2024 Annual Education for Hospice Volunteers

CommonSpirit Health at Home

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Overview

CommonSpirit Health at Home's accreditation body, Accreditation Commission for Health Care (ACHC), requires an annual written education plan that defines, at a minimum, the educational requirements and in-service hours to be provided annually to each volunteer.

Overview

Annually, at a minimum, the following ACHC requirements must be met:

Annual Education Topics

Communication & Overcoming Barriers Coping with Work Related Issues (grief, loss, change) Cultural Diversity Emergency Preparedness Ethics in the Workplace Fire and Oxygen Safety Handling Complaints and Grievances	Hospice End of Life Care Infection, Bloodborne Pathogens & Flu Prevention Material Safety Data Sheets Pain & Symptom Management Patient Rights and Responsibilities Workplace Safety & Violence Prevention

Annual Education In-Service Hour Requirement

Non-direct patient care volunteers	**Direct patient care volunteers**
8 hours annually	12 hours annually

Overview

This written education plan will cover all required topics.

The estimated time to complete is 4.75 hours.

Additional hours to meet the minimum education hour requirement will be met by the Hospice agency through the following activities, but not be limited to:

- Other in-service topics deemed appropriate by the agency
- Annual skill competencies
- Annual compliance training

Learning Elements in Course

1. Communication & Overcoming Barriers
2. Coping with Work Related Issues (grief, loss, change)
3. Cultural Diversity
4. Emergency Preparedness
5. Ethics in the Workplace
6. Fire and Oxygen Safety
7. Handling Complaints and Grievances
8. Hospice End of Life Care
9. Infection, Bloodborne Pathogens & Flu Prevention
10. Material Safety Data Sheets
11. Pain & Symptom Management
12. Patient Rights and Responsibilities
13. Workplace Safety & Violence Prevention

At the conclusion of this course, you will be required to provide an attestation statement stating you have read and understood the learning elements within this course.

If you have any questions, please reach out to your Volunteer Coordinator.

Communication & Overcoming Barriers

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Communication & Overcoming Barriers

Hospice care can be provided in the patient home, where ever the patient calls home.

- A private residence
- A long-term care facility
- An assisted living facility

Volunteers will receive report about the patient and their family, including where they live and the supportive role the volunteer will provide.

This information will be important to the volunteer, guiding them on how to communicate with the patient and their family.

The Home Setting

It is good for the Volunteer to anticipate that a patient's home environment may feel more like a hospital room.

Placing needed equipment and supplies in and amongst the home living environment can allow patients to be more engaged with their family and help reduce feelings of isolation.

For example, positioning a hospital bed in the main living space of the home and allowing needed personal items and equipment to be in clear view.

Communication

Providing care to a hospice patient is both challenging and rewarding. Volunteers can help support the patient between the care provided by the family and professional caregivers.

- Direct patient care support
- Family support and respite
- Bereavement support
- Professional skills or services
- Office administrative support

It important when communicating with patients and their families to understand and remember that they may be experiencing challenges physically, spiritually, socially and emotionally.

Communication Techniques

- ❑ Be informed of the patient specific plan of care
- ❑ Communicate and confirm timing of visits with patient/family
- ❑ Upon entry use **AIDET**

Acknowledge - smile to create a warm welcome

Introduce - tell patient your name and role

Duration - provide length of visit

Explanation - tell steps of care

Thank You - thank them for allowing you to provide care

Communication Techniques

- ❑ Ask permission to begin care

  ✔Shows respect
  ✔Allows for the opportunity to decline visit (may occur occasionally)
  ✔Gives back control

- ❑ Be present during the visit, 100% mentally and physically

- ❑ Avoid imposing your problems, thoughts or ideas. Remember, they may be experiencing challenges with coping, responses should be positive.

Communication Responses

How would you respond and communicate with a patient if they tell you they are in pain?

Acknowledge their pain	Provide for a calm environment	Offer support through your presence	Share that you will notify their care team so their pain can be addressed. This can include their family, nurse, Volunteer Coordinator and/or facility staff.

Communication Responses

If a patient or family member is tearful, how would you respond and communicate?

Allow them to cry	Be 100% present even if in silence	Acknowledge their sadness and, if appropriate, ask if they would like to talk about it

Do not use statements such as “I know how you feel”

Do not share personal losses

Overcoming Communication Barriers

What if the patient or family speak a different language?

Language differences can present challenges in Volunteers understanding the issues and problems a patient or family may be facing. In turn, the patient and family will have a difficult time understanding the plan of care or services that are being provided.

Method to overcome: Contact your Volunteer Coordinator and request assistance from our Organizations language interpreter service.

Reference: Administrative Policy #33.07 Interpreter Services

Overcoming Communication Barriers

What if the patient or family have a different culture?

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.

Methods to overcome:

- When communicating, maintain etiquette, avoid slang, speak slowly, keep it simple, use active listening, take turns to talk, and write things down.
- Avoid closed questions that are answered with a simple yes or no.

Overcoming Communication Barriers

What if there are environment barriers?

Environmental barriers such as means of communication, noise, disturbances, distractions and physical distance from patient can lead to communication challenges.

Methods to overcome: For important conversations:

- Provide for a calm, quiet and suitable environment
- Place yourself at the minimum possible distance
- Avoid mixed messages where non-verbal communication (facial expressions, body language) create negative feelings or emotions.

Overcoming Communication Barriers

What if the patient has emotional challenges?

Health status can contribute to the success of communication. A patient that is anxious, in pain or is emotionally unstable may not be able to communicate effectively.

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.

Coping with Work Related Issues - Grief, Loss & Change

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Coping with Work Related Issues - Grief, Loss and Change

A Hospice volunteer is an extremely valuable member of the Hospice Care Team.

While the Hospice Care Team focuses on grief, loss and change with the patients and their families in their care, it is important to remember that the members of the care team, including volunteers, also experience grief, loss and change.

As it does in personal life, grief in the workplace can go through the same five stages: denial, anger, bargaining, depression and acceptance.

It is important that the Hospice team recognize and care for one another during these difficult times.

Grief, Loss and Change

Grief is a normal and natural response to loss and is a universal experience amongst humans.

Grief can be responsible for physical symptoms (trouble sleeping, changes in appetite, fatigue, illness) and psychological symptoms (how our minds work, how we see the world).

Grief, loss and change is subjective and will vary by person.

Our experience and the methods of coping may work for one person but not another.

Grief, Loss and Change

There is no time limit on grief.

Grieving is not a weakness but a necessity.

Take care of yourself:

- Accept offers of help.
- Take control of seemingly small things (who to be with, what to do now, what to do later)
- Eat and sleep well
- Schedule time to rest, incorporate relaxing activities into the day
- Locate quiet places and let yourself experience your emotions

Grief, Loss and Change

Receive support from your Hospice Care Team

The Hospice Care Team can help ensure that all its members have a safe and protected work environment.

- Call an informal meeting to talk about feelings.
- Bring in help if needed such as Bereavement Coordinators, Hospice Chaplains, Counselors, Social Workers, Ethics committee, employee assistance program, or community crisis teams.

There is no wrong time to ask for help. This is your time to work through grief.

Cultural Diversity

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Cultural Diversity

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.

Patient Rights

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.

Cultural Diversity

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

- Right to have preferences respected: cultural, psychosocial, spiritual, personal values and beliefs.
- 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.

Cultural Awareness

- Avoid drawing conclusions about a patient based on culture.
- Learning about different cultures allows for better understanding and ability to provide better care.
- Respect the rights of patients and families by not interfering with cultural beliefs.
- 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 your Volunteer Coordinator

Emergency Preparedness

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Emergency Preparedness Overview

Each Hospice Agency creates an Emergency Operation Plan (EOP).

The EOP is reviewed/updated annually ***and*** throughout the year as the agency responds to emergencies.

