not part of your assigned duties, that's ok! Simply refrain from re-disclosing the information.

Am I responsible for reporting a potential violation?

- YES! It is everyone's responsibility to report violations or wrongdoings.
- Please contact the volunteer coordinator or Privacy Officer with any concerns.
- Hefty fines can attach to any HIPAA violation – the Hospital must know as soon as possible in order to address the situation.

What if a patient has questions about HIPAA?

- Provide him/her with a copy of the Hospital's Notice of Privacy Practices.
 - Located at the registration desk or on the Hospital's main website (under the patient services tab select non-clinical and look for registration).
- Refer him/her to the Privacy Officer.
 - Jessica Delost, jessica_delost@gibsonhospital.org, 784-4578
 - Office located in #4 Drs. Park

Final thoughts:

- Please greet all visitors entering the Hospital and ask if there is anything they need. Greeting patients and helping them to their destination does not violate HIPAA – it's great customer service!
- Feel free to speak with anyone you know or see in the Hospital, but please refrain from asking why they are here unless it's part of your assigned duties – we want to protect everyone's privacy!
- When you leave the Hospital, do NOT tell anyone who you saw, spoke with or helped unless that patient or visitor gave you specific authorization to do so.
- A good intention is no excuse for improper use or disclosure of a patient's information. "I needed to let his mother know he was in the hospital" is not an appropriate substitute for a proper authorization. Always make sure you have been given specific authorization before sharing patient information.
- If you need to dispose of any material with PHI on it, please place it in a shredding bin. Never throw away patient information in an open trash bin.
- Even if your discussions of patient information are legitimate, acknowledge that others may be able to hear the conversation. When discussing patients, think to yourself, "Who else can hear?" and adjust your behavior accordingly.

If protected health information (PHI) is involved,



**and ask yourself,
“Does my receiving or sharing this
information involve TPO for that patient?”**

(Treatment, Payment, Operations)

**If the answer is NO, do NOT access it or pass it along
unless you have been authorized to do so!!!**

**This includes information you may see or hear as a volunteer
about fellow volunteers, friends, and acquaintances receiving
treatment. Sharing information for non-TPO purposes requires
authorization from the patient involved.**

GAHHS Mandatory Volunteer Education – EMTALA

What does EMTALA stand for?

- Emergency Medical Treatment and Labor Act

What is EMTALA's purpose?

- To prevent the “dumping” of patients who do not have the ability to pay for emergency services.

What are the provisions of EMTALA?

- Any patient who comes to the Emergency Department requesting examination or treatment for a medical condition must be provided with an appropriate medical screening examination.

What does this mean for you as a volunteer?

As a volunteer, if you encounter someone on campus or near campus (250 yards from the Hospital) that requests or **appears to need** medical assistance, please assist them to the Emergency Department or call another employee for help.

If you are unable to determine if the person needs medical assistance due to a language barrier or for any other reason, take them to the Emergency Department or call another employee for help.

NEVER leave anyone who appears to need medical assistance unassisted. It is everyone's responsibility to make sure our patients are provided with the appropriate care.

THE WHEELCHAIR

- I. How to work a wheelchair
 - A. Open/Close –Push down on sides of seat to open, pull up on center of seat to close.
 - B. Lock/Unlock – Pull brake handle back to lock, push forward to unlock (however some wheelchairs vary)
 - C. Footrests-Be sure that leg rests are locked into position before transporting patients.
 - D. Adjust footrests-Lever on leg rests allow you to raise and lower leg rests.
- II. Positioning a wheelchair
 - A. For transfers in/out of a chair, position at a 90 degree angle.
 - B. For transfers in/out of vehicle position at a 45 degree angle.
- III. Wheelchair safety
 - A. Lock brakes when getting into and out of wheelchair.
 - B. Raise foot plates up and out of the way and then put back down to position feet onto footplates for transporting.
 - C. Have patients reach back for armrests when sitting and push up from armrests when getting out.
- IV. Maneuvering a wheelchair
 - A. Going forward, proceed at a slow pace.
 - B. Go backwards down a ramp
 - C. Back into and out of an elevator
 - D. Back through a closed door
- V. Where to find a wheelchair
 - A. Surgery
 - B. M&S
 - C. Main entrance
 - D. Return when done



