2017 Student Volunteer Program
Information & Education Packet

SUMMER PROGRAM DATES: JUNE 5 – AUGUST 6, 2017

Welcome to Lee Health’s Summer Student Volunteer Program. We are excited to have you join our team and experience Lee Health. We hope you enjoy your volunteer time with us.

MINIMUM REQUIREMENTS

Students volunteering during the summer program must complete the minimum work requirement. During the nine-week program the student must work one 4-hour shift per week for seven-weeks. Sorry, there are no exceptions and multiple shifts within a week cannot be combined to make up for less weeks. Students volunteering year-round must confirm their schedules with Volunteer Resources for the Summer Program. If the student does not complete the minimum requirement, Volunteer Resources will not issue a Certificate of Completion and will not sign any paperwork verifying volunteer hours. If a student needs to drop out of the program, please contact Volunteer Resources to notify our staff. Students who fail to complete the program and do not communicate with the Volunteer Office will not be invited to participate in future summer programs.

It is the responsibility of the Student Volunteer to adhere to the standards and policies of Lee Health and Volunteer Resource in order to provide the best possible patient care experience. Volunteers who fail to conform to Lee Health policies, rules, regulations and standards will be subject to corrective action or removal from the program.

POLICY...

Student Volunteers are those who are age 14 through 18. All Student Volunteers must be 14 years old on or before June 1, 2017. Student Volunteers, who have relatives working at Lee Health, may not be assigned to the same unit in which their relative works unless the assignment has been approved by the department supervisor and the Director of Volunteer Resources. In addition, students cannot be assigned to the Pediatric Oncology unit where they are or have been a patient or a relative of an active patient.

Hours and Days

♦ 8:00 AM—8:00 PM, Monday through Sunday
♦ No more than 6 hours a day (students MAY NOT work an 8-hour day)
♦ No more than 12 hours a week
♦ No more than 3 days per week (pending availability of shifts)

PROCEDURE...

♦ Student Volunteers must complete an application and medical history and authorization form and have it signed by a parent or guardian.
♦ Volunteers must read an orientation self-study packet and complete the orientation test.
♦ Volunteers must comply with Tuberculosis (TB) testing. A TB test is NOT required for those students working during the summer program only. However, if the Student Volunteer continues past the summer program or wishes to volunteer during the school year, a TB test will be required.
♦ Volunteers must provide their own transportation.
♦ Uniforms are required. (NO SHORTS, BLUE JEANS or HATS) The Lee Health Volunteer shirt must be worn with white or khaki pants. The shirts can be purchased $6. Closed toe, soft- soled, white (preferably) shoes should be worn. The complete uniform is to be worn while on duty.
 Volunteers are provided an ID badge on their first day of work by the hospital and it must be worn at all times while on duty. **All ID badges must be returned to the Volunteer Resources office at the completion of the program.**

- If a Volunteer reports to duty without proper uniform, they will be asked to return home.
- A professional appearance must be maintained while on duty. The Volunteer must be well groomed, neat and clean. Volunteers must be dressed in their uniform while on duty.
- Volunteers are expected to be mature, professional and polite in all contacts and must maintain the standards of the hospital.
- **Attendance is important.** You must be punctual, dependable and contact your Supervisor when you are unable to work your shift or expect to be late. Unexcused absences or failure to show will result in dismissal from the program.
- **CONFIDENTIALITY is vitally important.** The Volunteer is ethically and legally bound to maintain the confidentiality of any medical information gained through our volunteer program. Students are not permitted to share any medical information they may learn while volunteering with any other persons or sharing on any form of social media.
- Volunteers should not solicit or receive tips or gratuities for services rendered.
- Loyalty to the hospital, Health System, Administrative Officers, and staff are expected while enrolled in the Lee Health volunteer program.
- Volunteers are required to remain located in the assigned department and not to wander throughout the hospital. Student Volunteers may not leave the premises during their scheduled shift without permission from a parent/guardian.
- Cell phone and text message use must be reserved for emergencies and is to be used in designated areas only while off-duty.
- Volunteers are not permitted to wear or listen to ear-phone devices, i.e. iPods, Bluetooth, phones, while on duty.
- Lee Health is a Tobacco-Free workplace, tobacco use on any Lee Health property is prohibited and use will result in immediate dismissal from the volunteer program.

Any violation of the above polices, insubordinate conduct or inappropriate behavior is grounds for dismissal from the Student Program and any future Lee Health Volunteer program.

**VOLUNTEER RESOURCES STAFF**

**CAPE CORAL HOSPITAL**
Director- Jeri Grimes, 239-343-3103  
Coordinator- Janine Barnes, 239-424-2411

**GULF COAST MEDICAL CENTER**
Director- Susan Crowe, 239-343-0612  
Coordinator- Gloria Bonventure, 239-343-0636

**LEE MEMORIAL HOSPITAL**
Director- 239-343-6085  
Supervisor - Nancy Finn - 239-343-2409  
Assistant- Christine Brown 239-343-2388

**GOLISANO CHILDREN’S HOSPITAL OF SW FLORIDA**
Director – 239-343-6085  
Supervisor – Prisca Asaro, 239-343-5076  
Assistant – Tricia Seltzer, 239-343-5055

**HEALTHPARK MEDICAL CENTER**
Director- 239-343-6085  
Supervisor- Pam Shimko, 239-343-5062  
Assistant- Tricia Seltzer, 239-343-5055

Remember to call the Volunteer Office and your supervisor if you are unable to volunteer on your assigned day.
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**Volunteer Requirements...**

In order to be considered for a volunteer position:

- Commit to volunteering during defined summer program.
- Commit to one 4-hour shift.
- Complete a Volunteer Application.
- Complete Orientation.
- Attend a one-on-one interview for your Volunteer placement.
- Purchase a $6.00 Lee Health uniform t-shirt and wear a Lee Health issued photo ID badge.
- *Complete a two-step Tuberculosis (TB) Test – required if volunteering beyond the summer program.*

**Commitment...**

Once trained, volunteers become an essential asset for our healthcare system. Your commitment and attendance is vital. If you are unable to report to work (i.e., due to illness, school, emergency or vacation) you should notify your supervisor in the department where you have been assigned immediately.

Students must commit to one four-hour shift per week. Summer Students are required to complete 7-weeks of the 9-week program in order to receive a Certificate of Participation. You should notify your supervisor immediately if you are unable to report to work due to illness, emergency or vacation. If you miss two or more shifts (unexcused absences) without notifying your supervisor you will be removed from the schedule. Certificates will be mailed to all students who complete the minimum requirement by the first week of September. All paperwork that needs to be signed for school will be signed only after certificates have been issued.

**Employee Health Required Tests and Flu Shots...**

*A TB TEST IS NOT REQUIRED FOR SUMMER STUDENT VOLUNTEERS.* After successful completion of the summer program, students may apply to volunteer year-round. Those students will be required to complete a one-step Tuberculosis (TB) test in one of the Lee Health Employee Health Offices. Volunteers with direct patient contact (i.e. Birthday Suites, Emergency Room, Operating Room, Neonatal Intensive Care Unit, etc.) will be required to take a blood test to check immunization levels. Volunteers working in areas with direct-patient contact may also be required to have an annual Flu shot or wear a mask while volunteering. Volunteers with direct patient contact will be required to have an annual TB test each year during their birthday month. All required Employee Health screenings must be completed prior to the start of your volunteer work.

**Dress Code...**

Uniforms are required for all volunteer positions.

- Turquoise t-shirt uniform top.
- White or khaki full-length pants.
- No SHORTS or BLUE JEANS.
- Wear closed-toe, soft-soled, clean shoes.
- NAME BADGE must be worn at ALL TIMES.

**Benefits...**

Meal Tickets—$5.00 ticket will be issued to be used in the cafeteria on days worked for a four-hour shift. Cafeteria—30% discount on purchases with name badge

Flu Shots—offered annually to volunteers free of charge during flu season.

Staff Activities—discounts on theme parks, hockey, basketball, football, movies and theatre tickets through Staff Activities Department (239-424-2555).

Educational Training— as scheduled

**Timekeeping...**

Volunteer hours are tracked and recorded at each hospital.

- Cape Coral Hospital and Off Site Locations: an automated KIOSK is located off of the Main Lobby.
- Golisano Children’s Hospital of Southwest Florida.
- Gulf Coast Medical Center: an automated KIOSK is located off of the Main Lobby.
- HealthPark Medical Center: an automated KIOSK is located in the back of the cafeteria dining room
- Lee Memorial Hospital: an automated KIOSK is located inside the Medical Office Center (MOC) entrance across from Bright Ideas Gift Shop display window.
- HealthPark Medical Center: an automated KIOSK is located in the back of the cafeteria dining room.
- Off-Site Locations: volunteers are to turn in a time-card to their main hospital location on a monthly basis.
INTRODUCTION TO LEE HEALTH ....
Open since 1916, Lee Health is the fifth largest public health system in the United States and the largest community-owned health system in Southwest Florida. Lee Health is governed by a 10-member publicly elected Hospital Board of Directors of Lee County and receives no direct tax support. Lee Health is the largest employer in SW Florida. For more information, please visit us online at www.leehealth.org.

MISSION, VISION, VALUES & PROMISE...

Mission Statement
Our mission is to continue to meet the healthcare needs and improve the health status of the people of Southwest Florida.

Vision Statement
Our vision is to become the best patient-and family centered healthcare system by working collaboratively to deliver excellence in quality, safety, efficiency and compassion.

Our Promise
Caring People. Inspiring Health.

Lee Health Values:
1. Safety: We prevent harm and we put our patients first.
2. Quality: We follow best-practices, effectively use and conserve our resources and continually improve the delivery of care.
3. Service: We deliver a caring experience that upholds the dignity, respect, needs and values of each person.
   Patients, Families and Caregivers are all partners in care.
4. Compassion: We treat everyone with courtesy, kindness, empathy and respect.
5. Teamwork: We work well together, communicate effectively and support one another to achieve our goals.

HISTORY OF LEE HEALTH ...
Lee Memorial Hospital was first built in 1916. The system continued to grow and is comprised of Cape Coral Hospital (CCH), Lee Memorial Hospital (LMH), HealthPark Medical Center (HPMC), Gulf Coast Medical Center (GCMC), Golisano Children’s Hospital of Southwest Florida (GCHSWF), The Rehabilitation Hospital, HealthPark Care & Rehabilitation Center (HPCC), Child Development Centers, Lee Physician Groups (LPG), Lee Convenient Care Centers (LCC), Foundation, Home Health, Regional Cancer Center, the Sanctuary and Auxiliaries.