The EOP activities:

Plan for Communication	Geographic Risk Assessment	Hazard and Vulnerability Analysis	Summary of Hazards and Vulnerabilities
Risk Mitigation Strategies	Impact Mitigation Strategies	Preparedness and Response Mitigation Strategies	Data and review of responses to emergencies

EOP Activity Definitions

Plan for Communication	Who will be communicated with, when and how. Such as, but not limited to, agency chain of command, community resources, utility companies, alternate facilities, fire and rescue, hospitals, etc.
Hazard and Vulnerability Analysis & Summary	Analysis of the all potential hazards (all hazards approach) that an agency may be subject to. Determine how vulnerable is your agency for impact during an emergency for each hazard.
Geographic Risk Assessment	Determination of risk of infectious disease in your geographical region.
Impact Mitigation Strategies	Agency strategies to minimize the impact of a hazard/emergency.
Risk Mitigation Strategies	Agency strategies to minimize the risk of a hazard/emergency.
Preparedness/Response Mitigation Strategies	Agency strategies in preparation and response to an hazard or emergency.
Data and review of responses to emergencies	After each emergency (or drill), agency will analyze the effectiveness of their EOP and make adjustments as needed.

Emergency Operation Plan

The EOP includes prioritizing patients based on acuity and needs.

- Allows the agency to know which patients would require immediate contact if an emergency would occur.

Franciscan Hospice Volunteers are not expected to have a role during an emergency.

If the Volunteer would perform a role, it would be determined as part of the EOP and documented.

Volunteers, if performing a role, would receive training, as part of the EOP plan, prior to an emergency.

Emergency Operation Plan

For questions regarding your Hospice Agencies Emergency Operations Plan, reach out to your Volunteer Coordinator.

As part of emergency preparedness, you should know:

✔	You are not expected to have a role in an emergency
✔	Contact your Volunteer Coordinator if you are with a hospice patient during an emergency event
✔	If an emergency occurs when you are with your patient outside of business hours, contact Hospice Triage at 1-800-220-6216.

Ethics in the Workplace

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Ethics in the Workplace

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, and medical staff must act in accordance with the standards of conduct found on the following slides.

Standards of Conduct

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

Ethical Issues in Patient Care

There is a standard process and appropriate channels of communication defined for managing ethical issues arising during the course of patient care.

Our Organization and policies and procedures support 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 and refusal to treat, reasonable continuity of care, protection of confidentiality and explanation of charges.

Examples of Ethical Issues

Communication: Who should know a patient's prognosis?

Conflicts of Interest: Being asked to "take sides" or state opinions on care such as funeral arrangements, or other issues.

Confidentiality: When asked by an outsider whether a specific person was being cared for by the hospice or being asked their condition.

Compromised Care: Belief that the patient was suffering because of inadequate medication.

Reporting Ethical Issues

- 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 an email message to https://compliancehotline.commonspirit.org).

Fire and Oxygen Safety

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Fire and Oxygen Safety

Whether in an office setting, a facility or in a patient's home, being knowledgeable about fire safety is extremely important!

Fire and Oxygen Safety Overview

It is important that volunteers are educated in fire and oxygen safety.

What you should know

- All fire evacuation routes and designated evacuation meeting places when in the office.
- Fire evacuation routes when caring for patients in their homes and when working in facilities
- Your role during a fire evacuation:
  - Quickly & calmly evacuate when a fire alarm sounds or when told to evacuate.
  - Remain out of the building until the all-clear is given by fire personnel and management.

Responding to a Fire

Remember **RACE**

R	A	C	E
Rescue or remove yourself and patients and others to safety	**A**ctivate the fire alarm and call 911	**C**ontain the fire by closing doors when exiting	**E**vacuate, or if the fire is small or contained, extinguish

Use of Fire Extinguishers

When using a fire extinguisher, remember **PASS.**

Pull the pin
Aim at the fire base
Squeeze the handle
Sweep from side to side

Remember to only use a fire extinguisher on small, contained fires that can safety be put out with an extinguisher.

If in doubt, EVACUATE!

Prevention Activities

Patient Care

As a patient care provider and as a patient support staff member, it is especially important to be aware of patient safety as it relates to fire.

You have a very important role in helping patients stay safe in their home environment.

Special Patient Considerations

Your patients may be on oxygen as part of their therapy treatment.

- Oxygen therapy is a treatment for patients who have a health condition which causes low levels of oxygen in the blood.
- Breathing air with added oxygen increases the level of oxygen in the blood and can help reduce symptoms such as breathlessness and anxiety and can make day-to-day activities easier to manage.

Oxygen Safety - Things to Look For

Oxygen accelerates fire and requires special consideration, especially for patients at home:

- Are tanks stored safely?
- Is tubing length appropriate?
- Does patient understand usage and safety instructions?
- Is oxygen in use signs posted?

- Is the oxygen concentrator located in a well ventilated area?
- Are there sources of open flames (candles, gas stove, fireplace, smoking materials)
- Do you notice signs where the patient or household members may be smoking where oxygen is in use?

Oxygen Cylinder Storage

- Oxygen cylinders should be securely stored upright in a manner which prevents them from falling or being knocked over.
- Store away from heavy traffic areas and emergency exits.
- Do not store in a closed closet or other enclosed area. Store in well-protected ventilated areas.
- Do not store within 10 feet of furnaces, hot water heaters, fireplaces or any other heat source.
- Do not place wool blankets near or over oxygen equipment due to possible spark ignition.

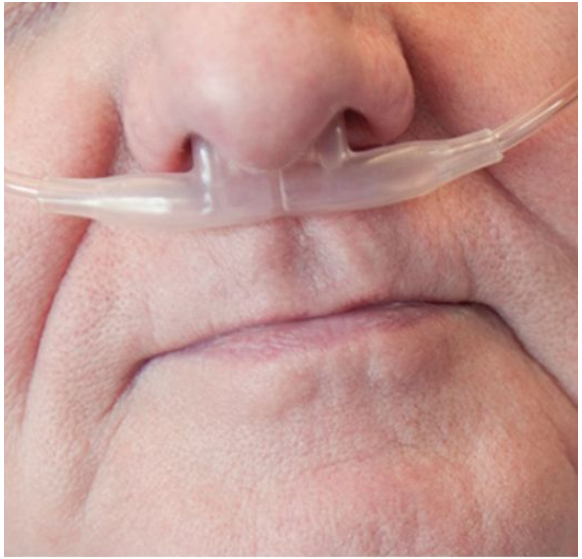
Oxygen Safety

Patients who are reluctant or unable to address fire safety hazards need special attention.

If hazards are identified, has the patient been educated and re-educated if needed?

Are they non-adherent with safety instructions?

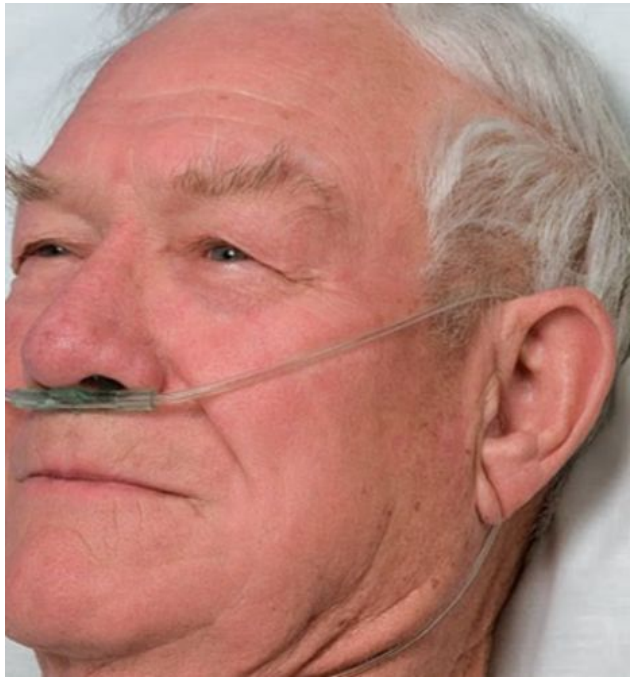
Alert your Volunteer Coordinator with any hazard concerns.



Other Special Patient Considerations

Other special considerations may include:

- Physical limitations, weakness and confusion
- Hazards in the home such as cluttered walkways, blocked exits, etc.
- Mobility limitations.
- Medical equipment.
- Environmental hazards.



