

# Penrose-St. Francis Volunteer Services

Annual Renewal



Centura  
Health®

# VOLUNTEER LEARNING MODULES & QUIZ

## ACTIVE SHOOTER RESPONSE

1. If you dialed “911” and a shooter is nearby, leave the line open so the “911” operator can listen.
2. In the event an active shooter is in your vicinity, the general rule is to spread out.
3. The three steps to take in the event of an Active Shooter Incident are:
  - Evacuate
  - Hide Out
  - Only as a last resort – Take Action
4. If providing information to the “911” operator or law enforcement tell them:
  - Number of shooters
  - Number and types of weapon(s) being used
  - Location and description of shooter
5. Your number one priority in an active shooter event is to protect your own life.

## INFECTION PREVENTION

Assume that every person is potentially infected or colonized with an organism that could be transmitted in the school, home setting or hospital and apply the following infection prevention and control practices.

### Hand Hygiene

Wash hands with soap and water:

- Wash hands for 15 – 20 seconds, rinse and turn faucet off with towel
- After blowing your nose, sneezing or coughing
- If visibly soiled with blood or other body fluids
- Before eating
- After using the restroom
- If in doubt...WASH your hands

Use alcohol based instant hand sanitizer to decontaminate hands: *Gel in and Gel out*

- Apply dime size amount of gel and rub hands covering all surfaces until dry. DO NOT wipe off
- Before direct patient contact
- After contact with pt.'s intact skin (i.e., vitals, repositioning)
- After contact with objects in the patient's environment
- After removing gloves

### Bodily Fluids Exposure – Potential Spills

If a volunteer is engaged in transferring a patient with some draining devices containing patients' bodily fluids like urine or blood, there is always a risk for a potential spill.

When accidental spills from devices occur (while escorting, transferring or assisting a patient):

- Do not clean the spill area/wheel chair with bare hands!!!
- Put on gloves to remove your patient and yourself safely from the spill area

- Throw away your gloves into a nearby trash and WASH your hands with soap and water, seek assistance with the patient if needed
- Find a yellow caution sign to contain and alert traffic about the spill area (if no CAUTION sign available, throw some dry towels or paper towels around the spill)
- Call EVS/Housekeeping and notify them about the spill

If you came into close contact with patient's bodily fluids (example: patient's urine or blood splashed into your eyes, mouth or touched your scratched areas on skin):

- Clean the affected area
- Notify your supervisor about your exposure.
- File an incident report
- Follow up with Employee Occupational Health department for further interview and exams

## Gloves

How to properly remove

- Outside of gloves is contaminated
- Grasp outside of glove with the opposite gloved hand; peel off
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist
- Peel glove off with first glove
- Discard gloves in waste container



## Isolation

Do NOT enter the room if you see any of these signs:

**Droplet Precautions**

Everyone **must** wash hands or use an alcohol-based hand rub when entering or leaving the patient's room.

**¡Vea las fotos abajo!**  
Favor de usar el siguiente equipo antes de entrar a la habitación

**STOP** Protective equipment must be worn by all persons prior to entering this room. In addition, other actions may be required, see pictures below for details!

• Wear surgical mask • Cover your cough • Clean your hands before touching face

• This patient must wear a surgical mask during transport.  
• Limit patient movement - this patient requires special transport precautions. (see reverse for additional instructions)

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**Contact Precautions**

Everyone **must** wash hands or use an alcohol-based hand rub when entering or leaving the patient's room.

**¡Vea las fotos abajo!**  
Favor de usar el siguiente equipo antes de entrar a la habitación

**STOP** Protective equipment must be worn by all persons prior to entering this room. In addition, other actions may be required, see pictures below for details!

• **Gloves** • **Gown** • **Use dedicated equipment**

• Limit patient movement - this patient requires special transport precautions. (see reverse for additional instructions)

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**Airborne Precautions**

Everyone **MUST** wash hands or use an alcohol-based hand rub when entering or leaving the patient's room.

**¡Vea las fotos abajo!**  
Deténgase! Equipo protector necesita ser usado por todas las personas antes de entrar a esta habitación. Además, otras acciones podrían ser requeridas, mire las imágenes abajo para más detalles!

**STOP** Protective equipment must be worn by all persons prior to entering this room. In addition, other actions may be required. See pictures below for details!

Wear an N95 Respirator Mask or PPE • Cover your mouth • Keep door closed

This patient needs to be placed in a negative airflow pressure room and must wear a surgical mask during transport.

Limit patient movement - this patient requires special transport precautions.

**QUESTIONS?** Contact nursing personnel for assistance.

**Special Contact Precautions**

Wash hands with soap and water

Gloves

Gown

Bleach

**Contact Precautions**  
**Special Precautions**

Everyone **must** wash hands or use an alcohol-based hand rub when entering or leaving the patient's room. In addition, other actions may be required, see pictures below for details!

**¡Vea las fotos abajo!**  
Favor de usar el siguiente equipo antes de entrar a la habitación

**STOP** Protective equipment must be worn by all persons prior to entering this room. In addition, other actions may be required, see pictures below for details!