BOARD OF DIRECTORS AND ADMINISTRATION...

Elected Hospital Board of Directors
Sanford N. Cohen - Chairman (District 3)
Chris Hansen - Vice Chairman (District 4)
David F. Collins - Treasurer (District 3)
Diane Champion - Secretary (District 4)
Donna Clarke - (District 2)
Stephen R. Brown - (District 1)
Therese Everly - (District 1)
Nancy M. McGovern - Secretary (District 2)
Jessica Carter Peer - (District 5)
Stephanie L. Meyer - (District 5)

Lee Health Administration/Senior Leadership Team
Jim Nathan - President/Chief Executive Officer
Dr. Larry Antonucci - Chief Operating Officer
Jon Cecil - Chief Human Resources Officer
Ben Spence - Chief Financial Officer
Dr. Scott Nygaard - Chief Medical Officer
Dr. Chuck Krivenko - Chief Medical Officer, Quality & Safety
Scott Kashman – Chief Acute Care Officer
Donna Giannuzzi - Chief Patient Care Officer/HPMC CAO*
Kathy Bridge-Liles - GCHSWF CAO*
Josh DeTillio - GCMC CAO*
Lisa Sgarlata - LMH CAO*
Kristen Fay - LPG CAO*
*Chief Administrative Officer
DID YOU KNOW THAT LEE HEALTH...

- Is among Top Hospitals in the Nation.
- Has approximately 10,000+ staff, 4,000 volunteers+.
- Is the largest employer in Southwest Florida.
- Has specialized services for Trauma, Kidney Transplant, Children’s Hospital, Heart & Vascular and Stroke.

TOBACCO FREE LEE...

Lee Health is Tobacco Free at all leased and owned properties. Smoking and tobacco use are not permitted anywhere on Lee Health properties. These changes were made to provide a healthy environment for patients, visitors and staff who do not smoke, and to promote wellness in our community.

WHAT VOLUNTEERS DO...

VOLUNTEERS help us attain our Mission, Vision and Values.  
VOLUNTEERS assure that “personal touch” for patients and loved ones.  
VOLUNTEERS enhance employee morale.  
VOLUNTEERS bring a wealth of skills and talents to our staff and patients.  
VOLUNTEERS are advocates for health care and Lee Health.

From October 2015-September 2016, 4,000 volunteers donated over 415,319 hours of service to Lee Health.  
This computes to $9.5 million worth of services provided by volunteers.

WHERE VOLUNTEERS WORK...

Volunteers work in virtually every area of the health system. Our services are classified as either patient contact or non-patient contact. From the Emergency Room, Medical Floors, Courier, Surgery, Birthday Suites, Post Offices, Gift Shops, Thrift Shops and Information Desks, volunteers play a large role in the services we provide to our patients, staff and visitors.

LEE HEALTH AUXILIARIES...

The Cape Coral Hospital, Gulf Coast Medical Center, and Lee Memorial Auxiliaries are vital supporting organizations that assist Lee Health by raising money for equipment, funding special projects and providing services to make patients’ stays more comfortable. Auxiliaries play a major part in the System’s community relations and health education commitments.

Mission of the Auxiliary

- Function as supportive organizations to Lee Health  
- Raise funds to further the health system’s goals  
- Assist Lee Health with community relations and health-related education  
- Assist with programs to promote better use of available health care resources

For more information about the Lee Health Auxiliaries, contact the Volunteer Office at the campus where you have been assigned.
SAFETY...OUR NUMBER ONE VALUE...

A Culture of Patient Safety
Safety is the number one value of Lee Health. By consistently using the three behaviors and eight error-prevention tools listed below we can reduce errors and prevent harm to our patients.

Our Three Safety Behaviors:
1. **Safety First, Every Time**—We put safety first by putting our first efforts on safety precautions. When safety is involved, we pay more attention and we are more compliant.
2. **Work Well Together**—We are all equals in patient care and we help keep patients safe by working together as interactive collaborative teams.
3. **Better Every Day**—We improve patient care every day by owning our personal development, reporting events and problems, fixing problems as we go, and learning from others’ experience.

Our Eight Error-Prevention Tools:
2. Phonetic and Numerical Clarification
3. Three-way Repeat- Back and Read-Back
4. Questioning Attitude: ask clarifying questions and always question and confirm
5. Cross-monitoring: Be a good “Wingman”; maintain situational awareness
6. Speak up using C.U.S.: I’m concerned; I’m uncomfortable; please stop. This is a safety issue!
7. Standardized Hand off Communication
8. Peer-Coaching and Feedback

Our Lee Health Safety Absolute – **Red Rule**: Two Patient Identifiers
In order to avoid errors and harm caused by misidentification, it is a System-wide expectation that every Lee Health team member will **match and verify** two (2) patient identifiers – every patient, every procedure, every time.

The reliable identifiers include:
- Patient’s FULL Name
- *Date of Birth (verbalize month, day, and year)
- Account/Epic CSN Number
- Medical Record Number
- Name & MR# in Nursery

*Date of Birth may not be used in NICU and for unknown trauma patients

The most commonly used patient identifiers are the Patient’s FULL name and date of birth.
The practice of always using two patient identifiers to match and verify every patient’s identity every time is so important to the safe care of our patients that is has been elevated to the status of **red**.
- “Red” designates the rule as a **safety absolute** with the highest priority for exact compliance.
- An act that has the highest level of risk or consequence to patient or employee safety if not performed **exactly** as expected each and every time.

Remember: It ALWAYS Takes Two (2 patient identifiers)!

Patient Safety Evaluation System:
Lee Health is a provider member of a federally-listed Patient Safety Organization (PSO) with the Agency for Healthcare Research and Quality (AHRQ), a division of the Department of Health and Human Services (HHS). As a member of the PSO, Lee Health has established the Lee Health Patient Safety Evaluation System (LPSES), which creates, collects and analyzes Patient Safety Work Product (PSWP) for subsequent collection and storage with the PSO. Pursuant to the Patient Safety and Quality Improvement Act of 2005 (PSQIA), all PSWP is privileged, confidential and strictly limited in disclosure under federal law.
Lee Health’s 7 Caring Behaviors...

It is not enough to be safe and clinically competent. We each have a responsibility to create an environment where patients can feel confident and positive about their experience in our healthcare system: confident they will be included in decisions affecting their care; confident the environment is clean; confident they will be able to get help when they need it; confident that people truly care about their comfort and confident they will have the information they need to care for themselves when they are discharged.

1. Keep Patients Safe
   - Be aware of current situation, pay attention, be responsive.
   - Invite participation from the team.
   - Ask questions for understanding through a two-way conversation.
   - Address all communications.

2. Connect With Others
   - Greet everyone with a warm welcome; friendly smile.
   - Introduce yourself and your role.
   - Use eye contact; be respectful, courteous, kind.

3. Communicate Effectively
   - Listen and speak with courtesy and concern.
   - Seek to understand and be understood.
   - Explain what you are doing and why (Care Aloud).
   - Use language that is easily understood.

4. Show Respect
   - Acknowledge feelings, concerns and inconveniences.
   - Safeguard confidentiality, privacy and dignity.
   - Embrace diversity; learn from each other’s ideas, perspectives and beliefs.

5. Be Responsive
   - Demonstrate a commitment to serve others.
   - Anticipate needs and respond quickly.
   - Follow through on commitments in a timely manner.
   - Offer a blameless apology when falling short of meeting expectations.
   - Ask, “How may I be of help to you?”; “What else may I do for you?”

6. Promote Teamwork
   - Work as a team to find solutions and promote harmony. Support, encourage and show appreciation for team members.
   - Demonstrate flexibility and adaptability.
   - Celebrate team members and teamwork.

7. Create Positive First Impressions
   - Be aware of appearance, body language, surroundings and behavior.
   - Dress to reflect a professional image; wear your name badge.
   - Keep your work area safe, clean and free of clutter.
   - Maintain a positive attitude; be approachable.

Creating a Positive Patient Experience...

We believe our patients deserve the highest quality care and service, which we promise to deliver with respect, honesty, compassion, kindness and teamwork. The following mindset and behaviors should be demonstrated at all times at key touch points with our patients and family members:

- **Before You Enter the Room** – Pause and evaluate if you are rushing, frustrated, fatigued, or complacent. Imagine the patient is a great friend or a loved one.

- **When You Enter the Room** – Greet the patient warmly; knock on the door, look at the patient and smile, say “hello”, introduce yourself, wash your hands.

- **During the Visit/Treatment** –
  - Personal appearance
  - Privacy is essential
  - Communication
  - Telephone Etiquette
  - Call lights
  - Giving directions
  - Anticipating needs
  - Courtesy and Respect
  - Confidentiality
When You Exit the Room – Extend a warm farewell; look at the patient and smile; ask the patient what else you can do for them before you leave; and tell the patient you hope they feel better. Wash your hands before you leave the room.

Customer Service Recovery Tools...
The following tools are available to all employees and volunteers as part of Service Recovery:

- Courtesy Cash – A $5.00 Gift Certificate can be used in the cafeteria or gift shops.
- Patient Compliment/Concerns Form – Completing this form offers Gift Shop purchases, taxi service or petty cash.
- “We Care For You” balloons – available in the gift shop to spotlight a patient.
- Ask your supervisor where to find all of these tools in your department.

Dealing with Difficult Customers...
Take the HEAT – Use the HEAT acronym as a behavior reminder when interacting with a customer dissatisfied with our services.
1. **Hear** them out.
2. **Empathize**.
3. **Apologize**, by offering a “blameless apology”.
4. **Take responsibility for action** and thank them.

