Self-Directed Orientation Guide for Volunteers & Students

Developed by:

The St. Vincent Evansville Student/Volunteer Core Orientation Committee and St. Vincent Evansville Volunteer Services
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St. Vincent Evansville is part of Ascension Health, the nation's largest Catholic and largest nonprofit health system. Ascension Health serves patients through a network of hospitals and related health facilities providing acute care services, long-term care, community health services, psychiatric, rehabilitation and residential care.

Formed in 1999 and sponsored by four provinces of the Daughters of Charity, the Sisters of St. Joseph of Nazareth and the Sisters of St. Joseph of Carondelet, Ascension Health is committed to caring for those who are most in need in the communities we serve.

**St. Vincent Evansville**

When the people of Evansville, Indiana, sought the help of the Daughters of Charity to open a hospital in 1872, they could not have imagined the growth and complexity of healthcare in this new millennium. St. Vincent Evansville has always valued its history and the mission of care they set forth from that moment forward.

- What started as St. Mary’s Hospital, has grown to become a local health system that includes several healthcare organizations who deliver a wide range of medical services to the community.

**Our Mission, Vision and Values**

**OUR MISSION STATEMENT**
Rooted in the loving ministry of Jesus as healer, we commit ourselves to serving all persons with special attention to those who are poor and vulnerable. Our Catholic health ministry is dedicated to spiritually centered, holistic care, which sustains and improves the health of individuals and communities. We are advocates for a compassionate and just society through our actions and words.

**OUR VISION STATEMENT**
We envision a strong, vibrant, Catholic health ministry in the United States which will lead to the transformation of healthcare. We will ensure service that is committed to health and well-being for our communities and that responds to the needs of individuals throughout the life cycle. We will expand the role of the laity, in both leadership and sponsorship, to ensure a Catholic health ministry of the future.

**OUR VALUES – WE ARE CALLED TO:**
• **SERVICE OF THE POOR**
  Generosity of spirit, for persons most in need

• **REVERENCE**
  Respect and compassion for the dignity and diversity of life

• **INTEGRITY**
  Inspiring trust through personal leadership

• **WISDOM**
  Integrating excellence and stewardship

• **CREATIVITY**
  Courageous innovation

• **DEDICATION**
  Affirming the hope and joy of our ministry

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**General Safety**

Wear your Name Badge at all times. It should be worn on the upper half of your body, facing forward. It is recommended that your badge be 4 inches from your shoulder.

1. **Plan for Your Job Safety**
   - Ask questions and ask for help.
   - Keep focused on what you are doing.
   - Be aware of your surroundings and others around you.
   - Don’t eat, drink, or apply cosmetics in areas where you may have contact with chemicals, or blood and body fluids.

2. **Practice Good Housekeeping**
   - Don’t prop open fire doors or obstruct automatic fire doors from closing.
   - Look out for and avoid wet or slippery areas. Be sure spills are cleaned up promptly.
   - Dispose of trash and other debris promptly, and in proper containers.
   - Treat all equipment with care. Report any malfunctioning equipment promptly.
   - Report all health and safety hazards immediately.

3. **Be Aware of Safety Risks**
   - Always be aware of the safety risks in a healthcare facility. Make an effort to limit those risks to protect co-workers, visitors, patients, and yourself.

   Not appreciating the risks - not paying attention during training, not staying focused on the task at hand, not asking for help, not paying attention to surroundings, trying to do too many things at once, taking shortcuts or not following proper procedures.
   Reckless or “know-it-all” attitude - thinking safety isn’t important, that it doesn’t apply to you, or that safety is someone else’s job.
   A safe attitude means you recognize and appreciate risks, you are aware of potential accidents before they happen, and you make sure that they don’t!

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**What To Do If You Become Injured**
Report all accidents, injuries, and/or exposures promptly to your supervisor, clinical instructor or preceptor.

Receive Proper Evaluation, Treatment, And Follow-Up As Needed.
- Employee Health Services can administer first aid or recommend treatment.
- Serious injuries should be directed to the Emergency Department.

Additionally, for students:
- In the event of accidental injury or exposure to disease, students should contact your instructor or preceptor.
- The instructor may contact Employee Health Services.
- Responsibility for follow-up rests with the student.
- The cost incurred is the responsibility of the injured/exposed individual.

