

2022 Annual Education

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Professional Boundaries

Definition: Professional boundaries are the limits to the relationship between someone in a professional role and the person in their care. The borders mark the edges between a professional relationship and a personal relationship. This allows work to be completed within a defined space and provides a safe connection based on the patient's needs. Professional boundaries serve to protect the integrity of the professional relationship and are intended to keep people safe from harm.

CommonSpirit Health at Home provides the following guidelines for professional boundaries for the Volunteer:

- If a patient has a medical emergency, volunteers must call 911 and then call their supervisor. For non-emergency medical problems or questions, notify a supervisor or case manager.
- Document services that were offered but refused by the patient.
- Actual time worked must be documented on time records.
- Do not pick up any medications, including prescriptions, for a patient.
- Do not make or receive personal phone calls while on duty. This includes making or receiving personal phone calls, sending or receiving personal text messages or emails.
- Do not discuss personal issues, religion or politics with a patient, caregiver, family member or member of a patient's household.
- Unless authorized by your supervisor, do not accept, obtain or attempt to obtain anything of value including gifts or tips from a patient, caregiver, family member or member of a patient's household. If offered a gift, notify your supervisor so the gift can be documented for your protection.
- Do not bring children, pets, friends, relatives or anyone else to a patient's home.
- Do not take a patient to your home.
- Do not enter or let anyone else enter a patient's home without the permission of the patient, caregiver, family member or member of a patient's household.
- Do not consume alcohol, medicine, drugs or other chemical substances not in accordance with legal, valid, prescribed use or in any way that impairs your ability to perform your job responsibilities or provide patient care.
- The Organization's offices and facilities are tobacco and vape-free. The use of tobacco and vape products are not permitted in or on Company owned, operated, or leased property, facilities, or grounds, including parking areas, or in Company vehicles. Tobacco products may include the act of lighting, smoking or carrying a lighted or smoldering cigar, cigarette or pipe of any kind, or the use of electronic nicotine delivery systems or electronic smoking devices such as e-cigarettes, e pipes, vapes, juules, e-hookahs and e-cigars. Tobacco also refers to chewing and snuff.
- Do not consume a patient's food or drink. You may eat a meal you bring with you if you have the patient's consent.
- Do not breach a patient's privacy or confidentiality of records. Do not tell one patient about another.
- Do not use a patient's personal property without their consent.

- Do not borrow, purchase or request anything from a patient, caregiver, family member or member of a patient’s household if it is not related to patient care – including money, clothing, household goods, food or cars.
- Do not solicit or sell items/services to the patient, caregiver, family member or member of a patient’s household or purchase items/services from the patient, caregiver, family member or member of a patient’s household.
- Do not engage in a personal relationship with a patient, caregiver, family member or member of a patient’s household.
- Do not engage in any activity with a patient, caregiver, family member or member of a patient’s household which will result in your personal gain.
- Do not engage in any activity that causes, or may cause, physical, verbal, mental or emotional distress or abuse to a patient, caregiver, family member or member of a patient’s household.
- Do not engage in sexual conduct or any conduct that a reasonable person would interpret as sexual in nature with a patient, caregiver, family member or member of a patient’s household, even if the conduct is consensual.
- Do not make a decision or be designated to make decisions for a patient involving a declaration for mental health treatment, power of attorney, durable power of attorney or guardianship.
- Do not engage in behavior that constitutes a conflict of interest, takes advantage of, or manipulates services, resulting in an intended or unintended advantage for personal gain that has detrimental results for the patient, caregiver, family member or member of a patient’s household.
- Do not provide care to anyone other than the patient.
- Do not engage in behavior that a reasonable person would interpret as an inappropriate involvement in the personal relationships of a patient, caregiver, family member or member of a patient’s household.
- Do not conduct company business on social network websites, including but not limited to Facebook or Twitter.
- Do not leave the individual’s home for a purpose not related to providing a service without notifying the agency supervisor, the individual’s emergency contact person, any identified caregiver, or the individual’s case manager. “Emergency contact person” means a person the individual or caregiver wants the provider to contact in the event of an emergency to inform the person about the nature of the emergency.

It is important to maintain professional boundaries with patients and their families. Therapeutic relationships allow volunteers to apply professional knowledge, skills, abilities and experiences in meeting the patient’s health needs. It also protects the patient’s dignity, autonomy, and privacy and allows for development of trust and respect. Professional boundaries extend to all work relationships including, but not limited to, employees, volunteers, vendors and others.

Communication Barriers

Definition: Barriers in communication are anything that creates a problem in communication, understanding a message, feeling and expression. There are a few different types of communication barriers in healthcare. Having this awareness and developing methods and strategies to overcome the barriers can help avoid difficult situations.

Review the following types of barriers to communication and suggested methods to overcome them:

1. **Language differences:** If the patient or family speaks a different language than the healthcare provider. Understanding the issues or problems that a patient or family may be facing will be challenging. In turn, the patient and family will have a difficult time understanding the plan of care or treatment process.
 - a. **Methods to overcome:** When a language difference is identified, contact your Volunteer Coordinator or supervisor and request assistance from your Organization's language interpreter service.
2. **Cultural barriers:** Different cultures have different ways of communication which can lead to challenges with communication. It is important to also understand that persons of the same culture may have different ways of communicating.
 - a. **Methods to overcome:** When communicating, maintain etiquette, avoid slang, speak slowly, keep it simple, practice active listening, take turns to talk, write things down, and avoid closed questions that are answered with a simple yes or no.
3. **Physical barriers:** Physical barriers such as the environment, distance and medium can lead to communication challenges.
 - a. **Methods to overcome:** When important conversations are occurring, provide for a suitable environment free from noise, disturbances and distractions. A calm, quiet environment can enhance communication. Place yourself at the minimum possible distance from the patient or family to create feelings of belongingness. Avoid mixed mediums where non-verbal cues, signs, symbols or facial expressions create negative feelings or emotions.
4. **Health/emotional status:** Health status can contribute to the success of communication. A patient that is anxious, in pain, or emotionally unstable, may not be able to communicate effectively.
 - a. **Methods to overcome:** Collaborate with the healthcare team on best timing for important conversations. Find ways to manage symptoms. For example, ensure the patient is as comfortable as possible to enhance their ability to understand and contribute.
5. **Developmental level:** Health literacy can contribute to the success of communication.
 - a. **Methods to overcome:** Assess the patients and family ability to contribute, find, understand, and use health information that is being provided. Collaborate with the healthcare team on best methods to communicate with patients and their families.