HCAHPS OVERVIEW...
The Centers for Medicare and Medicaid Services (CMS) and the Agency for Healthcare Research and Quality (AHRQ) developed HCAHPS initiatives “to provide a standardized survey instrument and data collection methodology for measuring patients’ perspectives on hospital care.” **HCAHPS stands for Hospital Consumer Assessment of Healthcare Providers and Systems** and the results of the survey are used as a pay for performance instrument. **Even though the questions on the HCAHPS survey ask about communication with nurses – people working in other positions can affect how a patient rates his/her experience.**

- Federally mandated initiative to encourage and incentivize hospitals and health systems to provide a better patient experience
- 27 item survey which addresses the following categories:
  - Communication with doctors
  - Communication with nurses
  - Responsiveness of hospital staff
  - Pain control
  - Communication about medicines
  - Discharge information
  - Room kept clean
  - Area around room quiet at night
- **Pay for Performance implications** have begun. That could mean between a $5 million to $15 million impact to Lee Health – positive or negative.

PERFORMANCE IMPROVEMENT AND LEAN TRANSFORMATION...
Performance Improvement is designed to provide ongoing review of processes and outcomes in all departments. Performance improvement reviews are organized and integrated into a comprehensive, interdisciplinary, system-wide program, with tracking and reporting of results with continual improvement as our goal.

The Performance Improvement Model
The Performance Improvement model is the **Plan, Do, Check, Act Cycle (PDCA)**. It encompasses four required stages taking us from problem identification to problem resolution.

**#1 PLAN** – What is the problem? What is going wrong? What can be done to solve the problem?

**#2 DO** – Put changes in place designed to improve problem/process on a small scale and test them.

**#3 CHECK** – Have the changes we put in place achieved desired results? Are they working?

**#4 ACT** – Implement changes on larger scale if changes are successful to get the greatest benefit from the changes.

DNV-GL ACCREDITATION & ISO CERTIFICATION...
DNV-GL is our accreditation organization. Annually DNV-GL conducts surveys using the NAIHO standards to determine our compliance with Medicare’s hospital performance standards. Passing accreditation surveys is a requirement for reimbursement from Medicare. The NIAHO standards are available on IntraLee on the Quality and Standards webpage.
As part of the DNV survey, we are also surveyed for compliance with ISO-9001. ISO-9001 is a quality management system that will result in services being performed consistently, resulting in enhanced customer satisfaction and continual improvement. ISO-9001 includes requirements for Internal Quality Audits of key processes at Lee Health, including non-clinical, supportive and managerial functions. ISO-9001 requires findings from the Internal Quality Audits to be addressed, which include Corrective Actions, Preventative Actions and Control of Non-Conforming Products. The policies developed to support the ISO process are posted on IntraLee’s Policy and Procedure under the Performance Improvement tab.

**Your Role in Lee Health’s Mission, Vision, and Promise**
ISO-9001 wants all staff working at Lee Health to understand how their role supports the goals of Lee Health. Take time to consider how your job contributes to Lee Health’s Mission, Vision and Promise.

**Risk Management...**
Volunteers should perform only duties within their assigned job description. Licensed professionals (retired or active) may not perform licensed functions as a volunteer. Lee Health will cover volunteers under the liability policy when performing within the scope of the defined volunteer job description.

**Florida Statute (768.1355 – Florida Volunteer Protection Act that provides volunteer’s liability protection)**
“1) Any person who volunteers to perform any service for any nonprofit organization, including an officer or director of such organization, without compensation from the nonprofit organization, regardless of whether the person is receiving compensation from another source, except reimbursement for actual expenses, shall be considered an agent of such nonprofit organization when acting within the scope of any official duties performed under such volunteer services. Such person, and the source of any such compensation, if the volunteer is not acting as an agent of the source, shall incur no civil liability for any act or omission by such person which results in personal injury or property damage if:
(a) Such person was acting in good faith within the scope of any official duties performed under such volunteer service and such person was acting as an ordinary reasonably prudent person would have acted under the same or similar circumstances; and
(b) The injury or damage was not caused by any wanton or willful misconduct on the part of such person in the performance of such duties.”

**Risk Management seeks to identify, reduce and eliminate actual and potential sources of risk, as well as to minimize damages.**
For example: risk of injury to a patient or staff, or risk of financial damage to the organization due to property losses, legal actions or damage to the System’s reputation. You can assist by always providing good patient care, working in a safe manner, using Error Prevention Tools, and demonstrating the 7 Caring Behaviors. Caring Behaviors, like good communication with patients and their families, increases the likelihood of compliance with treatment, good outcomes and a positive patient experience. It is important to encourage patients and family to tell us whenever they are concerned, upset or unhappy with their care. This feedback should be seen as a “gift” and accepted without defensiveness or annoyance and used as a basis for positive problem solving. Guest Services and Risk Management staff are available to help if needed.

**Safety Report (formerly known as Incident Report)**
Safety Reports are the primary communication link between you and the Risk Management team. **A Safety Report must be completed whenever an event occurs which causes (or could cause) harm to a patient or visitor.**

At Lee Health we also use the Safety Report to track patient allegations that they have been harmed by:
- Care they received
- Hazardous materials incidents
- Any issues that may need to be brought to the attention of the System’s Attorneys

Report any event that causes (or could cause) harm to a patient, or visitor. For example:
- Medication Errors
- Falls
- Complications or allergic reactions to tests or treatments
- Problems related to the administration of blood
- Equipment failure or misuse of equipment which causes (or could cause) injury
- Procedures performed without proper written consent
- Performance of the wrong surgery or procedure, or procedures performed on the wrong patient or body part
- Misdiagnosis which results in real or potential patient harm
- Negative patient outcomes which are unexpected, or unexplained
- Deaths associated with restraints or seclusion
Serious Safety Events & Precursor Events

A **serious safety event** is an event that reaches the patient and causes moderate to severe harm or death when there was a deviation from the accepted performance standards. Any of the following events are considered reportable if we could exercise control over the event or if the event was associated with a medical intervention, resulting in one of the following injuries:

- Death
- Brain or spinal cord injury
- Wrong surgical procedure
- Wrong site surgical procedure
- Surgery on the wrong patient
- Medically unnecessary surgery or one unrelated to patients’ diagnoses or medical conditions
- Surgical repair of damage from planned surgical procedure where damage is not recognized as a risk during informed consent procedure completed to remove unplanned foreign object remaining from a surgery

A **precursor event** is a deviation from generally accepted performance standards that reached the patient and resulted in minimal harm or no detectable harm, but there was a significant risk of a serious adverse outcome.

**Notice of Injury**

A **Notice of Injury** form must be completed if a volunteer or employee is injured. These forms can be filled out in the Employee Health Office or the Emergency Room during off hours. Once the completed document is received it is sent to Workers’ Compensation for review and follow-up. If you are involved in an accident or injury, we also ask that you contact Volunteer Resources so we are aware. Workers’ Compensation will notify the Volunteer Office once they receive the paperwork for us to follow with an investigation report.

**Volunteers may be dismissed if found to violate hospital policy.**

**Patient Rights & Responsibilities...**

The rules of privacy and security are closely aligned; they ensure that both patient and employee rights are protected.

**Health Insurance Portability & Accountability Act (HIPAA)**

HIPAA is a federal law that protects the privacy of patients and all information about them. It gives patients the right to have their information kept private and secure. Violating these laws may result in civil and criminal penalties and result in termination. All Lee Health entities must comply with the HIPAA rules.

**Protected Health Information (PHI)** is defined as any information that can be used to identify a patient whether living or deceased. It relates to the patient’s past, present or future mental health or condition including healthcare services provided and the payment of those services.

We are all responsible for protecting the privacy of sensitive information in ALL forms. If you access PHI without consent or without a job-related reason, you are violating HIPAA and Lee Health policy.

**10 Steps to Protecting Patient Privacy:**

1. View only what you need to know
2. Keep information away from prying eyes
3. Keep your username and password secure
4. Log off all electronic devices when access is no longer needed
5. Encrypt all PHI e-mail messages with “slee” in the subject line when sending to an email address outside of leememorial.org.
6. Respect every patient’s privacy; be sure you have the patient’s permission to disclose
7. Avoid unintentional disclosure, e.g. public conversations, telephone, email, mail or fax
8. Abide by all policies and procedures for safeguarding patient information
9. Promptly report suspected HIPAA violations to your supervisor
10. Utilize HIPAA resources:
    - Lisa Whitacre, Patient Information Privacy Officer
    - HIPAA Help Line: 239-343-5427
    - Compliance Hotline – 877-807-5647
    - Email: Hipaa@leehealth.org HIPAA Web site on IntraLee

Patient Information & Access:
- All patient medical records (paper or electronic) are confidential.
- Access to this information is on a need-to-know basis by a person who is directly involved in the care of the patient.
- Being employed by Lee Health does not entitle an employee/volunteer to have access to patient information - even if that patient is a friend, family member or co-worker. It is unacceptable for any volunteer of Lee Health to access the medical records of a patient.
- Unauthorized access to a patient’s medical records (paper or electronic) by any employee/volunteer is unlawful and grounds for immediate termination.
- Lee Health has specific administrative and departmental policies and procedures about information protection. Ask your supervisor about any policies specific to your department.
- Be aware of non-care givers who might be in viewing range of confidential patient information.
- Medical records are stored in controlled access, fire protected storage to maintain long-term record integrity and confidentiality.
- Patient records should not be left in areas accessible to non-care givers.
- Patient information discussions should only take place in appropriate work settings (not in elevators or cafeteria lines).

Passwords & Workstations:
- Passwords and other security features that allow access to the computer system protect patient information. If you have password access to a Lee Health computer, never share passwords, or log in to the health information system using borrowed credentials.
- Do not log on and let someone else use the system with your logon ID. You are responsible for all activities during each of your computer sessions.
- Keep all passwords confidential. Do not write your password down, post it, or keep it where others can find it.
- Change your password on a regular basis.
- Never leave your workstation unattended unless it has been locked or it is logged off.
- Change your password immediately if you suspect it has been compromised.
- Make your password easy to remember, but do not use personal information that someone could guess, e.g., telephone numbers, date of birth, names, etc.
- Passwords should be at least 5 – 7 characters long, alphanumeric and not include “Lee Health or LH”.

Camera Cell Phones:
- Use of cameras on cell phones is not permitted while on duty, as they pose a risk to patient privacy, the privacy and security of protected health information, proprietary organization information and the privacy of workforce members.
- Camera cell phones also pose a threat because of the ability to forward information by text, picture, voice or video message to many people. It is easy to disguise the use, and the pictures/video can be posted to web sites.