Be Alert for Hazards

- Overloaded electrical outlets and improper use of extension cords.
- Flammable items stored near ignition sources or escape routes.
- Excessive piles of newspapers, clothing, etc.
- Oxygen use in the home.
- Blocked exits or walkways.
- Smoking in bed or cigarette burn areas on furniture, carpeting, etc.
- Flammable items left near stoves, heaters or fireplaces.
- Lack of smoke detectors and fire extinguishers.

If hazards are identified, notify your Volunteer Coordinator.

Things to Look For

Does the patient have:	**Other considerations:**
• Working smoke detectors? • Functioning fire extinguishers? • Fire escape plan and alternate route?	• Does the patient know their escape plan? • Do family members and other caregivers know the plan? • Have safety hazards been addressed?

Prevention Reminders

- Alert Volunteer Coordinator:
  - Anytime you see a fire hazard.
  - When patients/families are non-adherent with safety precautions.
- Know fire evacuation plan in office, facilities, and patient homes.
- Keep walkways clear.
- Never block exits or prop doors open that are required to remain closed.
- Never have sources of open flame, sparks or ignition near oxygen equipment.
- Never store flammable items near sources of heat ignition.
- Be alert for hazards at all times.

Handling Complaints & Grievances

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Complaints & Grievances Overview

Volunteers encourage patients and families 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.
- Contact and follow up will be handled in a timely manner and management will work in cooperation to:
  - Address the concern
  - Plan and implement appropriate actions/follow-up
  - Determine if the concern is resolved

Examples of Complaints & Grievances

Patients or families not receiving a call prior to visit.
Caregivers not arriving to the patient's home at the time of the scheduled visit.
Telephone rings too long when calls are made to the office.
Supplies have not arrived.
Unsatisfactory care is provided as perceived by the patient/family.
Unprofessional behavior.

Patient Rights

The patient and their family have the right to:

Lodge complaints	• Treatment or care that is (or fails to be) furnished • Lack of respect to property or person by anyone who is furnishing services on behalf of the agency
Receive in writing	• Contact information for the Hospice agency administrator/ clinical director ○ Provided in patient start of care packet.
Be informed of and receive in writing	• State toll free telephone hotline ○ Provided in their Patient Orientation Handbook.

Agency Responsibility

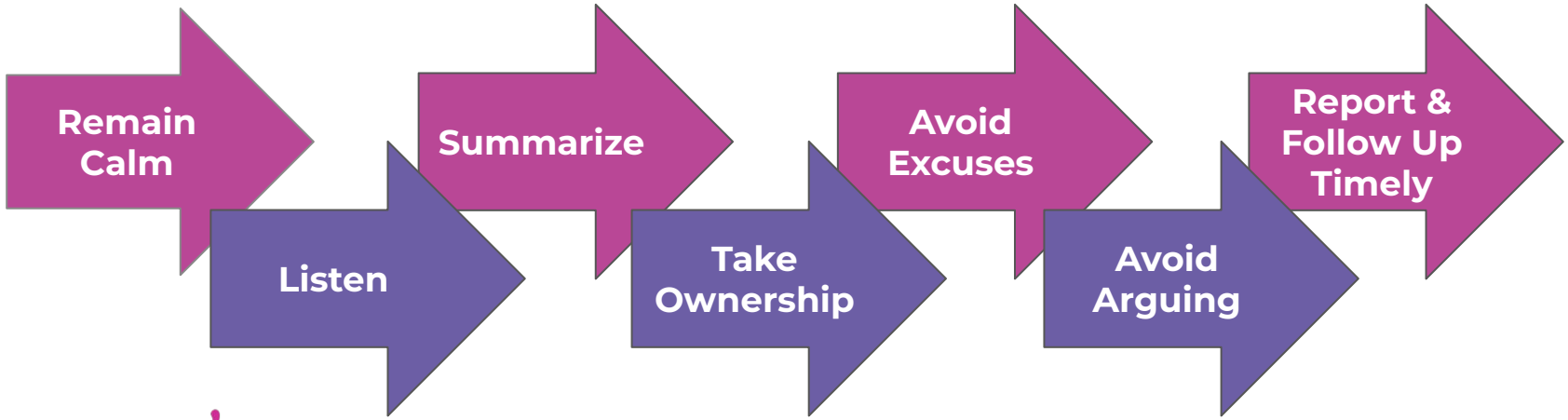
The Hospice Agency has the responsibility to:

- ❑ 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 = Actions taken by a person when services have not been provided as the customer expects.

The following actions can take place to help recover the service:



Role of Volunteer

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

- ✔ Thank the patient or family and acknowledge what is being said
- ✔ Offer support and put emotions aside
- ✔ Offer an apology with gratitude attached
- ✔ Initiate the follow-up by reporting the complaint or concern

Reference: Administrative Policy 33.06 Patient Concerns

Hospice
End of Life Care

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Knowledge Checks

It is important for the caregiver to have the following knowledge to be able to provide quality end of life patient care:

- Knowing the different between deferring death & facilitating death.
- Knowing the goals of end of life care.
- Understanding the rights, issues, and decisions of end of life care.
- Knowing the meaning and purpose of advance directives.
- Being able to describe a caregiver's role in end of life care.

Deferring Death versus Facilitating Death

There are two ways to view the end of life.

Deferring Death	Facilitating Death
Focuses on curing and treating serious illnesses to prolong life, despite the impact on quality of life.	**Focuses on creating circumstances for the patient to experience the most comfortable death possible.**

Deferring Death

- For patients who choose to defer death, there will come a time when all possible medical treatments have been tried and there are no additional medical treatments that can be used to prevent death.
- Patients who choose to defer death may feel like they are “giving up” if they do not pursue aggressive treatment.

Deferring Death

When all treatment options to defer death have been exhausted or are no longer viable, doctors, nurses, and caregivers may begin to have feelings of:

- Loss of control
- Helplessness
- Guilt

They may feel like they are unable to fix the patient's problems and that there is nothing else they can do.

The dying person at the end of life can sense this in their caregivers and their care teams. This may lead to feelings of **abandonment**, **fear**, **loneliness**, and **discomfort**.

Facilitating Death

Patient care shifts from curing to comfort and quality of life.

- The belief is that the end of life is an important period of life.
- The focus is placed on things that can be done to make the dying person comfortable, to improve their quality of life, and to provide opportunities for meeting their end of life goals.
- Caregiver energy shifts from whether the person will die to how they will die. Priorities include:
  - Relieving pain and other symptoms
  - Providing emotional and spiritual support
  - Providing for family time

The Rights of a Dying Person

An individual has the right to:

- Decide how to spend the final phase of his or her life.
- Refuse treatment, including food and water, and to decide on their level of care or treatment.
- Relieve pain and suffering, as much as is medically and legally possible.

Goals of End of Life Care

- Each person should decide what his or her goals are for the final phase of life. Caregivers can help people identify and achieve these goals.
- The goals may include things such as:
  - Personal choices about living, continued personal growth, and things he or she wants to accomplish.
  - Relief from pain and other uncomfortable symptoms.
  - Relief from emotional and spiritual distress.
  - Enrichment of personal and family relationships.
  - Transition of individual and family toward death.

Important Issues and Decisions

Sometimes people with terminal illnesses have to make decisions about how much treatment they want to have and how long they want to prolong their life.

Family members may have to make these decisions when the individual is too ill to decide.

We must respect and support the decisions even if we do not agree with them.

Life Sustaining Therapies

Anything used to maintain one or more physical functions in a terminally ill person such as:

- Machines that breath for the person (respirators, ventilators).
- Feeding someone by artificial means (intravenous, feeding tube).

Therapies like this keep a person alive when they can no longer eat, dring, or breath without this kind of assistance.

Withholding and Withdrawing

Sometimes a terminally ill person or their family may decide to let a doctor start a treatment that will keep them alive. At times, the therapy may not work, or does more harm than good.

- For example: Feeding someone through their veins or through a stomach tube can cause swelling, choking, difficulty breathing, discomfort, restlessness, nausea, constipation, and increased pain.

If the life-sustaining treatment is causing this kind of discomfort for a terminally ill person, the person or family may decide that they want to stop the therapy and let the illness take its natural course toward death.

Withholding and Withdrawing

- Stopping a life-sustaining therapy is legally and ethically acceptable. It is also acceptable to not start the therapy at all if the terminally ill person or family decide that the treatment is not in the person's best interest.
- When making these decisions, the benefits of treatment should be compared to the burdens of treatment.