6. **Health jargon:** Health jargon is defined as a second language used by healthcare professions to shorten and ease communication. Use of health jargon is not intended for use when communicating with patients and their families. Healthcare professionals who use health jargon or acronyms with patients and their families can contribute to communication barriers.
 - a. **Methods to overcome:** Speak slowly in plain language. Do not use health jargon or acronyms when communicating with patients and their families.
7. **Patient Rights:**
 - a. Persons with disabilities, including accessible websites and the provision of auxiliary aids and services at no cost to the individual in accordance with the Americans with Disabilities Act and Section 504 of the Rehabilitation Act.
 - b. Persons with limited English proficiency through the provision of language services at no cost to individuals including oral interpretation and written translations.

Volunteers should be able to explain how they would communicate with patients who have a language barrier. This may include the availability of bilingual personnel, interpreters or assistive technology.

Refer to Administrative Policy #33.07 - Interpreter Services

Ethics

Our Organization has established an expected standard of ethical business conduct called Our Values and Ethics at Work Reference Guide.

Our Values and Ethics at Work Reference Guide describes our standards of conduct as practical applications of our core values and cultural attributes.

All board and committee members, officers, employees, volunteers, medical staff must act in accordance with the following standards of conduct:

- Exercise good faith and honesty in all dealings and transactions.
- Create a workplace which fosters community and honors and cares for the dignity, safety and wellbeing of all persons in mind, body and spirit.
- Maintain a high level of knowledge and skill among all who serve in order to provide high quality care and safety.
- Observe all laws, regulations and policies which govern what we do.
- Maintain the integrity and protect the confidentiality of patient, resident, employee and organizational information.
- Avoid conflicts of interest and/or the appearance of conflicts.
- Use our resources responsibly.

Please refer to Administrative Policy # 33.65, Ethical Issues in Patient Care.

- This policy provides an outline to the process and adequate channels of communication for managing ethical issues arising during the course of patient care.
- Our policy supports a code of ethics which believes and reaffirms that a patient has the right to: considerate and respectful care, privacy, reasonable response to requests,
- informed consent, refuse treatment, reasonable continuity of care, protection of confidentiality, and explanation of charges.

Reporting and Ethical Issue:

- Volunteers should report ethical issues concerning patient care to their Volunteer Coordinators or follow the Chain of Command, as needed.
- Ethical issues may also be reported anonymously via the Ethics Hotline. (1-800-845-4310 or <https://compliancehotline.commonspirit.org>).

Cultural Diversity

Definition: Cultural Diversity refers to **differences** among people because of their racial or ethnic backgrounds, language, dress and traditions.

Each patient has a right to have his or her cultural, psychosocial, spiritual, personal values, beliefs, and preferences respected.

Patients will not be discriminated against based on social status, political belief, race, color, creed, religion, national origin, age, sex (including sexual orientation and gender identity), disability, marital status or diagnosis.

CommonSpirit Health at Home will serve each patient, family and community: In a culturally and linguistically appropriate manner, by addressing decisions about care, treatment and services, and answer any questions and reduce conflicts or other dilemmas for the patient and their family.

Patients have the right to:

- Have their property and person treated with courtesy, respect and consideration.
- Be recognized by their individuality, dignity, strengths, choices and abilities.
- Have their cultural, psychosocial, spiritual, and personal values, beliefs and preferences respected.

Decisions about care, treatment, and services can sometimes present questions, conflicts, or other dilemmas for the patient and their family. Some examples are:

- Chinese patients may be extremely modest; avoiding male caregivers for female patients would be appropriate.
- Islamic patients generally won't eat pork or shellfish.
- Orthodox Jewish dietary laws prohibit eating meat and dairy products together and separate cookware and utensils must be used with each.

Cultural Awareness:

- Avoid drawing conclusions about a patient based on culture.
- Learning about different cultures allows for better understanding and better clinicians.
- Respect and do not interfere with cultural beliefs by respecting the rights of patients and families.
- It is important to be aware and identify what your own cultural beliefs are.
- Do not try to change a patient's cultural beliefs or try to convert them.
- Cultural practices may vary from the same cultural group.
- If it is felt that a cultural practice is harming the patient, discuss the situation with the physician and a supervisor or member of management.

Complaints and Grievances

Volunteers are to encourage patients to express their concerns freely related to care and services. When a patient concern is received, every attempt will be made to handle the concern without disruption of care or services to the patient. Contact and follow up will be handled in a timely manner and management will work in cooperation to assess the concern, plan appropriate actions, implement an action plan and determine if the concern has been resolved.

Examples of Concerns/Complaints:

- Employees not calling prior to visit or staff not arriving on time.
- Telephone rings too long when calls are made to the office.
- Supplies have not arrived.
- Unsatisfactory care.
- Unprofessional behavior.

Patient Rights:

- To lodge complaints regarding treatment or care that is (or fails to be) furnished, the lack of respect for property and/or person by anyone who is furnishing services on behalf of the agency.
- To receive in writing contact information for the agency administrator. This is provided to the patient as part of their start of care packet.
- To be advised of the state toll free home health telephone hotline. This is provided to the patient in their Patient Orientation Handbook.

The agency must:

- Investigate all complaints
- Take action to prevent further potential violations, including retaliation, while the complaint is being investigated
- Document both the existence of the complaint and the resolution
- Maintain records of complaints/concerns and their outcomes.
- If the complaint or concern and/or injury involves an employee or volunteer misconduct, the employee or volunteer will be removed from the case during the investigation.

Service Recovery:

- Service recovery refers to the actions companies take when services have not been provided as the customer expects.
- **The steps to service recovery are the following:**
 - Remain calm
 - Listen
 - Summarize
 - Take ownership

- Avoid excuses and arguing
- Follow up timely

Following up on a complaint or concern:

- Initiate the follow up
- Put emotions aside
- Avoid challenging the complaint
- Thank them
- Acknowledge what they say
- Offer support
- Once a resolution has been reached, ensure they understand the resolution or what is being offered
- Offer an apology, with gratitude attached
- Follow up

Volunteers are encouraged to contact their Volunteer Coordinator as needed, when it is identified that a patient or family have a complaint or concern.

Please refer to Policy # 33.06, Patient Concerns, for more information.

Infection Control

Hand Hygiene

Hand hygiene is one of the most important things one can do to stop the spread of infection.
Please refer to Administrative Policy 33.900, Hand Hygiene.

When to perform hand hygiene?

- After using the bathroom, coughing, blowing nose or when hands are visibly soiled.
- Before preparing food and after handling raw meat, fish, poultry, etc.
- When providing personal care.
- When entering and exiting the patient's room.
- Before entering/reentering the nursing bag, handling clean supplies, using a tablet, etc.
- After removing gloves and/or contact with blood or body fluids.