Privacy/Security Regulations Enforcement:
- Enforcement of either Florida State Laws or Federal Privacy/Security regulations can be hefty, including but not limited to the loss of an individual’s professional licensure, significant cash fines, lawsuits or jail time.
- Employees/volunteers are encouraged and required by policy to report violations/abuses of patient protected health information to their immediate supervisor, Human Resources, or the Patient Information Privacy Officer, Lisa Whitacre.
Patient Rights & Responsibilities
Lee Health wants patients to be well informed, participate in their treatment decisions and communicate openly with doctors and the healthcare team. All patient-related customer practices will uphold a fundamental right to considerate care that includes personal dignity and respect for cultural, psychosocial and spiritual values. Patients and families have a right to be informed of their care responsibilities. Patients, and when appropriate, families have a right to be informed by their physician about outcomes of care, including unanticipated outcomes. All business-related customer practices will demonstrate integrity, honesty, fairness, timeliness and corporate responsibility. For details see Patient Rights and Responsibilities Policy (S01 01 711).

Ethics, Rights, & Responsibilities
The clinical ethics structure at Lee Health consists of multidisciplinary Ethics Consultation Groups and the multidisciplinary Ethics Council. An ethics consult group member is assigned to review the case and assess the dilemma. The review determines if an ethics meeting is convened for an emergency consultation. Anyone can make a referral for an ethics consultation. Call the Ethics Consult Request Line at 343-5049. A consult request form may be obtained through IntraLee/Departments/Forms Management/Ethics/Form #2340 to identify the dilemma. At night, or on weekends, contact the nursing Administrative Supervisor for immediate requests.

Several policies address ethics, individual rights and responsibilities including:

- S01 01 709 – Patient Rights and Organization Ethics
- S01 01 711 – Patient Rights and Responsibilities
- S01 02 240 - Ethics Case Consultation
- S01 02 244 – Ethics Council and Ethics Consultation Groups Structure and Function

Patient End of Life – Dying With Dignity
Both Federal and Florida State laws provide for the individual’s right to make decisions regarding his or her medical treatment. Congress passed the Patient Self-determination Act in 1990, and “Advance Directives” are the means by which we recognize that right. Lee Health processes for assuring that the wishes of our patients are respected are described in “Advance Directives” Policy (S01 01 010).

- **Advance Directive** - This is a legal document that tells caregivers what treatment the patient wants (or does not want) to receive if they become unable to give instructions. The most common type of Advance Directive is a “Living Will” and designation of a “Healthcare Surrogate.” If the patient has an advance directive, a copy of the document is placed in the patient’s medical record.

- **Living Will** - This is a document that lets a patient explain in writing, which medical treatment a patient does or does not want to receive at the end of his or her life. It takes effect when the patient can no longer make his or her own decisions, and after the physicians caring for the patient determine that the patient is in a terminal condition or persistent vegetative state, or has an end-stage condition. Once completed, living wills are valid indefinitely, but can be changed or canceled at any time by the patient.

- **Healthcare Surrogate** - This Designation names the person the patient has selected to be his or her agent to make healthcare decisions if the patient is unable to do so. The surrogate can speak for the patient only after it has been determined that the patient is not able to voice his or her own wishes.

Organ Donation Policy
Refer all patient expiration to Life Link in accordance with Federal regulation and Lee Health policy Organ & Tissue Donation (M03 01 683). Do not discuss donation with patients or their families. LifeLink/Lions are the designated requestors and must determine medical suitability and obtain medical examiner clearance before discussing organ, tissue, or eye donations with families.

**LifeLink**
The LifeLink Foundation is a non-profit community service organization dedicated to the recovery and transplantation of high quality organs and tissues for transplant. The Foundation attempts to work sensitively, diligently, and compassionately with donor families to facilitate the donation of desperately needed organs and tissues for waiting patients.
STANDARDS OF WORKPLACE BEHAVIOR...

Tobacco Free Lee
Lee Health is tobacco free. All forms of tobacco, including cigarettes, E-cigs, vaping and smokeless tobacco like chewing tobacco or dip, are prohibited from use on Lee Health properties, both owned and leased.

Drug Free Workplace
Lee Health is committed to providing quality healthcare and a safe environment for its patients, employees and volunteers. We consider the use of drugs on the job to be an unsafe and counterproductive work practice. Lee Health’s, Drug Free Workplace Policy (509 06 189) describes the System’s position opposing drugs in the workplace and provides procedures to carry out the policy. This policy applies to all employees, job applicants, physicians, Licensed Independent Physicians, contracted employees, volunteers, independent contractors, travel personnel and temporary personnel.

Lee Health conducts job applicant drug testing, reasonable suspicion drug testing, follow-up drug testing and post-accident drug testing in accordance with Florida Statue 440.101 et. seq. The processes are designed to prevent employing individuals who use illegal drugs, or individuals who use legal drugs with a potential for impaired or unsafe job performance.

Because safety is our number one value, all employees, volunteers and students have a responsibility to use the confidential reporting process.

Disruptive Behavior
Disruptive behavior by healthcare professionals is a threat to patient safety, quality of care and the patient experience. It also negatively affects staff morale and increases costs to our healthcare organization.

Disruptive behaviors can be open or subtle, and typically fall into 3 categories:
1. Physical including posture with hands on hips, rolling eyes, making faces, throwing up hands, shaking head, toe tapping, using technology inappropriately, etc.
2. Verbal including sighing, clipped abrupt speech, sarcasm, shouting, cursing, whispering, belittling or criticizing a colleague in front of others or using electronic communication or social media (Facebook, Twitter) to harass, demean or belittle others.
3. Emotional including talking behind a co-worker’s back, turning away, not being willing/available, not giving the information/cooperation needed, setting another up to fail, gossiping, isolating or excluding a team member from group activities, etc.

Dealing with Disruptive Behavior
Do not engage in disruptive behaviors yourself; instead, try to resolve the issue directly with the person displaying the disruptive behaviors. Oftentimes work related complaints, concerns or similar issues are resolved more quickly by speaking directly with the involved co-worker or following the Chain of Command process. Recognize that social media is not the appropriate forum for addressing work-related concerns or other Lee Health business matters.

Strategies to address disruptive behaviors include (in order):
- Speak Up – “If you see it, you own it!” means that you must speak up and address the situation, even if the behavior is not directed toward you.
- Address the behavior to resolve conflict directly, in real time or as soon as possible after the behavior occurs. The goal is to reach agreement for moving forward so that the behavior or situation does not happen again.
- Work with your Chain of Command if you are unable to resolve it yourself.
- Keep detailed records if it becomes a pattern – Include date, who was involved, what was said or done, and how you felt.
- Make a formal, written complaint to HR Employee Relations if your Chain of Command is unable to resolve the issue.

Leaders should hold staff accountable for professional behavior expectations and immediately seek to resolve the disruptive behaviors. Disruptive behaviors in or outside of work could affect the image and reputation of Lee Health and can be considered Gross Misconduct and grounds for corrective action up to and including termination.

Lee Health is committed to the safety and health of all patients and staff – physical, mental and emotional. By dealing effectively with disruptive behaviors, we ensure a healthy work environment where everyone can thrive.
Discrimination, Harassment, Retaliation
In accordance with Lee Health Discrimination, Harassment and Retaliation Policy (S09 06 178) discrimination, harassment or retaliation of any individual on the basis of any protected category will not be tolerated. If you have observed, or if you believe you are the victim of discrimination, harassment or retaliation, speak to the harasser, and clearly request the offending behavior to stop. If the behavior does not stop, or if you are not comfortable speaking to the harasser, contact your leaders, Human Resources or Corporate Compliance.

COMPLIANCE GUIDELINES...

The Lee Health’s Compliance Program was developed to promote full and continued compliance with all federal, state and local laws and regulations including those related to participation in government healthcare programs and the Florida Code of Ethics. The Compliance Program also promotes a commitment to ethical conduct and helps Lee Health prevent, detect and correct situations that can lead to liability or reputational harm.

Standards of Conduct
Lee Health’s Standards of Conduct establish expected behaviors and are a part of the Compliance Program. Some of the major sections of the Standards of Conduct are described below.

Gifts
Sometimes patients or patient’s family members want to express their appreciation for the good care they received by offering gifts. Gifts of merchandise (candy, baked goods, flowers, gift cards, etc.) can be accepted up to a value of $100. Gifts of cash or cash gift cards can never be accepted. Cash should be donated to the Lee Health Foundation.

Vendors might also offer gifts. Nominal gifts such as pens and note pads can be accepted. An occasional meal of modest value or sponsoring lunch for the office staff when a vendor plans to provide an educational presentation would be acceptable. Merely dropping off food for the office staff, however, is not appropriate. Gifts over $100 in value should not be accepted from a vendor. Gifts should not be accepted when a vendor is attempting to influence a purchase with Lee Health.

Conflict of Interest
A conflict of interest may occur if an employee/volunteer’s outside activities or personal interests influence or appear to influence their ability to make ethical decisions related to their employment with Lee Health. A conflict of interest may also exist if the employee/volunteer uses their public employment for personal gain, such as doing business with Lee Health.

Employees/volunteers are required to disclose potential conflicts of interests to their supervisor, manager or director. If you question whether a situation or activity creates a conflict of interest, reach out to the Compliance Department for guidance.

Copyrights
Copyright laws give legal protection to the author or owner of a product and give them exclusive right to reproduce and distribute copies. Ask for permission from the author or owner of copyrighted works before you reproduce them. Examples of copyrighted items are: printed works, CD’s, DVD’s, and computer software.

Public Record Inquiries
Because Lee Health is a public entity, we are subject to Florida Public Record laws. Keep in mind that the documents you create as an employee/volunteer could be released to the public.

Hotline
If you see or hear something that you do not think is right, report it. You are not required to follow the Chain of Command when reporting a compliance violation. You may contact the Compliance Office directly, or if you wish to remain anonymous, call the Compliance Hotline. The Hotline is 1-877-807-5647 and is available 24 hours a day, 7 days a week.
Lee Health has a Whistle-Blower Protection from Retaliation Policy (S23 00 944) to protect employees/volunteers who, in good faith, disclose wrongful or illegal acts. No adverse personnel action may be taken against an employee/volunteer who makes a report in accordance with this policy. Should you have any questions regarding compliance, please contact the Compliance Office at 343-3108.
Physical Environment, Life Safety & Emergency Management...