• **Gloves** • **Gown** • **Use dedicated equipment**

• Limit patient movement - this patient requires special transport precautions. (see reverse for additional instructions)

This room may require special cleaning by Environmental Services.

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## FALL PREVENTION

1. If you find an environmental hazard, you should call:
  - X2111 (Operations Center) to report at Penrose Hospital
  - X2111(Operations Center) to report at St. Francis Medical Center
  - Notify a supervisor in your department of the hazard
2. Who is responsible for Fall Prevention:
  - Nursing Staff and Physicians
  - Patient Care Associates
  - Non-Patient Care Associates
  - Volunteers
3. All patients are at risk for a fall. A patient who has a high risk for a fall will be identified by:
  - A yellow fall magnet on their door frame
  - Yellow socks/armbands/gowns
4. If a patient or visitor is unsteady, or having difficulty walking you will offer assistance and/or a wheelchair.

## NO PASS ZONE

**N** – Never pass by a call light

**O** – Observe and acknowledge the patient and/or visitor who is requesting assistance

**P** – Provide what they are asking for . . . **OR**

**A** – Ask or access someone who can – a nurse, CNA, or other clinical staff

**S** – Safety is always first, never put patients at risk – or yourself – if you are uncomfortable with a request, get a staff person to come and help right away – the important thing is to acknowledge the patient and need!

**S** – Smile and remember to use AIDET (Acknowledge, Introduce, Duration, Explain, Thanks) ask the patient if there's anything else you can do or help with and be sure to thank the patient for choosing Penrose-St. Francis for their care.

## SHARE

**S** SENSE people's needs before they ask

**H** HELP each other out

**A** ACKNOWLEDGE people's feelings

**R** RESPECT the dignity and privacy of others

**E** EXPLAIN what is happening

## AIDET

### ACKNOWLEDGE

- Eye Contact
- Smile
- Ask that patient what name they prefer to be called
- Greet the patient's visitors

### INTRODUCE / MANAGE UP

- State your name and tell them what your role is
- Let the patient know about your experience

- Introduce your colleagues and let the patient know that they are in good hands

### **DURATION**

- Tell the patient how long things will take. Examples:
  - How long will they be in another department
  - How long before results come back
  - How long before they can eat
- How long before the patient can leave after the Dr. tells them they are being discharged

### **EXPLANATION**

- Explain what you are doing
- What is the plan for their care
- Explain what the patient can expect to experience
- Explain a test or procedure
- Offer to answer any questions or resolve any complaints

### **THANK YOU**

- Express gratitude for their trust in you and our hospital

### **SAFETY**

1. The four basic steps to follow in the event of a fire are:
  - Rescue
  - Alarm
  - Control (or Contain)
  - Extinguish
    - **RACE**
2. The four steps to follow in using a fire extinguisher are:
  - Pull the pin
  - Aim the nozzle
  - Squeeze the handle
  - Sweep back and forth
    - **PASS**
3. To activate Fire Alarm in the event of a fire, you should:
  - Pull an alarm station
  - Call X1234 at Penrose Hospital and X1234 at St. Francis Medical Center
4. The phone number to activate all emergency codes and obtain emergency assistance from Security is:
  - X1234 at Penrose Hospital and X1234 at St. Francis Medical Center
5. Patient safety is the center of healthcare
6. All patient complaints are immediately reported to the charge nurse or supervisor in your area.
7. Keeping patients safe is a TOP priority for Penrose-St Francis
8. Volunteers are not permitted in Isolation Rooms. These rooms are clearly identified by signage on the patient's door and by the presence of the yellow Infection Control Supply Cart outside the patient's room.

## EMERGENCY MANAGEMENT CODES

Active Shooter	Active Shooter or Active Threat
Cardiac Arrest	Code Blue
Fire	Fire Alarm
Bomb Threat	Code Black
HazMat Spill	HazMat Spill
Missing Infant	Code Pink
Violent Behavior or Security	Security Alert
Disaster Internal/External	Internal/External Emergency
OB Hemorrhage	Code White
Controlled Access or lockdown	Controlled Access
Inpatient Fall	Fall and location
Tornado Warning	Tornado Warning
Transfusion	Transfusion protocol
Missing person (not infant)	Missing Person

Name

Date

## QUIZ

1. The three steps to take in the event of an Active Shooter Incident are:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

2. Your number one priority in an active shooter event is to protect your own life.

\_\_\_\_\_ True      \_\_\_\_\_ False

3. Physicians and patient care associates are the only ones that are responsible for fall prevention.

\_\_\_\_\_ True      \_\_\_\_\_ False

4. To activate Fire Alarm in the event of a fire, you should: Pull an alarm station and call X1234 at Penrose Hospital and X1234 at St. Francis Medical Center