**Infection Control**

**Handwashing/Decontamination**
Handwashing/decontamination is the single most important factor in controlling transmission of organisms. Hands should be washed after eating, after using the restroom, after using a tissue, and before and after any patient contact. The Centers for Disease Control and Prevention has issued recommendations for handwashing and the use of alcohol-based rubs to decontaminate hands.

- **If hands are visibly dirty** or contaminated with proteinaceous materials or are visibly soiled with blood or other body fluids, wash hands with either a non-antimicrobial soap and water or an antimicrobial soap and water.
- **If hands are not visibly soiled, use an alcohol-based hand rub** for routinely decontaminating hands in all other clinical situations described below. Alternatively, hands can be washed with antimicrobial soap and water in the clinical situations described below.

**Alcohol-based hand rub technique**
Apply product to palm of one hand and rub hands together, covering all surfaces of hands and fingers, until hands are dry. Follow manufacturer’s recommendations regarding the volume of product to use.

**Soap and water technique**
Wet hands first with water; apply an amount of product recommended by the manufacturer to hands, and rub hands together vigorously for at least 20 or 30 seconds, covering all surfaces of the hands and fingers. Rinse hands with water and dry thoroughly with a disposable towel. Use towel to turn off the faucet. Avoid using hot water, because repeated exposure to hot water may increase the risk of dermatitis.

**Fit to serve**
If you have any symptoms of an infectious or food borne illness, please stay home until you are well.
- Fever, diarrhea, infectious disease – Call you supervisor or preceptor and stay home.
Emergency Preparedness

Levels of Response

Be Prepared To Act Quickly, Correctly And Calmly:
• Know how to recognize and initiate emergency alarms.
• Know what to do in an emergency, including assisting patients, evacuation routes, where fire extinguishers, fire hoses and fire pull stations are located, how to use a fire extinguisher, the institution’s emergency phone number, whom to call, etc.

Fire Safety

Your Responsibilities In A Fire Emergency
Everyone has a role and responsibility in the event of a fire emergency, which may involve the rescue patients and others, assisting with moving them to safety, sounding the alarm, or just staying out of the way of firefighters and other designated emergency response personnel. ALL HEALTHCARE WORKERS must know the institution’s Fire Emergency Plan, the location of fire pull/call boxes, the location of emergency exits in their immediate area, the location of and how to use a fire extinguisher, places of safe refuge and evacuation procedures, and must comply with the Institution’s “No Smoking” policy.

Fire Emergency Plans

The R.A.C.E. protocol
“R.A.C.E.” stands for Rescue, Alarm, Confine/Contain and Extinguish. Each of these actions must be accomplished while responding to a fire emergency at any location throughout the Institution.

“R”- RESCUE: Individuals not capable of self-preservation (i.e. patients, injured healthcare workers, employees or visitors) must be rescued from the immediate area of fire origin. This action must be taken within the first few seconds of the start of a fire. Rescuing patients is every healthcare worker’s primary concern and is usually performed simultaneously with activating the alarm (A).
After removing anyone in immediate danger, remove all other patients/visitors in this order:
• Ambulatory patients may walk to safety on their own with supervision.
• Rescue/remove semi-ambulatory patients
• Rescue/remove critically ill patients

NEVER attempt to enter a room where a fire is contained without FIRST checking to see if the door is warm or hot to the touch. NEVER open a door if it is hot to the touch.

Evacuation-
Patients will only be evacuated with specific instruction from designated institution and/or fire personnel.
**Horizontal evacuation:** which is the type of evacuation used first, consists of moving patients down the corridor, through at least one set of fire doors to safe area

**Vertical evacuation:** consists of moving patients down the stairs to a lower level of safety and ultimately out of the building.
- NEVER use elevators to evacuate a fire area.
- Evacuate ambulatory patients before non-ambulatory patients.
- Move patient charts with patients.

“A”- **ALARM:** Should you see smoke or flames, use the fire emergency call box or pull station. Dial the institution’s emergency number “2222” and give the page operator your name, the phone number you are calling from, exact location (building, floor and room or office number), and state what you are reporting (sight or smell of smoke, or sight of fire and location).