How to perform hand hygiene?

- Use liquid soap and warm water. Rub hands vigorously while washing for 20 seconds. Dry hands and turn off the faucet with a paper towel.
- Use alcohol based hand rub if hand washing facilities are not available or appropriate for use.
- Alcohol based hand rinse does not remove soil or organic materials.
- Apply enough to cover the entire surface of the hands and fingers in order to come in contact with all surfaces of the hand and fingers. Rub vigorously into hands and fingers until dry. Do not use paper towels to dry your hands.
- Hand sanitizer is ineffective against spore forming organisms such as Clostridium Difficile (CDiff). Hand washing with soap and water must be performed.

When should gloves be worn?

- Wearing gloves is important for infection control and should be worn at all times when there is a potential for contact with blood or body fluids such as: wound care, toileting, bathing, cleaning patient care environment, handling soiled linens, bedside commodes, patient care equipment, etc.
- Replace gloves with a clean pair when visibly soiled, torn, or punctured.
- Change gloves as needed to avoid cross contamination.
- Remove gloves immediately after use and discard as appropriate.
- Always wash hands immediately after glove removal.

Blood Borne Pathogens

Blood borne pathogens are infectious agents which can be present in blood and other body fluids tainted with blood. Volunteers are responsible for following all safety precautions related to the prevention of exposure to blood borne pathogens.

Personal Protective Equipment (PPE) provides a barrier between you and the infectious agent. Protective equipment is available at no cost to those who have duties requiring direct contact with blood or body fluids. Protective equipment includes but is not limited to gloves, gowns or aprons, protective eyewear and airway equipment. Contact the supervisor if protective equipment is needed.

Report all blood borne pathogen exposures immediately to your supervisor. A Blood Borne Pathogens Exposure Control Plan Manual is available to all agencies which provide details on exposure prevention and control. Volunteers should be familiar with their agency's plan and notify their supervisor if they have any questions or need additional assistance or education.

Sharps Safety

When sharps are used in a patient's home or in a facility, a designated sharps container should be available to safely dispose of sharps.

Education should be provided to patients and their families who use sharps for medication or blood testing on the proper disposal of sharps.

- For patient home use, an appropriate sharps container is one that is leak-proof, impervious, and with a lid which can be secured prior to disposal. A heavy gauge plastic liquid laundry detergent bottle works well. Boxes, milk cartons, 2-liter soda bottles are not appropriate.
- Use caution when handling sharps containers.
- Do not fill more than three quarters full and nothing is protruding through the top.
- Never stick fingers or try to force sharps into a full container.
- Never recap, bend or break a used needle or lancet.

When appropriate, for concerns on proper disposal, notify your supervisor

Standard Precautions

All volunteers should follow standard precautions to avoid exposure.

All volunteers should routinely use appropriate barrier precautions to prevent skin and mucous membrane exposure when contact with blood or body fluids is anticipated.

Personal Care:

- Blood and other body fluids may be carefully flushed down the toilet.
- Other contaminated items should be put in a sturdy plastic bag, sealed and placed in another plastic bag before placing in a garbage receptacle.

Household Cleaning:

- ● Environmental surfaces such as walls, floors, and other surfaces should be routinely cleansed using regular soaps and cleaning materials.
 - When cleaning hard non-porous surfaces, gloves must be worn.
 - For surfaces soiled with blood and body fluids, using paper towels, wipe up the fluid spilled area. Soiled areas should then be cleansed with a bleach solution of 10 parts water and one part bleach and allowed to air dry. Discard used paper towels in a plastic bag, place in another plastic bag and dispose of the regular trash. Remove gloves and immediately wash hands.
 - For cleaning upholstered fabrics and carpeting, contact your supervisor for cleaning instructions as these items may need to be professionally cleaned and/or disinfected.
- Bathrooms and kitchen areas may be shared with others however, towels, washcloths, toothbrushes, razors and other personal items should not be shared.
- An automatic dishwasher is adequate for washing dishes. When hand-washing dishes, they should be washed in hot, soapy water and gloves should be worn.
- When soiled with blood or other body fluids, the patient's bed linens and clothing should be kept separate from other household member's linens in a plastic bag until washed in hot soap water and one-half to one cup of household bleach or per laundering instructions.

Management of Exposure:

- If an exposure occurs, immediately wash the affected area with soap and water.
- If an exposure is in the eyes, nose, or mouth, flush the area with water.
- Notify your supervisor immediately.
- A confidential post exposure medical evaluation will be provided at no cost.

Hepatitis B

Hepatitis B is an inflammation of the liver caused by the Hepatitis B virus (HBV). The incubation period ranges from 40 to 180 days. The course of acute hepatitis can be mild and completely without outward symptoms, or it can be severe, prolonged, and possibly fatal.

Volunteers can be exposed to Hepatitis B from contaminated needle punctures or blood spills on broken skin or mucous membranes. Other body fluids, such as bloody urine, bloody wound drainage, or semen may also be infectious. The greatest threat to healthcare workers is the nearly one million Hepatitis B carriers in the country, 80 to 90% of whom are identified.

Why should I learn about Hepatitis B?

Hepatitis B is a serious health risk for healthcare workers (HCWs). About 12,000 HCWs are infected with HBV each year; 200 HCWs die annually from HBV.

How is Hepatitis B spread?

HBV is spread by exposure to contaminated body fluids – mainly blood and blood products, but also semen and vaginal secretions. HBV is usually spread by having sex with an infected person, sharing contaminated needles or syringes, or using contaminated equipment for medical procedures.

Healthcare workers may contract HBV by:

- Injuries from sharps
- Accidental blood or body fluid contact to mucous membranes or non-intact skin

What are the symptoms of illness?

Many people who get infected are asymptomatic. Those with symptoms may experience:

- Fatigue - abdominal tenderness - loss of appetite/weight
- Jaundice - dark urine - flu-like symptoms
- Aching - rash - nausea, vomiting, diarrhea

When can HBV be transmitted?

It may be transmitted at any time during infection, even without symptoms being present.

How can healthcare workers be protected?

Immunization is the best protection. The vaccine is recommended for anyone who may be exposed to blood or bloody fluids. It is given in 3 intramuscular injections over a 6-month period.

What other protection is advised besides the vaccine?

- Consider all blood and bloody fluids to be contaminated and avoid direct contact.
- Gowns, gloves, masks, eye protection, head and foot coverings, etc. (as appropriate to the situation).

If exposure occurs, what should be done?