The purpose of the Physical Environment program is to provide for the health and safety of patients, staff and visitors and to ensure that operations do not have an adverse impact on the environment in which we provide care.

Security

Personal security for oneself and one’s work environment is influenced by knowledge of surroundings and available resources. All Lee Health employees and volunteers are required to wear a health system issued picture identification badge at all times while in any of the Lee Health facilities. Patients, visitors, clergy, students, vendors and others are required to have the appropriate identification as defined in the Identification of Employees, Patients, Others Policy (S08 07 402).

It is the responsibility of all personnel to know who should be in their work area. All personnel have the right and responsibility to question any person regarding their identity and purpose for being on System property. Any unauthorized or suspicious person or activity should be reported to Lee Health Security immediately. If you work at a non-hospital location call 9-1-1 for assistance and then report the incident to Lee Health Security at 343-2350.

The Access Control to Sensitive Areas Policy (S08 07 007) outlines the following areas identified as sensitive and/or requiring limited or restricted access:

- Nursery & Pediatrics
- Obstetrics
- Special Care Units
- Pharmacy
- Emergency Department
- All air handler, electrical, telephone closets
- Patient property safe areas
- Acute care rooms where inmate/patient are kept under guard by local law enforcement
- Any location where narcotics, money, or valuables are kept

Violence in the Workplace

Lee Health is committed to providing a safe environment for patients, employees, volunteers and visitors. Healthcare workers are five times more likely to experience violence in the workplace than other industries. Workplace violence can be any incident in which a co-worker, patient or visitor is verbally abused, threatened or physically assaulted by any other individual.

Workplace Violence includes:

- **Threats:** Expressing the intent to cause harm, including verbal threats, threatening body language, harassment, intimidation and written threats.
- **Physical Assaults:** Attacks ranging from slapping and beatings to rape, homicide, and use of weapons such as firearms, bombs or knives.
- **Muggings:** Aggravated assaults, usually conducted by surprise and with intent to rob.

For more information refer to the Violence in the Workplace Policy (S09 06 99).

Safety

Safety Management strives to reduce hazards and prevent accidents and injuries. The System Environmental Safety Officer is Rocky Rhoads (phone: 424-3536). Every Lee Health team member plays an important part in Safety Management. Each employee/volunteer is responsible for completing all required safety education, staying alert to hazards in their work area and correcting or reporting hazards to the proper people.

Work-Related Injuries

All employees/volunteers injured on the job should report the injury to their supervisor as soon as possible, document the event on the “Notice of Injury/Illness” form #5422 and report to Employee Health or the Emergency Room during off hours. All Workers’ Compensation laws will be followed. Drug and alcohol testing may be required according to the Drug Free Workplace Policy (S09 06 189).
Always report all safety related incidents according to the following:

<table>
<thead>
<tr>
<th>TYPE OF INCIDENT</th>
<th>REPORT TO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee or Volunteer Injury</td>
<td>• Supervisor and Employee Health and Volunteer Resources</td>
</tr>
<tr>
<td>Patient or Visitor Injury</td>
<td>• Supervisor and IntraLee Safety Report to Legal Services</td>
</tr>
<tr>
<td>Utility System Failure</td>
<td>• Plant Operations</td>
</tr>
<tr>
<td></td>
<td>• See grid in Emergency Code Flip Chart</td>
</tr>
<tr>
<td>Medical Equipment Failure</td>
<td>• Biomedical Engineering</td>
</tr>
<tr>
<td></td>
<td>• Tag according to policy and remove equipment, securing until pick up</td>
</tr>
<tr>
<td></td>
<td>• Injuries notify Legal Services – Safety Report</td>
</tr>
<tr>
<td>Hazardous Materials Incident</td>
<td>• Security</td>
</tr>
<tr>
<td></td>
<td>• Safety report to Legal Services</td>
</tr>
<tr>
<td></td>
<td>• Exposures report to Employee Health for treatment (or Emergency Room if Employee Health is not open)</td>
</tr>
</tbody>
</table>

**Work Environment and a Positive First Impression**

Lee Health’s environment is designed and maintained to preserve the dignity of our patients, provide comfort, ensure privacy and facilitate medical treatment. This includes providing appropriate recreation and social interaction, comfortable indoor conditions and a clean, attractive and functional environment. Your participation and support in maintaining an appropriate environment is very important to our patients and their families.

**Emergency/Disaster Management**


**Overhead/Intercom Emergency Pages**

Emergency overhead pages are used at the hospital locations to alert staff to potential emergency situations and to summon staff who are responsible for responding to specific emergency situations. If you do not know what the color code means when announced overhead, refer to your Informational Backer. Everyone is expected to have an Informational Backer with their badge to reference during emergencies and as a helpful reminder during surveys. If you need a replacement Informational Backer, come to the Volunteer Office.

You may hear the following emergency codes called on the overhead paging system while you are volunteering.

<table>
<thead>
<tr>
<th>EMERGENCY CODES</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Code Black</td>
<td>Bomb Threat</td>
</tr>
<tr>
<td>Code Blue</td>
<td>Cardiac / Respiratory Arrest</td>
</tr>
<tr>
<td>Code Brown</td>
<td>Severe Weather / Tornado</td>
</tr>
<tr>
<td>Code Green</td>
<td>Mass Casualty Incident</td>
</tr>
<tr>
<td>Code Orange</td>
<td>Hazardous Materials Incident</td>
</tr>
<tr>
<td>Code Red</td>
<td>Fire</td>
</tr>
<tr>
<td>Code Yellow</td>
<td>Facility Lockdown</td>
</tr>
<tr>
<td>Infant/Child Abduction</td>
<td>Infant / Child Abduction (formerly Code Pink)</td>
</tr>
<tr>
<td>Stay Away “Location”</td>
<td>Stay Away (formerly Code Grey)</td>
</tr>
<tr>
<td>Active Shooter</td>
<td>Active Shooter Situation (formerly Code Silver)</td>
</tr>
<tr>
<td>Hostage Situation</td>
<td>Hostage Situation (formerly Code White)</td>
</tr>
<tr>
<td>Manpower STAT</td>
<td>Security &amp; Personnel Needed</td>
</tr>
<tr>
<td>Nurse STAT</td>
<td>Medical Emergency / Injury / AED</td>
</tr>
<tr>
<td>MET</td>
<td>Medical Emergency Team</td>
</tr>
</tbody>
</table>
Emergency Reporting Process
To report an emergency from a Lee Health phone, dial the following numbers:

<table>
<thead>
<tr>
<th>Location</th>
<th>Phone #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cape Coral Hospital</td>
<td>444</td>
</tr>
<tr>
<td>Gulf Coast Medical Center</td>
<td>444</td>
</tr>
<tr>
<td>HealthPark Medical Center</td>
<td>444</td>
</tr>
<tr>
<td>Lee Memorial Hospital</td>
<td>444</td>
</tr>
<tr>
<td>Other Facilities</td>
<td>911</td>
</tr>
</tbody>
</table>

What do you need to do and say?
- Dial the emergency number
- State your name and job title
- State the type of emergency
- **State your exact location**

Do not hang up the phone until the Operator or Dispatcher tells you.

Mir 3 (Mass Notification System)
When the need arises this system can inform multiple groups of staff and physicians using email, text messaging and voice messages in real time.

Hurricane Safety
Everyone must be prepared in the event a hurricane approaches our area. All personnel should keep informed of hurricane advisories issued by the National Hurricane Center. **Volunteers are not expected to report to work during a hurricane.** Volunteers should consider the following options:

- Arrange to stay with family or friends, out of the endangered area
- Arrange to stay at a local hotel/motel
- Use public shelter facilities in your area

Additional information can be located on Intral Lee under system/hurricane or on our website [www.leehealth.org](http://www.leehealth.org) or by referring to the Hurricane Response Plan Policy (508 08 398).

Fire Safety
Lee Health has fire response procedures that all staff must know and be prepared to implement in order to protect patients, themselves and property from fire. In patient-care areas within a hospital location, it is preferable to “DEFEND IN PLACE” by closing doors, unless the fire or smoke is directly threatening patients. If evacuation is necessary, evacuate horizontally, staying on the same floor by proceeding past a set of fire doors in the corridor. If you must leave the floor, try to go vertically down a few floors, but stay in the building. In other locations, evacuate the building and meet at the designated meeting place according to your department/location fire response plan.

Fire Response Plan
The basic fire response plan for our system utilizes the acronym RACE:

**R**escue:
*Remove the endangered people from the involved area* beyond doorways marked “Smoke partition.” Once a room is evacuated, signal the response team by placing a white cloth on the door handle or base of door. **A**larm:
*Sound the alarm: “CODE RED”,* the best method is use of the pull station. This activates the computer system; calls the fire department and telephone operator; smoke partition doors close and air conditioning in that area stops.

**C**ontain:
*Contain the fire* by closing the doors and windows and leave the area. If you cannot leave, place a wet cloth at the base of the door to conserve air and energy. Remember – smoke and heat rise!

**E**xtinguish/Evacuate:
*Extinguish the fire* using a fire extinguisher if it is safe to do so. Or, *Evacuate as directed by Fire Dept. or Administration.*
How to Use a Fire Extinguisher (PASS)
While holding the fire extinguisher upright:

<table>
<thead>
<tr>
<th>P</th>
<th>PULL</th>
<th>Pull the pin (located at handle)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>AIM</td>
<td>Aim the nozzle at the base of fire</td>
</tr>
<tr>
<td>S</td>
<td>SQUEEZE</td>
<td>Squeeze handles together</td>
</tr>
<tr>
<td>S</td>
<td>SWEEP</td>
<td>Sweep from side to side</td>
</tr>
</tbody>
</table>

**Safety Note:** Fire extinguishers can weigh up to 40 pounds. Use proper body mechanics when lifting and carrying a fire extinguisher.

What can every Lee Health Team Member do to help with Fire Safety Management?

- Keep corridors free of obstructions.
- Never block exit doors, smoke doors or fire extinguisher cabinets.
- Store NOTHING in stairways.
- Report broken or malfunctioning Exit lights.
- Maintain at least 18 inches free space below all fire sprinkler heads.
- Know the location of fire-safety equipment in your work area.
- If you are not at the fire’s point of origin, continue to listen to overhead pages to obtain updates.