If you discover smoke or flames in an occupied patient room, call out to a co-worker to call the emergency number and activate the fire call box/pull station while you rescue the patient. Whenever you hear a fire alert, listen for the building location of the fire emergency. If the fire emergency is in your building listen for further announcements and:
- **Do not use elevators.** Only use the stairs.
- **Close all doors.** Reassure all patients, and visitors. If you need to re-open a door, make sure it closes and latches securely behind you.
- **Listen for the all-clear code “Green”.** You may then resume your normal activity.

“C”- **CONFINE/CONTAIN:** Fire, smoke and toxic combustion products must be confined to the area where the fire started as much as possible. Closing doors and windows can prevent the smoke from spreading, cut off the flow of oxygen to the fire and save lives. Confine the fire as long as no one is in danger.
Never open a door if it is hot to the touch. Keep fire doors closed and automatically closing fire doors, corridors and stairwells free of obstructions.

“E”- **EXTINGUISH:** Handheld fire extinguishers (of the appropriate classification for the type of hazard likely to occur in the area) are located throughout the Institution. The most commonly used fire extinguisher is the ABC type and it can be used for most types of fires. If a specialty extinguisher is required in a particular area, you will be oriented to its use. Never use water on grease or electrical fires.

You should attempt to extinguish only small, contained fires (no larger than a waste basket), where your safety is assured, you have an escape route behind you, and a staff member or other healthcare worker is available to assist. The rescuing of those in immediate danger, sounding the alarm, and confining fire and smoke should be accomplished by other staff members or healthcare workers. Even if you extinguish the fire, the fire should still be reported by dialing the institution emergency number and sounding the alarm, thereby completing the R.A.C.E. protocol.
P.A.S.S. for Fire Extinguisher Use
All fire extinguishers are labeled with the name or type of extinguisher, display in picture format the type of fire it will extinguish, and include operating instructions. All fire extinguishers operate in the same way- “P.A.S.S.” (Pull, Aim, Squeeze and Sweep)

“P”- PULL:
Pull the pin from the fire extinguisher handle at the top of the fire extinguisher. (Remember not to squeeze handles when removing the pin.)

“A”- AIM:
Take 3 steps back and then aim the horn or hose at the base of the fire, not at the smoke or flames. You want to be about 8 to 10 feet away from the fire.

“S”- SQUEEZE:
Squeeze the top handle to the bottom handle to discharge the extinguishing agent.

“S”- SWEEP:
Sweep the nozzle from side to side across base of the fire.

Fire Alarms And Drills
Whenever you hear a fire alert you will not know if it is a drill or a true fire emergency. Therefore, you must treat it as a fire emergency somewhere in the facility and act appropriately. In the event of a true fire emergency, you must be prepared.

KNOW THE LOCATION OF:
• Fire Emergency Call Box/Pull Station
• Fire Extinguishers
• Evacuation Route
• Department Fire Plan

REMEMBER: THE USE OF ANY TOBACCO PRODUCT IS PROHIBITED ON ANY ST. VINCENT PROPERTY.

Stroke Awareness

Look for the signs of a Stroke
Since all St. Vincent ministries have the potential to care for Stroke patients, it is important to be able to identify the signs and symptoms of a possible Stroke so that care can be administered at quickly as possible.

• Numbness or weakness on one side of body
• Confusion
• Speech difficulties
• Vision changes
• Dizziness or loss of balance
• Severe headache
• Nausea and vomiting
• Facial droop
If you think a visitor is having a Stroke, contact the facilities emergency response number (2222) or notify an associate as soon as possible.

**Workplace Violence: Recognizing Danger**

**How to Protect Yourself**

Know what to do if violence seems likely and how to protect yourself:

- Get help if you feel unsafe while dealing with anyone; excuse yourself from the scene, and notify your supervisor, clinical instructor or preceptor immediately; contact security by dialing 2222
- Report all incidents, (threats, unusual behavior) to your supervisor, clinical instructor or preceptor immediately;
- Report poor lighting;
- Report unauthorized personnel;
- Lock up personal belongings;
- Don’t carry (and show) a lot of cash;
- Don’t wear a lot of jewelry;
- Prominently wear your ID badge;
- Request a Security escort to your car;
- Use the “buddy system”; never walk alone; and
- Be alert to overemotional patients, visitors, staff and healthcare workers who make threats or show extreme anger.