The exposure should be reported immediately. An occurrence report should be completed. A confidential medical evaluation and follow-up as needed.

Hepatitis B Vaccine

The vaccine is for protection against Hepatitis B. It is recommended for those with frequent exposure to contaminated body fluids. Three doses of vaccine are required: the initial dose, a second dose a month later, and a third dose five months later. Those with continued exposure to blood borne pathogens may request a titer test at any time.

Hepatitis B vaccine will not prevent hepatitis caused by other agents, such as the Hepatitis A virus, non A, non-B Hepatitis viruses or by other viruses known to infect the liver. Although information available to date indicates the vaccine is highly effective in protecting against Hepatitis B, it is not proven totally effective in preventing Hepatitis B among all persons vaccinated (those who are immuno-suppressed or those with presence of any serious active infection). Hepatitis B vaccine is prepared from yeast cultures and is free of association with human blood or blood products.

Follow-up studies indicate that the most common side effect of the vaccine is injection site soreness. Less common local reactions are redness, swelling, and warmth, which usually subside within 48 hours. Low-grade fever occurs occasionally. Other complaints include malaise, fatigue, headache, nausea, dizziness and joint pain. These symptoms are infrequent and limited to the first days following the vaccine. Rash has been reported, but rarely.

Precautions

The Hepatitis B Vaccine is contraindicated for those who are hypersensitive to yeast or any component of the vaccine. If you have any serious active infection, the vaccine should be delayed.

Volunteers with a history of cardiopulmonary disease risk a possible febrile or systemic reaction. Those with a history of cardiopulmonary disease, must have authorization from their physician for administration of the vaccine.

The Hepatitis B vaccine is not recommended for pregnant women or nursing mothers. Those who are pregnant or nursing, must have authorization from their physician for administration of the vaccine. They may decline the vaccine at this time and ask to have the vaccine at a later date.

Influenza

Symptoms of the flu may include fever, cough, sore throat, body aches, headaches, chills, fatigue, and possibly diarrhea and/or vomiting.

Volunteers with flu like symptoms:

- Must not report to work
- Notify their supervisor
- Contact their personal physician if they or a member of their household has been exposed to someone with a confirmed case of the flu.
- Return to work when their symptoms are gone and they remain fever free for 24 hours (without the use of fever reducing medications).

Prevention Tips

- Cover nose and mouth with a tissue when sneezing or coughing, throw tissue in the trash and then perform hand hygiene.
- Avoid touching eyes, nose or mouth.
- Always wear gloves when handling items which may be soiled with blood or body fluids, cleaning household areas which may be soiled with blood or body fluids, etc. Use additional PPE as needed.
- Obtain the seasonal flu vaccine and any other physician recommended vaccines. Notify supervisor if patient or a patient's household member has the flu or flu like symptoms.

Tuberculosis**What is Tuberculosis?**

Mycobacterium Tuberculosis (M.TB) is the organism which causes TB. It is an acid-fast aerobic bacterium which is transmitted through the air in droplet nuclei, the infectious particle. When a person with active pulmonary TB coughs, speaks, or sneezes, these droplet nuclei become suspended in the air and can remain there for long periods of time. Despite the fact that the droplets are in the air, the disease is not easily transmitted. Most people who are exposed to TB do not become infected. The natural defense of the upper airway prevents most of the large droplets from reaching the lungs. However, if smaller droplets reach the alveoli, infection can occur. The person with active tuberculosis (disease) may or may not be infectious to others.

How is Tuberculosis spread?

Tuberculosis is spread through the air from one person to another. The bacteria are put into the air when a person with active TB disease of the lungs or throat coughs or sneezes. When a person breathes in the TB bacteria, the bacteria can settle in the lungs and begin to grow. From there, they can move through the blood to other parts of the body, such as the kidney, spine and brain.

Who is at risk for getting Tuberculosis?

- People with HIV infection (Human Immunodeficiency Virus).
- Close contact with people with active tuberculosis.
- People who are sick with other diseases that weaken the immune system (for example: diabetes mellitus or cancer).
- People who inject illegal drugs.
- Foreign-born persons from areas where tuberculosis is common (for example: Asia, Latin and South America, South Pacific Islands).
- Residents of long-term care facilities, including prisons and homes for the developmentally disabled.

Symptoms

Symptoms of TB depend on where in the body the TB bacteria are growing. TB bacteria usually grow in the lungs. TB in the lungs may cause symptoms such as:

- A bad cough that lasts 3 weeks or longer
- Pain in the chest, abnormal chest x-ray
- Coughing up blood or sputum (phlegm from deep inside the lungs)
- Other symptoms of active TB disease are:
 - Weakness or fatigue
 - Weight loss
 - Fever
 - No appetite
 - Night sweats
 - Chills

Though not as common as tuberculosis of the lungs, tuberculosis of the spine may cause back pain, and tuberculosis of the kidneys may cause blood in the urine. Tuberculosis can also affect the gastrointestinal, genitourinary and nervous systems.

Screening/Testing

Screening is conducted to identify people infected with Tuberculosis. This can include symptom screening and TB testing.

Treatment

- Treatment for TB lasts 6 months or longer. If the disease is not treated long enough, it is possible that some of the TB bacteria may survive. Unfortunately, many people do not continue therapy for adequate periods of time and the disease is poorly controlled.
- There are many medications available to treat TB and many times a multi-drug regimen is selected in order to prevent the development of organisms which may be resistant to one or the other medication. First line therapy may include Rifampin, Pyrazinamide, Ethambutol, or Streptomycin. Treatment should continue until six months after the sputum specimens are negative of TB.
- Patients who are considered infectious and require respiratory protection by staff will be identified by the treating and/or transferring/discharging facility. All employees and volunteers assigned to identified patients will follow respiratory protection until notified by the treating physician that the patient is no longer infectious and respiratory precautions can be discontinued.

Note: Volunteers who will be assigned to a patient requiring respiratory protection (N95 Mask) will be provided fit testing prior to the assignment and provision of the N95 mask(s). Volunteers who have not been fit tested or who have failed prior fit testing will not be assigned to a patient requiring respiratory protection. Volunteers must alert their scheduler or supervisor if they have not been fit tested or failed a prior fit test and are assigned a patient requiring respiratory protection or if they have any questions regarding respiratory protection or how to obtain N95 masks or other PPE.