Gibson Area Hospital
& Health Services
GIBSON GETS IT

CULTURAL DIVERSITY

1. Cultural sensitivity should be practiced by every employee or volunteer of the medical facility, regardless of position, since there are opportunities every day to interact with patients and their families.
2. Cultural sensitivity takes into account the age, gender, income, ethnicity, religion, race, functional ability, community and sexual orientation of every patient.
3. We cannot be expected to understand the differences of every culture. What we can do is understand that differences exist, and that every person's background shapes their individual perspective. *That's what cultural sensitivity is about.*
4. To become an effective communicator, you should consider the following: If you observe cultural aspects about a patient or family that may impact their care, share this information appropriately with the right contact. Also notice the patient's non-verbal communication.
5. It is easier to ask open-ended questions, or questions that do not require a yes or no answer. This is the best way to determine how well the individual understands information and elicits a further response. An example of an open-end question is "How may I help you?"

6. Culture can affect care decisions. Examples include: beliefs about the cause of illness, requesting alternative treatments such as acupuncture and having the family make decisions for the patient regarding their care. A patient may also refuse a medical treatment because of a religious belief.

7. A patient who has a functional disability, such as hearing loss or has trouble seeing or is confused from a recent illness or medications, can affect care and communication. Don't assume a patient understands or can answer questions or that they can see or hear well.

8. Economic status may have more influence over care decisions than someone's ethnicity or religion.

9. Cultural sensitivity means respecting the importance of the patient's relationships with others, even if they are a same sex couple, a couple who lives together but are not married and biracial couples.

10. A patient's diet can also be influenced by personal convictions and preferences. Their diet may be dictated by their religion.



CULTURAL COMPETENCY ANNUAL VOLUNTEER ED DAY

I. FACTS

- A. 28 million Americans were born outside of the United States
- B. 47 million do not speak English at home
- C. Over 300 different languages are spoken in the United States

II. Cultural competence:

- A. Refers to the ability to provide medical care to different cultural groups.
- B. Providers need a set of attitudes, skills, policies, and practices to more effectively communicate with patients/customers.
- C. Need to understand the patient's values, beliefs, attitudes, behaviors, and practices.
- D. Culturally competent care leads to better patient care.
- E. Title VI of the Civil Rights Act requires any health or social service organization that receives federal funding to provide effective language assistance to Limited English Proficiency patients. GAHHS has Spanish interpreters; our policy lists contacts for others and for the hearing impaired.
- F. The Joint Commission requires accredited hospitals to respect a patient's rights and dignity.
- G. The OMH (office of mental health) released national standards on culturally and linguistically appropriate services.

III. Cultural competence theory: we need to understand a patient's values, worldview, time orientation, and social structure to provide quality patient care/customer service. Let's define these:

- A. Value: anything important to an individual or culture.
- B. A person's worldview consists of his or her basic assumptions about the nature of reality.
- C. Time orientation has two aspects: emphasis on past, present, future and level of attention to clock time.
- D. A social structure may be egalitarian (believing that all people are equal and deserve equal rights and opportunities) or hierarchal (order of rank)

IV. Culture Groups: Generalizations (common trends and patterns) should never be used to stereotype. Do not assume that a patient/customer fits the generalizations for his or her cultural group. The following cultural characteristics are generalizations.

A. African-American

- 1. Give time and privacy to pray. Clergy should be allowed to participate in care.
- 2. Head of household is often a woman. Other relatives and friends may be included in the extended family.
- 3. Tend to have a present time orientation. Providers need to emphasize the importance of prevention.
- 4. Tradition of herbal remedies is strong.

B. Anglo-American

- 1. Expect to be informed of the details of their condition.
- 2. Value direct eye contact, privacy, and emotional control.
- 3. Expect nurses to provide psychosocial care.

4. Independently make healthcare decisions for themselves, value self care.
5. Poverty may lead to a present time orientation, therefore may not comply with preventative medical advice.
6. Middle and upper class tend to have a future focus.
7. Prefer biomedicine and alternative approaches.
8. Expect an aggressive approach to treatment. Demand antibiotics when unnecessary.

C. Asian

1. Avoid eye contact and agree with provider to show respect.
2. Agreement does not always indicate understanding or an intention to comply.
3. Avoid yes or no questions to avoid misunderstanding.
4. Men may make healthcare decisions for their wives. Family members will expect to be involved in treatment decisions and care. Allow family to care for patient as much as possible.
5. May not express pain.
6. Family may wish to protect patient from hearing poor prognosis.
7. Coining and cupping are traditional medical practices and should not be taken for signs of abuse.