Do Not Resuscitate

- An order for Do Not Resuscitate (DNR) means the person does not want cardiopulmonary resuscitation (CPR) performed if their heart stops or they stop breathing.
- Having a DNR order does not affect anything else about their care.
- An individual with a DNR order may still want every other kind of life-sustaining treatment, such as tube feeding.

Advance Directives

- Oral or written instructions that a person has given about future medical care and is used when a person is unable to speak for him or herself.
- Two kinds of Advance Directives:
  - Living Will
  - Medical Power of Attorney (POA)
- Rules and laws can vary by state.
- Health facilities that receive funds from Medicare/Medicaid must inform patients of their right to Advance Directive per Federal Law.

Your Role in End of Life Care

Two important concepts to remember when caring for someone who is terminally ill:

- Acceptance
- Relief of suffering through compassionate, effective care.

Acceptance

- Accept the person and the choices they make about how to live and how to die.
- Accept their religious beliefs, the values of their culture and ethnic background, and their wishes about what they want to do and what they want to see.
- Accept the person without judging his or her decisions.
- A terminally ill person will probably know when a caregiver disagrees with his or her choices. This can cause a person to feel afraid, abandoned, or defensive.

Effective Care to Relieve Suffering

Effective care can relieve much of the pain and discomfort that a person may experience during a terminal illness.

Check to see if the patient is comfortable, and if needed, find ways to improve their comfort such as:

Reposition pillows	Ask Caregiver to reposition body	Provide good oral care
Moisten lips and mouth	Rub lotion on skin	Brush hair

Effective Care to Relieve Suffering

Understand the need for food and water.

- When a person is dying, the need for food and water decrease.
- They will not starve to death. The illness is causing death; death is not caused by a decrease in food and water.
- Giving food and water, only when it is wanted, can allow chemical processes to occur in the body that actually decrease pain and discomfort.

Effective Care to Relieve Suffering

Understand the need for food and water.

- Forcing food and water greatly increases pain and suffering and can cause a more difficult death.
- Food and water should never be forced on someone who does not want it.
- Report nausea, vomiting, diarrhea, and constipation to your Volunteer Coordinator. The patient may need medications or therapies to relieve these symptoms.

Infection, Bloodborne Pathogens, & Flu Prevention

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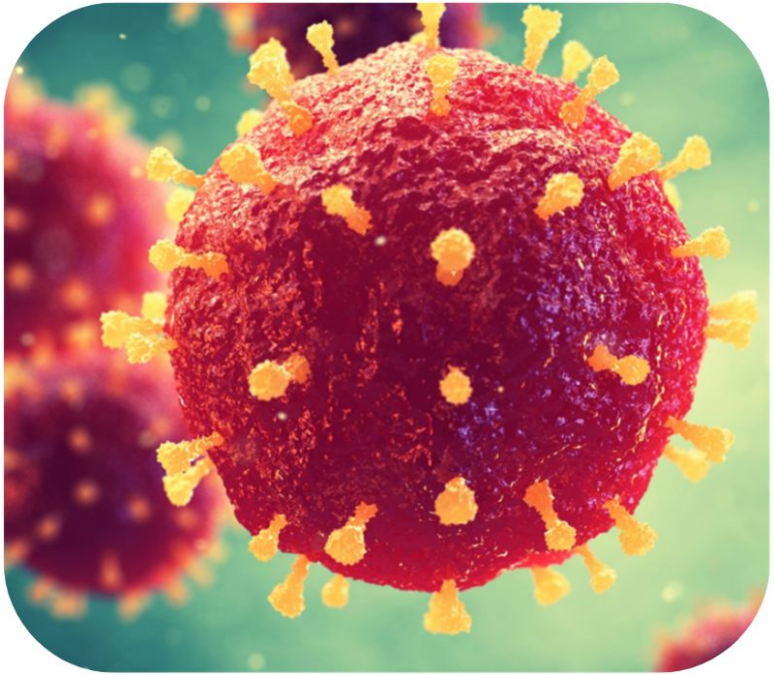
Infection & Bloodborne Pathogens

Infection and bloodborne pathogen training is critical for protecting the safety and health of volunteers at risk of exposure to bloodborne diseases.

Training will teach how to guard yourself and co-workers against infection and other pathogen dangers.

Understanding Bloodborne Pathogens

- Tiny organisms living in blood and other body fluids
- Can cause disease such as Hepatitis B and C and HIV
- Transmitted through contact with infected body fluids such as blood, semen and vaginal secretions



Hepatitis B and Prevention

Name	Description	Symptoms	Prevention Methods
Hepatitis B (HBV)	Inflammation of liver. Can be a mild illness without outward symptoms. Can be severe and prolonged illness. Can be fatal.	Jaundice Aching Flu-like symptoms Abdominal tenderness Dark urine Loss of appetite Weight loss Rash Nausea Vomiting Diarrhea	Immunization with Hepatitis B vaccine recommended for healthcare workers. Administered by a series of 3 vaccinations over a 6-month period. Available to all employees at no cost. Avoid workplace exposures with use of universal and standard precautions.

Other Disease Types and Prevention

Name	Description	Symptoms	Prevention Methods
Hepatitis C (HCV)	Liver infection caused by hepatitis C virus. . Can be short term or long term (chronic) illness	Jaundice Fatigue Nausea Fever Muscle aches	No vaccine available. Avoid behaviors that can spread disease such as sharing needles. Avoid workplace exposures with use of universal and standard precautions.
HIV	Virus that attacks body's immune system. Can lead to AIDS if not treated.	No cure Flu-like symptoms Fatigue Swollen lymph nodes	Abstinence from sex No sharing needles Avoid workplace exposures with use of universal and standard precautions.

Exposures and Prevention

Exposures to bloodborne pathogens can occur when:

- Skin is punctured by a sharp item (needle, lancet) that is contaminated with blood or body fluid.
- Broken skin or mucous membranes are splashed with blood or body fluid.

Type 1: Engineering Controls

Sharps containers, needleless systems, and safety devices. These items cover and protect you from coming into contact with blood or body fluids.

Type 2: Work Practice Controls

Activities you perform such as hand hygiene and wearing personal protective equipment, or PPE, to reduce risk of exposure.

Workplace Practice Prevention Control

Universal and Standard Precautions

Principle for use: We should consider **all** human blood and body fluids as infectious and take the same appropriate precautions every time to prevent exposure.

Refer to your Organization's Standard and Universal Precautions policy which outlines the consistent approach to reducing the risk of transmitting potentially infectious organisms.

Workplace Practice Prevention Control

Additional precautions, depending on the patient infection:

1. **Airborne precautions**
   Use for disease such as tuberculosis when a respiratory mask (N95) is needed to stop the transmission.
2. **Contact precautions**
   Use for infections and disease such as MRSA, chicken pox and conjunctivitis when gowns, gloves, and shoe covers are required.
3. **Droplet precautions**
   Use for infections such as pneumonia, strep throat and whooping cough when a face mask protecting the eyes, nose and mouth is required.

Personal Protective Equipment (PPE)

PPE is available to you at no cost. If you need PPE, contact your Volunteer Coordinator.

Whenever you anticipate contact with blood or body fluids it is your responsibility to wear the appropriate PPE.

Hand Hygiene

Hand hygiene is one of the most important tools in preventing the spread of infection.

- Increase hand hygiene activities during cold and flu season.
- Cover coughs and sneezes with a tissue. Discard and wash hands. If no tissues are available, cough or sneeze into your elbow.
- Avoid touching your eyes, nose and mouth.

Exposure Control Plan

If you or a co-worker are exposed to a bloodborne pathogen, **contact your Volunteer Coordinator immediately.**

Every work location has an exposure control plan on-site that can be readily accessed.

When an Exposure Occurs

- Immediately contact your Volunteer Coordinator or Hospice Triage.
- Immediately wash affected areas with soap and water.
- If exposure occurs to eyes, nose or mouth, flush area with water.
- Seek medical attention as soon as possible.
- Each location has a designated occupation health facility or after-hours ER for care.
- Each plan offers step-by-step instructions to assist with post-exposure follow-up.