Prevention

In general, TB is a preventable disease. The best way to control TB is to diagnose and treat people with TB infection before they develop active disease. There are also other measures to help protect yourself and others:

- Keep your immune system healthy
- Get tested regularly
- Finish your entire course of medication
- Stay home if you have active TB
- Ensure adequate ventilation (let in fresh air)
- Cover your mouth

Additional resource information can be found on the CDC website at:
www.cdc.gov/tb/Form

Please refer to Policy # 32.62, Tuberculosis Screening and Education.

OSHA and Workplace Safety

Personal Safety

Preparation

- Carry a minimal amount of money, driver's license and ID badge.
- Do not carry credit cards.
- Keep your wallet out of sight and not in your field bag.
- It is not advisable to carry a purse while in the field.
- Do not wear rings or other valuable jewelry while on duty.
- Discuss any doubts or fears about certain assignments with the supervisor.
- Wear an ID badge on the outside of clothing where it is easy to see.

In the Community

- Be alert and observant; develop a sense of awareness regarding your immediate environment.
- Do not use cell phones (particularly those with ear buds) or personal music players while walking as this can distract your attention and reduce hearing.
- Avoid walking in dark, deserted places. Do not take shortcuts through secluded alleys or vacant lots. Walk in the center of sidewalks away from buildings, lines of parked cars and tall hedges.
- When approached by strangers, be courteously alert, maintain vigilance and convey the message that you are expected somewhere.
- Never give personal information including, name, address or telephone number to people you don't know.
- To avoid appearing lost if an address or building is not immediately identified, drive down the street until the location is identified, and then return to the patient's building. If lost, call the supervisor, or ask a police officer, fire fighter, mail carrier or business owner for directions.
- Wear whistles on the outside of clothing on a breakable chain. Carry a shrill alarm.
- If being followed while walking, enter a business establishment. Cross the street and walk in the opposite direction if being followed by a car. If being followed while driving, drive to the nearest police, fire or gas station.
- If a group of people is loitering, cross to the other side of the street. Observe windows and doorways for loiterers.
- If someone tries to take your bag, **DO NOT HAND IT OVER!** Toss it away – chances are the assailant is more interested in the bag than in you and will go for the bag. **RUN IN THE OTHER DIRECTION.** Notify the police and the supervisor.
- Act assertive and confident; don't look vulnerable. Have an assertive posture; shoulders back, head up and walk with an even stride. Look like you know where you are going.
- Become familiar with safe places such as community centers, churches, grocery stores and police stations. Identify and become known to local merchants who may offer protection.
- If thrown in the trunk of a car, kick out the back tail lights, stick your hand out of the hole and start waving like crazy. The driver won't see, but everyone else will.
- Do not feel obligated to complete the assignment if you feel threatened. Trust your gut

feelings. Call the office.

Transportation Guidelines

- Keep the car in good working order.
- When walking to the car, carry keys between the knuckles (to use as a weapon), and have the door key ready so as to enter the car quickly.
- When approaching the car, be sure to look under the car. Before entering the car, check the back seat and the passenger side floor.
- If parked next to a van, enter the car from the passenger door. Most muggers attack their victims by pulling them into their vans while the victim is attempting to get into their car.
- Once in the car, lock the doors and leave the area. Keep windows up at all times. Keep valuables out of sight.
- If using the car trunk to store valuables, place the items in the trunk when leaving home or prior to patient visit and not when arriving at the patient's home.
- If the vehicle becomes disabled while on duty:
 - Return to the patient's home or safest available setting. If you choose to remain in your vehicle keep the doors locked and remain alert.
 - Notify the supervisor.
 - Remain at the safest available place until assistance arrives.
 - Call 911 if safety is threatened.

When Making a Visit

- Look inside before entering an elevator. If concerned, do not enter. If the trap door is open, do not enter until checking with building management/maintenance. When on the elevator, stay near the door and the control panel. Be observant of other passengers who enter. Press the appropriate floor number; do not ask anyone else in the elevator to do it.
- Avoid using stairs in an apartment building. Be aware of all exits and formulate a tentative plan of action.
- Do not search for a patient by knocking on the neighbors' doors.
- Be cautious of partially opened doors; they may provide a hiding place for an attacker.
- Do not wait for prolonged periods of time when there is no response to knocking. Notify the office.
- Do not let strangers know what floor/apartment you are going to visit.
- Plan ahead for each visit. Make sure to have specific directions to the patient's home including where to enter. If unsure, call the office.
- If an unfamiliar person answers the door, do not enter until you know the patient is home.
- The patient is instructed to remove all firearms, knives, and threatening animals from the area where you will be working. If firearms are observed in the home, ask the patient/family to remove them from the patient care area. If a patient or family refuses or you feel threatened in any way leave the home and notify the office.
- If you observe illegal activities (i.e., drug use, drug dealing, fencing operations or weapons), appear disinterested. Do not make comments about the observations. Notify your supervisor when away from the situation.
- If you feel threatened by a patient or family member, make an excuse to leave the home and notify the office (ex: left paperwork in the car).

- Be alert for escalating behaviors in patients/family members such as agitation, yelling, throwing objects or physical actions such as hitting, kicking, biting or displaying a weapon.
- While most pets are friendly, be aware of pets in and around the patient's home that may pose a threat. If you have concerns, ask the patient/caregiver to confine the animal in another room during the visit. If an animal becomes aggressive remove yourself to a place of safety and ask that the animal be confined immediately. Notify your supervisor.
- If a patient/caregiver is unwilling to confine an aggressive animal, leave the home and notify your supervisor.
- **Remember anytime you feel unsafe in a patient home, you should leave. Keep your supervisor informed of any unsafe situations you observe. Call 911 if a serious/life threatening situation occurs.**

General safety tips

- Always position the item close to the body at waist level.
- When lifting or picking up items from below waist level, always bend at the knees.
- Rather than lifting or carrying one very heavy item, such as a laundry basket or load of groceries, make multiple trips with lighter loads instead.
- Do not perform tasks which exceed your weightlifting capabilities or are outside the care plan, such as moving furniture or climbing ladders to clean windows.
- Notify the supervisor if asked to perform any unsafe task.

Emergency Management

In the event of a disaster or community emergency, each agency has an operating plan in place. The plan prioritizes the patients who need care. Volunteers are expected to be aware of their function during such an emergency. The branch management will determine when the plan will be activated.

The primary emergency command center is the agency office. If an emergency occurs, clinical staff will attempt to contact priority one patients first. Priority patient status should be maintained up to date in the patient medical record. Contact will be made with the office for further instruction.

In the event of the complete destruction of the office, an alternate command center will be planned for use. Contact your supervisor for the alternate command center.