**Utility Systems**

It is essential that all utilities are in proper working condition. The following utilities are included:

1. Electrical – ensure critical patient equipment is plugged into RED receptacles as emergency generators provide power to these receptacles when the electricity fails
2. Oxygen (O2), Medical Gas & Vacuum – do NOT try to rectify the situation if system goes down
3. Heating, Ventilating & Air Conditioning
4. Plumbing
5. Pneumatic Tube Systems (if your location has one)
6. Communications

In the hospital setting, the Plant Operations (Plant Ops) department oversees the management and maintenance of utility systems. You should be familiar with back-up or emergency utility-related equipment services in the work area.

**Medical Equipment**

Medical equipment is a significant contributor to the quality of care. It is essential that the equipment is appropriate for the intended use; that staff (including licensed independent practitioners) be trained to use the equipment safely and effectively; and that the equipment is maintained appropriately by qualified individuals.

Before using medical equipment or devices, ensure that the following prerequisites have been met:

1. The medical equipment has a preventive maintenance “PM” label with a date that has NOT expired.
2. Medical equipment that does not have a scheduled PM is identified with a blue “NO PREVENTIVE MAINTENANCE REQUIRED” label.
3. The medical equipment does not have any evidence of physical damage.
4. The equipment appears to be performing its expected functions when initially powered on, or set up for use.

**NOTE:** If any one of these prerequisites is not met, the equipment should not be used.
Hazardous Materials

Employees and volunteers need to be aware of and have a right to know about the hazardous chemicals stored or used in their work place. Safety Data Sheets (SDS) information can be obtained from the manufacturer or our online resource - **MSDS Online**, accessible from IntraLee home page under Lee Health Favorites by clicking on MSDS and SDS. Lee Health participates in the Globally Harmonized System (GHS) adopted by OSHA and healthcare accrediting agencies. This system incorporates the use of hazard-specific icons affixed to the SDS and container labels for easier recognition of a chemical or hazardous material’s potential dangers.

Employees/volunteers should familiarize themselves with the materials found in their area by reading the label and SDS. Remember to always store, use, and dispose of all chemicals/materials properly and to affix a corresponding label to all secondary containers. This label should display the same information as the label on the original container.

**HCS PICTOGRAMS and HAZARDS**

<table>
<thead>
<tr>
<th>Health Hazard</th>
<th>Flame</th>
<th>Exclamation Mark</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Carcinogen</td>
<td>- Flammables</td>
<td>- Irritant (skin and eye)</td>
</tr>
<tr>
<td>- Mutagenicity</td>
<td>- Pyrophories</td>
<td>- Skin Sensitizer</td>
</tr>
<tr>
<td>- Reproductive Toxicity</td>
<td>- Self-Healing</td>
<td>- Acute Toxicity (harmful)</td>
</tr>
<tr>
<td>- Respiratory Sensitizer</td>
<td>- Emits Flammable Gas</td>
<td>- Narcotic Effects</td>
</tr>
<tr>
<td>- Target-Organ Toxicity</td>
<td>- Self-Reactives</td>
<td>- Respiratory Tract Irritant</td>
</tr>
<tr>
<td>- Aspiration Toxicity</td>
<td>- Organ Peroxides</td>
<td>- Hazardous to Ozone Layer (Non-Mandatory)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gas Cylinder</th>
<th>Corrosion</th>
<th>Exploding Bomb</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Gases Under Pressure</td>
<td>- Skin Corrosion/Burns</td>
<td>- Explosives</td>
</tr>
<tr>
<td>- Eye Damage</td>
<td>- Corrosive to Metals</td>
<td>- Organic Peroxides</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Flame Over Circle</th>
<th>Environment (Non-Mandatory)</th>
<th>Skull and Crossbones</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Oxidizers:</td>
<td>- Aquatic Toxicity</td>
<td>- Acute Toxicity (fatal or toxic)</td>
</tr>
</tbody>
</table>

**Safety Data Sheets (SDS)** provides specific information about hazardous chemicals and materials such as:
- How to properly store the material
- What actions to take if exposed to a hazardous chemical or material
- The contents of the chemicals/materials used in your area
- What to do in the event of a spill or exposure
- How to dispose of the material

**Hazardous Material Waste**

Hazardous waste is described as any chemical substance or mixture in a gaseous, liquid or solid state which poses a health hazard. Hazardous materials are grouped into three categories called “waste streams”:
- Physical (compressed gas, flammable, explosives)
- Chemicals (carcinogen, toxic, poisonous, corrosive)
- Infective (Biomedical Waste)

**Proper Labeling**

All hazardous material must be properly labeled at all times. With the exception of radioactive material, containers of hazardous or unknown substances without proper labels should be reported to Supply Chain Management for disposal.

**Hazardous Material Waste Disposal**

Hazardous material must be disposed of in accordance with local, state and federal regulations. It should not be discarded in the regular trash or poured down sinks or drains. Check the System and your department’s Policies & Procedures for proper disposal information.
Biomedical Waste
The symbol shown to the right side of the page, when found on waste containers, refrigerators or freezers, indicates the content is “bio hazardous” which means dangerous to living things. In the healthcare setting we also refer to it as biomedical waste.

Biomedical Waste is any solid or liquid waste which may present a threat of infection to humans, including non-liquid tissue, body parts, blood, blood products and body fluids which contain human disease-causing agents and discarded sharps.

Biomedical waste includes the following:

- Used, absorbent materials saturated with blood, blood products, regulated body fluids, or excretions or secretions contaminated with visible blood, and absorbent materials saturated with blood or blood products that have dried.
- Non-absorbent, disposable devices that have been contaminated with blood, regulated body fluids or secretions or excretions visibly contaminated with blood.

Biomedical waste should be disposed of at the “point of origin” (patient room, or treatment room) in properly labeled “Red” bags or bins. Biomedical waste must be segregated, handled, labeled, transported, stored and treated in a manner that protects the health, safety and welfare of our patients, staff and environment. Please refer to Biomedical Waste Hazardous Material Management Plan Policy (508 09 076).

Sharps
Sharps should be disposed of in a sharps container. This includes anything that could puncture or lacerate the skin such as:

- Empty Syringes (with & without a needle)
- Needles
- Scalpels
- Guide Wires
- Specimen Slides
- Broken Glass
- Razors
- Broken Rigid Plastic
- Other sharp instruments

Compressed Gas Cylinder Guidelines
Oxygen gas cylinders (tanks) can pose safety hazards if not operated and transported properly. The contents of full gas cylinders are compressed to a pressure of 2200 pounds per square inch. That amount of pressure is capable of propelling the metal cylinder with explosive force if its integrity is breached due to being dropped or otherwise misused. It is essential that all staff handling any compressed gas cylinders be trained and have documented competencies established prior to using cylinders without supervision. Follow these guidelines for safe cylinder use:

- Secure compressed gas cylinders in approved carts or stretcher brackets to prevent the tank from dropping, slipping or falling.
- Make sure thumbscrew in cart is present and tightened.
- “E” Cylinders should never be carried by the built-in handle, except when moving the tanks from one storage area to another storage area or placing the tank into the cart or stretcher.
- Cylinders with regulators affixed are considered “on standby”.
- Full cylinders without regulators are considered “in storage” and can only be stored in approved locations (see your supervisor).
- Compressed gas storage is limited to 300 cubic feet or 12 “E” Cylinders stored in the corridor of each smoke compartment.
- Cylinders secured in patient rooms, mounted on gurneys, wheel chairs, crash carts, and other patient care equipment do not count toward the 300 cubic feet rule.
- When returning cylinders to identified locations for replacement, do not mix empty and full cylinders on the storage racks.
- Do not leave cylinders near stairwells, exits, behind doors or in corridors.
- NEVER leave a cylinder “free standing.” It must be in a cart or holder.
If you have questions regarding Epidemiology/Infection Prevention, please contact an Infection Preventionist (“24/7”) by pager at 930-1280 or for GCMC 930-6540.

Hand Hygiene
Hand hygiene is the single most important means of preventing the spread of infections to yourself or others. Hand washing, using either a system approved soap and running water or an alcohol hand gel, helps prevent the spread of infection. It is important that caregivers prompt each other to wash their hands if an opportunity has been missed, and patients or visitors should be empowered to remind their caregivers about hand hygiene as well. Clean hands save lives!

Alcohol Gel (hand sanitizer)
- Use a full pump of gel - as that is the determined optimal amount for proper Hand Hygiene
- Spread over hands
- Be sure to allow hands to dry completely. Don’t wipe on clothes

Traditional Hand Washing
- Soap and warm water (proven to cause less irritation to the skin)
- Rub hands together with friction for a minimum of 15 seconds
- Rinse hands thoroughly to remove all the soap
- Gently pat hands to completely dry with paper towels
- Use paper towels to turn off the faucet and open the bathroom door

<table>
<thead>
<tr>
<th>Wash your hands with soap and water if:</th>
<th>Use alcohol gel (hand sanitizer):</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Your hands are soiled</td>
<td>- Before and after having contact with patients</td>
</tr>
<tr>
<td>- Hands are visibly contaminated with blood, urine, feces, vomit, formula, sputum, food, etc</td>
<td>- After removing gloves</td>
</tr>
<tr>
<td>- Before and after eating</td>
<td>- After touching equipment or furniture near the patient</td>
</tr>
<tr>
<td>- After using the restroom</td>
<td></td>
</tr>
<tr>
<td>- When taking care of a patient with diarrhea or Clostridium difficile</td>
<td></td>
</tr>
</tbody>
</table>

Artificial Nails are NOT permitted for direct patient care givers and discouraged for all staff. This includes: extenders, overlays, wraps, acrylics, tips, tapes or other appliques. These products have been proven to harbor germs and to be a danger to patients.

Keep natural nails less than ½-inch long. Nail polish may be worn but must be well maintained so that microorganisms do not get trapped on your hands.

Use Lee Health approved lotions for patients, employees and volunteers, as other lotions can keep the gels and antimicrobial soap from being effective.