D. East Indian

1. Consider direct eye contact rude or disrespectful.
2. Silence may indicate acceptance or approval.

3. Family members are likely to take over activities of daily living for patient.
4. The Sikh religion forbids cutting or shaving head or facial hair

E. Hispanic/Latino

1. Place high value on direct eye contact, friendly physical contact, and friendly interpersonal interaction.
2. Ask patients about families and interests before focusing on health related issues.
3. Children are highly valued and loved. Allow family members to spend as much time as possible with pediatric patients.
4. Oldest adult male is the decision maker, but important decisions involve the family.
5. May refuse hospital food that would upset their hot/cold body balance.
6. May use herbal remedies

F. Middle Eastern

1. Believe communication is two way, you may need to share information about yourself first.
2. Sexual segregation is important; assign same sex caregivers and interpreters.
3. Men may answer for wives. Women may allow husbands to make healthcare decisions for the family.
4. Islam is important; allow time and privacy to pray. Believe that personal health is in the hands of Allah.

5. Patients may avoid taking an active role in their own healthcare.
6. May expect all treatment plans to involve a prescription for medication.

G. *Native American*

1. May communicate through anecdotes and metaphors. May pause for an extended length of time during conversation.
2. Do not speak loudly.
3. Avoid eye contact.
4. Illness concerns the entire family.
5. Healthcare decisions may be made by the male head of the family, the female head of the family, or the patient.
6. Tend to not have a clock-focused time orientation.
7. Stoic about pain.
8. May wear a medicine bag, do not remove or treat casually. Ask the patient. Never touch or casually admire a ritual object.
9. Traditional healing may be important. Accommodate traditional healers.

H. *Russian/Eastern European*

1. Make direct eye contact. Be firm and respectful.
2. Tend to have a high threshold for pain and can be stoic.
3. Food is appreciated. Good appetite is admired.
4. Accept small gifts of food or chocolate to avoid appearing rude.

5. Not comfortable with too many personal questions. May be suspicious of providers who take notes.
6. Smoking, excessive use of alcohol and lack of exercise may be problematic.

V. Culture of Western Medicine

- A. Tends to standardize definitions of health and illness.
- B. Technology is believed to be all powerful].
- C. Stresses health maintenance and disease prevention.
- D. Providers are systematic and methodical, liking promptness/organization/efficiency vs. tardiness/chaos/inefficiency.
- E. Jargon is common.
- F. Providers recognize and adhere to hierarchical system. Providers status is based on education, experience and professional accomplishments.
- G. Western healthcare observes certain routines.



State of Illinois
Illinois Department on Aging

Illinois Long-Term Care Ombudsman Areas

Illinois Department on Aging

Senior Helpline: 1-800-252-8966

1-888-206-1327 (TTY)

Area 1: 1-800-369-0895

Area 2: 1-800-942-9412
(DuPage)

1-847-741-0404

(Kane, Kendall, McHenry)

1-888-401-8200
(Lake)

1-630-897-4035
(Grundy, Kankakee, Will)

Area 3: 1-800-798-0988

Area 4: 1-309-637-3905

Area 5: 1-800-888-4456

Area 6: 1-800-252-9027

Area 7: 1-800-842-8538

Area 8: 1-800-233-4904

Area 9: 1-800-283-4070

Area 10: 1-888-715-6260

Area 11: 1-800-642-7773

Area 12: 1-312-744-4016

Area 13: 1-847-448-8173
(City of Evanston)

1-888-401-8200
(All except Evanston)



For more details, link to the Ombudsman contact list at www.illinois.gov/aging under "Protection and Advocacy."

Long-Term Care Ombudsman services available under the Older Americans Act are provided at no charge; however, contributions are gratefully accepted and will help to make services available to more seniors.