Please refer to policy 33.33 Emergency Management Business Continuity Plan. 2022

Preparedness at Work

- Volunteers must know their role in the emergency management plan and be prepared to respond.
- Know the office/facility shelter location.
- Plan where to go and what they would do to stay safe should bad weather occur.
- Ensure homecare patients have a shelter plan in place and know the shelter area in their home.
- Monitor local weather stations frequently or sign up for weather alerts that can be sent to your phone.
- Do not remain in a vehicle if a tornado approaches, seek shelter immediately.
- If a tornado or severe weather approaches while traveling/making visits during the workday *find a place of safety*. Alert the office of your status, patients status and any hazards or patients who cannot be seen.

Floods

- Monitor local weather stations and/or sign up for weather alerts for updates on weather conditions and flooding
- Be aware of road conditions and reduce speed to avoid hydroplaning
- Be extra cautious on roadways which are prone to flooding, such as:
 - Near creeks or rivers
 - Low lying areas with poor drainage
 - Bridges over waterways
- NEVER attempt to drive through flood waters, across a flooded bridge or on a flooded roadway. Just a small amount of moving water can sweep a car off of a roadway. Remember the saying “Turn around, don’t drown.”
- Call ahead to patients who live in flood prone areas to ensure they are safe and their home is accessible and they have not evacuated to a higher/safer location.
- Be sure that patient’s living in flood prone areas have included emergency preparedness & evacuation plans in their emergency preparedness plan.
- Notify the office and patient if flooded roadways are encountered or you are unable to reach their destination due to flooding.
- Volunteers must notify the office if a patient has evacuated to another location or they are unable to reach the patient due to flooding.
- Understand weather warning levels.
- Flash Flood and/or Flood *Watch*: conditions are right for flooding. Be on alert for flooding.
- Flash Flood and/or Flood *Warning*: flooding is imminent, take precautions.

Tornadoes

- **The best place to shelter is underground, in a basement, away from windows and doors.**
- A heavy blanket, sleeping bag or mattress can provide protection from falling/flying debris.
- If a basement is not available, choose a small windowless, interior room, stairwell or closet on the lowest level.
- Multi-unit buildings-know the buildings designated shelter location. If the building does not have a designated safe area, go to a windowless interior room, stairwell or closet on

the lowest level.

- Mobile homes and vehicles are not safe during a tornado. Choose a sturdy building or storm shelter. If there is no shelter nearby, lie flat in the nearest ditch, ravine or culvert and cover your head with hands.
- **Tornado Watch** means conditions are right for a possible tornado. Be alert for the need to seek shelter. Stay tuned to local radio or television.
- **Tornado Warning** means a tornado has been sighted or identified on radar. *Seek shelter immediately when warned to do so.* Stay tuned to local radio or television.
- Employees and volunteers are encouraged to keep a battery operated radio in their cars.
- Stay in a safe area until the danger has passed.

Earthquakes

- Stop. Drop to the ground to avoid a fall and cover the head and neck and hold on until the shaking stops. When indoors, take cover and if with a patient assist the patient to take cover under a desk, table or bench.
- Volunteers should protect themselves and their patient from falling objects/glass/windows.
- When outside, get down low away from power lines, trees, or falling objects and protect the head and neck.
- After the tremor:
- Prepare for aftershocks
 - Assemble any required medication or equipment and assist the patient to do so if with a patient.
 - Avoid use of candles, matches or open flames.
 - Retreat to a place of safety if the current location is unsafe.
 - Call 911 if emergent medical or evacuation assistance is needed.
 - Notify the patient's emergency contact.
 - Notify the office.

Fire Safety

- Whether at home, the office, a patient's home, facility or public place one of the most important preparedness activities is to know the evacuation route. Know the primary route and a secondary route out of the building.
- Never return to a burning building or re-enter a building until emergency personnel say it is safe to do so.
- Remember RACE:
 - Rescue/retreat to safety
 - Activate fire alarm and/or call 911
 - Contain fire by closing doors when exiting
 - Evacuate or if fire is small/contained Extinguish
- If your location is equipped with a fire extinguisher remember PASS:
 - Pull the pin
 - Aim at the fire base
 - Squeeze the handle
 - Sweep from side to side

- Only use a fire extinguisher on small contained fires. If in doubt, EVACUATE!
- Know and understand all safety processes/procedures for prevention, response, evacuation, alarms/codes & drills.
- Be sure to report any fire safety hazards to your supervisor!
- Fire Safety in Patient's homes
 - Know the fire escape plan for each patient. (Check patient handbook)
 - Smell smoke or see fire? Move the patient out quickly, then call the fire department.
 - Escape, stay close to the ground; smoke and heat rise.
 - Before opening a door in a burning building, feel the door.
 - If the door is hot – go out an alternate exit or window.
 - If the door is cool – kneel down and check if the air under the door is cool. While kneeling, slowly open the door with your face turned away. Listen and smell for smoke and fire before proceeding. Close doors as you leave each room. Crawl under smoke to escape.
 - Can't escape quickly? Protect the hands, face, nose and mouth with wet clothes/clothes.
 - Place a wet towel at the bottom of the door.
 - Open a window and wave an object to attract attention.
 - Leave the window open and get down low for ventilation.
 - If clothes catch on fire, STOP where you are, DROP to the ground, and ROLL over to put out the flames.
- Ensure the patient has a fire escape plan and notify a supervisor with any fire safety concerns.
- More prevention activities for home:
 - Never overload electrical outlets or plug one power strip into another.
 - Keep walkways & exits clear
 - Have working smoke detectors, test them & replace batteries
 - Never store flammable items near heat or sources of ignition
 - For cooking/grease fires, turn off the heat and place a lid over the pan. Never put water on a grease fire or attempt to carry a burning pan outside.
 - Never leave stoves, fireplaces, burning candles, etc. unattended.
 - Special considerations when oxygen is in use
 - Be sure warning signs are posted
 - Be sure tanks are stored safely (racked or lying down in well-ventilated area)
 - Be sure tubing length does not cause a fall hazard
 - Be sure there are no sources of sparks and/or open flames
 - NO SMOKING NEAR OXYGEN! This includes e-cigarettes!
- Remember: Oxygen accelerates a fire!