\_\_\_\_\_ True      \_\_\_\_\_ False

5. The times you must wash your hands with soap and water are:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

6. Patient safety is the center of healthcare and keeping patients safe is a TOP priority for Penrose-St Francis.

\_\_\_\_\_ True      \_\_\_\_\_ False

7. All patient complaints are immediately reported to the Patient Representative.

\_\_\_\_\_ True      \_\_\_\_\_ False

8. All patients in all hospital settings are at risk for falls.

\_\_\_\_\_ True      \_\_\_\_\_ False

9. You see a patient (or visitor) who is unsteady, or having difficulty walking. You will:

1. \_\_\_\_\_

10. What does AIDET stand for?

A \_\_\_\_\_

I \_\_\_\_\_

D \_\_\_\_\_

E \_\_\_\_\_

T \_\_\_\_\_

11. What does SHARE stand for?

S \_\_\_\_\_  
H \_\_\_\_\_  
A \_\_\_\_\_  
R \_\_\_\_\_  
E \_\_\_\_\_

12. Please fill in what code would be called based on the situation:

- a. Cardiac Arrest \_\_\_\_\_
- b. Violent Behavior \_\_\_\_\_
- c. Missing Teenager \_\_\_\_\_
- d. Bomb Threat \_\_\_\_\_
- e. Fire \_\_\_\_\_
- f. Lockdown \_\_\_\_\_

13. Another volunteer does not have their computer user-ID yet, they can use mine as long as they make sure to log off when they are done.

\_\_\_\_\_ True      \_\_\_\_\_ False

14. I am on a patient unit and hear that a member of my church is in the hospital; I should contact my Pastor and let them know.

\_\_\_\_\_ True      \_\_\_\_\_ False

15. If I get into a patient's room, but do not touch anything, I do not have to get out.

\_\_\_\_\_ True      \_\_\_\_\_ False

16. The correct order to follow in the event of a fire are:

- a. Alarm, Control (or contain), Extinguish
- b. Rescue, Alarm, Control (or contain), Extinguish
- c. Control (or contain), Extinguish, Rescue, Alarm
- d. Extinguish, Rescue, Alarm, Control (or contain)

17. The correct steps to follow in using a fire extinguisher are:

- a. Pull the pin, aim the nozzle, squeeze the handle, sweep back and forth
- b. Aim the nozzle, squeeze the handle, sweep back and forth, pull the pin
- c. Squeeze the handle, sweep back and forth, pull the pin, aim the nozzle
- d. Sweep back and forth, pull the pin, aim the nozzle, squeeze the handle





## CONFIDENTIALITY AGREEMENT

Centura Health (“Centura”) recognizes the importance of protecting sensitive, confidential, and proprietary information concerning its patients and their families, its associates, and its business operations, transactions, and relationships (“Confidential Information”). To protect the trust of our customers and patients, maintain respect for all persons, and comply with legal and regulatory requirements, it is the obligation of every associate, care provider, student, volunteer, contractor, and other non-employee (“User”) to safeguard Confidential Information. **As a User, I agree to the following:**

1. I will protect the security and confidentiality of all Confidential Information shared with me or acquired by me. I will not use Confidential Information or disclose Confidential Information to any third party, within or outside Centura, except to the extent necessarily required to perform my assigned job duties and as authorized by law or Centura policy. I will not discuss Confidential Information outside of the facility, in public areas, or any place where I may be overheard, or with any other individual not involved in the scope and performance of my duties.
2. I will not access or attempt to access Confidential Information other than that information that I have been authorized to access and have a need-to-know in order to perform my job.
3. If I will have access to Centura’s computer systems, applications, and network, I also agree that:
  - a. I may be issued a computer user-ID and password. This user-ID and password is unique to me. I will not share my user-ID and password with any other person, nor will I attempt to use any other person’s user-ID. All system accesses and entries that I make are monitored. I am responsible for any and all activity performed using my user-ID.
  - b. I will log off of any systems that contain or provide access to Confidential Information as soon as I am finished using such system in order to prevent unauthorized access. I will not print or copy Confidential Information unless specifically authorized to do so.
  - c. If at any time I believe my password security may have been violated, I will immediately contact the Centura Customer Support/Help Desk or Data Security Team.
4. There are various security codes and passwords belonging to Centura’s physical premises or equipment that I may be given in the course and scope of my duties. These codes and/or passwords are confidential and are subject to the terms of this Agreement.
5. I understand that my failure to comply with applicable laws and hospital policies or unauthorized or indiscriminate use or disclosure of Confidential Information, user-IDs or passwords, access codes, or any violation of this Agreement, may subject me to corrective action up to and including termination of my employment, contract, or status at Centura and/or suspension or loss of privileges. In addition, violations of law may be reported to law enforcement officials and may lead to civil and criminal penalties under HIPAA and other State and federal laws.
6. Centura routinely monitors its computer systems, applications, and networks. I understand that I should have no expectations of privacy in the use of these resources. By using Centura computer systems, applications, and networks, I am expressly consenting to such monitoring.
7. Centura may modify or revoke my access to its systems, applications, and network at any time for any reason.
8. My obligation to safeguard Confidential Information continues even after leaving Centura.

**By my signature below, I am indicating that I have read, understand, and agree to adhere to all terms of this Confidentiality Agreement, as well as all applicable privacy and confidentiality laws and hospital policies.**

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Signature

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Date

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Name (Please Print)