State of Illinois, Department on Aging, One Natural Resources Way, # 100, Springfield, Illinois 62702-1271
Senior Helpline: 1-800-252-8966, 1-888-206-1327 (TTY) • www.illinois.gov/aging

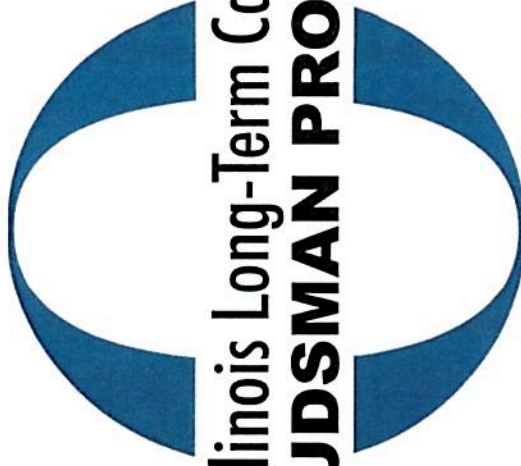
Download this brochure at www.illinois.gov/aging in the "News and Publications" section.

The Illinois Department on Aging does not discriminate in admission to programs or treatment of employment in programs or activities in compliance with appropriate State and Federal statutes. If you feel you have been discriminated against, call the Senior Helpline at 1-800-252-8966, 1-888-206-1327 (TTY).

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You have rights!



Illinois Long-Term Care OMBUDSMAN PROGRAM

Ombudsman... Resident Advocate
Call 1-800-252-8966 to learn more

Protecting, Advocating and Promoting the Rights
of Residents in Long-term Care Facilities

The **Illinois Long-Term Care Ombudsman Program** strives to protect and promote the rights and quality of life for those who reside in long-term care facilities.

What is an Ombudsman?

Ombudsman is a Swedish word meaning citizen's representative. A Long-Term Care Ombudsman is an advocate who seeks to resolve complaints on behalf of people who receive long-term care services.

What does an Ombudsman do?

- Receives, investigates and works to resolve complaints made by or on behalf of residents in long-term care facilities.
- Seeks a regular presence in all long-term care facilities.
- Assures that the interests of residents are represented to policymakers and governmental agencies.
- Provides educational programs to the community and conducts in-service training to facility staff.
- Assists in developing resident councils and family councils in long-term care facilities.



Ombudsman services are confidential and free; however, contributions are gratefully accepted.

Anyone can contact an Ombudsman...

- Current or potential residents of long-term care facilities;
- Relatives and friends of long-term care residents;
- Long-term care employees and administrators;
- Representatives of agencies and professional groups;
- Members of community groups or citizens interested in improving long-term care

Residents of long-term care facilities have numerous rights under federal and state law. Some of these rights, in abbreviated form, are listed below:

- Right to be informed about and exercise your rights.
- Right to freedom from chemical and physical restraints.
- Right to know about services and financial charges.
- Right to participate in planning your care and treatment.
- Right to refuse treatment.
- Right to confidentiality of records.
- Right to privacy.
- Right to control your finances.
- Right to freedom from abuse, neglect and exploitation.
- Right to express grievances without fear of retaliation.
- Rights pertaining to admissions, transfers and discharges, including the right to appeal.
- Right to communicate freely with persons of your choice.
- Right to purchase and install audio and/or video devices with consent of his/her roommate and after notifying the facility.

VOLUNTEER

THANK YOU for being a GAHHS Volunteer!! We thank you for your service and dedication to our Organization!

RAISE THE LEVEL...Be THE model of Excellence!

Tips for success:

~*ALWAYS* give people more than they expect!

~Go the extra mile...always!

~*SMILE!*

~Body Language speaks louder than words.

~A simple smile can make all the difference!

~*ALWAYS* be professional!

~*ALWAYS* have a positive attitude!

~Remember, *EVERYONE* you see is your customer!

~See *EVERYTHING* through your customer's eyes.

~ Be aware of your surroundings.

~Always make sure to be engaged in your surroundings. You never know when someone may need assistance. If you are engaged in a book, cell phone or iPad, you might miss the opportunity to help someone!

~The Totality of a patient's experience and that of their family members and loved ones will ultimately determine how they feel about our organization.

***"Do what you do so well they
will want to see it again and
again and bring their friends."***

Walt Disney





VOLUNTEER

THANK YOU for being a GAHHS Volunteer!! We thank you for your service and dedication to our Organization!

RAISE THE LEVEL...Be THE model of Excellence!

As a volunteer, you are a *steward* of all things GAHHS! Often times you are the first line of contact with patients and visitors! Remember to always give people more than they expect!

Your "Customer Service" role as a volunteer is critical to the success of GAHHS.

As a direct representative of GAHHS, it is critical that all interactions with patients and visitors are handled in a positive and professional manner. When individuals complain or become frustrated, that is our chance to show them why *Gibson Gets It*. The key to our success as an organization is that we meet this frustration with a positive and supportive attitude.