Tuberculosis (TB)

Definition: Infectious bacterial disease characterized by the growth of nodules (tubercules) in the tissues, especially the lungs.

Symptoms: Depends on where in the body the TB bacteria are growing. Generally TB is found in the lungs and symptoms can be: a bad cough lasting 3 weeks or longer, pain in the chest, coughing up blood or sputum from deep within the lungs, weakness/fatigue, weight loss, fever, lack of appetite and night sweats/chills.

Notify your Volunteer Coordinator if you or a household member develops symptoms or are diagnosed with TB.

Tuberculosis (TB)

Persons at Risk: weak immune system, HIV, close contact with infected persons, illegal drug use via injections, persons born in areas where TB is common (Asia, Latin, South American, South Pacific Islands), and residents of long term care facilities.

TB screening is conducted at the time of hire and annually to identify persons infected with TB.

- Symptom screening
- Mantoux skin test screening (one or two step)
- Chest x-ray
- Blood test

Tuberculosis (TB)

Prevention: Can be prevented.

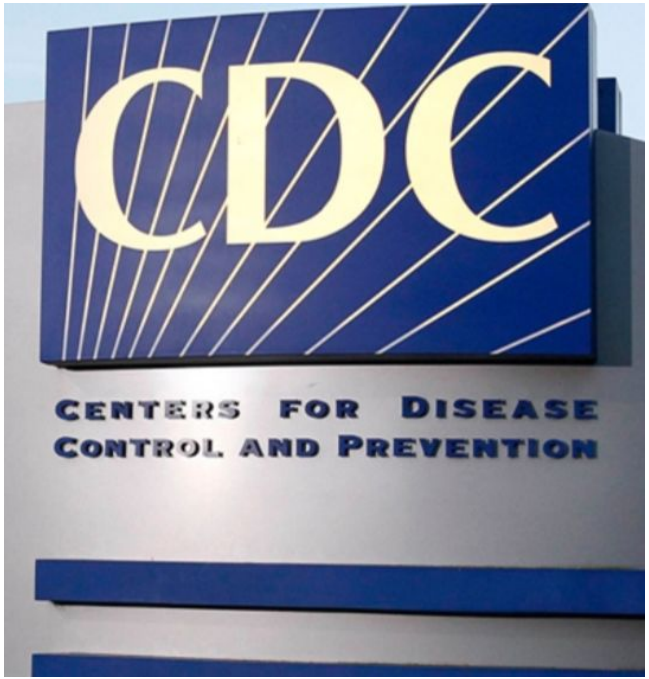
Control by diagnosing and treating people with TB before they develop an active disease.

- Keep immune system healthy.
- Obtain screenings as recommended.
- Finish entire course of medication when prescribed.
- Follow all medical recommendations and precautions.
- Use airborne precautions when caring for patients with active TB.

Flu Prevention

The Centers for Disease Control (CDC) provided the recommendations and information regarding influenza (Flu) prevention. To learn more about flu prevention, please visit the CDC website at cdc.gov

Refer to your Organization's Infection Control and Flu Prevention Policy



Signs and Symptoms of the Flu

- Fever, feverish, chills
- Cough
- Sore throat
- Runny or stuffy nose
- Muscle/body aches
- Headaches
- Fatigue
- Shortness of breath
- Vomiting, diarrhea

How long is someone contagious?

A person may pass on the flu to someone even before they know they are sick and also while they are sick.

Most health adults may be able to infect others beginning one day before symptoms develop and up to seven days after becoming sick.

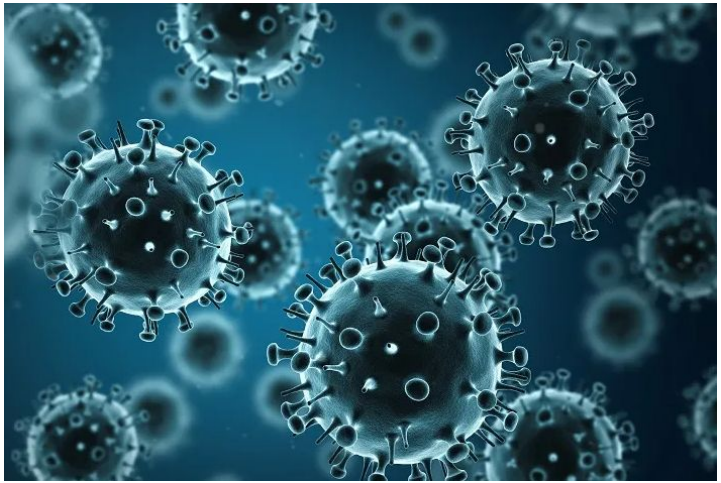
Some people, especially young children and those that are immunocompromised may be able to infect others for an even longer period.

How does the Flu Spread?

Many experts believe that the flu is spread mainly by droplets made when people with influenza cough, sneeze or talk.

These droplets can land in the mouth or nose of people who are nearby.

On occasion, a person might get the virus by touching a surface or object that has the flu virus on it, then touching their own mouth, eyes or nose.



Flu Vaccinations

There are multiple FDA-licensed flu vaccines produced annually to protect against the flu viruses that are anticipated to circulate.

The flu is unpredictable and the level of severity can vary from one season to another depending on many things such as:

- Type of flu virus spreading
- Number of flu vaccines available
- When vaccines become available
- How many people get vaccinated
- How well the flu vaccine is matched to the flu virus causing the illness

Who is Most at Risk?

- Elderly
- Young children
- Pregnant women
- People with certain health conditions
- Immunocompromised people

How can I prevent the flu?

- Flu vaccination is recommended for all people age 6 months or older.
- Vaccination is especially important for:
  - Those at a higher risk and those close to them
  - Health care professionals.
  - Close contact with children younger than six months of age since they are unable to be vaccinated.

Special Considerations for the Flu Vaccine

Talk to your doctor if you have:

- Severe (life threatening) allergies, including a severe allergy to eggs.
- A severe allergy to any vaccine component.
- A severe reaction after a dose of the influenza vaccine.
- Ever had Guillain-Barre Syndrome.
- People who are moderately or severely ill should talk to their doctor to see if they should postpone receiving the vaccine.

Additional Precautions

Hand hygiene is one of the most important tools in preventing the spread of infection.

Increase hand hygiene activities during cold and flu season.

Cover coughs and sneezes with a tissue. Discard and wash hands. If no tissues are available, cough or sneeze into your elbow.

Avoid touching your eyes, nose and mouth.

If You Do Not Feel Well

If you have flu-like symptoms:

- Do not report to work until symptoms are resolved.
- Notify your Volunteer Coordinator.
- Contact your personal physician, as needed.

Material Safety Data Sheets

CommonSpirit

Material Safety Data Sheets Overview

Volunteers should use caution when working with household, office or facility cleaners and chemicals.

Volunteers should have knowledge of **Material Safety Data Sheets (MSDS or SDS)** that explain the specific properties of substances within cleaners.

- **MSDS/SDS** sheets are an important component of product management and workplace safety.
- **MSDS/SDS** sheets are intended to provide information on procedures for handling or working with chemical substance in a safe manner.

MSDS/SDS Sheets

MSDS/SDS sheets include:

- Physical data (melting/boiling/flash etc.)
- Toxicity
- Health/environmental effects
- First aid
- Reactivity
- Storage
- Disposal
- Protective equipment

MSDS formats can vary from source to source depending on manufacturer and national requirements.

MSDS/SDS Sheets

Always read the label on any bottle of cleaner or chemical. If this is the first time the cleaner or chemical is used:

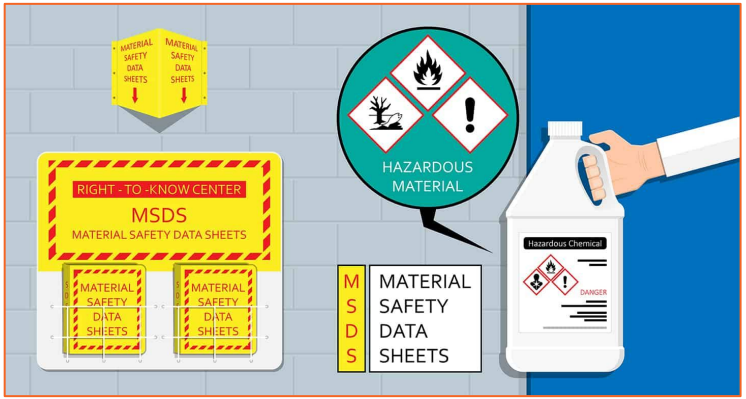
1. Compare the bottle/container label with the MSDS/SDS sheet
2. Review the MSDS/SDS for safe handling and storage
3. Review the MSDS/SDS for emergency response for accidental poisoning

When using cleaners or chemicals, make sure you are in a well ventilated area. Never mix cleaners or chemicals.