**Sexual Harassment**

Sexual harassment can occur in a variety of circumstances. It is important to understand the following key points:

- The victim as well as the harasser may be a woman or a man.
- The victim does not have to be of the opposite sex.
- The harasser can be the victim’s supervisor, an agent of the employer, a supervisor in another area, a co-worker, or a non-employee.
- The victim does not have to be the person harassed but could be anyone affected by the offensive conduct.

St. Vincent Evansville has policies prohibiting sexual harassment.

*Any issues should be promptly reported to your preceptor or Human Resources*

**Corporate Compliance**

St. Vincent Evansville corporate compliance program is a program of policies and procedures designed to educate our organization’s staff about requirements to comply with various laws, regulations, and internal policies. Its intent is to avoid compliance violations through staff education and training, monitoring, auditing, and providing a confidential reporting procedure for employees who have suggestions or want to report a suspected violation.

**Privacy and Confidentiality of Information**
CONFIDENTIALITY OF INFORMATION
In keeping with various laws, regulations, professional ethical guidelines and the Ethical and Religious Directives for Catholic Health Care Services, Ascension Health associates must maintain the confidentiality of medical records and other patient information. Associates are also expected to keep confidential information about other associates and the proprietary business practices of the organization.

All healthcare facilities have policies and procedures concerning access to and release of confidential information, including patient medical records, employment records, financial data, and other information. St. Vincent Evansville has specific policies defining what information is considered confidential and specific procedures for handling such information. It is important to review St. Vincent Evansville policies on confidentiality of hospital records, privacy practices, confidentiality and disclosure of medical records, and workstation/computer security. You will have access to patient information and may have access to information about medical staff, employees, individual performance, unusual events, and other confidential information. You should never disclose personal information to anyone who does not have a specific, job-related “need to know.”

HIPAA
Federal rules on privacy, which took effect on April 14, 2003, established national standards for privacy of medical information. Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), specific federal rules, in addition to state law, govern the use and release of a patient’s individually identifiable personal health information. The regulations protect medical records and other individually identifiable health information, including paper records, electronic records, and oral communications of medical information. State laws establishing additional protections for medical record confidentiality and disclosure remain in effect. More restrictive federal and state laws concerning release of certain records, including behavioral health, substance abuse, and alcohol abuse treatment, also remain in effect. Hospitals and other healthcare facilities are allowed to use and disclose health information for treatment, payment, and healthcare operations. However, release of medical information should be limited to the minimum necessary information.

Under HIPAA, hospitals and other healthcare facilities must take specific steps to protect the confidentiality and disclosure of identifiable protected health information. Some key provisions of the privacy regulations include:

- Notice of privacy practices: Hospitals must provide written notice to patients about the use and disclosure of personal health information and rights under the privacy rules. Patients are asked to acknowledge receipt of the notice.
- Appointment of privacy officer: Healthcare facilities must appoint an administrator who is responsible for ensuring compliance with the regulations.
- Administrative policies and procedures: Hospitals must have written policies concerning access to medical information, how medical records will be protected and disclosed, and how medical information will be used.
- Employee training: All employees, medical staff and students must be trained to follow privacy procedures and must be notified that appropriate disciplinary action will be taken for violations of privacy policies.
• Limits on use of personal medical information: HIPAA sets limits on the use of identifiable health information, including restrictions on certain marketing, research, and other uses.
• Access to medical records: Patients (or a patient’s legal healthcare representative) may review medical records, obtain copies, and request amendments of medical information. Healthcare facilities must provide an accounting of certain disclosures of medical information, upon request by the patient.
• The federal government will investigate complaints about violations of the privacy rule provisions, and may impose penalties.

Hospitals may maintain a directory of patient information, which includes:
• The patient’s name
• The patient’s location in the facility
• The patient’s condition, described in general terms that do not communicate specific information about the patient
• The patient’s religious affiliation (which may be released only to clergy)

Patients must be given the opportunity to refuse listing in the directory, and to restrict use or release of information contained in the directory. A patient may “opt out” of inclusion in the directory. If the patient is listed in the directory, then family, friends, and others may be provided limited information about the patient. No information may be provided unless the request is by patient name.