Volunteer Education Calendar Year 2022

- Alert a supervisor to any unsafe behavior or fire safety hazards noted in patient's home

Patient Rights and Responsibilities

Patients have the right to:

- Be fully informed in advance about care and services to be provided, including the disciplines that furnish care and the frequency of visits, as well as any modifications to the Plan of Care.
- Be informed, both orally and in writing in advance of care being provided, of the charges, including payment for care and services expected from third parties and any charges for which the patient will be responsible.
- Receive information about the care and services covered under the Medicare benefit. Receive information about the scope of services that the Company provides and specific limitations on those services.
- Participate in the development of a periodic revision of the Plan of Care.
- Refuse care or treatment after the consequences are fully presented.
- Be informed of patient rights under state laws to formulate an Advance Directive.
- Have one's property and person treated with respect, consideration, and recognition of patient dignity and individuality.
- The patient's family or guardian may exercise the patient's rights when the patient has been judged incompetent.
- Be able to identify visiting employees through proper identification.
- Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property.
- Voice grievances or complaints regarding treatment or care and lack of respect of property, or recommend changes in policy, employees, or care and services without restraint, interference, coercion, discrimination, or reprisal.
- Have grievances or complaints regarding treatment or care that is (or fails to be) furnished or lack of respect for property investigated.
- Have confidentiality and privacy of all information contained in the patient medical record and of Protected Health Information (PHI)/Electronic Protected Health Information (EPHI), including Outcome and Assessment Information Set (OASIS) information.
- Be advised on the Company's policies and procedures regarding the disclosure of PHI.
- Choose a healthcare provider, including choosing an attending physician.
- Receive appropriate care without discrimination in accordance with physician's orders.
- Be informed of any financial benefits when referred to an organization.
- Be fully informed of one's responsibilities.
- Be informed of patient rights regarding the collection and reporting of OASIS information.
- Be informed that OASIS information will not be disclosed except for legitimate purposes allowed by the Privacy Act.
- Be informed of anticipated outcomes of care and services and of any barriers in outcome achievement.
- Be informed of the right to refuse to answer a specific question in regard to OASIS data collection.

Please refer to Policy #33.03, Bill of Rights and Responsibilities for more information

Compliance Program

Confidentiality & Health Insurance Portability and Accountability Act (HIPAA)

During your employment you may be asked for or given information regarding the condition of a patient, confidential information regarding fellow employees or volunteers, or information about the operations within the organization. We expect you to be courteous and helpful at all times. However, information about a patient's condition, care or treatment; information about fellow employees or volunteers; or information about the operation of CommonSpiritHealth at Home is absolutely confidential. This information must not be discussed with anyone other than those directly responsible for the patient's care or authorized to act in the name of our Companies. When in doubt, you should seek the advice of your supervisor. Your obligation not to disclose such information exists both during and after your employment.

The Health Insurance Portability and Accountability Act (HIPAA) is the Federal law requiring health care providers, clearinghouses and payers to protect patient privacy, secure health information and use standard formats for common electronic transactions.

Protected Health Information (PHI) or Electronic Protected Health Information (EPHI) is information which can be used to identify patients, describe their medical condition, or define their course of treatment. This identifying information may include name, address, phone number, diagnosis, services received and condition. **This information may be shared for the purposes of treatment, operating the business, obtaining payment for services, with the patient's written permission, or as required by law.**

Please refer to the CommonSpirit Privacy Standard #24: Verbal Disclosure of Protected Health Information.

HIPAA Requirements:

- **Discussion of Patient Information** – Do not share patient information unless it's necessary for others to perform their job, and then only give the minimum amount they need to perform their job. With the patient's permission, information may be shared with those who are directly involved with the patient's care. This information must be limited to what is pertinent to the person's involvement as a direct caregiver, and may include the patient's relatives, friends, or neighbors.
- **Patient Record** – Keep patient records in a secure location.
- **Passwords** – Do not share your password or use one belonging to someone else.
- **Computers/Tablets** – Keep your computer screen away from public view, and lock your computer if you walk away from it. Never leave your laptop visible and unattended in your vehicle.
- **Faxes/Printers** – Remove and secure printed or faxed documents containing PHI in a timely manner.
- **There may be civil and/or criminal penalties if the privacy or security rules are broken.**

Prohibited Uses of Email/Electronic Communications:

- Unauthorized use or disclosure of confidential, proprietary or nonpublic information.
- Using unapproved instant messaging software.
- Using unapproved video chat software.
- Using personal email accounts such as Gmail, AOL or Yahoo for business purposes.
- Creating, exchanging, or sending chain letters, non-business related bulk email, or spam email.
- Sending unsolicited email messages, including the sending of "junk mail" or other advertising material, to individuals. Posting the same, replying to all, or similar non-business-related messages to large numbers of Usenet newsgroups (newsgroup spam).
- Opening a suspicious email or opening a suspicious attachment.
- To continue to maintain the confidentiality of any information I gained while employed.

Acknowledgement for volunteers with computer access:

- I will not log on to the company computer using a password other than my own.
- I will not let anyone use my password to log on to the company's computer.
- I will safeguard my computer password and will not post it in a public place, such as on the laptop or place it where it will easily be lost, such as on my nametag.
- I will log off of the computer as soon as I am finished.
- I will not use email to transmit patient information outside of the scope of my designated job responsibility. If sending an email outside of the company network, I will use secure email and will use #Secure# in the subject line.
- I understand I am responsible for complying with the HIPAA regulations.
- I will treat all information received in the course of my employment which relates to the patients as confidential and privileged information.
- I will not access patient information unless I need to know this information in order to perform my job.
- I will not disclose patient information to any person or entity, other than as necessary to perform my job, and as permitted under company policies.
- **Upon termination of service, I agree:**
 - To continue to maintain the confidentiality of any information I gained while providing volunteer services.
 - To turn over any keys, access cards, laptops, my badge and any other device which provides access to the company or its information.

Compliance

- We are regulated by Federal and State Licensure laws, OSHA regulations, hazardous substances and waste rules, and many other applicable rules, regulations and standards. Any deviation from these rules or standards is not condoned or tolerated, and once discovered, will be dealt with in a manner consistent with the level of non-compliance.
- We expect our volunteers to refrain from non-compliant behavior and to report any non-compliant behavior witnessed or inadvertently participated in. When fraud or abuse is suspected, volunteers must report this information to a supervisor or member of management. If this is not possible, the volunteer may call the confidential Ethics at Work Line (hotline) toll free at 1-800-261-5607 or report information online at

www.ethicspoint.com. Reporting may be done anonymously. We have established a problem resolution process and a strict non-retaliation policy to protect volunteers who report problems and concerns in good faith. Consequences of fraud or abuse may include criminal and/or civil charges in addition to administrative punishments up to and including termination of employment.