MSDS/SDS Sheets

MSDS/SDS sheets can be found in the office or facilities anywhere cleaners or chemicals are being stored.

- If an MSDS/SDS sheet is needed, reach out to your Volunteer Coordinator.
- MSDS/SDS sheets can be provided to you either electronically or printed on paper.



Pain & Symptom Management

CommonSpirit

Pain and Symptom Control

Pain and symptom management is one of primary goals of hospice care.

Keeping the patient comfortable and managing symptoms to ensure they have the highest quality of life for as long as they live.

Not all patients experience pain and symptoms at the end of life, but recognizing it and treating it effectively is essential.

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.

Collaborate with the Hospice care team to determine best methods to assist the patient with symptom management.

Methods of Pain Control

Spiritual & Emotional Health	Therapeutic Relationships	Sense of Belonging	Social Interaction
Spiritual distress is experienced as the disease progresses and death approaches. Spiritual distress is a disruption in one's belief or value system. Anger and fear are common.	Relaxation exercises: deep breathing, distraction, imagery. Or simple techniques: head rolls, favorite daydream, sensory cues. Bedside activities centered on patient life/interests (family album, stories, recipes, letter writing)	Involve family/friends in projects. Encourage patient to ask others to work on projects. Give patient opportunity to be the teacher. Help patient attend a community outing.	Encourage celebrations. If patient is unable to leave, bring events into the home: musical performance, video of a favorite place/vacation, movie, etc.

Method of Pain Control - Holistic Approach

Bring nature into their room: sand, shells, salt water, sea sounds, fall leaves, acorns, etc.
Stimulate involvement with life: provide bedside gardens, fishbowls, bird feeders on windows.
Create immediate environment that soothes all five senses: • **Sight:** pictures on ceiling and bedside. Change in bedroom colors, bedding, pillow covers • **Hearing:** CD/playlist of favorite songs, styles of music, composers, audio books • **Touch:** pet therapy, change in texture of bedclothes, feeling rocks, sand, beads, etc. • **Smell:** fresh flowers, use of perfume if able, bake bread/cookies, fresh air • **Taste:** favorite foods, frequent small meals, attractive presentation, easy to reach snacks/liquids
Pursue creative arts: drawing, painting, writing, musical instrument, woodworking, massage, gardening, photography, music, movies, needlework, storytelling, crafts, decorating, collecting, cooking, nature

Physical Changes

The following physical changes can occur during the dying process.

When a patient has physical symptoms that are not controlled, report your observations to your Volunteer Coordinator or Hospice Triage.

Gastrointestinal	Mobility	Urinary	General	Respiratory	Orientation
No appetite Nausea/Vomiting Diarrhea Constipation Incontinence	Decreased muscle function Weakness Loss of independence	Decrease urine/output Incontinence Temperature Signs of infection	Color: ashen, yellow, motling, waxy Eyes distant, not focusing, may stay open Cool skin	Congestion Shortness of breath Cheyne stokes Death rattle	Increased somnolence Anxiety Confusion

Patient Rights & Responsibilities

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Patient Rights and Responsibilities

As a healthcare provider, we have an obligation to protect and promote the exercise of patient rights.

We must provide these rights and responsibility to the patients and/or their legal representative in a way they can understand.

Written rights must be provided during the initial evaluation visit before care begins.

A verbal explanation of these rights may be provided at the same time or within a specific timeframe and ongoing as needed.

Patient Rights and Responsibilities

The written copy of Patient Rights and Responsibilities can be found in the **Patient Orientation Handbook** and cover the topics of.

- Respect and Consideration
- Filing a Grievance
- Decision Making
- Privacy and Security
- Financial Information
- Quality of Life
- Patient Responsibilities

Reference Administrative Policy #33.03, Bill of Patient Rights and Responsibilities for complete list of specific patient rights and responsibilities under the above listed categories.

Workplace Safety & Violence Prevention

CommonSpirit

Workplace Safety/Violence Prevention Overview

The following information will provide the Volunteer with training on Workplace Safety and Violence Prevention.

The learning objectives are:

- To help understand, address and prevent violence in the workplace,
- To recognize threatening situations, and
- To be able to understand how to respond safely.

Workplace Violence Defined

Any act or threat of physical violence, harassment, intimidation or other threatening behavior that occurs while performing one's job and that has a high likelihood of resulting in injury, psychological trauma or stress *regardless of whether the individual sustains a physical injury.*

CommonSpirit Health makes it a priority to preserve the safety and dignity of staff, working together to advance healing of patients, families and their loved ones. CommonSpirit Health believes that workplace violence is not part of the job.

Acts of Workplace Violence

Acts of workplace violence:

• Threat or use of dangerous weapons • Threat or use of firearms • Threat verbal or written • Race/ethnic/religious slurs • Gender/sexual orientation slurs • Destroying CSHAH property • Throwing objects/body fluids • Biting	• Punching • Scratching • Slapping • Pinching • Spitting • Swearing • Yelling • Verbal Abuse

This does not include lawful acts of self-defense or defense of others.

Types of Workplace Violence

Type 1	Type 2	Type 3	Type 4
Violence committed by a person who has no legitimate business at the workplace and includes violent acts by anyone who enters the workplace with the intent to commit a crime.	Violence directed at employees by customers, clients, patients, students, inmates or visitors or other individual accompanying the patient.	Violence against an employee by a present or former employee, supervisor or manager.	Violence committed by someone who does not work for CommonSpirit Health but has or is known to have had a personal relationship with an employee.

Centers for Disease Control and Prevention, National Institute of Occupational Safety and Health (NIOSH), February 2020)

Workplace Violence Mitigation Steps

1	Identify Early	Ask yourself, do I need to leave or summon additional help? Do not be alone in an aggressive situation.
2	Call for Help	Internally by a designated code or 911. Follow local protocol for activating emergency response.
3	Debrief	Decompress immediately after the incident & in person. Led by manager/supervisor. Includes staff directly involved, local chaplains, employee health and/or the Employee Assistance Program (EAP).
4	Document & Report	Report immediately to your Volunteer Coordinator or Hospice Triage and the local security. An incident report will be completed.

High-Risk Events

A high-risk event can cause significant loss of property and/or life.

Generally there are events that can lead up to, or precede, a high-risk event such as:			
Observed suspicious activity in or around a facility	Observation of a disgruntled coworker	An estranged or strained relationship	Distraught patient or family member

High-Risk Events

If you see or know something that is suspicious or could become violent, report it to your Volunteer Coordinator, Hospice Triage, facility leader or security/local authority.

- Often hints that may be given are not obvious by themselves; however, connecting the dots across multiple cues can provide signals that a dangerous event could happen.
- We all need to be vigilant in picking up possible cues, such as concerning behavior, unusual packages or luggage, unattended backpacks or long bags that could be used to conceal weapons.

Active Shooter Incidents

Defined: An individual actively engaged in killing or attempting to kill people in confined and populated area; in most cases, they use firearms and there is no pattern or method to their selection of victims.

- These situations are unpredictable and evolve quickly.
- Immediate deployment of law enforcement is generally needed.

Because these situations are over often within 10-15 minutes, before law enforcement arrives, we must be prepared mentally and physically to deal with an active shooter situation.

How to Respond - Evacuate

Quickly determine the most reasonable way to protect your life.

Others are likely to follow those that take the lead.