Patients and Visitors want to feel that we *hear* their complaints and those are acknowledged and resolved quickly. It can be detrimental if you add fuel to the situation by siding with the patient against hospital staff...always remain supportive of our organization.

New technology and the ever changing Healthcare Industry can be very frustrating for patients. GAHHS strives to offer the finest facility and technology available to our patients for an outstanding visit!

~Being supportive of new technology within the facility is key to meeting frustration and negative comments from patients and visitors to reassure them it is a positive experience.

There are many extenuating circumstances that may cause a prolonged wait...

~*Missing or Incorrect Orders.* (Lots of patients wait in Registration because when they arrive at the facility, their orders have not been sent by their doctor's office and we are calling to obtain them.)

~*High patient volume.* (Multiple patients arrive at the same time.)

~Patient Registration needs of in-patient, OB and surgical patients already in-house.

~*Scheduling issues.*

~*Emergent situations* that arise within patient care areas unexpectedly. (For example- We only have one CT machine. If a scheduled patient is waiting in Radiology waiting area longer than necessary, it may be that a Code Stroke was called and that emergent situation trumps everything at that moment.)

Please make sure that you are meeting all patient complaints with a positive response without placing blame on staff. Often times many situations are out of our control but we do our best to resolve the situation as quickly as possible.

The GAHHS staff works tirelessly to provide an outstanding healthcare experience for all patients and visitors. It is your support that helps make our job easier!



Gibson Area Hospital & Health Services

GIBSON GETS IT

AUXILIARY-

Auxiliary Gift Shop: Manager: Molly Augspurger – 784-2762 office

- Purpose of the Gift Shop is to be an ongoing fundraiser for the Gibson Area Hospital Auxiliary.
- Other donations include gifts to various school organizations, ACT, Bloodmobile gift certificates, FFA, hospital organizations, department fundraisers, and many others.
- The gift shop has new hours - it is now open Monday, Tuesday, and Thursday 9:00 am- 3:00pm. Wednesday from 9:00 am – 7:00 pm. Friday 9:00 am – 3:00 pm, except on GAH paydays, 9:00 am – 5:00 pm. First Saturday of the Month, 9:00 am – Noon.

Volunteers

- Currently we have several shifts available and can always use more people for our substitution list.
- **Responsibilities include:** greeting and waiting on customers, cleaning and dusting shelves & merchandise, contacting the next day's workers, pricing items as needed, opening and closing procedures daily.
- The gift shop accepts Credit/debit cards (Visa, MasterCard & Discover), checks, cash & payroll deductions for employees above \$15.00.
- If you are interested in volunteering for the gift shop, please contact Molly Augspurger to set up a training time.
- Volunteers must be members of the Auxiliary.

Perks include 15% off regular priced items during the shift you are working & first look at new merchandise.

Auxiliary Member Appreciation 15% off One Regular Priced Item

Excluding - Black & White Confections & County Market Flowers

Volunteer – please take 15% off highest priced item purchased.



Greetings to all Smile Greeters, Meals on Wheels, and Auxiliary volunteers.

I have some good news to share with you!

The hospital administration has a new incentive program for all volunteers. Anyone meeting the monthly requirement (detailed below) will be given a 50% off voucher to be used at either the Step Down Program or the Elite Performance Fitness Center. This voucher can be redeemed at either facility and is good for one month's use by the volunteer that earned the reward. The voucher will expire one year from the date of issuance. Vouchers will be awarded individually once hours have been documented for the time served the previous month. This new incentive program begins July 1, 2017.



To receive a voucher, one must earn a minimum of 8 hours of volunteering with the Smile program, Meals on Wheels, or any of the Hospital Auxiliary volunteer programs.

Here are a few examples of how one might earn 8 hours to receive a voucher as a volunteer:

One smile shift and two meals on wheels/mo.

Three meals on wheels/mo.

Two smile shifts/mo.

Additional hours can be earned when serving through the Hospital Auxiliary. You may also earn all 8 hours through an Auxiliary program.

If you have any questions, please contact the following:

Hospital Auxiliary – Kathy Eagleson, (217) 745-2549 or

Meals on Wheels – Ted Swanson, (217) 714-1663

Smile Greeters – Stephanie Streenz, (217) 784-2658

Thank you volunteers for all you do. It is very much appreciated!