Hand hygiene must be performed exactly where you are delivering healthcare to patients. Before entering and when leaving a patient’s room is the standard. “Gel in – Gel out”
During healthcare delivery there are 5 moments when it is essential that you perform hand hygiene:

<table>
<thead>
<tr>
<th>1. BEFORE TOUCHING A PATIENT</th>
<th>WHEN?</th>
<th>Clean your hands before touching a patient when approaching him or her.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>WHY?</td>
<td>To protect the patient against harmful germs carried on your hands.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. BEFORE CLEAN/ASEPTIC PROCEDURE</th>
<th>WHEN?</th>
<th>Clean your hands immediately before performing a clean/aseptic procedure.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>WHY?</td>
<td>To protect the patient against harmful germs, including the patient’s own germs, entering his or her body.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. AFTER BODY FLUID EXPOSURE RISK</th>
<th>WHEN?</th>
<th>Clean your hands immediately after an exposure risk to body fluids (and after glove removal).</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>WHY?</td>
<td>To protect yourself and the healthcare environment from harmful patient germs.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. AFTER TOUCHING A PATIENT</th>
<th>WHEN?</th>
<th>Clean your hands after touching a patient or his or her immediate surroundings when leaving - even without touching the patient.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>WHY?</td>
<td>To protect yourself and the healthcare environment from harmful patient germs.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. AFTER TOUCHING PATIENT SURROUNDINGS</th>
<th>WHEN?</th>
<th>Clean your hands after touching any object or furniture in the patient’s immediate surroundings, when leaving - even without touching the patient.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>WHY?</td>
<td>To protect yourself and the healthcare environment from harmful patient germs.</td>
</tr>
</tbody>
</table>

**Standard Precautions** are infection control procedures used in the care of **ALL** patients to prevent contact with blood, mucous membranes or any infectious material. It does not include sweat or tears. Standard Precautions practices include good hand hygiene, cough etiquette, wound coverage, and use of appropriate personal protective equipment (PPE) for any contact with soiled or contaminated matter.

**Transmission-Based Precautions** are directed at controlling the pathways infectious agents travel from one person to the next. Refer to [Transmission-Based Precautions Policy (M11 00 887)](https://example.com) and [Management of Multidrug Resistant Organisms (M11 00 588)](https://example.com). Refer to both of these policies to determine patient placement (private room/cohort) and duration of precautions or consult Epidemiology/Infection Prevention for clarification.

Transmission-Based Precautions will be clearly marked for your protection: A “STOP” sign should hang from the top of the door frame, in the middle, and should hang about eye level. When you see a stop sign at the room entrance, look for a “Contact,” “Airborne”, “Droplet” or purple “Contact” isolation sign and follow the directions on the sign. If there is no sign, or if you do not understand the directions on the sign, do not enter the room. Ask the nurse for help.

**Influenza Prevention & Control**

Influenza is a contagious respiratory disease that can become serious enough to require hospitalization, and in some instances, can cause death. Vaccination is the primary strategy to prevent infection, or development of illness from flu. Flu symptoms are similar to those caused by other respiratory illnesses, but when the influenza virus is present in a local area, symptoms like fever, muscle aches, and extreme tiredness usually mean the sufferer has the flu. **Employees/Volunteers suffering from these symptoms must not return to work until free of symptoms for 24 hours.** This protects the patients and other staff members from exposure.

Flu is transmitted from person to person when an infected person coughs or sneezes. Infected persons can start spreading the virus for one to two days before they feel ill or have symptoms. Because of this we require influenza vaccination for all physicians, staff, volunteers, students, or any Healthcare Workers that enter our facilities and might come in contact with patients.

To be effective everyone must be vaccinated each year, as there are many flu viruses and each year’s vaccine is developed to target the viruses that are most likely to cause disease in the coming flu season. Getting the vaccine annually helps protect patients as well as the employee and his/her loved ones from an illness taken home from the work environment. **ALL Employees and Volunteers are required to get a flu vaccine or qualify for an exemption.** Employees and volunteers may apply for an exemption for medical or religious reasons. Refer to [Influenza Immunization and Prevention Policy (S11 01 430)](https://example.com) for more information.
Employee Health will issue a “Flu Proof” sticker to be placed on the ID badge of each employee/volunteer receiving the flu vaccine.

Employees/Volunteers granted an exemption will receive an “Masked” sticker for their ID badge indicating they are required to properly wear a surgical mask during flu season.

**Flu Control measures**
- Implementation of Standard and Droplet Precautions for confirmed/suspected cases.
- Active assessment for new illness cases – if they have symptoms that look like the flu.
- Rapid administration of influenza antiviral medication for treatment and prevention during outbreaks.
- Restriction of all visitors and personnel. Education for patient and family.
- If you cough/sneeze in your hands, or tissue, be sure to dispose of tissue properly and wash your hands.
- In public settings if symptoms are present, you may want to wear a mask or have others wear a mask to prevent transmission.

**Tuberculosis**
Tuberculosis (TB) is an infectious disease that usually affects the lungs. TB germs may be spread when a person who has the active disease coughs, sneezes, laughs, sings or even talks. The bacterium becomes airborne and is inhaled by a person nearby.

**Symptoms of TB Include:**
- Fever, night sweats
- Loss of appetite, weight loss
- Fatigue
- Chest pain
- Coughing up blood
- Cough which persists longer than 3 weeks

A PPD (skin) test is used to screen for TB. If the PPD is positive, further testing is done to determine whether the person has an inactive TB infection, or has active TB disease.

**Measures to prevent patients with TB from spreading the infection:**
- All patients who are suspected of having TB are placed in private, negative airflow rooms with the door closed.
- Workers caring for these patients must wear special respirators (N-95).
- A PPD test is conducted annually on all employees/volunteers with direct patient contact.

**Blood borne Pathogens**
Blood borne pathogens are disease-causing organisms present in blood and other body fluids. Transmission can happen as the result of a needle stick (used needle), getting blood on your skin if you have open cuts or sores, or a blood splatter to the eyes. Examples of these blood borne pathogens are **Hepatitis B, Hepatitis C, and Human Immunodeficiency Virus (HIV).**

**Prevention Techniques**
To reduce exposure to blood borne pathogens, Lee Health has adopted many safe work practices and safety engineering controls. You can protect yourself by incorporating the Standard Precautions (addressed above) into your routine daily practice. Work practices such as wearing fluid-impermeable gloves, and other PPE, sterilizing instruments, and washing hands are essential for preventing HIV transmission. Refer to **Standard Precautions Policy k (S11 00 840)** to provide direction for the prevention of exposure. Some engineering controls that help to protect include sharps containers, safety needles, and needle-less IV systems.

**Other Safety Tips Include:**
- Know where to locate personal protective equipment, how to use it, which PPE to use, (depends upon task, or risk of exposure and type of precautions) and how to dispose of it properly.
- Occupational exposure means contact with any infectious material to the skin, eye, mucous membrane, non-intact skin or parentally (needle stick). Report exposures promptly to your supervisor and report to Employee Health.
- For your safety do not eat, drink, apply cosmetics or handle contact lenses in patient care areas. Eating is only allowed in staff lounges or cafeteria and other designated areas.
- Use proper cleaning methods: All blood and body fluid spills are to be cleaned as soon as possible. Healthcare workers should wear the appropriate PPE and use Lee Health approved disinfectant according to manufacturer’s direction.
Note: A blood and body fluid spill kit (check expiration date & follow instructions) may be used by departments who do not have access to Lee Health approved disinfectant wipes.

Sharps Safety
The use of needles, scalpels, and other sharp objects is common in the healthcare setting. Employees/volunteers and others are put at risk for exposure to blood borne pathogens if this equipment is not used and disposed of using safe-handling techniques. All sharps must be disposed of in the designated receptacles and should never be placed into a trash can.

A sharp is defined as an object capable of puncturing, lacerating or otherwise penetrating the skin.

<table>
<thead>
<tr>
<th>This includes:</th>
<th>If a needle stick occurs:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• All needles &amp; syringes</td>
<td>1. Wash area with soap and water</td>
</tr>
<tr>
<td>• Blood Vials</td>
<td>2. Report incident to supervisor</td>
</tr>
<tr>
<td>• Test Tubes</td>
<td>3. Fill out “Notice of Injury Form”</td>
</tr>
<tr>
<td>• Pipettes</td>
<td>4. Report to Employee Health or Emergency Department for a confidential medical evaluation</td>
</tr>
<tr>
<td>• Scalpel Blade</td>
<td>Employee Health will conduct follow-up and counseling</td>
</tr>
<tr>
<td>• Any items contaminated with blood</td>
<td>+NOTE – All needle sticks/blood exposures that occur at times when</td>
</tr>
<tr>
<td>or body fluids that may puncture</td>
<td>Employee Health is closed must initially go to the Emergency</td>
</tr>
<tr>
<td>the red bag</td>
<td>Department.</td>
</tr>
</tbody>
</table>

HIV/AIDS – Facts You Need to Know
Human Immunodeficiency Virus (HIV) is the name of the virus that causes Acquired Immune Deficiency Syndrome (AIDS). AIDS is diagnosed when a person has both a positive HIV test and either a T-cell count of less than 200 T-cells per cubic millimeter, or an AIDS-defining opportunistic infection.

HIV can be transmitted by:
- Any type of sexual contact (vaginal, anal or oral)
- Blood-to-blood contact, shooting drugs and sharing needles
- A woman to her baby either prenatally, or through breastfeeding

HIV can only live in certain fluids of the human body:
- Blood, semen, vaginal secretions and breast milk

HIV cannot be transmitted through:
- Sweat, saliva, urine and tears
- Casual contact, kissing, hugging, shaking hands, using dishes or utensils used by someone with HIV
- Objects, insects or other animals

HIV Exposure
A person can be exposed to HIV and not become infected; however, an infection can occur from a single contact with an infected person. **Once infected, a person is immediately contagious, and can pass on the HIV virus.**

HIV Prevention
- Abstinence
- Mutual Monogamy
- Latex Condoms – (if used correctly, consistently and responsibly)
- Stop drug related needle sharing
- Take essential precautions for preventing HIV transmission such as wearing latex gloves, or synthetic latex gloves, sterilizing instruments and hand washing.
**Competent Patient Care...**

Lee Health Restraints Policy (M03 01 768) defines restraints as any method of restricting a person’s freedom of movement, physical activity or normal access to his or her body. It is not specific to any treatment. Policy states:

- Preserve patient’s rights, dignity and safety during the use of restraints
- Discontinue the individual use of restraints as soon as possible
- Educate staff to demonstrate competence in safe use of restraints
- Utilize time-limited orders for restraints

Restraining patients should be a last intervention. **Alternatives to restraints must be attempted, except in emergency situations.** These alternatives could include, but are not limited to, changing the patient location, leaving a light on in the room, and having a family member or friend stay with the patient. **No matter what the reason, all restraints require a Licensed Independent Practitioner’s (LIP) order.** When restraint placement is the only option, an order must be obtained from a Medical Doctor (MD), Doctor of Osteopathy (DO) or an Advance Registered Nurse Practitioner (ARNP).