Steps When Able to Evacuate

- ❑ Know where exits are. Have escape route.
- ❑ Evacuate regardless of whether others agree to follow.
- ❑ Leave belongings behind.
- ❑ Help others escape, if possible.
- ❑ Prevent others from entering the area.
- ❑ Keep hands visible and follow instructions of any police officers.
- ❑ Do not attempt to move wounded persons.
- ❑ Call 911 when you are safe.

How to Respond - Hideout

If evacuation is not possible, find a place to hide where the active shooter is less likely to find you.

Steps to Hideout if You Cannot Evacuate

Your hiding place should be:

- ❑ Out of the active shooters view
- ❑ Behind a large item
- ❑ Provide for protection if shots are fired in your direction
- ❑ Avoid being trapped or restricted from being able to move

Prevent an active shooter from entering your hiding place by:

- ❑ Lock the door
- ❑ Blockade the door with heavy furniture

When an active shooter is nearby:

- ❑ Silence your cell phone or pager
- ❑ Turn off any source of noise (TV, radio, etc.)
- ❑ Remain quiet

How to Respond - Take Action

If evacuation and hiding are not possible:

- ❑ Remain calm
- ❑ Dial 911, if possible, to alert police of the active shooter location
- ❑ If you cannot speak, leave the line open and allow dispatcher to listen

At last resort, and only when your life is in imminent danger, attempt to disrupt and/or incapacitate the active shooter.

- Act as aggressively as possible against them
- Throw items
- Yell loudly
- Commit to your actions
- Find potential weapons to use against active shooter

When Law Enforcement Arrives

Law enforcement will proceed to the area where shots were last heard.

Remain calm and follow officers' instructions.	Avoid making quick movements toward officers such as holding onto them for safety.
Put down any items in your hands. Immediately raise hands and spread fingers.	Avoid pointing, screaming and/or yelling.
Keep hands visible at all times.	Do not stop to ask officers for help or direction when evacuating. Just proceed in the direction from which the officers are entering the premises.

Active Shooter - Additional Information

The first officers to arrive ***will not*** stop to help injured persons.

Expect **rescue teams** to follow the first officers. Rescue Teams will:

Active Shooter - Additional Information

- Once you have reached a safe location or an assembly point, you will likely be held in the area by law enforcement until the situation is under control and all witnesses have been identified and questioned.
- Do not leave. Law enforcement officers will direct you to do so.

Information you can provide to officers:

- Location of shooter
- Number of shooters and physical description
- Number/type of weapons
- Number of potential victims

Workplace Prevention Policy

Annually per your Organization's Workplace Violence Policy, employees, contractors and volunteers must receive education that will facilitate safe and secure workplaces.

All employees, contractors and volunteers have access to their policy to ensure consistent understanding of procedures and consistent plan implementation.

For questions regarding your Organizations Workplace Prevention Policy, reach out to your Volunteer Coordinator.

References

U.S. Department of Homeland Security (2008). Active shooter how to respond. Retrieved from https://www.dhs.gov/xlibrary/assets/active_shooter_booklet.pdf

2024 Skills Competencies for Hospice Volunteers

CommonSpirit Health at Home

CommonSpirit

Annual Competencies Topics

- Hand Hygiene/Infection Control
- Mandated Reporting
- When to Notify your Supervisor

Overview

This written competency plan will cover all required topics.

The estimated time to complete is 1 hour.

Additional hours to meet the minimum education hour requirement will be met by the Hospice agency through the following activities, but not be limited to:

- Other in-service & continued education topics deemed appropriate by the agency

Hand Hygiene

CommonSpirit

Hand Hygiene and Infection Control

Hand hygiene is the most important and most basic component in the prevention and control of the transmission of infection.

When properly performed at the appropriate point of care, hand hygiene is the most effective way to prevent the spread of infection.

Hand Hygiene and Infection Control

The purpose of hand hygiene is to remove dirt, materials, and microbial organisms picked up by contact with other people or the environment.

Proper hand hygiene requires using the **right agent** for the circumstances (soap, water, and a disposable towel, or an alcohol-based rub) and **mechanical rubbing of all surfaces** for a sufficient length of time.

Hand Washing

Washing the hands with soap and water should be used in the following situations:

- When hands are visibly dirty
- When hands are visibly soiled with blood or other bodily fluids
- After using the bathroom
- After exposure or suspected exposure to spore-forming pathogens (e.g., *Clostridium difficile*)

Hand Sanitizer

- Alcohol-based products are effective at reducing the presence of microorganisms on the hands.
- Hand sanitizer products do not eliminate all germs.
- Alcohol-based hand rubs may not be performed with maximum effectiveness if the health care team member is wearing a ring or wristwatch.

Hand Sanitizer

1. Dispense an ample amount of alcohol-based product into the palm of one hand.
2. Rub the hands together, covering all surfaces of hands and fingers with antiseptic rub. Rub the palms of the hands together.
3. Rub the fingers of one hand over the dorsum of the other hand and interlace the fingers.
4. Decontaminate the fingertips by rubbing them in the palm of the other hand.
5. Clasp each thumb in the palm of the opposite hand and twist.
6. Rub the hands together until the alcohol is dry. Allow the hands to completely dry before donning gloves.

Rubbing hands until they are dry helps ensure maximum efficacy.

Hand Washing

Soap, water, and paper towel:

- If using soap and water, ask the patient or a caregiver where the sink is located.
- Stand in front of the sink, keeping the hands and clothing away from the sink surfaces. **If the hands touch the sink during handwashing, repeat handwashing.**
- Turn on the faucets to begin the flow of water.
- Regulate the flow of water so that the temperature is warm.
- Wet the hands and wrists thoroughly under the running water. Keep the hands and forearms lower than the elbows during washing.

Hand Washing

- Apply an adequate amount of soap in the palm of one hand and rub the hands together to work up a lather.
- Use a rotating frictional motion, applying friction to all surfaces of the hands and wrists, including the palms of the hands, between fingers, and around and under the nails. Interlace the fingers and rub up and down. Continue washing for at least 15 seconds.
- Rinse the hands and wrists thoroughly, keeping the hands down and elbows up.
- Dry the hands thoroughly with a paper towel.
- Discard the paper towel in a trash can
- Turn off the faucet with a clean, dry paper towel. Avoid touching the handles with the hands.

Important Points to Remember

1. Remove hand hygiene supplies from the outer pocket of the nursing bag.
2. Remove jewelry during hand hygiene per organization practice. Do not leave jewelry on the patient's sink, counters, or tables.
3. Inspect all surfaces of the hands for breaks or cuts in the skin or cuticles.
4. Push long sleeves up above the wrists to provide complete access to fingers, hands and wrist.
5. Carry alcohol-based hand rubbing solutions, and disposable paper towels to every home visit. Never use the patient's cloth towel because these may be contaminated.
6. Avoid using water in homes with potentially contaminated water sources.
7. Wearing gloves does not replace the need to perform hand hygiene.

Hand Hygiene Competency Test

1. Which statement regarding the effectiveness of alcohol-based hand hygiene products is correct?
   A. Alcohol-based products are required only when hands are visibly soiled.
   B. Alcohol-based products reduce bacterial counts.
   C. Alcohol-based products may increase bacterial counts.
   D. Alcohol-based sanitizers should contain at least 50% isopropyl alcohol to achieve maximum effectiveness.

2. Before holding a patient's hands, what should a volunteer do?
   A. Make the patient wash their hands.
   B. Put on clean gloves.
   C. Perform hand hygiene (wash or sanitize hands).
   D. Assume that the volunteer's hands are not contaminated.

Hand Hygiene Competency Test

3. Which action can the volunteer take to *improve* hand hygiene?

A. Wear minimal hand jewelry to decrease the potential for cross contamination during patient visits.

B. Never use alcohol-based products in the home setting, as water is more effective.

C. Keep fingernails natural, neatly trimmed, and polish free.

D. Wear gloves each time you come in contact with bodily fluids.

4. In which circumstances should soap and water be used?

A. After contact with a patient's intact skin

B. After removing gloves

C. When hands are visibly dirty

D. After using the bathroom

Hand Hygiene Competency Test

5. Which statement about performing hand hygiene using soap and water is correct?

A. Hands should be kept lower than the elbows.
B. Hands should be dried from wrist to fingertips.
C. Long sleeves should remain at wrist level.
D. Hands should not touch the sink/faucet during handwashing.