**Breach Notification**
The Health Information Technology for Economic and Clinical Health (HITECH) act was signed into law in 2009. One of HITECH’s goals was to strengthen Federal privacy and security laws to protect individuals’ health information from misuse as the health care sector increases use of Health Information Technology.

HITECH Improves and Expands Existing HIPAA Privacy and Security Rules by:
• Establishing a breach notification requirement for health information that is not encrypted or otherwise made unreadable. It requires that St. Vincent Evansville notify patients if there is an unauthorized disclosure or use of their health information.
• Strengthening the requirement that providers obtain patient’s authorization before using their health information for marketing and fundraising activities.
• Increasing the penalties for violations and providing greater resources for enforcement and oversight activities.
• Ensuring Business Associates, entities that work on providers’ behalf, are subject to the same privacy and security rules as providers.

HITECH’s requirements re-emphasize the importance of associates reporting all actual and potential breaches in a timely manner.

Examples of possible breaches include:
• Faxing PHI to the incorrect number;
• Disposing of treatment sheets containing PHI in the regular trash;
• Looking through patient files in order to learn of a friend’s treatment.

**Guidelines for Privacy and Confidentiality**
General Awareness
• Understand the hospital's policies on what information is confidential.
• Never discuss patient information outside of the workplace.
• Do not discuss patient information in hallways, elevators, and other public areas where others may overhear.

Computer and Printer Security
• Never share your password with anyone.
• Do not leave confidential information displaying on an unattended computer screen.
• Promptly remove printouts of confidential material from the printer.
• Dispose of ANY printed material that contains protected health information

Fax Machine Security
• Confirm all fax numbers before sending any confidential information.
• Always use a cover sheet stating that the information being sent is confidential.

Telephone Security
• Follow established policies about what patient information can be given over the phone.
• Do not leave confidential information on answering machines or voice mail systems.

E-mail/Network Security
• Passwords should never be shared or exchanged.
• Do not forward messages containing confidential patient information.

The HIPAA regulations require that hospitals minimize the risk protected health information (PHI) will be disclosed to individuals who do not have a “need to know”. This includes PHI in any form.

Report any possible/actual breaches to the St. Vincent Evansville HIPAA Privacy/Security Officer.

Patients’ Rights And Responsibilities

Recognizing the dignity and vulnerability of each person as a patient, St. Vincent Evansville has developed a list of patient rights and responsibilities. Each patient receives this information upon admission in addition to being posted throughout the hospital.

Reporting Concerns:
A copy of the Ascension Health Standards of Conduct brochure, which is a guide outlining the expectations regarding ethical business behavior for all Associates is available upon request. A confidential Values Line at (800) 707-2198 is available to anyone who wishes to report any violations or suspected noncompliance of these Standards.

Anyone who has a concern about the care, or wishes to discuss an ethical issue related to treatment, or if they wish to file a complaint or grievance concerning care, they are encouraged
to call the Patient Relations Representative at (812) 485-4860, or the 24-Hour Care Line at (812) 485-1234.
Additionally, a patient or family member may contact the Indiana State Department of Health (ISDH) to report any concerns at 317 233-1325; TTY 317 233-5577; Address: 2 North Meridian Street, Indianapolis, Indiana, 46204. The Email Address for ISDH is: comments@isdh.state.in.us

Complaints concerning any healthcare organization accredited by the Joint Commission on Accreditation of Health Care Organizations (TJC) may also be reported by calling 800-994-6610; or Email: complaint@jointcommission.org or by mailing a complaint to:

Office of Quality Monitoring
The Joint Commission
One Renaissance Boulevard
Oakbrook Terrace, IL 60181

A copy of St. Vincent Evansville Patients’ Rights & Responsibilities Policy is also available to anyone who requests one.

**Ethics**

*Ethics* guide each of our lives daily. Ethics refer to customs, morality, and standards of conduct of a given profession or group. At St. Vincent Evansville, we are guided by the *Ethical and Religious Directives (ERD) for Catholic Healthcare Services, fourth edition*. In addition to the “ERDs”, individuals bring to our Catholic Health Care Ministry personal ethics that guide our lives. The Joint Commission for Healthcare Accreditation (TJC) also provides standards for Organizational Ethics and Individual Rights and Responsibilities.

If you have questions regarding the processes for Medical Ethics Consultation, please contact your preceptor for clarification.