**Abuse, Neglect and Exploitation**

Every employee and volunteer has the obligation to look for, recognize and report suspected or actual abuse of patients. The abuse may be child abuse, elder abuse, intimate partner abuse (domestic violence) or abuse from an assault.

The following conditions may alert you to a case of abuse:

- There is no believable (or no) explanation for the injury
- There has been a delay in seeking medical treatment
- The patient has a previous history of injuries or the injuries are in different stages of healing
- The patient’s behavior changes or is inappropriate when in the presence of family or significant others
- Other family members do not allow the patient to speak for himself or herself

If you suspect or have knowledge of abuse involving a patient, these steps will guide you through your reporting obligations and address safety for the patient. Lee Health assesses all abuse cases with care and compassion. We believe victims of abuse need to know that it is not their fault the abuse occurred.

- All staff/volunteers should be vigilant about the possibility that our patients may be victims of abuse, rape, sexual molestation, domestic violence, neglect or exploitation.
- Sometimes the reason a patient seeks healthcare is not connected to his/her experience with abuse or neglect.
- Any person who has reasonable cause to suspect abuse, neglect, or exploitation shall immediately report knowledge or suspicion to the **Central Abuse Registry and Tracking System for the State of Florida Hotline: 1-800-96-ABUSE (1-800-962-2873).**
- Staff/volunteers may contact the Care Management department for assistance with reporting.

**Populations Served**

Age, culture and spiritual beliefs are important elements in healthcare. The interwoven relationships between these elements impact how care is provided. Populations Served Competency refers to a staff member’s ability to meet the special needs of specific patient populations served characteristics such as:

- Age specific needs
- Cultural/Spiritual values
- Disease process or diagnosis
- Cognitive/communication impairment
- Functional status
- War years – since some traumas relate to different military conflicts

For each identified population, a set of competencies must be identified for each position. For example, a physical therapist working with stroke patients performs much different tasks than the dietitian serving the same population.

Depending on your job responsibilities, you need to know that:

- These competencies affect your performance evaluation.
- Supervisors are required to assess these competencies on an annual basis.
- Job descriptions are a key component of competency assessment and should be updated at performance evaluation time or when responsibilities change.
Diversity
Lee Health is committed to promoting an environment of inclusion where each person feels welcomed, valued, and respected. Lee Health also offers Diversity and Cultural Competence training tailored to the needs of the department and/or unit. By promoting and embracing diversity and cultural competence within the organization we draw on the diverse strength of our employees and volunteers and meet the diverse needs of the community we serve. For Diversity resources information, visit our website on IntraLee/Departments/HR/Diversity or call 239-424-3806.

Language Services
Lee Health offers language assistance service at no cost to its customers. Lee Health must “assure the competence of interpreters” by providing “qualified” and trained interpreters and should not use family members, friends, or children as interpreters. Family members, friends, or children do not possess sufficient skills to interpret effectively in a medical setting. A qualified interpreter should be present in all situations in which information exchanged is sufficiently lengthy or complex, so as to require an interpreter for effective communication.

Interpretation services at Lee Health are provided in the following ways:
1. Staff Interpreters
2. Cyrcam Telephonic Interpreter Service
3. Video Remote Interpreting (VRI) and Sign Language Interpreters

Resources to aid in providing effective communication for our Deaf, Hard of Hearing, Blind, Disabled, and Non-English speaking patients are listed in the Interpretation and Translation policy (S09 06 428).

To obtain an ADA (American with Disability Act) Compliance kit for the Deaf and Hard of Hearing hospital patients or a special Patient Communication Board contact the Administrative Supervisor or Guest Service Manager at your facility. Also, detailed information regarding effective communication strategies with diverse patient populations is listed in the Interpretation and Translation policy (S09 06 428).

Translated Documents
Lee Health provides various system-wide documents and communications in different languages. For a list of translated documents, contact Forms Management via IntraLee, or call 239-343-2687.

Spiritual Services...
Lee Health strives to meet the physical needs of our patients in addition to their spiritual and emotional needs. Spiritual Services is available to all patients, visitors, employees and volunteers. In addition, all employees and volunteers are empowered to make a referral to Spiritual Services if a patient consents.

Spiritual Care Functions
- End of Life Issues including DNRO (Do Not Resuscitate Order)
- Multiple losses/grief
- Rite/Sacrament
- Expressing faith issues
- Dying and death events
- Employees’ and volunteers’ emotional and spiritual support
- Pre and post-operative visits/family waiting room support
- Crisis intervention, for example, “Code Blue” and ED’s (family support)
- Crisis involving patients’ other family members; e.g., death of a family member/close friend/significant other hospitalized at the same time
- Crisis intervention for employees and volunteers

Conversation Triggers
- Conversation Triggers to Facilitate Spiritual Assessment and Referral
  - “I can’t seem to feel close to God.”
  - “I think God has forgotten me.”
  - “Does God really forgive people?”
• “My prayers don’t seem to go to the right place.”
• “Is there really a God?”
• “My (clergyperson) has not been in to see me. I told them when I was admitted that I wanted her/him called.”
• “My (family member) died here three years ago—it was just down the hall.”

System Chaplains: after hours, please contact the Charge Nurse or House Supervisor.
• HPMC - Rev. Cynthia W. Brasher, MDiv, BCC, System Director, 343-5199
• CCH – Chaplain, Denise Sawyer, MDiv, BCC- 424-2383
• LMH – Chaplain, Mike Warthen, MDiv, BCC – 343-2467
• GCMC —343-1130
• TCH - Chaplain Susan C. Crowley, MA, BCC – 343-6966
• Lee Health -Spiritual Services Department – 343-5199

Congratulations!
You have reached the end of the Volunteer Orientation Education Module and are ready to take the Test.
Please proceed to the test page.
Fill in the answers and return the test page to Volunteer Resources.
STUDENT VOLUNTEER ORIENTATION TEST

NAME: ___________________________ PHONE: ___________________ DATE: ____/____/____

1. Lee Health is a community-owned not-for-profit health care organization that receives no direct tax support.
   a. True  b. False

2. The mission of Lee Health is to continue to meet the health care needs and improve the health status of the people of Southwest Florida.
   a. True  b. False

3. Our Promise is we are “Caring__________. Inspiring__________. ”

4. Patient__________ is Lee Health’s number one value.

5. Volunteers help us attain our mission, assure a “personal touch”, enhance employee morale, share their skills and talents and are advocates for health care and Lee Health.
   a. True  b. False

6. It is not important to create an environment where patients feel cared about and we do not need to make families a partner in a patient’s care.
   a. True  b. False

7. Every care team member is expected to always demonstrate the 7-Caring Behaviors.
   a. True  b. False

8. Never take responsibility or offer an apology when dealing with an upset customer.
   a. True  b. False

9. Safety Management strives to reduce hazards and prevent accidents and injuries in the physical environment.
   a. True  b. False

10. Match the appropriate letter that describes the codes and list the letter next to the code:
    ◆ Code Yellow= _____  A. Severe Weather/Tornado
    ◆ Code Orange= _____  B. Cardiac/Respiratory Arrest
    ◆ Code Blue= _____  C. Fire
    ◆ Code Green= _____  D. Infant/Child Abduction
    ◆ Code Red= _____  E. Mass Casualty Incident
    ◆ Code Black= _____  F. Hostage Situation
    ◆ Infant/Child Abduction= _____  G. Bomb Threat
    ◆ Stay Away= _____  H. Violence/Security (Stay Away)
    ◆ Code Brown= _____  I. Hazardous Materials Incident
    ◆ Hostage Situation= _____  J. Facility Lockdown
    ◆ Active Shooter= _____  K. Security & Personnel Needed
    ◆ Nurse Stat= _____  L. Medical Emergency/Injury/AED
    ◆ Security Stat= _____  M. Active Shooter Situation
    ◆ MET= _____  N. Medical Emergency Team
11. The basic fire response plan utilizes the acronym RACE. What do the letters stand for?
   R: __________ A: __________ C: __________ E: __________

12. Volunteers can perform any duty regardless of their job description and training.
   a. True     b. False

13. A __________ Report must be completed for any patient or visitor or a __________ of __________ form for any employee or volunteer whenever an event occurs which causes (or could cause) harm.
   a. True     b. False

14. All patient information is protected under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and is the responsibility of everyone.
   a. True     b. False

15. Our system Safety Absolute Red Rule is that we __________ and __________ every patient’s identity using 2 patient identifiers every patient, every procedure, every time.
   a. True     b. False

16. Hand washing does not help prevent the spread of infection and is not necessary.
   a. True     b. False

17. Vaccination is the primary strategy to prevent infection or development of illness from flu.
   a. True     b. False

18. If you see a needle (sharp) on the floor, you should pick it up and place it into the nearest trash can.
   a. True     b. False

19. Lee Health is not committed to promoting an environment of inclusion where each person feels welcome, valued and respected.
   a. True     b. False

20. All patient-related customer practices will uphold a fundamental right to considerate care that includes personal dignity and respect for cultural, psychosocial and spiritual values.
   a. True     b. False

21. The principals in the Standards of Conduct establish expected behavior and are part of the Compliance Program.
   a. True     b. False

22. If you see or hear something that you don’t think is right, just ignore it. Volunteers are not permitted to report compliance violations.
   a. True     b. False

23. Lee Health strives to meet the physical needs of our patients in addition to their spiritual and emotional needs.
   a. True     b. False

**PLEASE READ AND SIGN:**
I have successfully completed the Volunteer Orientation Education Booklet. I understand my role regarding hospital policies and procedures, patient safety, epidemiology/infection control, patient’s rights and confidentiality, fire safety and security, and customer service.

Signature of Volunteer: _______________________________ Date: ______________

Signature of Parent/Guardian: __________________________ Date: ______________
(If volunteer is under the age of 18)