6. What is the appropriate action to take if the hands come into contact with the sink while performing hand hygiene?

A. Repeat the hand hygiene.
B. Continue the hand hygiene.
C. Turn off the faucet with a clean, dry paper towel.
D. Apply a petroleum-based hand lotion.

Hand Hygiene Competency Test

7. What step should the volunteer take before arriving at a patient's home?
   A. Ensure that the patient has a personal bar of soap for use.
   B. Ensure that the patient has clean, cloth towels for use.
   C. Ensure that the patient has liquid soap available for use.
   D. Carry hand sanitizer and one pair of gloves in your pocket.

Mandatory Reporter

CommonSpirit

Mandated Reporter

A mandated reporter is a person required by law to report concerns of child abuse or neglect, elder abuse, or domestic violence.

Who is considered a mandated reporter?

A mandated reporter is **anyone who works closely with a vulnerable population**, such as children or the elderly. This includes volunteers.

When should I report?

Mandated reporters should notify the proper authorities in any case in which they have reason to believe that a child or elderly is being abused or neglected or that conditions exist in the home that may result in abuse or neglect.

Adult Protective Services

All locations statewide: 1-877-734-6277

Complaint Resolution Unit (CRU)

Contact CRU to report concerns regarding a person living in facility.

Facilities in WA: 1-800-562-6078

What are the responsibilities of mandated reporters?

The responsibility of persons in this category is to report, not investigate.

The correct course of action is to make a report so that the trained authorities may investigate.

Types of Abuse		
Type	**Definition**	**Examples**
Physical abuse	Use of physical force resulting in bodily injury, physical pain, or impairment	Examples: hitting, beating, pushing, shaking, slapping, kicking, pinching, drug use, physical restraints, force-feeding
Emotional abuse	Infliction of anguish, pain, or distress through verbal or nonverbal acts	Examples: verbal assaults, insults, threats, intimidation, humiliation, harassment, treating older person like an infant, isolation from family/activities
Sexual abuse	Non-consensual sexual contact of any kind. Includes any person incapable of giving consent.	Examples: unwanted touching, sexual assault or batter, rape, sodomy, coerced nudity, sexually explicit photographing
Neglect	Refusal to fulfill any part of a person's duties who has responsibilities to provide necessary care.	Examples: refusal or failure to provide a person with life necessities such as food, water, clothing, shelter, personal hygiene, medicine, comfort, personal safety
Self-Neglect	Behavior of an elderly person that threatens his/her own health or safety	Examples: a refusal or failure to provide self with adequate food, water, clothing, shelter, personal hygiene, medication, and safety precautions.
Financial or Material Exploitation	Illegal or improper use of an elder's funds, property, or assets	Examples: cashing an elderly person's checks without authorization, forging an older person's signature, stealing an older person's money or possession; coercing an older person into signing any document (e.g. contacts, wills), improper use of conservatorship, guardianship, or power of attorney
Abandonment	Desertion by an individual who has assumed responsibility for providing care or by a person with physical custody	

Potential Signs of Elder Abuse

• Isolated • Missing appointments • Appearing frightened • Subjected to chemical restraints • Withdrawing • Changes in mood/hygiene • Regressive behaviors	• Substance use/abuse • Attempt to flee • Sleep disturbance • Resistance to touch • Hypervigilance • Coded disclosures (statements from elder that may be “coded”)

What should I do if I suspect elder abuse/neglect?

Contact your Volunteer Coordinator and report your observations.

Adult Protective Services

All locations statewide: 1-877-734-6277

Complaint Resolution Unit (CRU)

Contact CRU to report concerns regarding a person living in facility.

Facilities in WA: 1-800-562-6078

What should I plan to report?

1. Name and address of patient
2. Age
3. Race and ethnicity
4. Current condition and location
5. Names of all household members, if known
6. Specifics with detail of abuse and type
7. Alleged perpetrator's access

For more information please reach out to your Volunteer Coordinator or you may visit the Mandated Reporter website at https://mandatedreporter.com/

Mandatory Reporter Competency Test

1. A mandated reporter is a person required by law to report concerns of child abuse or neglect, elder abuse, or domestic violence.
   A. True
   B. False

2. Who is considered a mandated reporter can vary from state to state, but in most cases, anyone who works closely with a vulnerable population such as children and the elderly are required to report.
   A. True
   B. False

Mandatory Reporter Competency Test

3. Which statement(s) are true?
   A. The mandated reporter should not try to investigate the suspected abuse.
   B. The mandated reporter should not ask questions to try to get to the bottom of the suspected abuse.
   C. The mandated reporter should only gather specific pieces of information to make a report so that trained authorities may investigate.
   D. All statements are true

4. An elderly person must state they feel they are being abused or neglected. There are no potential signs that a person can monitor for.
   A. True
   B. False

Mandatory Reporter Competency Test

5. In most states, reports are anonymous and are referred to as “immunity for good faith reporting”. Which statement is correct?

A. There would be repercussions for making a report.
B. There would be no repercussions for making a report.
C. At a minimum, a report must include all known information about the suspected abuse/neglect.
D. Answers B and C

When to Notify your Supervisor

CommonSpirit

Make Observations

Making observations allows you to note facts and events.

You can see…	You can hear…	You can smell…	You can touch…
Body positioning How patients move Skin conditions Urine and bowel characteristics Breathing Facial expressions Home environment	Wheezing Coughing Congestion Moaning Blood pressure Reading Home environment	Body odor Breath Urine Bowel movements Home environment	Skin temperature Skin texture

Objective & Subjective Observations

- **Objective Observations:** Factual, data-based information
  - Examples: blood pressure, pulse, respirations, temperature, skin color, skin texture, weight, appearance, mental status, etc.
  - Pain, shortness of breath, dizziness, itching, fatigue, patients or families feelings, perceptions, concerns, etc.
- **Subjective Observations:** Personal opinions or feelings about something
  - Examples: She was happy. He seemed upset. She didn't want me there.
  - Editorial comments: It was the best visit yet. What a wonderful person.

Reporting

You should notify and report the following to your Volunteer Coordinator:

- The patient states they have fallen or you are present when a patient falls.
- The patient is receiving oxygen and is not following oxygen safety precautions such as continuing to smoke or others smoking in the home.
- The patient home environment is unsafe.
- The patient, caregiver, or family share with you complaints or concerns.
- Witness risky behaviors in the home such as drug use.
- There is a change in a patient's condition such as a change in caregiver status, difficulty breathing, slurred speech, skin changes, or changes in mental status.
- Patients states they ran out of money and are not able to purchase food or medications or be able to maintain a safe home environment.

Documenting what you report

What you report should always be documented.

Link: Volunteer Visit Note

Document the following items on your visit note:

- Who you reported to
- Date and time you provided the report
- Specifics of what was reported

Documentation Requirements

Document timely, immediately after leaving.	Use correct spelling and grammar.	Use only acceptable abbreviations	Do not use identifiers (no patient names, addresses, facility names, etc.)

Notify Your Supervisor Competency Test

1. You should contact your supervisor if you notice a change in your patient's condition or status.
   A. Yes
   B. No
2. You should notify your supervisor if a patient's DME equipment, such as a walker or cane, is broken, or your patient is not using the equipment per their plan of care.
   A. True
   B. False

Notify Your Supervisor Competency Test

3. What documentation requirements must be met when entering information into the patient medical record?

A. Timely documentation using correct spelling, grammar and acceptable abbreviations
B. Do not include patient identifying information (no names, addresses, dates of birth, facility names, names of relatives, etc.)
C. Only include objective observations: factual, data-based information
D. All of the above

Notify Your Supervisor Competency Test

4. There is no need to report to your supervisor that the patient states they have limited money to buy food or medications.

A. True
B. False

5. If you report a fall, unsafe situation, unmanaged symptom (difficulty breathing, unmanaged pain, etc), or a patient/caregiver complaint to your Volunteer Coordinator, what should you document in your visit note?

A. Who you provided the report to
B. Date and time you provided the report
C. Specific details of what was reported
D. All of the above

Thank you very much for your time in completing the 2024 annual regulatory education and skills competencies.

Thank you for all you do!

Click here to complete 2024 Education Attestation Form.

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