- **Compliance** – Adherence to applicable federal and state law and the program requirements of federal, state and private health plans. Our Compliance Program goals are to prevent any compliance issues from arising, detect any compliance issues which may exist and correct any compliance issues we may find.
 - **Fraud** – Knowingly and intentionally attempting to execute a scheme to defraud any healthcare benefit program or to obtain by means of fraudulent or false pretenses, representations, or promises any money or property owned by a healthcare benefit program.
 - **Abuse** – Directly or indirectly abusing the system resulting in unnecessary costs to the Medicare or Medicaid program, receiving improper payment for services which fail to meet professional standards of care, or receiving payment for services when there is no entitlement
- **Zero Tolerance** – A strict application of the rules with no leniency or exceptions to enforcement of policies, laws and/or regulations.

Symptom Management

Common indicators of End-Stage Disease: Patients may exhibit one or more of the following care and disease specific indicators.

<p>Core Indicators</p> <ul style="list-style-type: none"> ● Physical and mental decline ● Dependence in most activities of daily living ● Weight loss / Anorexia ● Multiple comorbidities ● Frequent emergency room or hospitalizations ● Desires not to be hospitalized ● Decrease will to live ● Desires comfort care
<p>Common Disease Conditions</p> <ul style="list-style-type: none"> ● Liver disease ● End stage renal disease ● Dementia ● Alzheimer’s disease ● Stroke or coma * Cancer ● End stage heart disease ● End stage lung disease ● Neurological disease such as Parkinson’s disease
<p>Common Comorbid Conditions</p> <ul style="list-style-type: none"> ● Renal disease ● Liver disease ● Stroke ● Heart Failure ● Coronary Heart Disease ● AIDS/HIV ● Cancer ● Stage 3 or 4 Pressure Ulcers ● Aspiration pneumonia ● Congestive Heart Failure ● Chronic Obstructive Pulmonary Disease ● Recurrent infections or Sepsis ● Urinary tract infections ● Diabetes

Commonly Seen Symptoms and Symptom Management
Pain * Nausea and Vomiting * Anxiety * Shortness of breath * Loss of appetite * Constipation * Lack of nutrition * Skin conditions * Mouth conditions * Mobility issues * Depression

Physical changes can occur during the dying process.

<p>Gastrointestinal Changes No appetite Nausea Vomiting Diarrhea Constipation Loss of independence</p>
<p>Neuromuscular Changes Decreased muscle function Weakness Decreased mobility Dependence</p>
<p>Genitourinary Changes Incontinence Diminished urine Decreased output No output Temperature and infection</p>
<p>General Appearance Color ashen, jaundiced, mottling Waxy eyes, distant staring, not focused, may stay open Extremities cool to the touch, mottled</p>
<p>Respiratory Status Lung congestion Shortness of breath Cheyne stokes Death rattle</p>
<p>Orientation Increased somnolence Anxiety Confusion</p>

Facts about Pain

- Pain is determined by both physiological and psychosocial factors and both must be addressed for an effective pain management program.
- Pain is a subjective experience; it is what the patient says it is, not what others believe it should be.
- Medication is not the only method of pain control. Non-pharmacological methods of pain control can play an important role in helping to achieve adequate pain management.

Methods of Pain Control that May Help the Patient Better Cope

- Pay attention to the spiritual and emotional concerns of the client.
 - Spiritual distress is universal as the disease progresses and death approaches.
 - Spiritual distress is a disruption in one's belief or value system. Anger and fear are common.
- Provide companionship through a therapeutic relationship.
 - Help the patient feel more relaxed and better able to cope. The following are some suggestions:
 - Facilitate activities that are accessible at bedside.
 - Deep breathing, distraction, imagination.
 - Use of simple relaxation techniques such as head rolls, finding a patient's favorite daydream, and talking them through sensory cues.
 - Develop activities centered on the patient's life and interests.
 - Make a tape of a musical life history, including songs from earliest remembered to the present.
 - Assist in putting together a family album or tree.
 - Assist in recording favorite family stories.
 - Assist in documenting favorite family recipes.
 - Assist in writing letters to close family members.
 - Encourage special celebrations.
- Decrease the patient's sense of isolation.
 - Involve family and friends in a project.
 - Invite the choir to sing.
 - Have a patient work on a sewing project with others.
 - Give the patient the opportunity to be the teacher.
 - Help the patient attend an event or go to an outing in the community.
- If the patient is unable to leave, bring events into the home (e.g., musical performance, DVD of a favorite place, a part of some sort, a movie).

Pain Relief: A Holistic Approach

- Help the patient to experience other worlds outside of the Hospice room.
 - Discover the patient's favorite nature sites and bring the environment back to the room (e.g., sand, shells, salt water, sea sounds, fall leaves and acorns from a walk).
 - Provide bedside gardens, fishbowls, bird feeders on windows, etc. to stimulate involvement with life.
 - Show a DVD of a favorite place or trip.
- Help the patient feel enriched and soothed by creating an immediate environment that soothes all five senses (please ask about any allergies or sensitivities):
 - Sight
 - Pictures on the ceiling and bedside.
 - Change bedroom colors, bedding, slipcovers, and decorative arts.
 - Bedside fishbowls, gardens; promote interesting window views.
 - Hearing
 - Make CDs of favorite songs, styles of music, composers.
 - Audio books.
 - Touch
 - Change the texture of bedclothes.
 - Feel different textures; rocks, beads, or sand.
 - Smell
 - Fresh flowers.
 - Encourage the use of essential oils.
 - Smell of baking bread or fresh cookies.
 - Fresh air.
 - Taste
 - Solicit information about favorite foods.
 - Disregard standards of what is usually eaten when.
 - Prepare frequent, small meals.
 - Present food attractively to promote appeal.
 - Have readily available bedside snacks and liquids.
- Encourage the patient to pursue creative arts:
 - Drawing, painting, writing
 - Playing an instrument
 - Woodworking
 - Massage
 - Gardening
 - Photography, travel, sports
 - Listening to music, dancing, singing
 - Movies, theater, storytelling

- Needlework, sewing, crafts, art, pottery
- Decorating
- Collecting
- Cooking
- Nature

Additional Resources

- Hospice Volunteer Training Manual

Policies Referenced

- Administrative Policy #33.07, Interpreter Services
- Administrative Policy #33.65, Ethical Issues in Patient Care
- Administrative Policy #33.06, Patient Concerns
- Administrative Policy #33.900, Hand Hygiene
- Administrative Policy #32.62, Tuberculosis Screening and Education
- Administrative Policy #31.36, Emergency Management Business Continuity Plan
- Administrative Policy #33.03, Bill of Rights and Responsibilities

Total Education Time: 3 hours and 45 minutes

Total Post-Test Time: 45 minutes

You have completed the reading for 2022 Annual Education. Please complete the Annual Education Posttest.